VIRAL HAEMORRHAGIC FEVERS RISK ASSESSMENT (Version 6: 15.11.2015)

**VHF ENDEMIC COUNTRIES:**

**ADDITIONAL QUESTIONS:**
- Has the patient travelled to any area where there is a current VHF outbreak? [http://www.promedmail.org/] OR
- Has the patient lived or worked in basic rural conditions in an area where Lassa Fever is endemic? [https://www.gov.uk/lassa-fever-origins-reservoirs-transmission-and-guidelines] OR
- Has the patient visited caves/mines, or had contact with or eaten primates, antelopes or bats in a Marburg/Ebola endemic area? [https://www.gov.uk/ebola-and-marburg-haemorrhagic-fevers-outbreaks-outbreak-and-case-locations] OR
- Has the patient travelled in an area where Crimean-Congo Haemorrhagic Fever is endemic? [http://www.who.int/csr/disease/crimean_congoHF/Global_CCHFRisk_20080918.png?u=1] AND sustained a tick bite* or crushed a tick with their bare hands OR had close involvement with animal slaughter? (If an obvious alternative diagnosis has been made e.g. tick typhus, then manage locally)

**INFECTION CONTROL PERSONAL PROTECTION MEASURES:**

**MINIMAL RISK**
- Standard precautions apply:
  - Hand hygiene, gloves, plastic apron
  - Eye protection and fluid repellent surgical facemask for splash inducing procedures

**STAFF AT RISK**
- Hand hygiene, double gloves, fluid repellent disposable coverall or gown, full length plastic apron over coverall/gown, head cover e.g. surgical cap, fluid repellent footwear e.g. surgical boots, full face shield or goggles, fluid repellent FFP3 respirator

**HIGH POSSIBILITY OF VHF**
- **ISOLATE PATIENT IN A SIDE ROOM**
  - Urgent Malaria investigation
  - Full blood count, U&Es, LFTs, Clotting screen, CRP, glucose, blood cultures
  - Inform laboratory of possible VHF case (for specimen waste disposal purposes if confirmed)

**LOW POSSIBILITY OF VHF**
- **Urgent Malaria investigation**
  - Urgent local investigations as normally appropriate, including blood cultures

**Malaria test confirmed?**
- YES: Manage as Malaria; VHF unlikely
- NO: Alternative diagnosis confirmed?
  - YES: VHF unlikely; manage locally
  - NO: Clinical concern OR continuing fever after 72 hours?
    - YES: Is the patient fit for outpatient management?
      - YES: Admit
      - NO: VHF test CONFIRMED?
        - YES: Inform/Update Local Health Protection Team
          - Ensure patient contact details recorded
          - Patient self-isolation
          - Follow up VHF test result
          - Review daily
        - NO: VHF test NEGATIVE?
          - YES: VHF unlikely; De-escalate isolation and manage locally unless advised by Imported Fever Service for follow up test
          - NO: VHF unlikely; manage locally

**Malaria test sadness?**
- YES: Manage as malaria, but consider possibility of dual infection with VHF
- NO: Clinical concern OR continuing fever after 72 hours?
  - YES: Is the patient fit for outpatient management?
    - YES: Admit
    - NO: VHF test CONFIRMED?
      - YES: Inform/Update Local Health Protection Team
        - Ensure patient contact details recorded
        - Patient self-isolation
        - Follow up VHF test result
        - Review daily
      - NO: VHF test NEGATIVE?
        - YES: VHF unlikely; De-escalate isolation and manage locally unless advised by Imported Fever Service for follow up test
        - NO: VHF unlikely; manage locally

**Clinical concern OR continuing fever after 72 hours?**
- YES: Does the patient have extensive bruising or active bleeding?
  - YES: Manage as malaria, but consider possibility of dual infection with VHF
  - NO: Has the patient returned from a VHF epidemic country?
    - YES: Manage as malaria, but consider possibility of dual infection with VHF
    - NO: Has the patient cared for/come into contact with body fluids/handled clinical specimens from an individual or laboratory animal known or strongly suspected to have VHF within the past 21 days?
      - YES: VHF unlikely; manage locally
      - NO: High possibility of VHF
        - ISOLATE PATIENT IN A SIDE ROOM
          - Full blood count, U&Es, LFTs, Clotting screen, CRP, glucose, blood cultures
          - Inform laboratory of possible VHF case (for specimen waste disposal purposes if confirmed)

**Follow up VHF test result**
- YES: Inform/update Local Health Protection Team
- NO: VHF unlikely; manage locally

**VHF unlikely; manage locally**

**Contact High Level Isolation Unit for transfer (020 7794 0500: Royal Free)**
- Launch full public health actions, including categorisation and management of contacts
- Inform lab if other lab tests are needed

*Hands on VHF endemic areas*