Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

AGRICULTURAL OR STOCK REMEDY POISONING

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
A pesticide (e.g. an agricultural or stock remedy) is any chemical substance, or mixture of substances, intended to kill, repel, or control forms of plant or animal life considered to be pests, or to regulate plant growth. Pesticides include herbicides, insecticides, fungicides, rodenticides, repellents. Pesticides are potentially toxic to humans and the environment, and can have both acute and chronic health effects, depending on the quantity and ways in which a person is exposed. Some pesticides can remain in soil and water for years. The toxicity of a pesticide depends on its function, formulation and the route of exposure (i.e. ingestion, inhalation, or direct contact through the skin or eyes). Pesticide poisoning can be classified as occupational, if exposure occurs while at work, or non-occupational, which includes exposure at home as well as	The health care provider making the clinical diagnosis for a suspected, probable or confirmed case. Clinicians should not wait for laboratory confirmation before notifying.	**Must satisfy ONE criterion in EACH category listed below:** 1. **Pesticide exposure** a. Report of acute pesticide exposure, from a patient or witness 2. **Health effects** a. Health care provider documenting ≥ 2 new post-exposure symptoms 3. **Cause-effect** relationship The health effects must: a. not be associated with any other likely explanation AND b. occur within a reasonable time period after exposure	**Must satisfy ONE criterion in EACH category listed below:** 1. **Pesticide exposure** a. If criterion as for a Suspected case, must have Health effects criterion as for Confirmed case OR b. If criterion as for a Confirmed case, may have Health effects criterion as for Suspected case 2. **Health effects** a. If criterion as for a Suspected case, must have Pesticide exposure criterion as for Confirmed case OR b. If criterion as for a Confirmed case, may have Pesticide exposure criterion as for Suspected case 3. **Cause-effect relationship** The health effects must:	**Must satisfy ONE criterion in EACH category listed below:** 1. **Pesticide exposure** a. Observation of residue/odour by health care provider OR b. Clinical response to treatment or antidote (e.g. atropine) OR clinical description by a health care provider of ≥ 2 post-exposure health effects (at least 1 of which is a sign) characteristic for the pesticide OR c. Laboratory test demonstrating physiologic response to pesticide (e.g. prolonged clotting or pseudocholinesterase level below normal laboratory range) 2. **Health effects** a. Health care provider documenting ≥ 2 characteristic signs OR b. Health care provider documenting ≥ 3 new post-exposure characteristic symptoms

all cases involving suicide or self-harming behaviour.			a. be characteristic of the pesticide	OR
			AND b. occur within a reasonable time period after exposure	c. Autopsy evidence of pesticide poisoning 3. **Cause-effect relationship** The health effects must: a. be characteristic of the pesticide AND b. occur within a reasonable time period after exposure

Additional resources

- Thundiyil, Josef G, Stober, Judy, Besbelli, Nida & Pronczuk, Jenny. (2008). Acute pesticide poisoning: a proposed classification tool. Bulletin of the World Health Organization, 86 (3), 205 - 209. World Health Organization. http://dx.doi.org/10.2471/BLT.08.041814
- https://ndc.services.cdc.gov/case-definitions/pesticide-related-illness-and-injury-acute-2010/

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

BILHARZIA (schistosomiasis)

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Parasitic fluke (schistosome) infection, acquired by skin exposure to surface water inhabited by infected intermediate host snails. Two species of schistosome produce urogenital and intestinal infections, respectively, with both shared and organ-specific clinical features.	✓ Health care practitioner *(nurse or doctor receiving the laboratory result)* ✓ Laboratory making the diagnosis	A person with compatible clinical features of acute infection (fever, hepatosplenomegaly, urticaria, diarrhoea, etc.), or intermediate infection (haematuria, cervicitis, etc.) or late infection (hydronephrosis, portal hypertension, etc.), and history of exposure in an endemic area.	A person with compatible clinical features and history of exposure in an endemic area, plus a single positive serological or antigen test, and/or haematuria, and/or raised eosinophil count (>0.45 x 10^9/L).	Schistosome eggs reported in urine or faeces, or on histopathology in biopsy samples; or ≥4-fold rise in titre of serological test over 2 weeks; or repeatedly positive antigen test

