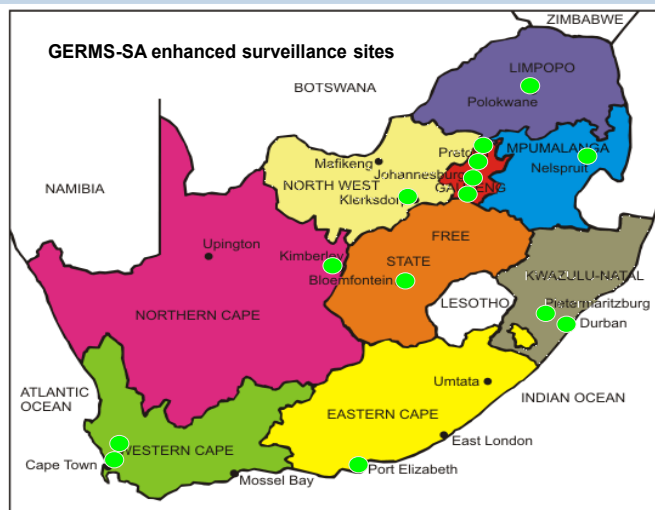




Volume 55, May 2018



January to April 2018

On the GERMS Frontier....Our first LINK for 2018... and proudly South African.

2018 has started off with a bang! Unbelievably we have already reached the first quarter for the year. Fast paced and gaining momentum, 2018 has already left us speechless. With listeriosis blown out of the water, we are proud to say that CED, Outbreak Response team and others have worked around the clock to identify and establish the root cause and source of the outbreak. **This jam-packed edition** of our newsletter highlights some of the activities of the GERMS-SA team and GERMS-SA partners as we strive for excellence and a better work ethos.



GERMS-SA headed by principal investigators Vanessa Quan, Linda Erasmus and Susan Meiring are constantly pioneering and collaborating new projects. Gratefully it keeps many of us employed. We are looking forward to a productive year, where our inputs = our outputs. In the process..... not to lose focus of enjoying what we do and doing it to the best of our abilities.

In this edition: Congratulations in order (page 2), a thank you to admin staff for their efforts made (page3), Brucellosis (pages 4-5), NMC (pages 6-7), TB and STI (Pages 8-10), training workshops (pages 11-12), Site visits (pages 13-14) and resignation of staff (pages 16-17). ENJOY!



Per labores ad honores
Nuraan Sandt (Paulse)



CONGRATULATIONS!! Post-Graduate Diploma (PGDip) in TB/ HIV Management

Neo Legare

It was an exciting two years of studying. Today, I am finally awarded the PGDip in HIV/TB management, earned online from UCT, a great reward!. It was a comprehensive course with practical content, interactive audio-visual modules which included clinical management of TB and HIV in a primary care setting, Biostatistics, Clinical management of TB-HIV Co-infection, Infection Prevention and Control and Operational Research. When I enrolled I was not sure what to expect but was excited anyway. The PGDip has increased my confidence in the area of TB/HIV and has enhanced my knowledge working on TB/HIV surveillance through GERMS-SA. I thank the GERMS-SA team for their support.



CONGRATULATIONS!!

LINDA ERASMUS 25 YEARS LONG SERVICE AWARD.



WELL DONE LINDA!!!

GERMS-SA are very proud of you for your prestigious achievement.

Thank you for all your contributions to the company, and we are excited as you continue to take us forward.

GERMS-SA would like to thank all staff for going the extra mile. Some situations are seen, others unseen and sometimes go unnoticed. We would like to acknowledge and say we appreciate YOU ALL!

Our Administrative staff and some of their duties:

Tsakane Nkuna, Yoliswa Qulu and Emily Sikanyika

GERMS-SA stationery process of requesting, receiving and delivering.

For the process of requesting, receiving and delivering stationery to all sites, the GERMS-SA Administrators created a form to be completed by staff/ sites requesting stationery for the following year. The form has a stationery list that GERMS-SA staff are making use of each year. By October of the previous year, the request forms have to be sent out to the sites to complete e.g. what they would need immediately and then to replenish for the rest of the year. Administrators compile all received request forms and sort the stationery according to the sites. We request big stationery orders by the end of October/November. These are received by the supplier and then delivered to the sites in January of the new year.

Challenge: Sometimes we don't receive all stationery orders that have been requested on time. It is usually on back order and is received after some weeks. The staff are made aware of this fact.

