Virginia Department of Health
Ebola Disease (ED) and Viral Hemorrhagic Fever Evaluation Algorithm for Hospitals*

DURING THE 21 DAYS BEFORE ILLNESS ONSET, DID THE PATIENT:
Travel to an ED-affected area, **OR** have close contact with a person sick with ED, **OR** attend a funeral in an ED-affected area, **OR** have contact with a domestic or wild animal in an ED-affected area, **OR** work in a lab that handles special pathogens? Consult CDC Ebola Outbreak map.

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

YES ↓

DOES PATIENT have ≥ 1 ED-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 a 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 ED 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: VDH Local 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 clinically unstable patients**: CDC PPE: Confirmed Patients and Clinically Unstable Patients Suspected to have VHF

NO

1. **Use PPE for clinically stable patients without bleeding, vomiting, or diarrhea**: CDC PPE: Clinically Stable Patients Suspected to have VHF
2. If patient's condition changes, reevaluate PPE needs.

ASK ABOUT HIGH-RISK EXPOSURES and EXPOSURE POTENTIAL[§] in the 21 days before illness onset:

1. Did you have contact with a symptomatic person with suspected or confirmed ED or any objects contaminated by their body fluids?
2. Did you go into any healthcare facility, such as a hospital, clinic, or visit a traditional healer?
3. Did you provide health care, perform lab work, clean, or handle waste in a healthcare setting?
4. Did you have contact with or were you near a sick person with fever or other acute illness?
5. Did you come into contact with anyone's blood or other body fluids, such as vomitus, saliva, feces, or urine?
6. Did you touch a dead body, prepare a body, attend a funeral, or perform burial work?
7. Did you have contact with bats or wild animals (alive or dead)?
8. Did you go into a mine or a cave?
9. Did you have contact with semen from a man who recovered from ED?

If yes to any question, collect details, including when and where.

DISCUSS ED TESTING AND FOLLOW-UP PROCEDURES

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

*This algorithm can be used for Ebola disease and other viral hemorrhagic fevers. For more information, see CDC's Clinical Guidance for Ebola Disease.

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

VDH VIRGINIA DEPARTMENT OF HEALTH

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