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Respiratory Pathogen Surveillance

Programme Descriptions

Programme	ILI	Viral Watch	National syndromic surveillance for pneumonia	Private hospital consultations
Start year	2012	1984	2009	2002
Provinces*	KZ NW MP	EC FS KZ GP LP MP NC NW WC	GP KZ MP NW WC	EC FS GP LP MP NW WC
Type of site	Primary health care clinics	General practitioners	Public hospitals	Private hospitals
Case definition	An acute respiratory illness with a temperature ($\geq 38^{\circ}\text{C}$) and cough, & onset ≤ 10 days	An acute respiratory illness with a temperature ($\geq 38^{\circ}\text{C}$) and cough, & onset ≤ 10 days	Acute or chronic lower respiratory tract infection	ICD codes J10-J18
Specimens collected	≥ 5 years of age: oropharyngeal/nasopharyngeal swabs <5 years of age: nasopharyngeal aspirates	Throat and/or nasal swabs or Nasopharyngeal swabs	≥ 5 years of age: oropharyngeal/nasopharyngeal swabs <5 years of age: nasopharyngeal aspirates Induced/expectorated sputum	Not applicable
Main pathogens tested**	INF RSV BP	INF RSV BP	INF RSV SP*** BP	Not applicable

Epidemic Threshold

Thresholds are calculated using the Moving Epidemic Method (MEM), a sequential analysis using the R Language, available from: <http://CRAN.R-project.org/web/package=mem>) designed to calculate the duration, start and end of the annual influenza epidemic. MEM uses the 40th, 90th and 97.5th percentiles established from available years of historical data to calculate thresholds of activity. Thresholds of activity for influenza and RSV are defined as follows: Below seasonal threshold, Low activity, Moderate activity, High activity, Very high activity. For influenza, thresholds from outpatient influenza like illness (Viral Watch Programme) are used as an indicator of disease transmission in the community and thresholds from pneumonia surveillance are used as an indicator of impact of disease.

* EC: Eastern Cape; FS: Free State; GP: Gauteng; KZ: KwaZulu-Natal; LP: Limpopo; MP: Mpumalanga; NC: Northern Cape; NW: North West; WC: Western Cape

**INF: Influenza; RSV: respiratory syncytial virus; BP: Bordetella pertussis; SP: Streptococcus pneumoniae

Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

Comments:

Influenza

The 2018 influenza continues. The season started in week 18 (first week of May), when influenza detections in the Viral Watch programme rose above the seasonal threshold, as determined by the Moving Epidemic Method. Influenza transmission is currently moderate, while impact is low.

ILI programme: In 2018 to date, specimens from 711 patients were received from 3 ILI sites. Influenza was detected in 77 specimens, the majority (70) identified as influenza A(H1N1)pdm09, and seven as influenza B.

Viral Watch programme: During the same period, specimens were received from 1166 patients from Viral Watch sites. Since April, when the number of specimens received started to increase, influenza has been detected in 529 specimens, 378 of which were identified as influenza A(H1N1)pdm09, 15 as influenza A(H3N2), 133 as influenza B, and three influenza A untyped due to low viral load.

In addition, influenza A(H3N2) was detected in three patients, A(H1N1)pdm09 in four, and influenza B in 14, before the start of the influenza season, most of whom had a history of travel or contact with tourists.

Pneumonia surveillance: In this time period, specimens from 3502 patients with severe respiratory illness (SRI) were received from the 6 sentinel sites. Influenza was detected in 242 specimens, 166 of which were identified as A(H1N1)pdm09, 73 as influenza B, and three influenza A untyped due to low viral load.

Respiratory syncytial virus

The 2018 RSV season which started in week 9 (week starting 26 February) when RSV detections in pneumonia surveillance rose above the seasonal threshold, as determined by the Moving Epidemic Method, ended in week 23 (week ending 10 June) although sporadic detections of RSV are still being made.

In 2018 to date, RSV has been detected in the specimens of 87 patients in the ILI programme, and 804 from patients in the pneumonia surveillance programme.

During the same period, 39 specimens from Viral Watch surveillance programme sites tested positive for RSV.

Streptococcus pneumoniae

Pneumonia surveillance: From the 1st January 2018 to date, blood specimens from 1290 patients from 3 sentinel sites were tested for *S. pneumoniae* which was detected in 49 (3.8 %) specimens.

Bordetella pertussis

ILI programme: From 1st January 2018 to date, nasopharyngeal/oropharyngeal specimens were tested from 710 patients for *B. pertussis*, 12 (1.7%) tested positive. An increase in cases testing positive for *B. pertussis* has been noted from May.

Pneumonia surveillance: During the same period, sputa and/or nasopharyngeal specimens were tested from 3500 patients for *B. pertussis* which was detected in 69 (2,0 %) specimens. There has been an increase in number of cases testing positive for *B. pertussis* from all provinces participating in surveillance from July 2018.

