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1 VACCINE-PREVENTABLE DISEASES

Measles alert

National

As of 04 December 2014, 49 laboratory-confirmed measles cases have been detected through measles surveillance in South Africa during 2014 (Figure 1); the distribution of cases by age group is shown in Table 1. Of major concern is the increase in laboratory-confirmed (IgM positive) measles cases in five provinces (Gauteng, Mpumalanga, KwaZulu-Natal, Northern Cape and Western Cape) over the past two months. Northern Cape Province reported the highest increase in cases (Figure 2) and an outbreak has been declared in one of this province's districts. A cluster of three cases was reported from Ekurhuleni district in Gauteng Province; all three case-patients were children ≤ 9 months of age not yet immunised against measles. Few sporadic laboratory-confirmed measles cases have been noted in Eastern Cape and Free State provinces, whilst no laboratory-confirmed measles cases have been reported from Limpopo or Northwest provinces during 2014 to date.

Northern Cape Province

An outbreak of measles has been declared in ZF Mgcawu (formerly Siyanda) District in Northern Cape Province, where ten laboratory-confirmed

measles cases were detected within a four-week period during September/October 2014. Adults >14 years of age accounted for the highest proportion of cases, followed by children <9 months of age. This district borders both Namibia and Botswana; of note is that Namibia has recently reported an increase in measles cases from certain districts.

As of 04 December 2014, 15 laboratory-confirmed measles cases have been reported from three Northern Cape districts during 2014: ZF Mgcawu ($n=13$), Namakwa ($n=1$) and Pixley Ka Seeme ($n=1$).

Measles case definition and case management

Clinicians countrywide should be on high alert for suspected measles cases. The clinical case definition is fever $>38^{\circ}\text{C}$ plus maculopapular rash plus one (or more) of the three "C"s (cough, coryza or conjunctivitis). Any suspected measles case should be notified immediately to the Department of Health, and a blood sample collected and sent to the National Institute for Communicable Diseases (NICD) for measles serology testing. For measles testing at the NICD, a clotted blood specimen (red

top or dark yellow top) should be sent accompanied by the case investigation form (CIF), which is available from the Department of Health or the NICD. Healthcare workers who have access to throat swabs should additionally send a throat swab on suspected measles cases.

follow up all suspected measles cases and offer measles vaccination to eligible contacts.

Notification of a measles case should be based on a clinical suspicion of measles, and must not be delayed pending results of measles diagnostic tests. This enables the Department of Health to timeously

Healthcare workers are encouraged to check all children’s road-to-health cards at every opportunity. Any missed dose/s of measles vaccine should be caught up regardless of the child’s age. Attitudes to parents should be supportive of catch-up vaccination and avoid a punitive, disciplinarian tone. HIV-infected children should not be excluded for measles vaccination, unless acutely severely ill.

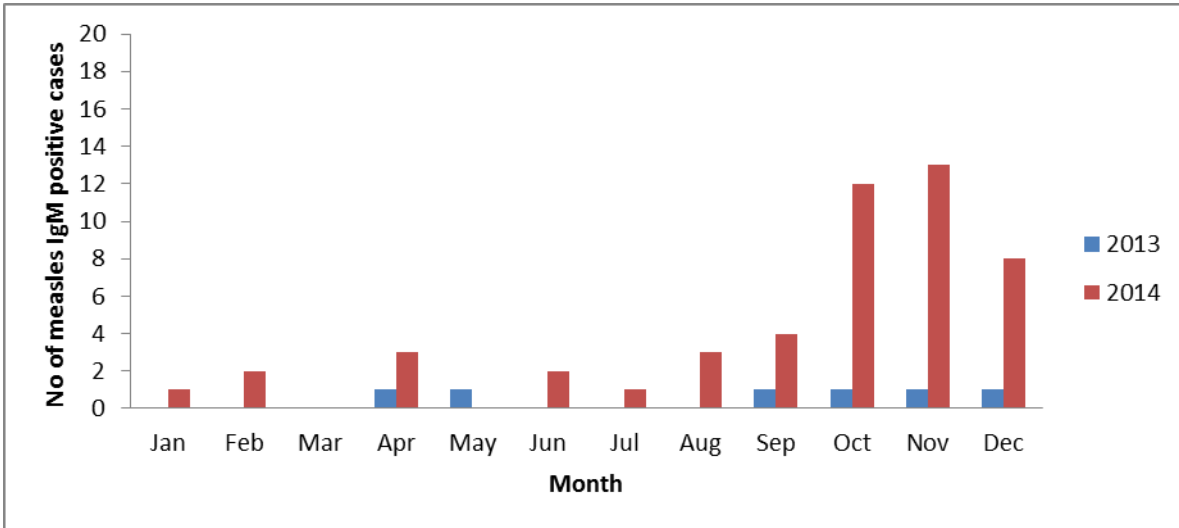


Figure 1. Number of laboratory-confirmed measles cases by month specimens collected in South Africa, 2013 and 2014*

