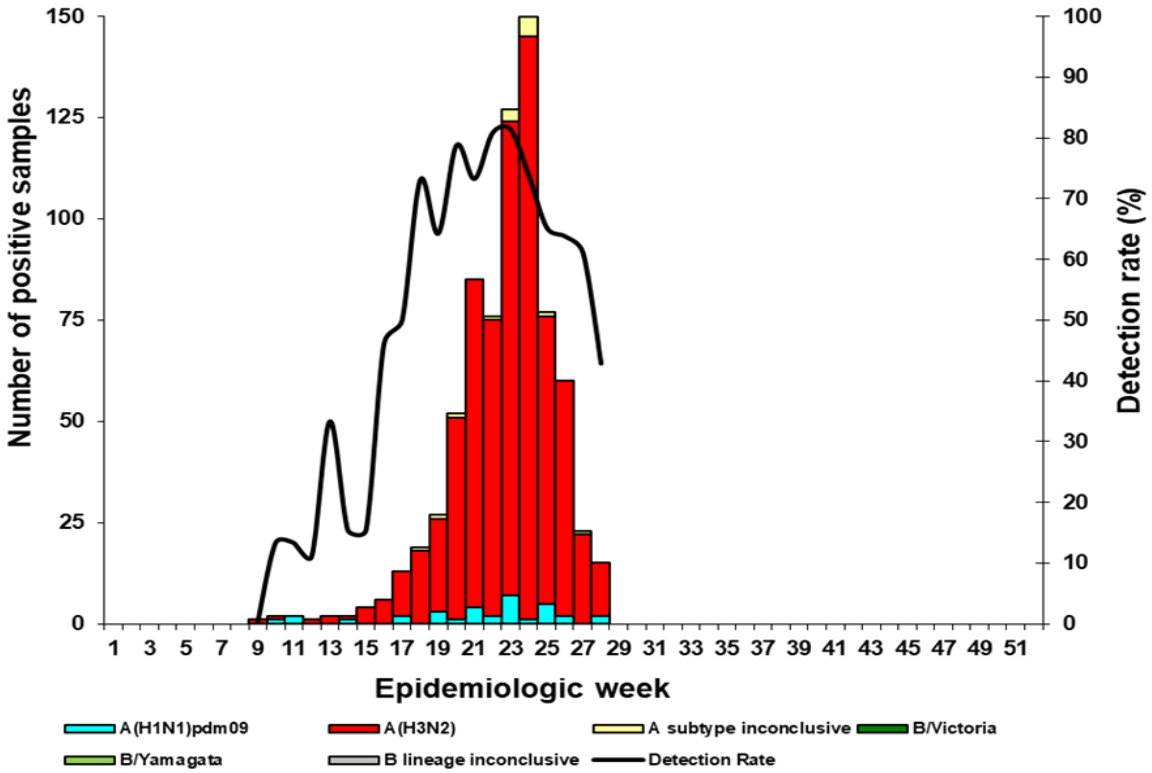

Figure 2. Number of positive samples by influenza types and subtypes and detection rate* from the Viral Watch programme, South Africa, 2019

*Only reported for weeks with >10 specimens submitted.
Inconclusive: insufficient viral load in sample and unable to characterise further

Patients known to have acquired influenza abroad or from contact with travellers are not included in the epidemiological curve.

b Invasive meningococcal disease surveillance update: January to June 2019

Although invasive meningococcal disease occurs throughout the year, disease typically peaks in the winter through spring months. Clinicians should be mindful of the possibility of meningococcaemia or meningococcal meningitis in patients presenting with fever, body aches and/or neck stiffness; particularly in the presence of rapidly deteriorating clinical signs. Suspected meningococcal disease is a Category 1 notifiable medical condition. Clinicians should communicate telephonically with their provincial communicable disease control coordinators to report suspected cases, ensure rapid mobilisation of contact tracing and provision of chemoprophylaxis to close contacts.

Up until week 24 (ending 15 June 2019), 50 cases of laboratory-confirmed, invasive meningococcal disease were reported through the GERMS-SA national surveillance programme. This is similar to the 49 cases reported for the same period in 2018 (Figure 3). Most cases were from the Western Cape (n=15) and Gauteng (n=14) provinces, followed by the Eastern Cape and KwaZulu-Natal (8 each), Free State (n=3), Limpopo (n=1) and Mpumalanga (n=1) provinces. Serogroup was confirmed in 39/50 (78%) cases, with serogroup B the most predominant (n=15), followed by serogroups Y (n=11), W (n=9) and C (n=4).

Most cases were in children <1 year of age (9/50), with a small increase noted amongst all age categories >10 years (Figure 1). The shift in age distribution may be as a result of an increased relative prevalence of serogroup Y which is known to affect older individuals.

As part of ongoing surveillance, the Centre for Respiratory Diseases and Meningitis (CRDM) at the NICD offers meningococcal isolate confirmation/ serogrouping and *Neisseria meningiditis* detection by PCR of culture-negative/autopsy cases, free of charge. For more information, please contact the CRDM laboratory at the NICD, 011 555 0327.

