



EBOLA VIRUS DISEASE (EVD) EVALUATION ALGORITHM

New York City Department of Health (DOHMH)

(Last updated November 1, 2014)

REPORT TO DOHMH ANY PATIENT WHO HAS:

1. Measured or subjective fever **or** compatible signs or symptoms*
AND
2. Traveled to an Ebola affected area** **or** had contact with a confirmed EVD case in the 21 days before illness onset.

* Including headache, myalgia, weakness, vomiting, diarrhea, abdominal pain or unexplained hemorrhage

** CDC website to check currently affected areas: www.cdc.gov/ebola

No

No need to call DOHMH regarding EVD. Evaluate patient for other travel-related illness. Call DOHMH as needed.

Yes

1. **ISOLATE** patient in single room with private bathroom or covered bedside commode. Only essential personnel with designated roles should evaluate and care for patient using designated equipment.
2. **IMMEDIATELY NOTIFY** appropriate hospital staff, including Infection Control Program.
3. **QUESTION PATIENT** about potential exposures to EVD (*see below*).

Is patient exhibiting obvious bleeding, vomiting, copious diarrhea or a clinical condition that warrants invasive or aerosol-generating procedures (e.g. intubation, suction, active resuscitation)?

Yes

1. Use **PPE** designated for the care of hospitalized EVD patients (www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html).
2. If patient requires active resuscitation, use pre-designated area using pre-designated equipment.

No

1. If patient clinically stable, implement standard, contact and droplet precautions including at a minimum;
 - a. **Face Shield and surgical face mask**
 - b. **Impermeable gown**
 - c. **2 pairs of gloves**(www.cdc.gov/vhf/ebola/hcp/ed-management-patients-possible-ebola.html)
If patient's condition changes, reevaluate PPE needs

IMMEDIATELY REPORT to DOHMH at 1-866-692-3641

1. DOHMH will offer guidance on the management of the patient. Depending on the patient's clinical presentation and exposure history, DOHMH may recommend laboratory tests that may help identify a likely alternative diagnosis (e.g., malaria, typhoid fever, viral respiratory infection) or may recommend deferring phlebotomy until transfer to an EVD-Designated Hospital.
2. DOHMH will work with hospitals and EMS to arrange the transfers of a patient to an EVD-Designated Hospital.
3. Perform routine interventions (e.g., placement of peripheral IV) as indicated by clinical status.

Questions to identify a potential EVD exposure

During the past 21 days did the patient:

1. Serve as a health care worker who cared for confirmed or suspect EVD patients?
2. Work in a laboratory that processes specimens from confirmed or suspect EVD patients?
3. Have direct contact with a confirmed or suspect EVD patient and/or their blood or bodily fluids?
4. Participate in funeral rites or have contact with human remains in a location with EVD transmission?
5. Live with an EVD patient?

If yes, to any of the above determine, when and where.