



وزارة الصحة والسكان  
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الإدارة المركزية للشئون الوقائية  
الإدارة العامة لمستشفيات الحميات

# Clinical Guidelines for management of infectious diseases in fever hospitals



First Edition  
2017  
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Clinical Guidelines  
for management  
**of infectious diseases**  
**in fever hospitals**

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## Forward

This is the first release of clinical guidelines of management of infectious diseases as an initial step towards unification to a comprehensive handling and dealing with infectious disease we meet it in our fever hospitals.

Fever hospitals in Egypt are greatly credible and trusted by the Egyptian people, due to presence of skilled health care professionals who are experts in dealing with infectious diseases. There are 47 specialized fever hospitals in Egypt, distributed all over the country and covering different governorates.

In the last few years, we added new services to fever hospitals such as intensive care units, viral hepatitis treatment clinics, and a state of art renal dialysis units for people living with blood borne pathogens.

One of the most important aspects of development is to invest in human resources, so we introduce the first unified protocol for all fever hospitals to Egyptian health care workers helping them to deal with various infectious diseases.

**Prof .Dr. Ahmed Emad El Deen Rady**

**Minister of Health and Population**

## Forward

It is a privilege to introduce this protocol as the first guidelines of management of the infectious diseases.

This protocol was prepared by my colleagues in general directorate of fever hospitals and my colleagues in fever hospitals.

Development of this protocol based on integrated approach mixing experiences from different stakeholders from fever hospitals experts, university and preventive sector.

We will work with all fever hospitals to disseminate this standardized guidelines aiming to implement the evidence based medicine in dealing with infectious cases. Our main goal is to provide comprehensive medical service to our patients.

**Dr. Amr Mohamed Kandeel**

**Head of the Preventive Sector**

## Forward

It is a pleasure to introduce the first edition of the clinical guidelines of management of infectious diseases, a great effort presented by my colleagues in GDFH and the participant experts.

I hope it will be a fruitful step towards a unified protocol to be followed by health care workers in all Egyptian fever hospitals.

**Dr. Alaa El sayed Eid**

**undersecretary of preventive affairs**

## Preface

The general directorate of fever hospitals (GDOFH) is pleased to thank all efforts exerted in compiling, discussing, reviewing and disseminating these clinical guidelines, and I like to introduce thanks to all staff who supported developing these guidelines and also special thanks to my colleagues in (GDOFH) specially Dr / Abd Elrahman Farag Abou Shahat, Dr / Hamdy Mohamed Ibrahim, Dr/Sayed Hasan Elkashef for their extreme efforts in these guidelines.

Our aim is to standardize the service provided at all fever hospitals on evidence based medicine, this work has been formulated in a simplified, comprehensive and to some extent a hand sized summary.

Topics are displayed by definition, with caution to case definitions (Suspected, probable, confirmed) modes of transmission, clinical picture and management.

This handbook is a summary of common infectious diseases that will serve as pocket guidelines for easy access of health care workers during their daily work.

We tried to avoid the differences of views and disputes, and present the evidence based medicine.

**Dr. Ashraf Nasr Aletreby**

**General Director of directorate of Fever Hospitals**

## Acknowledgement

We would like to acknowledge the contributions of experts who provided invaluable inputs and support; we also acknowledge the role of the World Health Organization for their valuable time and assistance.

Special thanks to the support provided by Prof Dr. Ahmed Emad El Deen Rady Minister of Health and Population, Dr. Amr Kandeel, Head of preventive sector and Dr. Alaa Eid, Undersecretary for preventive affairs for their support and commitment in achieving this work. We'd like to thank Alexandria and Qena fever hospitals as we used their local protocols as a pilot model.

Extended appreciation to all members of General Directorate of Fever Hospitals who worked very hard to support development of this product.

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