

FACT SHEET: VIRAL HEMORRHAGIC FEVERS (VHF)

There are several different viruses that produce viral hemorrhagic fever. However there are only five that have been the cause of significant outbreaks with person-to-person spread. They are: Lassa Fever, Ebola, Marburg, Crimean-Congo, and Venezuelan.

Symptoms:

Initial symptoms of all five VHFs are usually similar to influenza: fever, myalgia (muscular pain), headache, and sore throat. Conjunctivitis (eye infection), petechiae (small red spots), or skin rash appear later. In severe cases hemorrhage and shock occurs.

Occurrence:

The known areas of endemic transmission are exclusively in sub-Saharan Africa for Lassa, Ebola, and Marburg VHF. Crimean-Congo VHF is transmitted throughout Europe, China Central Asia, the Indian subcontinent, the Middle East and in most of Africa. These diseases are acquired almost exclusively in rural areas.

Transmission:

The natural sources of these viruses include vectors (carriers): mosquitoes, rodents and ticks.

Person-to-person spread occurs in the later stages of the disease through contact with body fluids that contain the virus: blood, semen, and tissue specimens. Airborne transmission involving humans has never been documented and is considered a possibility only in rare instances in persons with advanced disease.

Incubation Period:

From 2 to 21 days.

Period of Communicability:

Lasts for as long as the virus is present and varies with the different viruses.

Management:

In an emergency situation, Emergency Service Workers are at greatest risk of exposure to viral hemorrhagic fevers through:

- Contact with blood/tissue without the use of protective equipment

Preventative Measures:

- Use Universal Precautions; gloves, gowns, masks, face shields, etc.
- Consult local public health officials for guidelines for transporting patients and cleaning equipment