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## ANNEX 4      Adapting VHF Isolation Precautions for a Large Number of Patients

The recommendations in this manual assume 1 or 2 VHF cases have occurred in a non-outbreak situation. When more than 1 or 2 VHF patients present in the health facility, additional precautions need to be taken. When Ebola haemorrhagic fever occurs, initially there may be as many as 10 cases.

When a VHF is suspected, develop a case definition based on the VHF that has occurred. Use it to identify new cases during the outbreak. For example, the current case definition for suspecting Ebola haemorrhagic fever (EHF) is:

Anyone presenting with fever and signs of bleeding such as:

- Bleeding of the gums
- Bleeding from the nose
- Red eyes
- Bleeding into the skin (purple coloured patches in the skin)
- Bloody or dark stools
- Vomiting blood
- Other unexplained signs of bleeding

Whether or not there is a history of contact with a suspected case of EHF.

**OR**

Anyone living or deceased with:

- Contact with a suspected case of EHF **AND**
- A history of fever, with or without signs of bleeding.

**OR**

Anyone living or deceased with a history of fever **AND** 3 of the following symptoms:

- Headache
- Vomiting
- Loss of appetite
- Diarrhoea
- Weakness or severe fatigue
- Abdominal pain
- Generalized muscle or joint pain
- Difficulty swallowing
- Difficulty breathing
- Hiccups

**OR**

Any unexplained death in an area with suspected cases of EHF.

The current case definition for suspecting Lassa fever is:

Unexplained **fever** at least 38°C or 100.4°F for one week or more.

**And** 1 of the following:

- No response to standard treatment for most likely cause of fever (malaria, typhoid fever)
- Readmitted within 3 weeks of inpatient care for an illness with fever

**And** 1 of the following:

- Edema or bleeding
- Sore throat and retrosternal pain/vomiting
- Spontaneous abortion following fever
- Hearing loss following fever

## Prepare Your Health Facility

If there are more than 2 suspected VHF patients, take steps immediately to adapt the VHF Isolation Precautions for a large number of patients.

1. Reinforce the use of Standard Precautions — especially handwashing — throughout the health facility. Make sure there is a reliable supply of soap and clean water in areas where health facility staff have contact with patients suspected as having a VHF.
2. Make sure adequate supplies of protective clothing are available.
3. Set up a temporary area that is separate from the rest of the facility where febrile patients can wait to be seen by a health care worker. Also use this area for patients who have been seen by a health care worker and who are waiting to go to the isolation area.

Make sure the temporary admission area contains a supply of protective clothing, buckets with disinfectants in them for collecting disposable waste, and disinfectants for cleaning and disinfecting spills of infectious materials.

4. Identify a family liaison person from the health facility staff who can spend time with families to answer questions, provide information about the VHF and its transmission. If family members help provide care when relatives are in hospital, make sure they know how to use protective clothing when they are with the patient in the isolation area. Help families with arrangements for cooking, washing and sleeping.
5. Designate a separate building or ward for placing patients with the same disease together in a single isolation area. Select and isolate a toilet or latrine for disposal of disinfected patient waste and other liquid waste.
6. Restrict access to the building or ward set aside as the isolation area. Set up walkways from the temporary area to the isolation area by tying ropes along the walkway and hanging plastic sheets from them.
7. Prepare a list of health facility staff authorized to enter the isolation area. Station a guard at the entry to the isolation area, and provide the guard with the list of authorized persons. The guard will use the list to limit access to the isolation area to authorized health facility staff and, if necessary, the caregiving family member.
8. Provide the guard with a sign-in sheet for recording who goes into the isolation area and the time of entry and departure.
9. Prepare a large quantity of disinfectant solutions each day (bleach solutions and detergent solutions). Store the disinfectants in large containers. Ask cleaning staff to change the disinfectants when they become bloody or cloudy or when the chlorine odour is no longer detectable.
10. Obtain additional patient supplies. Make sure each patient has a bed and mattress or sleeping mat. Designate medical equipment for use with each VHF patient (for example, a thermometer, a stethoscope, and a blood-pressure cuff for each patient). If there are not enough items available to provide one per patient, be sure to clean and disinfect the items before use with the next patient.
11. Make sure schedules are carried out as planned for collecting, transporting and burning infectious waste daily. Make sure that burning is supervised and that security of the burning site is maintained.
12. Initiate community education activities.