

**Ebola:**  
**Interim Monitoring Guidance for Tribes and**  
**Local Public Health Authorities**  
**Oregon Public Health Division**  
Current as of January 23, 2023

**Updates**

- October 18, 2022, updated to reflect current CDC Guidance.
- October, 27<sup>th</sup>, 2022, updated affected districts on interview form; simplified section on collection of information re: people traveling during monitoring period; updated algorithm for evaluating inquiries.
- November 10<sup>th</sup>, 2022, updated affected districts on interview form.
- November 14<sup>th</sup>, 2022, updated affected districts on interview form.
- December 19<sup>th</sup> 2022, Per CDC, updated exposures for additional consideration.
- January 23<sup>rd</sup> 2023, Generalized guidance for future Ebola outbreaks.

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Investigative Guidelines for Illness Consistent with Ebola can be found at  
<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/REPORTINGGUIDELINES/Documents/ebola.pdf>

## Working with People Who Are Monitoring for Ebola

### PREPARATIONS

During active Ebola outbreaks, CDC may obtain contact information for people returning from affected regions and recommend that public health follow up with these people to assess risk of Ebola exposure and establish a plan to monitor for symptoms. In these situations, local public health authority (LPHA) staff will be notified of a Person Under Monitoring (PUM) in their jurisdiction by the Acute and Communicable Disease Prevention (ACDP) Section. Name, date of birth, and contact information shared by CDC will be provided.

Before interviewing anyone who has been potentially exposed to Ebola virus, LPHA staff should be familiar with the following:

### DEFINITIONS

**Limited Active Monitoring:** PUMs who were present in a [country experiencing an Ebola outbreak](#) but did not go to the outbreak-affected region and had no known contact with a person suspected or confirmed to have Ebola viral disease are considered at low risk for Ebola exposure. CDC currently recommends an initial contact within 24 hours of receiving notification that the person has arrived to introduce yourself and develop a mutually acceptable plan to monitor for signs of illness. CDC then recommends contact to ask about fever or Ebola-related symptoms at least weekly until 21 days after the person's return from the country experiencing an Ebola outbreak. PUMs should be asked to inform LPHA of any planned travel during the monitoring period, monitor for symptoms, and urged to contact public health immediately if fever or symptoms compatible with Ebola develop. If travel to another jurisdiction is planned, coordinate with that jurisdiction to ensure that monitoring for illness can continue until 21 days after return from the affected country.

**Active Monitoring:** PUMS who visited a [region actively affected by an Ebola outbreak](#) but who had no known high-risk exposure to a person suspected or confirmed to have Ebola viral disease are considered at "some" risk of Ebola exposure. CDC recommends an initial check in within 24 hours of the person's arrival to introduce yourself and develop a monitoring plan with the person. CDC then recommends twice-weekly check-ins until 21 days after the person left the affected country to assess for symptoms compatible with Ebola, though LPHAs may choose to monitor more frequently. Initial contact should be through a real-time, interactive method such as an in-person visit, tele-meeting, or phone call, and then monitoring can be conducted by phone or electronically at the discretion of the LPHA and the PUM. People doing Active Monitoring should be encouraged to take their temperature twice daily, watch themselves for symptoms, inform the LPHA of any travel planned during the monitoring period, and urged to contact public health officials immediately if they have a fever or other symptoms compatible with Ebola. If travel to another jurisdiction is planned, coordinate to ensure that monitoring for illness can continue until 21 days after return from the affected country.

**Direct Active Monitoring:** For PUMs who meet high-risk exposure criteria – see risk factors in **bold type** on the interview form, page 8, below – CDC recommends quarantine, as well as daily check-ins to monitor for fever and symptoms until 21 days after last potential exposure. **If you identify such a person, please call the ACDP on-call epidemiologist immediately at 971-673-1111.** Direct active monitoring involves visual contact between the PUM and public health staff. Contacts may be in-person (something to consider initially, since it might help establish rapport with the person you will be working with) or can be performed electronically (e.g., with Skype, Face Time, etc.). People doing Direct Active monitoring should take their temperature twice daily and share the results with public health, watch themselves for symptoms, and immediately tell public health officials if they have a fever or other symptoms consistent with Ebola. Travel restrictions are recommended to avoid exposure to others if the person becomes symptomatic while in contact with them. Ask daily about plans to work, travel, take public transportation, or go to busy public places (congregate settings) and review that these activities must wait until the 21-day monitoring period is completed. Any development of fever or Ebola-compatible symptoms requires isolation and medical evaluation. For healthcare workers, LPHAs may delegate the responsibility for monitoring to a health system occupational/employee health program at their discretion, with a daily report to the LPHA.