(For those of you don't realise, GERMS-SA has 42 surveillance staff covering 37 hospital and clinic sites across the country... Ed)

Below left shows packed stationery ready for delivery to the sites. In the province of Gauteng we use NICD transport because it is local and for other provinces we make use of DHL courier services.



Tsakani



Yoliswa



Emily

Some tasks might appear to be menial but are so vital ...THANK YOU TSAKANI, YOLI and EMILY! We appreciate you!

New project launched on GERMS-SA platform Investigation of Human Brucellosis in South Africa

Jenny Rossouw, CEZPD

Genus: *Brucella*

Species: *B. melitensis*, *B. abortus*, *B. suis*, *B. canis*

During the first quarter of 2018, the Brucellosis project kicked off at two GERMS-SA sites namely Klerksdorp/Tshepong and Kimberley Hospital. The study aims to investigate the prevalence and characteristics of brucellosis among patients with febrile illness presenting to sentinel healthcare facilities in high-risk areas.



Zoonoses are currently considered one of the world's most important threats to public health. Globally, brucellosis is considered one of the most common zoonoses with an estimated 500 000 new cases diagnosed annually. In South Africa, there is very limited data available for human brucellosis and the true incidence of the disease is unknown. Although brucellosis is a controlled animal disease through State Veterinary Services, outbreaks of bovine brucellosis (caused by *Brucella abortus*) is often reported amongst South African cattle herds. (Figure 1)

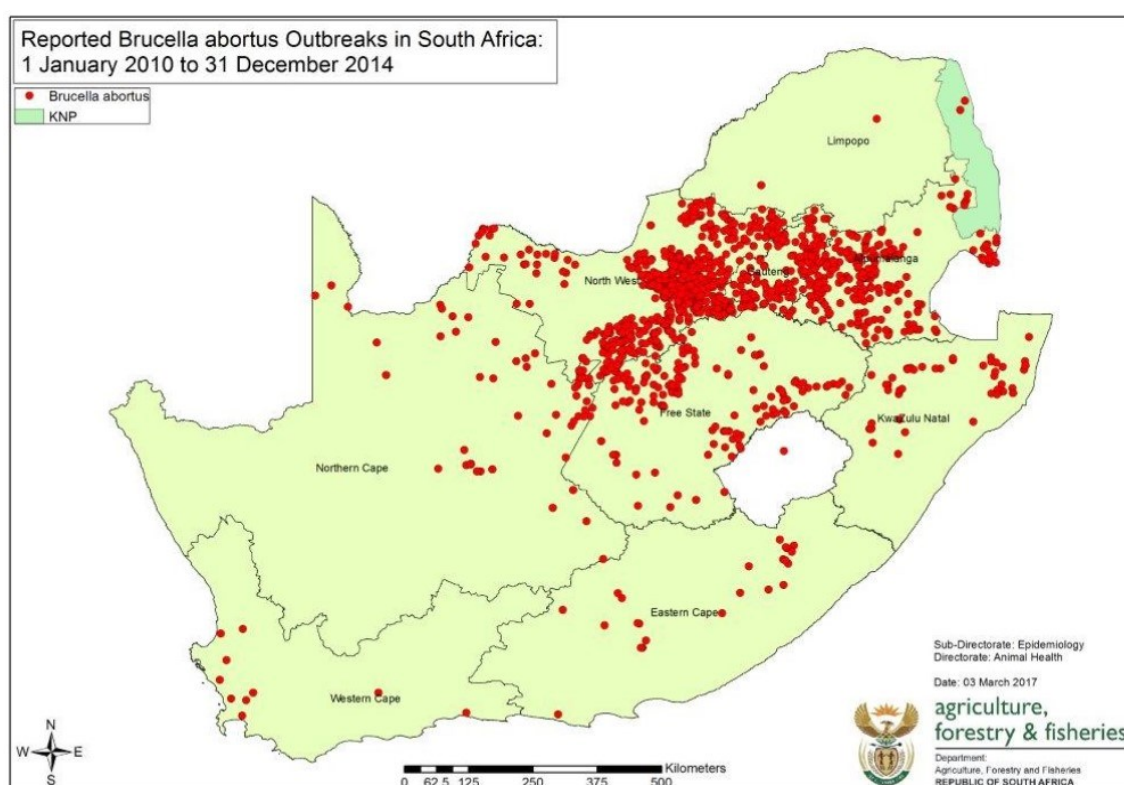


Figure 1: Map of South Africa indication outbreaks of *Brucella abortus* in animals, 2010 to 2014 (Source: Department of Agriculture, Fisheries and Forestry)

Brucellosis is a highly contagious zoonotic disease caused by intracellular Gram-negative bacteria of the genus *Brucella*. Currently, there are ten recognized *Brucella* species of which four species are known to cause disease in humans. These include: *B. melitensis* (associated with sheep and goats) and *B. abortus* (associated with cattle) that are considered the major causes of human brucellosis as well as *B. suis* (associated with swine) and *B. canis* (associated with dogs).

