

NOTIFIABLE MEDICAL CONDITIONS (NMC) CASE DEFINITIONS FLIPCHART

Category 1: Immediate reporting telephonically followed by written or electronic notification within 24hrs of diagnosing a case

RIFT VALLEY FEVER (HUMAN)

Why is surveillance necessary?	Who must notify and when?	Suspected case definition	Probable case definition	Confirmed case definition
<p>Rift Valley fever (RVF) is a viral disease affecting domesticated ruminant animals and humans. It is transmitted by <i>Culex</i> and <i>Aedes</i> spp. mosquitoes or by direct contact with animal blood and/or body fluids. There is no antiviral treatment for RVF. Clinical presentation ranges from mild to fatal.</p> <p>RVF is notifiable as disease in humans often following or accompanies epizootics (outbreaks in animals). Notification will allow authorities to implement appropriate health promotion and prevention interventions including vaccination of animals.</p>	<p>The healthcare practitioner who suspects the diagnosis or who receives a diagnosis following laboratory tests on the case should notify the case.</p>	<p>A person with acute onset of fever > 38°C with at least one of the following symptoms: headache, loss of appetite, vomiting, diarrhoea, abdominal pain; and any of the following:</p> <ul style="list-style-type: none"> ALT, AST or γ-GT level elevation (3 times above normal), clinical jaundice, hepatitis; OR features of encephalitis, such as confusion, disorientation, drowsiness, coma, neck stiffness, hemiparesis, paraparesis, or convulsions; OR bleeding into skin (ecchymosis, purpura, petechiae), vomiting of blood, blood in stool, or bleeding from rectum, nose, puncture sites or vagina, decreased platelets count; OR retinitis, unexplained acute vision loss or blind spots (scotomas); OR unexplicable sudden death with a history of fever, lethargy, diarrhoea, abdominal pain, nausea, vomiting, or headache in the preceding 2 weeks <p>AND</p> <p>Any of the following epidemiological exposures:</p> <ul style="list-style-type: none"> a recent close contact with hooved livestock and game animals in or from RVF-affected areas*, including slaughtering and butchering (traditional or commercial), disposal of carcasses and foetuses, assisting with birthing or other animal husbandry activities that resulted in exposure to animal blood and body fluids, or veterinary procedures and necropsies; OR History of recent mosquito bites and residing in RVF affected areas*; OR consuming unpasteurized milk from RVF-affected areas*. 	<p>A probable case is a suspected case with laboratory IgM antibodies against RVF virus.</p>	<p>A confirmed case is a person with laboratory evidence of RVF virus infection by</p> <ul style="list-style-type: none"> PCR positive and virus isolation from the patient's first (single) specimen; OR PCR positive and IgM positive result on patient's first (single) specimen; OR PCR positive on two separate specimens from the same patient collected at least one day apart; OR PCR positive but IgM/IgG negative result in patient's first specimen and PCR negative but IgM/IgG positive result in patient's second specimen collected at least one day apart; OR Increase in IgM/IgG titres between acute and convalescent specimens.
<p>Additional notes</p> <p>Clinicians who suspect plague should contact the NICD 24-hour hotline (082-883-9920) for assistance with specimen collection and diagnosis.</p>				
<p>Additional resources</p> <p>Additional resources for RVF including a healthcare workers handbook and case investigation form</p> <p>*map of historical outbreak areas in South Africa may be found at https://www.nicd.ac.za/diseases-a-z-index/rift-valley-fever/</p>				