A summary of how to work with PUMs, based on risk category, is on pages 10 and 11.

There are several things to consider as you prepare to interview the PUM, and that you can attempt to assess during the course of the interview and subsequent contacts:

- Does the person give a consistent history of risk? Is the person willing and able to work with public health for monitoring and notification if symptoms develop?
- Is the person able to recognize and report symptoms, self-isolate, and seek medical care? (Preschool and school age children may not be able to recognize and respond as quickly as an adult.) If not, are there support services that would be acceptable and useful to this person to help them monitor safely?
- Is there anything unique about this person that would make it difficult to prevent exposures when symptomatic?
- If the person is symptomatic, confirm flight information and other possible exposures during any recent travel and share promptly with ACDP.

## **INTERVIEW**

LPHA staff should perform the following tasks with people who have recently been in an area experiencing an Ebola outbreak or who have otherwise potentially been exposed to Ebola virus:

- Contact the PUM within 24 hours of notification of arrival in the jurisdiction. Introduce yourself and the purpose of your contact. Explain that information will be kept private and confidential. **If you are unable to reach the person within 24 hours, call ACDP at 971-673-1111 and report inability to find a PUM.**
- Interview the PUM to confirm where the person is residing, determine preferred forms of communication, assess risk status (using *Interview Form*, page 7), review symptoms of Ebola, and ensure the PUM is familiar with reporting requirements and any other restrictions.
  - Instruct PUM to report symptoms of Ebola immediately to the LPHA; provide PUM with a 24/7 contact number.
  - Share information with the PUM about symptoms of Ebola (fever, diarrhea, vomiting, headache, muscle pain, abdominal pain, or bleeding).
  - Ask if PUM is planning any travel during the monitoring period. Review that, even if PUM is at low risk of developing symptoms, we would like to know about any travel so we can coordinate with other jurisdictions. Collect basic details of travel (dates, destinations, methods of travel) and report to ACDP. **Note: those with high-risk exposures should not travel.**
- Develop a plan regarding where the person will seek health care and provide an overview of the plan to the PUM.
  - Let the PUM know you will be contacting the health facility
  - Contact the facility where the person would be seen to ensure appropriate plans for evaluation are in place.
  - Provide the facility’s name and its 24/7 telephone number to the PUM.
  - Contact the EMS agency that would do transport (should Ebola-compatible illness develop) to ensure appropriate plans are in place to transport the person to the healthcare facility.
- Review the risk level, monitoring plan, and movement restrictions, if any, with the PUM verbally, and, if possible, in writing. You can use the PUM summary letter available on page 16.
- As appropriate, consider sharing copies of *Fact Sheet for Household Members*, available on page 14.
- Record risk-factor information and recommendations regarding movement restriction in ORPHEUS. (See *Data Entry* section below.)

## DATA ENTRY

- Create a new “Person Under Monitoring” case in Orpheus. Be sure to fill out the identifiers, demographics, and Ebola information (e.g., last exposure date, reason monitored, risk assessment determination, Ebola vaccination status, EMS agency if

known, and preferred hospital). For PUMs currently under monitoring, enter “U” for status. When monitoring is complete, change to “Completed monitoring”. If the person is transferred to a jurisdiction outside Oregon, change status to “Transferred”.

- If a paper interview form was used, please upload as an attachment to Orpheus case under the “Documents” tab.
- For PUMs at high risk:
  - Go to the PUM tab
  - Click on “add day”.
  - Add the twice daily temperature monitoring information each day
  - Daily monitoring information should be kept up to date in Orpheus.