Human infections are usually the result of occupational exposure in people who work with domestic livestock (farmers, herders, veterinarians) or process animal products (abattoir workers, butchers) and laboratory workers. The general public is also at risk through the *consumption* of contaminated food such as unpasteurized milk and dairy products or undercooked meat.

Human brucellosis manifests as a multisystemic, acute febrile illness which may progress to chronic incapacitating disease with severe complications and relapse. It is characterized by headache, anorexia, fever, joint and musculo-skeletal pains, malaise, perspiration and body deterioration. This disease can pose a great diagnostic challenge to the clinician due to the non-specificity of symptoms especially in the absence of epidemiological data of exposure to animals and consumption of unpasteurized dairy products.

Laboratory testing is required for a diagnosis, but this is complicated and none of the currently available diagnostic tools can be used on its own to reliably detect the causative agent. Definitive laboratory diagnosis of human brucellosis is based on isolation of the bacteria from clinical samples (blood, bone marrow or other tissues). However, cultures give a low yield as *Brucella* is fastidious and the number of bacteria in clinical samples may vary widely.

Brucellosis is considered a neglected zoonotic disease and this study will add to the current understanding of human brucellosis in South Africa and will inform development of a strategy for national surveillance.



NW training. Nuraan Paulse, Jenny Rossouw, Busisiwe Zungu, Louisa Phalatse



Busi Zungu



NC training. Miriam Selekisho, Kaizer Sephula, Matsheko Siyaka, Zama Mlatsane

Brucellosis training commenced on the 25th Jan 2018 at NICD and was conducted by Dr Jennifer Rossouw at NICD. **Sebongile Rasmeni-Quariva** says "I am going to use what I have learned within my community. If a person perhaps comes in contact with an infected animal or that person suspects that the animal was infected, I would encourage them to seek medical help immediately."

Busisiwe Zungu received her training from Jenny Rossouw at Tshepong hospital on the 1st February 2018. This is what she had to say : "Jenny took us through the purpose of the study. The study procedures included the acceptance criteria, case definition and informed consent. We went through the types of specimens that need to be collected for the study, including follow up specimens, storage and shipping of specimens. Prof Variava suggested to Jenny that she do another presentation to clinicians so that it is easier for the SO's to screen and recruit participants. SO's are expected to go to the wards everyday and screen patients admitted in the last 48 hours. We requested Jenny to make follow up appointment cards to give to our participants."

Matsheko Siyaka does brucellosis screening & recruitment at Kimberley Hospital, Northern Cape.

Notifiable Medical Conditions (NMC) update

NMC has been in the news and on the NICD website, please see www.nicd.ac.za for updates on what to notify and what your responsibility is.

NICD are hiring 9 NMC training nurses (one per province) to coordinate training of health care practitioners on the new notifications system app and paper-based method. The app has been rolled out and health practitioners are using it.

The profiles of two NMC nurses

Nkosiphendule Oscar Mngceke (EC Province)

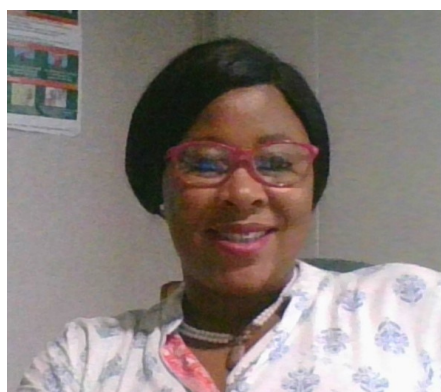
I joined the NMC Programme on 1st of February 2018.

What do your duties entail?

I will be working at: 3 Tertiary Hospitals and (one of which is currently trained)
5 Regional Hospitals (zero trained), 11 Specialized TB Hospitals,
1 Chronic Hospital (not trained)
1 Specialized Ortho (only 22 nurse trained so far)
65 District Hospitals (zero trained)

Aim is to train all the clinicians for them to be able to notify all NMC conditions and I also have to monitor the data flow of all the NMC conditions within the province starting from the facility.

Challenges are to get thorough integration within the province in order to be acquainted with the provincial operations which will help one to know which door to knock on for help.



