SEASONAL DISEASES

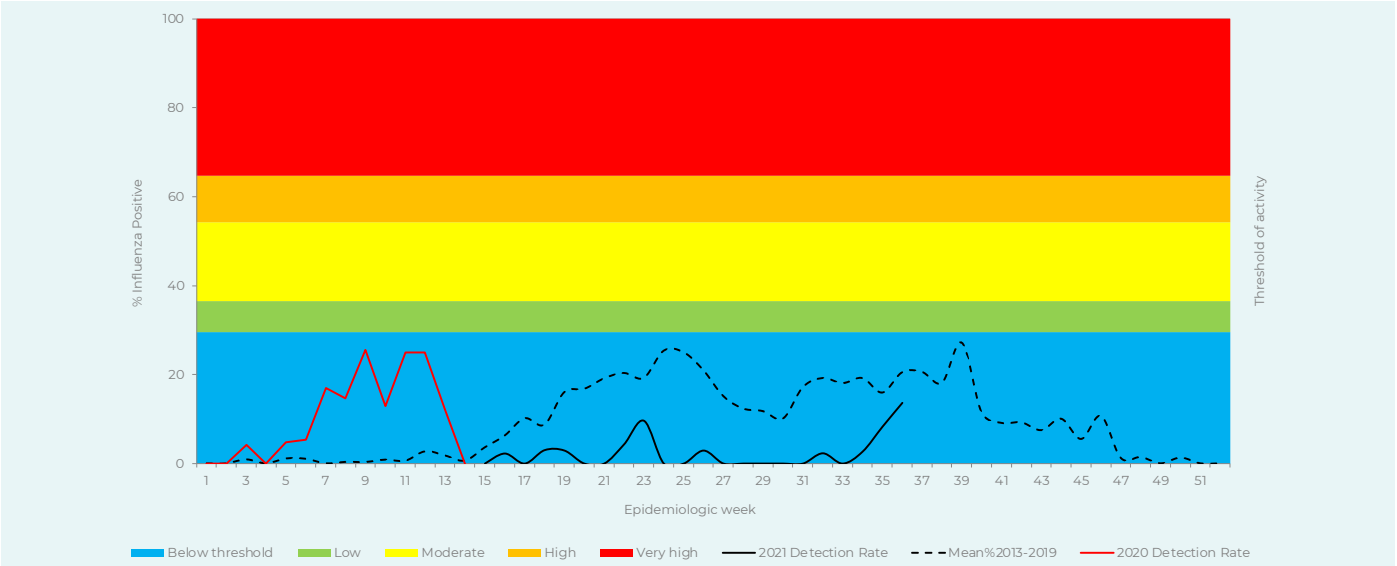

Figure 5. ILI surveillance (primary health) percentage influenza detections and epidemic thresholds. *Threshold based on 2013-2019 data

*Threshold based on 2010-2019 data

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

Respiratory syncytial virus (RSV) 2021

In 2021 to date, RSV has been circulating since the first week of the year. Of the 5 792 cases who were tested for RSV at the sentinel sites, 470 (8%) tested positive, 5% (73/1 314) in ILI and 8% (397/4 478) in SRI. The majority of RSV positive cases were subgroup A (243/470, 52%), followed by subgroup B (212/470, 45%), nine (2%) were inconclusive. The highest detection rate in 2021 to date was reported in week 11, 22% (26/116) for SRI and 28% (7/25) for ILI (Figure 6 and 7). The detection rate has been decreasing in the past few weeks to rates below 10% since week 26 (Figure 6 and 7). Since week 7 of 2021, the detection rate for hospitalised cases in 2021 has been below the mean detection rate reported for 2010 – 2019 mean percentage (Figure 6). However, the detection rate for outpatients briefly surpassed the 2013 – 2019 mean percentage between weeks 23 and 25 (Figure 7).

