

## VIRAL HEMORRHAGIC FEVER EMERGENCY INFORMATION: TRANSMISSION, PREVENTION, & INFECTION CONTROL

<b>WHAT IS VIRAL HEMORRHAGIC FEVER?</b>	<ul style="list-style-type: none"> <li>• VHF's are caused by viruses of four distinct families – arenaviruses, filoviruses, bunyaviruses, and flaviviruses</li> <li>• Examples of VHF illness are Ebola, Marburg, Lassa, &amp; Crimean-Congo fevers</li> <li>• VHF is uncommon in U.S. and one case should be considered a marker for a possible bioterrorist event</li> <li>• Specific symptoms vary by type of VHF but initial symptoms include marked fever, fatigue, dizziness, muscle aches, loss of strength, exhaustion</li> <li>• Latter symptoms include maculopapular rash prominent on trunk, nervous system malfunction, renal failure, and bleeding under the skin and from body orifices</li> </ul>
<b>TRANSMISSION &amp; INCUBATION</b>	<ul style="list-style-type: none"> <li>• VHF viruses are transmitted through contact with urine, fecal matter, saliva, or other body excretions from infected rodents or through contact with infected animals or arthropod vectors</li> <li>• Person to person spread through droplet transmission, contact with body fluids or contaminated objects</li> <li>• Risk for person-to-person transmission is highest during latter stages of illness that are characterized by vomiting, diarrhea, shock and hemorrhage</li> <li>• Incubation period varies depending on causative agent: few days to 3 weeks</li> <li>• In event of death, corpse should be wrapped in sealed, leak-proof material and cremated or buried promptly in a sealed casket</li> </ul>
<b>HOW LONG CAN VIRUS EXIST IN THE ENVIRONMENT?</b>	<ul style="list-style-type: none"> <li>• VHF viruses naturally reside in an animal reservoir host or arthropod vector</li> </ul>
<b>DECONTAMINATION</b>	<ul style="list-style-type: none"> <li>• Yes, if t recent aerosol exposure is suspected</li> <li>• Patient/Companion remove clothes and place in red Biohazard Bag</li> </ul>
<b>POST-EXPOSURE PROPHYLAXIS / IMMUNIZATION</b>	<ul style="list-style-type: none"> <li>• With the exception of yellow fever and Argentine hemorrhagic fever, for which vaccines have been developed, no vaccines exist that can protect against these diseases</li> </ul>
<b>PRECAUTIONS FOR STAFF WITHOUT PATIENT CONTACT</b>	<ul style="list-style-type: none"> <li>• No special precautions or prophylaxis are recommended for staff who have no contact with patients, their immediate environment, or materials and equipment associated with their care</li> </ul>
<b>PRECAUTIONS FOR STAFF WITH PATIENT CONTACT</b>	<ul style="list-style-type: none"> <li>• Airborne precautions if aerosolized infectious secretions may be generated</li> <li>• N-95 or PAPR if patient has prominent cough, vomiting, diarrhea, or hemorrhage; otherwise surgical mask with goggles or face shield is acceptable</li> <li>• Gloves</li> <li>• Long-sleeved gown</li> <li>• HCW leaves gown, gloves, &amp; mask in red biohazard bag</li> <li>• Hand-washing or alcohol gel</li> </ul>
<b>PATIENT PRECAUTIONS</b>	<ul style="list-style-type: none"> <li>• Private room; cohort patients with similar symptoms as needed</li> <li>• Airborne precautions if aerosolize infectious secretions may be generated;</li> <li>• Negative air pressure room if patient has prominent cough, vomiting, diarrhea, or hemorrhage</li> <li>• Do Not Send VHF diagnostic specimens to UCSF Labs</li> </ul>

**ENVIRONMENTAL  
PRECAUTIONS**

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- Follow routine housekeeping cleaning procedure; preferred germicide agent is 0.5% hypochlorite
- Terminal cleaning wearing long-sleeved gown, gloves
- Surgical mask & goggles or face shield
- Room door closed
- Biohazard waste disposal for linens, disposable items, including cleaning supplies & solutions
- Dedicate equipment; sterilize/high level disinfect non-disposable items/equipment
- Disinfect non-disposable items