



Ebola Virus Disease Screening Criteria for Healthcare Providers

Obtain a travel history from any patient presenting with a fever or unexplained illness.

Consider Ebola as possible in any patient with the following symptoms and risk factors:

1. Documented or subjective fever or symptoms compatible with Ebola such as headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, or unexplained bleeding or bruising.

AND

2. Household or other close contact with a person known to have or suspected to have Ebola **OR** travel to any country where Ebola transmission has been reported by World Health Organization (currently includes Liberia, Sierra Leone, Guinea, and Mali) within 21 days of symptom onset.

If both criteria are met:

The patient should be moved to a single room (containing a private bathroom) with the door to the hallway closed, and STANDARD, CONTACT, and DROPLET precautions followed. PPE should include cover all skin and provide full body coverage. Additional RESPIRATORY protection should be worn and should be at least as protective as a NIOSH-certified fit-tested N95 filtering facepiece.

AND

IMMEDIATELY Report the patient as a potential Person Under Investigation (PUI) for Ebola to:

1. Local Health Department: Contact Name _____ Contact Phone _____ Contact Email _____
2. Kentucky Department for Public Health: 502-564-3261 or after hours at 888-9REPORT (888-973-7678)