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

BRUCELLOSIS

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Brucellosis is an infectious disease caused by Brucella bacteria (melitensis and abortus). People can get the disease when they are in contact with infected animals or animal products contaminated (unpasteurised milk/dairy products) with the Brucella bacteria. Animals that are most commonly infected include sheep, cattle, goats. Pig, and dog brucellosis have not occurred in South Africa. Initial symptoms can include: fever, sweats, malaise, anorexia, headache, pain in muscles, joint, and/or back, fatigue. Some signs and symptoms may persist for longer periods of time. Others may never go away or reoccur and include recurrent fevers, arthritis, swelling of the testicle and scrotum area, swelling of the heart (endocarditis), neurologic symptoms (in up to 5% of all cases), chronic fatigue, depression, swelling of the liver and/or spleen. There is a vaccine available for prevention in animals and reduce risk of exposure to humans. Treatment of human brucellosis requires longterm multiple antibiotic course. Brucellosis is rarely fatal if treated; in untreated persons, estimates of the case fatality rate vary from less than 2% to 5%. Deaths are usually caused by endocarditis or meningitis.	✓ Health care practitioner *(nurse or doctor receiving the laboratory result)* ✓ Laboratory making detecting the bacteria.	A person with acute or insidious onset of intermittent or irregular fever of variable duration, night sweats, undue fatigue, anorexia, weight loss, headache, and arthralgia. Local infection of organs may occur AND having relevant epidemiological exposure (e.g. Occupational contact with infected ruminants or birth excretions or fetuses; or by eating or drinking unpasteurized/raw dairy products or undercooked meat; or breathing brucella bacteria in slaughterhouses or laboratory.	A probable case is a suspected case with a. laboratory Gram-ve Bacillus culture; OR b. A single high agglutination titre to Brucella; OR c. Detection of Brucella species by PCR testing from a normally sterile site other than blood.	A confirmed case is a person with laboratory evidence of Brucella infection by (a. Culture isolation of Brucella species; OR b. Detection of Brucella species by PCR testing from a blood sample; OR c. IgG seroconversion or a significant increase in IgG antibody level (e.g. fourfold or greater rise) to Brucella).

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

CONGENITAL SYPHILIS

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
A condition affecting an infant or child (< 2 years) whose mother had untreated or inadequately treated syphilis. **Early Congenital Syphilis**: may present anytime in infancy or early childhood (< 2 years). An infected infant may be asymptomatic at birth and develop signs 4-8 weeks after birth.	✓ Health care practitioner *(nurse or doctor receiving the laboratory result)*	Any case meeting the following criteria will be considered a case of congenital syphilis: [1] A live birth or fetal death at more than 20 weeks of gestation or >500 g (including stillbirth) born to a woman with positive syphilis serology **AND** without adequate syphilis treatment. Adequate maternal treatment is defined as at least one injection/dose of 2.4 million units of intramuscular benzathine benzylpenicillin at least 30 days prior to delivery. **OR** [2] A live birth, stillbirth or child aged <2 years born to a woman with positive syphilis serology or with unknown serostatus, and with **laboratory evidence** of syphilis infection (regardless of the timing or adequacy of maternal treatment). *The following constitutes acceptable laboratory evidence* • Demonstration by dark-field microscopy or fluorescent antibody detection of Treponema pallidum in the umbilical cord, placenta, nasal discharge or skin lesion material or autopsy material of a neonate or stillborn infant; • Treponema pallidum PCR positive on umbilical cord, placenta, nasal discharge or skin lesion material or autops material of a neonate or stillborn infant • Analysis of cerebrospinal fluid (CSF) is reactive for Venereal Disease Research Laboratory (VDRL) test, or elevated CSF cell count or protein; • Infant with a reactive non-treponemal (RPR) serology titre fourfold or more than that of the mother; • Infant with a reactive non-treponemal (RPR) serology titre < fourfold more than that of the mother but that remains reactive ≥6 months after delivery; • Infant with a reactive non-treponemal serology test (RPR or VDRL) of any titre **AND** any of the clinical signs listed below born to a mother with positive or unknown serology, independent of treatment • Any stillborn infant with a reactive maternal test should be considered a congenital syphilis case (i.e. a syphilitic stillbirth). **AND/OR** [3] A live birth, stillbirth or child aged <2 years born to a woman with positive syphilis serology or with unknown serostatus, and with radiographic clinical evidence of syphilis infection (regardless of the timing or adequacy of maternal treatment).		