### **TRAVEL (*if no high-risk exposure*)**

During initial interview and periodically if monitoring, inquire about planned travel by PUM.

- For PUMs who will be traveling to other states or countries,
  - Advise PUM to contact embassy of the destination country, as the other country might have more stringent monitoring or quarantine requirements,
  - Let PUMs know that if they plan to return to the US within their 21-day monitoring period, they are required to fly back into US through one of the five designated screening airports,
  - E-mail [ohd.acdp@dhsosha.state.or.us](mailto:ohd.acdp@dhsosha.state.or.us) or call the epi on-call. They will need
    - PUM’s name and DOB
    - Intended destination (state or country and physical address, if possible)
    - planned dates of travel to and departure from destination
    - CDC exposure risk category, date of last exposure, date completing monitoring, and plans for continued monitoring (if any)
    - Date, time, and results of most recent monitoring check
- For PUMs who will be traveling to other counties in Oregon, either work with the OHA epi or the other county directly. Please enter any address info in Orpheus.
- If a PUM from another state is traveling to your jurisdiction, OHA will contact you to work out a plan to ensure continuous monitoring
- If a PUM plans to leave your county for the duration of the remaining monitoring period, contact OHA to discuss possible formal transfer of monitoring.
- If a PUM is coming to your county for the duration of the monitoring period, OHA will contact you to work out a plan for continuous monitoring. If you can work with this person, create a new case in Orpheus, and provide PUM with the monitoring plan and contact phone numbers. (No need to re-do entire case interview.)

## **INSTRUCTIONS IF YOU'RE DOING HOME VISITS**

**Note: LPHA staff might do home visits for initial interview, if the person is unavailable by phone, or for other reasons deemed necessary by local health officials.**

It is important for LPHA staff to protect themselves and the PUM by taking these measures during a visit:

- While COVID-19 is still afoot, during any home visit LPHA staff should take appropriate precautions to protect against exposure, including masks, social distancing, and meeting outside or in the doorway, when possible.
- LPHA staff should communicate by telephone with the potentially exposed person to ensure the person has no symptoms before the LPHA staff travels to the site of monitoring. Confirm that the person has a working thermometer or bring a no-touch thermometer. When LPHA staff have arrived at the residence, they should re-assess for symptoms in the doorway. Remember, while there's a pandemic going on, take appropriate precautions to protect against respiratory exposure as well. Where feasible, check-in can be done through an audio-visual aid (e.g., Skype, Face Time, Zoom, etc.) as deemed appropriate.
- Take phone numbers for your health officer, the OHA On-Call Epi, and plan on whom to contact in case you find the person to be symptomatic.
- Avoid direct physical contact like shaking hands or hugging.
- When possible, have the person take his/her/their own temperature and show you, or use a no-touch temperature system. Use disposable gloves if you must take the person's temperature directly.
- If fever or other symptoms are identified at the home visit, immediately leave the residence, and arrange for the person to be medically evaluated.
- If no symptoms are identified, verify the time of the next check-in. Review any plans for travel (if not high risk), and if so, how monitoring will continue and by whom.
- If any symptoms occur before the next evaluation, instruct the person to go immediately to a private area (e.g., room with a door that can be closed, or car) and telephone the LPHA.

## **COMPLETING THE PROCESS**

- Each time after talking with PUMs, and after they complete their 21-day monitoring period, thank them.
- In Orpheus, change the case status to "Completed Monitoring" after entering the last day's symptom and temperature information.

## Person Under Monitoring Interview Form, State of Oregon

### Tips for Interviewer:

- Explain why you're calling (CDC guidance for people returning or traveling from Ebola-affected countries)
- Establish a good relationship immediately: Welcome the person home or to the U.S. Ask how their trip to the U.S. went. Ask how they're feeling now.
- Explain that you are going to review some standard questions with them to help determine how best to support them during the 21-day monitoring period. Let them know all information will be kept private and confidential.
- Most patients treated in US healthcare facilities have survived Ebola. Prompt reporting of symptoms to public health will lead to prompt care for them if needed.
- Encourage them to ask questions or contact you later with any questions or concerns.

