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1 SEASONAL DISEASES

a Seasonal influenza

Influenza surveillance

The 2014 influenza season has started. Testing of additional specimens, some of which are still to be subtyped, indicate that the influenza season started in epidemiological week 21 (week ending 25 May). The influenza season is considered to have started when the detection rate of specimens tested at the NICD-NHLS for the influenza-like-illness surveillance programme (the Viral Watch), has risen to $\geq 10\%$ and is sustained for ≥ 2 consecutive weeks. The influenza detection rate of specimens submitted to the Viral Watch programme rose to 15.8% in epidemiological week 21 and continued to rise, reaching 82.4% in epidemiological week 27 (week ending 06 July).

Of the 267 Viral Watch specimens testing positive for influenza A, influenza A(H1N1)pdm09 virus has been detected in 9% (23/267), influenza A(H3N2) in 83% (223/267), and influenza B virus in 4% (11/267) of patients, with 10 specimens unsubtyped as yet.

In addition, 28 specimens have been received from patients at a point of entry into South Africa. Influenza A(H1N1)pdm09 and influenza A(H3N2)

were detected in two each, and influenza B in eight of these patients. As at 06 July 2014, 866 patients hospitalised with severe acute respiratory illness were tested for respiratory viruses at four sentinel sites. Of these, 16 patients tested positive for influenza. Influenza A(H3N2) was detected in 14, influenza A(H1N1)pdm09 in one, and influenza B in one of these patients. In addition, 28% (242/866), 23% (195/866) and 9% (75/866) of patients were positive for rhinovirus, respiratory syncytial virus and adenovirus, respectively.

Although the influenza season has already started, clinicians are reminded that they should continue to encourage their patients to get vaccinated for influenza, and they should also consider influenza as a differential diagnosis when managing patients hospitalised with lower respiratory tract infection. Consideration should be given to including oseltamivir as empiric treatment in patients who **have complicated or severe influenza or are at higher risk for influenza complications**. Risk groups for severe/complicated influenza disease include:

- Pregnant women (including the first two weeks of the post-partum period)

- Infants and young children (particularly <2 years of age)
- Persons of any age with chronic diseases, including:
 - ◊ Pulmonary diseases (e.g. asthma, COPD, TB)
 - ◊ Cardiac diseases, except for hypertension (e.g. congestive cardiac failure)
 - ◊ Metabolic disorders (e.g. diabetes)
 - ◊ Renal disease
 - ◊ Hepatic disease
 - ◊ Certain neurologic and neurodevelopmental conditions, including: disorders of the brain, spinal cord, peripheral nerves, and muscle such as cerebral palsy; epilepsy (seizure disorders); stroke; mental retardation; moderate to severe developmental delay; muscular dystrophy; or spinal cord injury.
- ◊ Haemoglobinopathies (e.g. sickle cell disease)
- ◊ Immunosuppression (e.g. HIV, persons on immunosuppressive medication, malignancy)
- ◊ Persons ≤18 years receiving chronic aspirin therapy
- Persons aged ≥65 years
- Persons who are morbidly obese (i.e. BMI ≥40).

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

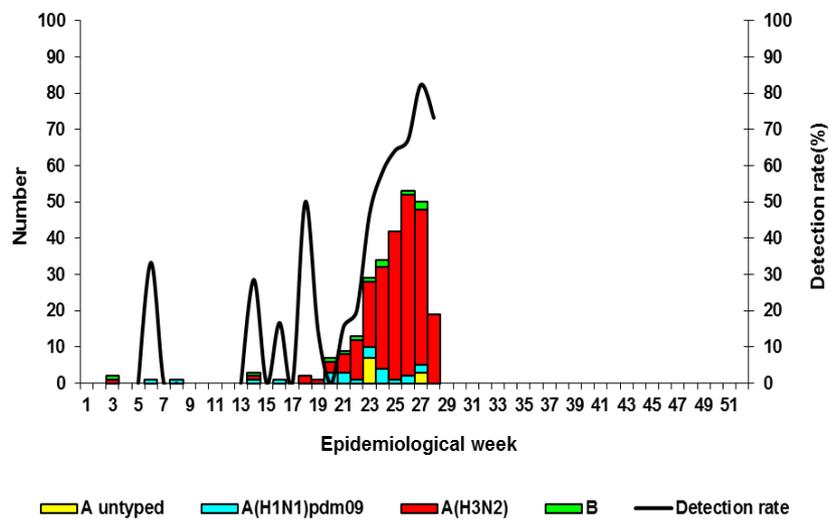


Figure 1. Influenza detections by type and subtype, Viral Watch surveillance programme, 2014