



# **Ebola Virus Disease (EVD) Screening**

## **Emergency department screening criteria for patient isolation and notification:**

1. Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.

**AND**

2. Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where EVD transmission has been reported by World Health Organization [WHO]<sup>1</sup>) or the Democratic Republic of Congo within 21 days (3 weeks) of symptom onset.

**If both criteria are met**, then the patient should be moved to a private room with a bathroom, and STANDARD, CONTACT, and DROPLET precautions followed during further assessment.

## **IMMEDIATELY**

**Report any person under investigation for Ebola to discuss EVD testing to:**

1. Hospital leadership: \_\_\_\_\_

2. County health department (CHD)<sup>2</sup>: \_\_\_\_\_

If unable to reach your CHD, contact the Bureau of Epidemiology 24/7: 850-245-4401

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<sup>1</sup> For more WHO information, please visit <http://www.who.int/csr/disease/ebola/en/>

<sup>2</sup> For CHD contact information, please visit <http://floridahealth.gov/chdepcontact>