



health

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EBOLA VIRUS OUTBREAK IN DEMOCRATIC REPUBLIC OF CONGO

The Department of Health is on high alert following the reported outbreak of the Ebola virus in the Democratic Republic of Congo (DRC).

On 12th May 2017, the World Health Organisation (WHO) announced that nine suspected cases and 3 deaths of persons with Ebola virus disease (EVD) were reported from a remote forested area in the Likati Health Zone, Bas Uele Province in the north of the DRC, bordering Central African Republic.

As of 20 May 2017, a total of 37 suspected EVD cases and four deaths have been reported, giving a case fatality rate of 11%. The reported cases are from five health areas, namely Nambwa (12 cases and three deaths), Muma (four cases and no deaths), Ngayi (16 cases and one death), Azande (three cases and no deaths), and Ngabatala (two cases and no deaths). No healthcare workers have been affected to date. The majority of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The outbreak currently remains confined to Likati Health Zone.

The DRC Ministry of Health, WHO, and various partners are working closely to rapidly control the outbreak through strengthened epidemiological surveillance, and implementation of a comprehensive logistics plan including deployment of teams comprising experts in epidemiology, clinical management, social mobilisation and risk communication. This is the eighth EVD outbreak in the DRC since 1976. The last outbreak occurred in 2014 with 66 cases and 49 deaths.

The DRC has successfully contained previous EVD outbreaks, and has capacity and resources to respond appropriately. There is a low risk of transmission to South Africa. However, South African Emergency Departments and clinicians are advised to be on the alert for cases of fever and/or haemorrhagic symptoms amongst returning travellers from the area. It should be noted that Malaria remains the commonest and most important cause of fever amongst persons returning from African destinations. South African Port Health authorities have been informed and continue to screen persons, who enter via air ports, for fever. No travel restrictions are in place.

Ebola virus is transmitted following direct contact with persons infected with the virus – through contaminated body fluids including blood, stool, urine, saliva and semen, or with an environment contaminated with body fluids. Symptoms develop 8-10 days after contact and include fever, weakness, myalgia, headache, sore throat, abdominal pain, rash and bleeding from mucous membranes. Treatment is supportive. Rapid implementation of infection control measures, as soon as the disease is suspected, is essential. Guidelines for the recognition and management of viral haemorrhagic fevers in South Africa may be found on the website: <http://www.nicd.ac.za/index.php/ebola-virus-disease/>. For more information on Ebola virus disease visit the WHO website: www.who.int.

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