NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

# EBOLA PREPAREDNESS

## An update for Physicians, Accident & Emergency Practitioners and Laboratorians

Updated: September 2024

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' disease caused by Sudan virus in Uganda was declared on 20 September 2022. This is the fifth outbreak of Sudan virus disease (SVD) in Uganda, the previous being reported in 2012. Human Ebola is caused by four separate viruses: Zaire ebolavirus, Sudan ebolavirus, Bundibugyo ebolavirus and Tai Forest ebolavirus. The risk of exportation of ebola virus disease (EVD) or SVD 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 or SVD cases (see case definition). It is important to exclude *malaria* in these cases.**

### SVD case definition:

A ***suspected case*** of SVD:

Any person presenting with one or more of the following symptoms: an acute onset of fever (≥38°C), nausea, vomiting, diarrhoea, severe headache, muscle pain, abdominal pain, or unexplained haemorrhage; who visited or resided in Uganda, in the outbreak areas determined as of 26 Oct 2022 as Mubende Kyegegwa, Kassanda, Kagadi, Bunyangabu, Wakisa, and Kampala districts (although it is important to note that the list may expand due to constant spread to new districts since the declaration of the outbreak), in the 21 days prior to onset of illness and had direct contact with or cared for suspected/confirmed SVD cases in the 21 days prior to onset of illness or has unexplained multisystem illness that is malaria-negative.

### Transmission of Sudan virus

As for other Ebola viruses, Sudan 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 SVD should observe strict contact precautions. Health care workers and direct contacts of an EVD or SVD 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/SVD:

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 or SVD. **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 or SVD:

1. Establish that the patient meets the case definition for a suspected EVD or SVD case.
2. Observe appropriate infection control procedures.
3. Standard management for EVD or SVD 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 or SVD case

**As soon as the decision is made to proceed on the basis of a presumptive diagnosis of EVD or SVD, 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 or SVD.
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/SVD 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.**