

i.e. person under investigation, 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 can be found on <http://www.nicd.ac.za/nmc-overview/>. Additionally, provincial communicable disease co-ordinators (CDCCs) are to contact the NICD.

In the event of a confirmed case, contact tracing will be conducted.

Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

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) still remains a serious public health concern internationally since the outbreak was declared on 1 August 2018. There have been positive signs that the number of cases are slowly reducing, but it is unclear when it may end. Although the proportion of cases have been fluctuating from the end of 2019 into 2020, the rates are still high in North Kivu, South Kivu and Ituri provinces.

As of 16 February 2020, 3 432 EVD cases have been reported including 3 309 confirmed and 123 probable cases, of which 2 253 cases have died (overall case fatality rate 66%). Of the total confirmed and probable cases, 56% (1 923) were female, 28% (968) were children aged less than 18 years, and 5% (172) were healthcare workers.

In the past 21 days from 27 January to 16 February 2020, 10 new confirmed cases were reported from 4 of the 30 health areas in two active health zones in North Kivu Province: Mabalako (10%, n=1), Beni (90%, n=9). There have been more than 42 days since new cases have been confirmed from Butembo Health Zone. In Mabalako, there are no more contacts in their high risk period of day 7-13 since last exposure. Although there is a reduced trend and spread of the outbreak, the security situation is volatile and risk of spread within DRC and neighbouring countries remain high. The WHO risk assessment for the outbreak moved from very high to high at the national and regional levels, while low at the global level. However, delays in isolation of cases and

continued reports on nosocomial transmission might raise the number of cases in near weeks. It is therefore critical to rapidly detect, investigate and follow-up all cases and their contacts.

More than 249 000 contacts have been registered to date, and 1 662 were under surveillance as of 16 February 2020. On average, 91% of contacts were followed daily in the last seven days in health zones with continued operations. An average of 5 186 alerts were reported per day over the last seven days, of which 5 142 (99%) were investigated within 24 hours of reporting. There are currently eight operational Ebola treatment centres (ETC) and 13 Ebola transit centres located in North Kivu, South Kivu and Ituri provinces. Ebola vaccinations continue with 295 673 people vaccinated with the rVSV-ZEBOV-GP Ebola vaccine as of 16 February 2020, and 12 233 vaccinated with the Ad26.ZEBOV/MVA- BN-Filo vaccine in two health areas near Goma, since its introduction on 14 November 2019. On 10 February 2020, WHO published new guidelines regarding the management of pregnant and breastfeeding women to prevent and control EVD. Infection prevention and control (IPC) detection, evaluation, monitoring and supervision is important to reduce exposure of possible nosocomial infection and EVD cases.

The government and the Ministry of Health (MOH), and other national authorities in the DRC, World Health Organization (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, although port screening is

done. 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 25 February 2020, there are no EVD cases reported 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

Malaria notification data, January 2020

A total of 1 086 malaria cases was notified through the NMCSS for the month January 2020. Of these cases, 243 were excluded from the analysis, either due to missing data or being identified as duplicate reports. Among the 843 cases further analysed, 60% (506/843) were reported in non-endemic districts, with Gauteng Province (304/506) accounting for the majority of these cases. Males (62%, 523/843), predominately between the ages of 20 and 40 years, were the most affected by malaria in both the endemic and non-endemic districts. During the current reporting period, 66 cases of malaria in children under the age of five were notified, with 64% (42/66) of these cases coming from non-endemic districts, predominately in Gauteng Province. Microscopic examination of blood smears was the main method of diagnosis (86%, 727/843) in both the endemic and non-endemic districts. Of the 96 cases of severe malaria reported, 18 were treated with quinine rather than the recommended intravenous (IV) artesunate. The vast majority of these health facilities

(89%, 16/18) still treating with quinine are located within non-endemic districts. Importation of malaria from other malaria endemic countries, particularly Mozambique, remains a major challenge to South Africa's control and elimination efforts. There was a marked decrease in the number of malaria cases reported through the NMCSS in both the endemic and non-endemic districts for January 2020 compared to January 2019, when 1 979 cases were notified.

Important: Note that these data do not reflect the country's total burden of malaria disease, as most malaria-endemic districts are currently using alternative malaria case record systems, such as the District Health Information System 2 (DHIS2).

Article source: Centre for Emerging Zoonotic and Parasitic Diseases and the Notifiable Medical Conditions Surveillance System, NICD-NHLS; johnf@nicd.ac.za