



Outpatient Clinic Ebola Virus Disease (EVD) Screening Tool

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Outpatient clinic screening criteria for patient isolation and notification:

1. Travel to 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.

If both criteria are met, [contact the county health department](#) and transfer the patient to a hospital for further assessment. Notify receiving facility of the concerns for EVD prior to the patient's arrival.

If patient contact is required, 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. Outpatient clinic 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