

breaks and respond to natural disasters and humanitarian emergencies. South Africa was a beneficiary of GOARN when experts were deployed, at the request of the National Department of Health, to assist with the listeriosis outbreak.

The NICD has a strong partnership with GOARN. NICD staff were deployed to West Africa in response to the 2014-2015 Ebola outbreak. Drs Villyen Motaze (Centre for Vaccines and Immunology, CVI) and Nicole Wolter (Centre for Respiratory Diseases and Meningitis, CRDM) were selected to undergo GOARN training for response to outbreaks early this year. Dr Motaze was deployed in June 2018 for six weeks to assist with the ongoing Ebola outbreak in the Demo-

cratic Republic of Congo.

The NICD participates in the weekly GOARN operational conference call where all participating countries present updates on ongoing global emergencies or outbreaks.

Supporting and strengthening such networks is key to rapid, coordinated and well-resourced outbreak responses.

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

## 8 FREQUENTLY-ASKED QUESTIONS TO THE NICD 24-HOUR HOTLINE

### a How do I request testing for CCHF at the NICD?

Crimean-Congo haemorrhagic fever (CCHF) is an endemic, tick-borne cause of haemorrhagic fever in South Africa. Most cases of CCHF in South Africa is reported from the Northern Cape, Free State and North West provinces. Cases have however been reported from all the other provinces. In South Africa, most cases of CCHF reported tick bites (*Hyalomma* spp., specifically 'bontpoot' ticks) 1-3 days before developing illness. Cases mostly involve farmers, farm workers and people living in rural communities, and others who undertake activities (for example camping or hiking) that may predispose them to tick exposures. CCHF virus may also be transmitted through contact with infected blood, tissues and in the nosocomial setting, but this is rarely reported.

When a case of CCHF is suspected, the attending clinician should consult with the NICD doctor-on-call by phoning 082 883 9920. If CCHF is suspected, the case must be notified using the Notifiable Medical Conditions (NMC) application (or alternative measures) available on the NICD website ([www.nicd.ac.za](http://www.nicd.ac.za)) within 24 hours. Laboratory

investigation will be directed by the doctor-on-call based on the clinical history of the patient and may include molecular testing, serological testing and virus isolation.

Blood (1-2 tubes of serum or clotted blood, and whole blood) should be submitted with a completed case investigation form. Transport of samples should be in accordance with national and international guidelines for the transport of dangerous biological goods. Case investigation forms and instructions for the submission of samples for viral haemorrhagic fever (VHF) investigation are available from the NICD website (<http://www.nicd.ac.za/index.php/crimean-congo-haemorrhagic-fever-cchf/>). The guidelines for management of cases of VHF in South Africa are also available from this webpage.

**Source:** Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; januszp@nicd.ac.za

## 9 BEYOND OUR BORDERS

The 'Beyond our Borders' column focuses on selected and current international diseases that may affect South Africans travelling abroad. Numbers correspond to Figure 6 on page 14.

### 1. Anthrax: Namibia

Thirteen human anthrax cases were recorded at Sesfontein in the Kunene Region after 35 residents consumed the meat of livestock which died of unknown disease. No deaths have been reported, and the disease has since been contained. A total of 92 small stock died from the outbreak in Sesfontein, while 23 buffalo died in the Bwabwata National Park. Post-exposure prophylactic medicines have been administered to 44 people in the areas of Omiriu and Okamba yOzongombo in Kunene. Symptoms and signs in humans include swollen and painful lymph glands, vomiting, abdominal pain,

headaches, loss of appetite, fever, and sore throat.

### 2. Yellow fever: Ethiopia

An outbreak of yellow fever has been confirmed in the Wolaita Zone of the Southern Nations, Nationalities, and Peoples' (SNNP) Region of Ethiopia. Since the index case in late August 2018, 35 suspected yellow fever cases have been reported. The International Coordinating Group (ICG) has approved 1.45 million doses of yellow fever vaccine from the global emergency vaccine stockpile for a mass reactive vaccination campaign, targeting 1.34 million people in nine districts of two