

Viral Hemorrhagic Fever (VHF)

Symptom and Exposure Risk Assessment

for Clinician Use

Published: June 2025

Patient Information Label (if used)

Last Name:

First Name:

Health Card No.:

Date of Birth (yyyy-mm-dd):

Purpose

This symptom and exposure risk assessment tool can be used to assist clinicians in assessing the likelihood of a VHF. It also identifies immediate next steps to take.

Required Actions

- In consideration of **both** the symptom presentation and exposure risks, if you suspect your patient may have a VHF, it is strongly recommended that you consult with your hospital / local Infectious Diseases Specialist and Infection Prevention and Control team, where available.
- If a VHF is suspected, you must **immediately** notify, **by telephone, both**:
 - The Ministry of Health - Health Systems Emergency Management Branch (HSEMB)
 - Your local public health unit (see [page 3](#)).

VHF Symptom Risk Assessment

1 - Does the patient have **at least one** main sign or symptom consistent with a VHF?
(check all that apply)

Current temperature $\geq 38.0^{\circ}\text{C}$
or chills

Hemorrhagic manifestations
(e.g., petechial or purpurral rash, epistaxis, hemoptysis, hematemesis, bloody stools and/or conjunctival injection)

2 - Does the patient have **any** of the following additional signs or symptoms consistent with a VHF?
(check all that apply)

- | | | | |
|-------------|----------------------|----------------|----------|
| Chest pain | Headache | Abdominal pain | Diarrhea |
| Cough | Fatigue or malaise | Nausea | |
| Sore throat | Myalgia (body aches) | Vomiting | |

VHF Exposure Risk Assessment

3 - In the past 21 days, did the patient participate in **at least one** of the eleven listed activities in Section 1 and/or 2 that may have resulted in an exposure to a VHF?
(Check all that apply)

Section 1 - General VHF Exposure Risks:

Lived, worked, or visited an area where a VHF agent is known to be endemic, active transmission of a VHF agent is known to be occurring, or a VHF outbreak has been declared? (See page 4 for links to where current VHF outbreaks and endemic areas may be found)

Had close, direct contact with the blood or other body fluids of a person confirmed or suspected to have a VHF (e.g., household contacts, breastfed infants, sexual contacts, healthcare or laboratory workers, and/or persons handling the bodies of the deceased such as funeral director / attendees and morgue workers)

Had close, direct contact with a person who has signs or symptoms of a VHF **AND** who lived, worked, or visited an area where a VHF agent is known to be endemic, active transmission of a VHF agent is known to be occurring, or a VHF outbreak has been declared?

Was a patient in a hospital or medical clinic in an area where a VHF agent is known to be endemic, active transmission of a VHF agent is known to be occurring, or a VHF outbreak has been declared?

Other, risk not specified Specify:

AND/OR

Section 2

VHF exposure risks specific to animal in or from an area where a VHF agent is known to be endemic:

Contact with an animal during a slaughtering practice?
[Crimean-Congo haemorrhagic fever]

Consumption and/or handling of bushmeat? [Ebola, Marburg]

Contact with a non-human primate (e.g., monkeys and apes)? [Ebola, Marburg]

Contact with a bat or visiting a cave / mine where cave-dwelling bats reside?
[Ebola, Marburg]

Contact with a rodent or rodent excrement (e.g., inhaled particles while cleaning rodent excrement, consumption of potentially contaminated food and water)? [Lassa, Hantavirus]

Other, risk not specified Specify:

Actions: Patient is suspected of having a VHF

In considering **both** the symptom and exposure risk assessments, if there is a possibility that this patient has a VHF it is strongly recommended that you take the following steps:

1. Consult your hospital or local Infectious Diseases physician for a secondary assessment, where available.
2. Consult your hospital or local Infection Prevention and Control (IPAC) team and implement appropriate IPAC measures if not already done (Link to PHO IPAC Algorithm).
3. Notify the Ministry of Health - Health Systems Emergency Management Branch (HSEMB) **by telephone** via the 24/7 Health Care Provider Hotline (1-866-212-2272).
 - HSEMB will coordinate a call with you and relevant health system partners to discuss your patient's symptom and exposure risk assessments.
 - During the meeting, decisions will be made on VHF testing through Public Health Ontario's laboratory, patient care and transfer (if required), and communication coordination.
4. Notify your local public health unit **by telephone**.
Use the health unit locator website to obtain the appropriate phone number: <https://www.phdapps.health.gov.on.ca/phulocator/Default.aspx>.

Before notifying the Ministry of Health and your local public health unit, make sure to have the following patient information:

- Patient status (location of patient, condition and stability)
- Travel history
- Contact/exposure history (activities the patient engaged in)
- Clinical presentation
- Differential diagnoses
- Status of other travellers / family (clarifying how many potential patients and their status, if available)

REMINDER: DO NOT share personal health information (e.g., name, date of birth, health card number)

Actions: Patient is not suspected of having a VHF

1. Follow routine measures for the suspected diagnosis.
2. If another disease of public health significance is suspected or confirmed, please notify your local public health unit as per the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 25 (1)*:
<https://www.ontario.ca/laws/statute/90h07#BK30>.

Additional clinical notes:

Clinician Full name (printed):

Clinician's Signature:

Date signed:

Resources:

Information on where current VHF outbreaks and endemic areas may be found at:

1. Ontario. Ministry of Health. Public health unit locator [Internet]. Toronto, ON: King's Printer for Ontario; n.d. [cited 2025 Jun 11]. Available from: <https://www.phdapps.health.gov.on.ca/phulocator/Default.aspx>
2. Health Protection and Promotion Act, RSO 1990, c H.7 s 25. Available from: <https://www.ontario.ca/laws/statute/90h07#BK30>
3. World Health Organization (WHO). Disease outbreak news (DONs) [Internet]. Geneva: WHO; 2025 [cited 2025 Jun 11]. Available from: <https://www.who.int/emergencies/disease-outbreak-news>
4. Public Health England. Guidance: viral haemorrhagic fevers: origins, reservoirs, transmission and guidelines [Internet]. London: Crown copyright; 2018 [updated 2018 Oct 12; cite 2025 Jun 11]. Available from: <https://www.gov.uk/guidance/viral-haemorrhagic-fevers-origins-reservoirs-transmission-and-guidelines>
5. Centers for Disease Control and Prevention (CDC). Post-travel evaluation to rule out viral special pathogen infection [Internet]. Atlanta, GA: CDC; 2025 [cited 2025 Jun 11]. Available from: <https://www.cdc.gov/yellow-book/hcp/post-travel-evaluation/post-travel-evaluation-to-rule-out-viral-special-pathogen-infection.html>
6. Government of Canada. Travel health notices [Internet]. Ottawa, ON: Government of Canada; 2024 [modified 2024 Aug 22; cited 2025 Jun 11]. Available from: <https://travel.gc.ca/travelling/health-safety/travel-health-notice>
7. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Viral haemorrhagic fevers – including Ebola disease [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [updated 2022 Nov 11; cited 2025 Jun 11]. Available from: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/VHF-Diagnostic-Serology>

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