**Viral Hemorrhagic Fever (VHF) – Standard Operating procedure**

## 1. Handling current situation

i. Identify all health care workers who were exposed to the patient

ii. Terminal cleaning/ disposal of the patient's usables (linen, beds, curtains, used equipment, ventilator etc)

All the beds in MICU have been cleaned/ fumigated

Linen has been destroyed

Used equipment have been disposed off

iii. Prophylactic Ribavarin offered to all exposed Health care workers

Dose: Oral Ribavarin 30mg/kg stat, 15mg/kg every 6 hours for 4 days, 7.5mg/kg/day for 6 days

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iv. Exposed Health care workers be educated about symptoms of viral hemorrhagic fever and be instructed to promptly report any illness simulating VHF.

v. Contact with the patient's family and advising them to take prophylactic Ribavarin and to promptly report any symptoms

vi. Since the medical floor doesn't have an isolation facility and the patient remained in the MICU, the whole unit may preferably be fumigated according to existing protocols.

## Future Strategy

**Case Definitions:**

## Suspected Case

Patient with sudden onset of illness with high-grade fever over 38.5°C for more than 72 hrs and less than 10 days, especially in CCHF endemic area and among those in contact with sheep or other livestock (shepherds, butchers, and animal handlers). Note that fever is usually

associated with headache and muscle pains and does

not respond to antibiotic or anti-malarial treatment.

## Probable case

Suspected case with acute history of febrile illness 10 days or less,

AND

• Thrombocytopenia less than 50,000/mm3

AND any two of the following:

Petechial or purpuric rash, Epistaxis, Haematemesis, Haemoptysis, Blood in stools,

Ecchymosis, Gum bleeding, other haemorrhagic symptom

AND

• No known predisposing host factors for haemorrhagic

Manifestations

**Confirmed case**

Probable case with positive diagnosis of CCHF in blood sample, performed in specially equipped high bio-safety level laboratories, i.e.

• Confirmation of presence of IgG or IgM antibodies in serum by ELISA

• Detection of viral nucleic acid in specimen by PCR

• Isolation of virus

**Recommendations:**

All cases (suspected, probable, confirmed) should be referred to another hospital from ER for proper isolation.

If a suspicion is raised after the patient is admitted to the hospital:

i. Bio-safety is the key to avoiding nosocomial infection. Patients with suspected or confirmed CCHF should be

isolated and cared for using barrier-nursing techniques to

prevent nosocomial spread of infection.

ii. The patient should be treated in a separate room under strict barrier nursing.

iii. Only designated medical / para-medical staff and at

tendants should attend the patient. Non-essential staff and attendants should not be allowed to enter the room.

iii. All secretions of the patient and hospital clothing

in use of the patient should be treated as infectious and should be autoclaved before incinerating.

iv. All medical and para-medical staff and attendants should wear disposable gloves, disposable masks and gowns (gowns should be autoclaved before sending to the laundry or incineration). Use of disposable items should be ensured by supervisor.

V. Every effort should be made to avoid spills, pricks, injury and accidents during the management of patients. Needles should not be re-capped but discarded in proper safety disposal box.

Vi. All used material e.g. syringes, gloves, cannula, tubing etc, should be collected in autoclave-able bag and autoclaved before incinerating.

vii. All instruments should be de-contaminated and autoclaved before re-use.

viii. All surfaces should be decontaminated with liquid bleach.

ix. The samples for laboratory testing should be properly collected, labelled, sealed, and decontaminated from outside with liquid bleach and packed in triple container packing.

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