

b Meningococcal disease

Meningococcal disease is endemic in South Africa. Although cases occur year-round, seasonal peaks are noted 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 slight increase in case numbers has been reported over the last few weeks, in line with the normal seasonal increase of cases seen during the winter months. There are inherent delays in laboratory-based reporting, which lags behind clinical reports; in addition, because laboratory-based surveillance excludes disease diagnosed clinically without laboratory confirmation, observed rates represent a minimum estimate of the true burden of disease.

By the end of epidemiological week 26 (week ending 28 June 2015), a total of 56 laboratory-confirmed cases was reported to the Centre for Respiratory Diseases and Meningitis (CRDM), NICD-NHLS (Table 1). The highest burden of disease is seen in young children. Amongst the <1 year age

group, 10 (18%) cases have been reported so far, similar to the number of cases for the equivalent time period and age group in 2014 (n=11, 18%).

The reported cases were caused by diverse serogroups, which is in keeping with sporadic endemic disease in the country. Serogroup data were available for 35/56 (63%) of cases. Serogroups B, W* and Y have been identified most commonly this year (10/35, 29% serogroup B; 12/35, 34% serogroup W* and 9/35, 26% serogroup Y). There were also 4 cases of serogroup C disease.

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

Since the meningococcal season is underway, 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 1. Number of laboratory-confirmed meningococcal disease cases reported until end of week 26, 2014 and 2015, by province

Province	Year	
	2014	2015
Eastern Cape	14	14
Free State	2	4
Gauteng	17	10
KwaZulu-Natal	3	7
Limpopo	0	1
Mpumalanga	1	3
Northern Cape	0	0
North West	0	2
Western Cape	24	15
Total	61	56

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