

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

# MALARIA\*

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

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

\*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
- Only hantavirus currently known to transmit from person to person

### 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)

## ANDES HANTAVIRUS (ANDV)

<b>IDENTIFY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Fever + <b>GI symptoms (N/V/D)</b> + severe fatigue/myalgia</li> <li><input type="checkbox"/> <b>INCUBATION PERIODS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Ebola (EVD)/Marburg (MARV)/Lassa (LF):</b> 2-21 days</li> <li><input type="checkbox"/> <b>Crimean-Congo Hemorrhagic Fever (CCHF):</b> 1-14 days</li> <li><input type="checkbox"/> <b>South American Hemorrhagic Fevers (SAHF):</b> 6-21 days</li> </ul> </li> <li><input type="checkbox"/> Travel:           <ul style="list-style-type: none"> <li>➢ <b>EVD/MARV:</b> Central/Sub-Saharan Africa</li> <li>➢ <b>LF:</b> West Africa (includes Cabo Verde, Senegal)</li> <li>➢ <b>CCHF:</b> Europe, Mediterranean, Middle East, Africa (Cabo Verde, Senegal, Nigeria)</li> <li>➢ <b>SAHF:</b> South America</li> </ul> </li> <li><input type="checkbox"/> Key clues:           <ul style="list-style-type: none"> <li>➢ <b>EVD/MARV:</b> bat exposure, funeral contact (<b>*unlikely in absence of ongoing outbreak*</b>)</li> <li>➢ <b>LF/SAHF:</b> rodent exposure</li> <li>➢ <b>CCHF:</b> tick/livestock exposure, petechiae</li> </ul> </li> <li><input type="checkbox"/> ± bleeding (late)</li> </ul>
<b>ISOLATE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Immediate <b>single room + contact/droplet (consider airborne for AGPs)</b></li> <li><input type="checkbox"/> PPE:           <ul style="list-style-type: none"> <li>➢ Dry/Suspect/Stable: Mask/respirator, eye protection, gown, gloves</li> <li>➢ Wet/Confirmed/Unstable: Total skin and body coverage</li> </ul> </li> <li><input type="checkbox"/> Limit personnel – body fluid exposure transmission risk; risk of infectious aerosols when wet</li> </ul>
<b>INFORM</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify <b>incident command + infection control + public health immediately</b> for suspect or confirmed cases</li> <li><input type="checkbox"/> Activate HCID hierarchy of controls</li> <li><input type="checkbox"/> Contact tracing required</li> </ul>

<b>IDENTIFY</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Fever + fatigue/myalgia/headache; rapid progression to high fever and <b>rapid respiratory failure</b></li> <li><input type="checkbox"/> <b>INCUBATION PERIOD:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1-6 wks typically (can range up to 8 weeks)</li> </ul> </li> <li><input type="checkbox"/> Travel:           <ul style="list-style-type: none"> <li>➢ <b>South America (Argentina, Chile)</b></li> </ul> </li> <li><input type="checkbox"/> Key clues:           <ul style="list-style-type: none"> <li>➢ <b>Exposure to rodents, rodent droppings</b></li> </ul> </li> <li><input type="checkbox"/> Suspect in a <b>previously young, healthy person with severe pneumonia</b> and relevant travel or exposure</li> <li><input type="checkbox"/> Only hantavirus currently known to transmit from person to person</li> </ul>
<b>ISOLATE</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Immediate <b>single room + contact/droplet (consider airborne for AGPs)</b></li> <li><input type="checkbox"/> PPE:           <ul style="list-style-type: none"> <li>➢ Dry/Suspect/Stable: Mask/respirator, eye protection, gown, gloves</li> <li>➢ Wet/Confirmed/Unstable: Total skin and body coverage</li> </ul> </li> <li><input type="checkbox"/> Limit personnel – body fluid exposure transmission risk; risk of infectious aerosols when wet</li> </ul>
<b>INFORM</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify <b>incident command + infection control + public health immediately</b> for suspect or confirmed cases</li> <li><input type="checkbox"/> Activate HCID hierarchy of controls</li> <li><input type="checkbox"/> Contact tracing required</li> </ul>

## 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

- 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

## 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

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