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

		Acceptable radiological evidence refers to: • Long bone radiographs suggestive of congenital syphilis (e.g. osteochondritis, diaphyseal osteomyelitis, periostitis); **AND/OR** [4] A live birth, stillbirth or child aged <2 years born to a woman with positive syphilis serology or with unknown serostatus, and with clinical evidence of syphilis infection (regardless of the timing or adequacy of maternal treatment). *Acceptable clinical evidence* • In settings where a non-treponemal (RPR) titre is not available, an infant born to a mother with reactive or unknown serology, independent of treatment, and whose 6-month examination demonstrates any of the early clinical signs listed below; • Early clinical signs that may be present in an infant with congenital syphilis include non-immune hydrops, hepatosplenomegaly, rhinitis (snuffles), and skin rash, pseudoparalysis of an extremity or failure to thrive or achieve developmental milestones. An older infant or child may develop additional signs or symptoms such as frontal bossing, notched and pegged teeth (Hutchinson teeth), clouding of the cornea, blindness, bone pain, decreased hearing or deafness, joint swelling, sabre shins, and scarring of the skin around the mouth, genitals and anus.

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

HAEMOPHILUS INFLUENZAE TYPE B

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Haemophilus influenzae type b (Hib) causes pneumonia, septicaemia, meningitis, epiglottitis, septic arthritis, cellulitis, otitis media, and purulent pericarditis, as well as less common invasive infections such as endocarditis, osteomyelitis, and peritonitis. Infections are clinically indistinguishable from infections caused by other bacteria. Spread by droplets or direct contact with respiratory tract secretions. Asymptomatic carriage occurs.	✓ Health care practitioner *(nurse or doctor receiving the laboratory result)* ✓ Laboratory making the diagnosis	Cannot be notified as a clinically suspected case	Invasive disease such as bacteremia, meningitis, epiglottitis, cellulitis, septic arthritis, pneumonia, empyema, pericarditis or osteomyelitis where the public health physician, in consultation with the physician and microbiologist, considers that Hib disease is the most likely diagnosis	The isolation of *Haemophilus influenzae* type b from a normally sterile site specimen (e.g., blood; cerebrospinal, pericardial or synovial fluid), or a positive Gram stain and latex result, or a positive PCR result.

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

HEPATITIS A

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Confirmed case definition
Hepatitis A virus is an enteric virus and is transmitted via the faecal-oral route (ingestion of contaminated food and/or water). Outbreaks of hepatitis A may occur following point source contamination of food or water, or transmission from person to person within households or institutions.	✓ Health care practitioner *(nurse or doctor receiving the laboratory result)* ✓ Laboratory making the diagnosis	This condition cannot be notified clinically, as it mimics any other cause of acute infectious hepatitis. Hepatitis A may be suspected when a person's presents with an acute onset of fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine, along with jaundice or elevated total bilirubin or raised serum alanine aminotransferase (ALT) levels in the absence of a more likely diagnosis	A laboratory confirmed case of hepatitis A may be diagnosed in a person with compatible symptoms and the presence of hepatitis A-specific IgM antibodies (anti-HAV IgM).

