2. Zimbabwe, including the Victoria Falls, is a high transmission area except for Bulawayo, Harare and Gweru and their immediate surrounds.
3. Malawi and the area around Lake Malawi are high transmission areas.
4. Botswana has transmission in the central and northwest districts, including the Chobe National Park and the Okavango Delta, but there is no malaria transmission in Gaborone.
5. In Namibia, malaria is present in the northern regions (Kavango East and West, Kunene, Ohangwena, Omusati, Oshana, Oshikoto, Otjozondjupa, and Zambezi), and there is no malaria transmission in Windhoek.
6. Malaria control in Swaziland has resulted in a major decrease in local cases and there are limited areas of malaria transmission in the lowveld area in the east of the country bordering Mozambique.

Guidelines on prevention and treatment of malaria, as well as FAQs, are available on the NICD website: www.nicd.ac.za

Source: Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; johnf@nicd.ac.za

d Rubella

Rubella, or German measles, is a viral infection that circulates widely in South Africa. It is spread through direct or droplet contact with the respiratory secretions of an infected person. A maculopapular rash occurs 14 to 17 days after exposure, first appearing on the face and progressing from head to foot lasting about 3 days. Complications of rubella are rare and generally occur more often in adults than in children. The most serious complication of rubella infection is congenital rubella syndrome (CRS), which occurs when the rubella virus infects a developing foetus. CRS in the first trimester of pregnancy is teratogenic and can lead to miscarriage or serious birth defects such as deafness, eye defects, heart defects, and mental retardation in as many as 85% of infected infants.

Rubella vaccination is not part of the current South African expanded programme on immunization (EPI), although it is available in the private sector as measles mumps and rubella (MMR). Historically, the omission of rubella vaccine from EPI was based on the understanding that natural rubella infection in childhood should render most women of childbearing age immune and therefore prevent CRS. In addition, under conditions of imperfect vaccine coverage, the addition of a rubella-containing vaccine (RCV) could increase the susceptibility of adult women by slowing, but not interrupting, rubella transmission. This may theoretically increase the age of primary rubella infection and therefore increase the number of CRS cases. For this reason, the introduction of a RCV into the EPI should be carefully considered and meticulously implemented to avoid increasing the risk of CRS.

From 1 January to 19 October 2018, 821 NICD laboratory-confirmed rubella cases have been detected in South Africa from blood specimens submitted for measles testing (Figure 5). Rubella cases have been detected in all nine provinces, of which KwaZulu-Natal (n=378), Eastern Cape (n=143) and Western Cape (n=98) provinces have the highest number of cases. The epidemiological curve shows persistent circulation with a peak in spring (week 35 to 40). Rubella was similarly distributed amongst males and females (51% and 49%, respectively) and was predominant in the 0-4 and the 5-9 year-old age groups (Figure 6). Importantly, 14 NICD laboratory confirmed rubella cases were detected amongst females aged 15 to 44 years old, indicating an immunity gap in women of childbearing age.

Rubella cannot be clinically distinguished from measles. All febrile rash cases should be reported. A serum sample should be submitted for laboratory testing for measles and rubella.

Source: Centre for Vaccines and Immunology, NICD-NHLS; Division of Public Health Surveillance and Response, NICD-NHLS; (heatherh@nicd.ac.za)

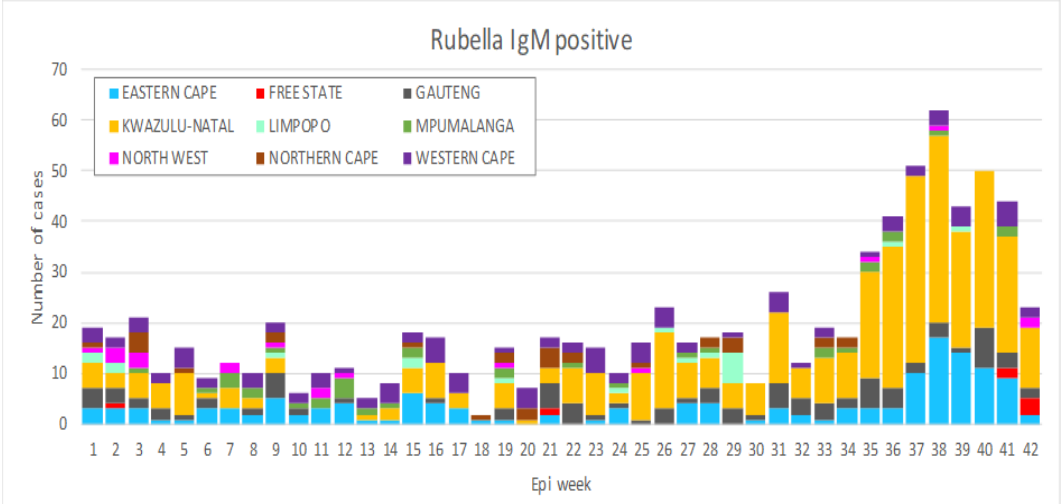


Figure 5. NICD laboratory-confirmed rubella cases in South Africa by province, 1 January – 19 October 2018 (n=821).

