

Virginia Department of Health Ebola Virus Disease (EVD) Evaluation Algorithm for Hospitals*

DURING THE 21 DAYS BEFORE ILLNESS ONSET, DID THE PATIENT:

Travel to an EVD-affected area, **or** have close contact with a sick person who traveled to EVD-affected area, **or** have contact with a bat or nonhuman primate (e.g., ape, monkey) in an EVD-affected area?

Consult CDC map: www.cdc.gov/vhf/ebola/outbreaks/index-2018.html.

NO



No need to report to local health department (LHD).

YES ↓

DOES PATIENT have ≥ 1 EVD-compatible sign or symptom (fever, severe headache, muscle pain, weakness, fatigue, vomiting, diarrhea, abdominal pain or hemorrhage)?

NO



Evaluate patient for other causes of illness.

YES ↓

1. ISOLATE patient in single room or separate enclosed area with private bathroom or covered bedside commode. Only essential personnel with designated roles should evaluate and care for the patient.

- Implement standard, contact and droplet precautions.
- Use appropriate personal protective equipment (PPE). See “Determine PPE” step below.
- Use designated medical equipment (preferably disposable).
- Institute facility EVD protocol.
- Ensure patient is stable and receives timely, appropriate care.

2. IMMEDIATELY NOTIFY hospital infection control program, laboratory and other appropriate facility staff.

3. IMMEDIATELY NOTIFY LHD: www.vdh.virginia.gov/health-department-locator/.

DETERMINE PPE: Is patient clinically unstable or have bleeding, vomiting, diarrhea or a clinical condition that warrants invasive or aerosol-generating procedures (e.g., intubation, suction, active resuscitation)?

YES



Use PPE for EVD case/unstable Person Under Investigation (PUI):
www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html.

NO ↓

- 1. Use PPE for clinically stable Person Under Investigation (PUI) without bleeding, vomiting or diarrhea:**
www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance-clinically-stable-puis.html.
- 2.** If patient’s condition changes, reevaluate PPE needs.



QUICKLY GATHER EXPOSURE INFORMATION[§]:

During the 21 days before onset, did the patient:

1. Provide care in a home or healthcare setting for confirmed or suspected EVD patients?
 2. Have direct contact with blood or body fluids of acutely ill persons with confirmed or suspected EVD?
 3. Participate in funeral rites or have contact with human remains in an EVD-affected area?
 4. Work in a laboratory that processes specimens from confirmed or suspected EVD patients?
 5. Live with an EVD patient?
 6. If contact with a bat or nonhuman primate (e.g., ape, monkey), what was the specific exposure?
 7. Have contact with semen from a man who recovered from EVD?
- If yes, to any of the above questions, determine when and where.

DISCUSS EVD TESTING AND FOLLOW-UP PROCEDURES

1. VDH (LHD and Office of Epidemiology), in consultation with CDC, will provide guidance on EVD diagnostic testing to include timing and testing for alternative diseases (e.g., malaria, typhoid fever, viral respiratory infection).
2. If indicated, interfacility transport to an EVD assessment hospital will be discussed.

*Based on information as of August 21, 2019. For more information, see CDC’s EVD clinician website: www.cdc.gov/vhf/ebola/clinicians/index.html.

[§] These questions are critical to rule-in or rule-out an EVD PUI. If questions can be asked without direct patient contact (e.g., in a separate room or by telephone), PPE is not required.