

# Evaluation of patients with possible Ebolavirus disease (Ebola) in general practice in Australia

GPs and other practice staff should be alert to the possibility of Ebola in unwell travellers returning from affected areas of Africa. A range of measures are in place to reduce the possibility of a case of Ebola presenting to general practice for Ebola related symptoms and it is very unlikely that a febrile patient in primary care will have Ebola. The transmission risk from a patient with Ebola in the early stages of disease with limited symptoms is much lower than a patient with severe disease.

## 1. Identify relevant travel or exposures

Has the patient:

- Lived in or travelled to a country with an outbreak of Ebola?
- Had contact with someone who may have had Ebola?
- Attended a funeral in an Ebola-affected country?



NO

Continue with normal triage and care



## 2. Identify symptoms

Does the patient have a recent history of fever? OR

Does the patient have other Ebola-compatible symptoms such as vomiting, diarrhoea, headache, myalgia, respiratory symptoms, unexplained bleeding?



NO

Continue with normal triage and care.

Notify state/territory health department that patient is seeking care and pass on all relevant details to enable public health authorities to monitor the person.



## 3. Isolate and avoid direct contact

If the patient is phoning in, tell them not to attend the practice while you seek advice from state/territory public health authorities.

If the patient presents to the practice, maintain at least 1 metre separation between patient and others:

- If in the waiting room, place in a single room. Assign a clinical staff member to manage the other patients in the waiting room.
- If in consulting room, withdraw from the immediate vicinity of the patient and maintain >1metre distance. Complete taking any history from a distance. Provide vomit bags, wipes.

**In general practice, no-one should have direct unprotected contact with a possible Ebola patient. No clinical samples are to be collected and it is not necessary to measure the temperature.**

If direct contact is unavoidable, a single staff member should be assigned. Pay close attention to hand hygiene; and use appropriate protection including a fluid repellent surgical mask, disposable fluid resistant gown, gloves, and eye protection (e.g. goggles).



## 4. Inform and transfer

The GP must immediately notify their state/territory health department to discuss referral.

Where there is an urgent clinical need for an ambulance, this should precede contact with the state/territory health department. The ambulance must be informed that the patient is under investigation for Ebola.

If, following discussion with public health authorities and infectious disease physicians, it is decided that the patient does **not** require further assessment and/or testing for Ebola, the patient should be managed as per usual practice.