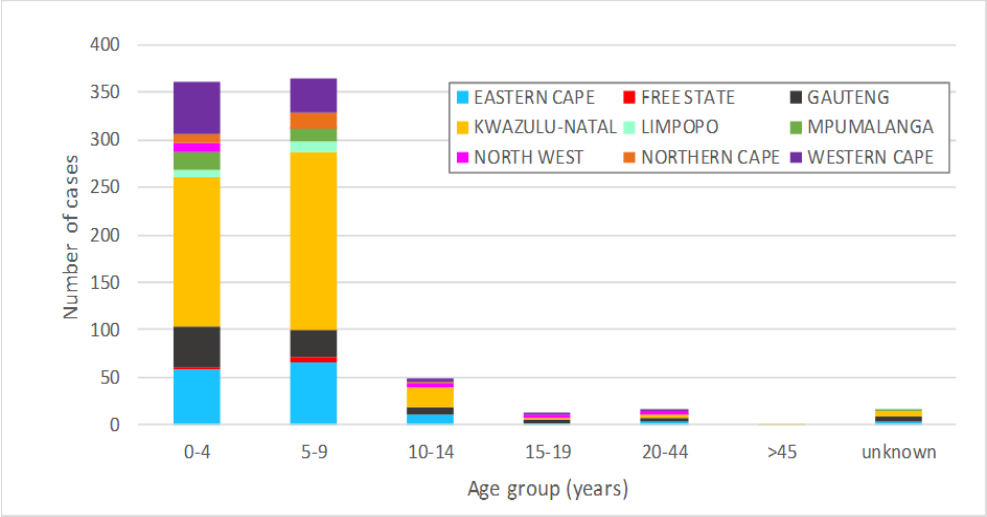


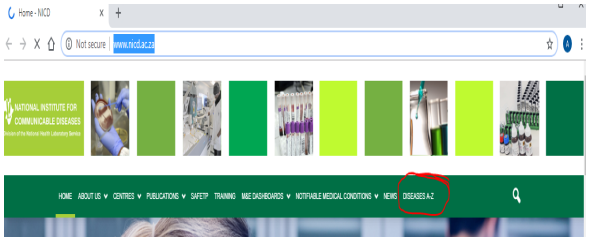
Figure 6. NICD laboratory-confirmed rubella cases in South Africa by age group, 1 January – 19 October 2018 (n=821)

6 FREQUENTLY-ASKED QUESTIONS TO THE NICD 24-HOUR HOTLINE

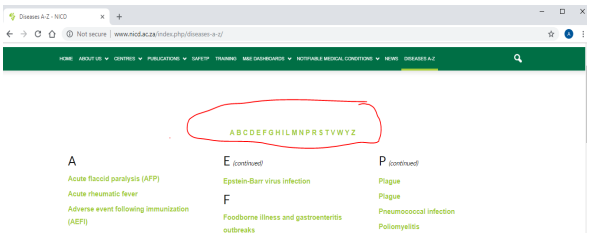
How does one access diseases of public health importance on the NICD website?

Step 1: Go to the NICD website; http://www.nicd.ac.za/

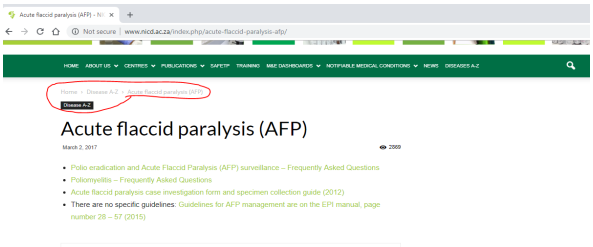
Step 2: Click on the Diseases A-Z tap on the home page - see area circled in red.



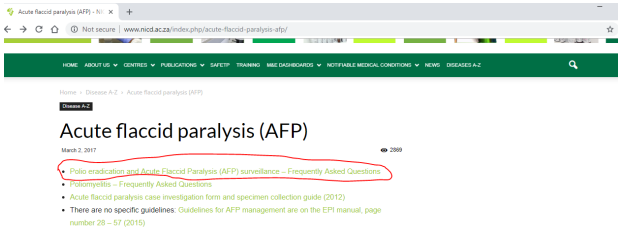
Step 3: The list of diseases A-Z will be displayed in alphabetical order. You can scroll down to see the entire list or click the alphabet for the disease you want – see area circled in red.



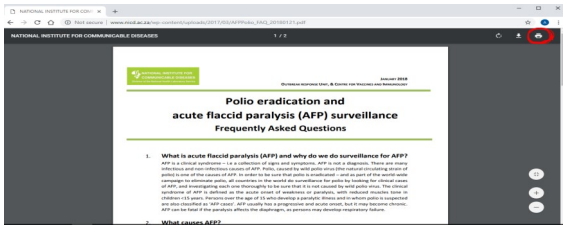
Step 4: Click the disease you want to see/display the list of documents available - e.g. AFP



Step 5: Click the document you want on the list of documents displayed - e.g. Polio eradication and Acute Flaccid Paralysis (AFP) surveillance – Frequently Asked Questions.



Step 6: The document will be downloaded. To print the document, click on the "printer" icon on the right hand corner - see area circled in red.



Step 7: To save the document click on the "down load" icon on the right hand corner - see area circled in red, open and save the document.

Source: Division of Public Health Surveillance and Response (outbreak@nicd.ac.za)