NICD PULSE

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

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HANTAVIRUS OUTBREAK

Contents

Cover photo: Centre for Emerging Zoonotic and Parasitic Diseases staff members. Dr Jacqueline Weyer (seated) unpacks how the hanatavirus was uncovered on page 4.

MEET OUR *Editorial* TEAM

Prof. Nazir Ismail

MESSAGE FROM THE EXECUTIVE DIRECTOR

This publication comes at a challenging time, with the world grappling with the outbreak of hantavirus pulmonary syndrome (HPS) over the past few weeks and now the Ebola outbreak in central Africa.

For us at the National Institute for Communicable Diseases (NICD), this is a moment of quiet pride. The relatively rapid detection of hantavirus reflects the dedication, expertise, and responsiveness of our teams, and we are grateful that these efforts have been recognised nationally and internationally for their swift turnaround and decisive action. The identification of the Andes virus linked to HPS continues a long tradition of scientific excellence within the organisation. During the COVID-19 pandemic, the NICD also played a key role in identifying the Omicron variant. We have communicated openly and transparently throughout this outbreak, which will go a long way in strengthening public trust. I commend and congratulate all the colleagues involved in the detection and response to the hantavirus outbreak. Read more about this outbreak on page 4, where our colleagues take you through the process.

Close to 100 contacts have been traced as part of the hantavirus response, and it is encouraging to note that many of them have tested negative for the virus. While many of us in public health understand what contact tracing entails, some may not. In this issue, the team unpacks this important component of outbreak preparedness and response. The NICD team has also made more information about the virus available on the NICD website, and I encourage you to visit the site.

Although this publication focuses largely on hantavirus, the team also covers other important developments within the Institute. In May, the Centre for HIV and STIs launched critical reports in Durban, KwaZulu-Natal, highlighting the importance of strengthening HIV surveillance to improve care in South Africa. By bringing together routine testing data, laboratory information, and surveillance tools, we gain a clearer understanding of how people access services and move through the HIV care pathway.

The National Cancer Registry, the only centre within the NICD that does not conduct infectious disease surveillance, continues to play a critical role in cancer surveillance in the country. In May, the Registry hosted the Impact Review Assessment, an international process designed to help countries understand what is working well in their cancer response and where improvements are needed.

Enjoy these and many more stories in this issue and expect more as we tackle the next challenge – Ebola!

Prof. Nazir Ismail

The hantavirus response was a team effort involving members from CEZPD, the Outbreak Response Unit, and the Sequencing Core Facility, among others.

How the NICD team confirmed the Andes virus outbreak

By Vuyo Sabani

The National Institute for Communicable Diseases (NICD) has been commended for its rapid detection of the Andes virus, confirming the diagnosis of hantavirus pulmonary syndrome (HPS) following an outbreak on the *MV Hondius* cruise ship. One member of the South African parliament described the discovery as "finding a needle in a haystack." Dr Jacqueline Weyer, Head of the Centre for Emerging Zoonotic and Parasitic Diseases, attributed the rapid identification of the virus to the "combination of scientific expertise, systematic investigation, and advanced laboratory capability." She said the initial recognition involved clinical and laboratory teams in South Africa, adding that the discovery was neither by luck nor based on individual discovery.

"Modern outbreak responses are not attributable to a single individual. They depend on coordinated multidisciplinary public health systems. Overall, the response is a team effort involving clinicians, epidemiologists, laboratory scientists, outbreak investigators, and public health authorities in South Africa, but now also across multiple institutions and countries."

The NICD team approached the outbreak investigation using an evidence-driven process that considered the clinical presentation and the available epidemiological context at the time of this investigation, said Dr Weyer. "We knew the travel history to Argentina, which is an important insight. By the time of our investigation, other laboratory findings had excluded more common respiratory pathogens, so we were honing in on other possible diagnoses, which included HPS."

She added that hantaviruses have been known to the scientific community for many years. "Based on previous experiences and knowledge, diagnostic capacities were established at the NICD for many years to ensure readiness if we were put to the task," said Dr Weyer proudly.

Once the hantavirus was confirmed, the NICD followed protocols and notified the National Department of Health, which then escalated the notification through the International Health Regulations to the World Health Organization. This communication served to activate public health and clinical response measures urgently to curb the potential onward spread of the virus, nationally, but also internationally, very rapidly.

"Public health authorities in South Africa were informed immediately upon confirmation of results for the case hospitalised in South Africa following medical evacuation from St Helena. The possible link to the wife of the individual who died on the cruise ship was made, and samples for the wife were traced and tested to confirm the diagnosis."

