Adapted from the Viral Haemorrhagic Fevers Risk Assessment
(Version 6: 15.11.2015)

VHF Endemic Countries
Information on VHF endemic countries can be found at:
https://www.gov.uk/viral-haemorrhagic-fevers-origins-reservoirs-transmission-and-guidelines
or see VHF in Africa map at:

Does the patient have a fever (≥37.5°C) OR history of fever in past 24 hours?

NO

YES

• Has the patient developed symptoms within 21 days of leaving a VHF endemic country? (See above info box for data on VHF endemic countries.)

NO

YES

• Has the patient travelled to any area where there is a current VHF outbreak? OR
• Has the patient lived or worked in basic rural conditions in an area where Lassa Fever is endemic? OR
• Has the patient visited caves/mines, or had contact with or eaten primates, antelopes or bats in Marburg/Ebola endemic area? OR
• Has the patient travelled in an area where Crimean-Congo Haemorrhagic Fever is endemic? OR
• AND sustained a tick bite or crushed a tick with their bare hands OR had close involvement with animal slaughter?

NO

YES

HIGH POSSIBILITY OF VHF
Refer to Section 5.3 of the VHF policy.

LOW POSSIBILITY OF VHF
Refer to Section 5.3 of the VHF policy.

Does the patient have extensive bruising or active bleeding?

YES

NO

VHF unlikely; manage locally; Direct patient to GP or arrange for a medical review.

INFECTION CONTROL PERSONAL PROTECTION MEASURES
Minimal Risk
Standard precautions apply:
Hand hygiene, gloves, plastic apron
(Eye protection and fluid repellent surgical facemask for splash inducing procedures)

*Global_CCHF_Risk_20080218.png?ua=1
*If an obvious alternative diagnosis has been made e.g. sick typhus, then manage locally.