Acute haemorrhagic fever syndrome

Background

Acute haemorrhagic fever syndromes can be attributable to Ebola and Marburg viral diseases (filoviridae); Lassa fever (arenaviridae), Rift Valley fever (RVF) and Crimean-Congo haemorrhagic fever (CCHF) (bunyaviridae); dengue (dengue haemorrhagic fever (DHF)) and yellow fever (flaviviridae); and other viral, bacterial or rickettsial diseases with potential to produce epidemics. All cases of acute viral haemorrhagic fever syndrome whether single or in clusters, should be immediately notified without waiting for the causal agent to be identified.

Surveillance goal

Early detection of acute viral haemorrhagic fever syndrome cases and outbreaks, rapid investigation, and early laboratory verification of the aetiology of all suspected cases.

Standard case definition for suspected case: Acute onset of fever of less than 3 weeks duration in a severely ill patient AND any 2 of the following; haemorrhagic or purpuric rash; epistaxis (nose bleed); haematemesis (blood in vomit); haemoptysis (blood in sputum); blood in stool; other haemorrhagic symptoms and no known predisposing factors for haemorrhagic manifestations.

If a single case is suspected:

- Report case-based information immediately to the appropriate levels
- Suspected cases should be isolated from other patients and strict barrier nursing techniques implemented.
- Standard precautions should be enhanced throughout the health care setting.
- Treat and manage the patient with supportive care.
- Collect specimen safely to confirm the case.
- Conduct case-contact follow-up and active case search for additional cases.

Reference: WHO; Technical Guidelines for Integrated Disease Surveillance and Response in the African Region; October 2010; pages 230-232