



## Identifying Ebola Virus Disease in Patients Presenting or Calling Into Ambulatory Care Settings

**Background:** While the Ebola virus disease outbreak continues in West Africa\*, four cases have been diagnosed in the U.S., including one New York City case (as of 12/4/14). All providers should be ready to **identify, isolate and inform the NYC Health Department** about any patient at risk for Ebola based on travel to affected countries\* or contact with a confirmed Ebola case within 21 days of symptom onset (see attached algorithm).

*\*Widespread transmission of Ebola virus disease is occurring in the West African countries of Guinea, Liberia and Sierra Leone. Other countries may occasionally have limited transmission in settings with uncertain control measures; as of 12/4/14, Bamako in Mali is affected. See the CDC website for the most recent information: <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>*

**Transmission:** Ebola is not easily transmitted and requires direct contact with a symptomatic person's body fluids (e.g., blood, vomit or diarrhea) or contact with contaminated objects (e.g., needle-stick). A person is not contagious until symptoms appear. Ebola is not airborne or transmitted by casual contact.

**Telephone Triage:** For patients calling to schedule a sick visit, ensure that all staff responsible for intake calls obtain a travel history (dates and country of travel). Please see [Identifying Patients with Possible Ebola Virus Disease in Ambulatory Care Settings: Telephone Triage](#) for more information.

**Triage in Clinical Settings:** If a patient with a risk of Ebola is identified in the clinical setting based on travel and illness, **immediately isolate the patient, and call the NYC Health Department's Provider Access Line (PAL) 1-866-692-3641**. Log the names and contact information for all staff or patients (in the waiting room) who may have had direct contact with this patient. Please see [Identifying Patients with Possible Ebola Virus Disease in Ambulatory Care Settings: Triage in Clinical Settings](#) for more information.

**Infection Prevention:** At a minimum, clinic staff should use the following when evaluating sick patients who are at risk for Ebola: face shield and surgical mask, impermeable gown and two pairs of gloves. Ensure that staff members have adequate opportunity to train and practice how to safely and competently don and doff personal protective equipment (PPE). Powered air purifying respirators (PAPRs) are not necessary in this setting.

**Information needed when calling the NYC Health Department's Provider Access Line (PAL):** Provide the patient's name, date of birth, current address and phone, West African country of travel, dates of travel, exposure history and a description of the patient's symptoms and signs, including the duration of illness. The Health Department medical epidemiologist will consult on the case and arrange transport if needed.

### Ambulatory Care Preparedness (Also see attached algorithms):

- Be prepared to rapidly identify, isolate and inform the **Health Department's Provider Access Line (PAL) 1-866-692-3641 (1-866-NYC-DOH1)**.
- Train staff who do intake calls on [Identifying Patients with Possible Ebola Virus Disease in Ambulatory Care Settings: Telephone Triage](#).
- Become familiar with the [Identifying Patients with Possible Ebola Virus Disease in Ambulatory Care Settings: Triage in Clinical Settings](#) algorithm. Have the algorithm available for all staff members.

### More Information

- You can call the NYC Health Department Provider Access Line 1-866-692-3641 (1-866-NYC-DOH1) 24 hours a day, seven days a week.
- Do not refer stable patients to other facilities without consulting the Health Department Provider Access Line. If the patient is unstable, call 911, explain risk factors for Ebola and then call the PAL.
- **Fight fear with facts:** Your patients may experience stigma related to Ebola.
- For more information, visit [nyc.gov/ebola](http://nyc.gov/ebola) or [cdc.gov/ebola](http://cdc.gov/ebola)

# Identifying Patients with Possible Ebola Virus Disease in Ambulatory Care Settings

## Triage in Clinical Settings

The vast majority of febrile patients in ambulatory settings do not have Ebola, and the risk posed by an Ebola patient with early, limited symptoms is lower than that of a patient hospitalized with severe disease. Still, because early Ebola symptoms mirror other febrile illnesses, triage and evaluation should account for the possibility of Ebola.

### IDENTIFY

**Ask about:**  
**(1) Travel and exposure history:** "Have you traveled to an Ebola-affected country\* or had contact with a confirmed Ebola case in the 21 days before you started to feel sick?"

