

NOTIFIABLE MEDICAL CONDITIONS (NMC) CASE DEFINITIONS FLIPCHART

Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case

VIRAL HAEMORRHAGIC FEVER DISEASES : LASSA FEVER

Why is surveillance necessary?	Who must notify and when?	Suspected case definition	Probable case definition	Confirmed case definition
<p>Lassa fever (LASF) is a viral hemorrhagic fever endemic exclusively to West Africa, caused by a rodent-borne arenavirus. Transmission of LAS virus is believed to occur via exposure to rodent excreta, either from direct inoculation to the mucous membranes or from inhalation of aerosols produced when rodents urinate. Secondary human-to-human transmission via contact with infected blood or bodily fluids, from oral or mucosal exposure may occur. The observed case-fatality rate among patients hospitalized with severe cases of Lassa fever is 15%</p> <p>LASF is notifiable because it is transmissible from person to person and has outbreak potential. After notification of a case, public health officials will request all contacts of the case to monitor themselves for fever and compatible symptoms for a 9-day period following exposure.</p>	<p>The health care practitioner who suspects Lassa fever and requests laboratory testing should notify the case.</p> <p>The laboratory that diagnoses the condition should also notify the case</p>	<p>A person with sudden onset of fever > 38.5°C with at least three of the following signs and symptoms:</p> <ul style="list-style-type: none"> headaches, lethargy, myalgia, or abdominal pain, vomiting, anorexia, loss of appetite, diarrhoea, difficulty in swallowing, hiccups, bloody diarrhoea, or bleeding from gums, bleeding into skin (purpura), bleeding into eyes and urine, or any sudden inexplicable death. <p>AND a likely epidemiological exposure including any of</p> <ul style="list-style-type: none"> contact with a suspected, probable or confirmed LASF case, or residence in—or travel to—an endemic area within 9 days of illness onset, or contact with rodents or rodent urine in endemic areas or laboratory exposure, or exposure to semen from a confirmed acute or convalescent case of LASF within the 10 weeks of that person's onset of symptoms). 	<p>Any deceased suspected case (where it has not been possible to collect specimens for laboratory confirmation) having an epidemiological link.</p>	<p>A confirmed case is a person with laboratory evidence of Marburg virus infection as evidenced by</p> <ul style="list-style-type: none"> PCR positive and virus isolation from the patient's first (single) specimen, or PCR positive and IgM positive result on patient's first (single) specimen, or PCR positive on two separate specimens from the same patient collected at least one day apart, or PCR positive but IgM/IgG negative result in patient's first specimen and PCR negative but IgM/IgG positive result in patient's second specimen collected at least one day apart, or Increase in IgM/IgG titres between acute and convalescent specimens), or is a suspected case with IgM positive result on patient's first specimen.
<p>Additional notes Clinicians suspecting Lassa fever should contact the NICD 24-hour hotline (082-883-9920) for assistance with the diagnosis. Clinicians who submit specimens for Lassa fever testing should also complete the case investigation form that is found at https://www.nicd.ac.za/diseases-a-z-index/viral-haemorrhagic-fever-vhf/</p>				
<p>Additional resources Additional resources are available at https://www.nicd.ac.za/diseases-a-z-index/viral-haemorrhagic-fever-vhf/</p>				