

ALERT FOR PROVINCIAL HEALTH OFFICIALS AND ALL INSTITUTIONS 18 MAY 2017: EBOLA HAEMORRHAGIC FEVER OUTBREAK IN DEMOCRATIC REPUBLIC OF CONGO

There is currently an outbreak of laboratory-confirmed Ebola haemorrhagic fever in Likati health district (Aketi, Bas-Uele Province), more than 1300 kms from Kinshasa in the Northern Democratic Republic of Congo (DRC) bordering Central African Republic (CAR). Between 22 April and 15 May 2017, a total of 19 suspected cases including three deaths (death rate 15.8%) have been reported. The cases are from three areas, namely; Nambwa (10 cases 2 deaths), Mouma (3 cases and one death) and Ngay (6 cases and no death).

On 11 May, of the five samples from suspected cases, two tested positive by RT-PCR for Ebola virus subtype Zaire at the Institut National de Recherche Biomédicale (INRB) in Kinshasa. Additional specimens are currently being tested and results, including sequencing, are awaited to describe the outbreak.

The World Health Organization (WHO) and partners are supporting the Ministry of Health to conduct in depth field investigation and institute preventive and control measures. Currently, information available for three of the suspected cases: The first case (and possibly the index case), a 39-year-old male presented onset of symptoms on 22 April 2017 and deceased on arrival at the health facility. He presented with haematuria, epistaxis, bloody diarrhoea, and haematemesis. Two contacts of this case are being investigated: a person who took care of him during transport to the health care facility (he has since developed similar symptoms) and a moto-taxi driver (deceased) who transported the patient to the health care facility.

The WHO does not recommend that any travel or trade restrictions are applied to DRC.

There are no special precautions or directives for commercial flights, passengers or crew departing on flights bound for DRC or returning from DRC. The regulations for evidence of a valid yellow fever vaccination certificate apply.

Any ill persons reported on flights from DRC and neighbouring countries will need to be evaluated by the relevant Port Health officials. All requests for medical evacuation of persons from DRC with febrile illness or suspected infectious disease will need careful evaluation by the Port Health officials.

Since the outbreak is reported in predominantly hard to reach areas which are not frequented by many tourists or travellers, the risk of Ebola haemorrhagic fever cases being imported into South Africa is low. However, healthcare or international agency workers etc involved in the outbreak response and international students, may travel to and present in South Africa for medical care, and a high index of suspicion is important in such cases. A <u>detailed history regarding travel</u> and level of contact with suspected/confirmed Ebola haemorrhagic fever cases is imperative; it is important to keep in mind that Ebola virus is transmitted by <u>direct contact</u> with the blood, secretions, organs or other body fluids of infected persons.

It is extremely important to maintain a very high index of suspicion for the <u>common causes of febrile illness</u> in persons who have travelled to DRC and surrounding countries, including: malaria, dengue fever, yellow fever and other endemic diseases (e.g. typhoid fever and cholera). These may be severe and life-threatening, and healthcare workers are urged to do appropriate tests and institute appropriate therapy as a matter of urgency.



Person presenting with an acute onset of fever who has either:

- Visited or been resident in DRC in the 21 days prior to onset of illness AND
- Had direct contact with or cared for suspected/confirmed Ebola haemorrhagic fever cases in the 21 days prior to onset of illness, or been hospitalized in DRC OR

Has an unexplained multisystem illness that is malaria negative

Should a suspected case be identified, the healthcare worker must <u>urgently</u> contact the NICD hotline (a 24-hour service; **2**0828839920) regarding further case evaluation and management.

DR FG BENSON (CHAIRPERSON: NATIONAL OUTBREAK UNIT)

DATE: 18 5 2017