Below is a link of an alert for an Increase of *B. pertussis* cases in South Africa

<http://www.nicd.ac.za/wp-content/uploads/2017/03/Pertussis-Alert-8-August-2018.pdf>

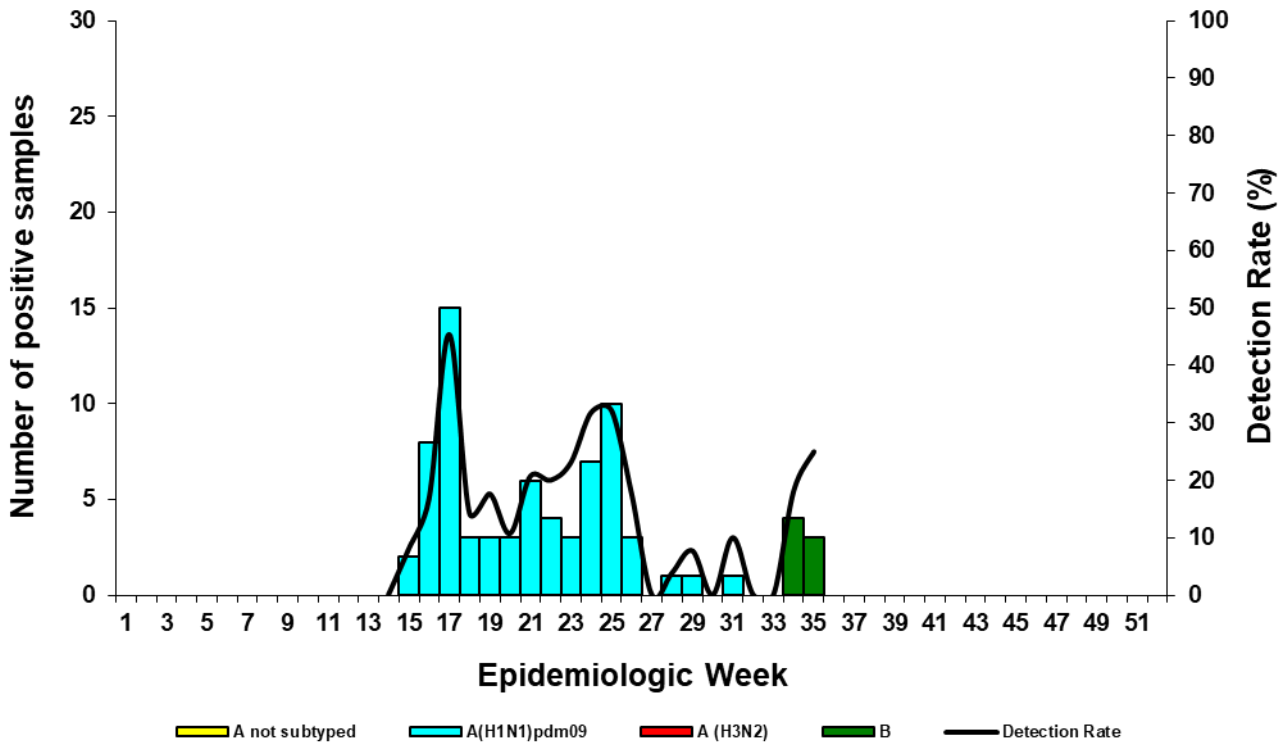
Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 1. Number of positive samples* by influenza types and subtypes and detection rate by week**



*Specimens from patients with influenza-like illnesses at 3 sentinel sites in 3 provinces from week 1 – week 21 and from 2 sites in 2 provinces from week 22 (surveillance in Mpumalanga suspended since week 22).

**Only reported for weeks with >10 specimens submitted

Table 1. Cumulative number of influenza type and subtype and total number of samples tested by clinic and province

Clinic (Province)	A not typed as yet	A(H1N1)pdm09	A(H3N2)	B	Total samples
Agincourt Clinic (MP)*		3			141
Edendale Gateway Clinic (KZ)		40		4	291
Jouberton Clinic (NW)		27		3	279
Total:	0	70	0	7	711

KZ: KwaZulu-Natal; NW: North West, MP: Mpumalanga *Surveillance suspended at Mpumalanga site since week 22

Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 2. Number of samples testing positive for respiratory syncytial virus and detection rate by week

