

2 VACCINE-PREVENTABLE DISEASES

a Measles—a need to heighten surveillance

There has been an increase in measles cases detected from 01 July until 16 September 2016. Nine measles IgM-positive cases were detected, of which eight were from Gauteng and one from Northern Cape. The patients were from the following districts: City of Johannesburg Metro (4 cases), City of Tshwane Metro (1 case), Ekurhuleni District (3 cases), ZF Mgcawu District, Northern Cape (1 case). Cases were amongst both adults and children. This increase more than doubles the number of cases identified in the first 6 months of 2016 (Figure 2), and may represent a risk of an outbreak. Heightened awareness is required for patients with rash illness.

- All patients of any age with fever, rash and one or more of the following: cough, runny nose (coryza) and red eyes (conjunctivitis) should have a blood specimen (serum) collected and sent to the NICD Centre for Vaccines and Immunology for measles IgM testing. Measles diagnosis cannot be confirmed without a laboratory diagnosis.
- All patients who have blood testing for measles, and who meet the case definition for rash-based surveillance (fever, rash and one or more of the following: cough, coryza and conjunctivitis), should be notified to the Department of Health through completion of a measles case investigation form.
- Clinicians should closely scrutinize road to health cards of children admitted to hospital for any reason and should ensure measles vaccination is up to date in all children 6 months and older.
- For older children and adults who may have missed vaccination, it is never too late to catch up measles vaccination.

Source: Centre for Vaccines and Immunology, NICD-NHLS; (melindas@nicd.ac.za)

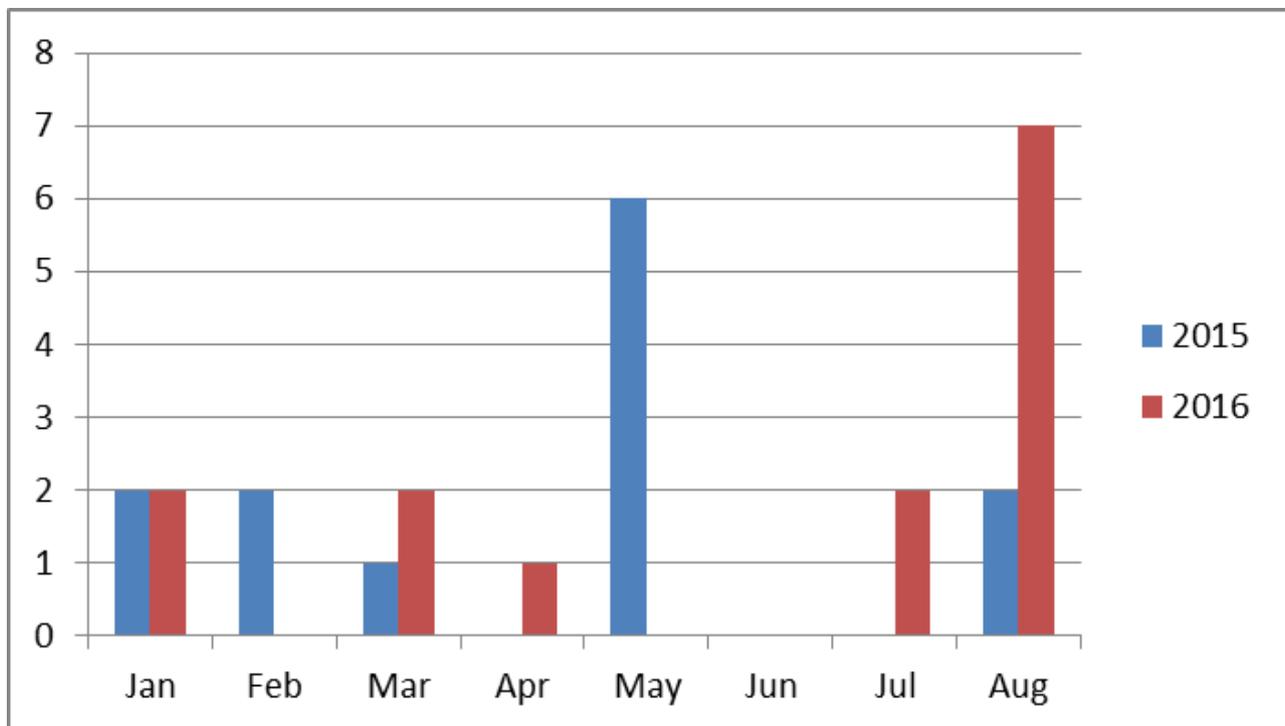


Figure 2. Measles cases (IgM positive) detected in South Africa and confirmed by NICD Centre for Vaccines and Immunology, January to August 2015-16, by month of symptom onset.