Ebola

The information in this document is no longer current and will not be updated.



National Center for Emerging and Zoonotic Infectious Diseases Division of High-Consequence Pathogens and Pathology (DHCPP)

For State/Local Health Departments: Ebola Risk Category and Clinical Infection Control Matrix for Ill Travelers

CS261177C February 18, 2016 10:42 AM

Traveled from Sierra Leone, Liberia, or Guinea

- If Ebola-compatible signs/symptoms:
- 1. Refer traveler to ETC/Assessment facility or any HCF
- 2. Isolate (private room) and follow standard hospital infection control practices/protocols
- 3. Take a thorough travel/exposure history*
- 4. If travel/exposure history suggests exposure to Ebola, use Ebola PPE**

If no Ebola-compatible signs/symptoms:

- 1. Refer traveler to ETC/Assessment or any HCF
- 2. Follow standard hospital infection control practices/protocols

For all patients: Clinical judgement is critical. Investigate other potential causes of the patient's signs and symptoms without delay in patient care. Consider acute febrile illnesses, acute upper/lower tract respiratory illnesses and acute gastrointestinal illness. The rapid identification of the cause of an acute illness in a PUI enables rapid treatment and resolution of symptoms.

Person Under Investigation (PUI): Ebola-compatible signs/symptoms AND an epidemiologic risk factor within the 21 days before the onset of symptoms

Ebola-compatible signs/symptoms: Fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal (stomach) pain, unexplained hemorrhage (bleeding or bruising)

*Conduct a thorough travel, disease exposure including for Ebola virus, and health history, including vaccination and prophylaxis compliance for other infectious diseases. Ebola virus exposure assessment should include asking about contact with acutely ill persons, such as providing care in a home or healthcare setting; participation in funeral rituals such as preparation of bodies for burial; working in a laboratory where human specimens are handled; handling wild animals or carcasses that can carry Ebola virus (i.e. non-human primates and bats); and sexual history, specifically if the patient has had sexual contact with a man who has recovered from Ebola (for example, oral, vaginal, or anal sex).

http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html

**Ebola PPE:

- For PUIs who have vomiting, diarrhea, or obvious bleeding, PPE includes: Singleuse, impermeable gown or coverall; PAPR hood or NIOSH certified N-95 respirator; If using an N-95 respirator, a disposable surgical hood and disposable full face shield is needed; Two pairs of disposable examination gloves with extended cuffs; Disposable boot covers; Disposable apron (optional)
- For PUIs who do not have vomiting, diarrhea, or obvious bleeding, PPE includes: Single-use, fluid-resistant gown; Face shield; Face mask; Two pairs of examination gloves where the outer gloves have extended cuffs



U.S. Department of Health and Human Services Centers for Disease Control and Prevention