



Evaluating Patients Presenting to Primary Care or Other Outpatient Settings for Ebola Virus Disease

Background: The current outbreak of Ebola virus disease (EVD) in West Africa continues to expand (See the CDC website at cdc.gov/ebola for most up-to-date information). Introduction of EVD into the U.S. is possible but not likely. Even so, all healthcare providers should be prepared to evaluate a febrile traveler from one of the affected areas.

EVD Symptoms and Risk Factors: EVD should be suspected in patients presenting with fever greater than 38.6 °C (101.5°F) and compatible symptoms (e.g., severe headache, myalgias, vomiting, diarrhea, abdominal pain or unexplained hemorrhage) who report travel from an EVD outbreak-affected area in the 21 days before illness onset. The greatest risk of imported EVD is among healthcare personnel who cared for EVD patients or anyone returning from an affected area with recent **unprotected, direct contact** (through broken skin or mucous membranes) with the blood or body fluids from a suspected or confirmed EVD patient, including contact with human remains during funeral rites.

Patient Triage: Establish processes to routinely and immediately ask any patient presenting with fever about recent travel. Asking about travel is particularly important in acute care settings to rapidly recognize any potential communicable disease associated with an overseas outbreak. Posters are available from the Health Department in multiple languages that ask patients to immediately inform staff if they are ill and recently traveled internationally. Posters are available via 311 and can be downloaded at nyc.gov/html/doh/html/hcp/infectious-diseases.shtml.

If You Have a Suspect Patient:

- For any febrile patient reporting compatible symptoms and recent travel in the 21 days before onset of symptoms to an area with ongoing EVD transmission:*
 - Immediately place patient in a private room with closed door.
 - Provide the patient with surgical mask and demonstrate proper use.
 - Minimize number of staff interacting with the patient and do not perform phlebotomy.
 - Staff interacting with the patient should follow standard, droplet, and contact precautions (cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html).
 - Call the NYC Health Department for consultation (Provider Access Line: 1-866-692-3641) to determine if further evaluation is needed.
- When you call the NYC Health Department, be prepared to:*
 - Describe the patient's risk factors and travel history, including contact with sick patients in areas with ongoing EVD transmission
 - Describe the patient's presenting symptoms, signs, and duration of illness
- When you call the NYC Health Department, you can expect:*
 - Doctor on call will discuss the case and possible recommendations for testing.
 - Doctor on call will provide consultation on need to transport the individual to a hospital for further workup and testing.
 - Doctor on call will assist to arrange transport to another medical facility if needed.
- Do NOT refer patients to Emergency Department, hospital, or other facility without consulting the NYC Health Department by calling the Provider Access Line at 1-866-692-3641.**

More Information: nyc.gov/html/doh/html/em/ebola.shtml | cdc.gov/vhf/ebola

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