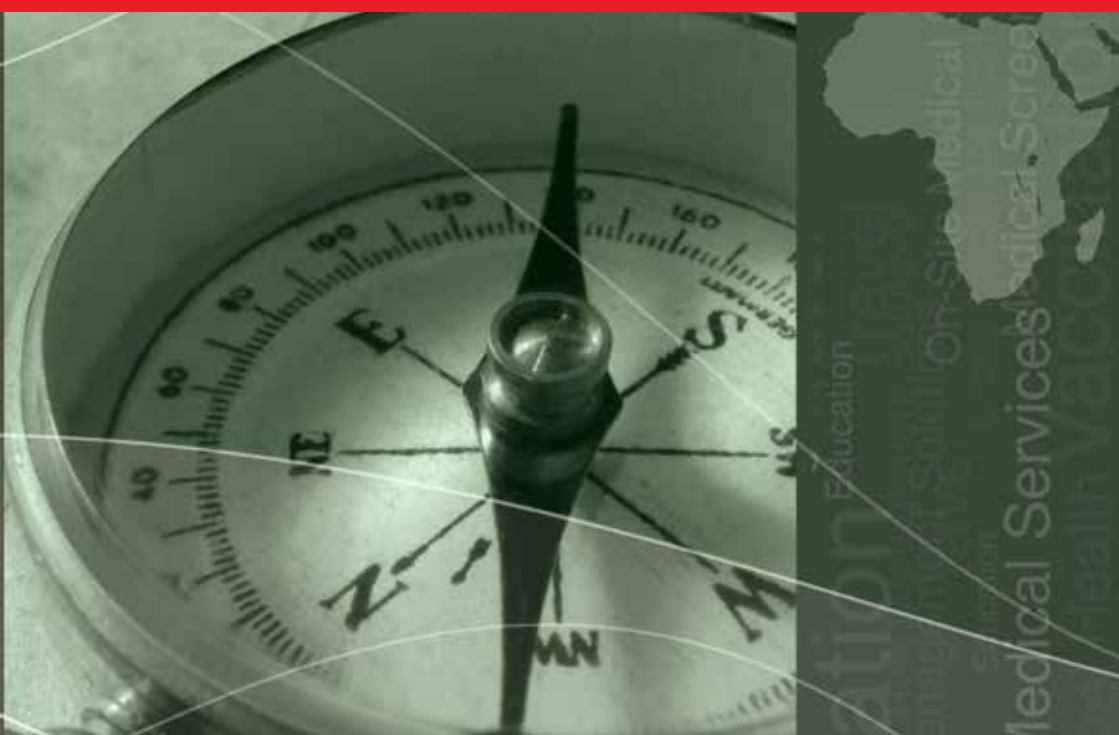


*i*NHEMACO^{S.A.}

International Health Management Consultants



**VIRAL HAEMORRHAGIC
FEVER
INFORMATION SHEET**

Africa Adroit. Swiss Savoir-Faire

WHAT IS A VIRAL HAEMORRHAGIC FEVER?

- A group of illnesses caused by several distinct families of viruses.
- Broadly speaking, the term “viral haemorrhagic fever” is used to describe a severe multi-system syndrome.
- Characteristically the entire vascular system is damaged, resulting in multi-organ failure.
- Symptoms are often accompanied by haemorrhage (bleeding).
- Bleeding in itself is rarely life-threatening and bleeding may even be absent.
- While some types of haemorrhagic fever viruses cause relatively mild illness, many cause severe, life-threatening disease.
- Virus survival in the ecosystem is dependent on an animal or insect host (*inter alia* mosquitoes and ticks), called the natural reservoir. The viruses are geographically restricted to the areas where their host species live.
- Humans are not the natural reservoir for any of these viruses. Humans are infected when they come into contact with infected hosts. Several viruses result in human-to-human transmission after accidental transmission from an animal host.
- Human cases or outbreaks occur sporadically and irregularly.
- The occurrence of outbreaks is unpredictable and requires constant vigilance in endemic areas.
- With a few significant exceptions, (E.g. Lassa Fever) there is no cure or established drug treatment for this group of diseases.

WHAT IS EBOLA VIRUS DISEASE (EVD)?

- Ebola is a Viral Haemorrhagic Fever, which causes a sudden onset of fever and severe weakness in patients. This may be followed by multi-organ failure and spontaneous haemorrhaging.
- The case fatality rate (CFR) may be as high as 90% in humans.
- The virus was first diagnosed in 1976, in Sudan and The Democratic Republic of Congo (DRC).

EPIDEMIOLOGY

- Fruit bats of the *Pteropodidae* (fruit bats or flying foxes) family are considered to be natural hosts of the Ebola Virus.
- Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals.
- In Africa, infection has been documented through the handling and consumption of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines hunted or found dead or ill in the rainforest.
- Ebola spreads readily through human-to-human transmission.
- The disease thrives in squalor. Maintaining strict personal and environmental hygiene will protect against infection.
- *It is NOT an air-borne disease.*
- It is spread through direct contact with a clinically ill patient's blood, body fluids or semen.

