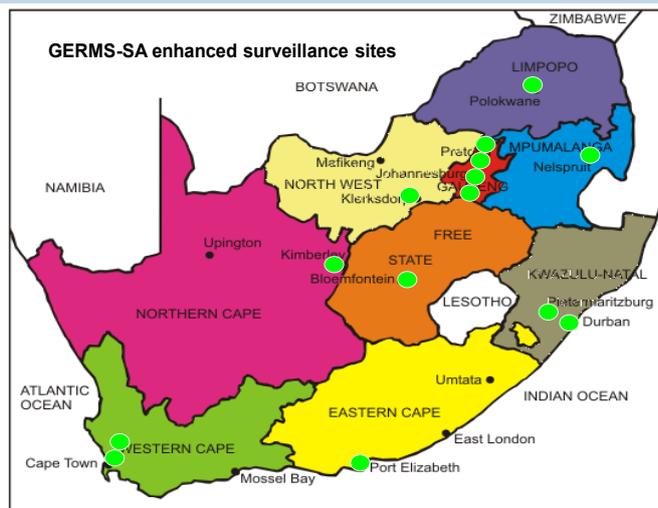




Volume 54, December 2017



## September to December happenings

Here is our third and final LINK for 2017.

This edition of our newsletter highlights some of the activities of the GERMS team and GERMS-SA partners as we become bigger and better and move towards a common goal. This last lap of the year came with its own package of challenges as well as happy moments and it's with thanks to ALL that we have managed to blow 2017 out of the water. We are still continuing to embrace the changes happening within our bustling surveillance programme: do site visits, expand the surveillance programmes and respond to national outbreaks. We are looking forward to our Rif Susceptible TB moving to Mobenzi and we will keep you updated in 2017 on this and new projects.

**In this edition** you can read about what's happening at the NICD with listeriosis and GERMS staff helping out at the EOC (pages 2-5); what the cryptococcal team are up to in their surveillance activities (pages 6- 7); World Antibiotic Awareness Week, 13-19 November 2017 (pages 7- 8), what GERMS is planning in a new collaboration with Switzerland (pages 9- 10) and our usual reports on training (pages 11-12), site visits, new and old staff (pages 13-15) and other GERMS fun (pages 16-18). ENJOY!

.....Tiisetso

Dear all surveillance staff

Happy reading, happy travels, happy festive season! Thank you for your participation in 2017 - GERMS and South Africa thank you. We look forward to 2018 with renewed energy, new projects, being the best we can be personally, in our careers and in the programme. For those having a break travel safely, enjoy it all, come back refreshed or JUST COME BACK!

.....Love Vanessa



## Listeria monocytogenes: a causative agent of severe foodborne disease

Arvinda Sooka

**Genus:** *Listeria*

**Species:** *L. monocytogenes*, *L. ivanovii*, *L. innocua*, *L. seeligeri*, *L. welshimeri* and *L. grayi*.

**Description:** Gram stain: gram-positive bacilli that are seen singly or in pairs. Exhibits tumbling motility at 25°C when grown in liquid media. Grows readily on 5% blood agar, producing incomplete β-haemolysis. Temperature requirement: 30-37°C (1).

**Natural habitat:** *L. monocytogenes* is the only species that is well associated with human and animal disease. Soil and water have been suggested as focal niches for the transmission of *L. monocytogenes* to plant material, animals and the food chain (2). However, a transient healthy carrier state exists in 5% of humans, and animals can also be healthy carriers (3).

**Foodborne outbreaks due to *L. monocytogenes*:** A wide variety of foods have been associated with *Listeria monocytogenes* outbreaks, including vegetables, fruit, salads, seafood, meat, poultry, processed meats, soft and hard cheeses, pasteurised and unpasteurised milk and other dairy products.

***L. monocytogenes* in South Africa:** The first confirmed outbreak of *L. monocytogenes* in South Africa was reported in 1977. Over nine months, 14 patients presented with *L. monocytogenes* infections in the Johannesburg area. Nine of these patients were neonates who presented with septicaemia or meningitis, and five were adults who presented with meningitis. The mortality rate was high (43%).

Since then, sporadic cases of listeriosis have been reported throughout the country. However, the number of cases dramatically increased during 2017 and we are now in the midst of a nationwide outbreak (contact us if you would like to be on the mailing list for the situation reports or see updates on [www.nicd.ac.za](http://www.nicd.ac.za))

### Mode of transmission:

Environmental transmission: The primary source of infection is through consumption of contaminated food (Figure 1) (5).

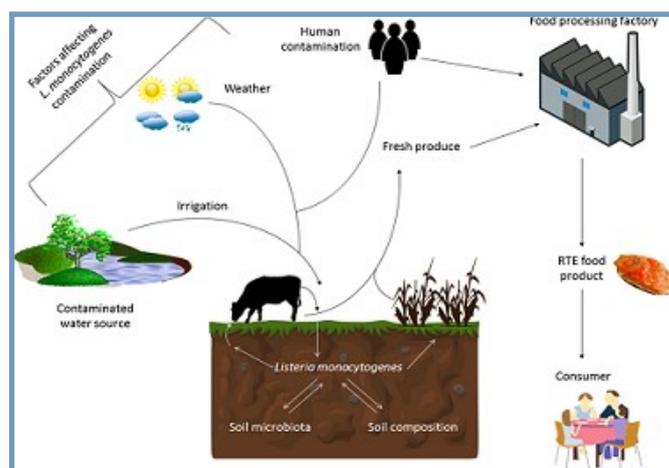


Figure 1: Environmental mode of transmission of *L. monocytogenes*.

