Response provided to Spotlight from NDoH on Ebola preparedness (18 November 2026)

Q1. What is the likelihood of South Africa having an outbreak?

No country in the world is safe until the Ebola outbreak is contained because it is an infectious disease. But South Africa remains on high alert and is closely monitoring the situation; we have pandemic preparedness, prevention, and response plans. There is no need for South Africans to panic; we are working with BMA and other stakeholders such as NCID to intensify surveillance, public education, and screening at the ports of entry for all incoming travellers.

South Africa currently has no confirmed case of Ebola disease caused by the Bundibugyo virus. Based on ongoing risk assessments by the National Department of Health and the NICD, the risk of an **outbreak** in South Africa remains **low**. However, we recognise that the risk of an **imported case** is real as the outbreak in the DRC is continuing. Cases have been reported in five countries: DRC, Uganda (outbreak since declared over: 20 cases, 2 deaths), Kenya (9 cases, Nairobi, no community spread reported), Nigeria (1 imported case, 20 October 2026) and France (imported).

Therefore, we plan for importation because South Africa is a major air hub and is a destination for people who work, study and live in affected countries.

The risk rating is consistent with the World Health Organization's rapid risk assessment, which rates the risk as **very high** in the DRC, **high** for countries sharing a land border with the DRC, and **low** for the rest of the African region (which includes South Africa) and globally.

The reason an imported case need not become an outbreak is how the virus spreads. Bundibugyo virus is not airborne. It spreads through direct contact with the blood or body fluids of a person who is sick or has died of the disease, and people are not infectious before symptoms appear. This means that if a case is detected early, isolated safely and their contacts are followed up for 21 days, further spread can be prevented.

The Department therefore plans on the basis that an imported case is possible and focuses on detecting it quickly and stopping onward transmission.

WHO risk rating (checked 9 Nov 2026)

Level	WHO risk	Confidence
DRC	Very high	Moderate
Countries sharing land borders with the DRC	High	Moderate
Rest of the African region (includes South Africa)	Low	Moderate

Level	WHO risk	Confidence
Global	Low	High

Q2. How is the country preparing for potential Ebola cases?

South Africa's preparedness is coordinated by the National Department of Health through the National Public Health Emergency Operations Centre (PHEOC), which was activated soon after the outbreak was declared in May 2026. Preparedness is organised into 11 pillars, each with a lead, and progress is tracked weekly by the PHEOC:

• **Coordination (PHEOC):** An Incident Management Team (IMT) under the National PHEOC, weekly coordination meetings with pillar leads, a weekly action tracker, a 72-hour activation plan and an escalation matrix.

• **Surveillance and contact tracing:** National case definitions, an updated surveillance chapter in the VHF guidelines, a contact tracing SOP and an electronic contact tracing module.

• **Points of entry:** Enhanced screening of travellers by port health officials working within the Border Management Authority (BMA), using an updated traveller health questionnaire.

• **Laboratory:** The NICD, through its BSL-4 laboratory, is ready to test any suspected case, with the NHLS and private pathology laboratories supporting specimen referral.

• **Case management and EMS:** All public and private facilities are being prepared to respond, a referral algorithm, ambulance referral and decontamination procedures, and an updated case management chapter in the National VHF Guidelines.

• **Infection prevention and control (IPC):** IPC guidelines and SOPs, PPE and VHF kits, decontamination, waste management and environmental cleaning protocols, and health worker training.

• **Rapid response teams (RRT):** National and provincial multidisciplinary teams ready to investigate and respond to a suspected case, with refresher training.

• **Risk communication and community engagement (RCCE):** FAQs and fact sheets, a traveller advisory, public hotline scripts and rumour management.

• **Safe and dignified burials:** Procedures and provincial arrangements for safe handling of the deceased.

• **Medical countermeasures and logistics:** PPE and supplies, and monitoring of the vaccine and treatment trials coordinated by WHO and Africa CDC.

• **Health service continuity:** Surge staffing and plans to keep essential health services running.

• **Partnerships:** WHO, Africa CDC, BMA, South African Military Health Service (SAMHS), the National Disaster Management Centre, NHLS, provincial departments of health and the private hospital sector.