Additional notes

- Hepatitis A is preventable by vaccination; however, this vaccine is not part of the EPI programme. Hepatitis A vaccine may be purchased in the private sector, or obtained in the public sector for high-risk persons, e.g. persons undergoing chemotherapy or transplants, or persons with inherited disorders of the immune system.

Additional resources

The South African National Guidelines for the Management of Viral Hepatitis may be found at
https://www.nicd.ac.za/wpcontent/uploads/2021/08/RSA_NationalHepatitisGuidelines_final_dec_2019.pdf

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

HEPATITIS B

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Confirmed case definition
Hepatitis B is a viral infection of the liver which may present with acute or chronic symptoms. Modes of transmission include perinatal, blood borne (e.g. in the health-care setting, or sharing of needles) and sexual. Hepatitis B is preventable by vaccination. Vaccine is administered as part of the EPI at 6,10, 14 weeks followed by a booster at 18 months.	✓ Health care practitioner *(nurse or doctor receiving the laboratory result)* ✓ Laboratory making the diagnosis	-Acute hepatitis B may not be notified clinically, as it mimics any other cause of acute infectious hepatitis Acute hepatitis B may be suspected when a person presents with an acute onset of fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine, along with jaundice or elevated total bilirubin or raised serum alanine aminotransferase (ALT) levels in the absence of a more likely diagnosis. The diagnosis must be confirmed with laboratory testing. Chronic hepatitis B may be asymptomatic or it may present with a range of symptoms from mild right upper quadrant tenderness to symptoms of cirrhosis or hepatocellular carcinoma.	1)Acute hepatitis B: - Anti-HBc IgM positive, or - anti-HBc IgM +ve AND HBs antigen positive 2)Chronic hepatitis B: - HBs antigen +ve for six months or longer, Refer to specialist guidelines for additional diagnostic parameters. The pattern of positive antigen and antibody combinations may evolve over time. Therefore, the diagnosis of chronic hepatitis B may be complex.

Additional notes

- Congenital hepatitis B may occur if an infant is born to a mother with acute or chronic hepatitis B. Congenital hepatitis B is preventable by administration of a birth dose of hepatitis B vaccine. However, the South African EPI does not include a birth dose of hepatitis B.
- Hepatitis B vaccine was introduced into the national expanded programme of immunisation in 1995. Persons born before 1995 are at higher risk for acute and chronic hepatitis B

Additional resources

The South African National Guidelines for the Management of Viral Hepatitis may be found at
https://www.nicd.ac.za/wpcontent/uploads/2021/08/RSA_NationalHepatitisGuidelines_final_dec_2019.pdf

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

HEPATITIS C

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Hepatitis C is a viral infection of the liver. Transmission of hepatitis C includes perinatal, blood-borne (e.g. in the health-care setting, or sharing of needles), and sexual.	✓ Health care practitioner (nurse or doctor receiving the laboratory result) ✓ Laboratory making the diagnosis	Acute hepatitis C may not be notified clinically, as it mimics any other cause of acute infectious hepatitis Acute hepatitis C may be suspected when a person presents with an acute onset of fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine, along with jaundice or elevated total bilirubin or raised serum alanine aminotransferase (ALT) levels in the absence of a more likely diagnosis. The diagnosis must be confirmed with laboratory testing. Chronic hepatitis C may be asymptomatic or it may present with a range of symptoms from mild right upper quadrant tenderness to symptoms of cirrhosis or hepatocellular carcinoma.	N/A	1)Acute: HCV RNA +ve and anti-HCV –ve OR Seroconversion to anti-HCV positive 2)Chronic: HCV RNA +ve for 6 months or longer

Additional resources

The South African National Guidelines for the Management of Viral Hepatitis may be found at
https://www.nicd.ac.za/wpcontent/uploads/2021/08/RSA_NationalHepatitisGuidelines_final_dec_2019.pdf