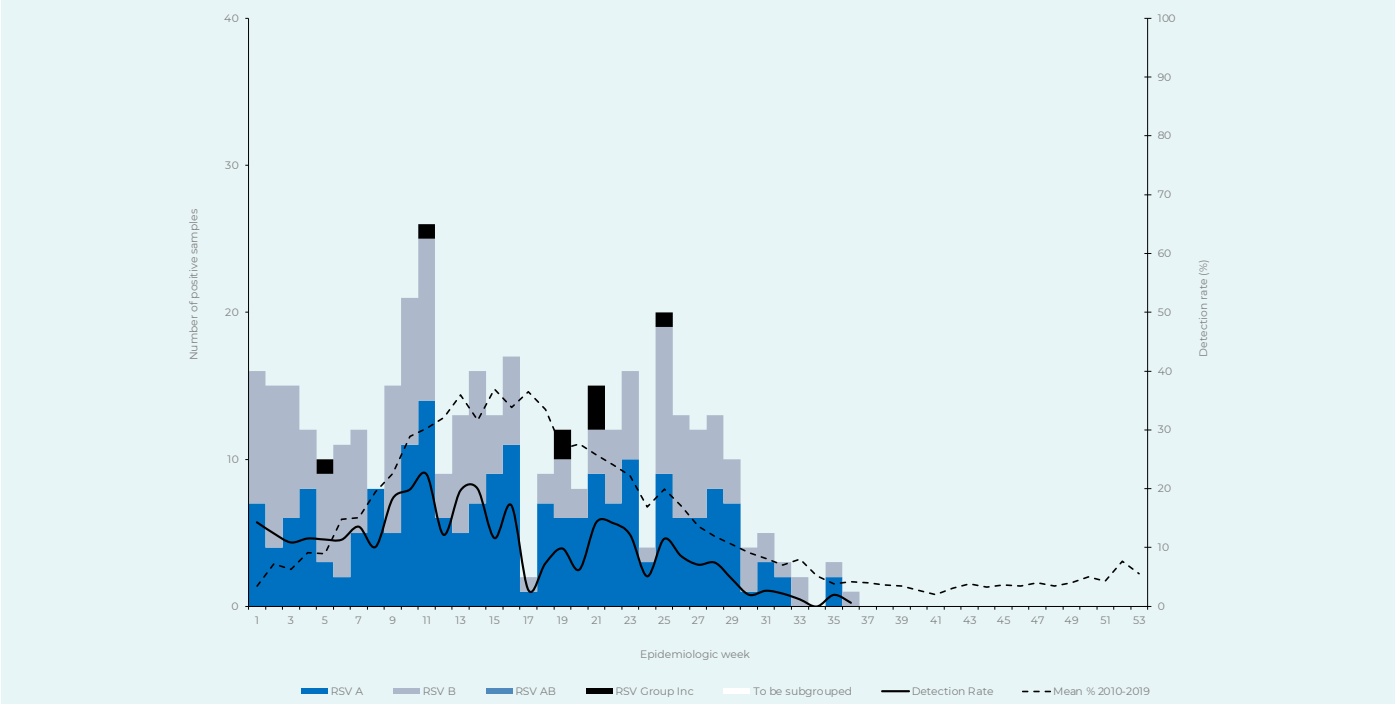

Figure 6. Number of samples testing positive for respiratory syncytial virus* by subgroup and detection rate by week for SRI surveillance

SEASONAL DISEASES

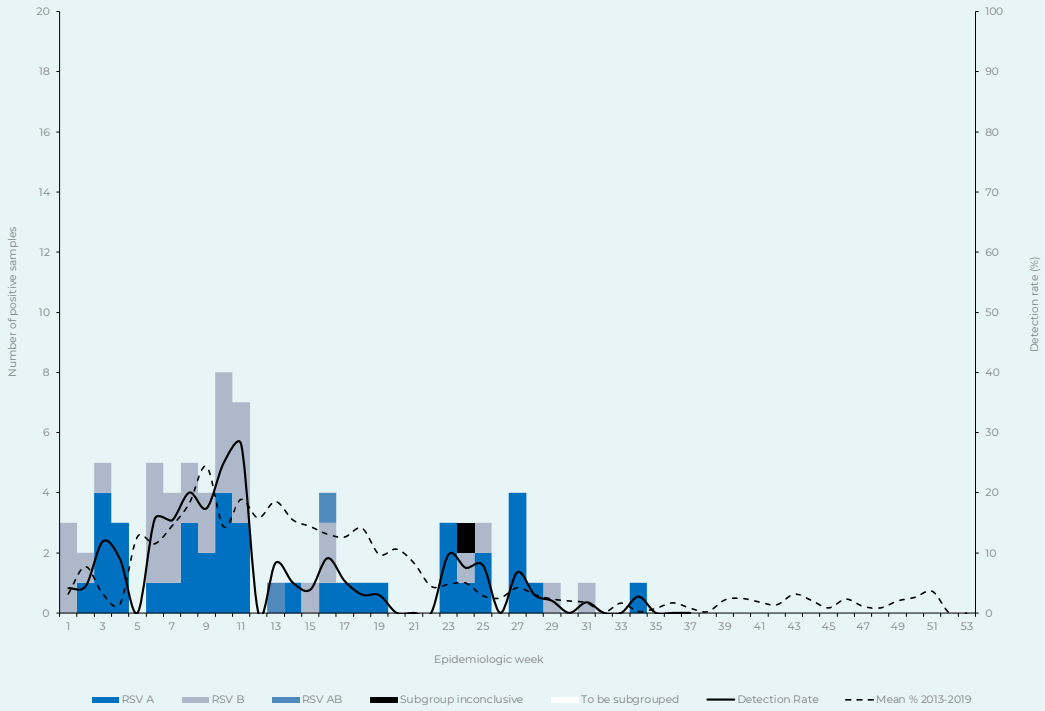

Figure 7. Number of samples testing positive for respiratory syncytial virus by subgroup and detection rate by week for ILI surveillance

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

Malaria

At the same time as the third wave of COVID-19 infections is subsiding locally, the southern African malaria season has started. Although the numbers of reported malaria cases were substantially lower in the last season than in previous years, many of the variables that influence malaria incidence are unstable or unpredictable (e.g. climatic, economic, population migration, and political factors, and the state of the SARS-CoV-2 pandemic and effects of control measures like border closures and limitations on accessing healthcare) and it cannot be assumed that the malaria cases will again decline from previous levels. People intending to visit malaria risk areas should be appropriately advised about malaria prevention measures (https://www.nicd.ac.za/wp-content/uploads/2019/03/National-Guidelines-for-prevention-of-Malaria_updated-08012019-1.pdf). While COVID-19 is often the main concern when a person becomes ill with non-specific symptoms, it is now as important as ever to remind healthcare workers of the need to consider malaria in a febrile patients living in or travelling from a malaria-endemic region, regardless of their SARS-CoV-2 test status. We have previously reported deaths from late-diagnosed malaria in patients with positive COVID-19 tests (for example, see NICD Communiqué (2020); 19(12): 7, https://www.nicd.ac.za/wp-content/uploads/2020/12/NICD-Monthly-Communiqu%C3%A9-December.pdf). The ability of vector mosquitoes to hitchhike into non-malaria malaria areas and infect local residents, frequently with serious medical consequences, should not be forgotten. This type of malaria should be considered in a patient with a progressively worsening febrile illness of unknown cause, particularly if thrombocytopenia is evident.

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