**Mode of transmission:**

Human transmission: Human-to-human transmission occurs from mother to child, either in utero or at birth (Figure 2) (6).

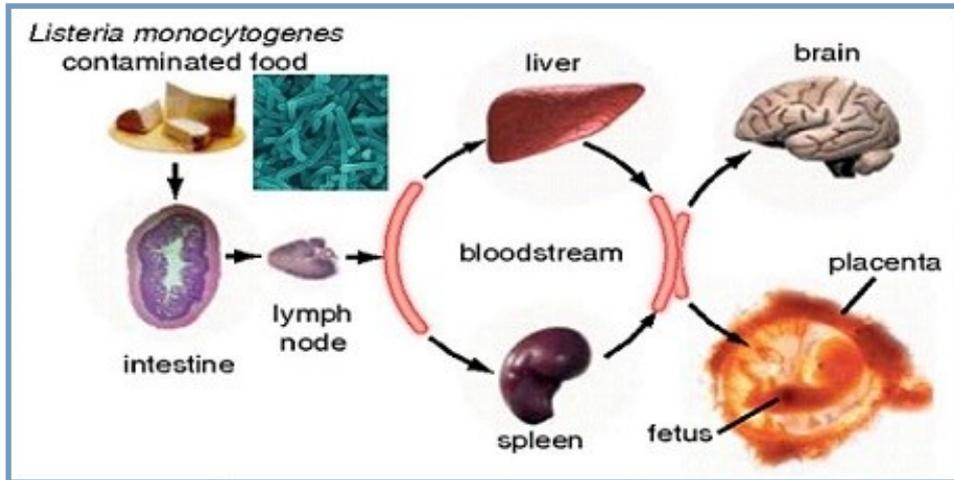


Figure 2: Transmission of *L.monocytogenes* from mother to child.

**Clinical presentation**

**Patients at risk:** Older adults (> 65 years of age), pregnant women, neonates, and patients with weak immune systems (due to organ transplants, HIV, patients with autoimmune diseases, cancer, end-stage renal disease, liver disease, alcoholism, diabetes).

**Presentation:** Listeriosis can present in multiple ways: as a gastroenteritis with fever, bacteraemia, meningitis, or less commonly as infections at other body sites.

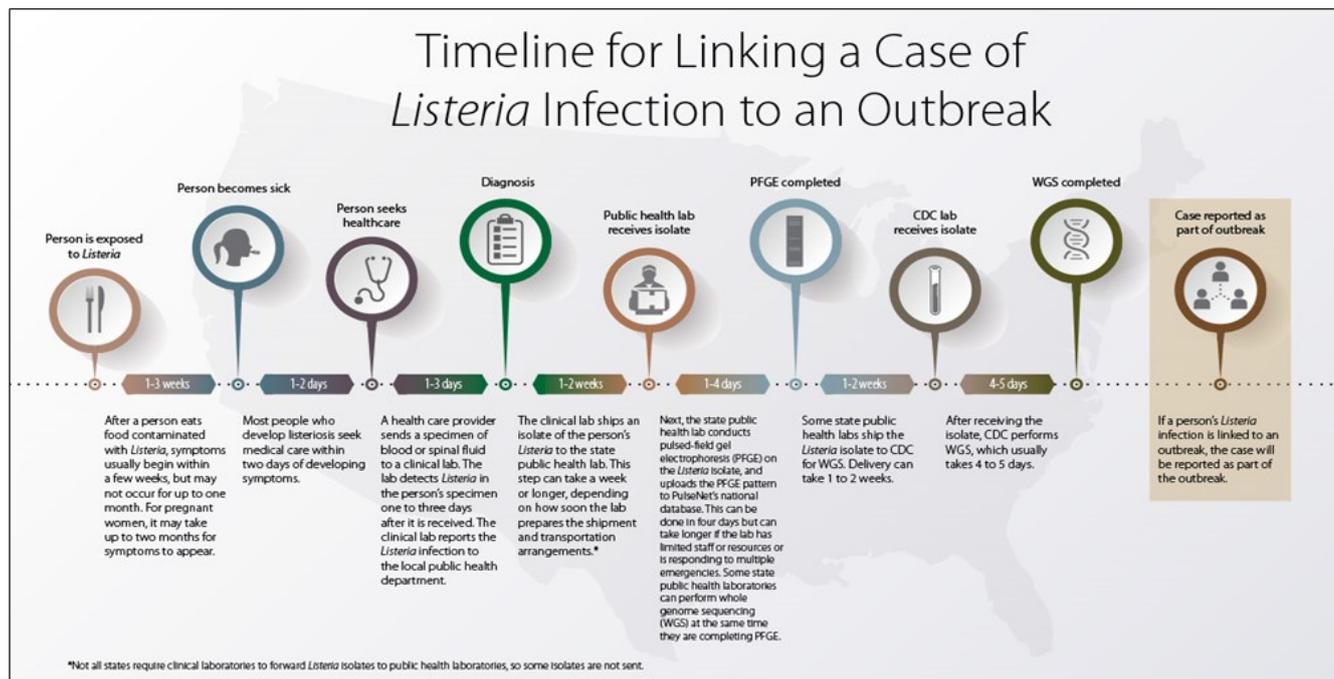
Infection in pregnant women is often mild, but can lead to infection of the foetus resulting in miscarriage, stillbirth, or serious illness in the new-born baby.