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

HEPATITIS E

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Hepatitis E virus is an enteric virus, transmitted mainly via the faecal-oral route (ingestion of contaminated food and/or water). Hepatitis E may be associated with outbreaks of acute illness. Severe disease may occur in pregnant women in their third trimester with high mortality (25%).	✓ Health care practitioner (nurse or doctor receiving the laboratory result) ✓ Laboratory making the diagnosis	This condition cannot be notified based on clinical suspicion		The presence of hepatitis E-specific IgM antibodies (AntiHEV IgM) OR HEV PCR positive

Additional resources

The South African National Guidelines for the Management of Viral Hepatitis may be found at
https://www.nicd.ac.za/wpcontent/uploads/2021/08/RSA_NationalHepatitisGuidelines_final_dec_2019.pdf

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

LEAD POISONING

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Lead is a naturally occurring, silver-grey metal, with properties such as malleability, a low melting point and non-corrosiveness. Due to Its versatility, lead is used in many circumstances and products, including batteries, petrol, paint, pigments, firearms, ammunition, artisanal cookware, ceramic ware, traditional medicines, protective equipment, cabling and certain cottage industries. Soil and dust can also be contaminated with lead particles. Exposure is mainly by ingestion or inhalation, with lead being stored in the body for many years. Lead may cause acute toxicity, but more commonly sub-clinical lead exposure leads to chronic toxicity. The target organs of lead toxicity are the central and peripheral nervous systems, the kidneys, and the gastrointestinal system. Lead may also produce haematological effects. In children undergoing investigation for anaemia, recurrent abdominal pain, and pica, a blood lead concentration should be measured.	✓ The health care provider making the clinical diagnosis for a suspected, probable or confirmed case. Clinicians should not wait for laboratory confirmation before notifying. OR ✓ Laboratory making the diagnosis, including forensic services.	A potentially lead-exposed case being evaluated by health care workers or public health officials for lead poisoning. OR A case with a single capillary blood specimen with lead level > 5 µg/dL	A clinically compatible case with a high index of suspicion for lead exposure due to case's history regarding location, source and time of exposure. OR A clinically compatible case with an epidemiologic link to a case with laboratory evidence. OR A case with two capillary blood specimens, drawn within 12 weeks, both with lead level > 5 µg/dL	Children and adults, with either of the following: • Blood lead level > 5 µg/dL of whole blood measured from a venous specimen; or • Blood lead level of > 5 µg/dL measured from two capillary specimens taken within a period of 4 weeks.

Additional resources

https://wwwn.cdc.gov/nndss/conditions/lead-elevated-blood-levels/case-definition/2016/
https://wwwn.cdc.gov/nndss/conditions/lead-elevated-blood-levels/case-definition/2010/

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

LEGIONELLOSIS

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Disease caused by bacteria from the genus *Legionella* commonly presents with a spectrum of illnesses ranging from asymptomatic, to severe pneumonia (Legionnaire's Disease), often requiring hospitalization. Acquired from inhalation of contaminated aerosols.	✓ Health care practitioner (nurse or doctor receiving the laboratory result) ✓ Laboratory making the diagnosis	Any person with clinical/radiological evidence of pneumonia where the public health physician, in consultation with the physician and microbiologist, considers Legionnaire's disease as the most likely diagnosis.	Any person with clinical/radiological evidence of pneumonia with: 1) *Legionella pneumophila* non-serogroup 1 or other *Legionella* spp. specific antibody response (fourfold or greater rise in specific serum antibody titer).	Any person with clinical/radiological evidence of pneumonia and at least one of the following: 1) Isolation of *Legionella* spp. from a respiratory specimen or any normally sterile site 2) Detection of *Legionella pneumophila* serogroup 1 antigen in urine 3) Detection of *Legionella* spp. nucleic acid in a clinical specimen 4) *Legionella* pneumophila serogroup 1 specific antibody response (fourfold or greater rise in specific serum antibody titer).

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

LEPROSY

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
	✓ Health care practitioner (nurse or doctor receiving the laboratory result) ✓ Laboratory making the diagnosis	A case of leprosy is defined as any person having one or more of the following • Hypo-pigmented or reddish skin lesion(s) with definitive loss of sensation; • Damage to the peripheral nerves, as demonstrated by loss of sensation and weakness or morbidity of the muscles of hands, feet, or face; and	No probable case definition	A positive skin-smear for acid-fast bacilli or positive biopsy. (But where laboratory test cannot be conducted, diagnosis is often established from the patient 's clinical signs and symptoms).