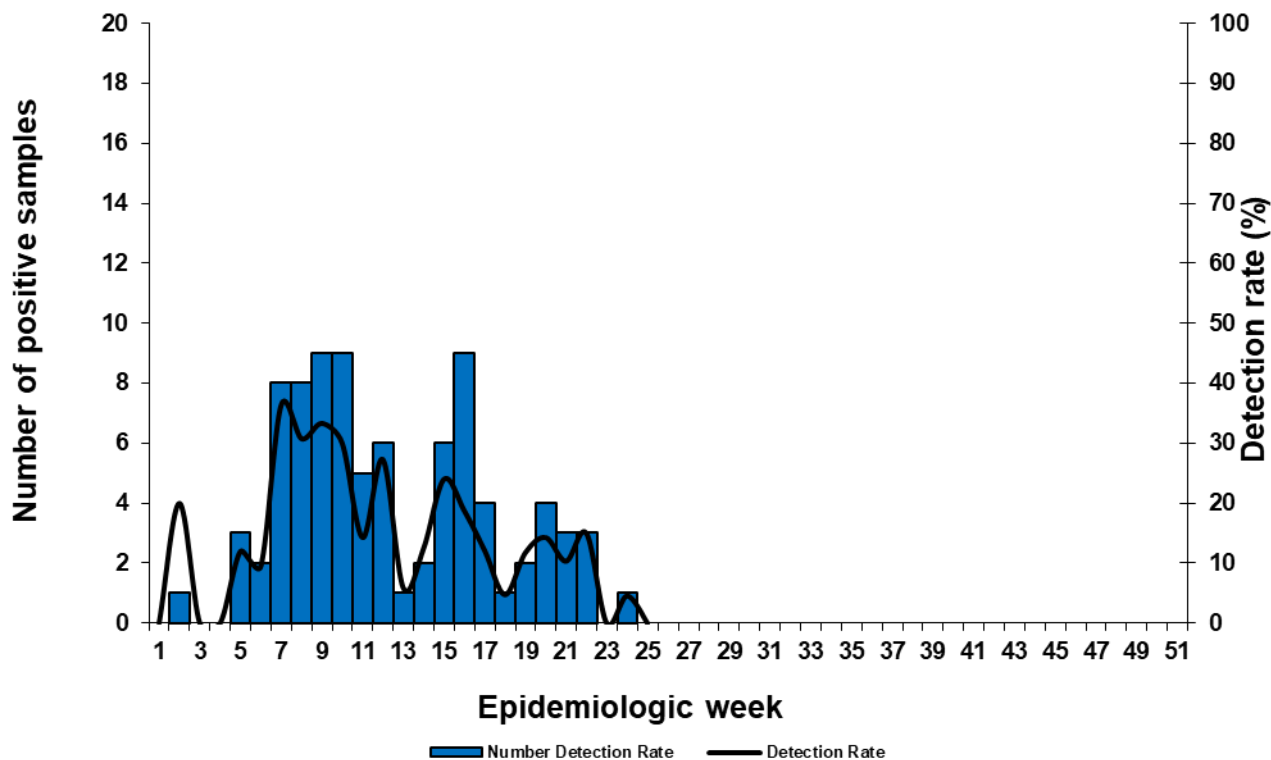


Table 2. Cumulative number of respiratory syncytial virus identified and total number of samples tested by clinic and province

Clinic (Province)	RSV Positive	Total samples
Agincourt Clinic (MP)*	38	141
Edendale Gateway Clinic (KZ)	27	291
Jouberton Clinic (NW)	22	279
Total:	87	711

KZ: KwaZulu-Natal; NW: North West, MP: Mpumalanga *Surveillance suspended at Mpumalanga site since week 22

Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 3. Number of samples testing positive for *B. pertussis* and detection rate by month

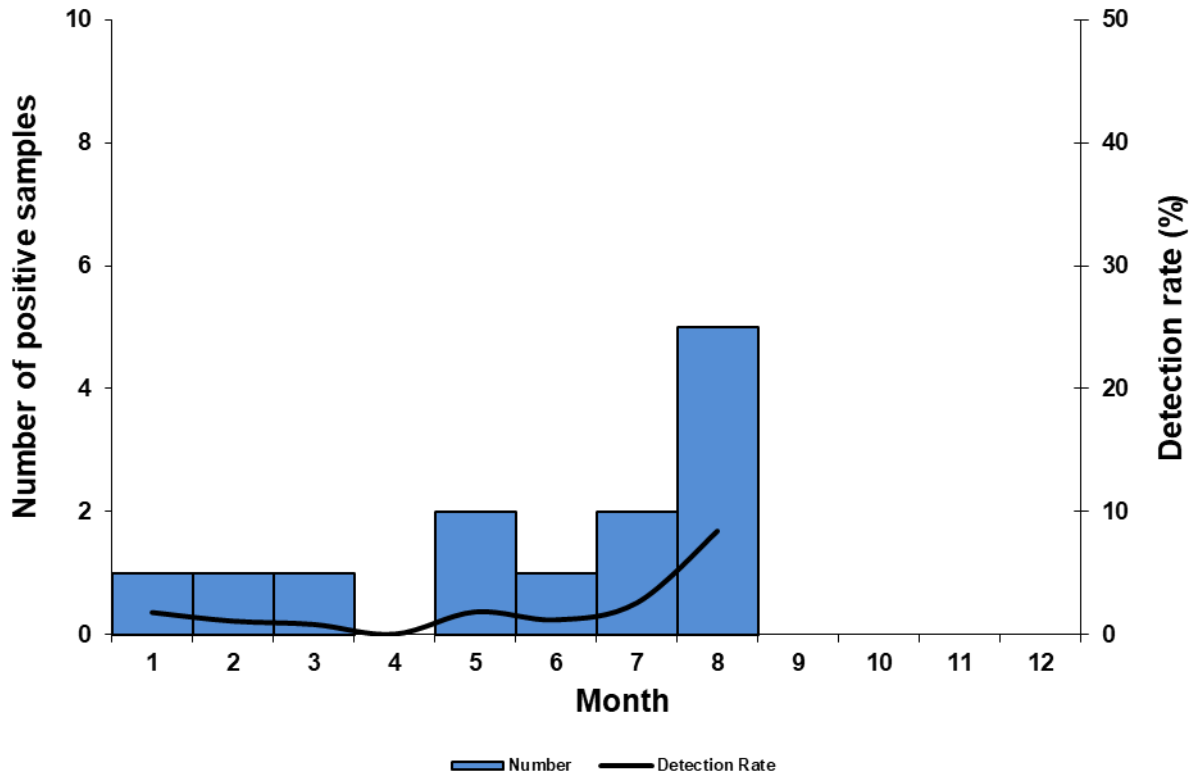


Table 3 Cumulative number of *B. pertussis* identified and total number of samples tested by province

