Communicable Disease Control

Bundibugyo Virus Disease (BVD) Webinar

National Perspective on Preparedness and Readiness for VHF

21 July 2026

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

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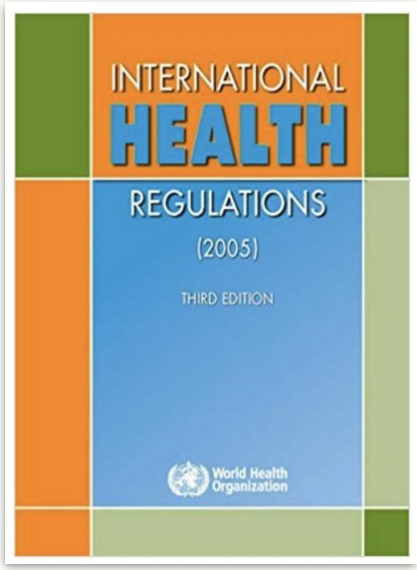
Contents

- National obligations under the IHR (2005)
- Why VHF preparedness matters
- Exposure to VHF threats
- Current national preparedness status
- Functional area response activities
- Response strategies
- Designated hospitals to manage VHF cases

NATIONAL OBLIGATIONS UNDER THE IHR (1)

THE INTERNATIONAL HEALTH REGULATIONS (IHR 2005)

"A **legally-binding instrument** agreed upon by 196 states parties to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade".



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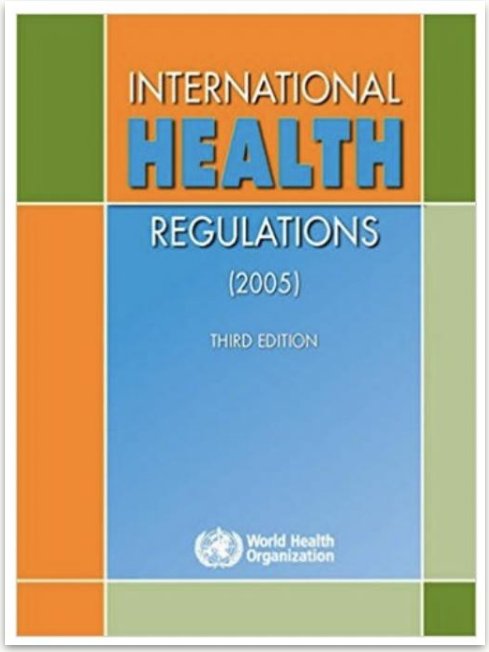
NATIONAL OBLIGATIONS UNDER THE IHR (2)



Objectives of the IHR

- PREVENT avoidable outbreaks
- DETECT threats early
- RESPOND rapidly and effectively

The Goal of IHR (2005) is containment at the source.

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NATIONAL OBLIGATIONS UNDER THE IHR (3)

KEY OBLIGATIONS

Over 80 legal obligations identified for States Parties under IHR (2005)

- Require all **States Parties to develop certain core public health capacities**, related to "the capacity to detect, assess, notify and report events";
- **Designate or establish an NFP** (National IHR focal point) and the authorities responsible within their respective jurisdictions for the implementation of health measures;
- Communicate with WHO and **notify events that may constitute a public health emergency of international concern (PHEIC);**
- Develop and sustain national **surveillance and response capacities**
- Develop and sustain **capacities at designated points of entry**;
- **Report annually to the World Health Assembly** on the implementation of these Regulations

