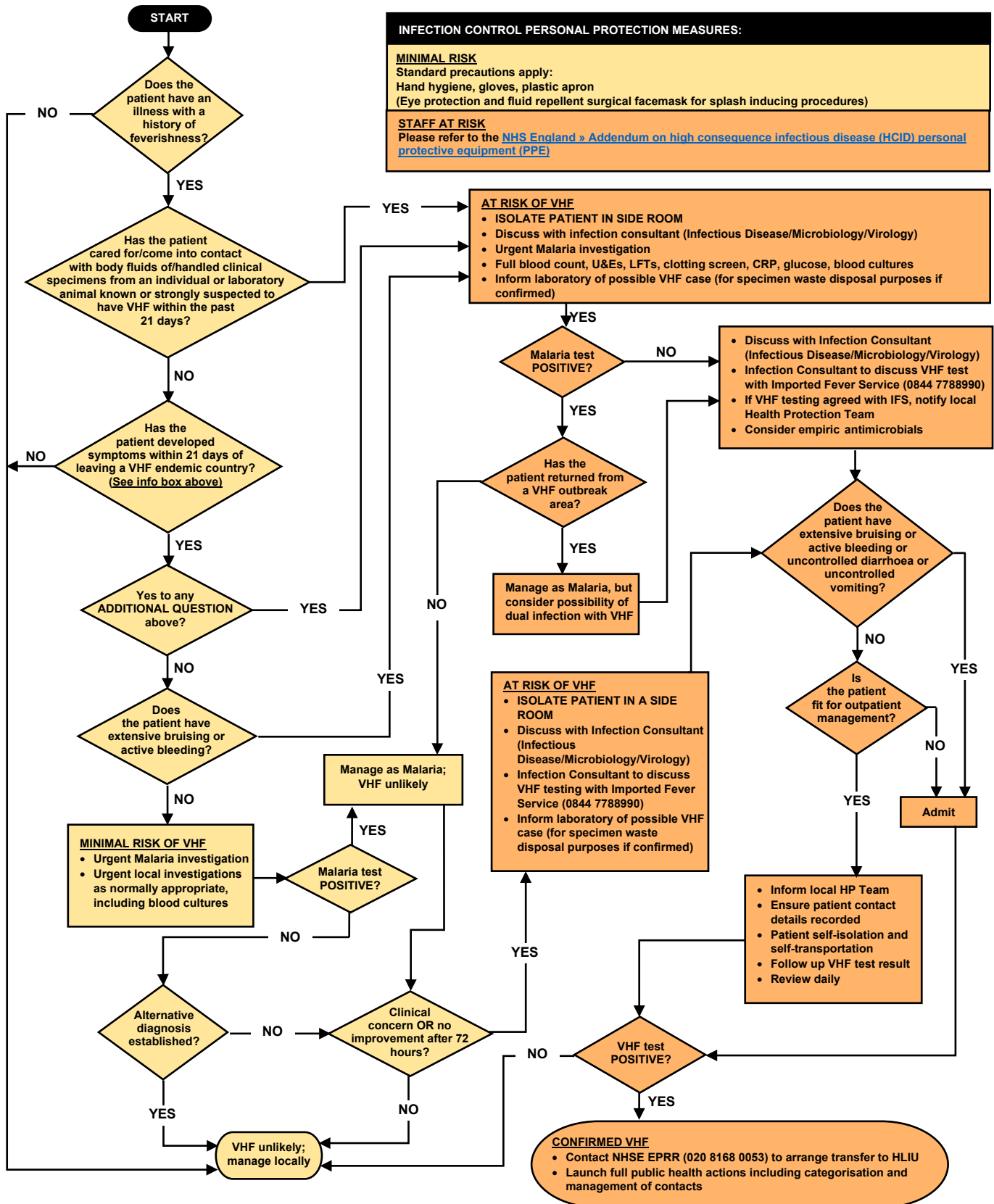


# VIRAL HAEMORRHAGIC FEVERS RISK ASSESSMENT (October 2024)

<b>VHF ENDEMIC COUNTRIES:</b>
Information on VHF endemic countries can be found at <a href="https://www.gov.uk/guidance/high-consequence-infectious-disease-country-specific-risk">High consequence infectious disease: country specific risk - GOV.UK (www.gov.uk)</a>
<b>ADDITIONAL QUESTIONS:</b>
<ul style="list-style-type: none"> <li>Has the patient travelled to any area where there is a current VHF outbreak? (<a href="#">WHO Disease Outbreak News</a> / <a href="#">High Consequence Infectious Diseases: Monthly Summaries</a>) OR</li> <li>Has the patient lived or worked in basic rural conditions in an area where human cases of Lassa fever occur? OR</li> <li>Has the patient visited caves/mines, or had contact with primates, antelopes or bats (or eaten their raw/undercooked meat) in a Marburg/Ebola endemic area? OR</li> <li>Has the patient travelled in an area where Crimean-Congo Haemorrhagic Fever is endemic AND sustained a tick bite* or crushed a tick with their bare hands OR had close involvement with animal slaughter? (*If an obvious alternative diagnosis has been made e.g. tick typhus, then manage locally)</li> </ul>



Note: For cases not meeting the algorithm criteria but where the suspicion of a VHF remains based on clinical and / or exposure history, please contact the IFS to discuss

Please note this algorithm is a guide designed to aid early diagnosis of VHF cases and should be used in conjunction with ACDP guidance: [Viral haemorrhagic fever: ACDP algorithm and guidance on management of patients - GOV.UK \(www.gov.uk\)](#)