

ARBOVIRUSES (DENGUE, ZIKA, CHIKUNGUNYA, YELLOW FEVER)*

MALARIA*

IDENTIFY	<ul style="list-style-type: none"> <input type="checkbox"/> Fever + severe arthralgias/myalgias + GI symptoms <input type="checkbox"/> INCUBATION PERIOD: <ul style="list-style-type: none"> <input type="checkbox"/> Dengue (DENV): typical 4-7 days (range 3-14) <input type="checkbox"/> Zika (ZIKV): typical 3-14 days <input type="checkbox"/> Chikungunya (CHIKV): typical 1-12 days <input type="checkbox"/> Yellow Fever (YF): typical 3-6 days (range 3-14 days) <input type="checkbox"/> Travel: <ul style="list-style-type: none"> ➢ Global (especially tropics + sub-Saharan Africa), including southern United States within last 14 days <input type="checkbox"/> Key clues: <ul style="list-style-type: none"> ➢ DENV: Dengue: signs/symptoms above (“breakbone fever”); Dengue warning signs: abdominal pain, persistent vomiting, bleeding, altered mental state; Severe Dengue: severe bleeding ± shock ➢ ZIKV: ±Fever + Conjunctivitis, no bleeding ➢ CHIKV: Abrupt onset fever + joint swelling + severe arthralgias ➢ YF: often prominent back pain, no rash; jaundice + bleeding, + low heart rate may be present <input type="checkbox"/> Mosquito-borne, no human-to-human transmission
ISOLATE	<ul style="list-style-type: none"> <input type="checkbox"/> Standard Precautions <input type="checkbox"/> PPE: gloves, hand hygiene, consider gown/eye protection/mask if performing procedures
INFORM	<ul style="list-style-type: none"> <input type="checkbox"/> Notify public health for suspect or confirmed cases if travel-associated or if cluster or severe <input type="checkbox"/> Activate HCID hierarchy of controls

IDENTIFY	<ul style="list-style-type: none"> <input type="checkbox"/> Fever + travel to endemic region (cyclic fevers possible) + anemia <input type="checkbox"/> INCUBATION PERIOD: <ul style="list-style-type: none"> <input type="checkbox"/> 7-30 days (variable) <input type="checkbox"/> Travel: <ul style="list-style-type: none"> ➢ Africa, South America, Tropics, Southern United States <input type="checkbox"/> Key clues: <ul style="list-style-type: none"> ➢ Cyclic fevers, chills/rigors/anemia ➢ Severe: altered mental state, shock <input type="checkbox"/> Fever in a returning traveler from an endemic region is malaria until proven otherwise <input type="checkbox"/> Suspect malaria in fever of unknown origin <input type="checkbox"/> Mosquito-borne, no human-to-human transmission
ISOLATE	<ul style="list-style-type: none"> <input type="checkbox"/> Standard Precautions <input type="checkbox"/> PPE: gloves, hand hygiene, consider gown/eye protection/mask if performing procedures
INFORM	<ul style="list-style-type: none"> <input type="checkbox"/> Notify incident command + infection control + infectious diseases + public health immediately for suspect or confirmed cases <input type="checkbox"/> Rapid identification is essential for appropriate medical therapy and for severe cases <input type="checkbox"/> Activate HCID hierarchy of controls

*Asterisk indicates greater chance to encounter

MEASLES*

IDENTIFY

- Fever + **cough/coryza(runny nose)/conjunctivitis + rash**
- INCUBATION PERIOD:**
 - 7-21 days** (though typically 7-14)
- Travel:
 - **Global, including throughout the United States**
- Key clues:
 - **Koplik spots:** viral prodrome manifesting 2-3 days prior to main measles rash – “grains of salt on reddish background” inside buccal mucosa (inner cheeks)
 - Measles rash typically starts on face/behind ears expanding down and outward, sometimes with blotchy patches
- Exposure:
 - Can travel long distances through the air and can remain suspended and active for up to 2 hrs after an infected individual

ISOLATE

- Immediate **airborne isolation + negative pressure if available**
- PPE: N95 or higher respirator, gown, gloves, eye protection
- Mask patient**
- Limit personnel

INFORM

- Notify **incident command + infection control + public health immediately** for suspect or confirmed cases
- Activate HCID hierarchy of controls
- Contact tracing required

