

Infection prevention and control measures when caring for patients with suspected or confirmed Crimean-Congo haemorrhagic fever (CCHF)

A summary



When CCHF is suspected or confirmed, immediately isolate the patient in a single-bed room under contact precautions.

If there is no capacity to enable dedicated isolation space for a patient with suspected CCHF, coordinate the safe referral and transport of the patient to a health facility with capacity to enable transmission-based precautions. Patients with suspected CCHF cannot be placed in cohort isolation.

Monitor and ensure adherence to standard precautions and transmission-based precautions by health and care workers. Report any/all suspected or confirmed cases of CCHF to a relevant authority (e.g. Ministry of Health). Monitor for health and care worker exposures and health care-associated infections.

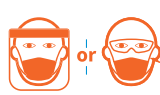
Patient placement



PPE during patient care



Additional PPE (per risk assessment)



Apply contact precautions in addition to standard precautions.

Health and care worker

Before entering the room and during patient care:

- Perform hand hygiene;
- Wear appropriate personal protective equipment:
 - Fluid resistant gown and examination gloves;
 - Based on risk assessment, wear additional PPE (e.g. eye protection or mask).
- Refrain from touching eyes, nose, mouth, or non-intact skin with contaminated gloves or ungloved hands;
- Practice the WHO “My 5 moments for hand hygiene” when providing care;
- Ensure aseptic technique, sharps safety, and safe injection practices are followed;
- Use disposable or dedicated patient equipment:
 - If this is not possible, clean and disinfect or sterilize, reusable equipment/devices thoroughly before use on a different patient
 - Follow manufacturer’s instructions, national or international standards.

After exiting the patient's room:

- Remove PPE in the designated area or just before leaving the room and perform hand hygiene.

Ensure consistent application of environmental controls:

- Clean (detergent and water) and disinfect (0.5% chlorine solution) the patient environment at least twice daily;
- Treat all waste generated during care as infectious waste:
 - Discard heavily soiled linens as infectious waste.
- Ensure appropriate management of laundry and linens.

Visitors and Caregivers

- To limit the number of visitors in the isolation room one family member or caregiver should be designated for patients receiving paediatric or neonatal care;
- Instruct visitors on the following:
 - How to perform hand hygiene according to the “WHO 5 moments”;
 - How to put-on and remove PPE;
 - Refrain from entering any patient rooms or procedure areas where aerosol-generating procedures (AGPs) are performed.

Special isolation requirement for AGPs.

Patients with suspected or confirmed CCHF requiring AGPs must be placed in an airborne infection isolation room with a minimum ventilation rate of 160 litres per second (6-12 air changes per hour) with the door kept closed when not needed for entry/exit.

When AGPs are performed:

- Perform hand hygiene.
- Wear a fluid resistant gown and a fit-tested respirator (at minimum, equivalent to N95, FFP2, KN95, or KF94 standard), eye protection (face shield or goggles), and examination gloves.
 - Perform respirator seal-check before entering room.
 - Exit room and close door before removing respirator.

PPE during aerosol generating procedures



For additional details see, Infection prevention and control and water, sanitation and hygiene measures for Crimean-Congo haemorrhagic fever in health-care settings: operational guide (<https://iris.who.int/handle/10665/376796>).