Clinical Practice Guidelines:
Medical/Viral Haemorrhagic Fever – Ebola Virus Disease

Policy code	CPG_ME_EVD_0626
Date	June, 2026
Purpose	To ensure consistent management of patients with Viral Haemorrhagic Fever – Ebola Virus Disease.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Viral Haemorrhagic Fever – Ebola Virus Disease

June, 2026

Viral Haemorrhagic Fevers (VHFs) are a group of zoonotic diseases that cause severe and often fatal illness in humans. The virus is transmitted to people from wild animals and spreads human-to-human via contact with blood, body fluids, secretions and organs.[1]

VHFs include:

- Ebola Virus Disease
- Crimean-Congo Haemorrhagic Fever
- Marburg Virus Disease
- Lassa Fever

VHF symptoms vary according to the causative virus, but the initial presentation is generally an acute viral illness with sudden onset of fever, malaise, myalgia and headache, followed by abdominal pain, vomiting and diarrhoea.[1]

VHF should be considered in anyone with a fever who has travelled to, or lived in, an area where VHF is present. This may include return travellers, visitors to Australia, or returning aid workers.[2]

The likelihood of contracting a VHF in Queensland is low.

Clinical features[2]

- fever or history of fever
- unexplained haemorrhage (bleeding or bruising)
- severe headache
- muscle pain
- vomiting
- diarrhoea
- abdominal pain
- weakness
- fatigue
- chest pain
- shortness of breath
- mental confusion

AND

- Epidemiologic risk factors within the past 21 days before the on onset of symptoms:
  - travelled from a country where VHF is active; **AND/OR**
  - contact with a person known or suspected of having VHF

Symptoms may appear anywhere from 2–21 days after exposure to VHF and varies depending on the type of VHF.

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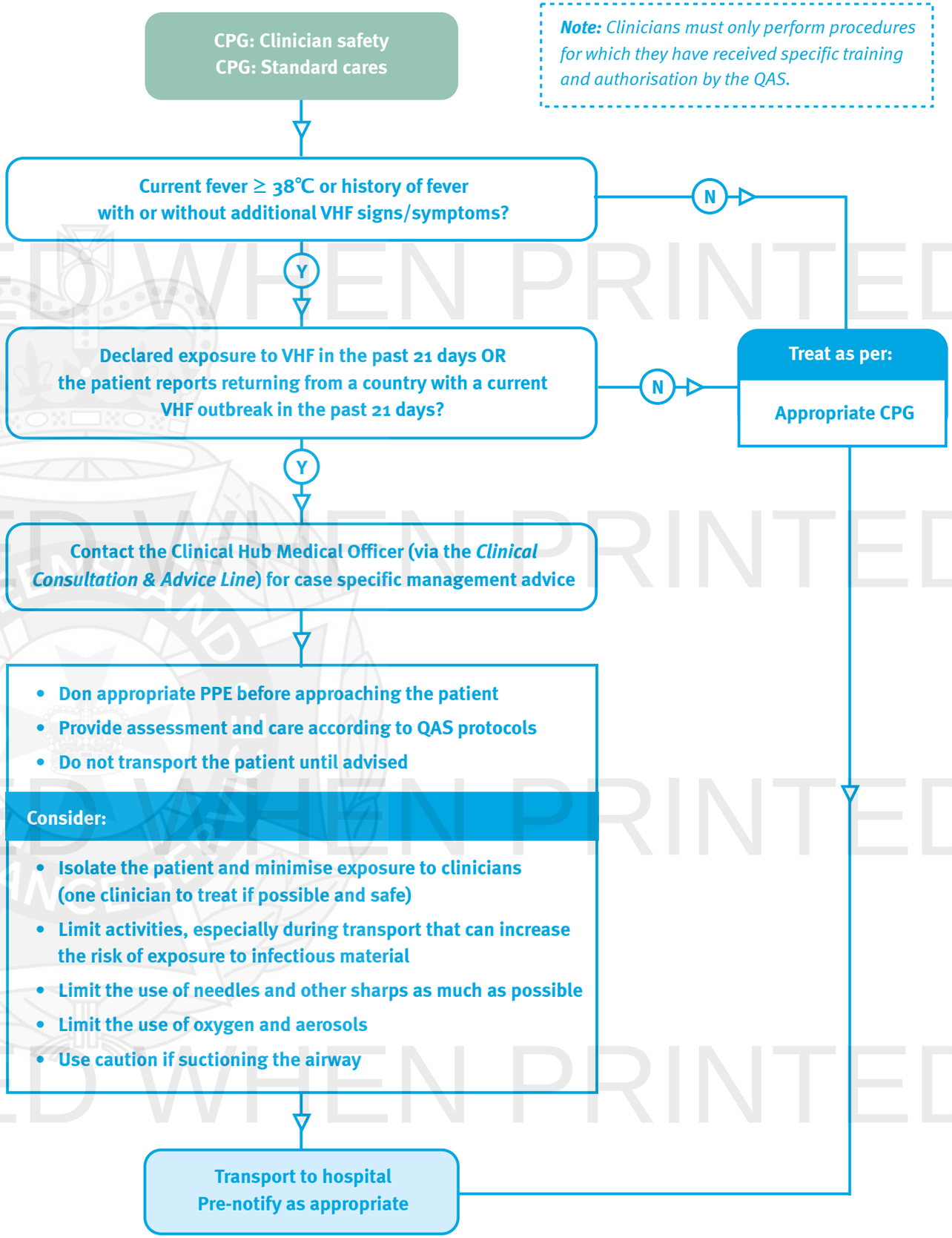
Risk assessment

- Because the signs and symptoms of VHF may be nonspecific and often present in other conditions, a relevant exposure and travel history should be first elicited to determine whether VHF should be considered further.
- VHF should be considered in patients presenting with fever ≥ 38°C and having a history of fever AND having travelled to a country where VHF is active.[2] A list of VHF outbreaks can be accessed at the following UKHSA Outbreak Surveillance link.
- VHF precautions are required for all suspected cases; however, patients with epidemiological links are more likely to have Malaria or other infections.[2]
- VHF is spread through infectious blood or body fluids from the patient, with limited evidence for airborne transmission via aerosol-generating procedures.[2] However, due to the high risk of harm that may arise from infection, staff should wear coveralls, an N95, eyewear, face shield and two pairs of gloves if attending a suspected or known VHF case.
- VHF can be transmitted via contaminated surfaces.[2] Environmental cleaning requirements will be guided by QAS Infection Prevention and Control following transport of a suspected or known case.



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