

Figure 4. Distribution of COVID-19 laboratory-confirmed cases by province, 3-16 March 2020, South Africa n=100

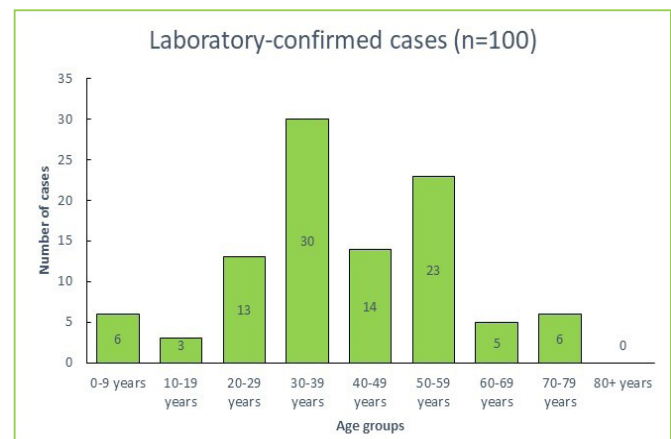


Figure 5. Distribution of COVID-19 laboratory-confirmed cases by age group, 3-16 March 2020, South Africa n=100 .

Article source: COVID-19 response team;
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An update on Ebola virus disease outbreak, 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 is slowly reducing, but it is unclear when it may end. There have been no new cases of EVD reported in the ongoing outbreak in the DRC since 17 February 2020. On 3 March 2020, the only person confirmed to have EVD in the last 21 days was discharged from an Ebola Treatment Centre (ETC) after recovering and testing negative twice for the virus. On 9 March, the last 46 contacts finished their follow-up. These are important milestones in the outbreak.

As of 17 March 2020, a total of 3 444 EVD cases were reported from 29 health zones, including 3 310 confirmed and 134 probable cases, of which 2 264 cases died (overall case fatality ratio 66%). Of the total confirmed and probable cases, 56% (1 931) were female, 28% (975) were children aged less than 18 years, and 5% (171) were healthcare workers. Although there is a reduced trend and spread of the outbreak, there is still a risk of re-emergence of EVD. It is critical to maintain surveillance and response operations until and after the end of

outbreak declaration. The World Health Organization (WHO) continuously monitors changes to the epidemiological situation and context of the outbreak to ensure that support to the response is adapted to the evolving circumstances. The latest risk assessment from WHO concluded that the national and regional risk levels remain high, while global risk levels remain low.

From 9 to 15 March 2020, over 32 000 alerts were reported and investigated. Of these, 2 550 alerts were validated as suspected cases, requiring specialised care and laboratory testing to rule-out EVD. During this same period, 2 760 samples were tested, including 1 565 blood samples from alive suspected cases, 405 swabs from community deaths, and 790 samples from re-tested patients.

More than 249 395 contacts have been registered to date, and none were under surveillance as of 10 March 2020. On average, 91% of contacts were followed daily in the last seven days in health zones with continued operations. An average of 4 781 alerts were reported per day over the last seven days, of which 4 669 (99%) were investigated within 24 hours of reporting. As of 14 March 2020, there are nine operational ETC, and 12 Ebola transit centres located in North Kivu, South Kivu and Ituri provinces. Ebola vaccinations continue

with 301 585 people vaccinated with the rVSV-ZEBOV-GP Ebola vaccine as of 14 March 2020, and 20 339 vaccinated with the Ad26.ZEBOV/MVA-BN-Filo vaccine in two health areas near Goma since its introduction on 14 November 2019. Infection prevention and control (IPC) detection, evaluation, monitoring and supervision is important to reduce exposure to possible nosocomial infection and EVD cases.

The government and the Ministry of Health (MOH), and other national authorities in the DRC, the 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. The WHO still advises against any restriction of travel to, and trade with the DRC, although

port screening is conducted. Furthermore, the 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 March 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, February 2020

For the month of February 2020, 781 malaria cases were notified through the National Notifiable Medical Conditions Surveillance System (NMCSS), a decrease of 22% compared to February 2019. Of the 781 notified cases, 131 cases were excluded from further analysis due to missing data or being identified as a duplicate report. The majority of the 650 remaining cases were reported in non-endemic districts (56%, 364/650), with districts in Gauteng Province (57%, 207/364) once again accounting for most of this burden. Males (61%, 389/640), predominately between the ages of 20 and 40 years, were the most affected by malaria in both the endemic and non-endemic districts. Of the 68 notified cases of malaria in children under the age of five, 58% (40/68) came from non-endemic districts, mainly within the Gauteng Province. Microscopic examination of blood smears remains the main method of diagnosis (87%, 564/650) for cases captured by the NMCSS. Intravenous (IV) quinine as opposed to the recommended IV artesunate was used to treat 22% (22/99) of the severe

malaria patients, primarily at health facilities located within non-endemic districts (91%, 20/22). During this reporting period, a marked decrease in the importation of malaria from neighbouring Mozambique was noted, while Gauteng Province reported a number of malaria cases imported from South Africa's endemic districts.

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 recording 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