

### 3 SEASONAL DISEASES

#### a Enteroviral meningo-encephalitis outbreak in Tshwane — an update

We provide an update on the enteroviral meningo-encephalitis outbreak in Tshwane, initially reported in the November 2015 Communiqué. Since the last report only a few additional cases have been reported from this area. Of 21 cases initially reported, the NICD obtained residual cerebrospinal fluid specimens from 14. Of these, 11 tested positive for enterovirus by PCR. Further genotypic analysis revealed that 3 were echovirus type 6, 1 was echovirus type 11 and 1 was Coxsackie A9 virus. The remaining 6 could not be typed due to low viral load.

In view of the multiple enterovirus strains identified by the NICD and data from other countries to show that enteroviruses cause seasonal increases during summer months, it is possible that the reported cases may be part of a normal seasonal increase, rather than an outbreak due to a single causative agent. There is limited baseline data in South Africa to allow comparison of annual reported cases or incidence rates of viral meningitis. It is well documented in the literature that cases of viral

meningitis increase during dry summer seasons and then decrease in winter.

In addition to engaging actively with hospitals and laboratories to document and investigate new cases, the NICD will be instituting routine surveillance for viral meningitis going forward. Human-to-human transmission of enteroviruses occurs via the faecal-to-oral route as a result of poor hygiene practices. Children younger than 5 years of age are most susceptible. Most cases are self-limited and the overall mortality rate is extremely low. The most effective way to prevent the spread of these viruses is through proper hand washing and good general hygiene practices. No public health action is required and people who are close contacts of viral meningitis patients do not need prophylactic antibiotic treatment.

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