Clinic (Province)	<i>B. pertussis</i> Positive	Total samples
Agincourt Clinic (MP)*	1	141
Edendale Gateway Clinic (KZ)	1	290
Jouberton Clinic (NW)	10	279
Total:	12	710

KZ: KwaZulu-Natal; NW: North West, MP: Mpumalanga *Surveillance suspended at Mpumalanga site since week 22

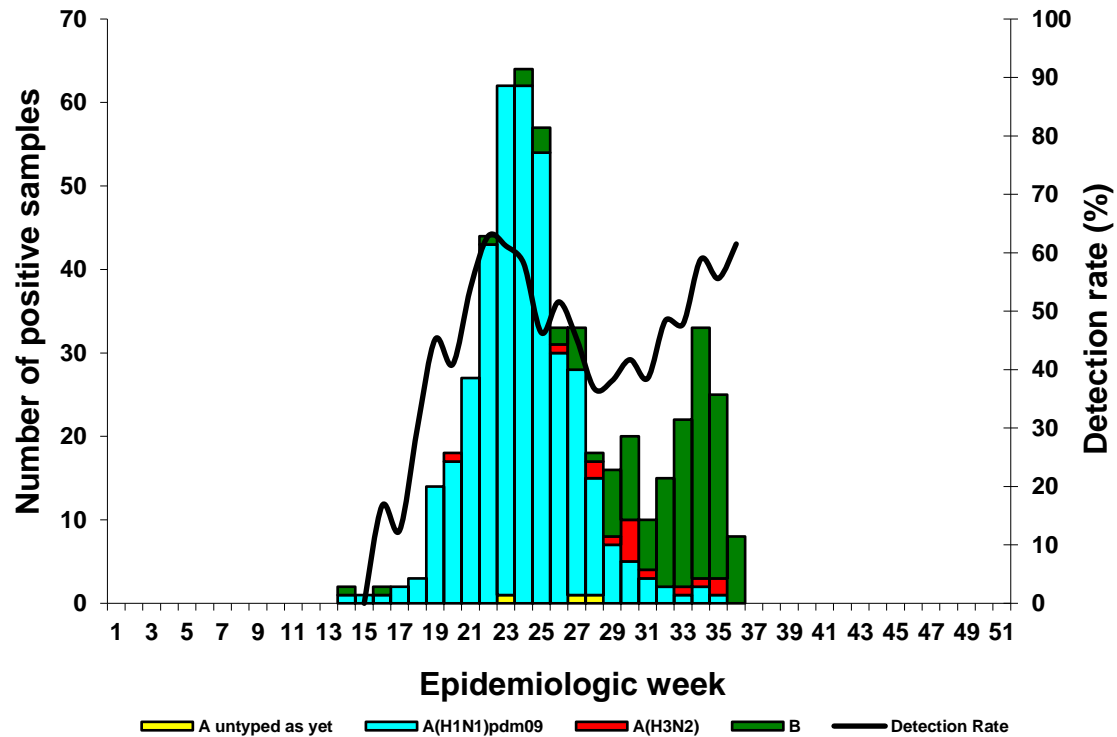
Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

Influenza-like illness (ILI) surveillance Viral Watch

Figure 4. Number of positive samples* by influenza types and subtypes and detection rate by week**



*Specimens from patients with Influenza-like illnesses at 90 sentinel sites in 8 provinces

** Only reported for weeks with >10 specimens submitted.

Table 4. Cumulative number of influenza type and subtype and total number of samples tested by province

Province	A not subtyped	A(H1N1)pdm09	A(H3N2)	B	Total samples
Eastern Cape	1	51		15	103
Free State				1	13
Gauteng	1	197	13	46	573
Limpopo		15		4	32
Mpumalanga	1	20		3	72
North West		1		2	5
Northern Cape		3		1	17
Western Cape		91	2	61	351
Total:	3	378	15	133	1166

From 01 January 2018 to date, 94 patients were tested for influenza at the time of entry into South Africa following travel abroad and 28 tested influenza positive - 14 of which were identified as influenza A(H1N1)pdm09, 05 as influenza A(H3N2) and 09 as influenza B.

Patients known to have acquired influenza abroad are not included in the table or epidemiological curve.

