

**Management of Complications of Ebola Virus Disease
(Sudan) or Viral Hemorrhagic Fevers**

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Management of complications of Ebola Sudan in the ETUs

- Supportive treatment – General
- Supportive treatment (system by system)
- Therapeutics (trial).
- Vaccines (work in progress).
- Way forward.

Diverse presentations of EVD.

- Hypoglycemia and Dehydration and Electrolyte abnormalities.
- Hemodynamic instabilities, Anemia and Instabilities.
- Co- Infections (Malaria, Septicemia, Septic shock).
- Seizures (Convulsions) and Renal Insufficiencies.
- Respiratory Failure.
- Pregnant Women.
- Surgical Care.

Supportive Treatment (General)

- Mental Health & Psycho-Social Support.
- ABC criteria.
- Feeds and Fluids.
- Analgesics (Anti pyrectics), Antibiotics +/- Antimalarials.
- Antivirals and Antibodies (compassionate use & expanded access).
- Convalescent Plasma (work in progress).
- Deferred Surgical Intervention.
- All this should be done in hospital, with close monitoring.

GIT, GU, CVS, MSK (Hypo/Hyper – glycaemia, tension)

- **Issues:**

Vomiting, Diarrhea, Not feeding, hematemesis, melaena, hematuria (Dehydration, Anemia & hemorrhage, Severe Acute Malnutrition, AKI, Shock, Rhabdomyolysis).

- **Rx:**

Plenty of oral feeds and fluids, NG tube, I.V. fluids(Crystalloids), Antibiotics, Blood transfusion & platelets, I.V. 10% Dextrose, urethral catheterization, Irrigation & Drainage, Tranexamic acid, Vit K.

- **Life support:**

Parenteral feeds, Plasma, Vasopressors, Dialysis, Feeding gastrostomy.

Respiratory System and Support

- **Causes of RD:**

Pneumonia, Pulmonary Edema, Pleural effusion, Anemia, Asthma, Pulmonary embolism, Pneumothorax, Acute Lung Injury, Tamponade, Tuberculosis, DKA, Myocardial Infarction, Anemia, Airway Failure, Secretions (mucus plugs).

- **Mechanism:**

Airway obstructive or Lung parenchymal inflammation.

- **Action:**

Suction, bronchodilators, oxygen therapy (NP, SFM, NRM, HFNC, CPAP)

Pregnant Women with EVD

- **Issues: (Mother and Baby)**

P.V. Bleeding, Spontaneous abortion, intra uterine fetal death, Convulsions due to Eclampsia and Pre-eclampsia, Premature rupture of membranes, pre term labor, death.

- **Action:**

I.V. fluid, Ergometrine.

For abortions you need to be extremely careful as you evacuate.

Advanced management of EVD

- Antiviral and Monoclonal Antibody

Remdesivir and **MBP 134** are available for compassionate use.

We weigh benefits of using this medication vs risk of EVS infection.

- What to monitor closely: BP, PR, Temp, RR, SPO2.

- S &S:

Pruritis, Rash, Bleeding unexplained, anorexia, diarrhea, nausea, vomiting, constipation, headache, hypertension, hypotension.

- Dosage given per kg body weight, Diluted, administer for aspecified time and monitored for the above s&s.

Surgical Care and EVD, Vaccines.

- Defer the Surgery until the patient is out of danger.
- For EVD still waiting for the appropriate treatment and vaccine.
- Thus early identification, isolation and treatment has a lot to do with good outcomes of the patient, protection of HCWs, families and community at large.
- IPC, RS, RC, CE are key in management of EVD.

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