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

Ebola virus disease outbreak

Situation update in West Africa

Since the last update (access updates on www.nicd.ac.za), additional new cases and deaths continue to be reported in all three affected countries in West Africa (Guinea, Liberia and Sierra Leone). In addition, an imported probable Ebola virus disease (EVD) case has been reported in Nigeria, which resulted in subsequent local transmission (including cases in healthcare workers). The case-patient was a Liberian national who is reported to have travelled by air from Liberia to Lagos on 20 July 2014. He was admitted to a Lagos hospital immediately on arrival, and died five

days later. On 08 August 2014, the World Health Organization declared the current Ebola outbreak in West Africa an international public health emergency, signifying that this is the largest EVD outbreak to date and will require international support to the affected countries and a coordinated response to control the outbreak and stop further spread. As at 18 August 2014, a cumulative total of 2 473 EVD cases (laboratory-confirmed, probable and suspected) including 1 350 deaths with a case fatality rate of 55% has been reported in the current EVD outbreak in West Africa (Table 1).

Table 1: Number of Ebola virus disease cases and deaths in West Africa as at 18 August 2014

Country	Total cases (laboratory-confirmed, probable and suspected)	Total deaths	Case fatality rate
Guinea	579	396	68%
Liberia	972	576	59%
Sierra Leone	907	374	41%
Nigeria	15	4	27%
Totals	2 473	1 350	55%

Situation in South Africa

The risk of EVD being introduced into South Africa (SA) remains low. In response to the current outbreak, SA has put several measures in place at ports of entry and healthcare facilities in order to identify at-risk persons with fever who have travelled from the affected countries. In addition, useful documents regarding EVD have been developed to inform and guide healthcare workers and the general public; these are available on the NICD website (www.nicd.ac.za). On 06 August 2014, an extra-ordinary meeting was held by the SADC Ministers of Health, with the aim of joining forces and developing strategic actions to prevent

the introduction and/or spread of EVD in the SADC region.

As at 18 August 2014 there have been no cases of EVD in South Africa associated with the current outbreak. There are no suspected cases of EVD in South Africa at present. Four patients have been tested for ebolavirus infection in the past few weeks. In three of the cases, history of travel to countries with community transmission of Ebola prompted the concern of possible infection; even though their respective illnesses were not suggestive of EVD, testing was undertaken as a precautionary measure. All have tested negative for EVD.

Case definition for suspected EVD

Any person* presenting with an acute onset of fever ($\geq 38^{\circ}\text{C}$) with any of the following additional symptoms: severe headache, muscle pain, vomiting, diarrhoea, abdominal pain or unexplained haemorrhage, who has:

Visited or been resident in Guinea, Liberia, Sierra Leone, Nigeria or another country reporting imported cases with local transmission, in the 21 days prior to onset of illness

AND

- Had direct contact or cared for suspected/confirmed EVD cases in the 21 days prior to onset of illness, or been hospitalised in Guinea, Liberia, Sierra Leone, Nigeria or another country reporting imported cases with local transmission
- OR
- Has unexplained multisystem illness that is malaria-negative

*Healthcare workers in particular are at high risk

Risk assessment for a suspected EVD case

No-risk patients

This category of patient does not meet the case definition for suspected EVD. Such a patient may have a febrile illness with features suggestive of EVD (e.g. thrombocytopenia), but is not necessarily severely ill and lacks a history of contact with known EVD patients or any other risk exposures, and has not travelled to any countries either affected by the EVD outbreak or reporting imported EVD cases for at least 3 weeks prior to onset of illness.

At-risk patients

This category of patient has febrile illness with features suggestive of EVD, and is not necessarily severely ill, but has travelled to a country/ies either affected by the EVD outbreak or reporting imported EVD cases during the 3 weeks preceding onset of illness. Such a patient has not had direct contact with known EVD patients or fomites but may have an indirect association with such patients, e.g. the

patient may have worked, resided in or visited the same places as EVD patients. Although there may be no haemorrhage, it is assessed that infection with ebolavirus is possible.

High-risk patients

This category of patient is severely ill with fever and haemorrhagic manifestations, and has travelled to a country/ies either affected by the EVD outbreak or reporting imported EVD cases during the 3 weeks preceding onset of illness. Alternatively, the patient may not necessarily be severely ill, but has had definite exposure to ebolavirus, such as:

- Hospital and laboratory staff who have developed illness within 3 weeks of last known contact with a confirmed EVD patient or fomites associated with such patients
- Relatives and close associates of known EVD patients.

Laboratory testing

Testing for viral haemorrhagic fever viruses

(including ebolavirus) 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).

Recommendations for travellers

The World Health Organization regularly reviews the EVD outbreak public health situation and recommends travel or trade restrictions if necessary. Refer to DoH website for SA travel advisory www.doh.gov.za.

Source: Division of Public Health Surveillance and Response and Centre for Emerging and Zoonotic Diseases, NICD-NHLS



Figure: Geographical distribution of Ebola virus disease in West Africa (Guinea, Liberia, Sierra Leone, Nigeria) as at 18 August 2014