Vuyolwethu Mashamaite (Limpopo Province)

I started working on the 1st February 2018

What do your duties entail?

I will be working in 5 districts, 39 public hospitals, and
2 tertiary hospitals
3 specialised hospitals,
5 regional hospitals
29 district hospitals and

589 clinics including mobile clinics. This includes private hospitals, correctional services, mines and military health services.

Aim: To train professional nurses and doctors on how to notify NMC's. After training I will give support and coaching to them and will do follow up visits. I also monitor the data flow in the province.

Challenges: 1) Resources are limited for health care providers to notify in time 2) Shortage of NMC notification books 3) It will take a long time to train all facilities since I am the only trainer in the province.

GERMS-SA—Notifiable Medical Conditions meeting 18th—19th April 2018, held at Genesis Suites and Conferencing.



Portia Mutevedzi heads up the NMC



Priscilla Mouton, Zama Mfundisi (both from WC) and Grace Dlamini (MP NMC nurse) helping with the electronic app

GERMS-SA staff work in 37 health facilities and have been tasked to assist NMC nurses in training health care workers at their sites on the NMC app and paper-based systems.

The NMC training meeting was hosted by Portia Mutevedzi. Topics included NMC surveillance re-engineering, electronic reporting—NMC App, training modalities as well as Vanessa Quan highlighting the **intergrated provincial support between NMC and GERMS**. Vanessa made her surveillance officers understand their roles in assisting to execute the training function and the importance thereof. She explained that it would be beneficial to their growth and training of health care workers is fundamental to assist in controlling diseases in SA.



Above L-R: NMC nurse, Ntebo Malevu (GA NMC nurse) demonstrating the use of the App to GERMS-SA surveillance officers.

Below L-R: An excited Bekiwe Mcwana (NW NMC nurse) showing the app to Nkosinathi Mbele, Nkothula Nzuza, Rachel Nare and Nthabiseng Motati.



CHANGES TO THE TUBERCULOSIS SURVEILLANCE.

Nazir Ismail , CTB

The introduction of both drug resistant and drug susceptible tuberculosis (TB) surveillance has been an important and relevant addition to the GERMS-SA surveillance program. The surveillance was initially introduced as a pilot in Gauteng in late 2012 and has been progressively modified and expanded over time. In response to internal review as well as a changing national "TB landscape" of improved diagnostics and treatment regimens, further changes will be made to TB surveillance from 2018 onwards. The purpose of the surveillance, successes, limitations and proposed changes are summarised below.



Rifampicin resistant TB (GXP): This was conducted to monitor the molecular epidemiology of TB in selected districts and detect transmission clusters. As such it required data over an extended time period and broader catchment areas, and this has been partially successful. We have been able to show the varied distribution of family strain types using spoligotyping between different provinces and relative dominance or uniqueness. Additionally, the high discriminatory typing (MIRU-VNTR 24 loci) was useful in breaking up the broad spoligotype families into smaller defined clusters possibly related to recent TB transmission events and showed that most of the transmission occurs by close contact while in a few districts, broader community wide transmission occurs as well. ([See GERMS-SA Annual Reports 2015 on www.nicd.ac.za](http://www.nicd.ac.za))

The current approach however is labour- and time- intensive and we needed to expand the current activity to more districts. To achieve this, an isolate- based approach would be most appropriate. Furthermore, the introduction of the DR-TB reflex testing has facilitated systematic inclusion of new cases with isolates of these patients more readily available.

- The current patient tracing and sampling will now be stopped.
- Isolates for all RR-TB cases at the designate referral TB laboratories will be collected and used for the strain typing.
- Coverage will be expanded to include more districts/sub-districts.
- The molecular epidemiology in these districts will be monitored.
- Additional data required will be kept to a minimal set and accessed through the available records including electronic.

Rifampicin susceptible TB (GXP): This was conducted to monitor the prevalence of isoniazid mono-resistance (IMR), currently missed through the diagnostic algorithm and was introduced as a single sentinel clinic per province. Collectively they have shown a prevalence of between 5-10% which is in line with the last drug resistant TB survey. Although useful, the numbers have been relatively small, not well representative and the approach was inefficient in maximising the potential to assess patient and program relevant factors in TB control. The latter is increasingly important in light of the new National TB Strategic Plan.

