# Section 2 Identify Suspected Cases of VHF



This section describes how to:

- In a non-outbreak situation, suspect VHF in patients with fever, severe illness, and signs of unexplained bleeding.
- Alert relevant health facility staff and begin VHF Isolation Precautions as soon as VHF is suspected.
- Report the suspected case to designated health authorities.



#### **Section 2 Identify Suspected Cases of VHF**

In an outbreak situation, several cases occur around the same time. They may be grouped together, and there may be person-to-person transmission. An initial diagnosis of a VHF can be made based on the signs and symptoms of the specific VHF.

Suspecting a VHF during a non-outbreak situation in a single case is more difficult. The early symptoms of a VHF include high fever and headache. These are also symptoms for many infections seen at the health facility.

Most patients who present with fever do not have a VHF. Their fever is more often caused by malaria, typhoid fever, dysentery, severe bacterial infection or other fever-producing illnesses usually seen in the area.

The health worker probably will not suspect a VHF until more severe signs develop and the patient does not respond to recommended treatment for other illnesses.

However, health workers should be aware of the possibility for suspecting a VHF in a non-outbreak situation. As soon as a VHF is suspected, VHF Isolation Precautions should begin. This will help reduce the number of people exposed to the VHF.



## 2.1 Use Information from Previous Outbreaks to Suspect a VHF

When a patient presents with fever, use the available diagnostic tools in your health facility to identify or exclude the cause of fever. For example, do a malaria smear or take a stool culture as soon as possible.

- Treat the most likely cause of the fever according to the appropriate treatment guidelines.
- If the fever continues after 3 days of recommended treatment, and if the patient has signs such as bleeding or shock, consider a VHF.
- Review the patient's history for any contact with someone who was ill with fever and bleeding or who died from an unexplained illness with fever and bleeding.
- If no other cause is found for the patient's signs and symptoms, suspect a VHF. Begin VHF Isolation Precautions.

The flowchart on the next page shows how to

- Suspect a VHF and
- Decide to use VHF Isolation Precautions.

The flowchart applies to a non-outbreak situation. Annex 4 gives examples of VHF case definitions in outbreak situations.

#### **Use Isolation Precautions for Suspected VHF Cases**

- Severe illness with weakness and fatigue
- Measured fever (38.5°C or 101°F) for more than 72 hours and less than 2 weeks

Diagnose and treat for likely cause of fever in area (such as malaria, typhoid fever, dysentery, severe bacterial infection)

> If no response to antimalarial and antibiotic treatment

Does patient have one or more of the following?

- \* Unexplained bleeding from
  - mucous membranes (gum, nose or vagina)
  - skin (puncture sites, petechiae)
  - conjunctiva (red eyes due to swollen blood vessels)
  - gastrointestinal system (vomiting blood; dark or bloody stools)
- \* Shock: blood pressure < 90mm Hg or rapid, weak pulse
- \* Contact in the 3 weeks prior to onset of illness with anyone who had an unexplained illness with fever and bleeding or who died after an unexplained severe illness with fever

Suspect a VHF and

**Begin VHF Isolation Precautions** 



#### If VHFs have occurred in the area before:

Talk with the district or national surveillance officer about VHFs that have been reported in your area.<sup>4</sup> Use the information when making a diagnosis of a suspected VHF case.

Record here the case definitions for VHFs that have been reported in your area:

VHF	Case Definition			

#### 2.2 Begin VHF Isolation Precautions

Every health facility has its own procedures for responding to an urgent situation. Adapt VHF Isolation Precautions as needed. Designate the health officer who will coordinate VHF Isolation Precautions. How to select a VHF Coordinator is described in Section 9.1. As soon as a health care worker suspects a VHF, he or she should notify the health facility administrator and the VHF Coordinator who will:

- Refer the patient to the isolation area and take the necessary steps to begin VHF Isolation Precautions (See Section 3).
- Limit the number of health facility staff and visitors in the patient's room.
- Limit the use of invasive procedures and reduce the number of injectable medications.

*Important!* Between the time when VHF is suspected and when the patient is received in the isolation area, there is a risk for disease transmission from the patient's blood and other body fluids (stool, urine, vomit). Prevent disease transmission to other patients, visitors and health staff in the waiting area by placing the suspected VHF patient apart from other patients. Make every effort to reduce this waiting time.

### 2.3 Alert Health Facility Staff about Specific Risks for VHF Transmission

As soon as a VHF is suspected, alert the relevant health staff who should begin using VHF Isolation Precautions, especially:

- Doctors or nurses providing direct patient care
- Cleaning, laundry, and waste disposal staff who clean and disinfect contaminated material and supplies
- Laboratory staff who handle samples from the suspected VHF cases
- Medical or support staff who prepare or handle deceased VHF patients.



Explain how VHF transmission can occur in the health facility and the risks to health facility staff.<sup>5</sup> Remind the staff that VHF is a highly infectious disease. They must use VHF Isolation Precautions whenever they have contact with the VHF patient, the patient's blood or other body fluids, or contaminated supplies and equipment.

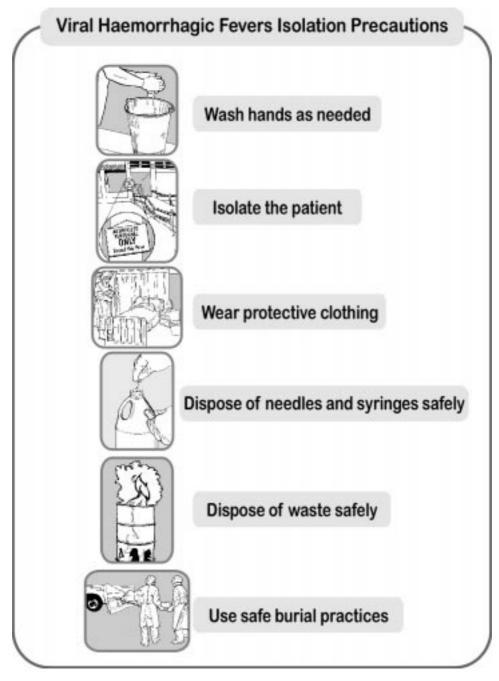


Fig. 7. An example of VHF Isolation Precautions poster.

<sup>5</sup> The chart on page 4 of the Introduction summarizes the risk of VHF transmission in the health care setting.

## 2.4 Report the Suspected Case to the Health Authorities

Report suspected cases of VHF according to national level surveillance guidelines.

If your district is conducting special surveillance activities for a VHF, the district officer will provide specific information about whom you should contact and how. If serum samples are needed, the contact person will give you special instructions for collecting and shipping serum samples. The table below can be used to record information about whom to contact if a VHF is suspected.

Contact Person	Agency	Telephone and/or Fax Number	Information to Report	Samples to Collect



#### 2.5 Identify Patient's Contacts and Travel History

Ask the patient (or a family member who can answer for the patient):

- Where do you live?
- When did the symptoms begin?
- Who else is sick in your family (or village)?
- Where have you travelled recently?

Use the answers to identify others who had contact with the patient. Provide them with information about VHF and when to seek care.

Section 8 describes the steps for giving information to the community about VHF and preventing VHF transmission.