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

MATERNAL DEATH (PREGNANCY, CHILDBIRTH AND PUERPERIUM)

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
	✓ Health care practitioner (nurse or doctor who provided medical care at the time of death)	No suspected case definition	No probable case definition	No laboratory-based confirmation

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

MERCURY POISONING

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Mercury is an element that occurs widely in the environment, from both natural and human sources (mining waste, especially informal gold mining, municipal incinerators, power plants, hazardous waste sites, dentistry, medical equipment, and manufacturers of products containing mercury). Mercury occurs in three forms: organic, inorganic, and elemental (metallic). All forms of mercury, especially the organic form, are toxic. The clinical presentation varies depending upon the form of mercury, as well as the route of exposure (inhalation, ingestion, topical or injection), patient age, and dose and duration. All organ systems can be affected, and the effects may be acute or chronic. • Organic mercury (e.g. methylmercury contamination in fish): Ingestion most common route, followed by inhalation and dermal exposures. Toxicity - can be delayed for weeks and usually involves the central nervous system (e.g. paraesthesia, headaches, ataxia, dysarthria, visual field constriction, blindness, and hearing impairment). • Inorganic mercury: Ingestion most common route of toxicity. Acute toxicity - gastrointestinal symptoms, shock, renal failure, death. Chronic toxicity - neurologic, dermatologic, and renal manifestations, including neuropsychiatric disturbances (e.g., memory loss, irritability), gingivostomatitis, discoloration or desquamation of the hands and feet, and hypertension. • Elemental mercury: Inhalational most typical route of toxicity. Acute toxicity – fever, fatigue, as well as gastrointestinal, respiratory, and central nervous system effects. Chronic toxicity–similar to inorganic toxicity	✓ The health care provider making the clinical diagnosis for a suspected, probable, or confirmed case. Clinicians should not wait for laboratory confirmation before notifying. OR ✓ Laboratory making the diagnosis, including forensic services.	A potentially mercury-exposed case being evaluated by healthcare workers or public health officials for mercury poisoning.	A clinically compatible case with a high index of suspicion for mercury exposure due to the case's history regarding location, source, and time of exposure. OR A clinically compatible case with an epidemiologic link to a case with laboratory evidence.	A clinically compatible illness in a person with a history of exposure and laboratory evidence*, i.e. •Organic mercury ➢ ≥10 µg/L in whole blood •Inorganic mercury ➢ ≥10 µg/L in 24hour urine ➢ ≥10 µg/L in whole blood •Elemental mercury ➢ ≥10 µg/L in 24hour urine ➢ ≥10 µg/L in whole blood (first few days after exposure only)

Additional resources
https://emergency.cdc.gov/agent/mercury/mercorgcasedef.asp

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

SOIL TRANSMITTED HELMINTHS

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
Soil transmitted helminth infections (STH) are caused by species, including *Ascaris lumbricoides*, hookworm (*Ancylostoma duodenale* and *Necator americanus*) and *Trichuris trichiura.* STH infections may be asymptomatic, heavy infections are associated with considerable morbidity, including abdominal pain, diarrhea, and anemia, as well as impaired cognitive and physical development in children. STH infections focus on morbidity control through the use of mass drug administration (MDA) of anthelmintic drugs targeting preschool- and school-aged children as well as other at-risk groups.	✓ Health care practitioner (nurse or doctor receiving the laboratory result) ✓ Laboratory detecting the STH **NB: Only confirmed cases should be notified.**	There is no case definition of a suspected case.	NA	Real-time PCR detection of *Ascaris lumbricoides*, *Necator americanus*, *Ancylostoma duodenale* and *Trichuris trichiura*.

Category 2: Written or electronic notification within 7days of diagnosing a case.

