



FEBRILE REFUGEE FROM THE DEMOCRATIC REPUBLIC OF CONGO

TRONDHEIM UNIVERSITY HOSPITAL



Oslo – 1.5 hrs

Stockholm – 1.5 hrs

Schipol – 2.5hrs

Vienna – 3.5hrs



BACKGROUND

DRC

- Originally from DRC

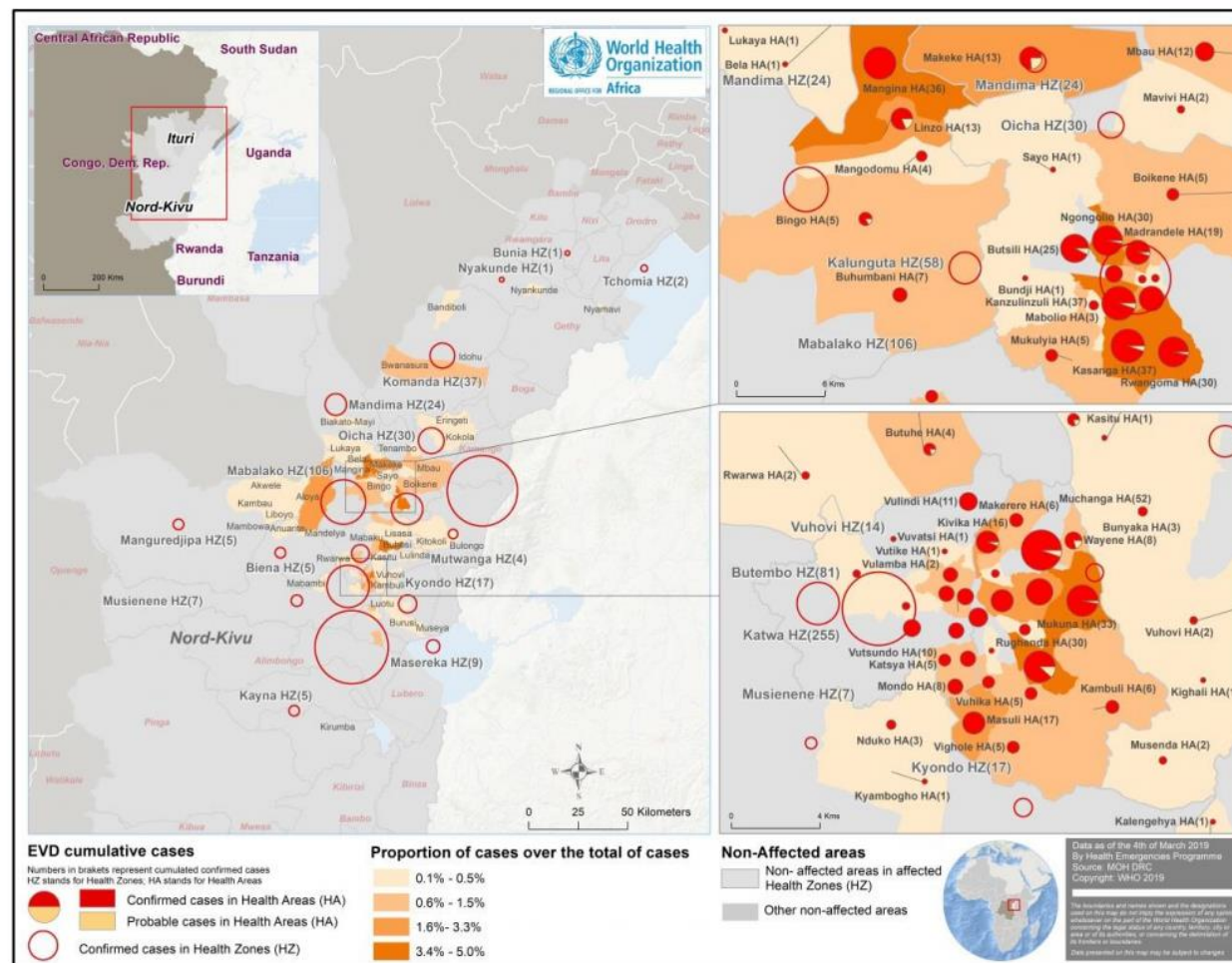
Uganda

- Refugee Camp Kyangwali
- Left camp March 8th
- Kampala March 12th

Norway

- Arrived March 13th (via Dubai)
- Fever, general feeling of being unwell
- T 40C, HR 137/min, nausea, vomit, coughing

Figure 1: Geographical distribution of confirmed and probable Ebola virus disease cases by health area, North Kivu and Ituri provinces, Democratic Republic of the Congo, 3 March 2019



DIFFERENTIAL DIAGNOSIS & DIAGNOSTIC APPROACH

VHF?

- St. Olavs Hospital: Ebola PCR – Zaïre strain
- Folkehelseinstituttet (Oslo)
- Folkhälsomyndigheten (Stockholm)

Malaria?

- Rapid diagnostic test
- Blood smear microscopy

RTI?

- PCR-panel -19 agens

Gastroenteritis?

- PCR-panel - 25 agens



RESULTS

Case discussed with NPH and CBRNE*-medicine (unlikely VHF)

Ebola PCR (Trondheim)

- Negative

Malaria

- Positive
 - P. falciparum (5%)

Broad RTI panel

- Negative

Gastroenteritis panel

- Salmonella, ETEC, Norovirus (GII)

*Chemical, Biological, Radiological, Nuclear and Explosive

VHF - NORWAY

Patient facilities

- CBRNE facilities (Oslo)

Diagnostic

- NPH (Norway & Sweden)

Patients must be treated at local hospital until confirmed diagnosis

- Trondheim temporary isolation of patient
- Biosafety level at labororory: P3





THANK YOU FOR YOUR ATTENTION