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Ebola Virus Disease (EVD)
Clinical Guidelines for Initial Evaluation of Suspect Cases of Ebola
August 22, 2014

If you are evaluating a patient who you suspect could have Ebola virus disease (EVD), please utilize this guidance.

Start with Question 1, and follow the instructions closely.

QUESTION 1. Has the patient been in a country involved in the current outbreak of Ebola virus disease in the 3 weeks before they started having symptoms? The areas of West Africa currently involved in the Ebola virus disease outbreak are: Guinea, Liberia, Sierra Leone, and Lagos, Nigeria.¹

If the answer to **Question 1** is **YES**, go to **Question 2**.

If the answer to **Question 1** is **NO**, stop. **This patient is not at risk for having come into contact with Ebola.** You may evaluate the patient as you would normally.

QUESTION 2. Has the patient done ANY of the following in the 3 weeks before they started having symptoms?

- Had direct contact with known or suspected Ebola patients
- Provided healthcare for any patients known or suspected to have Ebola
- Lived with anyone known or suspected to have Ebola
- Been in a hospital which is treating Ebola patients (as a patient, visitor, or staff)
- Worked in a lab which handles specimens from Ebola patients
- Been exposed to any bats, rodents, or primates in an EVD-affected area, including visiting a cave where bats may have been present
- Consumed bushmeat (animals killed and sold in local markets) from West Africa
- Actively participated in a funeral or had any other contact with dead bodies from an EVD-affected area

If the answer to **Question 2** is **YES**, go to **Question 3**.

If the answer to **Question 2** is **NO**, skip Question 3, and go straight to **Question 4**.

¹These countries are currently involved in the outbreak as of August 21, 2014. It is possible that others countries may become involved. Please check the CDC's website frequently for updates on which countries are involved in the outbreak:
www.cdc.gov/ebola/

QUESTION 3 (for patients who have had a definite exposure to Ebola). Does the patient have ANY of the following symptoms:

- Fever (subjective **OR** documented at a minimum of 101.5 if checked)
- Malaise
- Myalgias
- Abdominal pain
- Vomiting
- Diarrhea
- Headache
- Sore throat

If the answer to **Question 3** is **YES**:

- **Immediately place the patient in an isolation room (if not already in one) AND**
- **Notify your local health department right away (at any time of day or night).** The local health department will give you further guidance on how to manage the patient. Your local health department's contact information may be found at: <http://localhealth.nj.gov>
- If local health department personnel are unavailable, healthcare providers should report the case to the New Jersey Department of Health Communicable Disease Service (CDS) at (609) 826-5964, Monday through Friday 8:00 AM - 5:00 PM. On weekends, evenings and holidays, the CDS can be reached at (609) 392-2020.

If the answer to **Question 3** is **NO**:

- **Ebola is not a consideration for this patient at this time.** Continue with your normal clinical evaluation.
- **However, please advise the patient to take their temperature twice per day for 3 weeks after their last exposure to Ebola.** If at any time their temperature is higher than 101.5 or they have any of the symptoms above, they should immediately seek medical attention.

QUESTION 4 (for patients who have traveled to an affected area but have no known exposure to Ebola). Does the patient have a subjective fever or documented fever (temperature >101.5)?

If the answer to **Question 4** is **YES**:

- **Immediately place the patient in an isolation room (if not already in one) AND**
- **Notify your local health department right away (at any time of day or night).** The local health department will give you further guidance on how to manage the patient. Your local health department's contact information may be found at: <http://localhealth.nj.gov>
- If local health department personnel are unavailable, healthcare providers should report the case to the New Jersey Department of Health Communicable Disease Service (CDS) at (609) 826-5964, Monday through Friday 8:00 AM – 5:00 PM. On weekends, evenings and holidays, the CDS can be reached at (609) 392-2020.

If the answer to **Question 4** is **NO**:

- **Ebola is not a consideration for this patient at this time.** Continue with your normal clinical evaluation.
- **However, please instruct the patient to monitor their health closely for 3 weeks from the date they left the affected area.** Should they develop a fever or any other concerning symptoms at any point during this time period, they should immediately seek medical attention.

For additional information and guidelines on EVD, please refer to:

CDC website for Ebola: <http://www.cdc.gov/vhf/ebola/>

NJDOH website for Ebola: <http://www.state.nj.us/health/cd/vhf/>