



Ebola Virus Disease (EVD) Screening

Emergency Department screening criteria for patient isolation/testing are likely to be:

1. Travel to countries with widespread EVD transmission per www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html **or** contact with a suspected or confirmed EVD patient within 21 days (3 weeks) of symptom onset
AND
2. Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain, lack of appetite, and in some cases bleeding.

If both criteria are met, then the patient should be moved to a private room with a bathroom, and STANDARD, CONTACT, and DROPLET precautions followed during further assessment.

IMMEDIATELY Report Person Under Investigation for Ebola:

1. Hospital Leadership: Name: _____ Email: _____ Phone: _____
2. Complete EVD Consultation Record www.ADPH.org/Ebola/Default.asp?id=6785 and fax to 334-206-3734 or email to CDFax@ADPH.state.AL.US
3. Notify Alabama Department of Public Health: **1-800-338-8374** to report an Immediate Extremely Urgent 4-hour Notifiable Disease
4. Compile a list of all healthcare workers, patients, and visitors that may have come in contact with the patient at the facility, along with their personal contacts.