VGH ASSESSMENT OF POTENTIAL COMMUNICABLE VIRAL HEMORRHAGIC FEVER (VHF) e.g. Ebola Virus Disease (EVD)

TRIAGE

- 1. Have you travelled within 21 days to VHF-affected areas, **OR** had contact with an individual with onset of symptoms within 21 days of travel to a VHF-affected area **OR** have been instructed to self-monitor for VHF in the past 21 days?
- 2. Do you have any of the following symptoms: fever, malaise, muscle aches, severe headache, red eyes, sore throat, abdominal pain, vomiting, diarrhea that can be bloody, bleeding no related to injury, unexplained bleeding, or a red bumpy rash on your body?



YES to BOTH

NO to EITHER

Continue routine

triage assessment.

INITIAL **ISOLATION**

INITIAL ISOLATION PENDING PHYSICIAN ASSESSMENT

- 1. Contact + Droplet + Airborne Precautions.
- 2. Have patient put on surgical mask.
- 3. Place patient in designated ED room (A10). Post "Restricted Access" sign and "Sign-In Sheet".
- 4. Charge Nurse (CN) notifies Emergency Physician (EP).
- 5. CN calls switchboard to activate "EVD Notification Alogrithm" (see page 3).



TEST

EVD SUSPECTED

Phlebotomy to be performed by experienced phlebotomists only. Until EVD is ruled out, order only the following:

- 1. Hematology Restricted Panel (Malaria Screen rapid test and thin film, Hemoglobin, cell estimates). Repeat q8-12h x 2 if initially negative.
- 2. Restricted Metabolic Panel (Electrolytes, Glucose, Creatinine, Urea, Calcium, AST/ALT, Alkaline Phosphatase, Total Bilirubin, EGFR, Anioinc Gap, Albumin, Total Protein)
- 3. Blood cultures x 2
- Ebola PCR (blood)



TEAM RISK ASSESSMENT

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TRANSFER

EMERGENCY PHYSICIAN (EP) ASSESSMENT (see page 2)

EP formulates management plan in consultation with Medical Microbiologist on Call (MMOC) and Medical Health Officer (MHO) and Infectious Diseases (ID) and Infection Prevention and Control (IPAC)



PCR Negative

- 1. BCCDC Micro notifies VGH MMOC and MHO of result.
- 2. MHO, MMOC, IPAC, ID discusses re: second Ebola PCR after 72h, isolation and disposition.



PCR Positive

- 1. BCCDC Micro notifies VGH MMOC and MHO of result.
- 2. VGH MMOC, EP, IPAC, ID, AOC discuss re: patient disposition.



EVD NOT SUSPECTED:

Investigate and isolate as appropriate.



Case Definitions

(4a)

Team Risk Assessment: PHAC Point of Care Risk Assessment (PCRA)

"HCWs should have sufficient knowledge, skills and resources to perform PCRA before every interaction with a patient to apply appropriate control measures."

- Patients with symptoms should be assessed in a timely manner for EVD and for other alternative or co-existing potential communicable infections (e.g. malaria, dysentery, typhoid fever, tuberculosis, measles, gastroenteritis).
- Assess for travel within 21 days to Ebola-affected areas, or contact with an individual with onset of symptoms within 21 days of travel to an Ebola-affected area.
- Assess for symptoms of EVD: presenting with a fever of ≥ 38.6°C (101.5°F) and at least one of the following additional symptoms: malaise, myalgia, severe headache, conjunctival injection, pharyngitis, abdominal pain, vomiting, diarrhoea that can be bloody, bleeding not related to injury, unexplained haemorrhage, and erythematous maculopapular rash on the trunk".

References

- PHAC, Table 1: Monitoring and Surveillance of Travelers arriving from Ebola Virus Disease (EVD) affected areas
- CDC reference for evaluating patients with EVD
- CDC reference for Assessing VHF in a returning traveler
- Refer to the <u>WHO website</u> for the most up to date information on Ebola-affected areas.

Exposure Risk Assessment

(4b)

HIGH RISK EXPOSURE - Recommend testing for EVD

- Direct contact with symptomatic EVD case, their body fluids, their corpse, or any other known source of Ebola virus without adhering to recommended Infection Prevention and Control (IPC) precautions; or due to a breach in IPC precautions.
- Unprotected sexual contact with an acute or convalescent EVD case.

LOW RISK EXPOSURE - Recommend testing for EVD

- Direct contact with a symptomatic EVD case, their body fluids, their corpse, or any other known source of Ebola virus **while** adhering to recommended IPC precautions and no known breach in IPC precautions.
- Living in the same household but did not have direct contact with a symptomatic EVD case or their body fluids (e.g. through contaminated surfaces).
- Having only casual interactions (e.g. sharing a seating area on public transportation or the same waiting room) and no direct contact with an EVD case or their body fluids.

NO KNOWN RISK EXPOSURE - Recommend consulting MOH, MM, ID, IPAC re: assessing need for testing

- Present in EVD outbreak country within the last 21 days BUT has no high or low risk exposures.
- May have interacted with an asymptomatic person who has been providing care or living in the same household as an EVD case.