TB surveillance at the clinic sites will now largely be discontinued. The new approach will be hospital-based in line with the existing GERMS-SA laboratory surveillance structure. The following changes will be instituted:

- Clinic based rifampicin susceptible TB will be discontinued at the majority of sites.
- Selected hospital sites will now incorporate rifampicin susceptible TB.
- The following provinces at this stage are prioritised: Kwa-Zulu Natal, Gauteng, Eastern Cape, Mpumalanga and North West provinces.
- The collection of sputum and testing for isoniazid will continue at these hospitals.
- The data collection tool has been modified and focused around - Isoniazid resistance, the relative role of Anti-Retroviral Therapy and Isoniazid Preventative Therapy on incidence, issues around health seeking behaviour and household contact tracing.

These changes will be effected in the 1st quarter of 2018 and we hope it will be an exciting year. The expected increased efficiencies as well as more representative and relevant data will address past short comings and strengthen the overall response to END TB by 2035.

We thank the GERMS-SA staff for all their hard work and enthusiasm and we thank **you** for all the support provided - this is greatly appreciated and we look forward to continued collaboration in the future.

STI surveillance training

Frans Radebe, CHIVSTI:

Frans Radebe's feedback on the STI training their unit offered: The training schedule was for three Surveillance Officers Tebogo Modiba, Matsheko Siyaka and Sebongile Rasmeni-Quariva. It took place at Alexandra Primary Health Care STI Unit at NICD. A brief introduction to the STI surveillance was presented to the three SOs which covered three components: STI aetiologies, antimicrobial resistance testing and HPV prevalence and genotyping among young women visiting the family planning facilities. These cover recruitment criteria, sample collection and transportation. The bulk of the training was held at the specific site clinics where extensive emphasis was put on patient selection, completing the questionnaire and sample collection, storage and transportation. This also involved clinical patient management and diagnosis. Follow-up training is done on site during the patient recruitment initiation. This encompasses a lot of logistics in patient selection, location, referral to the study nurse without disturbing the routine clinic operations. During the initial visit, laboratory logistics in terms of sample courier are also discussed. The SOs are as always so entertaining and willing to learn. The facility management are always keen to help and they accommodated our needs because they see the value of this study involving clinical patient management and diagnosis. Follow-up training is done on site during the patient recruitment initiation. This encompasses a lot of logistics in patient selection, location, referral to the study nurse without disturbing the routine clinic operations. During the initial visit laboratory logistics in terms of sample courier are also discussed.



Kimberley City Clinic.

BACK: Frans Radebe, Nuraan Paulse. MIDDLE: Nurse Shuping, Sr Sebolai FRONT: Sr Fish & Sr Matsheko Siyaka (NC Surveillance officer).

This is what **Matsheko Siyaka** had to say about her experience: "The STI training was interesting. Sister Kekana taught us with patience. STI surveillance just revives the skills that I have not practice for some time, i.e. passing speculum and collecting the specimens. I am looking forward to conducting the surveillance.



Tebogo Modiba (LP), Matsheko Siyaka (NC), Frans Radebe (CHIVSTI) and Sebongile Rasmeni-Quariva (NW).

Tebogo Modiba: "The STI training was held from the 22nd to 26th Jan at NICD Centre for STI with Dr Ranmini, Mr. Radebe and their clinic team. My fellow surveillance officers, Matsheko and Sebongile bullied me as I was the youngest carrying their files daily. We did our practical training at a very busy Alexandra CHC. Daily, I felt like an American driving to the biggest township of Alexandra. Sr Busi Kekana trained us there and she was truly hands-on. Collecting MUS and VDS was initially scary and rather uncomfortable for both parties. As for Dr Ranmini she reminded me of my secondary school days. I found her to be a great teacher. I can still hear her voice echoing, "lets read together." She taught us so much, which I will not easily forget. Mr. Radebe is the most interesting research manager for this study. I cannot wait to start the study on my site. I believe it will go well. I see that our clinic areas are quite busy and I am hoping to get the required numbers for this study.



Alexander clinic STI TRAINING: Valentia Kekana (NICD), Tebogo Modiba (Limpopo), Matsheko Siyaka (Kimberley—NC), Sinah Matlou, Sebongile Rasmeni-Quariva (Tshepong—NW), Tebogo Ramasha

