

7 CAPACITY BUILDING

a The 7th African Field Epidemiology Network Scientific Conference

The 7th African Field Epidemiology Network (AFENET) Scientific Conference, was held from 12 - 16 November 2018 in Maputo, Mozambique. The Mozambique Field Epidemiology and Laboratory Training Program (MZ-FELTP) together with the National Institute of Health (INS) under the Mozambique Ministry of Health jointly organised this year's conference. The theme of the conference was 'Building resilient and sustainable public health systems in Africa through Field Epidemiology Training'. It provided FE(L)TP residents and graduates from all over the continent an opportunity to network and advance public health through sharing their field experiences and research.

The South African Field Epidemiology Training Programme (SAFETP) is one of 31 member programmes affiliated to AFENET, which received a total of 699 abstracts for review, of which 413 were accepted for either oral, oral/ipooster or poster presentation. SAFETP had seven oral presentations (Table 2), and staff moderated and evaluated a number of sessions

at the conference. At the closing ceremony of the conference, SAFETP second year resident Poncho Bapela was awarded the 2nd best oral presenter for her presentation titled 'Investigation of clusters of malaria cases in Gauteng Province, South Africa – September to October 2017'. At the same ceremony, AFENET officially inaugurated the AFENET Corps of Disease Detectives (ACoDD) for Southern Africa. This initiative aims to strengthen public health emergency response and other public health emergencies in Mozambique, Namibia, South Africa, Zambia, and Zimbabwe. Fhatuwani Gavhi (2018 Cohort), Emelda Ramutshila (2017 Cohort), Khuliso Ravhuhali and Jackie Kleynhans (2016 Cohort), and Dr. Lazarus Kuonza (SAFETP) Senior Medical Epidemiologist were 'decorated' (conferred membership of the ACoDD) during the inauguration.

Source: South African Field Epidemiology Training Programme, NICD-NHLS; carlr@nicd.ac.za

Table 2. Oral presentations by SAFETP residents and graduates at the 7th AFENET Conference, Maputo, Mozambique, November 2018

Name of resident	Cohort	Presentation Title
Andronica M. Shonhiwa	2012	An outbreak of necrotising enterocolitis of unknown aetiology in newborns admitted to a neonatal unit in Gauteng Province, South Africa, March–August 2018
Emelda Ramutshila	2017	Group A streptococcus outbreak in a long-term care facility, Johannesburg, South Africa, 1 September 2017 to 31 October 2017
Mpho Sikhosana	2017	Epidemiology of laboratory-confirmed mumps infections in South Africa, 2012-2017
Poncho Bapela	2017	Investigation of clusters of malaria cases in Gauteng Province, South Africa, September to October 2017
		Food history interviews to identify the source of a large food-borne listeriosis outbreak in South Africa, 2017-2018
Tracy Arendse	2017	Gastrointestinal illness outbreak investigation at a training facility in Johannesburg, South Africa, July 2017
Tebogo Matjokotja	2018	High risk of HIV infection among youth: who are their sexual partners?

b Global Outbreak Alert and Response Network

The Global Outbreak Alert and Response Network (GOARN) is a multidisciplinary network of technical and operational resources from over 200 global, regional and national public health institutions, specialist public health networks in epidemiology, infection control and biomedical sciences, networks of laboratories, many United Nations organizations and international non-governmental organizations. GOARN harnesses international resources at the request of affected WHO Member States to augment their re-

sponse to ongoing or potential public health emergencies. This is achieved by the use of the Guiding Principles of International Outbreak Alert and Response, which aims to improve the coordination of international assistance in support of local efforts.

Since its inception in 2000, GOARN has conducted over 120 deployments in 85 countries and deployed more than 2 300 experts in the field to assist Member States to characterise and control disease out-

breaks and respond to natural disasters and humanitarian emergencies. South Africa was a beneficiary of GOARN when experts were deployed, at the request of the National Department of Health, to assist with the listeriosis outbreak.