Q3. What measures are in place: surveillance at points of entry, testing/detection and treatment?

Points of entry (POE)

• Port officials, through the Border Management Authority, screen arriving travellers at airports, land borders and seaports. Priority points of entry include **OR Tambo International Airport**, which receives direct flights from the region.

• Screening includes temperature checks, a traveller health questionnaire, and review of passenger information from the flight manifest before international flights land, so that travellers who have been in affected areas can be identified and screened more closely.

• Any traveller who meets the suspected case definition is isolated at the port, assessed, and safely transferred by EMS to a designated hospital. Port health, BMA, NDoH, NICD, NHLS, EMS and airport authorities follow a coordinated, risk-based plan.

• BMA staff have been provided with PPE, and points of entry have run **simulation exercises** to test their plans — including OR Tambo (June 2026) and Beitbridge (August 2026).

• Readiness assessments were conducted at six priority points of entry between July and September 2026: OR Tambo International Airport, Lanseria International Airport, King Shaka International Airport, Cape Town International Airport, Beitbridge Land Border, and Groblersbridge Land Border.

Testing and detection

• The **NICD's Special Pathogens BSL-4 laboratory** in Johannesburg — one of only two such laboratories in Africa — tests all suspected cases. NICD also supports testing for other countries in the region.

• POE staff and Health workers use a national case definition: a suspected case is someone with compatible symptoms (e.g. sudden fever, vomiting, diarrhoea, unexplained bleeding) and travel to an affected area or contact with a case within the previous 21 days, or an unexplained illness that is malaria negative.

• who suspect a case notify the NICD and provincial outbreak teams immediately; NICD provides 24-hour clinical advice and arranges safe specimen transport. (Port health staff who identify a traveller who may be a suspected case isolate them and refer them to a clinician for assessment and notification.)

• Contacts of any confirmed case would be monitored for 21 days.

Treatment

• There is currently no licensed vaccine or specific medicine for Bundibugyo virus anywhere in the world. Treatment is early, optimised supportive care — fluids, electrolyte correction, oxygen and management of complications — which significantly improves survival. South Africa follows the WHO filovirus clinical management guidelines released in June 2026, and the national viral haemorrhagic fever (VHF) guidelines.

• Patients would be cared for in designated hospitals with isolation facilities, infectious disease specialists and trained staff.

Q4. What is NDoH's role in the current Ebola preparedness efforts?

The National Department of Health leads and coordinates South Africa's preparedness and response, in line with the International Health Regulations (2005) and the National Health Act. Its role includes:

• **Leading national coordination** through the National PHEOC and the Incident Management Team, bringing together all relevant stakeholders like the NICD, NHLS, BMA, SAMHS, provinces, WHO, Africa CDC and the private sector.

• **Policy, guidelines and standards** — case definitions, VHF guidelines, IPC and case management protocols, and designation of hospitals.

• **Risk assessment and surveillance** with the NICD, including monitoring the outbreak with WHO and Africa CDC.

• **Serving as the IHR National Focal Point**, exchanging information with WHO and other countries 24/7.

• **Port health** policy and support to the BMA at points of entry.

• **Supporting provinces**, which run the hospitals, EMS and outbreak response teams, with training, simulation exercises and readiness monitoring.

• **Resource mobilisation** — PPE, supplies and partner support.

• **Risk communication** to the public and health workers.

Q5. What have we learned from previous Ebola outbreaks that has informed the current approach?

• **1996 (imported case from Gabon):** A doctor who had treated Ebola patients in Gabon travelled to Johannesburg, and a nurse caring for him was infected and demised. The lesson: health workers are most at risk, so **taking a travel history, early isolation and strict IPC** are essential. This shaped our VHF guidelines.

• **2014–2016 (West Africa):** South Africa designated hospitals, issued VHF guidelines to all of them, set up port-of-entry screening and relied on NICD's BSL-4 laboratory. There were no cases in South Africa. Several suspected cases and rumours were investigated and found negative, showing the value of **rapid testing and clear, fast public communication** to counter misinformation.

• **2018–2020 and 2022 (DRC/Uganda outbreaks):** Continued readiness, risk assessments and NICD support to the region.

