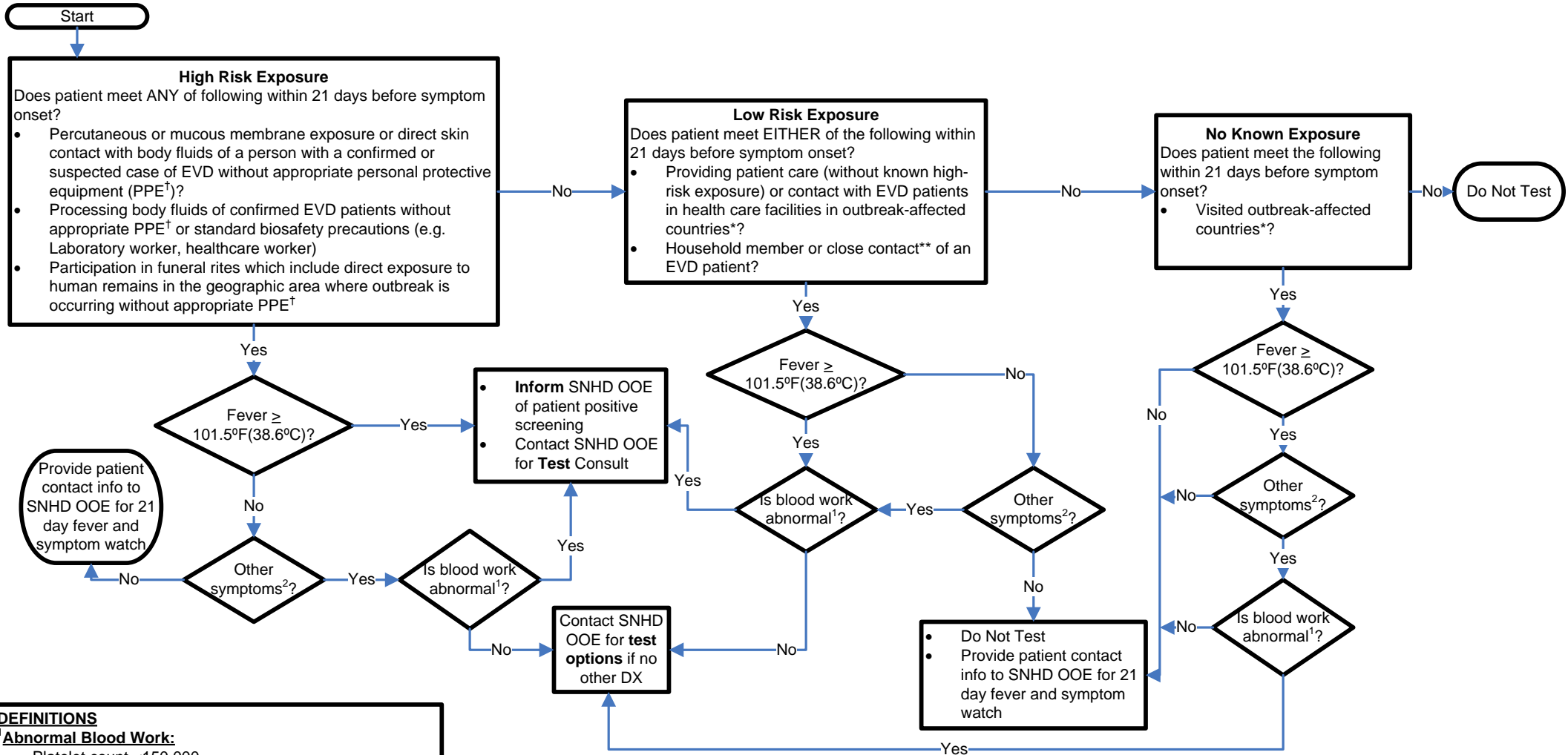


# SNHD Interim Algorithm for Ebola Virus Disease (EVD) Testing and Surveillance (updated 10/8/14)

If you suspect EVD, screen for potential risk factors below. If concerns persist, isolate the patient using standard contact and droplet precautions, consider alternative diagnoses<sup>‡</sup>, and contact the Southern Nevada Health District (SNHD) Office of Epidemiology (OOE) at (702)759-1300 option 2 for consultation.



**DEFINITIONS**

<sup>1</sup>**Abnormal Blood Work:**

- Platelet count <150,000
- Prolonged PT/PTT
- AST/ALT elevation

<sup>2</sup>**Other Signs/Symptoms Include:**

- Intense weakness
- Muscle Pain
- Headache and sore throat
- Vomiting
- Diarrhea
- Abdominal pain
- Impaired kidney and liver function
- Internal or external bleeding

\*Outbreak affected areas: Sierra Leone, Guinea, Liberia, Nigeria (Lagos or Port Harcourt) (areas may be updated) refer to <http://www.cdc.gov/vhf/ebola/resources/distribution-map-guinea-outbreak.html#areas>

\*\* Close contact is defined as a.) being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time while not wearing recommended PPE or b.) having direct brief contact (e.g. shaking hands) with an EVD patient while not wearing recommended PPE. Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

<sup>1</sup>PPE guidance can be found at: <http://www.cdc.gov/vhf/ebola/hcp/index.html>

<sup>‡</sup>EVD can often be confused with other more common infectious diseases such as malaria, typhoid fever, meningococemia, and other bacterial infections (e.g., pneumonia). These diseases should be considered. A positive malaria test alone does not rule out EVD.