Ebola Virus Disease (EVD) Evaluation Algorithm

(Last updated October 21, 2014)

Measured or subjective FEVER OR compatible SIGNS or SYMPTOMS* of EVD in patient who has traveled to an Ebola affected area** or had contact with a confirmed EVD case in the 21 days before illness onset.
* Including headache, myalgias, vomiting, diarrhea, abdominal pain or unexplained hemorrhage

1. Isolate patient in single room with private bathroom.
2. Implement standard, contact and droplet precautions.
3. Identify any risk exposures for EVD
4. Notify appropriate hospital staff, including Infection Control Program
5. IMMEDIATELY report to Alaska Section of Epidemiology (SOE) – 907-269-8000

HIGH-RISK EXPOSURE
- Percutaneous, mucous membrane or direct skin contact with blood or body fluids from a confirmed or suspected EVD patient without appropriate PPE
- Laboratory handling of body fluids from a confirmed or suspected EVD patient without appropriate PPE or biosafety precautions
- Participation in funeral rites which include direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE

LOW-RISK EXPOSURE
- Healthcare workers in facilities that have treated confirmed or suspected EVD patients
- Household members or others with direct contact to confirmed or suspected EVD patient

OR

NO KNOWN EXPOSURE
- Residence or travel to affected areas** without HIGH- or LOW-risk exposure

Review Case with AK SOE Using Additional Evaluation Criteria:
- Severity of illness
- Abnormal blood work:
  - Platelet count < 150,000/µL
  - Elevated hepatic transaminases
  - Abnormal coagulation studies
- Possible or likely alternative diagnosis

EVD SUSPECTED-TESTING INDICATED
- AK SOE will arrange specimen transport and testing at State Public Health Laboratory and CDC
- AK SOE, in consultation CDC, will provide guidance to hospital on all aspects of patient care and management

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EVD Unlikely, Testing Not Currently Indicated
If patient requires in-hospital management:
- Admit to single patient room with private bathroom
- Implement standard, contact, and droplet infection control precautions
- Evaluate for other likely illnesses, e.g., malaria and typhoid fever
- Observe clinical course for 24-48 hours, and if patient has improved or an alternate diagnosis is made, then EVD ruled out
- If patient’s symptoms progress, re-assess need for testing with AK SOE
If patient does not require in-hospital management:
- Alert AK SOE prior to discharge to arrange home isolation and monitoring by AK SOE to ensure symptoms improve.

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

No need to call AK SOE. Advise patient to continue checking temperature daily until 21 days after return from Africa. Consult with a physician at the first sign of illness.