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Meningococcal disease

Cases of meningococcal disease continue to be reported countrywide and the meningococcal season appears to be ongoing. There are, however, inherent delays in laboratory-based reporting which lags behind clinical reports.

By the end of epidemiological week 39 (week ending 29 September 2013), a total of 155 laboratory-confirmed cases was reported to the Centre for Respiratory Diseases and Meningitis (CRDM), NICD-NHLS (Table 1). The highest burden of disease is among the <1 year age group, where thirty-seven (24%) cases have been reported so far. A similar number of cases for the equivalent time period and age group in 2012 (n=42, 24%) were reported.

The reported cases were caused by diverse serogroups, which is in keeping with sporadic endemic disease in the country. Serogroup data were available for 97/155 (63%) of cases. Serogroups B and W* have been identified most commonly this year (28/97, 29% serogroup B and 43/97, 44% serogroup W*). There were also seventeen cases of serogroup Y and seven cases of serogroup C disease. Two isolates were non-groupable.

*Previously known as serogroup W135. For a comprehensive description of all current *N. meningitidis* serogroups and nomenclature, please refer to the following article: Harrison OB, Claus H, Jiang Y et al. Description and nomenclature of *Neisseria meningitidis* capsule locus. Emerg Infect Dis (Internet). 2013 April. Free online access at:

http://wwwnc.cdc.gov/eid/article/19/4/11-1799_article.htm

Meningococcal disease occurs throughout the year, but the incidence is highest in the late winter and early spring. Clinicians should have a high index of suspicion for meningococcal disease in patients who present with an acute febrile illness and nonspecific early signs and symptoms. Disease typically has a rapid progression and should be managed as a medical emergency in order to reduce morbidity and mortality. All cases of suspected meningococcal disease (meningitis and sepsis) should be notified telephonically to the Department of Health.

Table 1: Number of laboratory-confirmed meningococcal disease cases reported until end of epidemiological week 39, 2012 and 2013, by province

Province	Year	
	2012	2013
Eastern Cape	30	30
Free State	9	9
Gauteng	65	40
KwaZulu-Natal	20	29
Limpopo	2	2
Mpumalanga	3	3
Northern Cape	0	2
North West	7	4
Western Cape	36	36
	172	155

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS