Malaria in South Africa 2017: an update

Malaria is seasonal in South Africa (SA) with peaks occurring during the rainy months from September to May. Of the nine provinces in SA, malaria is endemic in only three, namely: Limpopo, Mpumalanga and KwaZulu-Natal. The areas of transmission are the north-eastern parts of Limpopo Province (along the Mozambican and Zimbabwean borders), the Lowveld areas of Mpumalanga Province (including the Kruger National Park but excluding Mbombela/Nelspruit District Municipality and immediate surrounds) and the far northern parts of KwaZulu-Natal Province.

The current 2016/17 malaria season has seen a significant increase in the malaria cases and deaths compared to the 2015/16 season. An upsurge in cases during the period, 23 April to 19 May 2017 in both Limpopo and Mpumalanga provinces coincided with increased travelling during the Easter weekend both within SA and from neighbouring endemic countries (Figure 5). The affected areas were the Greater Giyani (Mopani) and Thulamela (Vhembe) Municipalities in Limpopo Province (LP) and Bushbuckridge and Mbombela sub-districts in Mpumalanga Province (MP). This led to Mpumalanga Province declaring an outbreak in the Bushbuckridge (BBR) area during the second week of May.

The total number of cases in SA during April 2017 was 3 463 compared to 675 in April 2016; while the total number of cases during May 2017 was 2 783 compared to 472 in May 2016. The fewer cases reported in 2016 may be related to drought conditions prevailing in that year. Factors contributing to the upsurge included the rise in ambient temperature, rainfall and humidity reported over the season and a reduction in indoor residual spraying (IRS) in areas where malaria cases had declined in recent seasons. Stock-outs of rapid diagnostic test (RDT) kits and oral antimalarials for uncomplicated malaria resulted in most patients being referred to hospitals, however the supplies were restored in all the facilities.

The cooler temperatures in June marked the end of the malaria season as cases continue to decrease. However, clinicians should still be vigilant for malaria amongst travellers returning from malaria risk areas, especially given the prolonged season and overlap in clinical presentation of influenza virus infection as the flu season has begun. The annual provincial malaria reviews are planned as follows: Limpopo Province: 27 – 29 June 2017 and Mpumalanga Province: 12 – 14 July 2017.

Source: Division of Public Health, Surveillance and Response, NICD-NHLS; Limpopo Province Department of Health; Mpumalanga Provincial Department of Health (lucilleb@nicd.ac.za)

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**Figure 5.** Total malaria cases in high reporting provinces of South Africa, 2015/2016 – 2016/2017 Financial years (data courtesy of the National Department of Health)