Ebola Virus Disease (EVD) Screening Tool

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Screening criteria for patient isolation and notification:

1. Travel to a country affected by the Ebola Outbreak (Democratic Republic of the Congo, South Sudan, Uganda) within 21 days (3 weeks) of symptom onset **OR** direct contact with a confirmed or suspect EVD case within 21 days (3 weeks) of symptom onset.

If yes, isolate the patient.

AND

2. Ask if the patient has a history of fever or headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **OR** hemorrhage.

If the first criterion is met, **contact the county health department** to initiate an epidemiologic investigation and active monitoring of the traveler.

If both criteria are met, **contact the county health department** and implement **STANDARD**, **CONTACT**, and **DROPLET** precautions using equipment that cover all the health care worker's exposed skin.

IMMEDIATELY report Person Under Investigation (PUI) for Ebola to discuss EVD testing:

1. Facility leadership: Add Name and Phone Number
2. XXX county health department contact: Add Phone Number or the Bureau of Epidemiology 24/7 at 850-245-4401