

SEASONAL DISEASES

Individuals prioritised for influenza vaccination through the government-funded vaccination programme include the following groups:

- all health care workers;
- individuals aged >65 years;
- individuals with cardiovascular disease (including chronic heart disease, hypertension, stroke and diabetes), chronic lung disease (including asthma and chronic obstructive pulmonary disease) and individuals living with HIV and AIDS
- pregnant women

Influenza vaccination and SARS-CoV-2 vaccine

As there are no immunogenicity or safety data for co-administration of SARS-CoV-2 and influenza vaccines, co-administration of influenza and COVID-19 vaccines on the same day is not recommended. Influenza and SARS-CoV-2 vaccines can be given ≥ 14 days apart. There is no particular requirement regarding the order of receiving the influenza vaccine and SARS-CoV-2 vaccine. However, those at higher risk of severe COVID-19 disease should receive SARS-CoV-2 vaccine before influenza vaccine.

Respiratory syncytial virus, 2021

The respiratory syncytial virus (RSV) season usually precedes the influenza season, starting between the beginning of February and mid-March, with the mean peak of the season in mid-April.

During 2020, the season appeared to be starting when lockdown started at the end of March (week 13). The proportion of RSV detections was however still below the 10-year mean at the time, and subsequently decreased, likely due to the mask use, physical distancing and other measures implemented to reduce SARS-CoV-2 virus transmission. After the relaxation of lockdown restrictions, the proportion of RSV detections increased again and was higher than the seasonal mean for the latter part of the year, but remained lower than levels reached during previous years (Figure 2). During the period of increased transmission, RSV detection breached the seasonal threshold between epidemiologic week 39 and 43 and again in week 51.

For the first eight weeks of 2021, the average RSV detection rate in the pneumonia surveillance programme with sites in five provinces was 12.0%, but has risen to 18.5% and 19.4% for weeks 9 and 10, respectively. In influenza-like illness surveillance in sentinel public health clinics in four provinces, the detection rate for week 10 is higher than that of the 10-year mean. However, the RSV detections in 2021 have not breached the seasonal threshold yet.

During 2020, RSV A accounted for 83% (455/546) of RSV detections made in the pneumonia surveillance programme, whereas in 2021 (to date) RSV B accounted for 55% (74/135) of RSV detections made.

Clinicians are reminded at this time of the year, to consider RSV in differential diagnoses for severe respiratory illness, especially in young children.

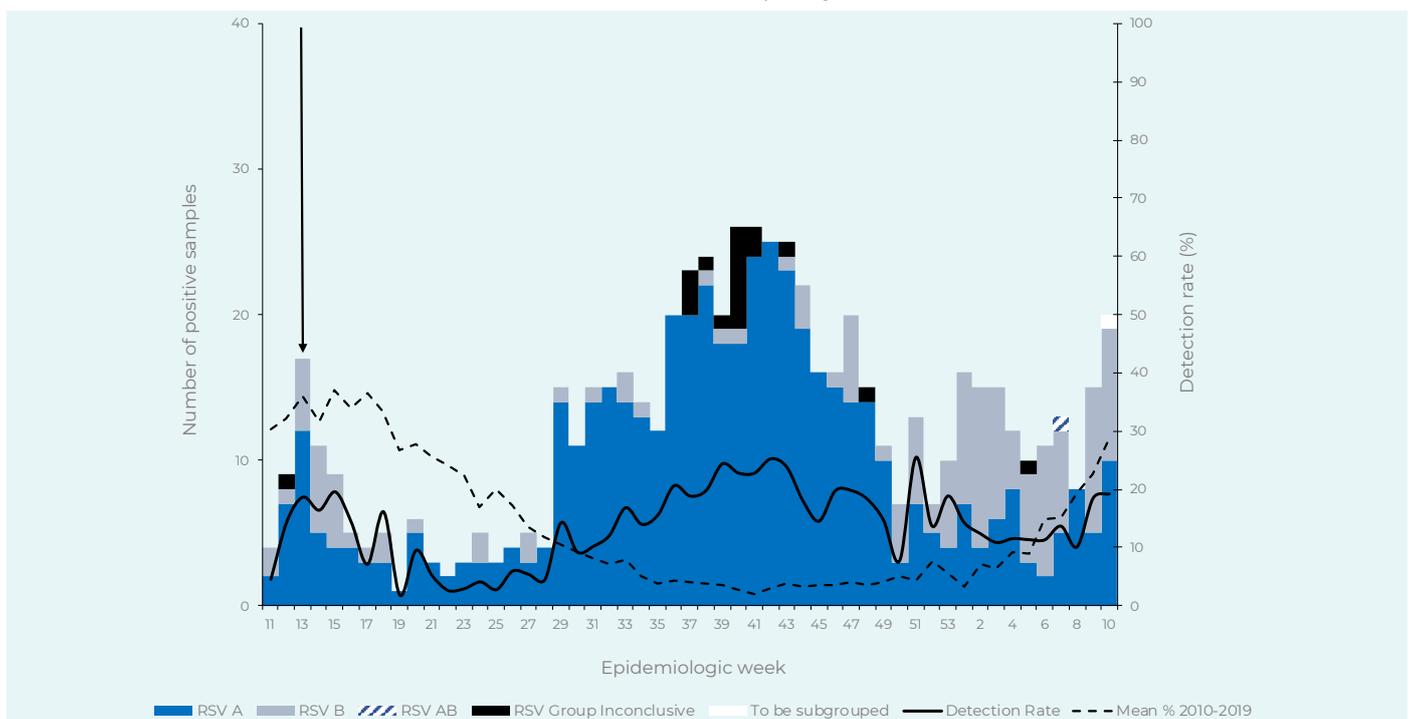


Figure 2. Pneumonia surveillance: RSV detections and detection rate among individuals of all ages at five sentinel sites, South Africa, 9 March 2020 to 14 March 2021 (Arrow indicates first week of lockdown)

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