Veteran infectious disease and microbiology specialist, Prof. Lucille Blumberg, played a central role in the hantavirus outbreak.

On whether there was a link between hantavirus and COVID-19, Dr Weyer said: "At present, there is no evidence suggesting that this outbreak has the characteristics of a pandemic threat comparable to COVID-19. Hantaviruses have been known since the 1970s, and we have the knowledge of the epidemiology of different hantavirus clusters and outbreaks, particularly for those associated with Andes virus, that have occurred previously."

She stressed that hantaviruses, and the Andes virus specifically, are fundamentally different from highly transmissible respiratory viruses such as SARS-CoV-2. Most hantaviruses are primarily transmitted from rodents to humans rather than spreading efficiently between people. Person-to-person transmission has been documented mainly for the Andes virus, "but even then, it appears relatively limited and requires close contact from previous accounts," assured Dr Weyer.

Dr Weyer's message to the public: "The most important message is that the situation is being investigated carefully and scientifically, and there is currently no evidence of widespread community risk. Responses for containment were rapidly activated, which presents a best-case scenario. Outbreak investigations take time, and recommendations may evolve as more evidence becomes available. Transparency, calm communication, and evidence-based public health action remain essential."

Contact Tracing: What you need to know

Mr Nevashan Govender (left) with Dr Lerato Sikhosana (front) and Dr Vuyiswa Kumalo (right) from the Outbreak Response Unit unpacks contact tracing.

What is contact tracing?

Contact tracing is a routine public health process used to help prevent the spread of infectious diseases. If someone is diagnosed with a disease of public health concern, trained health officials may identify people who were in close contact with them during the time they were infectious.
The goal is to:

- Provide health advice
- Monitor for symptoms
- Support early medical care if needed
- Reduce further spread

Contact tracing is confidential and focused on protecting individuals, families, and communities.

What happens during contact tracing?

Public health teams may:

- Speak with the diagnosed person about recent close contacts
- Notify people who may have been exposed
- Provide information on symptoms to watch for
- Advise on monitoring, testing, or medical care if needed

Being contacted does not mean you are infected. In many situations, the risk remains low. The process is designed to keep communities informed, safe, and supported.

Why does contact tracing matter?

Contact tracing helps health authorities:

- Detect illness early
- Protect healthcare workers and families
- Reduce unnecessary panic
- Prevent further spread of disease

Most people identified through contact tracing do not become ill, especially after low-risk exposure. Public health officials assess each exposure carefully and provide guidance based on the level of risk.

Bundibugyo Virus Disease Outbreak

The World Health Organization (WHO) has declared the ongoing outbreak of Ebola disease caused by Bundibugyo virus disease (BVD) in the Democratic Republic of the Congo and Uganda a Public Health Emergency of International Concern (PHEIC) following increasing cross-border transmission and concerns regarding wider regional spread. The Africa Centres for Disease Control and Prevention (CDC) has also declared the outbreak as a Public Health Emergency of Continental Security. The National Institute for Communicable Diseases working with other South African health authorities continue to closely monitor the situation in collaboration with the National Department of Health, the WHO, the CDC, and regional partners. Readiness protocols remain in place in South Africa, including enhanced surveillance, laboratory preparedness, infection prevention and control measures, and awareness among healthcare workers to ensure rapid detection and response should a suspected imported case be identified.

The WHO currently does not recommend travel or trade restrictions related to the outbreak. BVD does not occur naturally in South Africa, and no confirmed cases have been reported in the country to date. However, imported cases remain possible if travellers return from outbreak-affected countries after exposure to infected persons, animals, or contaminated environments.

For more information, visit the NICD website here and the WHO website here.

NCR HOSTS INTERNATIONAL STAKEHOLDERS FOR CANCER ASSESSMENT

NHLS CEO, Prof. Koleka Mlisana (seated), reflected on the NHLS's contribution to cancer screening and diagnosis in South Africa.

By Laura De Almeida

South Africa's efforts to strengthen cancer prevention and control recently took centre stage when global health experts gathered at the National Health Laboratory Service (NHLS) for an important review of the country's cancer diagnostic and surveillance systems.

The visit, hosted by the National Cancer Registry (NCR), which is part of the National Institute for Communicable Diseases (NICD), brought together representatives from international organisations, including the World Health Organization, the International Agency for Research on Cancer, and the International Atomic Energy Agency, alongside officials from the South African Department of Health and other stakeholders.

