



## **Ebola Virus Disease (EVD) Screening** **for Outpatient Facility**

**Patient assessment criteria for isolation/hospital notification are likely to be:**

- 1.** Fever and additional symptoms such as headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, or unexplained bleeding.

**AND**

- 2.** Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone, or other countries where EVD transmission has been reported by WHO) **or** contact with a suspected or confirmed EVD patient within 21 days (3 weeks) of symptom onset.

**If both criteria are met:**

- A. The patient should be isolated and STANDARD, CONTACT, and DROPLET precautions followed during further assessment, treatment, and transport.
- B. Notify Alabama Department of Public Health, Epidemiology Division: **1-800-338-8374** to report an Immediate Extremely Urgent 4-hour Notifiable Disease.
- C. Complete Ebola Consultation Record <http://www.ADPH.org/Ebola/Default.asp?id=6785> and fax to 334-206-3734 or email to [CDFax@ADPH.state.AL.US](mailto:CDFax@ADPH.state.AL.US) .
- D. Compile a list of healthcare workers and patients that may have come in contact with the patient, along with their personal contacts.
- E. Notify Hospital Emergency Department before transport and arrange for transport via non-public transportation or ambulance.