

Decision Algorithm to Assist with Identifying Patients with Suspected Ebola Virus Disease (EVD)

(10/26/2022 Please note this interim guidance is subject to change.)



- Residence in (or travel to) an area where EVD transmission is [active](#) within 3 weeks (21 days) before onset of symptoms **OR** has had direct contact with a known or suspected EVD patient.
- Outpatient facilities should determine the travel history and chief complaint of patients when appointments are made and refer them to a hospital if there are concerns about EVD.

YES ↓

Presence of signs and symptoms of EVD

- **Fever** **OR**
- **Compatible EVD symptoms** (headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, hiccups, **or** hemorrhage).

YES ↓

1. Isolate the patient in a single room with a private bathroom and with the door closed.
2. Implement standard, contact, and droplet precautions, and ensure no exposed skin on health care providers.
3. Notify personnel responsible for Infection Control Program and other appropriate staff.

↓ **Conduct Exposure Assessment**

HIGH-RISK EXPOSURE

- Percutaneous (i.e., piercing the skin), mucous membrane (e.g., eye, nose, or mouth), or skin contact with blood or body fluids of a person with known or suspected EVD.
- Direct contact with person who has known or suspected EVD.
- Providing health care to a patient with known or suspected EVD without use of recommended personal protective equipment or experiencing a breach in infection control precautions that results in the potential for percutaneous, mucous membrane, or skin contact with the blood or body fluids of a patient with EVD.
- Direct contact with or the occurrence of a breach in infection control precautions while handling the dead body of a person with known or suspected EVD.
- Living in the same household as a person with symptomatic known or suspected EVD.

YES ↓

EVD SUSPECTED – TESTING INDICATED

Immediately report to your [county health department](#) or Florida Department of Health, Bureau of Epidemiology at 850-245-4401 to authorize testing.

NO ↓

EVD NOT SUSPECTED
Evaluate for other conditions

NO ↓

Report
Asymptomatic patients with *high-risk exposure* (see below) in the past 21 days to the [county health department](#).

NO →

If the patient does not have any high-risk exposures, continue with usual triage and assess for other common causes:

- Malaria
- Typhoid/Enteric fever
- Dengue Fever
- Chikungunya
- Zika
- Rickettsiosis

Please contact the [county health department](#) to make them aware of the patient being in your care.

Infection control recommendations:

- www.cdc.gov/vhf/ebola/clinicians/evd/infection-control.html
- Single patient room with private bathroom, door closed; restrict visitors
- Avoid aerosol-generating procedures; utilize aerosol precautions if performed
- Implement environmental infection control measures

Testing recommendations

- Conduct only essential laboratory testing, and take appropriate precautions according to laboratory recommendations
- Include malaria diagnostics in initial testing as it is the most common cause of febrile illness in persons with travel history to affected countries
- Following consultation with DOH and approval for EVD testing, collect two 4 mL whole blood specimens in **plastic** purple top tubes (EDTA); do not use pneumatic tube system for transport; contact DOH to determine the proper category for shipment (Category A)
- Negative results will be reported with the following comment "If fever or symptoms have been present for less than 72 hours, a repeat test may be required to rule out Ebola virus infection."

Resources:

- **Florida DOH Website:**
www.floridahealth.gov/diseases-and-conditions/ebola/index.html
- **CDC Ebola Clinician Website:**
www.cdc.gov/vhf/ebola/hcp/index.html