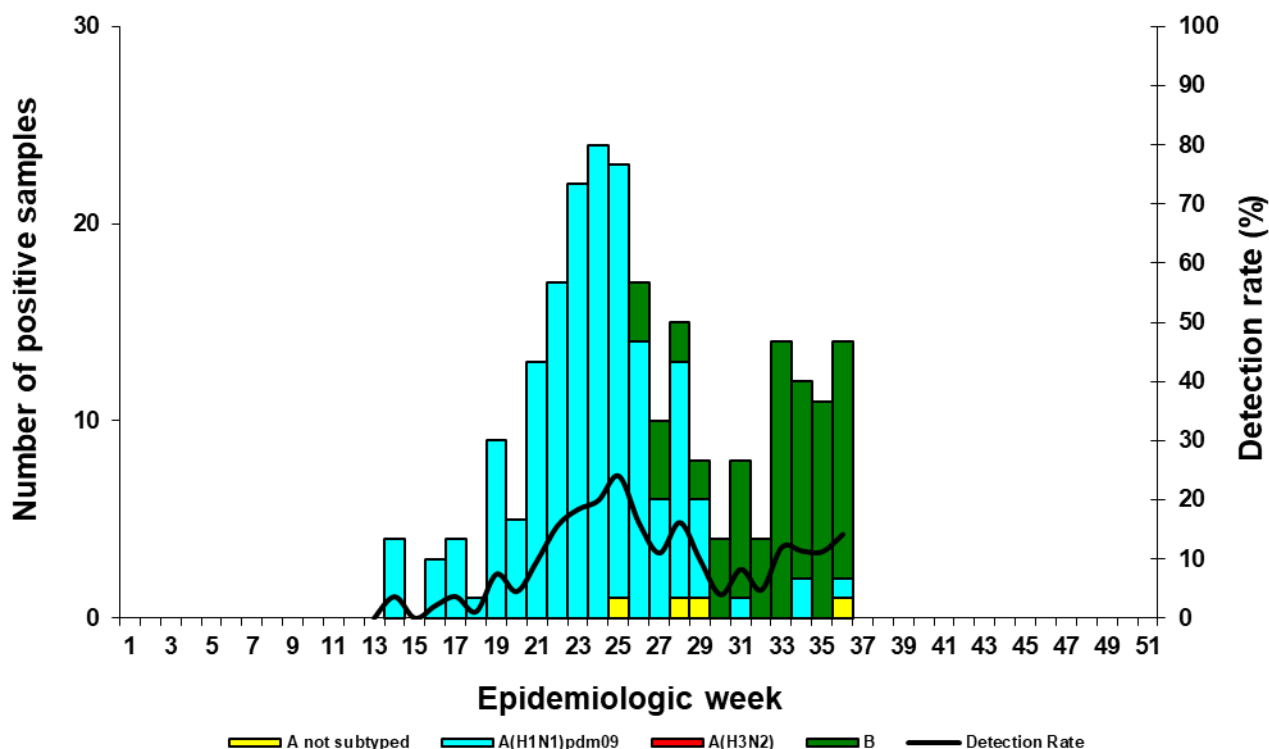
Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

National syndromic surveillance for pneumonia

Figure 6. Number of positive samples* by influenza types and A not typed as yet and detection rate by week**



*Specimens from patients hospitalised with pneumonia at 6 sentinel sites in 5 provinces

**Only reported for weeks with >10 specimens submitted

Table 5. Cumulative number of identified influenza types and subtypes and total number of samples tested by hospital

Hospital (Province)	A not typed as yet	A(H1N1)pdm09	A(H3N2)	B	Total samples
Edendale (KZ)	1	28		1	548
Helen Joseph-Rahima Moosa (GP)		40		17	784
Klerksdorp-Tshepong (NW)		13		4	522
Mapulaneng-Matikwana (MP)		25		2	210
Red Cross (WC)	2	37		30	967
Mitchell's Plain (WC)		23		19	471
Total:	3	166		73	3502

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

In addition 93 specimens have been tested from pregnant women in Groote Schuur Hospital and Mowbray Maternity Hospital, two of whom were positive for influenza A(H1N1)pdm09.

Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

National syndromic surveillance for pneumonia

Figure 8. Number of samples testing positive for respiratory syncytial virus and detection rate by week

