

Checklist for Patients Being Evaluated for

Ebola Virus Disease (EVD)

**Yes Upon arrival to clinical setting/triage**

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* Does patient have fever (subjective or ≥101.5°F) and/or compatible Ebola Virus Disease (EVD) symptoms such as headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or hemorrhage?
* Has the patient traveled to an Ebola-affected area (Liberia, Sierra Leone, Guinea, Nigeria, Senegal and Democratic Republic of the Congo) within the 21 days before illness onset?
* Has the patient had close contact with someone who recently traveled internationally and is ill?

**If the patient has answered yes to any of the above then:**

* Isolate patient in single room with a door and private bathroom.
* No one should enter or exit the room and post signage ‘DO NOT ENTER’.
* **Report to the NYC Department of Health at 1-866-692-3641**
* **Follow the Protocol on Infectious Disease Notification**

\*All information was obtained from NYC Department of Health and Mental Hygiene [www.nyc.gov/health](http://www.nyc.gov/health)

 and Center for Disease Control and Prevention- [www.cd.gov/vhf/ebola](http://www.cd.gov/vhf/ebola)