

## Meningococcal disease

Sporadic cases of meningococcal disease continued to be reported across the country, with no noticeable seasonal increase of laboratory-confirmed cases. Numbers are expected to increase during June and July, and to peak during the months of August to October.

By the end of week 17 (week ending 28 April 2013), a total of 33 laboratory-confirmed cases were reported to the Centre for Respiratory Diseases and Meningitis (CRDM), NICD-NHLS (Table). Ten cases have been reported in the <1 year old age group this year so far. This is slightly lower than the number of cases for the equivalent time period and age group in 2012 (n=16).

The reported cases were caused by diverse serogroups, which is in keeping with sporadic endemic disease in the country. Serogroup data were available for 16/33 (48%) of cases: serogroups B and W135 have been identified most commonly this year (6/16, 38% serogroup B and 7/16, 44% serogroup W135). There were also two cases of serogroup Y and one case of serogroup C disease. One isolate was non-groupable.

**Table: Number of laboratory-confirmed meningococcal disease cases reported until end of week 17, 2012 and 2013, by province**

Meningococcal disease occurs throughout the year, but the incidence is highest in late winter and early spring. Healthcare workers should have a high

index of suspicion for meningococcal disease in patients who present with nonspecific early signs and symptoms. Disease typically has a rapid progression and should be managed as a medical emergency in order to reduce morbidity and mortality. All cases of suspected meningococcal disease (meningitis and sepsis) should be notified telephonically to the Department of Health.

Province	Year	
	2012	2013
Eastern Cape	8	7
Free State	0	3
Gauteng	20	4
KwaZulu-Natal	8	5
Limpopo	1	1
Mpumalanga	1	1
Northern Cape	0	1
North West	2	1
Western Cape	11	10
	51	33

**Source:** Centre for Respiratory Diseases and Meningitis, NICD-NHLS