**Laboratory diagnosis**

**Clinical:** Isolation of *L. monocytogenes* from a normally sterile site at a diagnostic laboratory.

**Environmental:** When investigating an outbreak, isolation of *L. monocytogenes* from implicated food or environmental samples (environments where food items are processed or prepared) can confirm the source. Such testing is performed at specialist food/public health laboratories.

## Timeline of events during the investigation of an outbreak of listeriosis (7)



**National Surveillance:** *Listeria* species isolates submitted to the Centre for Enteric Diseases (CED) at NICD are characterised further and molecular epidemiological investigations are done. Whole genome sequencing (WGS) is undertaken at NICD; WGS determines an organism's complete genetic composite and provides a detailed DNA fingerprint, permitting comparison between isolates in an outbreak as well as defining characteristics associated with organism virulence.

To assist with the current outbreak investigation, all NHLS and private sector laboratories are encouraged to submit any *Listeria* isolates to CED. Also, surveillance officers and healthcare personnel are encouraged to assist by completing the listeriosis case investigation form and submitting it directly to the NICD.

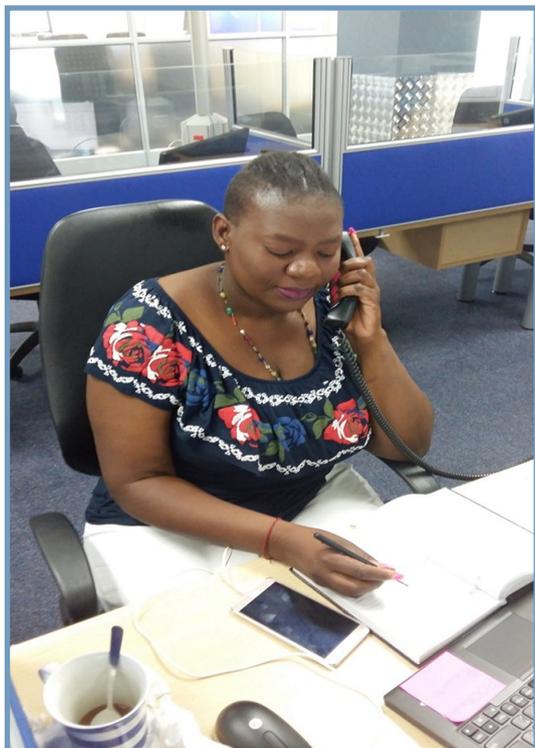
**Treatment:** Hospitalisation and antibiotic therapy (with ampicillin) is required for most forms of disease.

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7. <https://www.cdc.gov/listeria/index.html>

## Feedback from GERMS SOs seconded to EOC Call Centre in response to the national listeriosis outbreak

Thami Ntuli and Thandi Mdim



What is this thing called the EOC? It is the Emergency Operations Centre (EOC) at the National Institute for Communicable Diseases (NICD) which is activated, on the instruction of the Director General (DG) of the National Department of Health to coordinate the response to a communicable disease outbreak.

On this occasion the EOC activation was in response to the pronouncement of a national outbreak of listeriosis by the Minister of Health. In response the DG activated the EOC with the instruction that EOC would operationalise a call centre from Monday to Friday, 08h00 to 17h00, to provide South African citizens with an opportunity to find out more information about listeriosis and to reduce panic in the general public. The NICD centres were asked to avail staff to assist in the EOC activation and GERMS sent us!

We've worked at the EOC for just over a week (at the time of writing) and it has been a very personally and professionally rewarding experience. We've spoken to people from across the country that are concerned about the disease and want to understand the risks and how they can prevent the disease from occurring in either themselves or their family members. We've often had

members of the public call in and they have self-diagnosed based on the symptoms that have been widely shared. We then proceed to counsel the caller, educate the caller on the disease, advocate for the practice of the 5 keys to safer food and advise them to seek healthcare at their nearest healthcare facility.

Listeriosis is familiar to the entire GERMS programme as we have been interviewing patients and completing case investigation forms but the opportunity of working within the EOC has led us to read more about the disease. Did you know that *Listeria monocytogenes* was originally described in 1924 and called *Bacterium monocytogenes* by EGD Murray? It was only in 1940 when Henry Prie changed the name to *Listeria monocytogenes* in honour of the British surgeon Sir Joseph Lister.

Investigations to uncover the source of the outbreak and implicated food type or item are ongoing. We've learnt that outbreak investigations of listeriosis are very difficult and time-consuming, but we hope for the benefit of the general public (which includes all of us) that the source is identified soon. We can all help to prevent and educate by sharing the knowledge available from the NICD website ([www.nicd.ac.za](http://www.nicd.ac.za)) on listeriosis and promoting the 5 keys to safer food, which are:

- (1) Keep clean,
- (2) Separate raw and cooked,
- (3) Cook thoroughly,
- (4) Keep food at safe temperatures, and
- (5) Use safe water and raw materials.



## Cryptococcal disease surveillance and screen-and-treat programme activities

Manqoba Shandu and Charlotte Sriruttan

### GERMS-SA surveillance activities for cryptococcal disease

Field project co-ordinators, Amanda Shilubane and Manqoba Shandu, together with research assistant Lerato Qoza conducted visits to 4 GERMS enhanced surveillance sites in Gauteng. They visited Dr George Mukhari Hospital, Helen Joseph Hospital, Steve Biko Academic Hospital and Charlotte Maxeke Johannesburg Academic Hospital between July and November 2017.

Here they met GERMS surveillance officers and conducted case report form (CRF) audits. Randomly selected patient records were reviewed to cross check CRF source data (medical records) against completed CRFs on Mobezi for incorrect and missing information.