TETANUS

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Confirmed case definition
Tetanus is caused by the bacterium *Clostridium tetani*. In neonates or adults, tetanus follows contamination of a wound (or umbilical stump) with the bacterium in a susceptible person. Tetanus is preventable by immunization with tetanus toxoid, as part of the EPI programme. Tetanus toxoid is given at 6, 10, 14 weeks, with boosters at 18 months, 6 yrs, and 12 years. Neonatal tetanus is targeted for elimination. Maternal immunization with tetanus toxoid may prevent neonatal tetanus	✓ Health care practitioner (nurse or doctor making the diagnosis)	Any person >28 days of age with acute onset of at least one of the following: trismus (lockjaw), risus sardonicus (sustained spasm of the facial muscles), or generalized muscle spasms (contractions)	- Neonatal tetanus: An infant with normal feeding and crying in the first two days of life who subsequently losses these abilities between 3 and 28 days of life and developed muscle rigidity and spasms. - Children and adults: Any person >28 days of age with acute onset of at least one of the following: trismus (lockjaw), risus sardonicus (sustained spasm of the facial muscles), or generalized muscle spasms (contractions) where the diagnosis has been confirmed by a physician or trained clinician.

Additional notes

Notes: Neonatal tetanus may arise through traditional birth practices. Tetanus in adults and children may arise following contamination of wounds with the bacterium in the presence of waned immunity, or incomplete primary vaccination. In children and adults, there are three clinical presentations: localized tetanus in which muscles around the injury site have spasms, cephalic tetanus in which there is cranial nerve palsy following ear infection or head lesion and thirdly generalized tetanus which affects all voluntary skeletal muscles of the body.

The incubation period for neonatal tetanus is 3 to 21 days but disease can occur up to 178 days following infection. The WHO estimated that there were about 34019 deaths from neonatal tetanus in 2015.

There is no laboratory diagnostic nor confirmatory test for tetanus. *Clostridium tetani* is isolated only from 30% of wounds from clinically confirmed cases, but may also be isolated from wounds where tetanus is not diagnosed. Not all bacterial isolates of *Clostridium tetani* produce the toxin.

Category 2: Written or electronic notification within 7days of diagnosing a case. The case must be notified following laboratory confirmation

Tuberculosis: pulmonary
Tuberculosis: extra-pulmonary
Tuberculosis: multidrug-resistant (MDR-TB)
Tuberculosis: extensively drug-resistant (XDR-TB)

Disease epidemiology	Who must notify	Clinical case definition (Suspected case)	Probable case definition	Confirmed case definition
South Africa is one of the 30 high-burden tuberculosis (TB) countries that collectively contribute to 87% of the estimated incident cases worldwide, and the country accounts for 3% of cases globally. The TB incidence in South Africa is currently 615/100000 population and the HIV co-infection rate is 59% The First National Tuberculosis Prevalence Survey, South Africa, 2018, identified a high TB burden, higher in males than in females, and a high prevalence of TB among individuals aged 35-44 years and the elderly 65 years and older. The largest prevalence of notification gap was in the youth aged 15-24 years and in those 65 years and older	✓ Health care practitioner (nurse or doctor assessing the patient) or Infection control Practitioner ✓ Health care practitioner (nurse or doctor receiving the laboratory result) ✓ Laboratory making the diagnosis	Clinically diagnosed TB People who are started on TB treatment without bacteriological confirmation of disease. This includes patients started on treatment based on; • chest x-ray abnormalities that are consistent with active TB • the history and clinical picture suggestive of PTB or EPTB • histological and biochemical tests suggestive of TB *Refer to the TB national treatment guidelines for South Africa*	Refer to the TB national treatment guidelines for South Africa	Bacteriologically confirmed Tuberculosis Clinically confirmed Tuberculosis A patient with Mycobacterium tuberculosis complex identified from a clinical specimen, either by smear microscopy, culture or molecular assays *Refer to the TB national treatment guidelines for South Africa*