

! Viral Hemorrhagic Fever

Merlin reporting code = 6591 Crimean-Congo Hemorrhagic Fever !
 = 6592 Ebola Hemorrhagic Fever !
 = 6593 Guaranito Hemorrhagic fever !
 = 6594 Junin Hemorrhagic Fever !
 = 6595 Lassa Fever !
 = 6596 Lujo Virus !
 = 6597 Machupo Hemorrhagic Fever !
 = 6598 Marburg Fever !
 = 6599 Sabia-Associated Hemorrhagic Fever !

Case report form (CRF): N/A

CONTACT BUREAU OF EPIDEMIOLOGY

Clinical description

Diagnosis of viral hemorrhagic fever must be made by a physician. Common presenting complaints are fever, myalgia, and prostration, with headache, pharyngitis, conjunctival injection, flushing, and gastrointestinal symptoms. This may be complicated by spontaneous bleeding, petechiae, hypotension and perhaps shock, edema, and neurologic involvement.

Viral Hemorrhagic Fever, due to:

- Ebola virus
- Marburg virus
- Crimean-Congo hemorrhagic fever viruses
- Lassa virus
- Lujo virus
- New world arenaviruses (Guanarito, Machupo, Junin, Sabia viruses)

Clinical presentation criteria:

- Fever $>40^{\circ}$ C AND
- One or more of the following clinical findings:
 - Severe headache
 - Muscle pain
 - Erythematous maculopapular rash on the trunk with fine desquamation 3–4 days after rash onset
 - Vomiting
 - Diarrhea
 - Pharyngitis (arenaviruses only)
 - Abdominal pain
 - Bleeding not related to injury
 - Retrosternal chest pain (arenaviruses only)
 - Proteinuria (arenaviruses only)
 - Thrombocytopenia

Laboratory criteria for case classification

One or more of the following laboratory findings:

- Detection of VHF viral antigens in blood by enzyme-linked immunosorbent assay (ELISA) antigen detection,
- VHF viral isolation in cell culture for blood or tissues,

- Detection of VHF viral genes using reverse transcriptase polymerase chain reaction (RT-PCR) from blood or tissues, or
- Detection of VHF viral antigens in tissues by immunohistochemistry (IHC).

Epidemiological criteria for case classification

One or more of the following exposures within the 3 weeks before onset of symptoms:

- Contact with blood or other body fluids of a patient with VHF;
- Residence in or travel to a VHF endemic area;
- Work in a laboratory that handles VHF specimens;
- Work in a laboratory that handles bats, rodents, or primates from endemic areas; OR
- Exposure within the past 3 weeks to semen from a confirmed acute or convalescent case of VHF within the 10 weeks of onset of symptoms.

Case classification

Confirmed:

A clinically compatible illness in a person with laboratory evidence.

Suspect:

A clinically compatible illness in a a person with any of the epidemiologic linkage criteria.

Comments

Detection of a possible case requires immediate notification of the Bureau of Epidemiology which is available 24/7 at (850) 245-4401.

 **Specimens from all cases must be sent to the Bureau of Public Health Laboratories for confirmation by the CDC.**

[Return to Table of Contents](#)