measles. For some, not seeing these physical reminders makes it harder to weigh up the risks and benefits of vaccination.

Some containment strategies being employed by countries experiencing outbreaks are to keep children home from school, close schools and stop those with suspected infection from travelling. However, measles is easily transmitted as the virus can be contracted by someone up to two hours after an infected person has left the room. It spreads through air and infects the respiratory tract, potentially killing malnourished children or babies too young to be vaccinated.

Ensuring increased vaccination coverage rates, is the best solution to curb the global public health threat. Strengthening immunisation programmes to deliver the vaccines, and training healthcare workers to provide quality services will also go a long way in gaining the public’s support for routine vaccine uptake. All public healthcare professionals should work to inform every parent that vaccines are safe and effective and can save a child’s life. The current global measles situation is a reminder that lack of action today, will have disastrous consequences tomorrow.

Source: UNICEF; WHO; The Economist, Lancet, ProMED Mail. outbreak@nicd.ac.za

6 SEASONAL DISEASES

b Update on malaria: Odyssean cases in Gauteng Province

The NICD and Tshwane District outbreak response team investigated two cases of odyssean malaria on 30 April. They were a four-month-old infant living in a settlement adjacent to Laudium and a 35-year-old man living in Olievenhoutbosch. Both cases were seen at Kalafong Hospital but they were not epidemiologically linked. Unfortunately, the man died soon after admission but the baby was making a good recovery at the time of our visit. Through interviews, we excluded other mechanisms of transmission (e.g. injections, blood transfusions) and confirmed that neither the patients, their families nor immediate neighbours had travelled to malaria-endemic areas in the preceding month.

No Anopheles species mosquito larvae or adults were detected in or around either residence. The first was an informal dwelling, located far inside the settlement with no taxi ranks or bus stops nearby. The second was formal housing situated near a relatively busy road. Based on locations and timeline, the importation of two different infective mosquitoes (typically by car or taxi) was probably responsible. Usually, the South African malaria season tapers off rapidly in May, but healthcare workers should remain vigilant for odyssean malaria cases that may occur at any time if infective mosquitoes are inadvertently transported from warmer endemic areas.

Source: Centre for Emerging Zoonotic and Parasitic Diseases; Tshwane District Health. johnf@nicd.ac.za

Figure 6. Annual reported malaria cases and deaths, South Africa, 2000-2019. Data included until end of April 2019, subject to updating. Source: National Department of Health, South Africa.