Sebongile Rasmeni-Quariva: I am a surveillance officer in the North West province, based presently at Tshepong/Klerksdorp Hospital. I started working in 2015 doing clinic-based surveillance at Jouberton clinic, STI being one of the projects. My first training was conducted by Mr Frans Radebe. I learned so much about STIs. I screened for the following syndromes, male urethritis syndrome (MUS), vaginal discharge syndrome (VDS), genital ulcers (GUS) and females in the age group of 18 to 20 years who were coming for family planning for the screening of Human papilloma Virus (HPV). On the 22nd January to 26th January 2018 I had yet another opportunity to attend STI training. The training was conducted by Mr Frans Radebe and the STI principle investigator, Dr Ranmini. I have learned that STIs are a public health burden with estimated 119 436 males and females treated as new cases in the 2014 year. 38 838 males were treated for male urethritis syndrome (MUS) during the same year. This is a clear indicator that many people are still having unprotected sex. We had an opportunity to go to Alexandra Clinic, where we met with Sr. Busisiwe Kekana and CSA, Mr Alex. We were given a chance to do practical work by interviewing and collecting specimens. That is when we had a clear picture of the risk factors of STI. I learned how to manage patients with STIs e.g. What is syndromic management approach? Comprehensive measures of patients with STI, general measures on STI prevention and treatment and how to educate patients on STI prevention. We were also taken through the STI laboratory by Mrs Vanessa Maseko to familiarise us with the lab processes of specimens collected.

PUSHING FOR QUALITY

GERMS-SA staff are constantly pushed to improve data quality when they capture information. We thought that by checking case report forms (CRFs) it would help show them where they go wrong. This is what **Ophelia Koaho** (SO Pretoria sites) had to say:



The checking of RSTB CRFs, has taught me the importance of sending out quality data. I found that I became more sensitive and alert to my work and realised that we dare not take anything for granted. It is important in our jobs to communicate with the doctors and nursing staff, check for medical records, and always check on TRAKCare that the information/ data captured is correct. It is important that the field project co-ordinators must not raise CRF queries. CRFs must be completed with the mind-set, that you should know what is expected of you. Another important aspect to adhere to, is the fact that CRFs must be completed by using the instruction sheet at all times. This will minimise the amount of mistakes made. I also check CRFs for Centre of Enteric Disease *Salmonella* Typhi cases.

GERMS-SA: Surveillance and training opportunities

Herrmann Brain Dominance Information (HBDI) Workshop - 20th March 2018

Mokupi Manaka

GERMS- SA Field Project Co-ordinators and Project Managers attended the HBDI Course held at NICD, with National Cancer Registry and other NICD staff. The course was very interesting in that it helps each individual to identify their own personality and to be aware of how it affects other people in the workplace. It categorizes people into four, according to their personality. There was a pre-assessment that was submitted before the test and we got results. It was very interesting to know where in each category an individual falls and where we can improve to enhance relationships and productivity in the work place.



Role-playing by one of the teams

Team Sunniboy listening attentively



GERMS-SA: Surveillance and training opportunities

HIV/AIDS management training in the workplace

Molly Morapeli

Teaching and training is core to the GERMS-SA programme. The training was very informative and an eye opener. It explored the critical issues of HIV/AIDS and its impact upon infected and affected people in the workplace. Prevention strategies, right of the employee and employer, workplace HIV/AIDS critical issues and best practice of HIV/AIDS management were highlighted. PHILA - Get up! Stand up! Test and know your status!



Sunnieboy Njikho and Judith Carter
(Facilitator)



Tumelo Tlhomelang and Sunnieboy Njikho enacting
Dread disease role play



Mokupi Manaka, Cecilia Miller, Tiisetso Lebaka
and Molly Morapeli— we broke away in groups
to brainstorm for the presentation.



Nuraan Paulse, Sunnieboy Njikho, Tumelo Tlhomelang
and Badikazi Matiwane preparing to do a feedback
presentation.

SITE VISITS and TRAINING

With so many sites and staff across the country, site visits are important to keep the surveillance officers (SO) motivated, trained and to check on data quality. Our field project coordinators (FPC) and Project manager (PM) do regular SO audits to identify gaps in knowledge, to teach and train.

KZN site visit: 29 Jan to 02 Feb 2018.

Sites visited: RK Khan, King Edward, King Dinizulu, Addington and Northdale hospitals.



