## 1 ZOONOTIC AND VECTOR-BORNE DISEASES

a An update on rabies in South Africa, 2017

A case of rabies was confirmed in a three-year-old male child from Zimbabwe. The child was scratched by stray dog in May 2017 in Zimbabwe (exact location or date not clear at time of report). The patient did receive injections post-bite, but the exact post-exposure prophylaxis regimen could not be established. The patient was admitted to a Johannesburg hospital on 4 August with fever, hypersalivation, vomiting and depressed consciousness. Rabies was confirmed by RT-PCR on three saliva specimens collected at different time points. The patient demised on 11 August.

To date, two human rabies cases have been reported in South Africa, excluding the case reported here, which was not acquired in South Africa. Both South African cases were reported from the north-east part of the Eastern Cape Province, which remains one of the highest risk areas.

An increasing number of dog rabies cases in several coastal districts of KwaZulu-Natal requires increased vigilance and consideration for possible human exposures (Figure 1). Cases of rabies in animals

were also reported from the Eastern Cape, Limpopo, Mpumalanga, Northern Cape and North West provinces during the month of July 2017 (Agriculture Research Council- Onderstepoort Veterinary Research and Allerton Provincial Veterinary Laboratory).

For more information regarding the guidelines for post-exposure prophylaxis in humans, please visit the NICD website, www.nicd.ac.za.

**Source:** Centre for Emerging, Zoonotic and Parasitic Diseases, NICD/NHLS; (januszp@nicd.ac.za); Charlotte Maxeke Johannesburg Academic Hospital; Allerton Provincial Veterinary Laboratory and Agriculture Research Council — Onderstepoort Veterinary Research



## Figure 1.

Map indicating laboratorybased surveillance for rabies amongst animals in KwaZulu-Natal for 2017 to date. Two cycles of rabies virus circulation have been identified in the province: a domestic dog cycle and a jackal cycle. The major concern currently, is the increase in domestic dog cases as indicated in the blue circles (Contribution by Allerton Provincial Veterinary Laboratory).

## b Update on Crimean-Congo haemorrhagic fever in South Africa

A total of five cases of CCHF was confirmed in South Africa for 2017 to date. These cases were reported from the Western Cape (n=1), Northern Cape (n=2) and the Free State (n=2) provinces. A case of Crimean-Congo haemorrhagic fever (CCHF) was confirmed in a patient from Namibia in August. This was the second case of CCHF to be confirmed in a Namibian patient for 2017 to date.

Crimean-Congo haemorrhagic fever is a tick-borne disease which is widely distributed in Africa, Eastern Europe and the Middle East. Humans are exposed primarily through tick contact (specifically *Hyalomma* species), but may also get infected with the virus through contact with infected animal blood and tissues. Human-to-human transmission is limited, although few reports of nosocomial transmission have been noted. The risk of contracting the disease is greater during the late summer months, but prevailing weather and environmental conditions that may support tick activity may extend this risk year long. Typically farmers, farm workers, abattoir workers and veterinarians that are at greater risk of contracting the disease, but any person that may have tick exposures (such as campers or hikers) or contact with infected blood and tissues (such as hunters) may be exposed. For more information visit the NICD website at www.nicd.ac.za.

**Source:** Source: Centre for Emerging, Zoonotic and Parasitic Diseases, NICD/NHLS;