



# Ebola Virus Disease Screening

## Health Care Screening Criteria

1. Clinical criteria, which includes fever (subjective or measured as  $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ) or additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage

**AND**

2. Residence in or travel to Guinea, Liberia, Nigeria (prior to 30 September 2014), Sierra Leone, Democratic Republic of the Congo or other countries where Ebola virus disease transmission has been reported by WHO within 21 days (3 weeks) of symptom onset

**If both criteria are met**, place the patient in a private room with a bathroom and with the door to hallway closed. Use STANDARD, CONTACT, and DROPLET precautions during further assessment. Avoid aerosol-generating procedures. If performing these procedures, PPE should include respiratory protection (N95 or higher filtering facepiece respirator) and the procedure should be performed in an airborne infection isolation room.

**IMMEDIATELY Report Person Under Investigation for Ebola to:**

Kansas Department of Health and Environment at 877-427-7317