### Interview Checklist:

- Conduct risk assessment as outlined below
- Clearly describe symptoms to watch for, and provide a 24/7 number to call, should they develop.
- Specify any movement/work restrictions while asymptomatic (for high-risk person) or confirm that there are none.
- Review what person should do if symptoms or fever develop.
- If possible, have Orpheus open to ensure you've captured information for all fields.

### I. Interview Information

Date of interview: \_\_\_ / \_\_\_ / \_\_\_ MM/DD/YYYY

Interviewer Name/Agency: \_\_\_\_\_

Who is providing information for this form?

Ebola person under monitoring (or person under investigation)

Other, specify person (Last, First): \_\_\_\_\_

Relationship to person: \_\_\_\_\_

Reason person under monitoring unable to provide information:  Person is a minor  Other

#### Contact Information (please confirm this with the interviewee.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (while under monitoring): \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Person's preferred language: \_\_\_\_\_

Was interview done via an interpreter?  Yes  No

## II. Demographics

Date of birth:     /     /                      Sex:    Male    Female    Non-binary    Other

**If female, ask:** Currently pregnant?  Yes  No

Race:    White    Black    Asian    Pacific Islander    Am. Indian/Am. Native    Other    Refused

Ethnicity:  Hispanic    Not Hispanic    Refused    Nationality: \_\_\_\_\_

Health Insurance?  Yes    No    If yes, which? \_\_\_\_\_

Where is your primary healthcare provider? (e.g., Providence, Kaiser, etc.): \_\_\_\_\_

Do you have a preferred hospital? If so, which? \_\_\_\_\_

How many people live at home with you: \_\_\_\_\_

## III. Determining Exposure Risk and Case Definition

1) In the past 21 days, did you. . .? *Check all that apply*

- spend time in an Ebola-affected country
- work in an affected country as a healthcare worker or in a clinical laboratory
- provide direct care to patients ill with known or suspected Ebola infection using all recommended personal protective equipment
- provide health care to a person with known or suspected Ebola without use of recommended personal protective equipment or experience a breach in infection control precautions that resulted in possible contact with blood or body fluids**
- Live in the same household with or provide care to a person ill with known or suspected Ebola infection**
- have contact with the blood or body fluids of someone with known or suspected Ebola**
- take part in a burial or have other direct contact with a person who had died of known Ebola or an illness compatible with it, or who died of unknown cause after possible exposure to Ebola**
- Otherwise have direct contact with or touch someone ill with known or suspected Ebola infection**    If yes to any of the high-risk exposures in bold, above, date of last high-risk contact \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY
- Other: \_\_\_\_\_

2) Which affected countries have you been in during the past 21 days? \_\_\_\_\_

a) Did you spend time in an Ebola-affected district or region in the past 21 days?  Y  N If so, which? \_\_\_\_\_

a. If yes, during your time in the affected district, did you:

- i. Visit a healthcare facility or traditional healer?  Y  N
- ii. Visit or work (i.e., patient-care, environmental cleaning, or lab work) in an Ebola treatment unit?  Y  N; If so, which did you do? \_\_\_\_\_
- iii. Take part in or attend any funeral or burial?  Y  N
- iv. Provide any care, environmental cleaning, or lab work for any acutely ill patient in any healthcare facility?  Y  N; If so, which did you do? \_\_\_\_\_

b) When did you leave? Use the most recent date among those provided as the start of the monitoring period.

Date last in Ebola-affected country \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

Date last in Ebola-affected region \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

#### Part IV. Check for Symptoms and Define Monitoring Period

3) Are you currently having any of these symptoms (fever, severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, red eyes, skin rash, hiccups, unexplained bleeding, or bruising)?  
Y N

4) What work do you do here in Oregon? Do you provide direct patient health care? Y N  
5) Any special plans in the next several weeks? Any big gatherings you plan to attend?