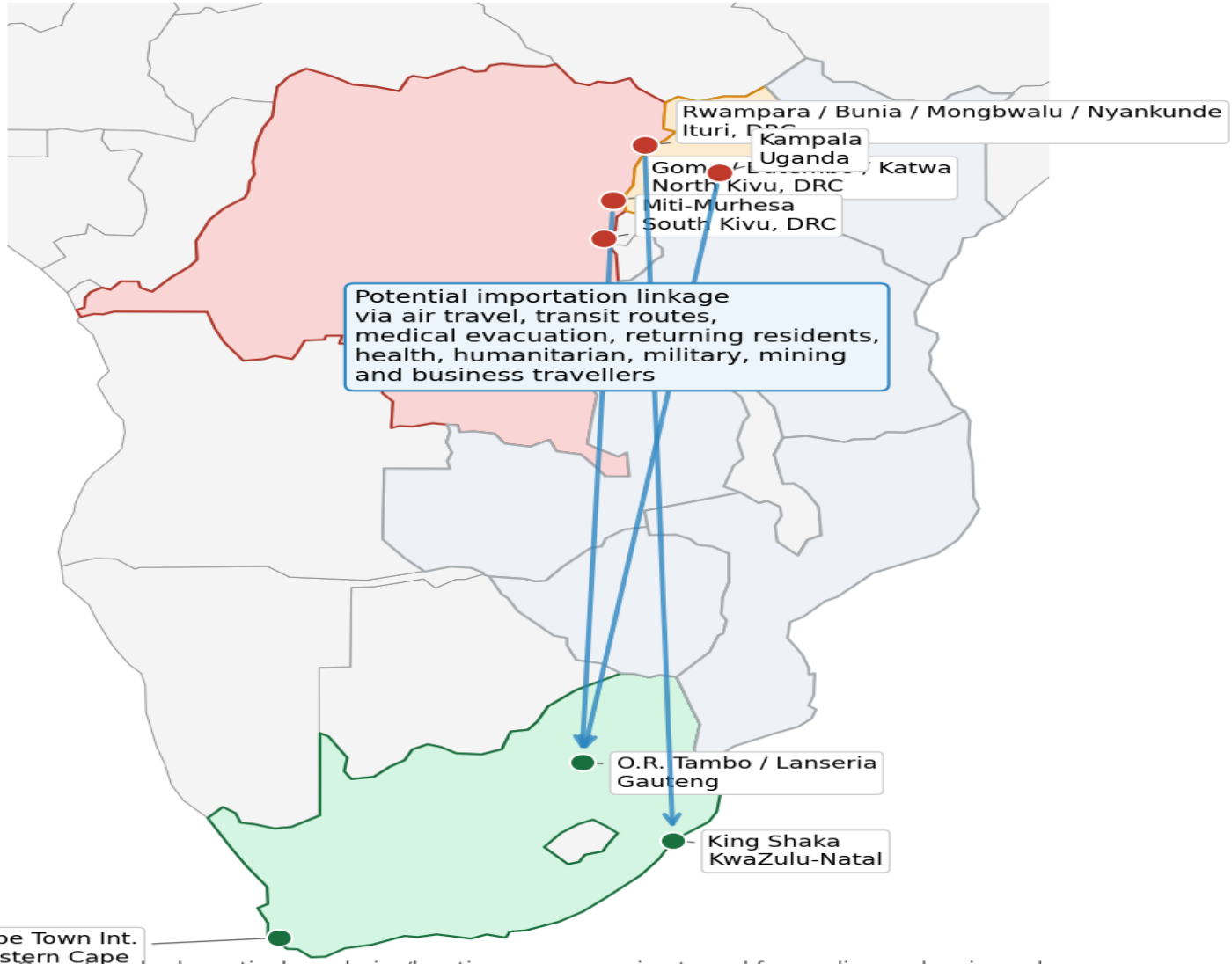
Background

- BVD in the DRC and Uganda remains a Public Health Emergency of International Concern (PHEIC) and continues to evolve rapidly.

- ***Combination of mining-linked mobility, cross-border movement, health-care exposure, incomplete contact follow-up, community resistance, insecurity and; laboratory and logistics constraints continues to sustain the regional risk.***

Operational relationship between the affected areas in DRC, Uganda and the South African readiness focus

Bundibugyo Virus Disease operational linkage: affected areas to South Africa



Why VHF Preparedness Matters

Viral Hemorrhagic Fevers pose:

- High mortality risks
- Rapid outbreak escalation
- Significant economic disruption
- Cross-border transmission threats
- Pressure on health systems and national security

National Priority:

- *Preparedness must shift from reactive outbreak response to sustained national readiness.*
- Build resilient systems capable of early detection, rapid containment, and coordinated response.

Exposure to VHF Threats

Key Drivers of Risk

- Regional outbreak activity
- Population mobility and porous borders
- Human-animal interaction
- Urbanization and informal settlements
- Weak infection prevention capacity

High-Risk Sectors

- Border districts
- Transport hubs
- Mining and agricultural zones
- Healthcare facilities

Implication for Government

Even a single imported case can rapidly overwhelm systems if preparedness gaps exist.

Current National Preparedness Status

Progress Achieved

Strengths

- National surveillance systems established
- Emergency Operations Structures functional
- Trained Rapid Response Teams available
- Partnerships with WHO and regional bodies
- Existing laboratory networks

Persistent Gaps

- Limited surge capacity
- Inadequate isolation infrastructure
- Uneven provincial/district readiness
- Supply chain vulnerabilities
- Limited sustainable financing

Key Message

Preparedness exists, but readiness remains inconsistent across all levels.

Functional Area Response Activities

SNo	Thematic area	Activity / Task
1	Coordination	Establish weekly **PHEOC Coordination Meetings**; escalation triggers, **provincial communiques** and twice-weekly leadership brief inputs.
2	Rapid Response Teams (RRTs)	Update national/provincial RRT rosters; confirm alternates, transport and deployment kits; **conduct refresher drill** on verification, IPC, safe sampling, CT, RCCE and reporting.
3	Public Awareness and Community Engagement	Develop and disseminate **BVD message bank, traveller advisory**, **media Q&A**, social media lines, community case-definition messaging, stigma prevention content and rumour-tracking dashboard.
4	IPC	**Verify IPC readiness at priority facilities/PoEs**; update IPC SOPs and job aids; confirm PPE/decontamination/waste supplies; train facility, RRT and EMS teams; define ring-IPC deployment approach.

