

Northern Ireland HSC Patient Care Pathway

Scenario 1

Patient with possible Viral Haemorrhagic Fever (including Ebola Virus Disease (EVD)) presents to a Trust Emergency Department (ED)

Step 1: Patient should be isolated in a side room right away.

Step 2: Initial local Trust Risk Assessment by ED clinician with Specialist advice from local Infection Consultant (Consult Microbiologist/Virologist/Infectious Disease Physician) using the Advisory Committee on Dangerous Pathogens (ACDP) Algorithm at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343186/VHF_algorithm_11_08_20141.pdf and wearing appropriate Personal Protective Equipment.

In the current and foreseeable operating environment, febrile individuals returning from Sierra Leone, Liberia and Guinea, or febrile contacts of a UK EVD case will inevitably be categorised as 'High Possibility' by the ACDP algorithm.

- If Local Risk Assessment determines it is unlikely the patient has Viral Haemorrhagic Fever, arrange for local investigation and management as appropriate.
- If Local Risk Assessment determines patient has low possibility of VHF - patient remains at local Trust for investigation, including urgent malaria investigation. If on-going clinical concern or fever **after 72 hours**. – proceed to Step 3.
- If Local Risk Assessment determines patient has high possibility of VHF - keep patient isolated in a side room, perform urgent malaria investigation and proceed immediately to Step 3.

Step 3: Local Infection Consultant seeks Specialist advice from National Imported Fever Service and/ or Rare & Imported Pathogens Laboratory (0844 7788990)

- If National Imported Fever Service advice is Low Probability of EVD patient remains at local Trust for investigation and VHF screen. Infection Consultant contacts PHA Health Protection to ascertain need for incident management team.
- If National advice is Moderate or High Probability EVD arrange for urgent transfer of patient to Regional Infectious Disease Unit, Belfast HSC Trust. Northern Ireland Ambulance Service to transfer. Infectious Disease Consultant to arrange VHF screen and immediate care at Regional Unit. Infectious Disease Consultant to notify PHA Health Protection Immediately to consider activation of the public health response.

*See Note 1 below

Step 4: Action to be taken once VHF Screen Results Available

Patient with positive VHF Screen -Infectious Disease consultant to discuss with High Level Isolation Unit (HLIU) in England (Royal Free) to arrange for transfer to HLIU. * See Note 1
Patient with negative VHF screen - work up and care in local unit.

Note 1

In exceptional case patients may be too ill to be moved OR the transfer itself presents too great an infection control risk (bleeding or uncontrolled diarrhoea/vomiting). Management and placement of these patients should be discussed urgently with the HLIU and the HSE. In exceptional circumstances these patients may have to be managed in the hospital where they initially presented.

Note 2

The Advisory Committee on Dangerous Pathogens has produced updated guidance on the management of viral haemorrhagic fevers - <https://www.gov.uk/government/publications/viral-haemorrhagic-fever-algorithm-and-guidance-on-management-of-patients>

This guidance provides the definitive advice on infection prevention and control in health care settings, including advice on what level of PPE is required.

Note 3

In certain instances where a patient is being transferred to an ED by ambulance the receiving department should note any clinical information relayed by NIAS and take appropriate infection control measures in advance of arrival. When patients with a high possibility of EVD are being transferred from a local hospital to the Regional ID Unit, the clinical team should relay appropriate clinical information to NIAS to enable appropriate infection control procedures to be instituted.

Note 4

The Regional Virus Laboratory also has arrangements in place to send a sample for Ebola virus testing to Dublin in the event of a potential logistical delay in transporting a sample to the mainland UK. The assays used in Dublin are reliable and sensitive and results can guide clinicians in respect of further clinical management of the patient.

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Scenario 2

Patient with possible Viral Haemorrhagic Fever (including Ebola Virus Disease (EVD)) phones a Trust Emergency Department (ED) seeking clinical advice or requesting assessment

Step 1: ED clinical staff takes history from patient to include:

- Take caller's name and contact details
- Symptoms and date of onset
- Country of travel
- Dates of arrival and departure
- Details of activities in country

Step 2: If ED clinician suspects EVD using ACDP algorithm, discuss further with local Infection Consultant (Consult Microbiologist/Virologist/Infectious Disease Physician)

Patient should be advised to isolate themselves at home and not to visit ED or any other facility. If admission to hospital is required this will be arranged through the Northern Ireland Ambulance service.

In the current and foreseeable operating environment, febrile individuals returning from Sierra Leone, Liberia and Guinea, or febrile contacts of a UK EVD case will inevitably be categorised as 'High Possibility' by the ACDP algorithm.

- If Local Risk Assessment determines it is unlikely the patient has Viral Haemorrhagic Fever, arrange for local investigation and management as appropriate.
- If Local Risk Assessment determines patient has low possibility of VHF –inform NIAS and arrange admission to local Trust for investigation, including urgent malaria investigation. **Proceed thereafter as advised in Scenario 1**
- If Local Risk Assessment determines patient has high possibility of VHF - proceed immediately to Step 3.

Step 3: Local Infection Consultant seeks Specialist advice from National Imported Fever Service and/ or Rare & Imported Pathogens Laboratory (0844 7788990)

- If National Imported Fever Service advice is Low Probability of EVD patient inform NIAS and arrange admission to local Trust for investigation and VHF screen. Infection Consultant contacts PHA Health Protection to ascertain need for incident management team .
- If National Imported Fever Service advice is Moderate or High Probability EVD inform NIAS and arrange for urgent transfer of patient to Regional Infectious Disease Unit, Belfast HSC Trust. Northern Ireland Ambulance Service to transfer. Infectious Disease Consultant to arrange VHF screen and immediate care at Regional Unit. Infectious Disease Consultant to notify PHA Health Protection Immediately to consider activation of the public health response.

Step 4: Local Infection Consultant informs NIAS and arranges transfer to receiving hospital