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Measles alert

There is an urgent need to heighten awareness amongst healthcare professionals for measles surveillance. A laboratory-confirmed measles case was detected through the measles surveillance programme, that of a 16-year-old female from Pretoria with onset of illness on 4 November 2013, presenting with encephalitis and pneumonia requiring intensive care. The patient and her sister were not immunised as children since their mother is an anti-vaccinationist. Outbreak response and investigation following notification of the case led to the retrospective identification of a further four suspected cases but unfortunately no specimens were taken for laboratory testing at the time of illness.

There have been five laboratory-confirmed measles cases in South Africa for 2013 to date. This is of concern, since the pattern of cases is similar to that observed in the early stages of our most recent national measles outbreak in 2009 - 2011, where 18 699 laboratory-confirmed measles cases were reported. As the number of measles-susceptible persons in the population increases due to suboptimal routine vaccination and decreased natural infection rates, the likelihood of an outbreak increases.

There is also ongoing concern about measles cases being imported from countries experiencing outbreaks/sporadic cases. A German national diagnosed with measles on return from a short holiday in South Africa had toured in Gauteng and

Mpumalanga provinces during his measles incubation period in October 2013, but was likely infected prior to travelling. Much closer to home, healthcare professionals should be aware of the current measles outbreak in the Ohangwena Region of northern Namibia which began in September 2013.

South Africa is in the elimination phase for measles, where every case requires notification and investigation. There is an urgent need to strengthen surveillance and vaccinate children against measles at 9 months and again at 18 months of age as recommended in the South African Expanded Programme on Immunisation schedule.

Clinically, measles can be difficult to differentiate from rubella, which is currently circulating throughout the country. Any suspected measles case meeting the case definition should be notified immediately to the Department of Health and a blood sample collected and sent to the NICD for measles testing. The case definition for a suspected measles case is as follows: a patient of any age presenting with fever, rash and at least one of the following: cough, coryza or conjunctivitis. The clotted blood specimen for measles testing should be accompanied by a suspected measles case investigation form (CIF) which can be obtained from the Department of Health or the NICD.

Parents should be advised to vaccinate their children against measles if they are not up to date

with their measles vaccination series. Healthcare professionals are advised to take each contact with children as an opportunity to check vaccination status and road-to-health cards.

Source: Centre for Vaccines and Immunology and Division of Public Health Surveillance and Response, NICD-NHLS; Tshwane Municipality and Tshwane District Department of Health