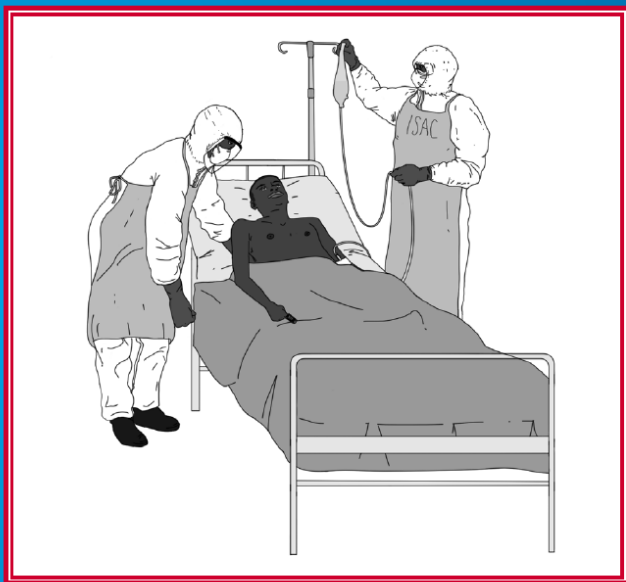


Clinical management of patients with viral haemorrhagic fever

A pocket guide for front-line health workers

FEBRUARY 2016



Interim emergency guidance for country adaptation

WHO Library Cataloguing-in-Publication Data

Clinical management of patients with viral haemorrhagic fever: a pocket guide for front-line health workers: interim emergency guidance for country adaptation.

1.Hemorrhagic Fevers, Viral. 2.Clinical Medicine. 3.Case Management. 4.Infection Control. 5.Guideline. I.World Health Organization.

ISBN 978 92 4 154960 8(NLM classification: WC 534)

First published in March 2014 under the title "Clinical management of patients with viral haemorrhagic fever: A pocket guide for front-line health workers. Interim emergency guidance for West Africa."

© World Health Organization 2016

All rights reserved. Publications of the World Health Organization are available on the WHO website (<http://www.who.int>) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; email: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website (http://www.who.int/about/licensing/copyright_form/index.html).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed in Switzerland

**Clinical management of patients
with
viral haemorrhagic fever**

**A pocket guide for
front-line health workers**

**Interim emergency guidance
for country adaptation**

**World Health Organization
February 2016**

Insert national foreword from the Ministry of Health

Note: For Ebola-affected countries, the adaptation and foreword may reflect a guide which concentrates on clinical care delivered in Ebola Treatment Units (ETUs; also called Ebola Treatment Centres, or ETCs) as well as in Ebola Holding Centres (EHC), Ebola Holding Units (EHU) and Ebola Community Care Centres (CCC). These guidelines are also relevant to managing suspect or probable Ebola patients in an isolation ward in a mainstream health facility and patients isolated prior to referral to an ETU.

For at-risk countries the guidelines should also include a section for facilities without VHF treatment capacity, where quality screening for Ebola and other VHF should take place and then, if VHF is suspected, isolation (with treatment in full personal protective equipment (PPE) and rapid transfer to an ETU or holding centre.

Although these guidelines concentrate on Ebola Virus Disease (EVD), referred to throughout this guide as Ebola, they also address Lassa fever, which is an endemic problem in Sierra Leone and also occurs in Liberia, Guinea and Nigeria, as well as two other viral haemorrhagic fevers that are transmitted person-to-person, Marburg and Crimean-Congo haemorrhagic fever. Country adaptation should address which VHFs are included in this pocket guide.

Introduction to second edition, February 2016

The large number of cases of Ebola in Guinea, Sierra Leone and Liberia required many new ETUs and holding centres to provide many more treatment beds and a large scale-up of training and mentoring to prepare health workers. This large scale-up required efficient and effective approaches to case management. Much has been learned about clinical presentation and management during this epidemic. The VHF pocket guide has provided a good resource for such training and care within ETUs.

The predominant clinical syndrome in the West African Ebola epidemic is a severe gastrointestinal illness with vomiting and large-volume diarrhoea, leading to volume depletion, metabolic abnormalities and hypovolaemic shock (1,2).

Experience from the treatment of patients with Ebola in developed health-care settings reveals that the case fatality rate with well-resourced supportive care may be much lower than in resource-constrained environments. This observation highlights the potential value of improving the provision of supportive care in all environments (3), particularly adequate fluid resuscitation and prevention and correction of electrolyte abnormalities (4,5). In patients not able to maintain hydration orally, "...placement of an intravenous catheter and delivery of appropriate replacement solutions are required, but we have seen many critically ill patients die without adequate intravenous fluid resuscitation" (1). The absence of reports of fluid overload and pulmonary oedema in the ETUs, whereas these have occurred in a few patients receiving ICU care (6), also suggest that inadequate fluid resuscitation has been common in most ETUs.

While this pocket guide provides guidelines to support improved fluid resuscitation and the use of a few laboratory tests, it should be emphasized that this level of care may not be possible when very large numbers of Ebola patients place severe pressures on staff-to-patient ratios or staff qualifications. Priority must be given to admitting and providing safe, basic care to as many Ebola patients as possible in order to stop transmission in the home and community while striving to provide the best care that staffing permits.