MENINGOCOCCEMIA*

IDENTIFY

- Fever + altered mental status ± petechial/purpuric rash + rapid deterioration (progression to shock) characterized by **cold hands/feet + vomiting/diarrhea**
- INCUBATION PERIOD:**
 - 2-10 days
- Travel:
 - **Meningitis Belt: East/Central Africa** (Includes Senegal, Nigeria, Ethiopia, Democratic Republic of Congo)
- Key clues:
 - **Toxic appearance**
 - **Rapid deterioration with cold**
 - **Rash: small pinpoint red spots or larger purple patches often seen on lower extremities**

ISOLATE

- Immediate **single room + negative pressure if available**
- Droplet precautions**
- PPE: gloves, gown, mask, consider eye protection
- Continue isolation and PPE for 24hrs after antibiotic administration
- Limit personnel

INFORM

- Notify **infection control + public health** for suspect or confirmed cases
- Initiate contact tracing and post-exposure prophylaxis
- Activate HCID hierarchy of controls



FIELD PRIORITIES: Fever + travel + exposure = HIGH RISK | When in doubt → **mask patient + PPE + separate immediately** | Early notification prevents spread

| Check CDC Health Travel Notices for updated global disease alerts: <https://wwwnc.cdc.gov/travel/notices> |

MIDDLE EAST RESPIRATORY SYNDROME (MERS)*

IDENTIFY

- Fever + **pneumonia / ARDS + cough + vomiting**
- INCUBATION PERIOD:**
 - 9-40 days
- Travel:
 - **Arabian Peninsula**
- Key clues:
 - **Exposure to camels either indirectly or directly**
 - **Exposure to or consumption of camel products**
 - **Exposure to known case**
- Suspect in a **previously young, healthy person with severe pneumonia** and relevant travel or exposure

ISOLATE

- Immediate **single room + airborne isolation (if available)**
- PPE: gloves, gown, mask/respirator, eye protection
- Limit personnel

INFORM

- Notify **incident command + infection control + public health immediately** for suspect or confirmed cases
- Activate HCID hierarchy of controls
- Contact tracing required

MPOX (CLADE I/II)*

IDENTIFY

- Fever + **vesicular/pustular rash** + lymphadenopathy
- INCUBATION PERIOD:**
 - 5-21 days
- Travel:
 - **Global**
- Key clues:
 - Lesions in same stage of progression
 - Genital/perianal involvement common
- Exposure:
 - Close skin-skin contact
 - Sexual contact or household exposure

ISOLATE

- Immediate **single room**
- Contact/droplet (consider airborne for AGPs)**
- PPE: gloves, gown, eye, mask/respirator
- Cover lesions + dedicated equipment
- Limit personnel

INFORM

- Notify **incident command + infection control + public health immediately** for suspect or confirmed cases
- Activate HCID hierarchy of controls
- Contact tracing required



FIELD PRIORITIES: Fever + travel + exposure = HIGH RISK | When in doubt → **mask patient + PPE + separate immediately** | Early notification prevents spread

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VIRAL HEMORRHAGIC FEVERS (VHF: EVD, MARV, LF*, CCHF*, SAHF)

IDENTIFY

- Fever + **GI symptoms (N/V/D)** + severe fatigue/myalgia
- INCUBATION PERIODS:**
 - Ebola (EVD)/Marburg (MARV)/Lassa (LF):** 2-21 days
 - Crimean-Congo Hemorrhagic Fever (CCHF):** 1-14 days
 - South American Hemorrhagic Fevers (SAHF):** 6-21 days
- Travel:
 - **EVD/MARV:** Central/Sub-Saharan Africa
 - **LF:** West Africa (includes Cabo Verde, Senegal)
 - **CCHF:** Europe, Mediterranean, Middle East, Africa (Cabo Verde, Senegal, Nigeria)
 - **SAHF:** South America
- Key clues:
 - **EVD/MARV:** bat exposure, funeral contact (***unlikely in absence of ongoing outbreak***)
 - **LF/SAHF:** rodent exposure
 - **CCHF:** tick/livestock exposure, petechiae
- ± bleeding (late)

ISOLATE

- Immediate **single room + contact/droplet (consider airborne for AGPs)**
- PPE:
 - Dry/Suspect/Stable: Mask/respirator, eye protection, gown, gloves
 - Wet/Confirmed/Unstable: Total skin and body coverage
- Limit personnel – body fluid exposure transmission risk; risk of infectious aerosols when wet

