

SEASONAL DISEASES

Influenza

Influenza virus circulation occurs mainly during the winter months of May to August in South Africa, although the timing varies and the season may start as early as April, or as late as July. During the winter months of 2020 only one detection of influenza was made, most likely due to the various hygiene and physical distancing measures implemented to reduce SARS-CoV-2 virus transmission.

In 2021 two cases of influenza have been detected from surveillance programmes, one influenza A(H3N2) was detected in week 9 (week ending 7 March) from a patient admitted with pneumonia in Western Cape pneumonia surveillance site and one influenza B Victoria was detected in week 15 (week ending 23 April), from a patient presenting with suspected COVID-19

at the influenza-like illness surveillance site in KwaZulu-Natal Province.

Healthcare workers should continue to promote influenza vaccination, especially to patients at high risk for severe influenza-associated complications, keeping in mind that Influenza and SARS-CoV-2 vaccines should be given ≥ 14 days apart. Although there is no particular requirement regarding the order of receiving the influenza vaccine and SARS-CoV-2 vaccine, if both vaccines are available at the same time, those at higher risk of severe COVID-19 disease should receive SARS-CoV-2 vaccine before influenza vaccine. The 2021 update of influenza guideline is available at: https://www.nicd.ac.za/wp-content/uploads/2021/04/Influenza-guidelines_-April-2021-final.pdf

Respiratory syncytial virus (RSV)

On average the RSV season starts between the beginning of February and mid-March, with the mean peak of the season in mid-April. For the first five weeks of 2021 the RSV detection rate in the pneumonia surveillance programme (sites in five provinces), was higher than the 10-year mean. Since February 2021 however, the detection rate has remained below the mean, though it briefly breached the seasonal threshold in

week 10-11 and 13-14 [using the Moving Epidemic Method (MEM), a sequential analysis using the R Language, to calculate the duration, start and end of the annual epidemic]. (Figure 4). Healthcare workers should continue to consider RSV as part of differential diagnosis among patients admitted with severe respiratory illness.

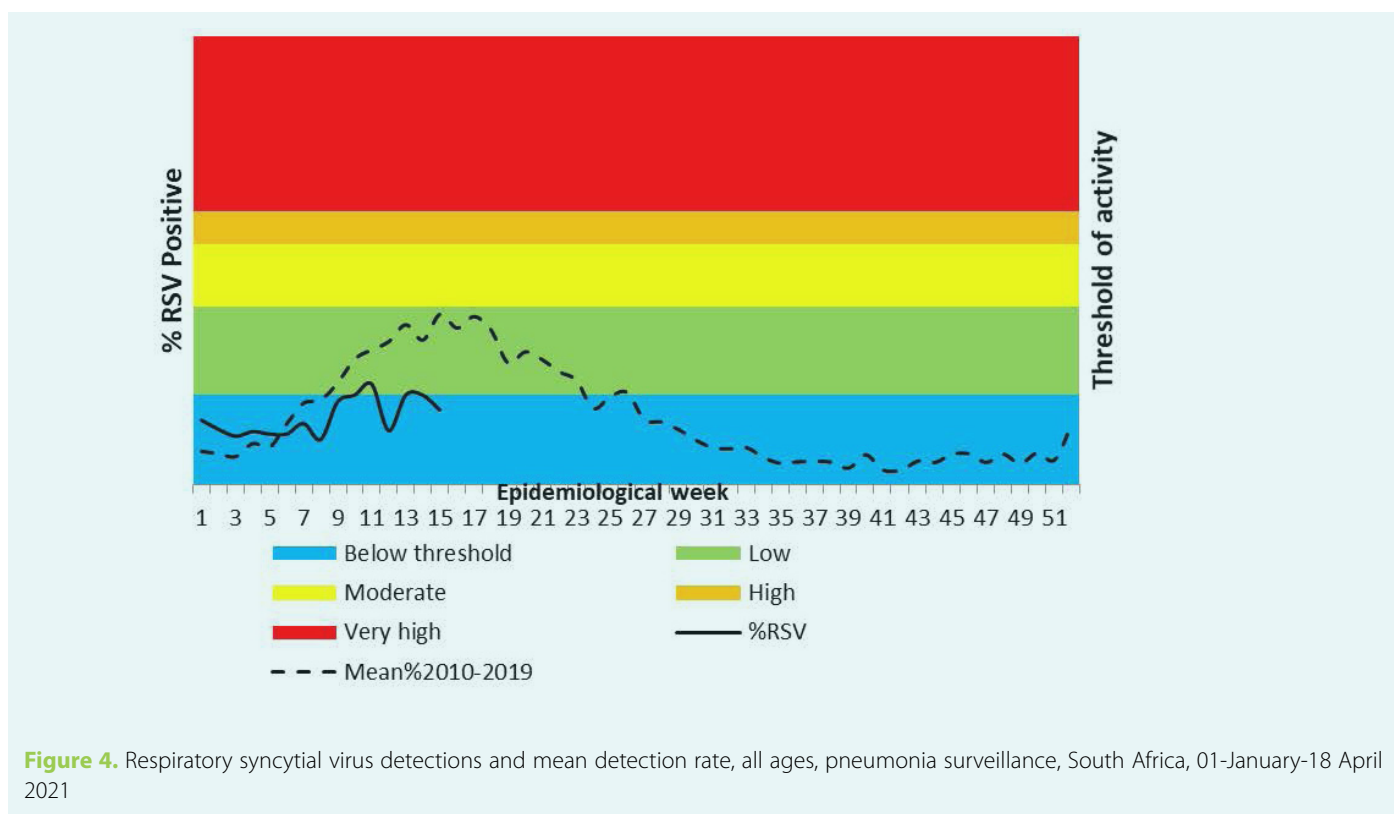


Figure 4. Respiratory syncytial virus detections and mean detection rate, all ages, pneumonia surveillance, South Africa, 01-January-18 April 2021