

2 SEASONAL DISEASES

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 the laboratory-based surveillance system 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 18 (week ending 30 April 2014), a total of 36 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 9 (25%) cases have been reported so far. A lower number of cases for the equivalent time period and age group in 2013 (n=7, 16%) were reported. In addition, a small increase in case numbers was noted in some groups when compared to the same period last year: in Eastern Cape Province (where laboratory-confirmed cases are

generally poorly reported, so any increase is examined), and in adults 30-39 years of age. Cases from both these groups were reviewed and were not obviously epidemiologically linked.

The reported cases were caused by diverse serogroups, which is in keeping with sporadic endemic disease in the country. Serogroup data were available for 29/36 (81%) of cases. Serogroups B, C and W* have been identified most commonly this year (7/29, 24% serogroup B; 7/29, 24% serogroup C and 10/29, 34% serogroup W*). There were also four cases of serogroup Y and one case of serogroup X disease.

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.

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

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

Table 3: Number of laboratory-confirmed meningococcal disease cases reported until end of epidemiological week 18, 2013 and 2014, by province.

Province	Year	
	2012	2013
Eastern Cape	8	7
Free State	0	3
Gauteng	20	4
KwaZulu-Natal	8	5
Limpopo	1	1
Mpumalanga	1	1
Northern Cape	0	1
North West	2	1
Western Cape	11	10
	51	33