

[who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](http://who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)). Based on current information, WHO does not recommend the application of any travel or trade restrictions on China. Recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply.

Respiratory illness caused by a novel respiratory pathogen is a category 1 notifiable medical condition (NMC) in South Africa; therefore, notification should be made immediately on identification of a case meeting the definition of suspected infection with 2019-nCoV, or a cluster of cases with severe respiratory illness with evidence of common exposure or epidemiologic link, or on receipt of a laboratory diagnosis of the novel respiratory pathogen. More details on the diagnosis of the novel respiratory pathogen can be found on: http://www.nicd.ac.za/wp-content/uploads/2019/05/NMC-case-definitions-FLIPCHART_v4_May-2019.pdf. South Africa has released case definitions and precautionary measures for 2019-nCoV which can be found on: <http://www.nicd.ac.za/novel-coronavirus-outbreak-in-wuhan-city-hubei-province-of-china/>

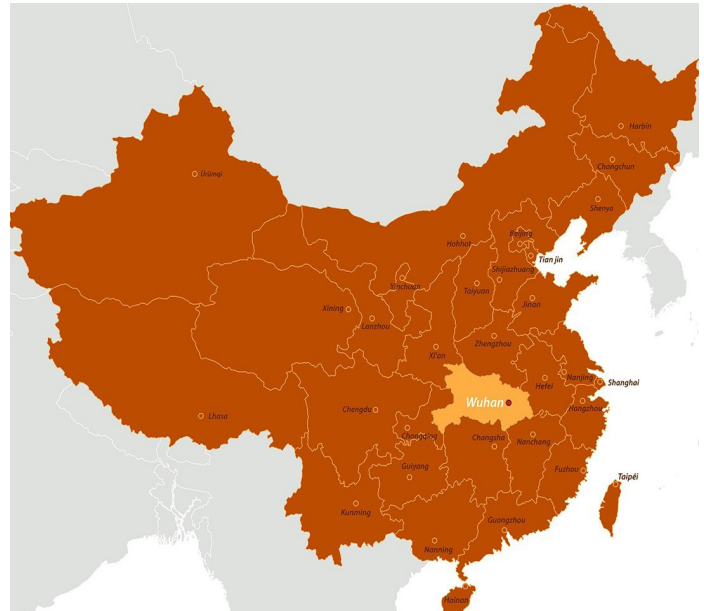


Figure 1. Location of the cluster of pneumonia cases in Wuhan City, Hubei Province of Republic of China

Source: <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

Article source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS; cherylc@nicd.ac.za

An update on Ebola virus disease outbreak in Democratic Republic of Congo

The Ebola virus disease (EVD) outbreak in northeast Democratic Republic of the Congo (DRC) has become the country's largest-ever Ebola outbreak. It was declared a public health emergency of International concern on 1 August 2018. There have been positive signs that the number of cases is slowly reducing, although the figures have been fluctuating from the end of 2019 into early 2020. The affected provinces are North Kivu, South Kivu and Ituri.

As of 19 January 2020, a total of 3 414 EVD cases has been reported including 3 295 confirmed and 119 probable cases, of which 2 237 cases have died (overall case fatality rate 66%). Of the total confirmed and probable cases, 56% (1 911) were female, 28% (963) were children aged less than 18 years, and 5% (171) were healthcare workers.

In the past 21 days from 30 December 2019 to 19 January 2020, 37 new confirmed cases were reported from 12 of the 87 health areas in six active health zones in North Kivu and Ituri provinces: Mabalako (32%, n=12), Beni (32%, n=12), Butembo (19%, n=7), Katwa (3%, n=1), Musienene (3%, n=1), and Mambasa (11%, n=4). As of 19 January, more than 21 days have passed without reports of new confirmed cases in Kalunguta Health Zone.

More than 246 000 contacts have been registered to date, and 2 771 were under surveillance as of 19 January 2020. On average, 92% of contacts were followed daily in the last seven days in health zones with continued operations. An average of 5 092 alerts were reported per day over the last seven days, of which 4 972 (98%) were investigated within 24 hours of reporting. There are currently 11 operational Ebola treatment centres (ETC) and 25 Ebola transit centres

located in North Kivu, South Kivu and Ituri provinces. Ebola vaccinations continue with 270 138 people vaccinated with the rVSV-ZEBOV-GP Ebola vaccine as of 20 January 2020, and 6 317 vaccinated with the Ad26.ZEBOV/MVA-BN-Filo vaccine in two health areas near Goma since its introduction on 14 November 2019. There is still the need for continued efforts to follow contacts, detect symptomatic patients early and to engage communities in response efforts.

The government and the Ministry of Health (MOH), and other national authorities in the DRC, WHO and partners are implementing outbreak control interventions together with teams in the surrounding provinces, who are taking measures to ensure that they are response-ready. WHO still advises against any restriction of travel to, and trade with

the DRC based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event. Travellers should seek medical advice before travel and should practice good hygiene.

As of 28 January 2020, 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. Surveillance amongst returned travellers is ongoing.

Article source: WHO: www.who.int; WHO-AFRO, Division of Public Health Surveillance and Response, NICD-NHLS; outbreak@nicd.ac.za

SEASONAL DISEASES

Odyssean malaria, Gauteng Province, December 2019 – January 2020

When some travellers return home to Gauteng Province after the festive season holidays, they unknowingly bring sinister hitchhikers back with them, namely infected vector mosquitoes that transmit malaria to residents who have either stayed at home, or if they travelled, have not visited any malaria transmission areas. In the December 2019 Communicable Diseases Communiqué issue (Vol 18(12)), we reported a case in Soshanguve, near Pretoria (first case in Table 1, below). In this issue, we summarise the odyssean malaria cases that were notified and investigated during December 2019 and January 2020 (to date) by NICD and the Gauteng district and subdistrict health teams (Table 1). Although having foreign national neighbours is a possible risk, any travellers returning from malaria-endemic areas, including South Africans, may inadvertently transport infected mosquitoes. Fortunately there have been no deaths among these patients, but the risk of delayed diagnosis, severe and complicated disease, and fatal outcome, is much higher for odyssean malaria than for malaria acquired in known transmission areas in South Africa and

surrounding countries. All of these cases were caused by *Plasmodium falciparum*, the most virulent malaria species.

At this time of year the NICD repeatedly appeals to healthcare workers to consider a diagnosis of malaria in any patient who presents with a 'flu-like illness that gets progressively worse over a short period, regardless of whether there is a history of travel or not, and to urgently request and obtain the results of a malaria test (repeatedly if necessary). This will help to prevent tragic and unnecessary deaths from malaria.

Patient age; gender; nationality	Likely place of transmission	Possible risk factors identified
19; female*; S. African	Soshanguve; informal settlement	Near busy road; foreign national neighbour
23; male; S. African	Pretoria East; formal housing	Neighbours and domestic help are foreign nationals
23; female*; Malawian	Olievenhoutbosch, Midrand; formal housing	Many foreign nationals in community; church services held nearby
19; female*; S. African	Kagiso, Roodepoort	Large foreign national migrant community
50; male; S. African	Pretoria East; formal housing	Close to N4 highway; foreign national neighbours
7; female; S. African	Eastern Cape, according to date of onset of illness	Travelled to E. Cape in a car from Limpopo Province

Table 1. Odyssean malaria cases, December 2019 – January 2020, Gauteng Province

Article source: Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; johnf@nicd.ac.za