

INTERNATIONAL OUTBREAKS OF IMPORTANCE

Data were collated from various data sources, which included person-under-investigation forms, contact line lists and laboratory reports. A questionnaire was developed and telephonic interviews were conducted to obtain basic demographics and possible exposure information for the period dating back 14 days prior to returning to South Africa. An inclusion criteria of being repatriated from Pakistan, over the age of 18 years and reachable for a telephonic interview was applied to the study participant list.

All eleven of the repatriates who tested positive for SARS-CoV-2 were asymptomatic at the time of specimen collection and remained asymptomatic at the time of interview, i.e. 14 days after repatriation. Of the 85 repatriates, 83 (98%) had demographic information available. For these 83 repatriates the median age in years was 25 (IQR, 19-32); 96% (n=80) were male; 89% (n=74) were of Indian descent and 81% (n=67) followed the Islamic religious faith. Of the 65 repatriates who met the inclusion criteria, ten who tested positive for SARS-CoV-2 were 18 to 24-year-olds and were all male. Six of these ten cases reported sharing a living space with 5-10 other

people while attending the Jamaat in Pakistan. Although knowledge of the ongoing pandemic and preventative measures were widespread, social distancing and hand sanitisation was not common practice whilst in Pakistan, and less so in religious gatherings. In addition, five of the ten cases had a history of smoking or were active smokers.

As illustrated by the South Korean church outbreak and the cluster linked to a church gathering in the Free State Province, religious gatherings continue to provide opportunities for ongoing transmission of the SARS-CoV-2 virus. The South African government's regulations stating that no gatherings, religious or otherwise should comprise more than 50 participants is an attempt to limit such transmission events, through social distancing. Although all cases reported being asymptomatic in South Africa, a lack of information for the quarantine conditions and period in Pakistan for all the repatriates makes drawing conclusions difficult. However, the fact that half of the cases eligible for interview reported a history of smoking or were active smokers, suggests that smoking may be an important yet contentious risk factor.

Source: National Institute for Communicable Diseases COVID-19 response team; NICD-NHLS; nevashang@nicd.ac.za

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

On 1 June 2020, seven cases of Ebola were reported in Mbandaka city and neighbouring Bikoro Health Zone in Équateur Province, and an 11th Ebola virus disease (EVD) outbreak in the Democratic Republic of Congo (DRC) was declared.

The EVD outbreak in Équateur Province continues to see rising numbers of confirmed cases and geographical spread. From 10 to 16 August 2020, another nine additional confirmed EVD cases had been reported, including three new deaths. The health areas of Lyembe Moke in Bikoro Health Zone, Bosomondomba in Bolomba Health Zone and Butela in Iboko Health Zone have not reported new confirmed cases for 42 days, with the last confirmed case reported on 4 July 2020.

As of 15 August 2020, there is a total of 88 cases (84 confirmed and four probable) including 36 deaths

(case fatality ratio 41.8%). The case fatality ratio among confirmed cases is 38.1% (32 deaths/84 confirmed cases). The number of health workers affected remains at three, making up 3.4% of all cases. The number of health areas that have reported at least one confirmed or probable case of EVD since the start of this outbreak has risen to 30, in 10 of the 18 health zones in the province. In the past 21 days (26 July to 15 August 2020), 21 confirmed cases have been reported in 14 health areas across eight health zones.

Of the four out of eight health zones reporting contacts, no new contacts were listed on 15 August 2020. Of 3 327 active contacts listed, 3 160 (95%) were followed-up. Of the 60 unseen contacts for whom information was available, eight (13.3%) had never been seen, five (8.3%) were lost to follow-up and the remaining 47 (78.4%) had not been seen in the previous 24 hours. To date, no

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contacts have completed their follow-up period, while 24 have become symptomatic, including 19 in Bikoro, three in Ingende and two in Lotumbe.

From 5 June 2020 to 16 August 2020, a total of 22 468 people has been vaccinated. An additional 170 people were vaccinated with rVSV-ZEBOV-GP on 15 August 2020, including 22 high risk contacts, 143 contacts of contacts and five probable contacts.

The EVD outbreak in Équateur Province is of grave concern, given the continuing increase in incident cases and further geographical spread. The outbreak is further complicated by the COVID-19 outbreak, a long-standing measles outbreak and a complex humanitarian crisis in the country. Challenges continue around known confirmed cases still living in the community and contacts lost to follow-up. Additionally, there is a lack of funding

for the response, particularly that required to prevent further spread, and inadequate human resources for risk communication and engagement in affected health zones and hotspots.

WHO reports that the ongoing EVD outbreak requires robust response activities in order to control this outbreak and break chains of transmission and engage the community in these activities. It is vital that the outbreak does not spread to new geographical areas. The response to EVD should be linked to existing COVID-19 activities in order to use resources efficiently. These efforts should be encouraged and supported nationally and by partners.

As of 24 August 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.

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

SEASONAL DISEASES

Influenza and respiratory syncytial virus (RSV) seasons, 2020

As in other southern hemisphere countries, there has been little influenza activity so far this year during the usual influenza season (May to September). This is most likely due to the various hygiene and physical distancing measures implemented to reduce SARS-CoV2 virus transmission.

Respiratory syncytial virus (RSV) usually precedes the influenza season, starting between the beginning of February and mid-March, with the mean peak of the season in mid-April. Although the detection rate of RSV briefly crossed the seasonal threshold during April [using

the Moving Epidemic Method (MEM), a sequential analysis using the R language, to calculate the duration, start and end of the annual epidemic], it remained lower than the 10-year mean. Since mid-July, there has been an increase in detection of RSV, mainly in the Western Cape Province, possibly due to relaxation of restrictions. This increase has been mainly in hospitalised children under the age of five where detections have crossed the seasonal threshold, but have remained at a low level. As COVID-19 restrictions are progressively relaxed, NICD will continue to monitor trends in influenza and RSV through our inpatient and outpatient surveillance programmes.

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