TRANSMISSION OF EBOLA

Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. It is a disease of poor hygiene.

- Ebola is NOT an airborne disease -

- *Health Care Workers* are at high risk and must adhere to meticulous infection control precautions and barrier nursing procedures.
- *Burial ceremonies* where mourners have direct contact with the body of the deceased person play a role in the transmission of Ebola.
- Transmission via infected semen can occur up to 7 weeks after clinical recovery.



SIGNS AND SYMPTOMS OF EBOLA

Initial signs and symptoms:

- Sudden onset of fever - *similar to that induced by malaria*
- Intense weakness
- Muscle pain
- Headache
- Sore throat

Followed by:

- Vomiting
- Diarrhoea
- Rash
- Impaired kidney and liver function
- Internal and external bleeding

Always exclude other possible causes of the signs and symptoms, such as malaria which is endemic in West Africa, and other endemic causes of gastrointestinal disease including typhoid, shigellosis etc.

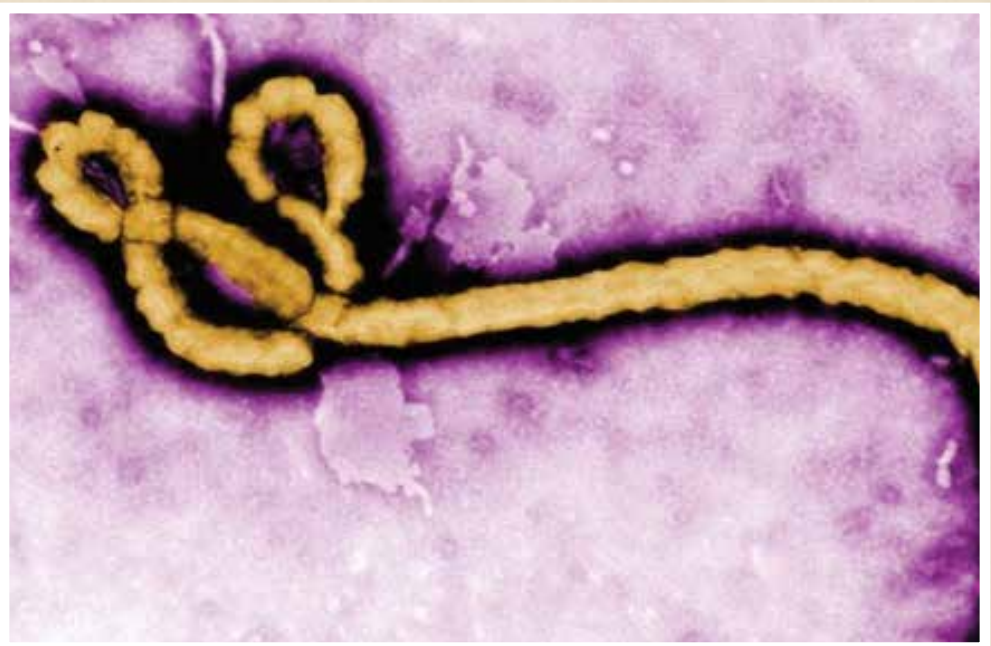


EVD INCUBATION AND PERIOD OF CONTAGIOUSNESS

- The incubation period for EVD is 2 – 21 days.
- EVD is not transmitted from human to human during the asymptomatic incubation period.
- The patient remains contagious as long as body fluids contain the virus.
- The virus may remain present in semen for several weeks post-recovery from EVD. Men who have not been clinically ill with EVD can NOT transmit EVD in this manner.

TREATMENT

No specific treatment or vaccine is currently available for Ebola.



PREVENTING THE INTRODUCTION AND SPREAD OF EBOLA

- Create awareness of the disease and brief the entire project population.
- Take precautions when handling animals, especially dead wild animals.
- No preparation or consumption of bushmeat.
- Avoid contact with ill people and with the bodies of people who have died from Ebola.
- Do not attend hospitals that are potentially treating Ebola cases.
- Bio-hazardous waste should be effectively managed through incineration.
- Avoid crowded areas.
- Hand hygiene – Wash hands on a regular basis with antiseptic soap under hot running water. Use alcohol based hand sanitiser liberally if unable to wash hands.
- ALL site personnel, expats and national hires, must report ALL febrile illness to the site clinic immediately.
- Whenever in a malaria endemic area, strictly adhering to malaria prevention and taking chemoprophylaxis will decrease the likelihood of contracting malaria and thus presenting with a febrile illness that may be confused with VHF.

- Travellers and expats leaving an affected country who experience a rapid onset of fever and/or extreme malaise within 21 days after leaving the host country are to:
 - ◇ Seek urgent medical care wherever they are,
 - ◇ Should be placed in isolation until the presence or absence of the disease has been confirmed,
 - ◇ Immediately REPORT the fact that they are ill to the site clinic and management telephonically.

Disclaimer: *This information is provided by iNHEMACO S.A. as a general service to the corporate travelling public and not intended to be exclusive or comprehensive in any way.*

For detailed, person or site specific information, please contact us following the links on our website:



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