

Managing suspected Lassa fever

Effective management of Lassa fever involves early recognition of infection, effective isolation and infection control, early initiation of the antiviral drug ribavirin, and supportive care in hospital.

Post-exposure prophylaxis

with **ribavirin** is recommended for:

Health care workers exposed to bodily fluids

Close contacts of patients

Containment



Isolation

patients with suspected or confirmed infection should be isolated to prevent transmission



Infection control

All healthcare workers in contact with the patient should wear personal protective equipment (PPE)



Blood samples

Sample collection, packaging, and transport should be carried out according to national protocols



Contact tracing

Identify patient's contacts within the last 21 days for monitoring and/or prophylaxis

Treatment



Intravenous ribavirin

Intravenous ribavirin may reduce mortality if administered within the first 6 days of illness



Adherence

Side effects of ribavirin may be severe, and often lead to poor adherence

Haemolytic anaemia

Rigors

Analgesia and antipyretics

Paracetamol

Pain and fever should be managed with an analgesic/antipyretic

Morphine

Opioid analgesia (e.g., morphine) can be used if pain is severe

NSAIDs

Avoid non-steroidal anti-inflammatory drugs, due to increased risk of bleeding

Bleeding

17%

Bleeding is seen in around 17% of patients

Thrombocytopenia

Correct with **platelet transfusion** if there is bleeding

Coagulation deficits

Correct with blood products (e.g., **frozen plasma**, **cryoprecipitate**)

Aenemia

Blood transfusion is reserved for anaemic patients with ongoing bleeding

Encephalopathy and seizure

6+ days

Encephalopathy is quite common among those who present after more than 6 days of symptoms.

Standard care

Specific encephalopathy symptoms (e.g., seizures) should be managed with standard care (e.g., **anticonvulsant**) in accordance with local protocols and availability.