*As of 04 December 2014

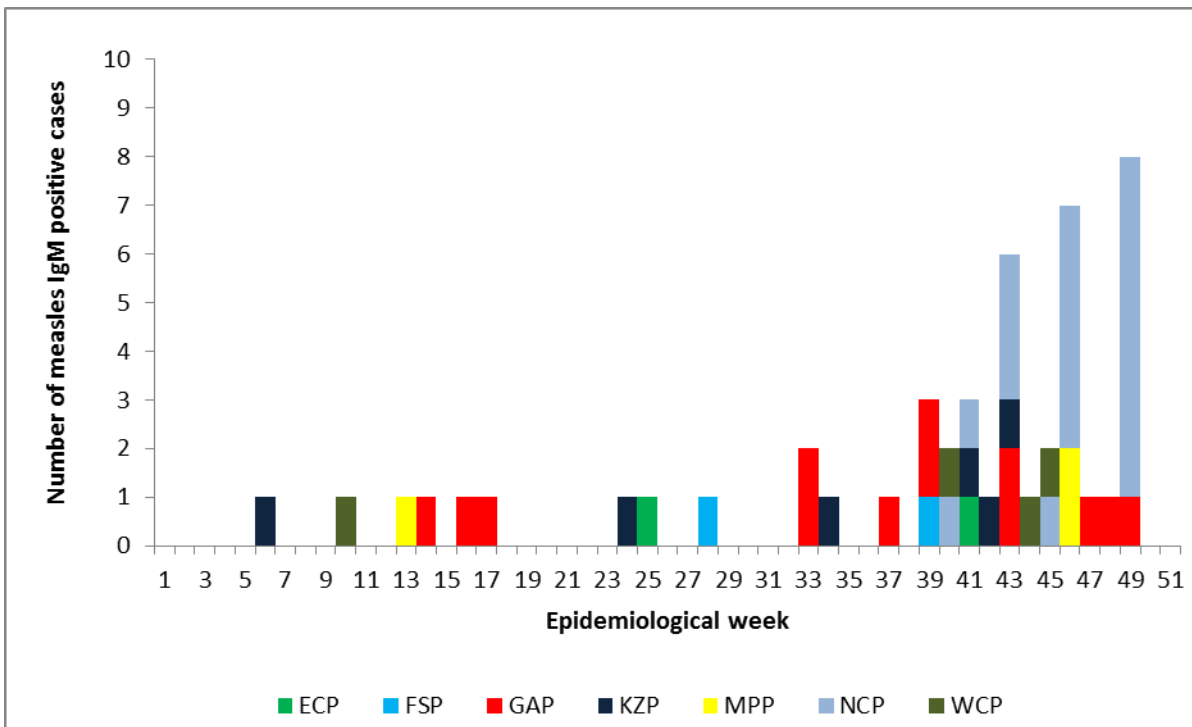


Figure 2. Number of laboratory-confirmed measles cases in South Africa until epidemiological week 49, 2014. An increase in cases is noted from epidemiological week 39 (week starting 21 September) onwards.

Table 1. Laboratory-confirmed measles cases in South Africa by age group and province, 2014* (n=49)

Province	<9 months	9-24 months	2-4 years	5-14 years	>14 years	Total
EASTERN CAPE	0	0	1	1	0	2
FREE STATE	0	0	1	0	1	2
GAUTENG	2	7	0	3	3	15
KWAZULU-NATAL	0	0	4	2	0	6
MPUMALANGA	0	2	0	1	0	3
NORTHERN CAPE	4	1	1	1	10	17
WESTERN CAPE	0	2	1	0	1	4
LIMPOPO	0	0	0	0	0	0
NORTH WEST	0	0	0	0	0	0
South Africa	6	12	8	8	15	49

*As of 04 December 2014

Regarding measles case management, healthcare workers are reminded that vitamin A treatment is beneficial for confirmed measles cases. Vitamin A dosages are as follows: 50 000 IU daily x 2 days for infants <6 months; 100 000 IU daily x 2 days for infants 6-11 months; 200 000 IU daily x 2 days for children 12 months or older.

With regard to infection prevention and control considerations, any suspected measles cases should stay home from school/work/communal gatherings

until five days after the appearance of the rash. In healthcare facilities, patients with measles should be isolated from the onset of symptoms until five days after the rash appears.

Source: Centre for Vaccines and Immunology and Division for Public Health, Surveillance and Response, NICD-NHLS; Department of Health - EPI and Communicable Diseases Directorates (National, Northern Cape Province and Z F Mgcawu District)