

4 INTERNATIONAL ALERTS

Ebola virus disease outbreak in West Africa

Ebola virus has been confirmed as the cause of an outbreak of haemorrhagic fever which has affected Guinea, Liberia, Sierra Leone and Mali. This is the first recorded outbreak of Ebola virus disease (EVD) in these Western African countries, where Lassa fever is commonly reported. The outbreak began in the forested areas of southern Guinea during early February 2014 and is due to the Zaire ebolavirus species, which is historically highly lethal with case fatality rates (CFR) of up to 90% reported in previous outbreaks. A summary of case numbers to date is shown in the Table, and the geographic location of affected countries is shown in Figure 2.

Risk of imported Ebola virus disease cases to South Africa

The risk of infection for travellers is very low since most human infections result from direct contact with the body fluids or secretions of infected patients, particularly in hospitals (nosocomial transmission) and as a result of unsafe procedures, use of contaminated medical devices (including needles and syringes) and unprotected exposure to contaminated body fluids.

Since the current outbreak is reported in countries and areas which are not frequented by many tourists or travellers, the risk of EVD cases being imported into South Africa is low. However, healthcare or international agency workers etc. involved in the outbreak response may travel to and present in South Africa for medical care, and a high index of suspicion is important for such cases. A detailed history regarding travel and level of contact with suspected/confirmed EVD cases is extremely important.

Recommendations for travel to/from Guinea, Liberia, Sierra Leone, Mali and West Africa

The World Health Organization (WHO) does not recommend that any travel or trade restrictions be applied to Guinea, Liberia, Sierra Leone or Mali. There are no special precautions or directives for commercial flights, passengers or crew departing on flights bound for or returning to Guinea, Liberia, Sierra Leone or Mali. The regulations for evidence of a valid yellow fever vaccination certificate apply. Any ill persons reported on flights from Guinea, Liberia, Sierra Leone or Mali and neighbouring countries will need to be evaluated by the relevant Port Health officials. All requests for medical evacuation of persons from Guinea, Liberia, Sierra Leone or Mali with febrile illness or suspected infectious disease will need careful evaluation by the Port Health officials.

While the risk of introduction of Ebola virus into South Africa is considered low, we strongly recommend that surveillance for viral haemorrhagic fevers (and at present, particularly EVD), be strengthened. This should be done primarily through Port Health services, but it is also extremely important that public and private practitioners are on the alert for any ill persons that have travelled to viral haemorrhagic fever risk areas. There needs to be a high index of suspicion for EVD in health workers from the affected region with unexplained fever.

Evaluation of illness in travellers from Guinea, Liberia, Sierra Leone, Mali and West Africa

It is critical to maintain a very high index of suspicion for common causes of febrile illness in persons who have travelled to Guinea, Liberia, Sierra Leone, Mali and surrounding countries, including: malaria, dengue fever, Lassa fever and other endemic diseases (e.g. typhoid fever). 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. Malaria is the most likely cause of an acute febrile illness in returning travellers from most African countries and has to be prioritised for testing. However, Lassa fever is endemic in certain West African countries, including Nigeria, Sierra Leone, Guinea and Liberia - and needs to be considered in the differential diagnosis for any traveller from these countries who has unexplained febrile illness and has visited rural areas.

Suspected Ebola virus disease case definition and laboratory testing

The case definition for suspected Ebola virus disease is as follows:

- Any person* presenting with an acute onset of fever that has:
- Visited or been resident in Guinea, Liberia, Sierra Leone or Mali 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 or Mali
- OR
- Has unexplained multisystem illness that is malaria-negative
- *Healthcare workers in particular are at high risk

Testing for viral haemorrhagic fever viruses (including Ebola virus) in South Africa is only available at the NICD.

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).

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.