Functional Area Response Activities cont…

SNo	Thematic area	Activity / Task
5	Case Management	Validate 16 **designated VHF hospitals**; confirm isolation space, staffing, referral algorithms, WASH, waste, supportive-care supplies, specimen transfer, ambulance linkage and decontamination procedures.
6	Epidemiological Surveillance	Issue technical alert package with **case definitions**, **reporting flowcharts, hotline numbers,** investigation forms and death-alert procedure; maintain 24/7 alert verification and weekly surveillance watch brief.
7	Contact Tracing	**Update CT SOPs**; select secure data tool and manual backup; train national/provincial teams; define passenger manifest, HCW exposure and confidentiality workflows; prepare dashboard.
8	Laboratory	**Confirm NICD/NHLS testing algorithm**, reagent stock, sample referral SOPs, triple packaging, IATA-certified shipper roster, result communication channels and lab-to-surveillance drill.

Functional Area Response Activities cont…

SNo	Thematic area	Activity / Task
9	Travel and Points of Entry	Validate **multilayer screening**, visual observation, traveller IEC, holding areas, PPE, IHR notification, EMS/referral pathways, contact data capture and communication drill at priority PoEs.
10	Logistics	**Map stocks**, warehouses, vehicles, suppliers and partner assets; define minimum stock list; **preposition PPE**, sample kits, disinfectants, body bags and waste materials; establish weekly dashboard.
11	Safe and Dignified Burials (SDB)	**Update SDB/decontamination SOP** and one-page guidance; orient environmental health practitioners, funeral undertaker associations and RCCE teams; verify body bags, PPE and disinfectants.

Functional Area Response Activities cont…

SNo	Thematic area	Activity / Task
12	Health Services Continuity	**Adapt existing continuity plan to BVD**; define essential services to protect, service disruption indicators, surge staffing triggers, referral continuity arrangements and facility resilience assessment.
13	Medical Countermeasures and R&D/Ethics Governance	Maintain WHO/SAHPRA/NICD liaison; prepare decision memo on absence of approved BVD-specific vaccine/therapeutic/PEP; confirm MEURI, IRB/NRA/SAHPRA and **emergency procurement pathways**.

Response Strategies

PHEOC-led coordination and single operational picture

- **PHEOC as the central platform** for convening NDoH directorates, NICD/NHLS, Port Health/BMA, SACAA, provincial departments, designated hospitals, EMS, environmental health, WHO and partners.

Scalable IMS posture

- Following the process for **IMT activation**

Apply Health Emergency Preparedness and Response framework (HEPR 5Cs)

i. **Coordination** for one plan/one operational picture

ii. **Collaborative Surveillance** through surveillance, laboratory, PoE and contact-tracing

iii. **Community Protection** through RCCE, stigma prevention and SDB readiness

iv. **Clinical Care** through IPC, EMS, VHF hospitals and continuity of services

v. **Countermeasures** through diagnostics, PPE, logistics and regulatory/ethics readiness

Response Strategies cont…

Layered importation risk management

Focus on rapid detection and safe management at multiple layers: source-region monitoring, IHR/NFP and partner communication, PoE traveller information and screening, clinician alerts, NICD/NHLS laboratory confirmation, immediate IPC and isolation, and rapid contact listing/follow-up.

Priority facility and PoE validation

Prioritize facilities and PoEs most likely to encounter an imported case. Use standardized readiness scorecards for designated VHF hospitals, EMS transfer, holding areas, sample movement, waste management, PPE, decontamination and communications.

No-regret preparedness and simulation

Proceed with no-regret **actions that strengthen readiness** regardless of whether an importation occurs: disseminate alert packages, update SOPs, train/refresher teams, map stocks, run tabletop/functional drills and conduct after-action correction.

Response Strategies cont…

Proportionate public communication

Maintain **evidence-based messages, traveller advisories and media lines that communicate readiness without panic, avoid stigma, reinforce care-seeking and notification**, and avoid unnecessary travel or trade interference.

Data security and accountability

Use **secure contact tracing and surveillance data** workflows with manual backup, **protect personal data**, and document decisions, actions, resource deployments and partner activities in the PHEOC repository.

Resource mobilization and rapid procurement readiness

Map stockpiles, supplier lead times, emergency procurement options, partner resources and resource gaps. Escalate urgent resource constraints through NDoH Finance/SCM and partner mechanisms.

Designated Hospitals to Manage VHF Cases

Province	Designated hospital(s)
Limpopo	Pietersburg Hospital; Messina District Hospital; Mankweng Hospital
Mpumalanga	Rob Ferreira Hospital; Witbank Provincial Tertiary Hospital; Ermelo Regional Hospital To be updated.
Gauteng	Charlotte Maxeke Hospital; Steve Biko Hospital; Helen Joseph Provincial Tertiary Hospital
KwaZulu-Natal	**Grey's Hospital; Manguzi Hospital; Ngwelezane Hospital; Pixley Ka Isaka Seme Memorial Hospital**
North West	Klerksdorp Hospital
Free State	Pelonomi Hospital; Universitas Academic Hospital
Northern Cape	Robert Mangaliso Sobukwe Hospital
Eastern Cape	Frere Hospital (East London); Livingstone Hospital (Port Elizabeth/Gqeberha), Nelson Mandela Academic Hospital
Western Cape	Tygerberg Hospital

THANK YOU