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

## IDENTIFY

- ❑ Fever + **severe arthralgias/myalgias + GI symptoms**
- ❑ **INCUBATION PERIOD**:
  - ❑ **Dengue (DENV): typical 4-7 days (range 3-14)**
  - ❑ **Zika (ZIKV): typical 3-14 days**
  - ❑ **Chikungunya (CHIKV): typical 1-12 days**
  - ❑ **Yellow Fever (YF): typical 3-6 days (range 3-14 days)**
- ❑ Travel:
  - ➢ **Global (especially tropics + sub-Saharan Africa), including southern United States within last 14 days**
- ❑ Key clues:
  - ➢ **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**
- ❑ Mosquito-borne, no human-to-human transmission

## ISOLATE

- ❑ **Standard Precautions**
- ❑ PPE: gloves, hand hygiene, consider gown/eye protection/mask if performing procedures

## INFORM

- ❑ Notify **public health** for suspect or confirmed cases if travel-associated or if cluster or severe
- ❑ Activate HCID hierarchy of controls

# MALARIA*

## IDENTIFY

- ❑ Fever + travel to endemic region (cyclic fevers possible) + anemia
- ❑ **INCUBATION PERIOD**:
  - ❑ 7-30 days (variable)
- ❑ Travel:
  - ➢ **Africa, South America, Tropics, Southern United States**
- ❑ Key clues:
  - ➢ Cyclic fevers, chills/rigors/anemia
  - ➢ Severe: altered mental state, shock
- ❑ **Fever in a returning traveler from an endemic region is malaria until proven otherwise**
- ❑ **Suspect malaria in in fever of unknown origin**
- ❑ Mosquito-borne, no human-to-human transmission

## ISOLATE

- ❑ **Standard Precautions**
- ❑ PPE: gloves, hand hygiene, consider gown/eye protection/mask if performing procedures

## INFORM

- ❑ Notify **incident command** + **infection control** + **infectious diseases** + **public health immediately** for suspect or confirmed cases
- ❑ Rapid identification is essential for appropriate medical therapy and for severe cases
- ❑ Activate HCID hierarchy of controls

***Asterisk indicates greater chance to encounter**

⚠ **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 |

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# 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

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# 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 |

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# MIDDLE EAST RESPIRATORY SYNDROME (MERS)*

## IDENTIFY

- ❑ Fever + **pneumonia / ARDS + cough + vomiting**
- ❑ **INCUBATION PERIOD**:
  - ❑ 2-14 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

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

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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

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

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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

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

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

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# SEVERE FEVER WITH THROMBOCYTOPENIA SYNDROME (SFTS)

## IDENTIFY

- ❑ Fever + **malaise/myalgia** + altered mental state + **severe vomiting**
- ❑ **INCUBATION PERIOD**:
  - ❑ **Typical 5-14 days (average approx. 9 days)**
- ❑ Travel:
  - ➢ **Asia: Japan,** China, South Korea
- ❑ Key clues:
  - ➢ **Exposure to ticks, farm animals, rural areas**
  - ➢ ± bleeding due to low platelets, low white blood cells common
- ❑ No human-to-human transmission

## ISOLATE

- ❑ Immediate **single room + contact/droplet (consider airborne for AGPs)**
- ❑ PPE:
  - ➢ Dry/Suspect/Stable: Mask or respirator, eye protection, gown, gloves
  - ➢ Wet/Confirmed/Unstable: Total skin and body coverage
- ❑ Limit personnel

## INFORM

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

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# RIFT VALLEY FEVER (RVF)

## IDENTIFY

- ❑ Fever + weakness + myalgias
- ❑ **INCUBATION PERIOD**:
  - ❑ **Typical 2-6 days (range 1-4 weeks)**
- ❑ Travel:
  - ➢ **All of Sub-Saharan Africa (Senegal)**
  - ➢ **Middle East: Saudi Arabia**
- ❑ Key clues:
  - ➢ Majority of cases are mild/asymptomatic
  - ➢ Severe cases: **hemorrhage, encephalitis, vision loss**
- ❑ No routine human to human transmission

## ISOLATE

- ❑ Immediate **single room + contact/droplet (consider airborne for AGPs)**
- ❑ PPE:
  - ➢ Dry/Suspect/Stable: Mask or respirator, eye protection, gown, gloves
  - ➢ Wet/Confirmed/Unstable: Total skin and body coverage
- ❑ Limit personnel

## INFORM

- ❑ Notify **incident command** + **infection control + public health immediately** for suspect or confirmed cases
- ❑ 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 |