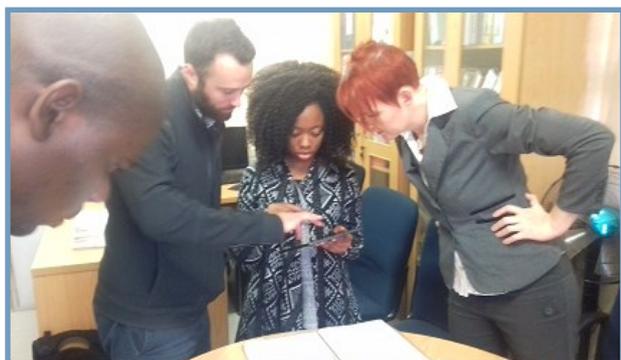
Data collection errors and operational challenges site were discussed with the surveillance officers on site.



### Cryptococcal Antigen Screening National Evaluation Team (CAST-NET) activities

Cryptococcal meningitis is one of the biggest killers of AIDS patients. It has a mortality between 30% and 70% without early detection and treatment. The mortality can be reduced by screening for cryptococcal antigen in the blood (CrAg) and treating before meningitis develops. The laboratory-based reflex CrAg screen-and-treat programme was implemented nationally in South Africa in October 2016.

A monitoring and evaluation project (CAST-NET) is underway to measure and determine the effectiveness of national CrAg screening and to identify areas of improvement. Data collection in this study is conducted retrospectively by imaging files of CrAg+ patients in selected facilities. To date, the NICD CAST-NET team has partnered with the Foundation for Professional Development (FPD) to conduct the study in Tshwane Health District.



CAST-NET epidemiologist Gregory Green (second left) and FPD team members, Golden Mathekota (far left), Lillian Kupa (centre) and Angelique Jansen (right) at Dark City Clinic using tablets to image source documents.

### Research Electronic Data Capture (REDCap) training

REDCap is a secure web application for building and managing online surveys and databases. On 8 September 2017, the crypto team attended the REDCap introductory workshop conducted at WITS Education Campus, along with other CHARM staff members.



### World Antibiotic Awareness Week, 13-19 November 2017 Theme for the year was "handle antibiotics with care".

Olga Perovic

Antibiotic resistance is a serious global threat: every year, at least 700,000 people around the world die from infections with superbugs that are resistant to antibiotics and this is predicted to rise to 10 million by 2050. It is a serious and growing global health security risk which needs to be prioritised at local and international levels.

This year World Antibiotic Awareness Week (13-19 November 2017), run by the World Health Organization (WHO), has the theme to seek advice from a qualified healthcare professional before taking antibiotics. The overuse of antibiotics has resulted in making wastewater a perfect breeding ground for superbugs.

The development and implementation of a national AMR strategy that complements international efforts is a major step towards containment of this growing threat. Global partnerships need to be strengthened because of the responsibility for reducing AMR. This responsibility is not only limited to the health care sector, but calls for collaborative action in all sectors - human, animal and agriculture.

An estimated 50 percent of antibiotics worldwide can be bought without a prescription, particularly in some parts of Africa, South America and Asia where they can be bought easily on the black market. But in many places, antibiotics are also easy to buy over the counter. A 2014 report by the WHO revealed 19 countries across Europe where antibiotics were easy to obtain. This contributes to the overuse of antibiotics and the growing threat of superbugs.

World Antibiotic Awareness Week coincides with World Toilet Day, which has the theme Wastewater - one of the major conduits of antibiotic resistance. Globally, 80 percent of wastewater generated by society goes back into the ecosystem without being treated. When people ingest antibiotics, their bodies do not fully metabolize them so their residues end up in our sewage systems, or people flush their old antibiotics down the toilet.

If faeces are not contained and treated, they can cause thousands of diseases to spread because antibiotics kill all the susceptible bacteria, leaving only the strong, resistant ones. New antimicrobials have been unable to meet the resistance challenge, and treatment options are limited for a growing number of resistant pathogens. More and more clinicians are relying on older antimicrobials for the treatment of multidrug-resistant (MDR) bacteria. Some older antimicrobials have maintained excellent in vitro activity against highly resistant pathogens. In some instances, use of older agents is limited by unfavourable pharmacokinetic/pharmacodynamics characteristics and/or toxicities. In general, clinical data affecting the use of older agents for the treatment of MDR pathogens are scarce. Research efforts should be focused on the evaluation of older agents for the treatment of MDR pathogens as well as evaluating how these agents perform in complex patient populations with various and multiple co-morbid conditions.

Infection prevention and antimicrobial stewardship are critically important in preventing the continued emergence and spread of MDR bacteria as well as the development of new antimicrobials with novel mechanisms of action against these pathogens. However, it has become increasingly apparent that more research is needed in evaluating novel uses for several older antimicrobial agents, in the management of infections due to MDR bacteria in critically ill patients.

The weaknesses in the health, regulatory, and industry fields could contribute to inappropriate or suboptimal prescribing of antibiotics. To address this, economic analysis could be applied to improve current practice by comparing both costs and health outcomes to maximize social welfare over the longer-term period. The current antibiotic prescribing strategies are inadequate, ad hoc, and may raise suboptimal use. It also underpins that perverse incentives that drive antibiotic sales and inappropriate prescribing practices must be dismantled with the sustainable policies. Specifically, eliminating or changing compensations could help to navigate clinical practice towards the minimizing selection pressure and ultimately the decreasing levels of antibiotic resistance.

## Think Twice. Seek Advice.



## A collaboration between Switzerland and South Africa for a new study project involving the GERMS-SA enhanced surveillance program

Annelies Müller

Starting a new project is always challenging but very exciting.