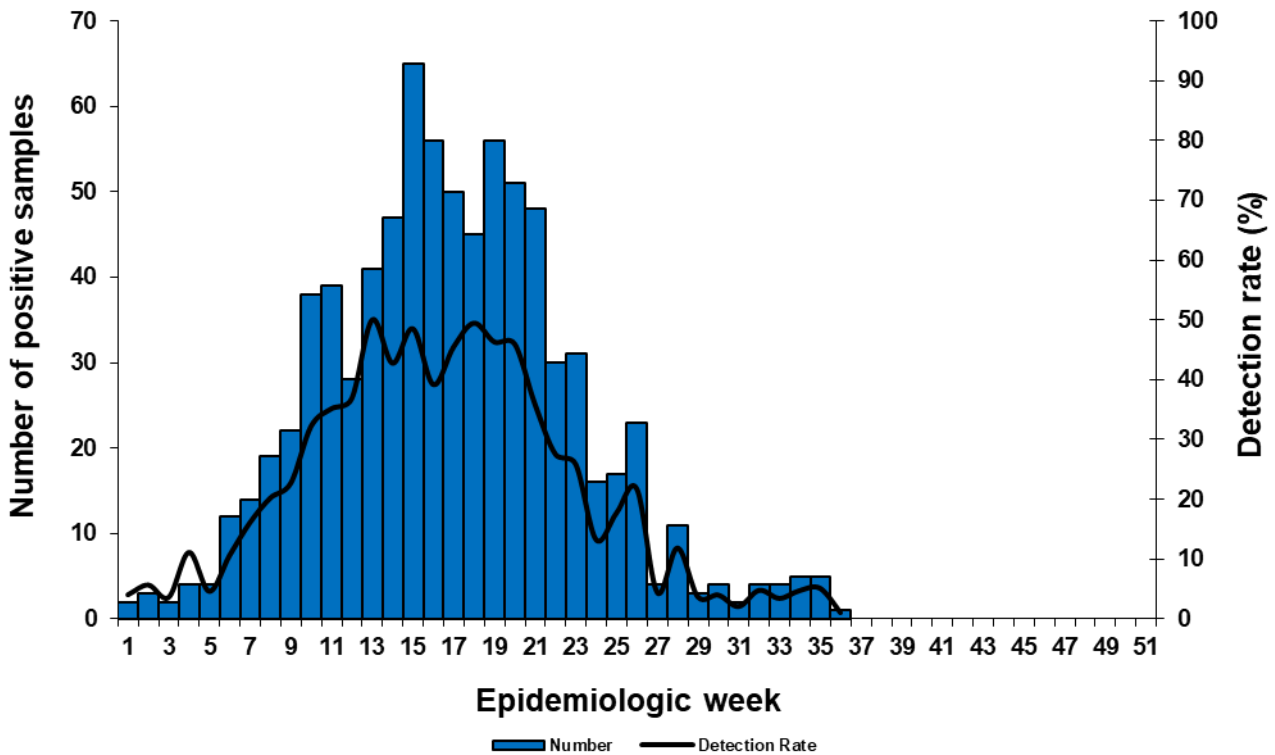


Table 6: Cumulative number of respiratory syncytial virus identified and total number of samples tested by hospital

Hospital (Province)	RSV Positive	Total samples
Edendale (KZ)	76	548
Helen Joseph-Rahima Moosa (GP)	162	784
Klerksdorp-Tshepong (NW)	42	522
Mapulaneng-Matikwana (MP)	46	210
Red Cross (WC)	336	967
Mitchell's Plain (WC)	142	471
Total:	804	3502

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

National syndromic surveillance for pneumonia

Figure 9. Number of samples testing positive for *S. pneumoniae and detection rate by week**

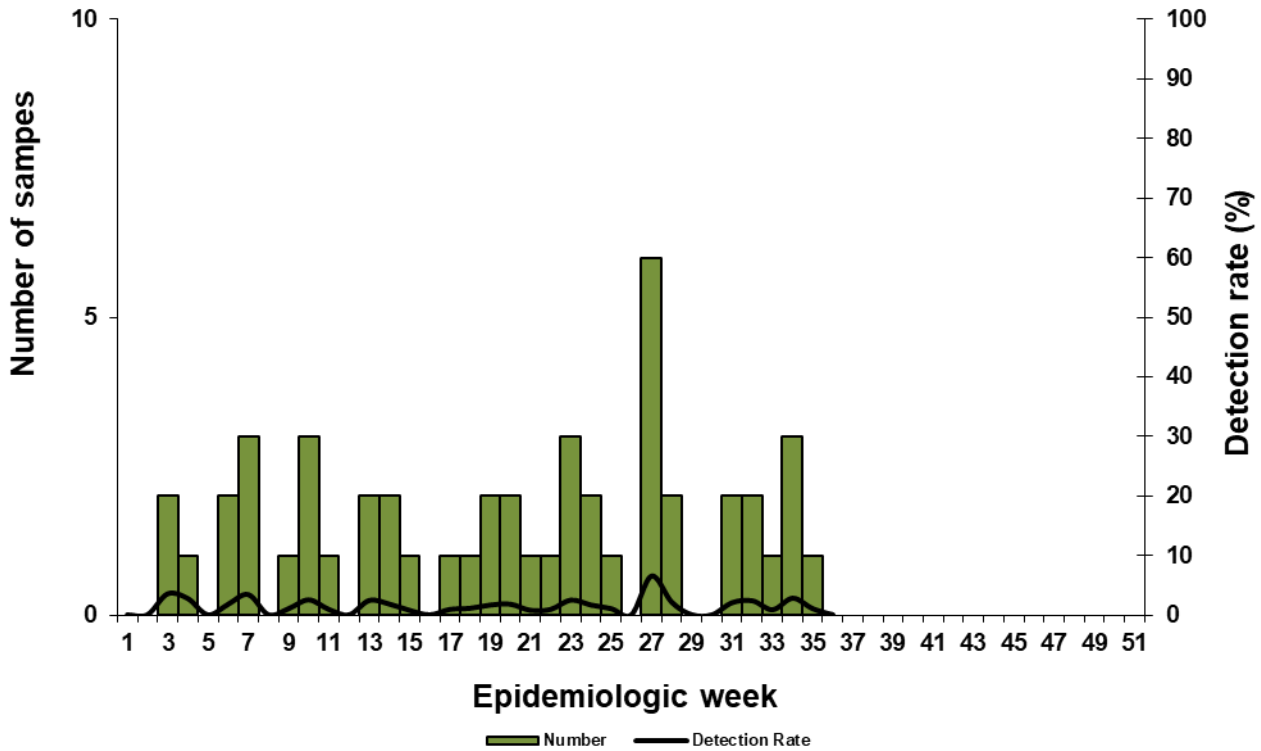


Table 7. Cumulative number of *S. pneumoniae* identified and total number of samples tested by hospital and province