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

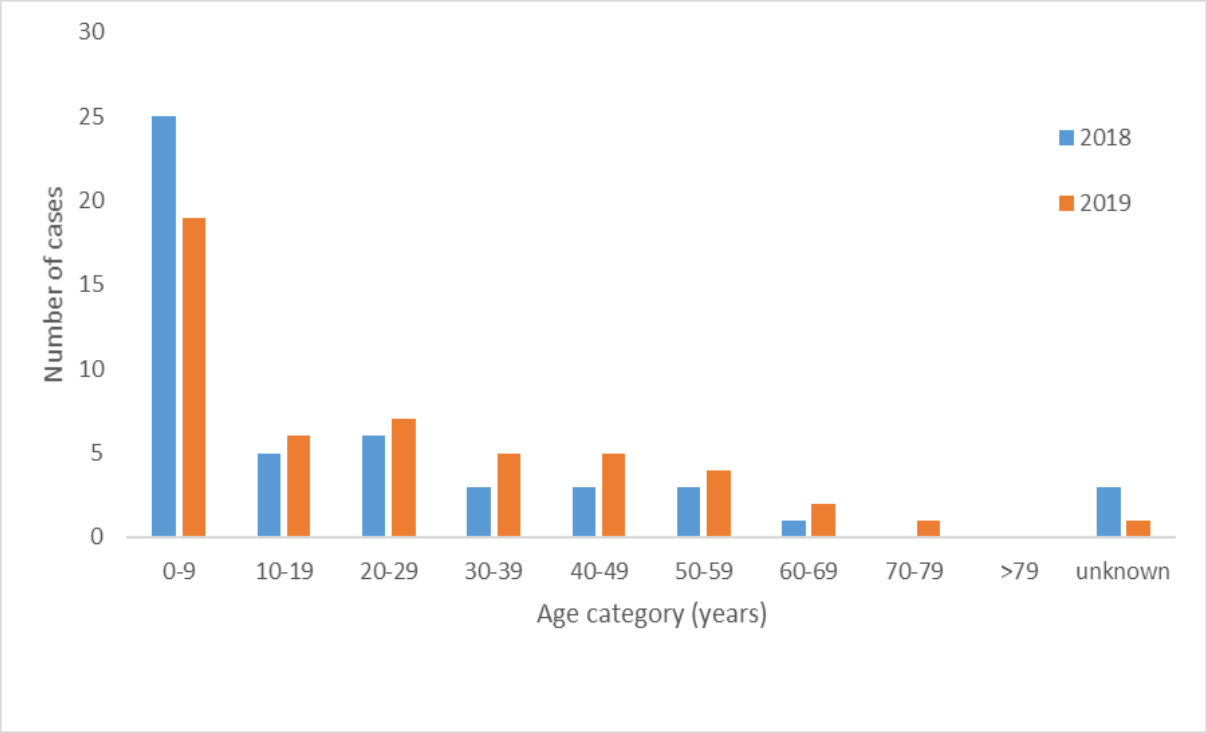

Figure 3. Number of cases of invasive meningococcal disease reported to the GERMS-SA surveillance programme by age category, up to week 24, 2018 (n=49) and 2019 (n=50).

5 GERMS-SA

a Summary of the GERMS-SA surveillance review meeting

On 16 to 17 July 2019, GERMS-SA hosted their 15th surveillance review meeting (also known as the GERMS-SA Principal Investigators' (PIs) Meeting) at the NICD, Sandringham. Various PIs and other stakeholders from all nine provinces of South Africa represented sites that participate in the surveillance programme. The theme was to integrate laboratory and clinical surveillance for public health action by focusing on the following objectives:

- To feed back surveillance programme results and prioritise publications in peer-reviewed literature;
- To update stakeholders on new planned projects linked to or nested within the surveillance programme;
- To reassess surveillance impact by ensuring that surveillance data are feeding into public health policy updates, and that the surveillance programme is representative of South Africa (all provinces, rural/urban, tertiary/secondary sites).

Dr McCarthy (Head of the Division of Public Health Surveillance and Response (DPHSR)), opened the meeting by highlighting the power of surveillance since the inception of GERMS-SA, and the strategic vision for DPHSR to strengthen NICD's contribution to the National Development Plan 2030. Featured speakers and attendees openly shared opinions/thoughts, challenges and recommendations on current/future projects. Some of the topics discussed included 'Key highlights from rifampicin-susceptible TB', 'A global perspective of neonatal sepsis in low and middle-income countries (LMICs)', 'Neonatal sepsis outbreaks', 'Baby GERMS', 'Pertussis update and case definitions', and 'CAST-NET surveillance update and link with GERMS'.

The targeted objectives of the meeting were achieved. GERMS-SA would like to thank the organisers, attendees and guest speakers for being part of the surveillance review meeting (Figure 4). Your support and care matters a lot!

Source: GERMS-SA, Division of Public Health Surveillance and Response, NICD-NHLS; (vanessaq@nicd.ac.za)