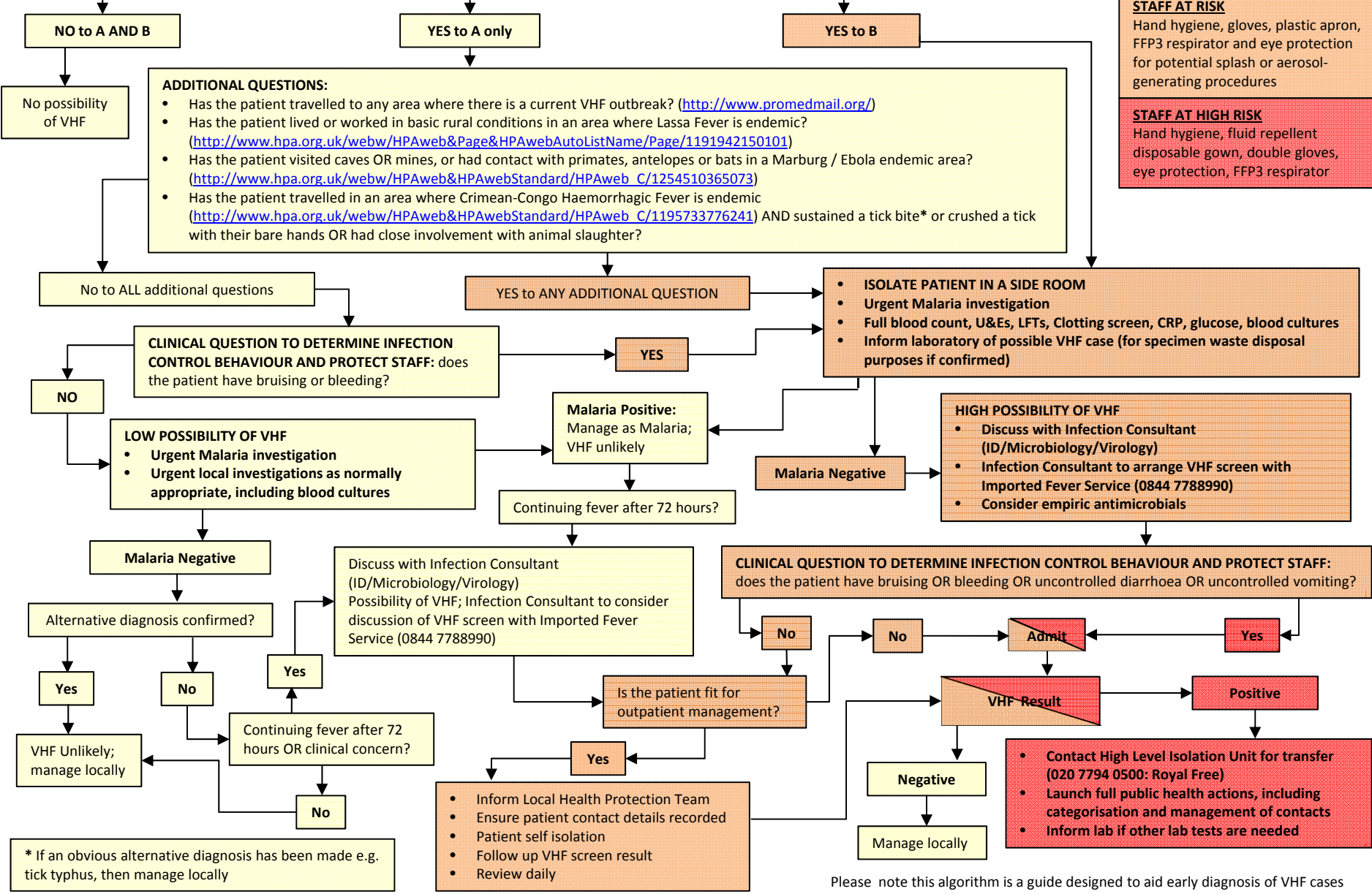


VIRAL HAEMORRHAGIC FEVERS RISK ASSESSMENT (Version 2: 09.07.2014)

INFECTION CONTROL MEASURES
NO / MINIMAL RISK Universal precautions apply: Hand hygiene, gloves, plastic apron
STAFF AT RISK Hand hygiene, gloves, plastic apron, FFP3 respirator and eye protection for potential splash or aerosol-generating procedures
STAFF AT HIGH RISK Hand hygiene, fluid repellent disposable gown, double gloves, eye protection, FFP3 respirator

A) Does the patient have a fever [$>38^{\circ}\text{C}$] or history of fever in past 24 hours **AND** has returned from (or is currently residing in) a VHF endemic country (<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/ViralHaemorrhagicFever/VHFMaps/>) within 21 days?
OR
B) Does the patient have a fever [$>38^{\circ}\text{C}$] or history of fever in past 24 hours **AND** has cared for / come into contact with body fluids of / handled clinical specimens (blood, urine, faeces, tissues, laboratory cultures) from an individual or laboratory animal known or strongly suspected to have VHF?



* If an obvious alternative diagnosis has been made e.g. tick typhus, then manage locally

Please note this algorithm is a guide designed to aid early diagnosis of VHF cases