In July I started my PhD project entitled "virulence of pneumococcal serotypes in human meningitis." For this project I'm very lucky to be able to collaborate with Anne von Gottberg from the NICD in Johannesburg.

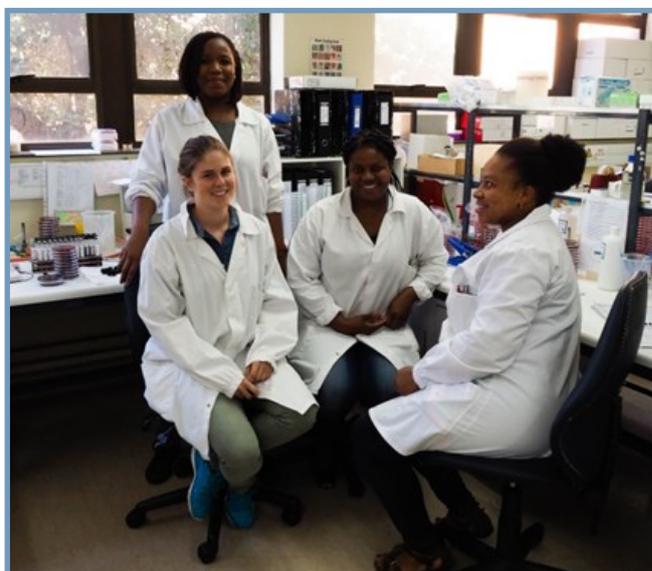
This is the first collaboration between the Institute for Infectious diseases in Switzerland and the NICD in South Africa. I visited South Africa (SA) for the first time in September and was overwhelmed by the hospitality received from Linda de Gouveia, Anne von Gottberg, Susan Meiring and everyone else which I met in SA. Thank you to all who made my stay very pleasant.

My project aims to look at why certain *Streptococcus pneumoniae* serotypes are more virulent than others.

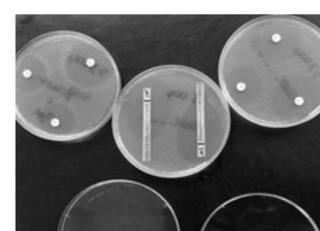
For this project to be successful I am dependent on the GERMS-SA enhanced surveillance study database from which I will be collecting data. During my time in SA, Susan showed me around and I was able to get an insight into how the surveillance program works. The data that I need is already being captured and I would like to say thanks to all the surveillance officers and everyone involved for the big effort that is put into getting this data.

A big challenge of my project is that I would like to analyze inflammatory markers in the residual cerebral spinal fluid of patients with laboratory confirmed pneumococcal meningitis. I know this is a big challenge as it involves several new aspects. It involves the surveillance officers collecting additional informed consent from patients. It involves a designated person at the site collecting the residual CSF as soon as pneumococcal meningitis is confirmed. And it also involves sending CSF samples on dry ice to the NICD, all the while making sure it gets frozen within 48 hours of collection and stays frozen until it arrives at the NICD and can be analyzed.

Nevertheless I have already been confronted with a lot of willingness to help out and I hope that there is enough capacity from the sites to be able to include CSF samples from 15 different GERMS-SA enhanced surveillance sites.



Bacteriology Department NICD, Johannesburg, September 2017.  
From left to right: Ngidi Siviwe, Annelies Müller, Happy Skosana and Dineo Mogale

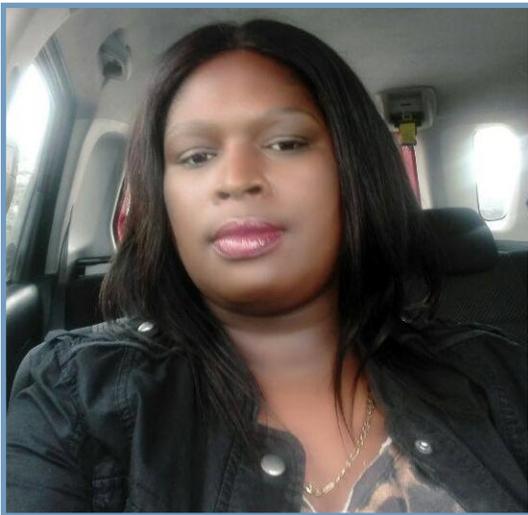


Impressions from the lab for a PhD photo project

As an additional aspect to my PhD project, I would also like to try to capture the project on camera. I believe pictures say more than 1000 words and I would like bring people who are not working in science a little closer to the effort and work that goes into research for healthcare. This project is a great opportunity both our research group and for me personally and I hope I can give back something in return for all the help and support I am receiving from the NICD. It's wonderful to see two Institutes from two countries working together for research that hopefully will be able to continue improving the pneumococcal vaccine design in the future.

I very much look forward to working together with the NICD and with the individual sites and hope to meet as many as you as possible in the coming four years of my PhD project. If you have any questions about the project, you are welcome to contact me via e-mail: [annelies.mueller@ifik.unibe.ch](mailto:annelies.mueller@ifik.unibe.ch).

## THANK YOU NOTE!!!!



Phumeza Vazi

November 2017 we bade farewell to Phumeza Vazi aka Phum-Phum.

She started in NICD (Centre for TB) 2013 as a Field Project Coordinator for Drug Resistant TB Surveillance in Western Cape then joined the GERMS-SA team in 2015 as FPC for Eastern Cape.

In this position she has shown great leadership skills, been a great addition to our team as well as a good team player.

Her contributions to the success of GERMS program will forever remain in our hearts.

