



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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### **RISK OF IMPORTATION OF EBOLA TO SOUTH AFRICA REMAINS LOW AFTER CASES CONFIRMED IN UGANDA**

The Ugandan Ministry of Health (UMoH) and the World Health Organization (WHO) have confirmed a case of Ebola virus disease (EVD) in Uganda on 11 June 2019. Despite the ongoing outbreak in neighbouring Democratic Republic of Congo (DRC) and numerous previous alerts of suspected EVD in Uganda, this is the first confirmed case in Uganda stemming from the outbreak in the DRC, which began in August 2018.

Between 11 and 13 June 2019, three confirmed EVD cases were reported and all have passed on. The first case was a five-year-old boy from the DRC who travelled with his family into Uganda on 9 June 2019 seeking healthcare at the Kagando Hospital, where healthcare workers suspected EVD as a possible cause of illness. The boy's case was confirmed by the Uganda Virus Institute (UVRI), and he received care at the Ebola Treatment Unit (ETU) in the western Ugandan town of Bwera, which is situated at the border with the DRC - where the family entered Uganda. Two family members of the first case also developed EVD symptoms and were isolated in the ETU. Both cases were confirmed positive for EVD. A joint UMoH and WHO rapid response team has been deployed to the area to identify other people who may be at risk, undertake monitoring of those individuals and to administer supportive care if they become symptomatic. In addition, the UMoH has intensified their community engagement activities by providing education and psychosocial support, and have undertaken to vaccinate all those at risk who were not previously vaccinated. With the potential for the outbreak to spread, UMoH has already vaccinated 4 700 healthcare workers in 165 health facilities and has intensified monitoring. The experimental vaccine being used in the outbreak is 97.5 per cent effective at preventing EVD as suggested by preliminary data. A total of seven ETUs have been set up in a number of previously identified high risk areas.

In the week preceding the occurrence of this case the South African national Department of Health updated the rapid risk assessment for EVD importation into South Africa. The risk assessment team

consisting of experts from the National Institute for Communicable Disease (NICD), the national Department of Health and a representative from the WHO concluded that the risk for importation of an EVD case in the context of the ongoing outbreak in the DRC, and now Uganda, was very unlikely. However, measures are in place to detect and manage inadvertent EVD cases in South Africa.

The WHO does not recommend that any travel or trade restrictions be applied to DRC or Uganda. The risk for spread beyond the affected areas, including South Africa is low.

The department currently has not placed any restrictions on travel or trade for commercial flights, passengers or crew departing on flights bound for DRC or Uganda, nor for flights returning from DRC or Uganda. The standard regulations for evidence of a valid yellow fever vaccination certificate apply as per the international health regulations for travellers.

Malaria as well as dengue fever, yellow fever and other endemic diseases e.g. typhoid fever and/or cholera are major considerations as possible causes of fever in any persons travelling from risk areas, including the DRC.

For more information on Ebola virus disease or other diseases, please visit <http://www.nicd.ac.za/diseases-a-z-index/>

For medical/clinical related queries: Contact the NICD Hotline +27 82 883 9920 (for use by healthcare professionals only).

Guidelines and other useful resources are available on the NICD website: [www.nicd.ac.za](http://www.nicd.ac.za)

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