6) Record date monitoring began (*date of (last) exposure + 1*) \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

7) Record date monitoring ends (21 days from first) \_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

8) Do you plan to travel before the date monitoring ends? Y N  
If yes, please describe plans

#### Risk Assessment

If this person:

- Has no symptoms, didn't visit an outbreak region, and has no epi risk factors or contact with Ebola → **Low risk**
  - Provide information about symptoms to watch for
  - If symptoms develop, ask person to call public health immediately and isolate from others
  - Make and share plan for transport and care, should symptoms develop
  - Develop mutually acceptable plan for weekly check-ins until end of monitoring period, more frequent monitoring is optional
  - No travel restrictions, but request notification of any travel plans during monitoring period
- Has no symptoms and visited an outbreak region, no high-risk exposures → **Some risk**
  - Provide information about symptoms to watch for
  - If symptoms develop, ask person to call public health immediately and isolate from others
  - Make and share plan for transport and care, should symptoms develop
  - Develop plan for twice-weekly check-ins until end of 21-day monitoring period
  - No travel restrictions, but request notification of any travel plans during monitoring period
- Has no symptoms, but has at least one high-risk exposure → **High risk**
  - Provide information about symptoms to watch for
  - If symptoms develop, ask person to call public health immediately and isolate from others
  - Make and share plan for transport and care, should symptoms develop
  - Daily monitoring, ideally with direct observation by skype, facetime, etc.
  - Twice daily temperature checks, with call to public health for temp  $\geq 38^{\circ}\text{C}/100.4^{\circ}\text{F}$

- Quarantine at home or at mutually agreeable location
- No travel, to avoid exposure to others

If person had a **high-risk exposure**, please complete **Part V**.

If person has **symptoms compatible with EVD** → **Patient Under Investigation**, complete **Part VI**.

### **Part V. HCW Exposure History – Lapses in Infection Control Practices**

Please describe any lapses in proper infection control practices during any contacts with people known or suspected to be ill with Ebola. Describe what happened (e.g., inappropriate/ ineffective disinfection; defective gloves, gowns, mask). Include location of exposure (home, outpatient care, inpatient care, ED, ICU, long-term care, clinical lab, dialysis center, burial, etc.),

**Part VI. Person with Symptoms**

- 1) Which of these symptoms do you have?  Fever  Severe headache  Muscle pain  Weakness  
 Diarrhea  Vomiting  Stomach pain  Unexplained bruising or bleeding  Other:  
\_\_\_\_\_
- 2) What day did symptoms start? \_\_/\_\_/\_\_\_\_ MM/DD/YYYY
- 3) Which symptom started first?  Fever  Severe headache  Muscle pain  Weakness  
 Diarrhea  Vomiting  Stomach pain  Unexplained bruising or bleeding  Other: \_\_\_\_\_
- 4) Please describe any contact in the last 21 days with someone who was ill or deceased. (e.g., Details of exposure to known case, travel to affected area, dates, and activities):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Did the ill or deceased person have Ebola infection confirmed by testing?  Y  N  U
- 6) When was the last day you were in contact with an ill or deceased person? \_\_/\_\_/\_\_ MM/DD/YYYY
- 7) Was the person a Person Under Monitoring before becoming Ebola Case?  Y  N  U
- 8) Date lab sent \_\_/\_\_/\_\_\_\_ MM/DD/YYYY Lab confirmation date \_\_/\_\_/\_\_\_\_ MM/DD/YYYY
- 9) List of Household Contacts (each will need Tracing Form of their own, and listing in Orpheus)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) List of healthcare providers (each will need Tracing Form of their own, and listing in Orpheus)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11) List of other exposed or potentially exposed persons (each will need Tracing Form sheet of their own, listing in Orpheus, and risk stratification)

**Call Supervisor & OPHD Epi (971-673-1111) to arrange medical eval. & transport, as needed.**

Dear \_\_\_\_\_: Date \_\_\_\_\_

Thanks for talking with us recently! This letter outlines a plan to help keep you and your family safe while you are monitoring for symptoms of Ebola disease. The plan is based on the information you shared with us when we talked.

It is important to do the following things to keep yourself and your family safe.

- Monitor yourself for any symptoms of illness.
- Tell your public health contact about any change in your health.
- Ensure you can call right away if you develop symptoms or fever.

Here are ways to do this.