This pocket guide provides strong support for the practical application of key lifesaving interventions that are feasible in an ETU as well as interventions that relieve pain and other symptoms. Providing good supportive care while in personal protective equipment

(PPE), which limits the time for patient care and can impair vision and dexterity, is a challenge. Practical approaches to improving the volume of fluids administered are discussed using ORS, IV and intraosseous (IO) fluids.

This pocket guide seeks to provide clear guidance on current best practices for VHF, including both clinical management and infection prevention and control. Throughout, guidance is provided for the front-line health worker, focusing on triage and case definition, early and ongoing case management, infection control and subsequent hospital discharge. Recommendations come predominantly from published VHF guidelines (primarily consensus-based), and also are drawn from algorithms for diarrhoeal diseases, sepsis and vaginal bleeding management from the WHO Integrated Management of Adolescent and Adult Illness (IMAI) and Childhood Illness (IMCI) guidelines and other current WHO normative guidelines. The rationale for including the management of GI loss from diarrhoeal disease and vomiting and the sepsis algorithms is that many patients in the West African Ebola epidemic have had severe diarrhoea and vomiting with dehydration and shock; others have this combined with severe sepsis or a clinical picture consistent with suspected pathophysiology and final common pathway of severe sepsis, with manifestations of increased vascular permeability, vasodilatation, multiple organ failure and shock. In addition, this book provides guidance on infection prevention and control to minimize nosocomial transmission and on the common clinical manifestations of VHF to help the front-line health worker increase his or her level of suspicion for VHF, particularly before an epidemic is recognized in the community. Separate notes have been added on the care of children and pregnant women.

Importantly, this document does not cover how to create a VHF treatment unit (that is, an isolation ward), and it also does not address community interventions to control transmission or respond to disease outbreaks. It is hoped that this manual will complement such guidance and will strengthen the overall response to VHF outbreaks in Africa, contributing to the Integrated Disease Surveillance and Response activities necessary for compliance with international health regulations.

This is the updated version of the WHO's *Clinical management of patients with viral haemorrhagic fever: A pocket guide for front-line health workers. Interim emergency guidance for West Africa – for country adaptation*, first published in March 2014 (7).

Contents

1. Introduction.....	1
2. Principles of VHF management.....	5
2.1 Case identification/detection.....	5
2.1.1 History of exposure.....	5
2.1.2 Detailed clinical assessment and natural history	10
2.1.3 Screening for Ebola	18
2.1.4 Surveillance- fill the case investigation form	24
2.2 Laboratory investigations and specimen collection	25
2.2.1 Specimens for VHF testing	25
2.2.2 Other laboratory tests	31
2.3 Notification	33
2.4 Isolation and/or referral	33
3. Management of suspected or confirmed cases of Ebola patients (also if Lassa fever, Marburg, or CCHF).....	35
3.1 Treatments for all patients with suspected or confirmed Ebola	36
3.2 Manage symptoms/signs	38
Fever	39
Bleeding, severe pallor, circulatory shock	39
Pain.....	39
Difficulty breathing/respiratory distress	39
Diarrhoea, vomiting, signs of dehydration	40
Dyspepsia.....	40
Convulsions.....	41
Signs of hypoglycaemia	41
Anxiety	41
Confusion	41
3.3 Manage mild and moderate Ebola patients.....	42
3.4 Fluid resuscitation- oral and intravenous fluids	42
3.5 Specific therapy for Lassa fever and CCHF	48
3.6 Special considerations in pregnancy and the newborn	50
3.7 Special considerations in breastfeeding women	59
3.8 Special considerations for children	63
3.9 Nutrition.....	64

4. Manage severe confirmed or suspected cases of Ebola/Marburg, Lassa fever, or CCHF (with emergency signs).....	69
4.1 Monitoring the severely ill patient.....	69
4.2 Shock in VHF patients	70
4.3 Manage hypovolaemic from GI loss in adolescents/adults	72
4.3.1 Assess for shock and signs of dehydration and monitor volume of GI loss	72
4.3.2 Fluid resuscitation with large GI losses.....	74
4.3.3 Electrolyte and glucose abnormalities	76
4.3.4 Antibiotics	77
4.4 Manage septic shock in adolescents/adults.....	78
4.5 Assess for and manage shock and dehydration in children	83
4.5.1 Assess for shock, severe dehydration, severe malnutrition, severe anaemia.....	85
4.5.2 Initial fluid resuscitation for shock in children without severe dehydration, severe anaemia, or severe malnutrition	86
4.5.3 Initial fluid resuscitation for shock in children with severe malnutrition	88
4.5.4 Fluid resuscitation with signs of severe dehydration or large GI losses in children	90
4.5.5 Monitor hydration targets and watch carefully for fluid overload	94
4.5.6 Electrolyte abnormalities	96
4.6 Manage septic shock in children (not shock due to large GI fluid loss)	98
5 Contacts	99
5.1 Clinician's role in contact tracing	99
5.2 Manage contacts (exposed individuals)	99
5.3 Manage high-risk child contact.....	102
6. Psychological support.....	103
7. Infection prevention and control	107
7.1 Recommendations for direct patient care for known or suspected VHF patients	108
7.2 Standard precautions- at all times, for all patients	110

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/reportId=5_27147

