

b Meningococcal disease

In South Africa, meningococcal disease is endemic with cases occurring year-round, but with seasonal peaks in winter and early spring. In addition, there is a natural cyclical pattern of meningococcal disease with peaks of disease occurring every 5 to 10 years. Current rates of meningococcal disease in South Africa are at a nadir and we are expecting an increase in rates based on known periodicity.

Currently, sporadic cases of meningococcal disease continue to be reported across the country, with no noticeable seasonal increase of laboratory-confirmed cases as yet. There are inherent delays in laboratory-based reporting, which lags behind clinical reports; in addition, because our laboratory-based surveillance system excludes disease diagnosed clinically without laboratory confirmation, reported rates represent a minimum estimate of the true burden of disease.

By the end of epidemiological week 22 (week ending 31 May 2014), a total of 42 laboratory-confirmed cases was reported to the Centre for Respiratory Diseases and Meningitis (CRDM), NICD-NHLS (Table 3). The highest burden of disease is among the <1 year age group, where 10 (24%) cases have been reported so far. A slightly higher number of cases for the equivalent time period and age group in 2013 (n=13, 22%) was 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 35/42 (83%) of cases. Serogroups B, C and W* have been identified most commonly this year (9/35, 26% serogroup B; 9/35, 26% serogroup C and 11/35, 31% serogroup W*). There were also 5 cases of serogroup Y and 1 case of serogroup X disease.

No additional cases have been reported from Eastern Cape Province or in adults 30-39 years of age (increase in case numbers noted in May 2014 Communiqué).

As the meningococcal season is due to start and an increase in cases may be expected this year, 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 and/or confirmed meningococcal disease (meningitis and sepsis) should be notified telephonically to the Department of Health.

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

Table 3. Number of laboratory-confirmed meningococcal disease cases reported until end of week 22, 2013 and 2014, by province

Province	Year	
	2013	2014
Eastern Cape	12	11
Free State	5	2
Gauteng	15	12
KwaZulu-Natal	12	2
Limpopo	0	0
Mpumalanga	1	0
Northern Cape	1	0
North West	0	0
Western Cape	13	15
Total	59	42

*Previously known as serogroup W135. Harrison OB, EID 2013: 19(4) 566-573