practices in health care facilities, especially antenatal clinics need to be further strengthened. Stringent hand hygiene is essential. Contact tracing activities continue in 10 affected health zones with over 24 000 contacts registered to date. The daily follow-up rates among listed contacts ranged from 90-95% over the past week. As of 2 December 2018, over 18 million travellers have been screened, 127 alerts notified, and 40 alerts validated of which two have been confirmed. As of 3 December 2018, the cumulative number of people vaccinated is 39 845.

WHO risk assessment
This outbreak of EVD is affecting north-eastern provinces of the Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include the transportation links between the affected areas, the rest of the country, and neighbouring countries including the displacement of Congolese refugees to neighbouring countries. Additionally, the security situation in North Kivu and Ituri may hinder the implementation of response activities. Based on this context, on 28 September 2018, the public health risk assessment was revised from high to be very high at the national and regional levels, and low globally. WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on currently available information.

Situation in South Africa
As at 18 December 2018, there have been no EVD cases in South Africa associated with the current outbreak in the DRC. In addition, there are no suspected cases of EVD in South Africa at present.

Source: Division of Public Health Surveillance and Response, NICD-NHLS (outbreak@nicd.ac.za); WHO: www.who.int

4 SEASONAL DISEASES

a Malaria prevention guidelines updated—2018

Last month's NICD Communicable Diseases Communiqué (November 2018, Vol. 17 (11): 10-11) carried an alert about the expected seasonal increase in malaria and the new malaria risk map for South Africa (Risk map). The 2017 South African Guidelines for the Prevention of Malaria have been updated and are also available on the NICD website, www.nicd.ac.za.

Addendum to the South African Guidelines for the Prevention of Malaria, updated 2018
Although mefloquine is given as an option for chemoprophylaxis, there are currently no mefloquine-containing products available in South Africa – Lariam® has been discontinued in this country and Cipla have manufacturing issues regarding Mefliam® that will take a while to be resolved. This means that there is currently no product that can be used for pregnant travellers or children weighing less than 11 kg. As these are also the travellers at highest risk of complicated malaria, they should be strongly advised not to go to malaria risk areas. If they have no option but to go, they should use all methods available to prevent getting bitten by mosquitoes, and should seek immediate medical attention should they have any signs of illness.
There have been some important changes to the guidelines, namely:

- Both doxycycline and atovaquone-proguanil are now Schedule 2 and are available from pharmacies without a prescription.
- The South African Malaria Risk Map has been updated, and some areas that were previously low risk areas are now classified as moderate risk. The changes have been made based on notifications of confirmed cases of locally-acquired malaria infections over the past five malaria seasons (2014-2018). See page 40 of the guidelines.

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

b Enterovirus meningitis outbreak in Khayelitsha Sub-district, Western

On 27 November 2018, clinicians at a hospital in Cape Town, Khayelitsha Sub-district, Western Cape Province, alerted the Western Cape Department of Health (WCDoH) to an increase in cases of confirmed enteroviral meningitis. From 1 September to 5 December 2018, a total of 38 (13 females) children <12 years was diagnosed with PCR-confirmed enteroviral meningitis (Figure 2).

The median age at presentation was 5.5 years (IQR (2.59 – 8.03 years). Twelve (32%) children were <5 years, and of these, six were <1 year of age. The majority of children presented with fever and vomiting, while older children complained of headache. Clinical features of meningitis were present in the majority of children, including irritability, neck stiffness or photophobia. One child had a seizure and one had a rash.

Examination of the cerebrospinal fluid (CSF) revealed a median total white cell count of 51 cells/ml (IQR 27—104 cells/ml). The median percentage of polymorphonuclear neutrophils (PMN) were 71% and the majority of children had fewer lymphocytes than PMN.