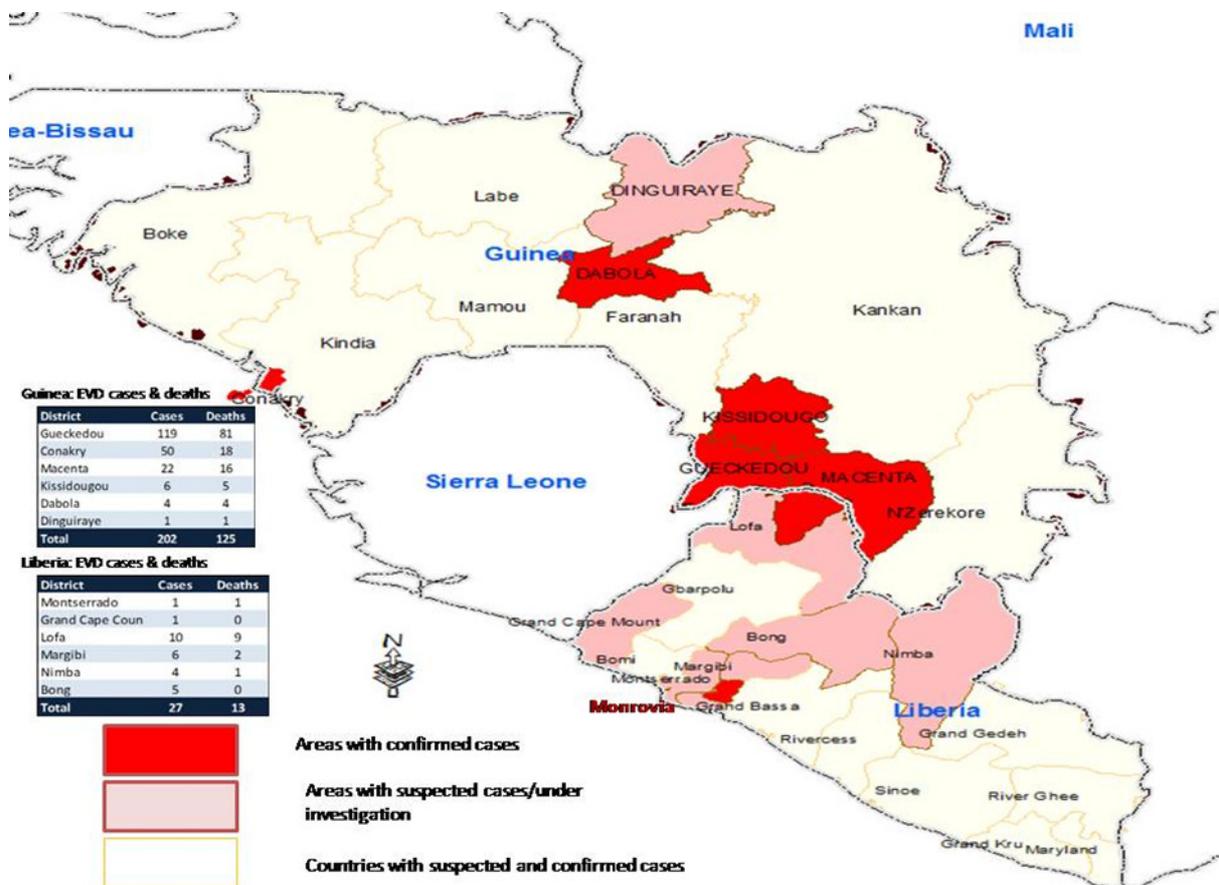


Figure 2: Geographic distribution of Ebola virus disease in West Africa as at 17 April 2014; World Health Organization (www.who.int).

Table: Ebola virus disease outbreak in West Africa: summary of cases as at 17 April 2014

Country	Total cases (laboratory-confirmed, probable and suspected)	Total deaths	CFR	Laboratory-confirmed cases	Laboratory-confirmed deaths	Date of illness onset in most recent case	Number of cases in healthcare workers
Guinea	203	129	64%	109	42	17 April 2014	24 (including 8 deaths)
Liberia	26	13	50%	6	6	11 April 2014	1