



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 1/26/15). 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. 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 or cdc.gov/ebola