

therapeutics, vaccinating over 303 000 people with the highly effective rVSV-ZEBOV-GP vaccine, and offering care for all survivors after their recovery.

The response was bolstered by the engagement and leadership of the affected communities. Thanks to their efforts, this outbreak did not spread globally. More than 16 000 local frontline responders worked alongside the more than 1 500 people deployed by the WHO. Support from donors was essential, as was the work of United Nations (UN) partner agencies, national and international non-governmental organisations (NGOs), research networks, and partners deployed through the Global Outbreak Alert and Response Network. Hard work to build up preparedness capacities in neighbouring countries also limited the risk of the outbreak expanding.

Work will continue to build on the gains made in this response to address other health challenges, including measles and COVID-19.

As countries around the world face the COVID-19 pandemic, the DRC Ebola response provides valuable lessons. Many of the public health measures that have been successful in stopping Ebola are the same measures that are now essential for stopping COVID-19: finding, isolating, testing, and caring for every case and relentless contact tracing. In DRC, community workers were provided with training and a smartphone data collection app that enabled them

to track contacts and report in real time rather than fill in laborious paper reports. Even when violence locked down cities, the community workers, many of them local women, continued to track and trace contacts using the application, something that was crucial for ending this outbreak.

While this 10<sup>th</sup> outbreak in DRC has ended, the fight against Ebola continues. On 1 June 2020, seven cases of Ebola were reported in Mbandaka city and neighbouring Bikoro Health Zone in Equateur Province, and an 11<sup>th</sup> outbreak was declared. This current outbreak is more than 1 000 km west of the previous outbreak in Ituri, North Kivu and South Kivu provinces. These two outbreaks appear to be unlinked; however, a source of infection has yet to be determined for either. WHO is supporting the government-led response with more than 50 staff already deployed and more than 5 000 vaccinations already administered. WHO considers the public health risk to be moderate at the national and regional levels and low at the global level.

WHO salutes the thousands of heroic responders who fought one of the world's most dangerous viruses in one of the world's most unstable regions.

**Article source:** WHO: [www.who.int](http://www.who.int); WHO-AFRO, Division of Public Health Surveillance and Response, NICD-NHLS; [outbreak@nicd.ac.za](mailto:outbreak@nicd.ac.za)

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## SEASONAL DISEASES

### Influenza

To date, the influenza season, which occurs mainly during the winter months of May to August, has not started. However, the ongoing COVID-19 pandemic likely influenced health-seeking behaviour as well as staffing/routines in sentinel surveillance sites. In addition, the various hygiene and physical distancing measures being implemented to reduce SARS-CoV2 virus transmission may also have played a role in interrupting influenza virus transmission. Globally, influenza activity has been at lower

levels than expected and to date, none of the Southern Hemisphere countries have reported any influenza activity. Since the localised outbreak of influenza A(H1N1)pdm09 and influenza B Victoria in the Western Cape Province in the beginning of the year, there has been one detection of influenza A(H1N1)pdm09 in Gauteng Province from a Viral Watch surveillance site in the week ending 14 June. Over the past 36 years, the mean peak of the season has been the last week of June.

**Article source:** Centre for Respiratory Diseases and Meningitis, NICD-NHLS; [cherylc@nicd.ac.za](mailto:cherylc@nicd.ac.za)