

Summary

- The outbreak continues, with three additional cases recorded since the last update.
- At present, the source of the outbreak is not known, so it is uncertain which food/s may be implicated. Cases of listeriosis will continue to be investigated, with trace back and further investigation of any positive food/environmental samples.

As of 04 January 2018, a total of 720 laboratory-confirmed listeriosis cases have been reported to NICD since 01 January 2017 (Figure 1). Most cases have been reported from Gauteng Province (61%, 438/720) followed by Western Cape (13%, 92/720) and KwaZulu-Natal (7%, 50/720) provinces. Cases have been diagnosed in both public (65%, 471/720) and private (35%, 249/720) healthcare sectors. Diagnosis was based most commonly on the isolation of *Listeria monocytogenes* in blood culture (70%, 504/720), followed by CSF (24%, 175/720). Where age was reported (n=686), ages range from birth to 93 years (median 26 years) and 39% (271/686) are neonates aged ≤ 28 days (Figure 2). Of neonatal cases, 96% (261/271) had early-onset disease (birth to ≤ 6 days). Females account for 55% (385/695) of cases where gender is reported. As of 02 January 2018, case investigation forms (CIFs) of variable completeness have been received for 264/712 (37%) cases. Apart from neonates (≤ 28 days) and the elderly (>65 years), additional risk factors for listeriosis reported include pregnancy (15/61 females aged 15-49 years where pregnancy status known) and HIV infection status (44/120 cases with known HIV infection status are HIV-positive). Final outcome data is available for only 19% (134/712) of cases, of which 45% (61/134) died.

Note:

- Case data is the best available at time of publication.
- Due to recent challenges with NHLS laboratory information system data (since epidemiological week 47) and a possible lag in reporting as a result of the public holidays, case numbers for weeks 47 – 52 of 2017 are likely to change on a daily basis and trends must be interpreted with caution until it has been confirmed that all cases have been captured.
- ❖ All healthcare workers are requested to complete case investigation forms (CIFs – available on the website) for case-patients with listeriosis, and submit these to the NICD (outbreak@nicd.ac.za).
- ❖ Clinical listeriosis management guidelines are available on the website (www.nicd.ac.za).
- ❖ Where clinicians suspect listeriosis but specimens (including CSF and blood) are culture negative, a polymerase chain reaction (PCR)-based test can be performed at the NICD. Please contact nicolap@nicd.ac.za, junot@nicd.ac.za or arvindas@nicd.ac.za for further details.
- ❖ The NICD continues to operate its 24-hour hotline for clinicians.

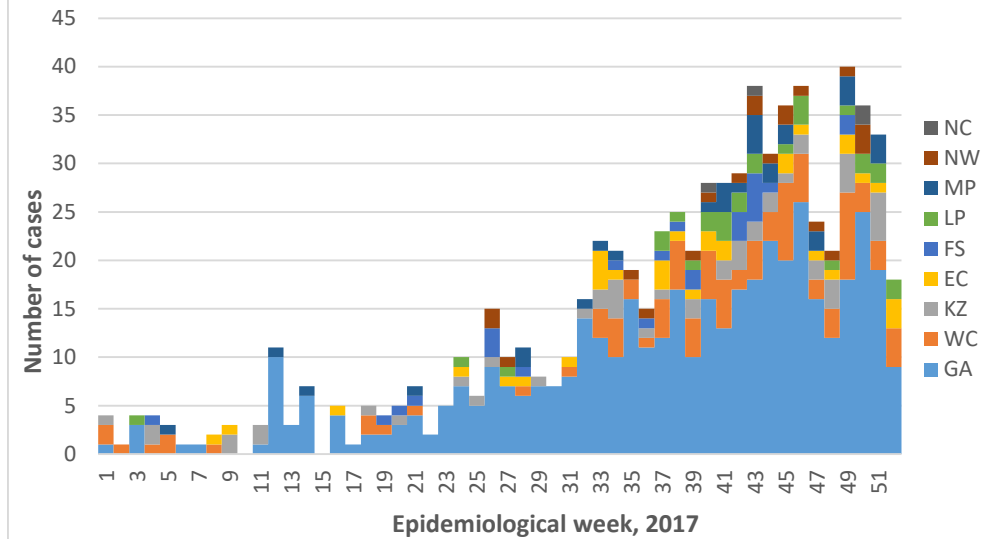


Figure 1: Epidemic curve of laboratory-confirmed listeriosis cases by epidemiological week and date of sample collection and province, South Africa, 01 January 2017 to 04 January 2018 (n=720)

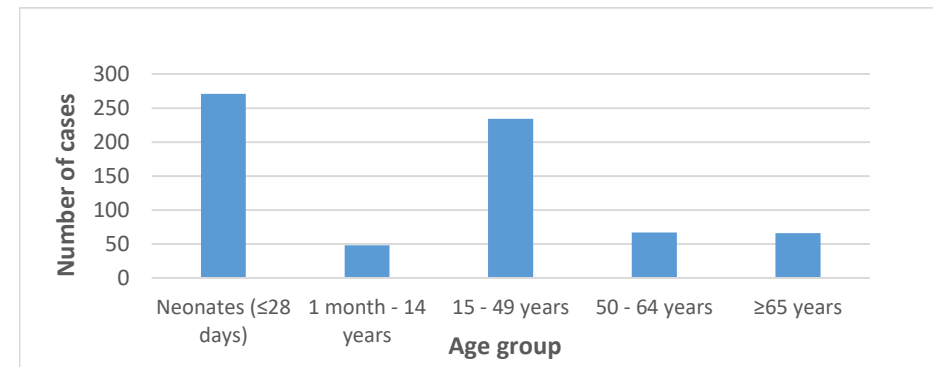


Figure 2: Age distribution of laboratory-confirmed listeriosis cases, South Africa, 01 January 2017 to 04 January 2018 (n=686)