

## SEASONAL DISEASES

### Malaria notification data, March 2020

A total of 904 malaria cases was notified through the National Notifiable Medical Conditions Surveillance System (NMCSS) for the month of March 2020. This represents a 30% decrease in malaria cases compared to March 2019. Of the 904 notified cases, 191 reports were excluded from further analysis due to missing data (59) or being identified as a duplicate report (132). In contrast to February 2020, the majority of the 713 remaining cases reported in March 2020 were from endemic districts (55%, 390/713). The endemic districts in Limpopo Province accounted for 81% (314/390) of the malaria burden in endemic districts and 57% (39/69) of all notified cases of malaria in children under the age of five. While males (61%, 429/707), predominately between the ages of 20 and 40 years, were the most affected by malaria, their malaria risk was higher in non-endemic districts (67%, 215/320) compared to endemic districts (55%, 214/387). Microscopic examination of blood smears remains the

main method of diagnosis (92%, 656/713) for cases captured by the NMCSS. Although IV artesunate was used to treat 85% (64/75) of the severe malaria patients, health facilities predominately from non-endemic districts (64%, 7/11) continue to use IV quinine. While it was encouraging to note the marked decrease in malaria importation from neighbouring Mozambique, it is of some concern that Limpopo Province reported only locally-acquired cases. Important: Note that these data do not reflect the country's total burden of malaria disease, as most malaria-endemic districts are currently using alternative malaria case recording systems, such as the District Health Information System 2 (DHIS2).

**Article source:** Centre for Emerging Zoonotic and Parasitic Diseases and the Notifiable Medical Conditions Surveillance System, NICD-NHLS; [johnf@nicd.ac.za](mailto:johnf@nicd.ac.za)

## BEYOND OUR BORDERS

**The 'Beyond our Borders' column focuses on selected and current international diseases that may affect South Africans travelling abroad. Numbers correspond to Figure 3 on page 9.**

### 1. Yellow fever: South Sudan

On 3 March 2020, the Ministry of Health of South Sudan reported two presumptive positive cases of yellow fever in Kajo Keni County, Central Equatoria State, South Sudan. Both cases were subsequently confirmed positive by plaque reduction neutralisation testing (PRNT) at the regional reference laboratory in Uganda on 28 March 2020.

The cases were identified through a cross-border rapid response team investigation mounted in response

to the recently declared outbreak in the bordering Moyo District, Uganda. During the investigation, the team collected 41 blood samples from five villages bordering Moyo District.

South Sudan rapidly mounted an in-depth multidisciplinary investigation in Kajo Keji County in response to the cross-border notification of the outbreak in Moyo District. The investigations included enhanced surveillance, active case finding and entomological

surveys from 12-18 February 2020, supported by WHO Country Office and Headquarters. Surveillance has been enhanced within the context of integrated disease surveillance and response (IDSR) through training of healthcare workers and disseminating yellow fever case definition to health facilities to enhance case detection and reporting. The Ministry of Health, with support from the WHO Country office, has planned a reactive vaccination campaign in Kajo Keji County for which an International Coordination Group (ICG) request has been