

2 VACCINE-PREVENTABLE DISEASES

a Measles in Namibia

The WHO Global Monthly Measles Surveillance Update for October 2014 indicates that Namibia, Angola, Chad, Ethiopia and Somalia reported measles incidence rates of $\geq 50/1,000,000$ population for the 12-month period from September 2013 to August 2014. No measles outbreaks have occurred in South Africa since 2012, although sporadic cases have been identified. South Africa is at risk for importation of wild-type measles virus from the ongoing measles outbreaks in other African countries, and all health practitioners should be vigilant and encourage timely uptake of EPI vaccines.

More than 700 samples from Namibia were tested for measles at the NICD during 2013/2014, and positive cases were further tested to identify the strain of measles virus. A single genotype (B3) was identified, with three distinct clusters. Sequences

from specimens collected from the Ohangwena region, indicated with an arrow in Figure 1 (courtesy of ESA EPI monthly bulletin) formed a unique cluster, whereas sequences from specimens collected from the other highlighted regions in Figure 1 formed the main cluster. The main cluster demonstrates the continued circulation of the virus that caused the large measles outbreak in eastern and southern Africa during 2009-2011. A single sequence (specimen details still to be provided) did not cluster with either group.

Any suspected measles case with fever, rash and at least one of the three Cs (coryza, conjunctivitis or cough) should have a blood sample sent to the NICD with a measles case investigation form (available on the NICD website, www.nicd.ac.za).

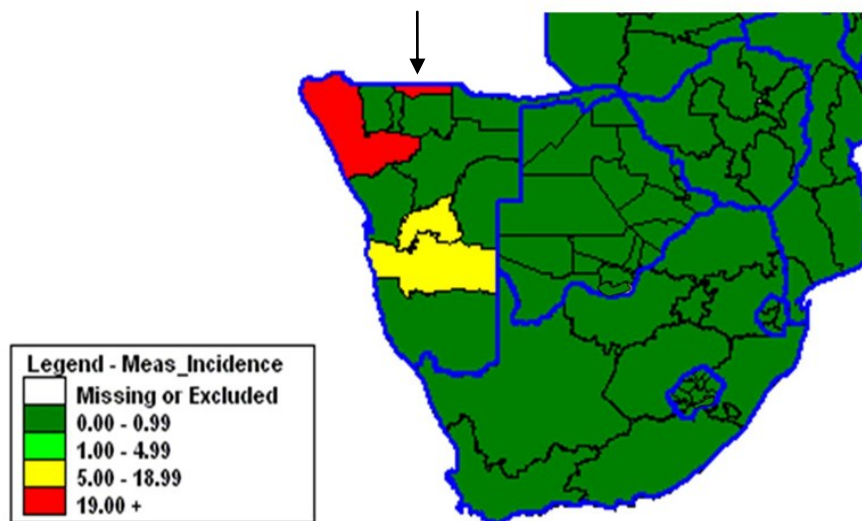


Figure 1. Confirmed measles incidence rate (per 1,000,000) in the eastern and southern African region, August 2014 (data until June 2014)

Source: Centre for Vaccines and Immunology, NICD-NHLS