"THANK YOU PHUM-PHUM"



GERMS-SA core team.

A luta continua!!!

## GERMS-SA: Surveillance and training opportunities-The Basic Epidemiology Short Course

Nuraan Paulse



The Basic Epidemiology Short Course, presented by FELTP on 9-13<sup>th</sup> October 2017 at NICD, proved to be a great success. It was arranged by GERMS heads for project managers, field project co-ordinators (GERMS), three surveillance officers, two SARI staff and the new NMC (notifiable medical conditions) nurses. We were a total of approximately 24 students.

It was a jam-packed week of intense learning and loads of fun. The students interacted well with the lecturers from FELTP, GERMS and CED.

Pinky Manana laid the foundation and Dr Lazarus built on it. Line upon line, precept upon precept the foundation was laid. Hetani Mdose added a burst flavour to the program with her manner of lecturing. Lec-

turers did not hold back to educate, equip and share as much knowledge and information which was humanly possible in the week allocated.

Dr Carl Reddy's lectures proved to be the cherry on the top, basically summing up what we had learnt for the week and fitting together the pieces of the puzzle. It took a lot more brain power than the other lectures, but was excellent.

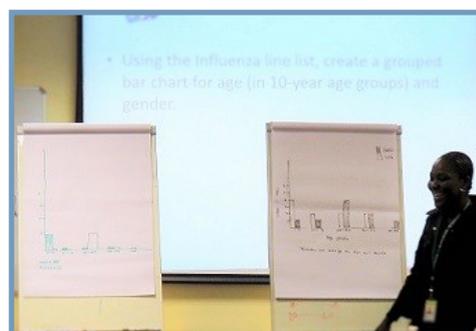
Students forged good working relationships in that week and it proved to be a great team-building exercise, even when doing homework after hours at the hotel. Everyone was extremely comfortable with each other, and the atmosphere oozed with "analyses" and "Think Tanks" (students).

All students reported that they thoroughly enjoyed the course and learnt a great deal especially the section on Ntsieni's monitoring and evaluation....wonder if it was not because of the chocolates :) (just teasing). As they say the proof of the pudding is in the eating...well the post-test results proved to be a good improvement from the pre-test.

A very big thank you to FELTP and to the GERMS administrative staff for bringing it all together.



Martha, Refilwe and Sunnieboy learning by doing.



Pinky emphasizing size matters.

## GERMS-SA: Surveillance and training opportunities-Field Project Coordinators/Team Leaders Training; Genesis 08–10 November 2017

Neo Legare

GERMS-SA in 2017 decided to go with a small interactive meeting rather than the usual big SO meetings.

Besides the cost cutting measure, the aim was to have a more informative and practical meeting to address on-going challenges at sites and strategic planning for 2018. It consisted of team leaders from each site and FPCs.

On the first day Vanessa Quan welcomed the team with a test just to pick their brains

**Centre for tuberculosis (CTB)** presented new shortened case report form for sensitive TB for 2018 which will be on Mobenzi and emphasized the importance of Rifampicin sensitive/resistant TB surveillance.



**Centre for emerging Zoonotic and Parasitic disease** presented "Investigation of Human Brucellosis in South Africa". Two GERMS-SA sites namely Klerksdorp/Tshepong and Kimberley hospital will be doing the brucellosis study which aims to add to the current understanding of human brucellosis in South Africa, the seroprevalence and exposure factors associated with human brucellosis in population groups with occupational exposure.

**Centre for healthcare-associated infection, Antimicrobial resistant and mycoses (CHARM)** discussed the case definition and the algorithm of identifying Carbapenem Resistant Enterobacteriaceae (CRE) and a short summary of cases identified from January until June 2017 in terms of CRFs submitted per province and isolates sent.

**Case report forms reviewers** from different centres presented common errors observed during quality assessment of case report forms. Surveillance officers from different sites discussed the challenges that they faced which is mostly getting the medical records and space to work within tertiary hospitals.

**Monitoring and evaluation:** FPCs presented monitoring and evaluation as part of the GERMS-SA program ongoing management cycle and as such, part of the planning and implementation of interventions, and that it is a continuous process that will be carried throughout the programme management cycle.

The overall feeling was that a small meeting is more interactive and useful than the large SO meetings. GERMS FPCs will evaluate the transfer of information to the rest of the surveillance team.

## M&E in operation: SITE VISITS

Martha Makgoba and Neo Legare



From left to right: Nokuthula Nzuza, Martha Makgoba, Nkosinathi Mbhele and Thobeka Simelane Shandu.

GERMS-SA Database Administrator Martha Makgoba supported KZN Surveillance officers at Addington Laboratory to troubleshoot GEDI Issues.

Mobenzi Researcher is an electronic data capturing application that GERMS-SA uses to collect surveillance data on tablets from 25 enhanced-sites.

The application uses customised GERMS-SA case report forms to aid the surveillance officers in applying the case definitions and skip logic when collecting these important data.

By utilising the application, GERMS-SA has reduced the reliance on paper, reduced reporting times, and reduced capturer error, thereby increasing correctness, completeness and timeliness of data collection. In addition the application allows real-time access to and management of the incoming data via a secure web-based dashboard.

This process assists with electronic record-keeping on secure servers and basic analysis on the surveillance data.



CHARM staff conducted CRF audits for their centre organisms at CHBAH on the 30<sup>th</sup> November 2017. This is in addition to the annual audits that the GERMS FPCs conduct on all SOs at all sites. The plan is to improve data quality by identifying errors and training and re-training on data collection.

From left to right: Rachel Nare, Nthabiseng Motati, Manqoba Shandu, Amanda Shilubane, Thandi Mdima and Lerato Qoza.

