SEASONAL DISEASES



Figure 5. Number of invasive meningococcal disease cases reported to the GERMS-SA surveillance programme by month and year, January 2018 through September 2020, N=272

Malaria

Malaria cases in South Africa are expected to increase as we enter summer, due to higher temperatures and increased rainfall in the malaria transmission areas. For January to October 2020, a total of 5 701 cases and 14 deaths have been reported by the National Department of Health. This is significantly fewer than for the same period in 2019 (around 12 000 cases with 63 deaths) and may be a consequence of COVID-19 related movement restrictions.

During the upcoming holiday season, many people will be exposed because of their travel to higher transmission areas, both internally and outside the country borders, particularly in Mozambique (see updated malaria risk map). In the last few years, there has been some expansion of low or very low malaria transmission to some districts previously regarded as non-malaria areas in South Africa, such as the Waterberg District in Limpopo Province. People who are planning to travel are urged to take adequate measures to protect themselves from malaria. All people in malaria risk areas should reduce contact with mosquitoes by limiting outdoor activity after dark, covering up bare skin (not forgetting

feet and ankles), using mosquito repellents containing at least 10% DEET, ensuring mosquito screens on windows are closed, and using bednets, fans or airconditioning, if available. Consider antimalarial prophylaxis in higher risk areas – doxycycline and atovaquone-proguanil are available without prescription from pharmacies. Public sector travel clinics will also supply prophylaxis to travellers. It is important to understand that while these precautions will substantially reduce the chance of acquiring malaria, the risk is never completely abolished.

All travellers returning from malaria transmission areas, including very low risk ones, should report 'flu-like illness (headache, fever, chills, fatigue, muscle and joint pain) that occurs up to three weeks after first potential exposure, in case it is malaria. Children with malaria may have very nonspecific signs (fever, loss of appetite, vomiting). Healthcare workers seeing febrile patients must remember to ask about travel to malaria transmission areas. Malaria risk map, FAQs and further information on prevention are available on the NICD website: www.nicd.ac.za.

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