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 attend a funeral in an EVD-affected area, or have contact with a domestic or wild animal in an EVD-affected area?

Does patient have > 1 EVD-compatible sign or symptom (fever, severe headache, muscle pain, weakness, fatigue, vomiting, diarrhea, abdominal pain or hemorrhage)?

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.

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 October 12, 2022. For more information, see CDC’s EVD clinician website: [www.cdc.gov/vhf/ebola/clinicians/index.html](http://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.