

RESPIRATORY DISEASES

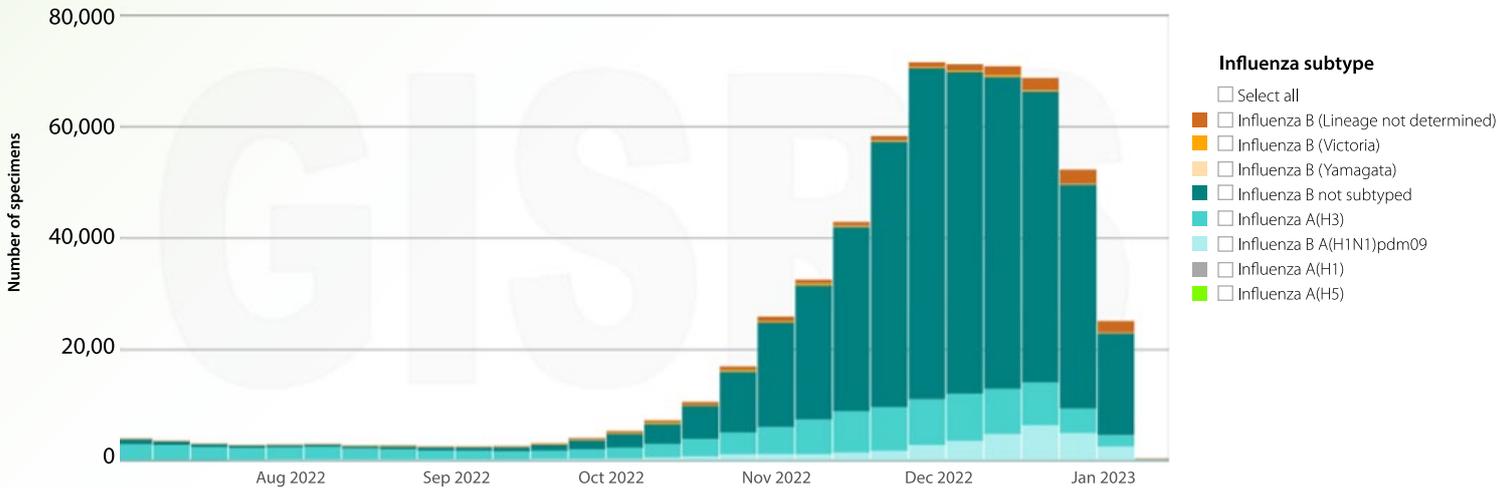


Figure 7. Number of specimens positive for influenza by subtype Northern hemisphere

Data source: FluNet (www.who.int/toolkits/flunet). Global influenza Surveillance and Response System (GISRS). Data was generated on 18/01/2023.

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

VACCINES AND IMMUNOLOGY

Laboratory-based Hepatitis A IgM Surveillance in South Africa, January to December 2022

Hepatitis A viral infection is one of the notifiable medical conditions (NMCs) in South Africa. Hepatitis A virus (HAV) causes acute liver disease and is mainly transmitted via the faecal-oral route. A total of 1 538 hepatitis A infections were reported to the NMC surveillance system with positive anti-IgM hepatitis A tests.

Hepatitis A incidence rates were highest in Western Cape Province at 33%, followed by KwaZulu-Natal Province (22%), and Gauteng Province (13%). The national hepatitis A incidence was 3 per 100 000 population. Incidence was highest in Western Cape Province (7/100 000 population), with all other provinces having a prevalence equal to or below 3/100 000 population.

The mean age of hepatitis A infected cases was 21 years. Of the 1 538 hepatitis A IgM-positive cases, 35% of cases were in the under-10 age group, 49% in the under-15 age-group and 74% in the under-30 age group.

In Western Cape Province and other places reporting high numbers of hepatitis A cases, surveillance needs to be strengthened to identify risk factors. Considering the shift in transmission to older age groups, planning of hepatitis A vaccine introduction in the public sector in the medium term is recommended.

