Ebola Virus Disease (Ebola)
Algorithm for Evaluation of the Returned Traveler

**FEVER** (subjective or ≥101.5°F or 38.6°C) or compatible Ebola symptoms* in patient who has traveled to an Ebola-affected area** in the 21 days before illness onset
* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

**YES**
1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions (gown, facemask, eye protection, and gloves)
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to the health department

**Report** asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

**HIGH-RISK EXPOSURE**
Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient
OR
Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient
OR
Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions
OR
Direct contact with a dead body (including during funeral rites) in an Ebola affected area** without appropriate PPE

**TESTING IS INDICATED**
The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC
The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management

**LOW-RISK EXPOSURE**
Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE
OR
Healthcare personnel in facilities with confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

**NO KNOWN EXPOSURE**
Residence in or travel to affected areas** without HIGH- or LOW-risk exposure

**NO**

**TESTING IS NOT INDICATED**

If patient requires in-hospital management:
- Decisions regarding infection control precautions should be based on the patient’s clinical situation and in consultation with hospital infection control and the health department
- If patient’s symptoms progress or change, re-assess need for testing with the health department

If patient does not require in-hospital management:
- Alert the health department before discharge to arrange appropriate discharge instructions and to determine if the patient should self-monitor for illness
- Self-monitoring includes taking their temperature twice a day for 21 days after their last exposure to an Ebola patient

**TESTING IS NOT INDICATED**

**Ebola suspected**
Review Case with Health Department Including:
- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

**Ebola not suspected**

**CDC Website to check current affected areas:** www.cdc.gov/ebola

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algorithm (a single symptom consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola which is more specific. Public health consultation alone does not imply that Ebola testing is necessary. More information on the PUI case definition: www.cdc.gov/vhf/ebola/hcp/case-definition.html