



## **Ebola Virus Disease Screening Criteria for Healthcare Providers**

**Obtain a travel history from any patient presenting with a fever or unexplained illness.**

**Consider Ebola as possible in any patient with the following symptoms and risk factors:**

1. Fever ( $\geq 101.5$  degrees F or 38.6 degrees C) or Ebola compatible symptoms such as headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, or unexplained bleeding or bruising

**AND**

2. Household or other close contact with a person known to have or suspected to have Ebola **OR** any travel to Liberia, Sierra Leone, Guinea, Nigeria, or other countries where Ebola transmission has been reported by World Health Organization (WHO) within 21 days (3 weeks) of symptom onset.

**If both criteria are met**, then the patient should be moved to a single room (containing a private bathroom) with the door to the hallway closed, and STANDARD, CONTACT, and DROPLET precautions followed during further assessment.

**IMMEDIATELY Report the Patient as a potential Person Under Investigation (PUI) for Ebola to:**

1. Local Health Department: Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_
2. Kentucky Department for Public Health: 502-564-3261 or after hours at 888-9REPORT (888-973-7678)