

## b Meningococcal disease

In South Africa, meningococcal disease is endemic and cases occur 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.

The meningococcal season is underway with an increase in case numbers reported over the last few months. 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 35 (week ending 31 August 2014), a total of 114 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 19 (17%)

cases have been reported so far. This is lower than the number of cases reported for the equivalent time period and age group in 2013 (n=29, 20%). The reported cases were caused by diverse serogroups, which is in keeping with sporadic endemic disease in the country. Serogroup data were available for 61/114 (54%) of cases. Serogroups B, W\* and Y have been identified most commonly this year (19/61, 31% serogroup B; 18/61, 30% serogroup W\* and 14/61, 23% serogroup Y). There were also 9 cases of serogroup C and 1 case of serogroup X disease. 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.

**Table 3. Number of laboratory-confirmed meningococcal disease cases reported until end of week 35, 2013 and 2014, by province**

Province	Year	
	2013	2014
Eastern Cape	29	25
Free State	10	4
Gauteng	35	33
KwaZulu-Natal	26	12
Limpopo	1	0
Mpumalanga	3	1
Northern Cape	2	0
North West	4	0
Western Cape	33	39
	143	114

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

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