Evaluation Algorithm for Ebola Risk in Ill Patients Reporting Recent International Travel

This algorithm is intended as general guidance. Providers are encouraged to use clinical judgment and contact public health immediately with any questions or concerns.

**Has patient been in an Ebola outbreak affected country** within 21 days prior to onset?  

**Yes**  

- Implement isolation precautions based on clinical findings.  
- Promptly evaluate patients for more common infections.  
- Refer to CDC guidance on illness in returned travelers.†  
- Testing for Ebola is not recommended.

**No**

**Does patient have fever > 101.5°F AND a clinically compatible illness?**

- Headache  
- Joint and muscle aches  
- Sore throat  
- Weakness  
- Diarrhea  
- Vomiting  
- Stomach pain  
- Skin rash  
- Red eyes  
- Internal and external bleeding (some patients)

**Yes**

- Immediately implement isolation precautions for Ebola.§
- Contact local public health authorities or the NC DPH Communicable Disease Branch (919-733-3419).
- Testing is recommended.

**No**

**Has patient had a HIGH-RISK EXPOSURE to Ebola as defined below?**

- Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of EVD patient  
- Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE)§  
- Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions  
- Direct contact with a dead body without appropriate PPE

**Yes**

- Immediately implement isolation precautions for Ebola.§
- Contact local public health authorities or the NC DPH Communicable Disease Branch (919-733-3419).
- Testing should be considered.

**No**

**Has patient had a LOW-RISK EXPOSURE to Ebola as defined below?**

- Household contact with an EVD patient  
- Other close contact with EVD patients in health care facilities or community settings. Close contact is defined as:  
  - Being within approximately 3 feet of an EVD patient or within the patient’s room or care area for a prolonged period of time (e.g., health care personnel, household members) without appropriate PPE  
  - Having direct brief contact (e.g., shaking hands) with an EVD patient without appropriate PPE  
  - Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact

**Yes**

- Immediately implement isolation precautions for Ebola.§
- Contact local public health authorities or the NC DPH Communicable Disease Branch (919-733-3419).
- Testing is recommended.

**No**

**Has patient had NO KNOWN EXPOSURE to Ebola?**

- No high- or low-risk exposures identified

**Yes**

- Implement isolation precautions based on clinical findings.  
- Contact public health authorities if suspicion is high.  
- Testing may be considered.

**No**

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§ Testing is recommended for afebrile patients with high-risk exposure if there are other compatible clinical symptoms present and blood work findings are abnormal (i.e., thrombocytopenia <150,000 cells/µL and/or elevated transaminases)