• **COVID-19:** Showed that patients may present at any facility. Every hospital, public and private, must therefore be able to recognise, isolate and safely manage a suspected case. Where moving a patient would add risk, care can be brought to the patient rather than transferring them, to limit exposure of staff and other patients.

Q6. How are the country's hospitals being prepared?

• **Case management pillar**: The Case Management and EMS pillar oversees hospital readiness and provincial visits to assess the readiness of facilities are under way. Because patients may present at any facility, as COVID-19 showed, all public and private facilities are also being prepared to recognise, isolate and refer a suspected case

• **PPE and IPC:** Adequate PPE has been supplied, and hospitals follow strict IPC protocols, including donning and doffing procedures, waste management and safe handling of the deceased.

• **Patient pathway:** Clear referral pathways from points of entry, clinics and non-designated hospitals to designated hospitals, with EMS trained for safe transport.

• **Non-designated facilities:** All facilities should be able to recognise a suspected case, isolate the patient, notify, and arrange transfer.

• **Training and drills:** Some of the Hospital staff have taken part in simulation exercises (e.g. Musina Hospital in the Beitbridge exercise), more facility drills are planned.

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Q7. Are specific public and private facilities designated? How many, which, and where?

36 hospitals have been identified to receive suspected or confirmed Ebola patients: 24 in the public sector and 12 in the private sector, distributed across all nine provinces. The list is currently being updated. In addition, all public and private hospitals are being prepared to recognise, isolate and safely refer a suspected case, so that the health system as a whole can respond.

Q8. Has any training or guidance been issued to public-sector health workers? What and where?

Training and guidance have been provided nationally and in provinces:

• **Guidelines and tools:** Updated National Guidelines for the Management of Viral Haemorrhagic ;BVD case definitions; contact monitoring guidance; IPC guidance; NICD Bundibugyo fact sheet; WHO filovirus clinical management guidelines (June 2026).

• **National webinars (NDoH Knowledge Hub, CPD-accredited, recordings available online):**

o 18 June 2026 — Bundibugyo (Ebola) outbreak, with WHO and NDoH. Webinar page · slides

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o 16 July 2026 — case management, laboratory, notification and contact management (NICD). NICD, Dr Kumalo · WHO, Dr Wamala

o

o 21 July 2026 — clinical management and risk communication and community engagement. Webinar page with recording · slides

• **Planned webinars:** A further series of webinars is planned for health care workers, to ensure that they can identify a suspected EVD case.

• Refresher trainings were conducted for port health officials, EMS, clinicians and outbreak response teams, supported by WHO, Africa CDC and US CDC and Jhpiego.

• **Provincial training:** Multisectoral rapid response team training including an Ebola skills drill in all the 9 provinces

• **Simulation exercises:** OR Tambo (June), Beitbridge/Musina (August) and the regional Africa CDC/WHO exercise

• **Private sector:** Ebola training conducted by private hospital groups

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Q9. Is there data on how many health workers and facilities could deal with Ebola cases?

The 36 identified hospitals are being assessed through provincial readiness visits, all public and private facilities are being prepared to respond. There is no fixed number of health workers set aside for Ebola care. If a case is admitted, the designated hospital will reassign staff from other services, to EVD care. Because staff must always wear full

PPE while caring for an Ebola patient, they will work in rotating 4-hour shifts to protect their safety and wellbeing.

Q10. Is there anything else you would like to add?

• **For the public:** Ebola does not spread through the air or casual contact, and people are not infectious before they have symptoms. If you have been in the DRC or another affected area and develop fever, vomiting, diarrhoea or bleeding within 21 days, **phone ahead** to a health facility before going, and tell health workers about your travel.

• **For travellers:** Avoid contact with sick people, dead bodies and wild animals in affected areas, and follow official travel advice.

• **For health workers:** Always ask about travel history; isolate, notify and seek NICD advice for any suspected case.

• **Misinformation:** Rely on NDoH and NICD for verified information. Rumours of cases have circulated before and have caused unnecessary panic.

• **Solidarity:** South Africa supports the African response through Africa CDC and the NICD's regional laboratory support, because stopping the outbreak at its source protects everyone.