

ZOONOTIC AND VECTOR-BORNE DISEASES

neck stiffness, disorientation, convulsions, muscle weakness, vision loss, numbness and paralysis). People over 60 years of age are at greater risk of developing severe West Nile fever.

The differential diagnosis of Sindbis and West Nile fevers is broad in the South African context. Cases may go undiagnosed in the face of the current SARS-CoV-2 epidemic in South Africa. It is important to notice that the rash and joint pain associated with arboviral infections are not commonly seen in patients with COVID-19 disease. Tick bite (TBF) fever is also reported during the late summer months in much of South Africa. If a possible diagnosis of TBF is considered, it is important to treat the patient with doxycycline as soon as possible. Malaria is also important to be considered in all persons with acute febrile illness returning from malaria endemic areas.

The Centre for Emerging Zoonotic and Parasitic Diseases offers laboratory testing for Sindbis and West Nile fever. Endemic

arboviral disease such as Sindbis and West Nile fever are notifiable category 3 medical conditions in South Africa.

Treatment and prevention

There is no specific antiviral treatment or vaccine available for Sindbis or West Nile fever. Treatment is symptomatic and includes antihistamines for pruritic rash, and non-steroidal anti-inflammatory drugs for joint symptoms. The only preventive measure when living in or travelling in an endemic area of Sindbis or West Nile fever is to avoid being bitten by mosquitoes by using insect repellents, in particular to avoid daytime exposures. For more information, visit the NICD website (<https://www.nicd.ac.za/diseases-a-z-index/west-nile-fever/>; <https://www.nicd.ac.za/diseases-a-z-index/sindbis-fever/>).

Alert: Ebola virus disease in Guinea

An outbreak of Ebola virus disease (EVD) in Guinea was declared on the 14th February 2021 (<https://www.afro.who.int/news/new-ebola-outbreak-declared-guinea>). Three cases were reported from Gouéké, N'Zerekore prefecture. Gouéké is located in the south east of Guinea, about 800 km from the capital Conakry, but about 100 km from various border points with Liberia and Ivory Coast.

The index case involved a nurse who died at the end of January 2021. Following her funeral, six additional cases of persons with EVD-like symptoms were identified.

The WHO reports that efforts are underway to deploy Ebola vaccines (https://www.who.int/medicines/emp Ebola_section/

en/), contact tracing and treatment structures to contain the outbreak. The containment responses will strongly hinge on the experience gained during the West Africa EVD outbreak of 2013-2016 and the availability of antiviral treatment and Ebola vaccines.

At this stage of the outbreak the risk of exportation to South Africa is low. On 23 February 2021, there are no confirmed or suspected cases of EVD in South Africa.

More details on this is contained in the 'An update on Ebola virus disease outbreak, DRC and Guinea' article.