Nokuthula Nzuza (SO Durban), Thobeka Shandu (SO Durban), Sunnieboy Njikho (FPC), Mokupi Manaka (PM) and Nkosinathi Mbele (SO)



Nelisiwe Buthelezi (SO Eastboom clinic), Sunnieboy Njikho (FPC), Mokupi Manaka (PM)

FS site visit: 25 January 2018

Sites visited: Universitas, Pelonomi Hospitals and Heidedal Clinic

Khasiane Mawasha says: "From June 2017 I was doing STI surveillance at Heidedal Clinic. We recruit patients 18 years old and above who present to the clinic with VDS in females, MUS in males and



Family planning clinic

Khasiane Mawasha, Thandeka Kosana, Sr Makaka, Nuraan Paulse, Sr Nambane, Aobakwe Molosi

GUS in both males and females. We take genital swabs and a sample of blood. The interview includes questions about their sexual health and sexual practices, some clients feel a little embarrassed to answer but I assure them that nobody will know about their information as we use study numbers only. I also do HPV study on ladies aged 18-20 years who present for family planning services. Testing is done to see what types of HPV occur commonly in South African women. There are

many subtypes of HPV with common strains being 6, 11, 16, and 18 and these are carcinogenic, causing cervical cancer which is the second leading cause of cancer deaths in women aged 15-44 years in South Africa. Fortunately the NDoH has introduced HPV vaccination for girls (given in Grade 4) and hopefully this will reduce the incidence of pre- cancer changes.



Heidedal Clinic

Jessica Moeca, Patricia Lodewyk, Thandeka Kosana, Aobakwe Molosi, Nuraan Paulse, Khasiane Mawasha, Thato Kenke, Carlos Motsai

Thandeka speaks of her current experience: " The Rotavirus Surveillance programme was introduced at Pelonomi Hospital (Free State) in April 2015, the primary objective of the study was to estimate the annual number of hospitalized children under the age of 5 presenting with diarrhoea. On a daily basis as a surveillance officer I am expected to visit the gastro ward/ children's ward for screening and identifying cases that fit the inclusion criteria. Informed consent will be obtained from parents or legal guardians accompanying the child, The parent or legal guardian will be asked to complete a questionnaire by interview on previous medical history and clinical data, they will be asked to provide a stool sample for diagnosis of rotavirus. In a case where the parent is not present during the collection of the stool sample I will then ask the nursing staff to collect the stool sample for me. The stool sample will then be collected and sent to NICD (Center for Enteric diseases) on a weekly basis. A study number is provided for every stool sample for identification purposes. I enjoy what I do as a surveillance officer. My work gives meaning to my life"

Thandeka also did the HIV drug resistant study on adults at Pelonomi Hospital. She did a STIRLING job! She recruited and enrolled patients who were 18yrs and older who were initiating ART. Patients were willing to participate in the study. Thandeka explained the importance of the study and the value of their input in terms of the questionnaire and the importance of consenting and having their bloods drawn. The HIV clinic was very organised, and the sisters ensured that there were at least ten patients booked for the day. The clinic operated on a Monday and a Wednesday only. She said that in most cases patients arrived for their appointments. The target for recruitment was 100 cases and this took about two months for her to complete. She will be starting with the 6-9month follow up of these cases shortly. She attributes her success in recruitment to the positive attitude and assistance of the sisters in the clinic.

GERMS-SA Electronic Data collection Information system (GEDI) updates and training

Martha Makgoba

With more projects moving over to electronic data capture (on tablets), staff need to be trained.

Site visit: Mpumalanga (Rob Ferreira Hospital) 08-09 March 2018

Martha Makgoba visited the Mpumalanga team to train the Surveillance officers on capturing electronic TB rifampicin-susceptible clinical case report forms (CRFs). Martha also trained Sunnieboy on electronic CRF quality control and how to troubleshoot GEDI-related issues. She also inspected the tablets to ensure that SOs are using them for work-purposes only.



Above; MP visit. Martha Makgoba, Sunnieboy Njikhoh, Lesley Ingle and Tumelo Tlhomelang.



Above: NW visit. Vanessa Quan, Martha Makgoba, Sebongile Rasmeni, Sising Tsabane and Nuraan Paulse

Site Visit: North West (Tshepong Hospital) 29th Jan–01 Feb 2018

Martha Makgoba visited the NW team to train the Surveillance officers on capturing electronic TB rifampicin-susceptible clinical case report (CRFs) AND the capturing of Brucellosis CRFs.

FAREWELL!

So sad to see you go...but when one door closes another better one is sure to open.... OPTIMISM is KEY!

Sadly, March 2018 marked the end of a few of our community surveillance officers' contracts....