**YES**

\*Widespread transmission of Ebola virus disease is occurring in the West African countries of **Guinea, Liberia and Sierra Leone**. Other countries may occasionally have limited transmission in **settings with uncertain control measures**; as of **12/4/14, Bamako in Mali is affected**. See the CDC website for the most recent information. <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/distribution-map.html>

**Ask about:**  
**(2) Signs and symptoms:** "Do you have fever (subjective or measured) or headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or unexplained bleeding?"

**YES**

### ISOLATE

Patient may meet criteria for *Person Under Investigation for Ebola*. Isolate patient immediately. Avoid unnecessary contact.

**A) Immediately** place patient in private room with closed door, preferably with a bathroom or covered commode.  
**B) No one** should have direct contact with a Person Under Investigation for Ebola without wearing appropriate personal protective equipment (PPE). (*Details below*).  
**C)** Put one person in charge of overseeing which staff have contact with the patient.  
**D)** Minimize number of staff interacting with patient. Do not perform phlebotomy, and do not give nebulizer treatments.  
**E) Do not** refer patients to Emergency Department, hospital, or other facility without consulting the Health Department.  
**F)** If patient is exhibiting obvious bleeding, vomiting or copious diarrhea, call 911. Do not re-enter room until appropriately protected EMS personnel arrive.

**NO RISK FOR EBOLA:**  
 Continue with usual triage, assessment and scheduling.

**HANDLE AS ROUTINE OFFICE VISIT:**

**(a)** Ask patient if the NYC Health Department has been speaking with him/her daily about his/her temperature and symptoms.  
**(b)** If "Yes," continue with usual triage, assessment and scheduling.  
**(c)** If "No,":  
**(i)** Obtain patient name, date of birth, current address, current phone number(s), West African country traveled from and dates of travel.  
**(ii)** Tell patient that the Health Department will contact him/her to monitor for fever and symptoms for 21 days after last exposure.  
**(iii)** Call the Health Department Provider Access Line at **1-866-692-3641** to enroll the patient in active monitoring.  
**(iv)** Continue with usual triage, assessment and scheduling.

### INFORM

Inform NYC Health Department immediately by calling the Provider Access Line, 1-866-692-3641.

**A.) Be prepared to:**

1. Provide patient's name, date of birth, address, phone, date of symptom onset, West African country traveled from and dates of travel.
2. Describe patient's travel history and exposures that put him/her at risk for Ebola.
3. Describe patient's symptoms, signs and duration of illness

**B.) The Health Department will:**

1. Consult with you about need to transport the individual.
2. Help arrange transport to another medical facility, if needed, and make related notifications.

**C.) Do NOT transfer patient without telling the Health Department.**  
**D.) Consult with Health Department before cleaning or disinfecting room or equipment used on patient.**

