

ZOONOTIC AND VECTOR-BORNE DISEASES

Lassa fever – South Africa

Lassa fever is a zoonotic viral infection that is endemic to several countries in the West African region. Up to 5000 Lassa fever associated deaths are reported in the endemic countries annually. In the endemic countries, the natural host of this virus is a rodent, the multimammate rat (*Mastomys natalensis*), although other rodent species may also be involved. These rodents are persistently infected and shed the virus in their urine and faeces. Humans can encounter the virus through direct contact or inhalation of the virus in areas that have been contaminated by the infected rats. Person-to-person transmission is mostly through close contact, and contact with infected blood and bodily fluids.

A case of Lassa fever was diagnosed in a man from KwaZulu-Natal on 12 May 2022. The man had extensive travel history in Nigeria before returning to South Africa. He had been ill in

Nigeria for approximately 10 days before travelling to South Africa, where he decided to seek further medical care. He was hospitalized shortly after returning to South Africa with initial clinical diagnosis of bacterial sepsis. The patient demised. Lassa fever was considered as differential diagnosis given the patient's travel history and clinical findings including fulminant hepatitis. The diagnosis was confirmed by RT-PCR testing at the NICD.

Public health responses included active contact tracing and monitoring. No secondary cases of Lassa fever have been reported and monitoring of all cases concluded by the time of this report. This was the second case of Lassa fever being imported into South Africa. The previous case, reported in 2007, was a Nigerian health care worker who was treated at a hospital in South Africa. The risk of importation of Lassa fever to South Africa remains low.

Source: Outbreak Response Unit, NICD-NHLS, outbreak@nicd.ac.za

Ebola virus disease – an update

At 25 May 2022, 5 cases (4 confirmed, 1 probable) of Ebola virus disease (EVD) have been reported from the Equateur province, Democratic Republic of Congo. All five cases are deceased. This is the 18th EVD outbreak in the DRC since the 1970s, and the third to affect Equateur Province since 2018. The cases are reported from Mbandaka and Wangata. Based on genetic analysis of Ebola viruses associated with these cases, the outbreak appears

to be unlinked to previous outbreaks in the province. Contact tracing and monitoring and also ring vaccination are used to respond to the outbreak.

There are currently no suspected or confirmed cases of EVD linked to the DRC outbreak in South Africa. The risk of importation of EVD to South Africa remains low.

Source: Outbreak Response Unit, NICD-NHLS jacqueline@nicd.ac.za