Ntombizanele Dyonase & Noluthando Mveni (CSA's at Port Elizabeth site)



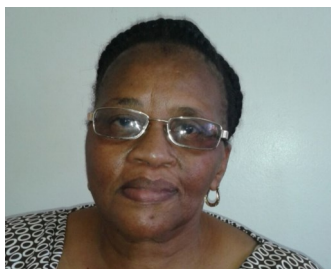
We would like to thank you for giving us the opportunity to work for your company as Community Surveillance Assistants (CSAs). We worked just over 2 years for the Centre for TB on the Rifampicin Resistant TB study. In the beginning it was not easy as we had to take two or three taxis then hike to facilities to follow up on patients and there were many challenges. But, we persevered until we were recognised as part of a global team in the fight against TB, especially in Port Elizabeth. After a short period we were then based at the

facilities where patients were sent to start treatment after they were diagnosed with MDR-TB on the GeneXpert test. There we interviewed, obtained consent and collected a sputum sample on time from the patients. It was a great experience working with a strong team of people who had the same vision and mission to help communities to fight challenges surrounding people infected and affected with MDR-TB. It has been a learning journey and we gained lot of experience. This position added knowledge and immense value to our career. We hope that we may put the experience gained to good use in future employment.

Aobakwe Molosi—Community surveillance assistant - Pelonomi Hospital

Imagine for a minute that you had to wear a mask everywhere you went. Picture yourself attempting to swallow twenty or more tablets everyday for a year. It might not come easily to anyone until the lab results indicate MDR-TB diagnosis. All of the patients I've met have had to deal with this reality and acquaint themselves with an entirely new way of life. Whenever I encounter patients, I see them as I see myself and not just as "recruits". The process of enrolment starts with and moves from obtaining consent and spending time explaining the interview and sample collection process. Yes, you need to enroll the patient, but do you empathize with them well beyond the process? If there's anything to take from my experience as a Surveillance Assistant, it would be to respect and appreciate the value of the people who make up the bulk of the studies we conduct. It is through us that the patients and staff at clinics and hospitals see the value of studies. Doing your job with the utmost regard for all, makes for a humbling experience.





Joyce Tsotsotso (SO North West) was offered a post with the North West DoH in TB. When GERMS started doing TB at Tshepong Hospital, Joyce took this on with both hands. We wish her well and thank her for the role she played in GERMS.

Ncqobile Mtshali (Community Surveillance Assistant, Mpumalanga) worked for two years on the Rifampicin Resistant TB study (see page 8 of this Link). She has so much energy and drive for TB. We wish her well in her career.



Penny Crowther—Gibson says:

I started working for GERMS at the NICD on 1 October 2007, fresh out of university. I was initially employed as a database manager in a newly created post, even though I was an epidemiologist with no database training! I gradually picked up the skills I needed and helped GERMS grow from Epi-Info to MS Access databases, and from paper to electronic CRFs. Even though my job title eventually changed to Epidemiologist, where I was able to analyse GERMS data, produce reports, and provide epi support for various studies, I was still very much involved in data management. I've loved getting to learn about all of the organisms and diseases we've studied over the years, including both the laboratory and hospital side of things. It's also been fascinating being involved in GERMS organism-related outbreaks, such as cholera, typhoid fever and listeriosis. I've gained invaluable experience over the past 10 years and am definitely going to miss being part of the GERMS team.

CONGRATULATIONS!!

Vusi and Lindelwa Ndlovu are proud parents of an already handsome baby boy! Nkazimulo was born on 26th January 2018 at a birth weight of 3,4kg.



Vusi works at DGM hospital as a surveillance officer and Lindelwa worked briefly at MRL on the Deep Fungal Infections project.

General Information for Surveillance Laboratories

ALL laboratories to send ALL isolates below for 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/ Lab
<ul style="list-style-type: none"> <i>Streptococcus pneumoniae</i> <i>Haemophilus</i> spp. <i>Neisseria meningitidis</i> 	All normally-sterile site specimens, e.g. CSF, blood, pleural fluid, peritoneal fluid, pericardial fluid, joint fluid, tissue, etc.	Culture positive OR Consistent Gram stain OR Latex positive	CRDM (011 555 0315)
<ul style="list-style-type: none"> <i>Salmonella</i> Typhi †† <i>Vibrio cholera</i> <i>Listeria monocytogenes</i> 	Any specimen	Culture positive	CED (011 555 0333/4)
<ul style="list-style-type: none"> <i>Cryptococcus</i> spp. (no need to send isolate) 	Any specimen: enhanced surveillance laboratories need to inform the Surveillance Officers about cases all year	Culture positive OR CrAg test positive OR CSF India ink positive	CHARM - MRL (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 *A. baumannii* and Carbapenem-Resistant Enterobacteriaceae (CREs) to NICD.

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

[^] 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

WC: Groote Schuur and Tygerberg

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This newsletter was compiled by Nuraan Paulse-Sandt 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; Tel 011 386 6012