**Personal Protective Equipment (PPE) in the Ambulatory Care Setting**

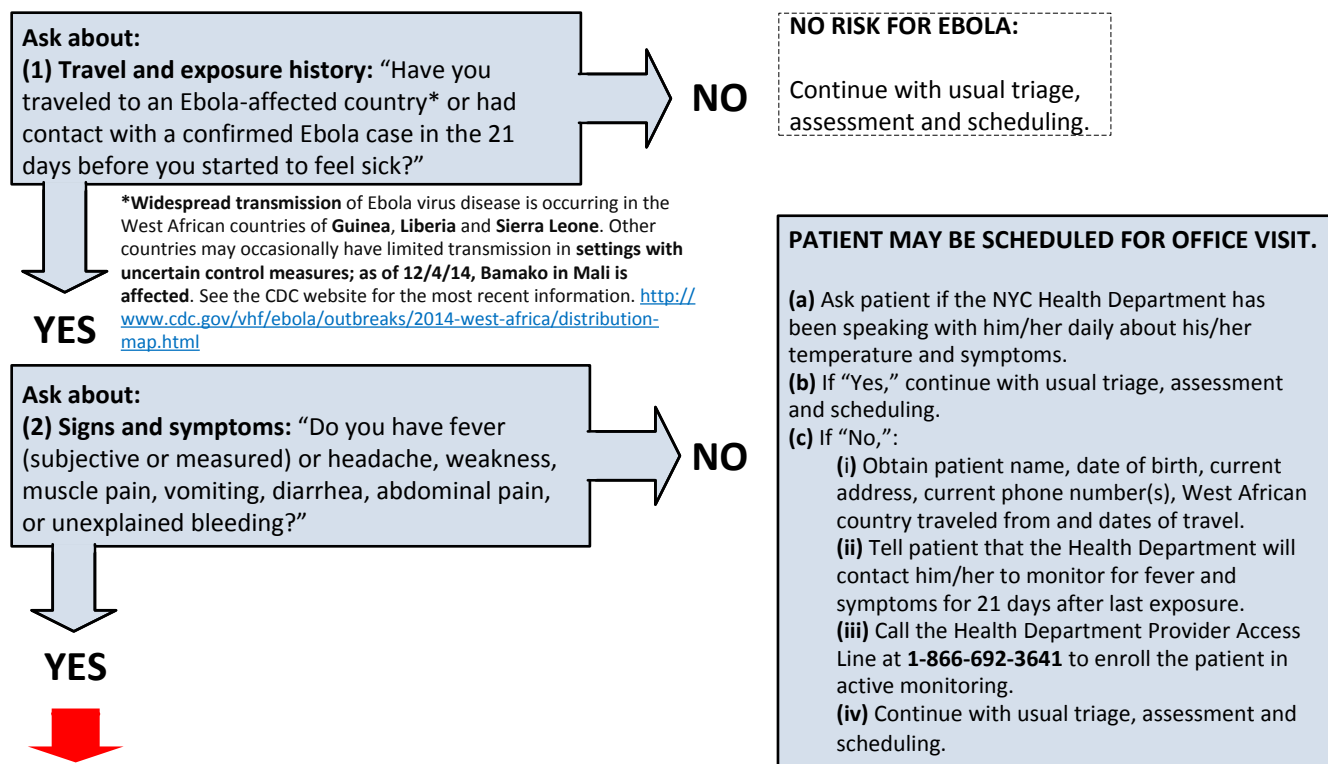
No one should have direct contact with a *Person Under Investigation for Ebola* without wearing appropriate PPE.

**A.)** If PPE is available and direct patient contact is necessary, a single staff member (trained in proper donning and removal of PPE) should be designated to interact with the *Person Under Investigation for Ebola*.  
**B.)** At a minimum, health care workers should use the following PPE before direct patient contact: **face shield and surgical face mask, impermeable gown and two pairs of gloves**.  
**C.)** The designated staff member should refrain from direct interaction with other staff and patients in the care setting until PPE has been safely removed in a designated area and hand hygiene performed. Review examples of safe donning and removal of PPE: <http://bit.ly/1J8qtC0>

# Identifying Patients with Possible Ebola Virus Disease in Ambulatory Care Settings Telephone Triage

If patients call the office for a sick visit, and you suspect Ebola Virus Disease, take appropriate action, and tell public health authorities immediately. The vast majority of febrile patients in ambulatory settings do not have Ebola, and the risk posed by an Ebola patient with early, limited symptoms is lower than that of a patient hospitalized with severe disease. Still, because early Ebola symptoms mirror other febrile illnesses, triage and evaluation should account for the possibility of Ebola.

## Screen every patient who calls to schedule a sick visit.



## TAKE ACTION AND INFORM

**Patient may meet criteria for *Person Under Investigation for Ebola*.**

- A.)** Obtain patient name, date of birth, current address, current phone number(s), current location, date of symptom onset, West African country patient traveled from and dates of travel.
- B.)** If ***an emergency*** (patient is unstable), caller and facility should call 911. Tell EMS about illness and travel history.
- C.)** If ***not an emergency***, tell the patient the following:
  - i) Stay in current location. Do not take public transportation.
  - ii) Minimize exposure of body fluids to household members or others nearby.
  - iii) A Health Department physician will contact the patient.
- D.)** Immediately call the **Health Department Provider Access Line at 1-866-692-3641 (1-866-NYC-DOH1)** to report a patient with possible Ebola. ***Do this even if you are uncertain.***