



CONTENTS

1 SEASONAL DISEASES

Influenza	1
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2 VACCINE-PREVENTABLE DISEASES

Diphtheria	2
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3 ZOOBOTIC AND VECTOR-BORNE DISEASES

a Rabies	4
b Odyssean malaria in Gauteng Province	4

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

Ebola virus disease (EVD) outbreak: update	5
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5 ANTIMICROBIAL RESISTANCE

Update on carbapenemase-producing Enterobacteriaceae	6
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6 BEYOND OUR BORDERS

	8
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1 SEASONAL DISEASES

Influenza

The 2015 influenza season has started. The influenza season is considered to have started when the influenza detection rate in specimens tested at the NICD from the Viral Watch influenza-like illness (ILI) programme has risen above 10% and is sustained for ≥ 2 weeks. While there have been low levels of influenza circulation since epidemiologic week 11 (week ending 22 March 2015), the number of specimens testing positive for influenza has increased. According to the data from the Viral Watch programme, the detection rate rose to 21.9% in epidemiologic week 19 (week ending 10 May 2015), and to 28.6% in epidemiologic week 20 (week ending 17 May 2015). The average week of influenza season onset over the past 30 years has been the last week of May (range last week of April to first week of July). In addition, the number of specimens submitted by Viral Watch sites has increased from an average of 10 specimens per week during March and April 2015, to 44 specimens for epidemiologic week 20 (week ending 17 May 2015). Influenza A (untyped as yet) has been detected in four patients, influenza A(H1N1)pdm09 in 29, influenza A(H3N2) in 11, and influenza B virus in four patients (Figure 1). In addition, 19

specimens have been received from patients at a point of entry into South Africa; influenza was detected in 11 of these patients.

From 01 January to 10 May 2015, 1 026 specimens from patients admitted with severe respiratory illness were tested from the six sentinel sites in the SARI surveillance programme. Influenza A(H1N1)pdm09 was detected in eight, influenza A(H3N2) in two, and influenza B in four of these specimens. In addition, other respiratory viruses were detected in specimens of 390 patients; rhinovirus (172/390, 44%) accounted for the majority followed by RSV (171/390, 43%).

Influenza vaccination

Influenza vaccination, which provides protection against at least three strains of influenza each season, remains the most effective measure to prevent illness and possibly fatal outcomes. Protecting those who are at increased risk of severe influenza outcomes plays an important role in the management of respiratory illnesses. Vaccines should be given sufficiently early to provide protection for the influenza season (a protective

antibody response takes about 2 weeks to develop), though it is never too late to vaccinate. The 2015 influenza vaccine has been available in South Africa since the end of April and it can be accessed at public health sector clinics and private healthcare providers (pharmacies and private practitioners etc.). Healthcare workers are encouraged to vaccinate individuals in the groups that are targeted for influenza vaccination; this includes, among others, pregnant women and those vulnerable due to pre-existing illnesses or risk factors.

Recommendations on target groups, dosages and contraindications for the 2015 influenza vaccine, and influenza antiviral treatment are available in the Healthcare Workers Handbook on influenza 2015, which can be accessed at: http://www.nicd.ac.za/assets/files/Healthcare%20Workers%20Handbook%20on%20influenza%20in%20SA_%205%20May%202015.pdf.

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

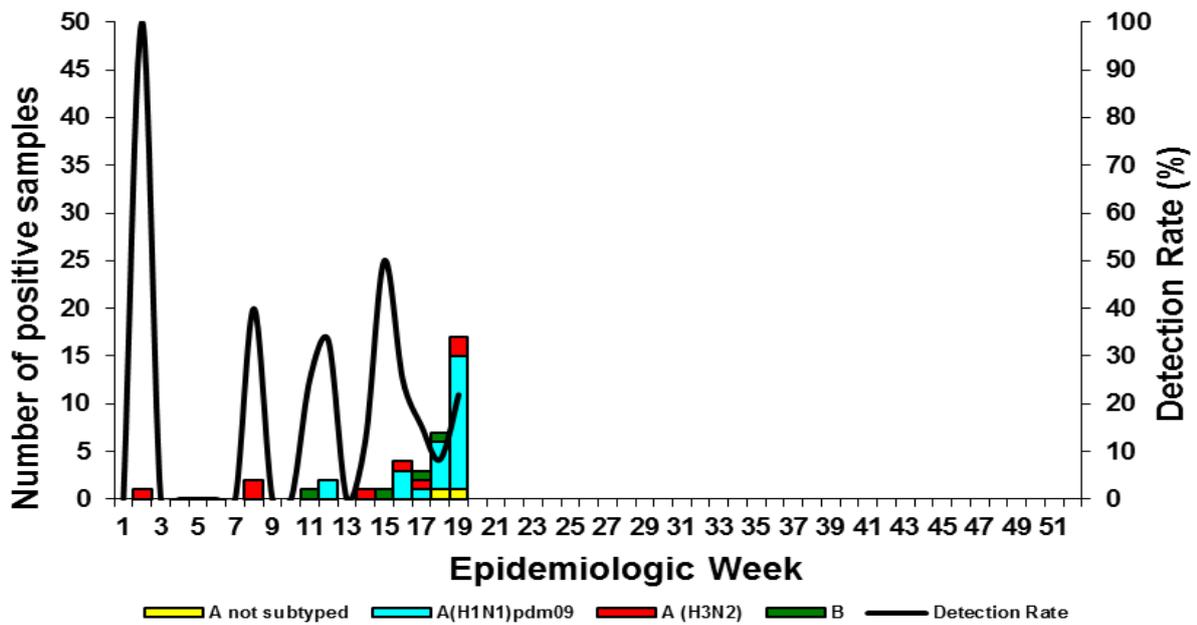


Figure 1. Number of positive samples by influenza types and subtypes and detection rate by week, Viral Watch programme, 2015