

VIRAL HAEMORRHAGIC FEVER (LASSA, MARBURG, EBOLA & CRIMEAN/CONGO VIRUSES)

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Please specify standard/criterion numbers and tick ✓ other boxes as appropriate

The Strategic Directions 2007-2012 were agreed by the Board of Directors in October 2007 to support the Trust's vision "Respond, Deliver, Enable". The Key Milestones below will ensure there is a shared understanding about what needs to be delivered.

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience		Waiting	
Assurance Framework		Privacy and Dignity	
Monitor/Finance/Performance		Efficiency and Effectiveness	
Care Quality Commission Outcomes:	8	Delivery of Care Closer to Home	
		Infection Control	✓
NHSLA Risk Management Standards for Acute Trusts			
NHSLA CNST Maternity Clinical Risk Management Standards:			
Other (please specify):			
Note: This policy has been assessed for any equality, diversity or human rights implications			

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1. General Information

Viral haemorrhagic fevers (VHF) are severe life-threatening diseases caused by a range of viruses. Most are endemic in a number of parts of the world, most notably sub-Saharan Africa. Environmental conditions in the UK do not support the natural reservoirs or vectors of any of these diseases. Although cases of VHF are occasionally imported into the UK, the risk of spread in the general population is negligible. The incubation period for VHF varies from between 3-21 days. Initial symptoms include pyrexia, malaise, headache and muscle or joint pain. Ebola and Marburg often cause a measles-like rash after 4-7 days. Obvious bleeding occurs at a later or terminal stage.

2. Diagnosis

In the early stages of the illness there may be no specific clinical features and so the diagnosis must be considered in anyone who develops an unexplained fever within three weeks of returning from exotic areas. The clinician must consult a Consultant Microbiologist to discuss whether the patient can be admitted and investigated locally or whether transfer to the High Security Infectious Disease Unit (HSIDU) at The Royal Free Hospital is required. The following information should be established from the patient:

- Countries and towns visited.
- The purpose of the visit.
- Did the visit involve visiting rural areas?
- Did the patient have contact with illness consistent with VHF?
- Did the patient have contact with rats or other rodents?
- Did the patient eat bush meat or import any into the country?
- Did the patient take anti-malarials regularly? If yes obtain details.
- Date of return to the UK.
- Date of onset of illness.
- Details of illness.

3. Infectivity

Patients can be managed more effectively if they are categorised according to level of infectivity and risk:

3.1. Minimum risk category:

- I. includes febrile patients who have a history of foreign travel but have not been to an endemic area (see paragraph 1)
- II. patients who have been in endemic areas or have been in contact with a known or suspected source of VHF, but in whom the onset of illness occurred **more than 21 days** after contact

3.2. Moderate risk category:

- I. includes febrile patients that have been in an endemic area during the 21 days before the onset of illness, but have none of the additional risk factors that place them in the high risk category (see overleaf)
- II. patients who have a clinical syndrome which could be a VHF and have been abroad in areas close to known VHF endemic areas (see paragraph one)

3.3 High risk category:

includes febrile patients who have been in an endemic area within 21 days before illness and:

- I. have household contact with people who are known or suspected of having a VHF or
- II. nursed or cared for patients known or suspected of having a VHF or
- III. are a laboratory, health or other worker who has contact with body fluids or tissues of a human or animal known or strongly suspected of having VHF or
- IV. were previously categorised as 'moderate' risk, but who have developed organ failure and/or haemorrhage.
- V. Patients who **have not been in an endemic area** will also be considered of high risk if they cared for a patient or animal known or strongly suspected of having a VHF, or came into contact with their bodily fluids or tissue 21 days preceding illness.

4. Infection Control Measures

The Consultant Microbiologist should be **notified as soon as possible and preferably before the patient is admitted** to assess the level of risk and determine whether admission locally is appropriate.

4.1 Minimum risk categories

If admission is necessary patients may be admitted to hospital locally, or to an infectious diseases or tropical diseases department.

If admitted locally to the Royal Devon and Exeter Healthcare Trust consider:

- Isolation
The patient must be admitted to a single room, preferably with an en-suite facility.
- Standard Infection Control Precautions
Standard infection control precautions must be used (Please see section 1 of the Infection Control Manual).
- Pathology specimens
Standard procedures for the transportation of specimens can be used.

4.2 Moderate and high risk categories

Moderate and high-risk patients should be admitted either to the Department of Health designated HSIDU at the Royal Free Hospital or to intermediate isolation facilities on Torridge Ward following consultation with the physician in charge and Consultant Microbiologist.

- Isolation
The patient must be admitted to a negative pressure single room on Torridge Ward.
- Infection control precautions
All persons entering the room must wear full protective clothing in the form of long sleeved gowns, gloves, surgical masks and visors (Please see section 2.4 of the Infection Control Manual).
- Pathology specimens

An initial Malaria test, essential Biochemistry and Haematology tests can be undertaken locally using standard infection control precautions. The specimens must be labelled with Risk of Infection stickers and double bagged in self-sealing plastic bags. Additional diagnostic tests must be sent to the special pathology laboratory at CAMR (Centre of Applied Microbiology Research), this will be arranged by the Consultant Microbiologist.

- Notification
The Consultant for Communicable Disease Control (CCDC) must be notified of a suspected moderate or high-risk case in order that contacts can be identified and if necessary placed under surveillance.
- Patient transfer
If, after discussion with the physicians at The Royal Free Hospital, it is agreed that the patient should be transferred to the HSIDU there, ambulance transport will be arranged in liaison with the Consultant Microbiologist or CCDC.

5. Sources of evidence

These guidelines are based on information and the recommendations of:

Centre for Disease Control and Prevention @ www.cdc.gov

The Management and Control of Viral Haemorrhagic Fevers (1997). The Advisory Committee on Dangerous Pathogens. London. HMSO.

World Health Organisation @ www.who.org