- You need reliable access to a phone throughout the monitoring period.
- Some remote areas (out of cell phone range) aren't suitable places for people monitoring for Ebola.
- If requested by public health, ensure you have quick access to the internet for on-line, face-to-face contacts.
- Share contact information for someone who will always know where you are at any time during monitoring.
- Stay in a place that's easy to reach by ground medical transport.

Based on what we decided together when we talked, here is how we'll check with you.

- In person or by visual connection on the computer     By phone, text, or e-mail

Starting today, you can take these simple steps to watch for symptoms.

- Check your temperature each morning and evening if public health recommended this. You can use the chart on the back to record it daily. Check your temperature with a thermometer the same way every day. Check it at the same time each day. Don't let anyone else use the thermometer during this period.
- We will check with you \_\_\_ a week to see how you're doing.
- Please tell public health about any travel you plan to do during the monitoring period.

If your temperature is above 38°C (100.4°F) or if you get muscle aches, vomiting, diarrhea, severe headache, weakness, stomach pain, or unexplained bleeding

- Avoid direct contact with household members and others.
- Call your public health contact immediately. Tell them you are monitoring for Ebola and have symptoms. Call \_\_\_\_\_ LPHA phone number \_\_\_\_\_
- If you can't contact public health, or are very ill, call 911. Tell them you are at risk for Ebola and have developed symptoms.
- Both your local health department and emergency workers can help you safely get to health care. This helps keep you and those you love safe. If you get injured or have a bad illness not related to Ebola call 911 right away. Tell the operator what happened and say that you are currently monitoring for Ebola.

If you have questions or concerns, call your local health department at LPHA phone number . After 21 days without symptoms, you can stop monitoring. Until then, we ask you to stay alert to keep yourself, your family, and your community healthy and safe.

Sincerely,  
LPHA Health Officer

<b>Day</b>	<b>Date</b>	<b>Morning Temperature</b>	<b>Evening Temperature</b>	<b>Symptoms?</b> (Fever, severe headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, bleeding or bruising without injury)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

## Fact Sheet for Household Members

This fact sheet is for people who live with someone watching for signs of Ebola infection. It explains what to do if that person becomes ill. It also shares how you can protect yourself from infection if that person becomes sick.

You have a household member who was recently in a country where Ebola is spreading. They are watching for fever or other symptoms. They will do this for 21 days after leaving that country. People should also watch for symptoms if they recently had contact with someone sick with Ebola. Monitoring does not mean that this person has Ebola or will become sick with it. Still, the person needs to see a doctor right away if they get sick during the 21 days.

People monitoring for Ebola can't spread it before they develop symptoms. If the person becomes sick, getting them to medical care quickly will lower the risk to them and others.

Here are ways you can help your household member.

- Keep the phone number for public health within easy reach. It's also good to have the number for the doctor of the monitoring person and at least one emergency contact.
- Get a list of health conditions the monitoring person has. Also write down that person's current medicines. Share it with the healthcare provider if your family member or friend becomes sick.

Take these steps if the person gets sick. This includes fever, severe headache, muscle aches, vomiting, diarrhea, or stomach pain.

- Call your health department right away. Describe the person's symptoms and tell the health department person what time the symptoms started. Public health staff will arrange for prompt evaluation and care for the sick person.
- Avoid close contact or touching the sick person.
- Ebola is spread by infected body fluids. If the sick person throws up, has diarrhea (loose or bloody stool), or has any bleeding, avoid contact with these fluids or getting close to them. Public health staff will help you to arrange for cleaning the area.
- Give the list of health conditions and medications to the healthcare provider who is taking care of the ill person.
- Remain at a safe distance. Still, stay close enough that healthcare providers can talk to you. Having you nearby may also reassure your household member, even though you are not in direct contact with them.

