



# NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

## EBOLA PREPAREDNESS

An update for Physicians, Accident & Emergency  
Practitioners and Laboratorians

18 February 2021

Outbreak Response Unit, Division of Public Health Surveillance and Response  
National Institute for Communicable Diseases (NICD)  
24-hour hotline number: 0800 212 552

**An outbreak of Ebola virus disease (EVD) in Guinea was declared on 14 February 2021. This is the second outbreak of EVD in Guinea following the outbreak in West Africa from 2014 to 2016. The risk of exportation of EVD to South Africa is considered to be low.**

Despite the low risk of importations to South Africa, healthcare workers countrywide should be on alert for suspected EVD cases (see case definition). It is important to exclude malaria in these cases.

### EVD case definitions:

A suspected case of EVD:

Any person presenting with one or more of the following symptoms: an acute onset of fever ( $\geq 38^{\circ}\text{C}$ ), nausea, vomiting, diarrhoea, severe headache, muscle pain, abdominal pain, or unexplained haemorrhage; who has **visited or been resident in the outbreak areas (Gouéké, N'Zerekore), Guinea, in the 21 days prior to onset of illness and had direct contact with or cared for suspected/confirmed EVD cases in the 21 days prior to onset of illness or has unexplained multisystem illness that is malaria-negative.**

### Transmission of Ebola virus

The Ebola virus is transmitted among humans through close and direct physical contact with **infected bodily fluids** (with blood, faeces and vomit being the most infectious). Health care workers attending to persons with suspected or confirmed EVD should observe strict contact precautions. Health care workers and direct contacts of an EVD case (such as family and friends) are at high risk. Funerals have been reported as high-risk events for transmission.

### Specimen collection for confirmation of EVD:

1. Detailed specimen collection and submission guidelines are available on the NICD website.
2. Submit both a clotted blood (red or yellow top tube) and EDTA treated tube (purple top tube) per patient
3. The specimens should be packaged in accordance with the [Guidelines for Regulations for the Transport of Infectious Substances](#) (triple packaging using absorbent material) and transported directly and urgently to:  
**Centre for Emerging Zoonotic and Parasitic Diseases, Special Viral Pathogens Laboratory, National Institute for Communicable Diseases (NICD) National Health Laboratory Service (NHLS), Modderfontein Rd. 1, Sandringham, 2131**
4. Ensure that the completed case investigation form accompanies the specimens
5. Samples should be kept cold during transport (cold packs are sufficient).
6. The NICD offers a full repertoire of laboratory testing for EVD. Test requests need only to state for *Ebola investigation*. The NICD will provide appropriate testing for each case.

Refer to [testing guidelines](#) on NICD website for more information.

### Response to a suspected case of EVD:

1. Establish that the patient meets the case definition for a suspected EVD case.
2. Observe appropriate infection control procedures.
3. Standard management for EVD is limited to supportive therapy including fluid management, provision of oxygen, and maintenance of blood pressure and treatment of secondary infections.
4. Inform the NICD hotline (0800 212 552) and notify the local and provincial communicable disease control co-ordinator (CDCC) telephonically.
5. Notify the case telephonically or through the NMC App – complete the Case Investigation Form - **National Guidelines of Recognition and Management of Viral Haemorrhagic Fevers** (see NICD website). Submit forms to provincial CDCC.
6. Submit samples to NICD for laboratory testing.

Refer to the [National Guidelines](#) for Recognition and Management of viral haemorrhagic fevers for more information.

### Managing a suspected EVD case

**As soon as the decision is made to proceed on the basis of a presumptive diagnosis of EVD, measures should be applied to minimize exposure of medical staff, other patients and relatives.**

1. Inform the management and infection control officers at the medical facility concerned of the existence of the suspected case of EVD.
2. Isolate the patient and apply infection precautions.
3. Administer such life-saving therapy as may be necessary and possible. Keep the patient hemodynamically stable and manage fever. Treat for any other life-threatening symptoms as necessary.
4. Take steps to verify the diagnosis.
5. Notify the National Director of Communicable Disease Control (CDC) and the relevant provincial CDCC if not already done.
6. Decide whether the patient is to be retained at the primary hospital (isolation facilities), or whether to seek transfer to an EVD designated hospital.
7. Assess the status of the patient as either low, moderate or high risk (see NICD website).

**For more information, visit the NICD website, [Ebola webpage](#).**