

c Meningococcal disease update

Sixty-three laboratory-confirmed cases of invasive meningococcal disease have been reported to the GERMS-SA surveillance programme from January 2017 until 6 August 2017 (end of week 31) (Figure 6). Most cases were from the Western Cape Province (25, 40%), followed by Gauteng (19, 30%) and Eastern Cape (10, 16%). No cases have been reported to date from Limpopo or Mpumalanga.

The median age of persons diagnosed with meningococcal disease is 13 years, however the greatest burden of disease is in those ≤ 5 years (22 cases) and in the 15 to 24-year age-category (12 cases).

Meningococcus was found in CSF in 39 (62%) cases, blood only in 23 cases and in ascitic fluid in 1 case. Serogroup data is still unknown for 20/63 cases, however serogroup B accounted for 21 (49%), W for 10, Y for 7 and C for 5 cases.

Meningococcal disease usually peaks from May to October, therefore clinicians should be aware of this disease in their differential diagnoses and search for early indications of a non-blanching petechial rash in patients presenting with sudden onset of fever, headache and/or vomiting. Antibiotic treatment should be started without delay and clinically suspected cases notified immediately to the provincial CDCs for assistance with contact tracing and provision of prophylaxis to close contacts. Sudden unexplained deaths should also be investigated for meningococcal disease.

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS; (annev@nicd.ac.za)

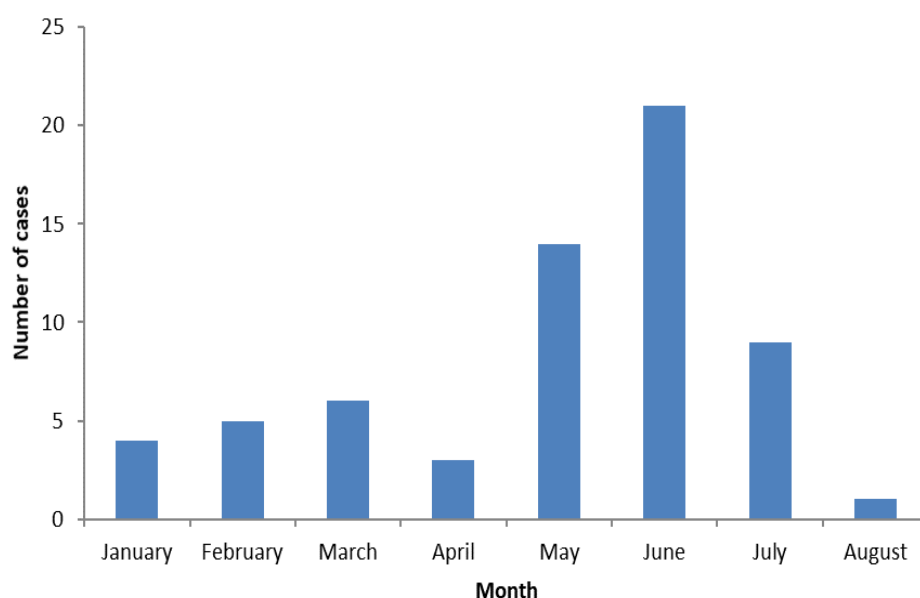


Figure 6. Seasonality of invasive meningococcal disease cases by month, South Africa, January to 6 August 2017 (n=63)