

Viral haemorrhagic fever - patient risk assessment - advice for emergency departments.

1. Does the patient report:

- having a fever or history of fever in the past 24 hours? **AND**
- returning from a country or geographic area where there is a current viral haemorrhagic fever (VHF) outbreak, or a VHF is endemic, within 21 days of illness onset? (see Travel Health Pro <<https://travelhealthpro.org.uk/outbreaks>>) **OR**
- having had contact with a known or highly suspected case of VHF within 21 days of illness onset.

NO

- VHF test not indicated.

VHF HIGHLY UNLIKELY

- Transmission based precautions based on clinical condition.

YES

- No staff member to have contact with patient unless wearing VHF personal protective equipment (PPE)—see “infection control/PPE” to the right.
- Provide patient with a surgical mask (provide a vomit bag if vomiting).
- Escort to isolation room for assessment (single room with door closed, with own bathroom and negative pressure if available).
- Notify your immediate manager of the situation – local infection control unit to be notified
- Discuss immediately with a physician and a public health physician (PHP).

NO

- VHF test not indicated.

NO KNOWN EXPOSURE

- Standard plus contact and droplet precautions or as advised by infection control practitioner/infectious diseases physician.
- Laboratory precautions and procedures as advised by clinical microbiologist.

2. Has the patient:

- come into contact with body fluids (blood, urine, faeces, tissues, laboratory specimens) from an individual or animal known or strongly suspected to have VHF?
- participated in a funeral which involved direct contact with the deceased body?
- presented with vomiting OR diarrhoea OR bruising OR bleeding?
- Travelled to an area with a known current VHF outbreak?
- Lived or worked in basic rural conditions in an area where Lassa fever is endemic?
- Visited caves or mines, or had contact with or eaten primates, antelopes or bats in a Marburg Virus Disease or Ebola Virus Disease endemic area?
- Travelled to a Crimean-Congo haemorrhagic fever endemic area and sustained a tick bite, or crushed a tick with their bare hands?
- Had close involvement with animal slaughter in a VHF endemic area?
- Been assessed by infectious disease physician and/or PHP as having increased possibility.

ASSESS/TREAT FOR ALTERNATIVE DIAGNOSES

- Travel related (e.g. malaria) and other infections.

Alternate diagnosis or patient improving.

PUBLIC HEALTH ACTION

Public health unit follow-up as required.

Patient not improving and no alternate diagnosis.

PUBLIC HEALTH ACTION

- Work with the Public health unit to identify contacts
- Further actions depend upon results of VHF testing.

YES TO ANY

- VHF test indicated.

INCREASED POSSIBILITY OF VHF

(see “Infection control/PPE” to the right)

- Notify your immediate manager, HHS executive, local infection control unit and local public health unit.
- Convene Expert Advisory Group as required to inform local decision-making about testing, patient placement and transfer/retrieval. Urgent discussion between infectious diseases physician, public health physician (PHP), Director of the Emergency Department, Senior Director of the Communicable Diseases Branch (CDB), Forensic Scientific Services (FSS) to determine the need for patient transfer to designated hospital; Director of Retrieval Services/ Queensland Ambulance Service (depending on distance) specimen referral to FSS for EVD testing and other testing.

VHF OUTBREAK UPDATES

For updated information about VHF outbreaks please refer to the Travel Health Pro <<https://travelhealthpro.org.uk/outbreaks>>

INFECTION CONTROL/PPE

ENSURE STAFF ARE:

- Rigorously and repeatedly trained.
- Donning and removing PPE in designated area outside of the patient’s room.
- Monitored by a trained PPE observer for donning and removing compliance.

Recommended PPE includes:

- P2/N95 fluid-resistant respirator
- full-length face shield
- two pairs non-sterile long cuff gloves (nitrile gloves preferable)
- long sleeved fluid-resistant or impermeable gown that extends to mid-calf.
- For patients who are clinically unstable with “wet” symptoms, also:
- a hood that covers all of the hair, ears and extends past neck and shoulders, and
- fluid-resistant or impermeable boot covers that extend to at least the mid-calf.

NOTE:

- Restrict entry to essential staff only.
- Keep a list of staff with patient contact.
- Avoid aerosolising procedures.
- Refer to Appendix 9 of Queensland Health Guide line for infection prevention and control for the management of viral haemorrhagic fevers.

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Visit:

www.health.qld.gov.au/vhf

Public health units

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