



Evaluating Patients Presenting to Primary Care or Other Outpatient Settings for Ebola Virus Disease

Background: The Ebola virus disease (EVD) outbreak in West Africa continues to expand (See the CDC website at cdc.gov/ebola for the latest information). There is no U.S. outbreak, but a small number of cases have been diagnosed in the U.S. All providers should be ready to evaluate a patient with fever or signs/symptoms compatible with EVD who recently traveled from one of the affected areas.

EVD Symptoms and Risk Factors: EVD should be suspected in patients presenting with subjective or measured fever or compatible symptoms (e.g., headache, myalgias, vomiting, diarrhea, abdominal pain or unexplained hemorrhage) who report travel from an EVD outbreak-affected area or close contact with a confirmed EVD patient in the 21 days before illness onset. The greatest risk of imported EVD is among healthcare personnel who cared for EVD patients or anyone returning from an affected area with recent **unprotected, direct contact** (through broken skin or mucous membranes) with the blood or body fluids of a suspected or confirmed EVD patient. This includes contact with human remains during funeral rites.

Patient Triage: Establish processes to routinely and immediately ask patients about fever, compatible symptoms and recent travel. Asking about travel is particularly important in acute care settings to rapidly recognize any potential communicable disease associated with an overseas outbreak. Posters are available from the Health Department in multiple languages that ask patients to immediately inform staff if they are ill and recently traveled internationally. Posters are available via 311 and can be downloaded at nyc.gov/ebola. (Click the link for providers.)

If You Have a Suspect Patient:

1. *For any patient with suspected or measured fever or compatible symptoms and recent travel in the 21 days before onset of symptoms to an area with ongoing EVD transmission:*
 - a. Immediately place patient in a private room with closed door.
 - b. Provide the patient with surgical mask, and demonstrate proper use.
 - c. Minimize number of staff interacting with the patient, and do not perform phlebotomy.
 - d. Staff interacting with the patient should follow standard, droplet and contact precautions (cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html).
 - e. Call the NYC Health Department Provider Access Line (1-866-692-3641) to determine if further evaluation is needed.
2. *When you call the NYC Health Department, be prepared to:*
 - a. Describe the patient's travel history and exposures that put him or her at increased risk for EVD, including contact with sick patients in areas with ongoing EVD transmission.
 - b. Describe the patient's presenting symptoms, signs and duration of illness.
3. *When you call the NYC Health Department, you can expect:*
 - a. Doctor on call will discuss the case and possible recommendations for testing.
 - b. Doctor on call will provide consultation on need to transport the individual to a hospital for further workup and testing.
 - c. Doctor on call will assist to arrange transport to another medical facility if needed.
4. **Do NOT refer patients to Emergency Department, hospital or other facility without consulting the NYC Health Department by calling the Provider Access Line at 1-866-692-3641.**

More Information: nyc.gov/ebola | cdc.gov/ebola

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