VACCINES AND IMMUNOLOGY

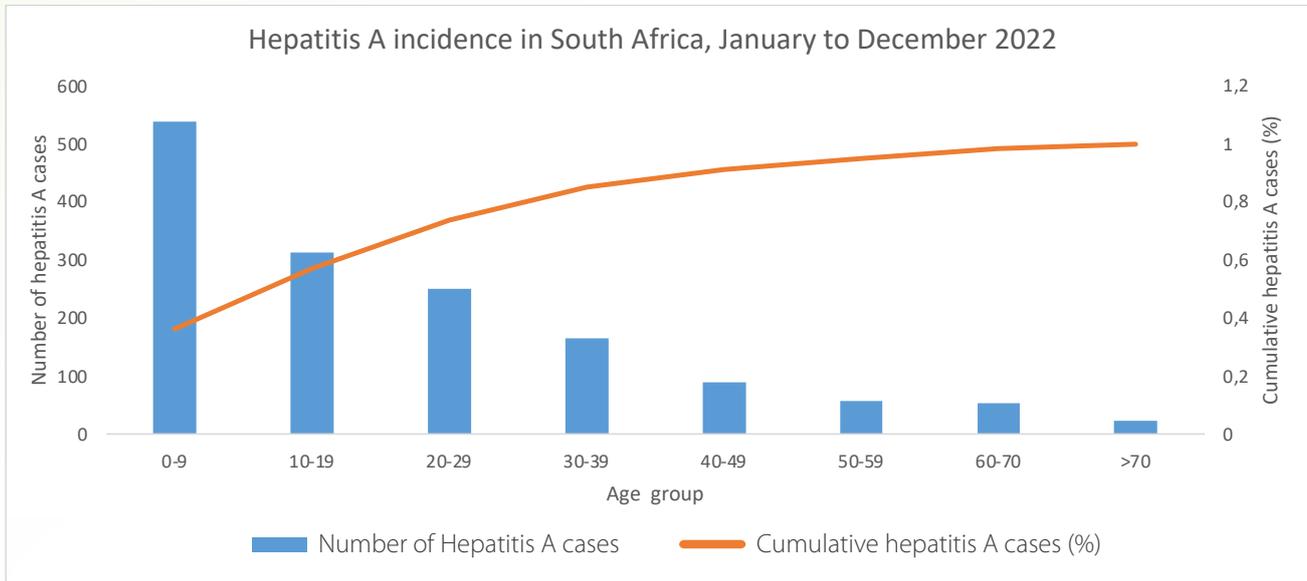


Figure 8. Hepatitis A incidence in South Africa, January to December 2022

Source: Centre for Vaccines and Immunology, NICD-NHLS, jackm@nicd.ac.za

Polio

The NICD polio laboratory is a WHO and SANAS-accredited reference facility for acute flaccid paralysis (AFP) and environmental surveillance. As a national reference facility, the laboratory serves eight countries in Southern Africa, and as a regional reference facility, it serves at least six additional countries hosting national reference laboratories. In 2022, the NICD received a total of 8 259 samples, including 6 361 for virus isolation and 1 898 for molecular analysis. In South Africa, no polioviruses of programmatic importance were identified amongst AFP cases and in environmental samples that were collected from 16 sites in the five metropolitan districts. However, Sabin/Sabin-like viruses of types 1 and 3 were identified from both sources. Surveillance indicators of non-polio AFP isolation rate (WHO target: 2/100 000 population under 5 years old), and case adequacy rate (WHO target: 80%) by province are illustrated in figure 9.

In 2022, there were multiple polio outbreaks with laboratory confirmation of cVDPV1 in Malawi, Mozambique, Madagascar and the Democratic Republic of Congo, and cVDPV2 in Botswana, Mozambique, Burundi, Ivory Coast, Liberia, Democratic Republic of Congo, Zambia and Sierra Leone. In Botswana, the four cVDPV2 detections were all from environmental samples. To date, one case of wild poliovirus type 1 was detected in Malawi and eight cases in Mozambique. The Malawi case was genetically linked to a case from Pakistan and was the first detection in the region since certification of a wild polio-free status in August 2020. The initial detection in Mozambique was genetically linked to the Malawi case with subsequent circulation in the community.

