1. **Has the patient been in an EVD-affected area within 21 days before onset of symptoms (currently Guinea, Sierra Leone, Liberia, Democratic Republic of the Congo, and Lagos, Nigeria)?**
   - If the answer to Question 1 is **YES**, go to Question 2.
   - If the answer to Question 1 is **NO**, this patient is not at risk for EVD. Evaluate the patient as you would normally.

2. **Has the patient done any of the following in the 21 days before onset of symptoms:**
   - Had direct contact with known or suspected EVD patients?
   - Lived with anyone known or suspected to have EVD?
   - Provided healthcare for any patients known or suspected to have EVD?
   - Been in a hospital which is treating EVD patients (as a patient, visitor or staff)?
   - Worked in a lab which handles specimens from EVD patients?
   - Handled raw bushmeat?
   - Participated in a funeral with handling of the body of someone who has died of EVD or unknown causes?
   - Been exposed to any bats, rodents, or primates in an EVD-affected area?
   - If any of the answers to Question 2 are **YES**, go to Question 3.
   - If all of the answers to Question 2 are **NO**, skip Question 3 and go to Question 4.

3. **Does the patient have ANY of the following symptoms: fever (subjective OR ≥101.5°F), muscle pain, stomach pain, diarrhea or vomiting, headache, or unexplained bleeding or bruising?**
   - If the answer to Question 3 is **YES**:
     - Immediately place the patient in a private room with contact and droplet precautions (if not already in one) while clinical evaluation is in progress and until cleared by the hospital infection preventionist.4
     - Notify your hospital infection preventionist and DCHHS immediately (214-819-2004 or 877-605-2660).
   - If the answer to Question 3 is **NO**:
     - EVD is unlikely for this patient at this time. Continue with your normal clinical evaluation.
     - Notify DCHHS immediately (214-819-2004 or 877-605-2660).
     - At discharge, advise the patient to take his or her temperature twice daily for 21 days from the time they left the affected area and to immediately seek medical attention if any fever or other symptoms develop. Tell the patient to notify the provider about exposure history and symptoms prior to arrival.

4. **Does the patient have a subjective fever or documented fever (≥101.5°F)? [for patients who have traveled to an affected area but report no known exposure to EVD]**
   - If the answer to Question 4 is **YES**:
     - Immediately place the patient in a private room with contact and droplet precautions (if not already in one) while clinical evaluation is in progress and until cleared by the hospital infection preventionist.4
     - Notify your hospital infection preventionist and DCHHS immediately (214-819-2004 or 877-605-2660).
   - If the answer to Question 4 is **NO**:
     - EVD is unlikely for this patient at this time. Continue with your normal clinical evaluation.
     - At discharge, advise the patient to take his or her temperature twice daily for 21 days from the time they left the affected area and to immediately seek medical attention if any fever or other symptoms develop. Tell the patient to notify the provider about exposure history and symptoms prior to arrival.

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**N.B.: Early recognition of EVD is critical for infection control.** Any patient with suspected EVD should be isolated until the diagnosis is ruled-out. A thorough assessment may not be possible at the time of initial patient encounter, if the patient does not recall or feels uncomfortable discussing possible exposures. As exposure questions are readdressed during subsequent interviews, additional details of exposures should be discussed with health department.