## Welcome Aboard:

GERMS-SA team welcomed Zama Mfunidisi and Zukiswa Kibi (WC) to our family circle and we look forward to seeing them grow and develop into outstanding employees.

### Profile of: ZUKISWA KIBI

#### About myself:

I am a Surveillance Officer, employed by Wits University in their research branch under the centre for National Institute for Communicable Diseases. I completed the Masters Degree in Nursing at the University of the Western Cape and my thesis topic was about the experiences of HIV positive teenage mothers on antenatal advice they received in antenatal clinics and currently doing PhD in Public Health. I joined Wits Health in October and am enjoying working with the best team.



My educational and diverse experience of working on various projects both in community and at the University has created and developed my style of systematic and logic thinking. I worked as a student Faculty Coordinator during the orientation programme and that helped me to recognize leadership and how individuals respond to challenges and my duty was to ensure smooth transit of the University students and I was also a Science Mentor.

I worked as a Professional Nurse in Khayelitsha District Hospital maternity unit and also helped in paediatric unit and Psychiatric unit.

#### What made me take up this position?

When I worked as the patient advocate in ARV clinic, I saw patients defaulting their treatment because of inability to deal with poverty which was their major challenge, their fear was to lose their disability grant which is taken once their CD4 count becomes above 200cells/ml. I managed to restore hope and personal value into their lives because I introduced them into various projects like NICRO, Philani, Social Service and Department of Labour. They managed to develop their skills through training and they managed to be able to make a living because they got jobs and some are still working.

#### What has it been like thus far?

I have learnt to consistently translate problems into solutions by hearing and nurturing human needs. I really enjoy working as a Surveillance officer for Wits Health and learning a lot from the team that I'm working with.

## So Long, Adios, Ciao:

GERMS-SA team would like to wish Kgashane Rapaledi and Mbalenhle Sibiya luck, happiness and success as they begin a new chapter of their lives. We truly appreciate your cooperation, dedication and hard work. Good luck!

### Profile of: Kgashane Rapaledi

#### About myself:

I am Kgashane Rapaledi from Limpopo. I came to Gauteng in 2010 after I completed my corporate and forensic investigation studies. I then joined NHLS in 2013 as a receiving office clerk.

I am a father, uncle, brother and that is a responsibility that drives me to excel in the job I am doing.

My duties were extended to assisting in the laboratory which contributed to my career growth.

I then joined GERMS-SA in 2015 as a Community Surveillance Assistant in Bushbuckridge Mpumalanga. It was a great experience to be surrounded by great people like Sunnieboy Njikho, Lesley Ingle, Nqobile Mtshali and Tumelo Tlhomelang who are contributing a lot in the GERMS Surveillance.

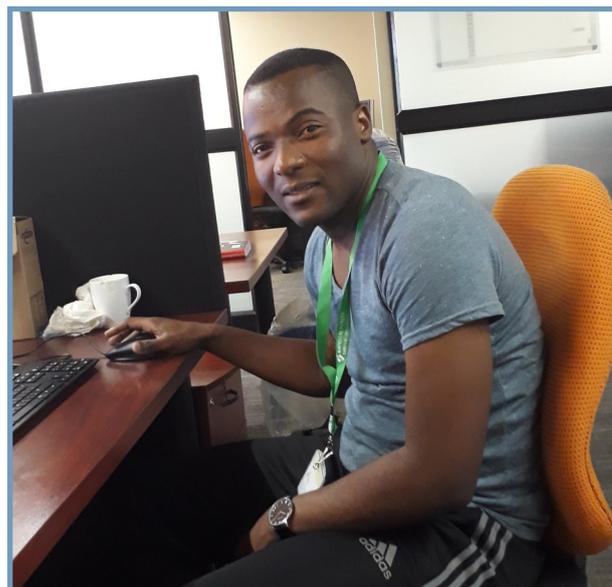
I have since relocated back to the Center for TB where I am responsible for the collection of TB isolates from Braamfontein.

#### How did the job match your expectations?

It was a great feeling for me to work in different environments as it allowed me to contribute my expertise and it was also a motivation for me to contribute even more. I was involved in TB and thanks to the management for the confidence and the belief in my capacity.

#### What has it been like thus far?

It's all about contribution and it has been an exciting experience. I am enlivened with the new responsibilities and enjoy what I do on a daily basis.



## Heritage day celebrations:

Tiisetso Lebaka

South Africans celebrated Heritage Day on Monday, 25 September 2017 and NHLS/ NICD staff were encouraged to dress up according to their/others heritage on Friday 22 September to reflect on the country's diverse cultures and traditions.



Pretoria SOs and NICD coordinators, from left to right: John Motlhasi, Amanda Shilubane, Dikeledi Leshaba, Lerato Qoza, Ophtia Koaho and Neo Legare



Polokwane SO: Tebogo Modiba



Bara SOs, from left to right: Rachel Nare, Nthabiseng Motati and Hazel Mzolo.

## Penny's Baby Shower and New Addition:

Tiisetso Lebaka

Penny Crowther-Gibson (GERMS epidemiologist and data manager) was surprised at her baby shower which was held on the 31st of October 2017. The venue looked so beautiful and cute ; colleagues, friends and management honoured the invitation and all brought a small plate of eats to share and gifts. Thank you ALL for your support, your presence spoke volumes.



