



Rift Valley Fever (RVF)

Guidelines for Health Workers



What is RVF?

- A viral zoonosis that causes disease in animals (ruminants: e.g. sheep, cattle, goats).
- Transmission to humans:
 - Contact with blood or tissues of infected animals (e.g. slaughtering, veterinary practices, disposal of carcasses).
 - Less commonly: aerosols of infected tissue, consumption of unpasteurised milk, and possibly bites of infected mosquitoes.
- Herders, farmers, slaughterhouse workers and veterinarians are at greatest risk.
- Disease in humans is usually asymptomatic or mild: fever, “flu-like” illness and/or muscle pain, and sometimes neck stiffness, sensitivity to light (photophobia), pain behind the eyes, loss of appetite or vomiting. Severe disease occurs in <1% cases, including: ocular (retinal) disease, meningo-encephalitis or haemorrhagic fever.

Preventing human infections:

- Avoid high-risk animal husbandry procedures and slaughtering practices; use gloves and other protective clothing, especially when handling sick/dead animals.
- Avoid consumption of fresh blood, raw milk or animal tissue. Cook all animal products before eating.
- Protect against mosquito bites. Use of insect repellents (containing 30-50% DEET), insecticide-treated bed nets, and wearing light-coloured clothing.

Treatment and Infection Control:

- No specific treatment is available for RVF; supportive therapy only. Ribavirin is not recommended.
- Standard infection control precautions. Patients don't require isolation or barrier nursing. Human-to-human transmission has not been demonstrated
- Follow-up patients after symptoms resolve to monitor for possible development of retinal lesions.

Case definition and criteria for lab testing:

RVF must be included in the differential diagnosis of any patient meeting the following case definition:

- Recent close contact with livestock in or from suspected RVF areas, presenting with:
 - Flu-like illness (which may include fever, myalgia, arthralgia or headache), OR
 - Fever and features of: encephalitis, haemorrhage, hepatitis and/or ocular pathology (retinitis).

Procedure following detection of a suspected case:

1. Notify the case to your local Department of Health. The NICD does not need to be contacted for each case prior to sending specimens.
2. Collect specimens for laboratory diagnosis:
 - Collect both clotted blood (red/yellow top tube) and EDTA blood (purple top tube).
 - Complete the NICD RVF specimen submission form and submit this with the specimens.
 - Pack specimens in accordance with the guidelines for the transport of dangerous biological goods (triple packaging using absorbent material).
 - Keep samples cold during transport and send directly to: The Special Pathogens Unit, National Institute for Communicable Diseases (NICD), No. 1 Modderfontein Rd, Sandringham, 2131

More information:

- For clinical advice, contact the NICD doctor (Hotline 082-883-9920 - strictly for use by health professionals only).
- Complete Health Workers Guidelines on RVF, the RVF specimen submission form, and the latest news on the outbreak are available from www.nicd.ac.za.
- Questions from the general public can be directed to the Department of Health hotline: 0861-DOH-CDC (0861-364-232)