VACCINES AND IMMUNOLOGY

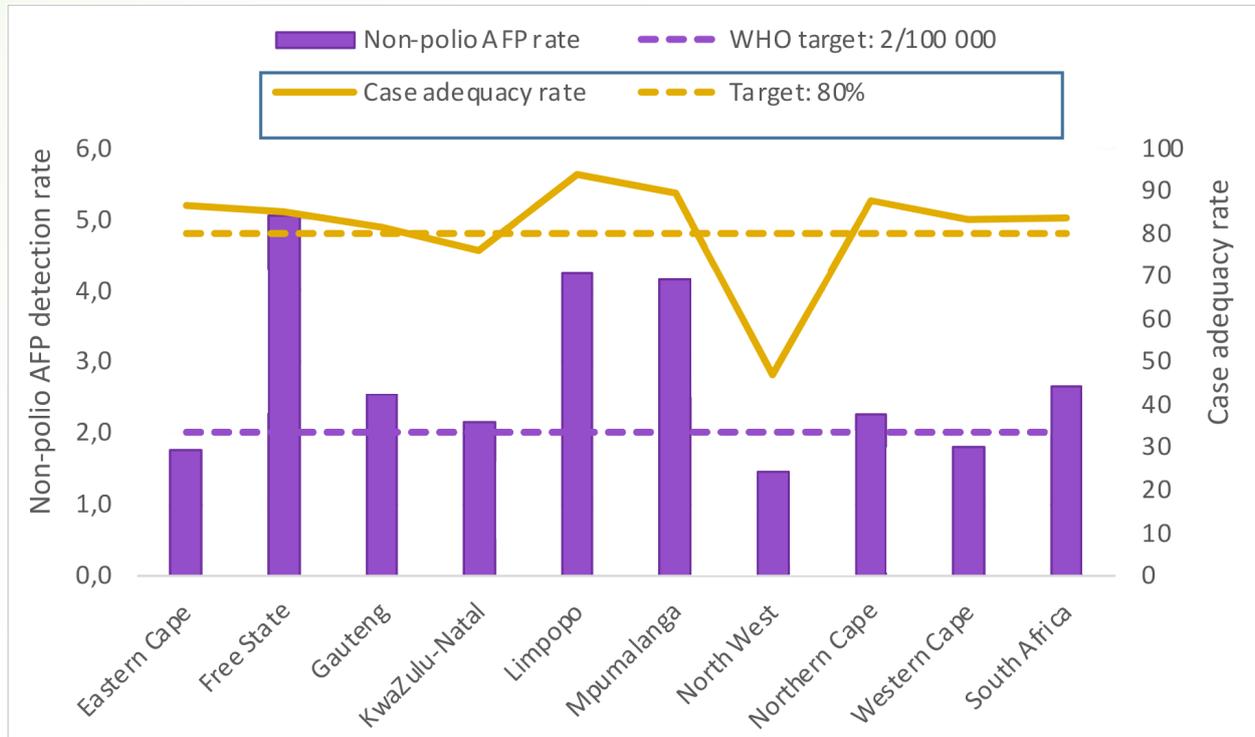


Figure 9. Surveillance indicators of non-polio AFP detection and case adequacy rates in South Africa, 2022

Source: Centre for Vaccines and Immunology, NICD-NHLS, shelinam@nicd.ac.za

BEYOND OUR BORDERS

The ‘Beyond our Borders’ column focuses on selected and current regional and international diseases that may affect South Africans travelling outside the country.

Ebola – Uganda

On 11 January 2023, the Ugandan Ministry of Health (MoH) declared the end of the Ebola disease outbreak caused by the Sudan ebolavirus (SUDV). As per the WHO recommendations, the declaration was made after 42 days (twice the maximum incubation period for SUDV infections) had passed since the last admitted case tested negative and the last confirmed death was given a safe and dignified burial.

The outbreak, which began in September 2022, resulted in a cumulative total of 164 cases (142 confirmed, 22 probable),

77 deaths (55 among confirmed cases, 22 among probable cases) and 87 recoveries. The overall case fatality rate amongst confirmed cases was 38.7%.

Although the outbreak has been declared over, surveillance activities are ongoing to rapidly detect and respond to re-emergence. A follow-up programme to provide ongoing support to survivors has also been put in place.

Sources: <https://www.afro.who.int/countries/uganda/publication/ebola-virus-disease-uganda-sitrep-93>; <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON433>