# I HAVE ARRIVED!



## Red Cross War Memorial Children's Hospital relay race:

Zama Mfundisi

RED CROSS RELAY RACE took place on Wednesday morning, October the 11<sup>th</sup>, where more than 500 runners from various departments, including the NICD staff based at the REACH Unit, Groote Schuur Hospital and Mowbray Maternity Hospital, participated in a 42km relay race.

A crowd of about 70 staff members from various departments were gathered outside Red Cross Hospital at about 6.30am, waiting to cheer on their fellow team runners as staff members were warming up for the race.



Some teams opted to wear unifying outfits that identified them as a particular department.

In total there were 36 teams that each had to complete 16 laps around Rondebosch Common, passing on the team baton as each lap is completed. Runners could either run the entire lap or speed-walk it at a comfortable pace. There was no delay before the runners hit the ground. Pink and blue banners greeted runners at the corners of the running track. Organizers welcomed runners at the finish line with high-fives, water and small cups of Coca-Cola. All runners received overwhelming support from their team members and from the other

runners during the race. Overall the NICD

team came 11<sup>th</sup> out of the 36 teams that entered. We were proud of our achievement and we enjoyed every moment of it. I believe that the Relay Race achieved one of its main goals which was to bring all the staff of RED CROSS HOSPITAL together as one in a fun and exciting way.

**We look forward to the next one!!!!**



### General Information for Surveillance Laboratories

**ALL laboratories to send ALL isolates below until early 2018. New letters will go out in 2018.**

**No cryptococcal isolates required—private labs to send a lab form only**

GERMS-SA: ALL laboratories please submit the following bacterial or fungal pathogens to the National Institute for Communicable Diseases (NICD) on Dorset transport media with a TrakCareLab/private laboratory report or send specimen tube/blood culture bottle if uncertain of identification and/or no isolate available (contact lab).

| Pathogen  | Specimen  | Lab tests   | NICD Centre/<br>Lab           |
|---|---|---|-------------------------------|
| <ul style="list-style-type: none"> <li>• <i>Streptococcus pneumoniae</i></li> <li>• <i>Haemophilus</i> spp.</li> <li>• <i>Neisseria meningitidis</i></li> </ul> | All normally-sterile site specimens, e.g. CSF, blood, pleural fluid, peritoneal fluid, pericardial fluid, joint fluid, tissue, etc. | Culture positive<br><b>OR</b><br>Consistent Gram stain<br><b>OR</b><br>Latex positive | CRDM<br>(011 555 0315)        |
| <ul style="list-style-type: none"> <li>• <i>Salmonella</i> Typhi</li> <li>• †† <i>Vibrio cholerae</i></li> </ul>  | Any specimen  | Culture positive  | CED<br>(011 555 0333/4)       |
| <ul style="list-style-type: none"> <li>• <i>Candida</i> spp.<br/><b>(all laboratories)</b></li> </ul>   | Blood culture only  | Culture positive  | CHARM - MRL<br>(011 555 0384) |

†† *Vibrio cholerae* isolates from human and non-human (environmental) specimens must be reported to NDoH.

Should your laboratory suspect an OUTBREAK of *Shigella* spp, non-typhoidal *Salmonella*, diarrhoeagenic *E.coli*, non-cholera *Vibrio*, *Campylobacter* or *Listeria* spp please contact and submit isolates to the Centre for Enteric Diseases (011 555 0333). Please also call the NICD Outbreak Response Unit to alert them (011) 5550392/0542 or (011) 386 6354

To order a new batch of Dorset Transport Media, please call CHARM at telephone 011 555-0323/0381 For surveillance questions, please call GERMS-SA at telephone 011 386 6234.

**In addition, certain sites are requested to send *Staphylococcus aureus* and Carbapenem-Resistant Enterobacteriaceae (CREs) to NICD.**

| Pathogen  | Specimen           | Lab tests  | NICD Centre/<br>Lab            |
|---|--------------------|--|--------------------------------|
| * <i>Staphylococcus aureus</i>  | Blood culture only | Culture positive   | CHARM-AMRL<br>(011 555 0342)   |
| ^Carbapenem Resistant Enterobacteriaceae (CRE):<br><ul style="list-style-type: none"> <li>• <i>Citrobacter</i> spp.</li> <li>• <i>Enterobacter</i> spp.</li> <li>• <i>Escherichia coli</i></li> <li>• <i>Klebsiella</i> spp.</li> <li>• <i>Morganella</i> spp.</li> <li>• <i>Proteus</i> spp.</li> <li>• <i>Providentia</i> spp.</li> <li>• <i>Salmonella</i> spp.</li> <li>• <i>Serratia</i> spp.</li> </ul> | Blood culture only | Culture positive<br><b>AND</b><br>Non-susceptible (intermediate or resistant) to any of the carbapenems: ertapenem, meropenem, imipenem and/or doripenem | CHARM - AMRL<br>(011 555 0342) |

\* Charlotte Maxeke Johannesburg Academic, Steve Biko Pretoria Academic, Helen Joseph , Groote Schuur, Tygerberg

^ FS: Universitas/Pelonomi

GP: Chris Hani Baragwanath Academic, Charlotte Maxeke Johannesburg Academic, Helen Joseph/Rahima Moosa, Dr George Mukhari and Steve Biko Pretoria Academic

KZ: Grey's, Northdale/ Edendale, Inkosi Albert Luthuli/King Edward Hospital, Addington and RK Khan

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This newsletter was compiled by Tiisetso Lebaka, and edited by Vanessa Quan, Division of Public Health Surveillance and Response. Please send any queries, recommendations or contributions to: Dr Vanessa Quan [vanessaq@nicd.ac.za](mailto:vanessaq@nicd.ac.za); Tel 011 386 6012