

SEASONAL DISEASES

Invasive meningococcal disease

For 2021, only 23 cases of laboratory-confirmed invasive meningococcal disease (IMD) have been reported up until end of July. This is the second consecutive year that few cases of IMD have been reported (Figure 4). The marked decrease in meningococcal disease may be an additional benefit from enforced mask wearing and social distancing measures put in place to contain the spread of SARS-CoV-2. Through these measures, person-to-person transmission of *Neisseria meningitidis* from respiratory droplets is reduced, leading to less transmission of virulent organisms and their subsequent progression to invasive disease.

The 23 cases reported to date are from the Western Cape (n=10, 43%), Gauteng (n=5, 22%), Eastern Cape (n=4, 17%), KwaZulu-Natal (n=3, 13%) and North West (n=1, 4%) provinces. Children <5 years of age were most affected (n=10), followed by 5-14 year olds (n=6). Of 11 organisms serogrouped, serogroup B was most predominant (n=7, 63%) followed by serogroup W (n=2,

18%), and serogroup C and Y (9%, one case each).

Although cases are few, *Neisseria meningitidis* is still circulating widely in South Africa. Meningococcal disease onset is swift and even with appropriate treatment, patients can deteriorate rapidly. Clinicians are urged to consider IMD in patients presenting with acute onset of severe illness, look especially for the characteristic non-blanching petechial rash associated with meningococcaemia, and begin appropriate antibiotic treatment (intravenous penicillin or ceftriaxone) whilst awaiting laboratory confirmation of disease.

Meningococcal disease is a category 1 notifiable medical condition (NMC) and any clinically suspected or laboratory-confirmed case should be reported immediately to the provincial Communicable Disease Control Coordinators to ensure appropriate contact tracing, responsible prescribing of chemoprophylaxis (single oral dose of ciprofloxacin) and case counting.