The NICD has a strong partnership with GOARN. NICD staff were deployed to West Africa in response to the 2014-2015 Ebola outbreak. Drs Villyen Motaze (Centre for Vaccines and Immunology, CVI) and Nicole Wolter (Centre for Respiratory Diseases and Meningitis, CRDM) were selected to undergo GOARN training for response to outbreaks early this year. Dr Motaze was deployed in June 2018 for six weeks to assist with the ongoing Ebola outbreak in the Demo-

cratic Republic of Congo.

The NICD participates in the weekly GOARN operational conference call where all participating countries present updates on ongoing global emergencies or outbreaks.

Supporting and strengthening such networks is key to rapid, coordinated and well-resourced outbreak responses.

Source: Division of Public Health Surveillance and Response, NICD-NHLS; outbreak@nicd.ac.za

8 FREQUENTLY-ASKED QUESTIONS TO THE NICD 24-HOUR HOTLINE

a How do I request testing for CCHF at the NICD?

Crimean-Congo haemorrhagic fever (CCHF) is an endemic, tick-borne cause of haemorrhagic fever in South Africa. Most cases of CCHF in South Africa is reported from the Northern Cape, Free State and North West provinces. Cases have however been reported from all the other provinces. In South Africa, most cases of CCHF reported tick bites (*Hyalomma* spp., specifically 'bontpoot' ticks) 1-3 days before developing illness. Cases mostly involve farmers, farm workers and people living in rural communities, and others who undertake activities (for example camping or hiking) that may predispose them to tick exposures. CCHF virus may also be transmitted through contact with infected blood, tissues and in the nosocomial setting, but this is rarely reported.

When a case of CCHF is suspected, the attending clinician should consult with the NICD doctor-on-call by phoning 082 883 9920. If CCHF is suspected, the case must be notified using the Notifiable Medical Conditions (NMC) application (or alternative measures) available on the NICD website (www.nicd.ac.za) within 24 hours. Laboratory

investigation will be directed by the doctor-on-call based on the clinical history of the patient and may include molecular testing, serological testing and virus isolation.

Blood (1-2 tubes of serum or clotted blood, and whole blood) should be submitted with a completed case investigation form. Transport of samples should be in accordance with national and international guidelines for the transport of dangerous biological goods. Case investigation forms and instructions for the submission of samples for viral haemorrhagic fever (VHF) investigation are available from the NICD website (<http://www.nicd.ac.za/index.php/crimean-congo-haemorrhagic-fever-cCHF/>). The guidelines for management of cases of VHF in South Africa are also available from this webpage.

Source: Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; januszp@nicd.ac.za

9 BEYOND OUR BORDERS

The 'Beyond our Borders' column focuses on selected and current international diseases that may affect South Africans travelling abroad. Numbers correspond to Figure 6 on page 14.

1. Anthrax: Namibia

Thirteen human anthrax cases were recorded at Sesfontein in the Kunene Region after 35 residents consumed the meat of livestock which died of unknown disease. No deaths have been reported, and the disease has since been contained. A total of 92 small stock died from the outbreak in Sesfontein, while 23 buffalo died in the Bwabwata National Park. Post-exposure prophylactic medicines have been administered to 44 people in the areas of Omiriu and Okamba yOzongombo in Kunene. Symptoms and signs in humans include swollen and painful lymph glands, vomiting, abdominal pain,

headaches, loss of appetite, fever, and sore throat.

2. Yellow fever: Ethiopia

An outbreak of yellow fever has been confirmed in the Wolaita Zone of the Southern Nations, Nationalities, and Peoples' (SNNP) Region of Ethiopia. Since the index case in late August 2018, 35 suspected yellow fever cases have been reported. The International Coordinating Group (ICG) has approved 1.45 million doses of yellow fever vaccine from the global emergency vaccine stockpile for a mass reactive vaccination campaign, targeting 1.34 million people in nine districts of two