

c A malaria update for South Africa, early summer 2016

Malaria is endemic to three of South Africa’s nine provinces and local transmission is restricted to the low-altitude border regions of Limpopo, Mpumalanga and KwaZulu-Natal provinces. However, significant numbers of imported cases are reported from non-endemic areas, particularly Gauteng Province.

South Africa committed itself to halt local malaria transmission within its borders by 2018. Elimination strategy objectives are to strengthen passive and active surveillance, improve capacity to coordinate and implement malaria interventions, appropriately educate the population about malaria, and reduce the human malaria parasite reservoir. The mainstay of malaria control continues to be indoor residual insecticide spraying to substantially reduce the density of mosquito vectors in transmission areas, while limited larviciding is done in selected places.

Cellular phone-based reporting of malaria cases (MalariaConnect) has been implemented over the

recent malaria season to speed up the process of investigating and responding to malaria cases.

When compared with August, there was a steady increase in notified cases in September and October 2016, most notably in Limpopo. However, malaria incidence was approximately 35% lower compared with the corresponding period (September and October) of 2015. This is probably related to the present drought (Figure 4, courtesy of the Malaria Directorate, NDoH).

In the current malaria season there will be increased scrutiny of identified foci of transmission in endemic provinces, characterised by active case finding using sensitive molecular methods to detect submicroscopic parasite carriers, and intensified vector surveillance and control.

Source: Centre for Opportunistic, Tropical and Hospital Infections, NICD-NHLS. Malaria Directorate, National Department of Health (basilb@nicd.ac.za)

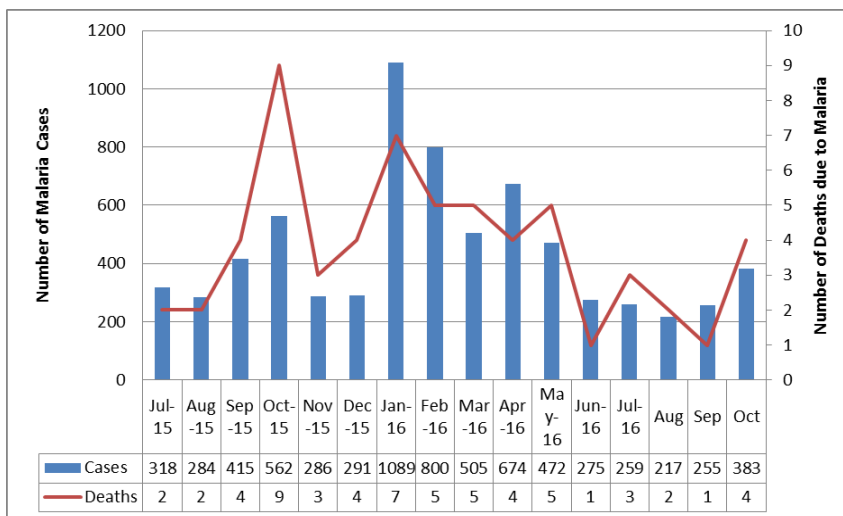


Figure 4. Malaria cases and deaths, all provinces, South Africa, July 2015–October 2016