INFORM

- Notify **incident command + infection control + public health immediately** for suspect or confirmed cases
- Activate HCID hierarchy of controls
- Contact tracing required

ANDES HANTAVIRUS (ANDV)

IDENTIFY

- Fever + fatigue/myalgia/headache; rapid progression to high fever and **rapid respiratory failure**
- INCUBATION PERIOD:**
 - 1-6 wks typically (can range up to 8 weeks)
- Travel:
 - **South America (Argentina, Chile)**
- Key clues:
 - **Exposure to rodents, rodent droppings**
- Suspect in a **previously young, healthy person with severe pneumonia** and relevant travel or exposure
- Only hantavirus currently known to transmit from person to person

ISOLATE

- Immediate **single room + contact/droplet (consider airborne for AGPs)**
- PPE:
 - Dry/Suspect/Stable: Mask/respirator, eye protection, gown, gloves
 - Wet/Confirmed/Unstable: Total skin and body coverage
- Limit personnel – body fluid exposure transmission risk; risk of infectious aerosols when wet

INFORM

- Notify **incident command + infection control + public health immediately** for suspect or confirmed cases
- Activate HCID hierarchy of controls
- Contact tracing required



FIELD PRIORITIES: Fever + travel + exposure = HIGH RISK | When in doubt → **mask patient + PPE + separate immediately** | Early notification prevents spread

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INFLUENZA (SEVERE/NOVEL)

IDENTIFY

- Fever + **cough + myalgia ± respiratory distress**
- INCUBATION PERIOD:**
 - 1-4 days**
- Travel:
 - **Global**
- Key clues:
 - Severe disease in young/previously healthy
 - Rapid progression to hypoxia/ARDS
 - Unusual severity or clustering
- Exposure:
 - Known outbreak/cluster
 - Animal exposure (avian/swine) for novel strains

ISOLATE

- Immediate **single room + droplet (consider airborne for AGPs)**
- PPE: gloves, gown, eye, mask/respirator
- Limit personnel, mask patient

INFORM

- Notify **incident command + infection control + public health immediately** for atypical/severe cases
- Activate HCID hierarchy of controls
- Contact tracing required

ANTHRAX

IDENTIFY

- Fever + fatigue/myalgia/headache; rapid progression to high fever and **rapid respiratory failure + shock**
- INCUBATION PERIOD:**
 - 1 day-6 weeks (inhalational)**
- Travel:
 - Not relevant
- Key clues:
 - **Cutaneous: painless black eschar**
 - **Inhalational: flu-like with progression to severe respiratory distress without evidence of pneumonia**
 - **Exposure: Animal products, occupation, suspicious clusters**
 - **Can be released via the air, water, food**
 - **Clinical: Widened mediastinum on chest x-ray**
 - **Meningitis common**
- No routine human - to - human transmission

ISOLATE

- Standard Precautions**
- PPE: gloves, gown, mask/respirator, eye protection as needed; **FULL PPE if planning for aerosol generating procedure**

INFORM

- Notify **incident command + public health immediately** for suspect or confirmed cases and for activation of Strategic National Stockpile for vaccines and other medical countermeasures; especially if concerned for intentional release or cluster
- Activate HCID hierarchy of controls



FIELD PRIORITIES: Fever + travel + exposure = HIGH RISK | When in doubt → **mask patient + PPE + separate immediately** | Early notification prevents spread

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BOTULISM

IDENTIFY

- Descending paralysis** + cranial nerve deficits ± **NORMAL** mental state (fever may be ABSENT)
- INCUBATION PERIODS:**
 - Foodborne: 12-36 hrs (range 6 hrs-8 days)** after contaminated food exposure
 - Wound: 4-14 days** post wound contamination
 - Inhalational: 12-80 hrs** post exposure (**6 hrs to symmetric descending paralysis development**)
 - Shorter incubation = more severe illness
- Travel:
 - Not relevant
- Key clues:
 - **Double vision, blurred vision, dropping eyelids, slurred speech, difficulty swallowing, muscle weakness, respiratory failure**
- No human – to – human transmission
- Early supportive care including respiratory support essential + antitoxin (in intentional release, do not administer BabyBIG)**

ISOLATE

- Standard Precautions**
- PPE: gloves, gown, eye, mask/respirator

INFORM

- Notify **incident command + public health immediately** for suspect or confirmed cases
- Activate antitoxin pathway regardless of intentionality of release
- Activate HCID hierarchy of controls

