

5 **INTERNATIONAL OUTBREAKS OF IMPORTANCE TO SOUTH AFRICAN TRAVELLERS AND HEALTHCARE WORKERS**

a **Ebola virus disease (EVD) outbreak: situation update**

On 14 January 2016 the World Health Organization declared the Ebola outbreak in Liberia over for the third time. Liberia was first declared Ebola free in May 2015; however the Ebola virus was re-introduced twice in the country since then. As Sierra Leone and Guinea had been declared free of Ebola transmission on 7 November and 29 December 2015 respectively, the declaration that Liberia is Ebola-free would have marked the end of the longest and worst Ebola outbreak ever reported in history. However, the announcement signalling the end of the Ebola outbreak in West Africa was short lived. Hours after the pronouncement was made, Sierra Leone reported a case, also identified on 14th January 2016. A patient who fell ill in the northern parts of the country near the Guinean border and later died in Tonkolili district, was tested as part of the 90-day post-declaration enhanced surveillance programme, and found to be Ebola virus positive. Few days later a second Ebola case was confirmed. A second case-patient was identified as a 38-year-old woman who cared for the deceased EVD case reported on 14 January 2016. She developed symptoms on Wednesday 20 January 2016 and was later confirmed as having EVD. The two case-patients were identified after Sierra Leone was declared Ebola free on 7 November 2015. Health officials have identified about 150 contacts of the deceased case, of whom 50 are considered high risk. The investigations into the origin of the infection of the index case and vaccination of associated contacts are underway.

The finding of these latest cases highlights the importance of the 90-day heightened surveillance period, during which all persons meeting specific case definitions, or unexplained deaths in the affected country, are subject to Ebola testing. Persistence of the virus in sanctuary sites such as semen may account for re-emergence of the disease, although the epidemiology of this is not fully understood. As at 15 January 2016, a cumulative total of 28 602 cases (laboratory-confirmed, probable and suspected) including 11 301 deaths with a case-fatality rate of 40% has been reported in Guinea, Liberia and Sierra Leone. A summary of case numbers and deaths reported is shown in Table 3.

The World Health Organization has been working behind the scenes not only to strengthen affected countries' response to Ebola, but also at a global level to enhance development of diagnostic, preventive and therapeutic products against a list of

top emerging diseases likely to cause major epidemics. The list of diseases includes Crimean Congo haemorrhagic fever, Ebola virus disease and Marburg, Lassa fever, MERS and SARS coronavirus diseases, Nipah and Rift Valley fever, but will be updated annually or in response to newly detected threats. The WHO has released a Research and Development Blueprint– a 'global strategy and preparedness plan, aimed at reducing the time between the declaration of an international public health emergency and the availability of effective tests, vaccines and medicines that can be used to save lives and avert crisis'. The plan includes financial support for investment in targeted research and development. More details are available at <http://www.who.int/csr/research-and-development/blueprint/en/>

As at 15 January 2016 there have been no EVD cases in South Africa associated with the current outbreaks in West Africa. In addition, there are no suspected cases of EVD in South Africa at present. The risk of Ebola being introduced into South Africa still remains low. However a high index of suspicion is necessary given on-going EVD transmission in West Africa, and occasional risks on the African continent.

Testing for viral haemorrhagic fever viruses (including Ebola virus) in South Africa is only available at the NICD. EVD testing is neither warranted nor useful for persons that are not suffering from a clinical illness compatible with EVD, even in the event of compatible travel histories. The tests cannot be used to determine if the patient has been exposed to the virus and may develop the disease later. Requests for testing (with a detailed clinical, travel and exposure history) should be directed to the NICD Hotline at 082 883 9920 (a 24-hour service, for healthcare professionals only)

Source: Division of Public Health Surveillance and Response, NICD-NHLS; (outbreak@nicd.ac.za)

Table 3. Number of Ebola virus disease cases and deaths in Guinea, Liberia and Sierra Leone (as at 20 January 2016)

Country	Total cases (laboratory-confirmed, probable and suspected)	Total deaths
Guinea	3 804	2 536
Liberia	10 675	4 809
Sierra Leone (as at 7 November 2015)	14 122	3 955
Sierra Leone (since 14 January 2016)	2	1
Total	28 603	11 301