



CONTENTS

1 SEASONAL DISEASES

Influenza	1
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2 VACCINE-PREVENTABLE DISEASES

Diphtheria outbreak in eThekweni, KwaZulu-Natal Province	2
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3 ZOO NOTIC AND VECTOR-BORNE DISEASES

a Rabies	3
b Crimean-Congo haemorrhagic fever (CCHF)	4

4 INTERNATIONAL OUTBREAKS OF IMPORTANCE TO SOUTH AFRICAN TRAVELLERS AND HEALTHCARE WORKERS

Ebola virus disease (EVD) outbreak: update	5
--	---

5 ANTIMICROBIAL RESISTANCE

Update on carbapenemase-producing Enterobacteriaceae	6
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6 BEYOND OUR BORDERS

8

1 SEASONAL DISEASES

Influenza

Two influenza surveillance programmes provide data for influenza activity in South Africa: influenza-like illness (ILI) is monitored in sentinel primary healthcare clinics and Viral Watch sites, and severe respiratory illness (SARI) is monitored in hospitalised patients at four sentinel sites.

In the first thirteen weeks of 2015, 53 specimens were received from Viral Watch sites. Influenza A (H3N2) was detected in three patients who had recently returned from Europe. In addition, influenza A(H1N1)pdm09 and influenza B were detected in one patient each with no travel history.

During the same period 207 patients with ILI were tested at two primary healthcare clinic sentinel sites. Influenza B has been detected in four of these specimens. In this period, 535 patients with SARI were tested; influenza A(H3N2) was detected in one, and influenza B in two of these specimens. In addition, 239 other respiratory viruses were detected in the specimens of 195 patients, rhinovirus (126/195, 65%) accounted for the majority followed by RSV (31/195, 16%), and enterovirus (23/195, 12%).

Influenza vaccine for the 2015 influenza season has been delayed but has become publically available in the last week. This is later than in previous years when influenza vaccine was usually available from health facilities and pharmacies during March. The reason for the delay in influenza vaccine availability is that there has been change (drift) in influenza viruses circulating during the 2014 influenza season. Therefore the influenza strains included in the 2015/2016 influenza vaccines had to be changed from the strains used in previous years. This change in strains has resulted in manufacturing and quality control delays of the 2015 southern hemisphere vaccine globally, and subsequently delayed delivery and availability of the vaccine.

Fortunately, the influenza season has not yet started, so health workers should alert their patients of vaccine availability and encourage them to come in for vaccination as soon as possible. It is important to remember that it takes about two weeks from time of vaccination for a protective antibody response to develop.

Groups recommended for influenza vaccination include:

1. Pregnant women irrespective of stage of pregnancy, or postpartum (within 2 weeks after delivery)
2. Persons (adults or children) who are at high risk for influenza and its complications because of underlying medical conditions and who are receiving regular medical care for conditions such as chronic pulmonary (including tuberculosis) and cardiac diseases, chronic renal diseases, diabetes mellitus and similar metabolic disorders, individuals who are immunosuppressed (including HIV-infected persons with CD4 counts >100 cells/ μ l), and individuals who are morbidly obese (body mass index ≥ 40 kg/m²)
3. Healthcare workers
4. Residents of old-age homes and chronic care and rehabilitation institutions
5. Persons over the age of 65 years
6. Children aged 6 months - 59 months
7. Persons aged 6 months to ≤ 18 years on long-term aspirin therapy
8. Adults and children who are family contacts of high-risk cases
9. Any persons wishing to minimise the risk of influenza acquisition, especially in industrial settings, where large-scale absenteeism could cause significant economic losses.

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