The visit forms part of South Africa's ongoing imPACT Review Assessment – an international process designed to help countries understand what is working well in their cancer response and where improvements are needed. The review also helps identify ways to improve access to cancer prevention, diagnostics, treatment, and patient support. During the visit, delegates engaged with teams from the NCR, the NICD, and the NHLS to gain insight into how cancer data is collected, managed, and used to support public health planning. Discussions highlighted the importance of accurate cancer data for understanding disease trends and improving healthcare services across the country.

The NHLS CEO, Prof. Koleka Mlisana, reflected on the NHLS's contribution to cancer screening and diagnosis in South Africa, while the NICD Executive Director, Prof. Nazir Ismail, shared how the institute supports the surveillance systems that help track cancer cases nationally. Dr Mazvita Muchengeti, Head of the NCR, shared an overview of the registry's work, while several other NHLS teams showcased how information moves through the system – from laboratories and databases to public communication platforms that help raise awareness about cancer.

While the visit marked only one phase of the review process, it represents a significant step in shaping the future of cancer prevention and control in South Africa. A final report expected later this year will provide recommendations aimed at strengthening cancer services and guiding future healthcare planning and investment.

The Genomic Surveillance for AMR Symposium and the Antimicrobial Resistance of Bacterial Pathogens Africa Training Programme were attended by delegates from various countries.

Strengthening Africa's capacity to combat AMR through surveillance

By Mandy Tsotetsi

Professor Vindana Chibabhai, Head of the Centre for Healthcare-Associated Infections, Antimicrobial Resistance and Mycoses, emphasised the importance of investing in regional expertise to effectively address the growing antimicrobial resistance (AMR) burden across Africa.

She said this in March when the National Institute for Communicable Diseases, in partnership with Wellcome Connecting Science, hosted two AMR initiatives aimed at strengthening genomic surveillance and laboratory capacity across Africa.
The two initiatives – the Genomic Surveillance of AMR across the Human-Animal-Environment Interface Symposium and the Antimicrobial Resistance of Bacterial Pathogens, Africa Training Programme – brought together scientists, clinicians, veterinarians, microbiologists, epidemiologists, and bioinformaticians from across the continent. Framed within a One Health approach, the symposium focused on the growing threat of AMR and the importance of collaboration across human, animal, and environmental health sectors.

Participants explored emerging approaches to surveillance, outbreak response, data sharing, and the application of genomic technologies to better understand and monitor resistant pathogens. Discussions also highlighted the increasing need for integrated systems capable of responding to AMR threats that transcend traditional health boundaries.
The Antimicrobial Resistance of Bacterial Pathogens, Africa Training Programme, which ran for a week, provided participants with hands-on experience in antimicrobial susceptibility testing, laboratory diagnostics, whole-genome sequencing, and bioinformatics analysis.

"Building sustainable genomic surveillance capacity across Africa is essential to improving detection, monitoring, and response to antimicrobial resistance threats. Through collaboration and skills development, we are empowering scientists to generate data that can directly inform public health action and protect the effectiveness of life-saving antimicrobials," said Prof. Chibhabai.

HIV surveillance findings highlights opportunities to strengthen HIV care

The Centre for HIV and STI team, from left to right: Prof. Adrian Puren, Dr Tendesayi Kufa-Chakezha, Dr Nosipho Shangase, Ms Zinhle Brukwe, Ms Beverly Singh, and Ms Briget Maake.

