Malaria season alert

Although reported malaria cases were substantially lower in the last season than in previous years, the factors that influence malaria incidence are unstable or unpredictable (e.g. climatic, economic, population migration, and political issues), and the relaxation of COVID-19 travel restrictions is likely to contribute to increased malaria incidence in endemic areas, with corresponding increased travel-related cases. 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 pertinent as ever to remind healthcare workers of the need to consider malaria in febrile patients living in or travelling from a malaria-endemic region, regardless of their COVID-19 test status. Late-diagnosed malaria in patients with or without positive COVID-19 tests is a life-threatening situation. Action to diagnose and treat suspected malaria should not be delayed by waiting for COVID-19 test results.

The capability of vector mosquitoes to hitchhike into non-endemic malaria areas and infect local residents, frequently with serious clinical consequences, should not be forgotten (airport, minibus, taxi, or suitcase malaria). This type of malaria should be considered in any patient with a progressively worsening febrile illness of unknown cause, particularly if thrombocytopenia is present (see Communicable Diseases Communiqué Vol. 21 (3), March 2022).

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

Monkeypox update

Monkeypox, a zoonotic infection caused by the monkeypox virus was declared the latest public health emergency of international concern (PHEIC) by the WHO on the 23rd of July 2022. As of the 21st of September 2022, according to the WHO, this multi-country outbreak has resulted in 61 753 lab confirmed cases and 23 deaths in over 100 countries worldwide.

Globally, there has been a downward trend in cases noted since August of this year partially due to the decline in cases noted in the Americas and Europe, but overall the global risk assessment still remains moderate.

According to the WHO report, the 10 countries that make up 86,7% of monkeypox cases are the United States of America, Spain, Brazil, France, Germany, the United Kingdom, Peru, Canada, Colombia and the Netherlands.

In terms of epidemiological findings, the following have been noted:

- Young men are making up 97,4% of all monkeypox cases reported, with a median age of 35 years old.
- 90,9% of all cases have reportedly identified gay or bisexual or other men who have sex with men (MSM) and 90,9% of all cases have been transmitted through sexual contact.
- At least 44,2% of all reported cases are HIV positive and
- The most commonly reported symptoms are rash (mainly systemic and genital (85%)) and fever (57%).

The WHO still advises that all cases be monitored closely and that case finding, laboratory investigation, contact tracing and clinical management still be performed with care. Practising infection prevention and control (IPC) and risk communication and community engagement (RCCE) remain of utmost importance in reducing the transmission of disease amongst our communities.

Source:
1. WHO. Multi-country outbreak of monkeypox [Internet]. World Health Organisation; 2022 Jul p. 13. Report No.: 2. Available from: https://www.who.int/emergencies/situation-reports
2. WHO. Multi-country outbreak of monkeypox [Internet]. World Health Organisation; 2022 Sep p. 12. (Multi-country outbreak of monkeypox). Report No.: 6. Available from: https://www.who.int/emergencies/situation-reports