Hospital (Province)	<i>S. pneumoniae</i> Positive	Total samples
Edendale (KZ)	4	548
Klerksdorp-Tshepong (NW)	29	529
Mapulaneng-Matikwana (MP)	16	213
Total:	49	1290

KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga;

* Children <1 year tested at KZ and all age groups tested at MP and NW

Respiratory Pathogen Surveillance

Reporting period 01/01/2018 to 09/09/2018

Results until end of epidemiologic week 36 (2018)

National syndromic surveillance for pneumonia

Figure 10. Number of samples testing positive for *B. pertussis* and detection rate by month

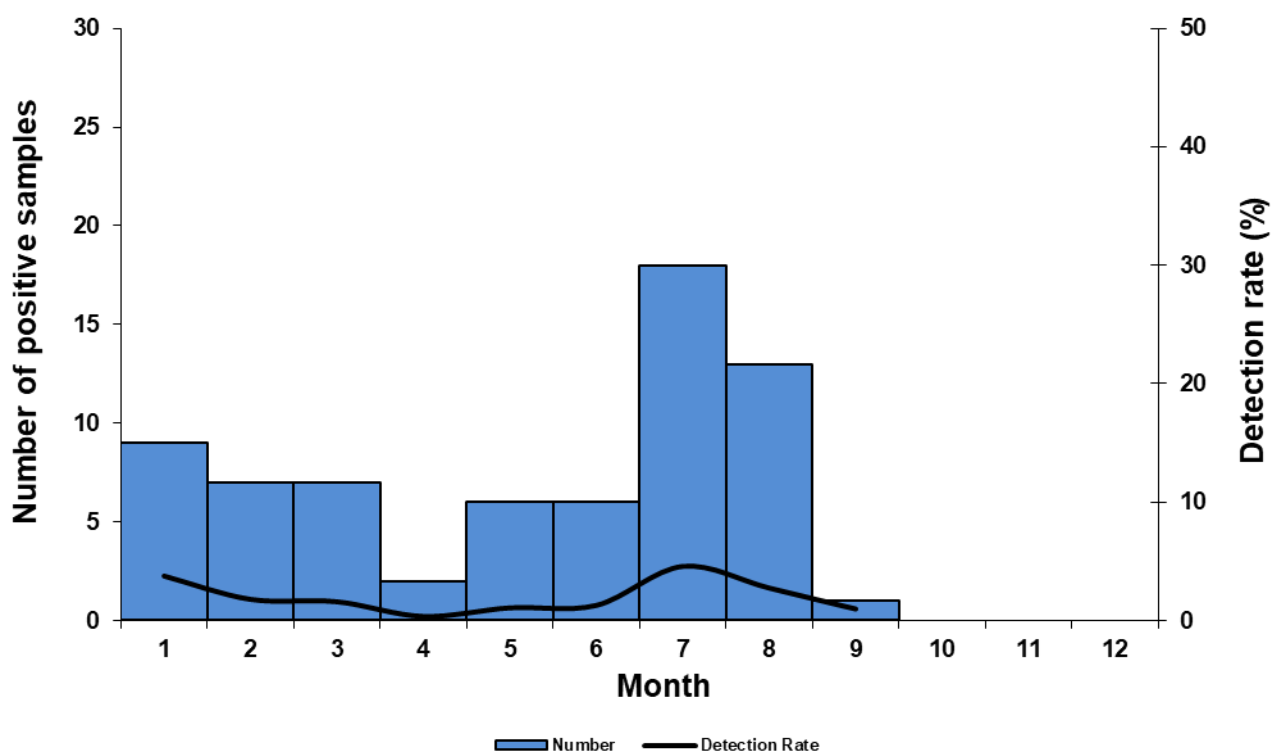


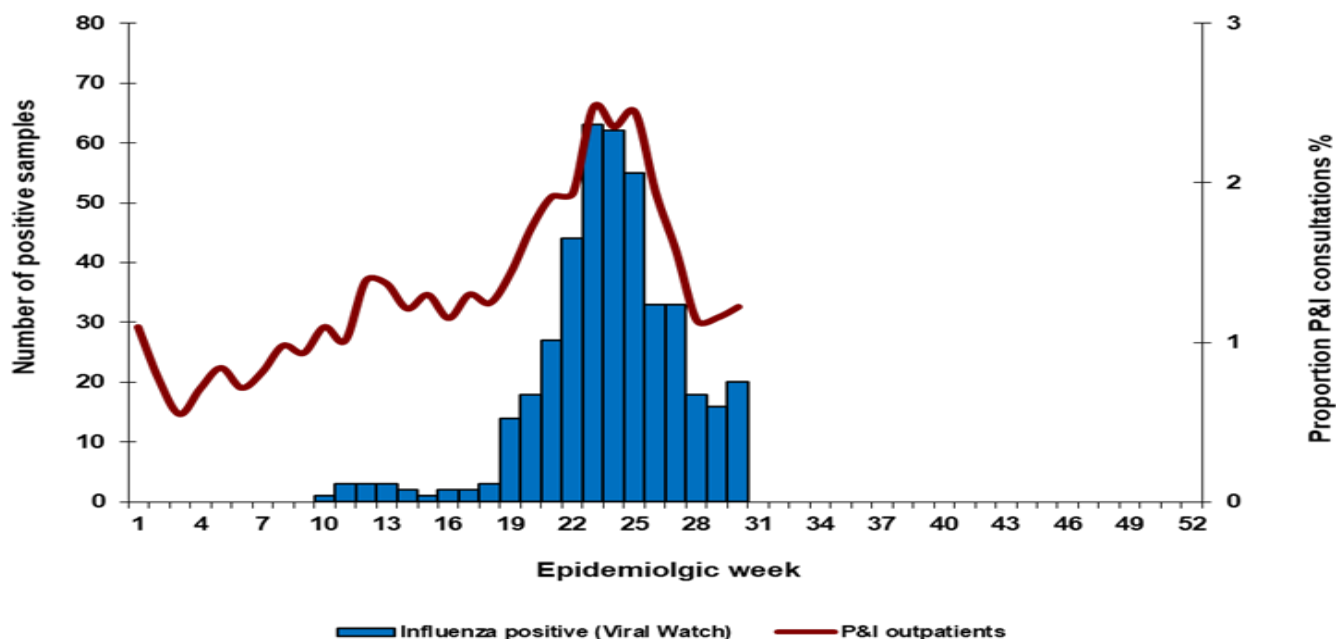
Table 9. Cumulative number of *B. pertussis* identified and total number of samples tested by hospital and province