By Siyabonga Mbatha

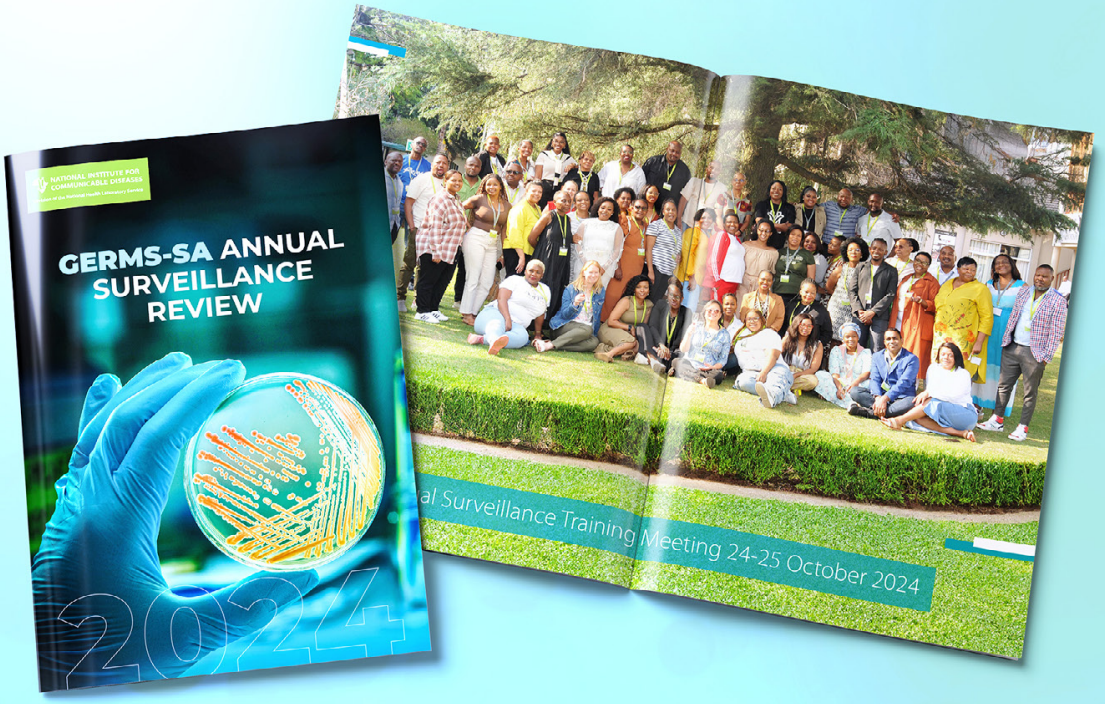
The National Institute for Communicable Diseases hosted a two-day launch in KwaZulu-Natal in May to share findings from recent HIV surveillance activities aimed at strengthening South Africa's understanding of HIV testing, diagnosis, and continuity of care.

The launch brought together researchers, healthcare workers, programme partners, and public health stakeholders to discuss findings from the 2025 HIV Recent Infections and Repeat Testers Surveillance activity conducted across 37 public health facilities in the eThekwini, uMgungundlovu, and Ugu Districts, between June and December 2025. The activity explored patterns of recent HIV infections and repeat HIV testing among individuals accessing HIV testing services.

Findings showed that recent HIV infections were more common among younger age groups, particularly among young men and women, while many participants presenting for HIV testing had previously been diagnosed with HIV. The findings also highlighted that repeat HIV testing was often linked to individuals seeking to access HIV care services, reflecting ongoing gaps in linkage to and continuity of care.

Dr Nosipho Shangase said the findings provide important opportunities to strengthen HIV testing services and improve support for people re-engaging with HIV care. The second day of the launch focused on the HIV electronic case surveillance (eCase) pilot conducted in the eThekwini and uMgungundlovu Districts. The pilot assessed the uptake, usability, and acceptability of an electronic surveillance system designed to support patient management across the HIV care continuum. Findings highlighted the potential of electronic surveillance systems to strengthen follow-up, improve continuity of care, and support more responsive HIV service delivery.

Prof. Adrian Puren emphasised the importance of surveillance in improving HIV programme performance and supporting progress towards HIV epidemic control targets. The launch demonstrated the growing role of surveillance systems, laboratory data, and electronic tools in supporting a more data-driven and responsive HIV programme in South Africa.



GERMS-SA: Leveraging world-class laboratory surveillance to inform public health

By Kate Jensen

Long-standing, high-quality surveillance systems are necessary for understanding and responding to infectious diseases. In South Africa, the Group for Enteric, Respiratory and Meningitis Surveillance – South Africa (GERMS-SA) programme is a world-class laboratory-based surveillance platform, generating robust epidemiological data for more than 20 years. This long-term monitoring provides valuable insights into pathogen trends, vaccine impact, and antimicrobial resistance.

GERMS-SA is a collaborative programme involving the National Institute for Communicable Diseases, the National Health Laboratory Service (NHLS), public and private sector microbiology laboratories, and selected public hospitals. It operates on two levels: nationwide case ascertainment through laboratories and the NHLS Corporate Data Warehouse, and enhanced sentinel-site surveillance at selected hospitals to obtain additional clinical data.

The programme monitors pathogens of public health importance, providing information to support clinical management and public health decision-making. Examples of pathogens under surveillance include Streptococcus pneumoniae, Neisseria meningitidis, Cryptococcus species, Salmonella Typhi, and selected antimicrobial-resistant organisms. In addition to national reporting, GERMS-SA provides province-specific descriptive data to support local health authorities in planning, prioritising, and allocating resources effectively.

