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1 SEASONAL DISEASES

Influenza

Data from the influenza surveillance programmes, influenza-like illness (ILI) (at primary healthcare clinics and Viral Watch sites) and severe respiratory illness (SARI), which monitors severe disease in hospitalised patients, show that during the 2013 influenza season the predominant circulating influenza subtype was influenza A(H1N1)pdm09. The start of the annual influenza season in South Africa has typically been defined as the week in which the influenza detection rate has risen above 10% and is sustained at $\geq 10\%$ for two consecutive weeks or more. For the past 30 years, the average start of the influenza season in South Africa has been epidemiological week 22 (last week of May).

In the first ten weeks of 2014, 23 specimens were received from Viral Watch sites. Influenza A(H1N1)pdm09 was detected in two patients, one of whom had recently returned from Europe, and the other had been in contact with European visitors. Influenza A(H3N2) was detected in a tour guide who had been in contact with travellers (mostly from Russia). Influenza B was detected in a patient from KwaZulu-Natal Province with no history of travel. In addition, 17 specimens were taken from persons entering South Africa from abroad; influenza A(H1N1)pdm09 was detected in two and

influenza B in five of these persons respectively. During the same period, 113 patients with ILI were tested at three sentinel healthcare clinic sites, but influenza was not detected in any of these patients. Other respiratory viruses were detected in 61 ILI patients, the majority being rhinovirus (37/61, 61%) followed by respiratory syncytial virus (20/61, 33%).

Between 01 January and 09 March 2014, 274 patients with SARI at the four SARI sentinel sites were tested. Influenza was not detected in any of these patients. Other respiratory viruses were detected in 139 patients, the majority being respiratory syncytial virus (78/139, 56%) followed by rhinovirus (64/139, 46%).

Recommended composition of influenza virus vaccine for use in the 2014 southern hemisphere influenza season

The following strains have been recommended by the World Health Organization (WHO) for the 2014 southern hemisphere influenza season:

- an A/California/7/2009 (H1N1)pdm09-like virus^a
- an A/Texas/50/2012 (H3N2)-like virus^b
- a B/Massachusetts/2/2012-like virus.

^aA/Christchurch/16/2010 is an A/California/7/2009-like virus.

^b A/Texas/50/2012 is an A(H3N2) virus that following adaptation to growth in eggs has maintained antigenic properties similar to the majority of recently circulating cell-propagated A (H3N2) viruses including A/Victoria/361/2011.

The WHO recommendations are available at:

http://www.who.int/influenza/vaccines/virus/recommendations/201309_recommendation.pdf?ua=1

Timing of influenza vaccination

Influenza vaccine is currently available from public sector clinics and private pharmacies. Since it takes about two weeks after vaccination for protective

antibodies to develop, it is recommended that people be vaccinated as soon as possible to ensure that they are protected before the influenza season starts. Healthcare workers are encouraged to discuss influenza vaccination with their patients, in particular those who are at increased risk for severe influenza-associated complications.

Detailed recommendations on target groups, dosages and contraindications for the 2014 influenza vaccine can be accessed in the March issue of the South African Medical Journal, available at: <http://www.samj.org.za/index.php/samj/article/view/8010/5832>

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