PNEUMONIC PLAGUE

IDENTIFY

- Fever + **severe pneumonic + hemoptysis, sudden onset rigors, headaches, myalgias**
- Two main forms of plague, both caused by bacteria
 - **Bubonic plague:** infected lymph node, can become open “pus-like” sores; RARE human to human transmission
 - **Pneumonic plague:** direct lung infection, or progression of bubonic plague; human to human transmission via droplets
- INCUBATION PERIOD:**
 - 1-6 days bubonic plague**
 - 24 hrs pneumonic plague**
- Travel:
 - **Global** – not found in Australia, New Zealand, Pacific Islands
- Key clues:
 - **Rodent/flea exposure**
 - **Known case exposure**

ISOLATE

- Immediate **single room + contact/droplet (consider airborne for AGPs)** for at least 72 hours after starting antibiotic therapy
- PPE: gloves, gown, eye, mask/respirator
- Limit personnel

INFORM

- Notify **incident command + infection control + public health immediately** for suspect or confirmed cases
- Antibiotics need to be administered within 24 hrs
- Activate HCID hierarchy of controls
- Contact tracing required



FIELD PRIORITIES: Fever + travel + exposure = HIGH RISK | When in doubt → **mask patient + PPE + separate immediately** | Early notification prevents spread

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SEVERE FEVER WITH THROMBOCYTOPENIA SYNDROME (SFTS)

IDENTIFY	<ul style="list-style-type: none"> <input type="checkbox"/> Fever + malaise/myalgia + altered mental state + severe vomiting <input type="checkbox"/> INCUBATION PERIOD: <ul style="list-style-type: none"> <input type="checkbox"/> Typical 5-14 days (average approx. 9 days) <input type="checkbox"/> Travel: <ul style="list-style-type: none"> ➢ Asia: Japan, China, South Korea <input type="checkbox"/> Key clues: <ul style="list-style-type: none"> ➢ Exposure to ticks, farm animals, rural areas ➢ ± bleeding due to low platelets, low white blood cells common <input type="checkbox"/> No human-to-human transmission
ISOLATE	<ul style="list-style-type: none"> <input type="checkbox"/> Immediate single room + contact/droplet (consider airborne for AGPs) <input type="checkbox"/> PPE: <ul style="list-style-type: none"> ➢ Dry/Suspect/Stable: Mask or respirator, eye protection, gown, gloves ➢ Wet/Confirmed/Unstable: Total skin and body coverage <input type="checkbox"/> Limit personnel
INFORM	<ul style="list-style-type: none"> <input type="checkbox"/> Notify incident command + infection control + public health immediately for suspect or confirmed cases <input type="checkbox"/> Activate HCID hierarchy of controls

RIFT VALLEY FEVER (RVF)

IDENTIFY	<ul style="list-style-type: none"> <input type="checkbox"/> Fever + weakness + myalgias <input type="checkbox"/> INCUBATION PERIOD: <ul style="list-style-type: none"> <input type="checkbox"/> Typical 2-6 days (range 1-4 weeks) <input type="checkbox"/> Travel: <ul style="list-style-type: none"> ➢ All of Sub-Saharan Africa (Senegal) ➢ Middle East: Saudi Arabia <input type="checkbox"/> Key clues: <ul style="list-style-type: none"> ➢ Majority of cases are mild/asymptomatic ➢ Severe cases: hemorrhage, encephalitis, vision loss <input type="checkbox"/> No routine human to human transmission
ISOLATE	<ul style="list-style-type: none"> <input type="checkbox"/> Immediate single room + contact/droplet (consider airborne for AGPs) <input type="checkbox"/> PPE: <ul style="list-style-type: none"> ➢ Dry/Suspect/Stable: Mask or respirator, eye protection, gown, gloves ➢ Wet/Confirmed/Unstable: Total skin and body coverage <input type="checkbox"/> Limit personnel
INFORM	<ul style="list-style-type: none"> <input type="checkbox"/> Notify incident command + infection control + public health immediately for suspect or confirmed cases <input type="checkbox"/> Activate HCID hierarchy of controls



FIELD PRIORITIES: Fever + travel + exposure = HIGH RISK | When in doubt → **mask patient + PPE + separate immediately** | Early notification prevents spread

| Check CDC Health Travel Notices for updated global disease alerts: <https://wwwnc.cdc.gov/travel/notices> |