

1 ZOO NOTIC AND VECTOR-BORNE DISEASES

a An update on rabies in South Africa

Eight cases of human rabies were confirmed for South Africa for 2019 to date. These cases were from three different provinces: KwaZulu-Natal (n=3), Eastern Cape (n=3) and Limpopo (n=2). In addition, two deaths were classified as probable rabies cases, one case from KwaZulu-Natal Province and another from the Eastern Cape Province.

As dog bites cause almost all human rabies cases in South Africa and globally, dog vaccination programmes are the most effective way to reduce the risk of this disease. The Department of Agriculture and Rural Development holds regular vaccination clinics in hotspot areas gripped by rabies outbreaks, predominantly in the eastern part of South Africa (Figures 1 and 2). It however remains the responsi-

bility of the pet owner to have domestic dogs (and cats) vaccinated against the disease.

Even after exposure to a rabid dog, the development of clinical rabies disease can be prevented through timely administration of prophylactic vaccine and rabies immunoglobulin. The guidelines for prophylaxis and further information on rabies are accessible at www.nicd.ac.za

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

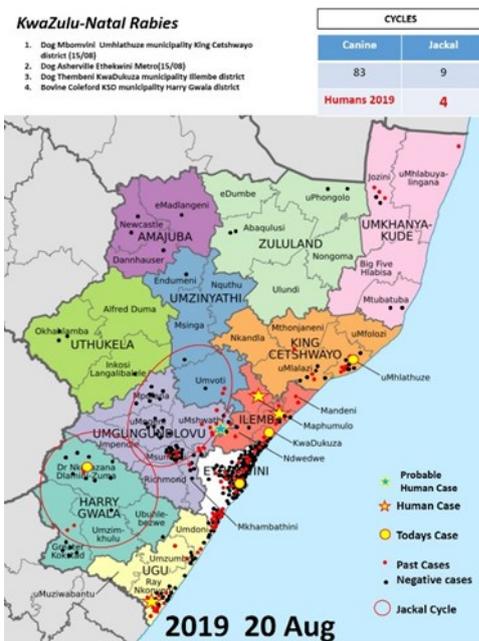


Figure 1 & 2. Canine and human rabies detection in KwaZulu-Natal and Eastern Cape provinces
 Source: Kevin le Roux, Department of Agriculture, Environment and Rural Development, KwaZulu-Natal

2 HOSPITAL ASSOCIATED INFECTIONS

a Candida auris update

Globally, *Candida auris*, the multidrug-resistant fungus, causes invasive disease and healthcare-associated outbreaks (1). NICD conducted active national laboratory-based surveillance for candidaemia (a type of fungal bloodstream infection) at 269 hospitals in 2016 and 2017. This was supplemented by enhanced surveillance at 27 acute-care hospitals in the public and private sectors (2). Compared to a national survey conducted in 2009 and 2010 (3),

there was a major shift in the fungal species causing bloodstream infection over five years. In 2016-2017, *C. auris* accounted for 14% (794/5 876) of cases of candidaemia (versus only two cases in the prior survey) (4). The number of new *C. auris* cases, adjusted for hospital admissions, was almost twice as high in the private than the public sector. Patients with *C. auris* candidaemia spent an average of four weeks in hospital before they developed