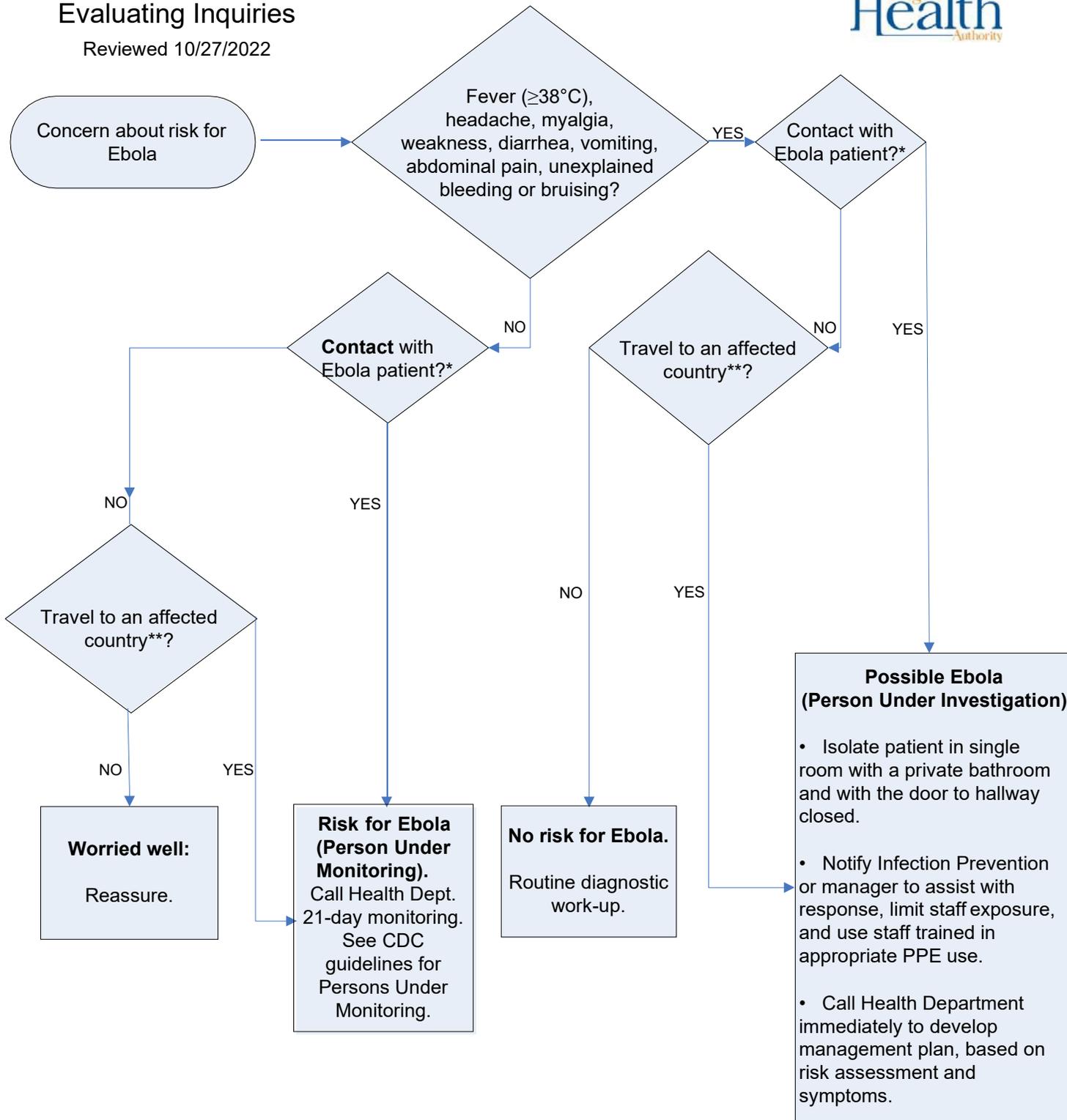
Health Department Phone Number \_\_\_\_\_

Primary Care Provider Phone Number \_\_\_\_\_



# Ebola Algorithm: Evaluating Inquiries

Reviewed 10/27/2022



\*Household member of or direct contact with confirmed or probable Ebola patient; healthcare worker (including processing of blood or tissue specimens) who cared for Ebola patient, or person who had direct contact with a deceased Ebola patient.

\*\*Complete list of affected areas can be found at: [www.cdc.gov/vhf/ebola/outbreaks/index.html](http://www.cdc.gov/vhf/ebola/outbreaks/index.html)