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.

**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.

- **Analgesia and antipyretics**
  - Pain and fever should be managed with an analgesic/antipyretic.
  - Opioid analgesia (e.g., morphine) can be used if pain is severe.
  - Avoid non-steroidal anti-inflammatory drugs, due to increased risk of bleeding.

- **Bleeding**
  - 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**
  - Encephalopathy is quite common among those who present after more than 6 days of symptoms.
  - Specific encephalopathy symptoms (e.g., seizures) should be managed with standard care (e.g., anticonvulsant) in accordance with local protocols and availability.

**Post-exposure prophylaxis**

- With ribavirin is recommended for:
  - Health care workers exposed to bodily fluids
  - Close contacts of patients