Scenario 2

Patient presents at the surgery asking for clinical assessment

A) Does the patient have a fever [>38°C] or history of fever in past 24 hours
AND
in the past 21 days, has the patient travelled to or transited through an affected country (Guinea, Liberia or Sierra Leone)
OR
B) Does the patient have a fever [>38°C] or history of fever in past 24 hours
AND
in the past 21 days, has the patient cared for/ had contact with a confirmed or strongly suspected case of Ebola OR handled specimens or dead body of a confirmed/suspected case of Ebola

GP to establish symptom history eg headache, weakness, muscle pain, vomiting, diarrhoea, abdominal pain or haemorrhage - does the patient have uncontrolled vomiting/diarrhoea, extensive bruising or active bleeding?

NO to A & B

Ebola unlikely; consider alternative diagnoses (eg malaria)

YES to A and/or B

Isolate the patient immediately in a single side room to limit contact- avoid further direct contact with patient

GP to seek URGENT CLINICAL ADVICE from the local hospital Infection Consultant (Infectious Disease/ Microbiology/ Virology) who will do the risk assessment according to the ACDP VHF risk assessment algorithm & arrange for clinical assessment & VHF screen where appropriate.

If hospital assessment advised then contact ambulance service for patient transfer to hospital for clinical assessment: advise ambulance service re potential Ebola risk

VHF result positive

Discuss with local PHE Health Protection Team re decontamination of the GP premises