

affected areas in North Kivu Province, DRC, from 8 August 2018. The ring vaccination entails vaccination of contacts of confirmed EVD cases, and contacts of those contacts, using a recombinant vesicular stomatitis virus vaccine expressing the Ebola virus glycoprotein (rVSVΔG-ZEBOV-GP). According to the World Health Organization (WHO), as of 17 October 2018, a total of 17 976 eligible persons had been vaccinated as part of control efforts of the North Kivu outbreak. As part of case management, Ebola treatment centres continue to provide therapeutic treatment to patients under monitored emergency use approval. The WHO approved the use of five experimental molecules, including two antiviral drugs (Remdesivir and Favipiravir) and three antibody cocktails (ZMapp, Regeneron-REGN3470-3471-3479 and mAb114). The latest available update from WHO indicates that as of 1 October 2018, 47 patients had received therapeutic treatment in addition to the standard care: 26 treated with mAb 114, 10 with Remdesivir, eight with Zmapp and three with Regeneron.

WHO risk assessment

The first International Health Regulation (IHR) Emergency Committee on the Ebola Virus Disease (EVD) outbreak in North Kivu, Democratic Republic of the Congo (DRC), was convened on 17 October 2018. At the end of the meeting, the Emergency Committee decided that the current EVD outbreak does not constitute a public health emergency of international concern at this time; although the outbreak is still deeply concerning and the risk of spread to neighbouring countries remains very high.

Situation in South Africa

As at 30 October 2018, there have been no EVD cases in South Africa associated with the current outbreak in the DRC. In addition, there are no suspected cases of EVD in South Africa at present.

Source: Division of Public Health Surveillance and Response, Centre for Emerging Zoonotic and Parasitic Diseases (outbreak@nicd.ac.za); WHO: www.who.int

5 SEASONAL DISEASES

a Influenza

The 2018 influenza season, which started in week 18 (first week of May) is ongoing, although the number of influenza positive samples has declined over the past few weeks. The number of specimens per week submitted by Viral Watch sites declined from an average of 45 in September to ≤ 12 in October.

During May and June, influenza A(H1N1)pdm09 accounted for ≥90% of influenza detections. From August onwards influenza B has accounted for ≥90% of detections per week.

Since the onset of the season, a total of 671 influenza detections has been made. Of these, 382

(57%) have been identified as A(H1N1)pdm09, 20 (3%) as A(H3N2) and 266 (40%) as influenza B. Three influenza A detections are untyped due to low viral load. Although the number of patients testing positive for influenza has declined, clinicians are reminded that influenza should still be considered as one of the potential cause of illness in patients presenting with influenza-like illness or respiratory illness during this period.

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS; (cherylc@nicd.ac.za)

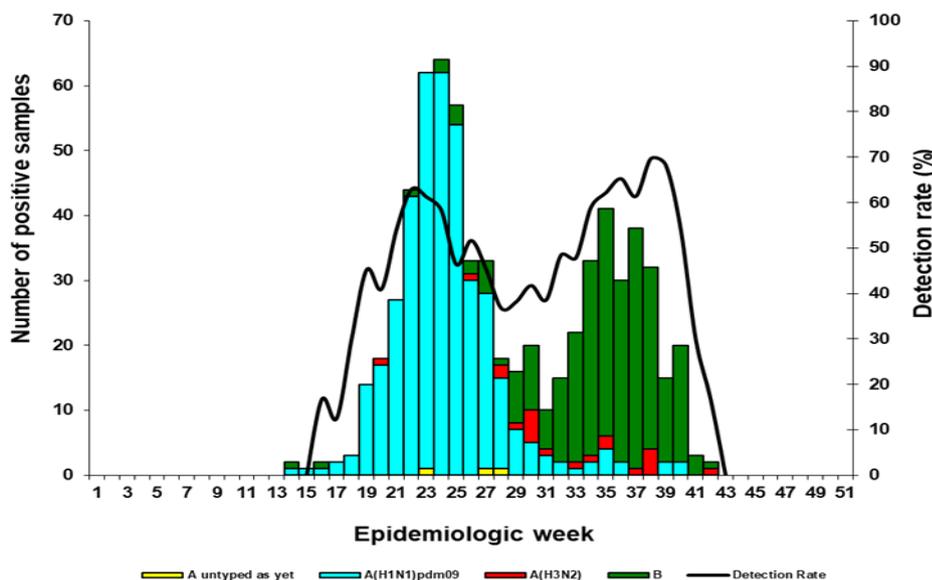


Figure 3. Viral Watch 2018: Number of positive samples by influenza types and subtypes and detection rate*

*Only reported for weeks with >10 specimens submitted.

Patients known to have acquired influenza abroad or from contact with travellers are not included in the epidemiological curve.