Clinical management of lassa fever in Irrua Specialist Teaching Hospital

Prof S.A. Okogbenin
Chief Medical Director
2018 Epidermic

- 1747 suspected cases were tested
- 359 were positive
- 214 were admitted in LFW ward
- 32 deaths
- CFR 29/188... 15.42 {CONFIRMED CASES IN LW}
- Diagnosis :
  - Altona .......S gene
  - Nikisins .....L gene
Positive patient

• Admit in Isolation, IPC
• Clinical assessment
• Lab..FBC, Platelet, LFT, E/U/C. Urinalysis
• IV RIBAVIRIN
  – Day 1:100mg/kg (given as 2/3 rd stat then 1/3rd 8 hours later)
  – 25mg/kg daily for 5 days
  – 12.5mg/kg daily for 4 days
• Prophylactic Antibiotics
• Symptomatic treatment. [multidisciplinary]
• Monitor clinical, vital signs and lab parameters.
• Dialysis .. creatine >2mg/dl, BUN >40, UREA>100, K>5.5
Further Management

• Repeat PCR on 5\textsuperscript{th} day
  – If positive, continue treatment
  – If negative...discharge, tablets to 10 days

• Repeat PCR on 10\textsuperscript{th} day

• If negative discharge

• If positive cont ribavirin, stop ribavirin, change to tablet.
Pregnancy

- It occurs
- If fetus is viable...conservative with IV ribavirin
- If fetus is dead......Evacuation with ribavirin
- Breast milk can be contaminated and avoid breast feeding
- First trimester.. Fetus usually not viable.
- IV RIBAVIRIN
- 100mg/kg stat dose (2/3rd loading dose and 1/3rd 8rs later
  - then 16mg/kg 6hrly for 4 days
  - Then 8mg/kg 8hrly for 6 days
• Thank you