**Management of patients who require assessment for Ebola in primary care**

**Scenario 1**

Patient phones the surgery asking for clinical advice or an appointment

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

**NO to A & B**

Ebola unlikely; consider alternative diagnoses (eg malaria) & clinical review

**YES to A and/or B**

Advise the patient to isolate themselves at home – they should NOT visit the surgery or walk-in centre
GP to establish symptom history eg headache, weakness, muscle pain, vomiting, diarrhoea, abdominal pain or haemorrhage
Does the patient have uncontrolled vomiting, uncontrolled diarrhoea, extensive bruising or active bleeding?

**YES**

*Patient unwell and at significant risk of Ebola infection*

Contact ambulance service urgently for patient transfer to hospital for clinical assessment: **advise** ambulance service re potential Ebola risk.
**Inform Infection Consultant** that patient has been referred by ambulance for further assessment

**NO**

Is the patient relatively well? Mild or minor symptoms only?

Agree with the Infection Consultant whether the patient attends local Emergency Department for assessment or has telephone consultation with the Infection Consultant; patient may use own transport (not public transport) for travel to hospital for assessment