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

**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 EVD
5. IMMEDIATELY report to the health department

**NO**
Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

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

**LOW-RISK EXPOSURE**
- Household members of an EVD patient and others who had brief direct contact (e.g., shaking hands) with an EVD patient without appropriate PPE
- Healthcare personnel in facilities with confirmed or probable EVD 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

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**FEVER** (subjective or ≥101.5°F or 38.6°C) or compatible EVD 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

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**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

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**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

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

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