Hospital (Province)	<i>B. pertussis</i> Positive	Total samples
Edendale (KZ)	5	548
Helen Joseph-Rahima Moosa (GP)	14	784
Klerksdorp-Tshepong (NW)	12	521
Mapulaneng-Matikwana (MP)	3	210
Red Cross (WC)	24	966
Mitchell's Plain (WC)	11	471
Total:	69	3500

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

Private hospital consultations

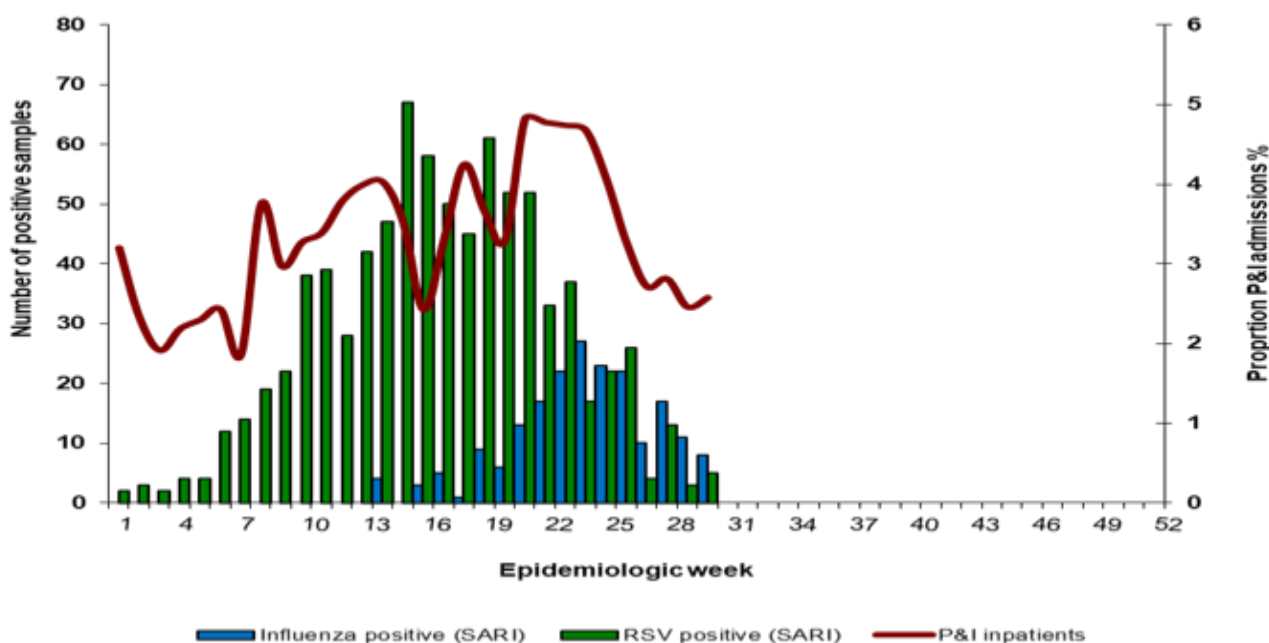
Figure 11. Number of private hospital outpatient consultations* with a diagnosis of pneumonia and influenza (P&I) and viral isolates**



* Hospital outpatient data from weekly reports of consultations to the Netcare hospital group. Discharge diagnosis is according to International Statistical Classification of Diseases and Related Health Problems coding by clinicians and does not represent laboratory confirmation of aetiology

** Influenza positive specimens from the Viral Watch surveillance programme

Figure 12. Number of private hospital admissions* with a discharge diagnosis of pneumonia and influenza (P&I) and viral isolates**



*Hospitalisation admission data from weekly reports of consultations to the Netcare hospital group. Discharge diagnosis is according to International Statistical Classification of diseases and Related Health Problems/ ICD by clinicians and does not represent laboratory confirmation of aetiology ** Influenza positive specimens from the national syndromic surveillance for pneumonia.