Identify, Isolate, Inform:

Healthcare Facility Evaluation and Management of Patients with Suspected Ebola Disease or Other Viral Hemorrhagic Fever (VHF)

IDENTIFY

1. SCREENING QUESTIONS

Within the previous 21 days[1], has the patient had ANY of the following exposures:

- Been in contact with a person who had a suspected or confirmed infection with a VHF or any object potentially contaminated by their body fluids?
- Been to an area with an active outbreak of a disease caused by a VHF or where VHFs are endemic?
- Worked in a laboratory that handles VHFs?

NO → **Continue with routine evaluation and care.**

YES

2. IDENTIFY SIGNS AND SYMPTOMS

Is the patient experiencing fever (≥100.4°F/38.0°C) without the use of antipyretics and/or any of the following symptoms?

- Aches and pains in the muscles and joints
- Headache
- Weakness and fatigue
- Sore throat
- Loss of appetite
- Nausea, vomiting, or diarrhea
- Abdominal pain
- Unexplained bleeding
- Acute hearing loss
- Chest pain
- Shortness of breath
- Confusion
- Red eyes
- Skin rash
- Hiccups
- Seizures
- A concerning constellation of other signs and symptoms

NO → **Continue with routine evaluation and care.**

Notify the local health department[2] to discuss possible monitoring recommendations.

YES

ISOLATE AND INFORM

3. ISOLATE, INFORM INFECTION CONTROL, AND DETERMINE THE PERSONAL PROTECTIVE EQUIPMENT (PPE) NEEDED

- Isolate patient in a single room with private bathroom or covered bedside commode.
- Adhere to infection prevention and control (IPC) procedures to prevent transmission, including wearing appropriate personal protective equipment.
- Use only essential healthcare workers trained in their designated roles and keep a log of all people entering the patient's room.
- **IMMEDIATELY** inform your IPC program.
- **IMMEDIATELY** inform the local health department.[2]

Is the patient exhibiting obvious bleeding, vomiting, diarrhea, is clinically unstable and/or may require invasive or aerosol-generating procedures (e.g., intubation, suctioning, active resuscitation)?

YES

- Healthcare workers should use PPE outlined in CDC's guidance found here: cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html.
- Conduct any aerosol-generating procedures in a pre-designated area using pre-designated equipment.[3]

NO

- For a patient that is clinically stable and **does not** have bleeding, vomiting, or diarrhea and not requiring invasive or aerosol-generating procedures, healthcare workers should use PPE outlined in CDC's guidance found here: cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html.

4. FURTHER EVALUATION AND MANAGEMENT

- Continue to evaluate patient for other causes of illness. The decision to test for a VHF will be made in consultation with the local health department[2], Texas Department of State Health Services, and CDC.
- Conduct routine laboratory testing to monitor the patient's clinical status and diagnostic testing for other potential causes of illness (e.g., malaria) while testing for a VHF is underway. See the CDC's website for further guidance on responsible patient care: cdc.gov/viral-hemorrhagic-fevers/php/laboratories/guidance-on-performing-routine-diagnostic-testing-for-patients-with-suspected-vhfs-or-other.html.
- Perform routine interventions (e.g., placement of peripheral IV, phlebotomy for diagnosis) as indicated by clinical status.
- Evaluate patient with dedicated equipment (e.g., stethoscope).[3]

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Adapted from resources and materials developed by the CDC

1. The maximum incubation period for most VHFs ranges from (13 to 21 days). This includes the arenaviruses, filoviruses, and Crimean-Congo Hemorrhagic Fever. See the CDC's website for more information: cdc.gov/viral-hemorrhagic-fevers/about/index.html.
2. Find your local health department at: dshs.texas.gov/idps-investigation-forms/disease-reporting-contacts.
3. Whenever possible, utilize dedicated equipment when evaluating patients with a suspected VHF.