
Management of fever in persons under investigation for Ebola at screening hospitals

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Background

Fever is a common symptom among individuals who have recent travel history to another country. Patients who have fever and recent travel history in a country affected by Ebola virus disease (EVD) should be treated as persons under investigation (PUIs) as per the [Chief Medical Officer of Health EVD Directive #1 for Hospitals \(CMOH Directive\)](#).

Although fever in a patient with recent travel history to an EVD-affected country could be caused by EVD, it is far more likely to be because of another illness, particularly malaria. Many infections capable of causing severe disease in travellers from EVD affected countries require prompt therapy – delays in therapy can prove fatal. Therefore, in certain circumstances, empiric therapy for malaria, bacteremia and other urgent conditions should be considered based on clinical presentation, without waiting for test results.

This document provides guidance to screening hospitals¹ on managing the potential medical emergency of fever in a patient with recent travel history to a country affected by EVD.

Guidance for screening hospitals

If a screening hospital identifies a patient suspected of having EVD, the hospital must, in accordance with the CMOH Directive, contact CritiCall Ontario to arrange for an interfacility transfer to a designated testing or treatment hospital for EVD.

In general, EVD screening hospitals should not conduct laboratory testing on a PUI for other clinical conditions. However, if the screening hospital has procedures in place to provide testing safely, testing for treatable alternative diagnoses may be undertaken in consultation with the public health unit and Public Health Ontario Laboratories (PHOL). This is especially important for conditions in which time to diagnosis is critical.

Screening hospitals may also consider empiric therapy in PUIs for conditions requiring urgent treatment while awaiting the transfer to a designated EVD testing or treatment hospital.

Screening hospitals should have processes in place to consult with an infectious disease specialist for every PUI regarding potential need for empiric therapy for malaria, bacteremia and other urgent conditions as indicated by clinical presentation while awaiting transfer to a designated testing or treatment hospital.

¹ For more information on the Ministry of Health and Long-Term Care's three-tier hospital framework for EVD, see the factsheet entitled [A three-tier approach to Ebola virus disease \(EVD\) management in Ontario](#).

If a screening hospital does not have access to an infectious diseases specialist on site, the hospital should establish arrangements for phone consultation with its typical referral tertiary care hospital or closest designated testing or treatment hospital.

For more information

For more information on managing fever in a patient with recent travel history from an EVD affected country, screening hospitals can visit the ministry's EVD website at www.ontario.ca/ebola or contact the ministry's Health Care Provider Hotline by phone at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca.