



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**ALERT FOR PROVINCIAL HEALTH OFFICIALS AND ALL INSTITUTIONS:
EBOLA HAEMORRHAGIC FEVER OUTBREAK IN DEMOCRATIC REPUBLIC OF CONGO
9 MAY 2018**

The Government of the Democratic Republic of the Congo declared a new outbreak of Ebola virus disease (EVD) in Bikoro in Equateur Province on 8 May 2018. The outbreak declaration occurred after laboratory results confirmed two cases of EVD.

The Ministry of Health of Democratic of the Congo (DRC) informed WHO that two out of five samples collected from five patients tested positive for EVD at the Institut National de Recherche Biomédicale (INRB) in Kinshasa. More specimens are being collected for testing.

Bikoro is situated in Equateur Province on the shores of Lake Tumba in the north-western part of the country near the Republic of the Congo. All cases were reported from ilkoko Iponge health facility located about 30 kilometres from Bikoro. Health facilities in Bikoro have very limited functionality, and rely on international organizations to provide supplies that frequently stock out.

This is DRC's ninth outbreak of EVD since the discovery of the virus in the country in 1976. In the past five weeks, there have been 21 suspected viral haemorrhagic fever cases in and around ilkoko Iponge, including 17 deaths.

WHO is closely working with other partners, including Médecins Sans Frontières, to ensure a strong, response to support the Government of the Democratic Republic of the Congo to prevent and control the spreading of the disease from the epicentre of ilkoko Iponge Health Zone.

The WHO does not recommend that any travel or trade restrictions are applied to DRC.

There are no special precautions or directives for commercial flights, passengers or crew departing on flights bound for DRC or returning from DRC. The regulations for evidence of a valid yellow fever vaccination certificate apply.

Any ill persons reported on flights from DRC and neighbouring countries will need to be evaluated by the relevant Port Health officials. All requests for medical evacuation of persons from DRC with febrile illness or suspected infectious disease will need careful evaluation by the Port Health officials.

Healthcare or international agency workers etc involved in the outbreak response and international students, may travel to and present in South Africa for medical care, and a high index of suspicion is important in such cases. A [detailed history regarding travel](#) and level of

contact with suspected/confirmed Ebola haemorrhagic fever cases is imperative. It is important to keep in mind that Ebola virus is transmitted by direct contact with the blood, secretions, organs or other body fluids of infected persons.

It is extremely important to maintain a very high index of suspicion for the common causes of febrile illness in persons who have travelled to DRC and surrounding countries, including: malaria, dengue fever, yellow fever and other endemic diseases (e.g. typhoid fever and cholera). These may be severe and life-threatening, and healthcare workers are urged to do appropriate tests and institute appropriate therapy as a matter of urgency.

Case definition for a suspected case of imported Ebola haemorrhagic fever

Person presenting with an acute onset of fever who has either:

- Visited or been resident in DRC in the 21 days prior to onset of illness
AND
- Had direct contact with or cared for suspected/confirmed Ebola haemorrhagic fever cases in the 21 days prior to onset of illness, or been hospitalized in DRC
OR
Has an unexplained multisystem illness that is malaria negative

Should a suspected case be identified, the healthcare worker must urgently contact the NICD hotline (a 24-hour service; ☎0828839920) regarding further case evaluation and management.

For more information on Ebola virus disease visit the WHO website: www.who.int.



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