

## 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.

A small increase in reported numbers of meningococcal disease cases was noted over the last few weeks. Overall reported numbers, however, remain lower than in 2013. 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 31 (week ending 31 July 2014), a total of 80 laboratory-confirmed cases was reported to the Centre for Respiratory Diseases and Meningitis (CRDM), NICD-NHLS (Table 2). The highest burden of disease is among the <1 year age group, where 12 (15%) 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=26, 21%).

The reported cases were caused by diverse serogroups, which is in keeping with sporadic endemic disease in the country. Serogroup data were available for 38/80 (48%) cases. Serogroups B, C and W\* have been identified most commonly this year (11/38, 29% serogroup B; 9/38, 24% serogroup C and 11/38, 29% serogroup W\*). There were also 6 cases of serogroup Y and 1 case of serogroup X disease.

Healthcare workers 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 2: Number of laboratory-confirmed meningococcal disease cases reported until end of week 31, 2013 and 2014, by province**

| Province      | Year |      |
|---------------|------|------|
|               | 2013 | 2014 |
| Eastern Cape  | 25   | 18   |
| Free State    | 10   | 3    |
| Gauteng       | 28   | 22   |
| KwaZulu-Natal | 22   | 5    |
| Limpopo       | 0    | 0    |
| Mpumalanga    | 2    | 1    |
| Northern Cape | 1    | 0    |
| North West    | 4    | 0    |
| Western Cape  | 29   | 31   |
|               | 121  | 80   |

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

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