Ebola disease quick reference guide for primary care providers

A compatible illness e.g. Fever (≥38°C) or history of fever in the past 24 hours; headache, myalgia, fatigue; pharyngitis, progressing to vomiting, diarrhoea, abdominal pain; maculopapular rash, unexplained bruising or bleeding

AND

travelled to/resided in/worked in an area with a current Ebola disease outbreak within 21 days of illness onset

AND/OR

had contact with a confirmed or suspected case of Ebola disease within 21 days of illness onset or exposure to blood, bodily fluids or tissues from a person or animal known or suspected to have Ebola disease.

Notify PUBLIC HEALTH urgently by phone.

If uncertain, call the Public Health Unit to discuss.

Infection control

- Isolate patient in a single room and provide surgical mask, if tolerated
- Keep the door closed, minimise contact and avoid unnecessary procedures.
- Apply appropriate personal protective equipment when in patient's proximity including a fluid-resistant disposable particulate filter respirator (PFR) or N95/P2 mask, long sleeved fluid-resistant gown, two pairs of non-sterile gloves and eye protection such as goggles or a face shield.
- Keep a list of patients and staff who have contact with, or who have been in the vicinity of the patient.

Differential diagnosis

Includes (but not limited to):

- Malaria
- Typhoid
- Dengue
- Chikungunya
- Leptospirosis
- Sepsis.

Avoid unnecessary tests

Testing for Ebola disease is conducted with approval of public health or an infectious diseases physician, following a risk assessment. Strict protocols are applied.

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