GERMS-SA's value has been in tracking invasive pneumococcal disease following the introduction of pneumococcal conjugate vaccines. National surveillance data have documented substantial declines in disease across age groups, providing strong evidence of vaccine effectiveness. At the same time, these data enable ongoing assessment of pathogen evolution, including the emergence of non-vaccine serotypes and the spread of antimicrobial-resistant strains. The programme has also informed recent genomic studies that have quantified pneumococcal transmission, strain fitness, and resistance dynamics across South Africa and globally, demonstrating the international scientific impact of GERMS-SA data.

The programme's success reflects the sustained contributions of laboratory staff, surveillance officers, clinicians, and public health practitioners across South Africa. GERMS-SA relies heavily on the active participation of clinical microbiology laboratories to submit isolates (for serogrouping, serotyping and antimicrobial susceptibility testing) from pathogens of public health importance. Ongoing participation from all parties ensures that high-quality data continues to inform evidence-based decision-making.

For the latest GERM-SA report read **here**.

VACCINATION: ALL YOU NEED TO KNOW

Vaccines remain one of the most effective public health interventions, protecting individuals and communities from harmful infectious diseases. **Siyabonga Mbatha** had a chat with **Dr Astrid Kouatcho** and **Dr Samantha Mazen**, public health medicine registrars currently rotating in the NICD's Division of Public Health Surveillance and Response, to discuss the importance of routine immunisation, vaccine safety, and vaccine hesitancy.

Why are vaccines important?

Vaccination is a simple, safe, and effective way to protect people against infectious diseases. Vaccines strengthen the immune system by training the body to create antibodies without causing illness. Beyond individual protection, vaccines help reduce the spread of infections, protect vulnerable groups, and reduce hospitalisations and pressure on healthcare systems. Vaccination has contributed to the eradication of smallpox and brought diseases like polio close to eradication in many regions.

Why is it important for children not to miss scheduled vaccinations?

Although babies receive some antibodies from their mothers, this protection only lasts a few months and is not fully protective. The South African Expanded Programme on Immunisation (EPI) schedule is carefully timed to protect children during critical stages of development before exposure to life-threatening illnesses.

What should parents do if a child has missed vaccines?

It is never too late to vaccinate. Catch-up vaccinations are available, and healthcare providers can advise parents on the appropriate schedule depending on the child's age.

Are EPI vaccines available in private clinics?

Yes. Most private clinics offer vaccines included in both the public and private vaccination schedules, although administration fees may apply.

How safe are vaccines?

Vaccines undergo rigorous clinical testing and evaluation by the South African Health Products Regulatory Authority before approval. Even after introduction, vaccines continue to be monitored for rare adverse events. Mild side effects such as soreness or fever may occur, while serious adverse events are extremely rare.

What is vaccine hesitancy?

Vaccine hesitancy refers to delaying or refusing vaccination despite vaccination services being available, which can affect both individual and community health.

What can communities do to promote vaccine confidence?

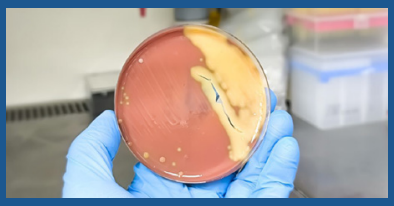
Communities can help by discussing vaccines openly, correcting misinformation, using credible sources of information, and encouraging trusted leaders to support vaccination.

For a complete Q&A, visit the NICD Blog here.

Spotlight on recent PHBSA articles

The Public Health Bulletin South Africa (PHBSA) offers essential insights and research on public health issues, including disease outbreaks, health interventions, and policy developments. Here are some of the key articles published recently.

Differences in epidemiological characteristics and antimalarial drug-resistance marker prevalence in imported and locally acquired cases from two South African malaria-endemic districts targeting elimination, 2022–2024.
Access here



Provincial epidemiology of invasive pneumococcal disease in South Africa, 2019–2024: Findings from laboratory-based surveillance in the Eastern, Northern, and Western Cape provinces.
Access here

Epidemiology of cryptococcal disease in the Eastern, Northern, and Western Cape provinces of South Africa, 2022–2024.
Access here

2024 GERMS-SA: annual surveillance review – key findings.
Access here

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On the NICD agenda

This section showcases upcoming events, conferences, and activities in which NICD staff will participate, to keep staff and stakeholders informed and highlight opportunities for engagement.

Event	Date	Location
GLLP Leadership Dialogue Series	03 July 2026	Johannesburg
GLLP South Africa Programme Launch	26 July 2026	Johannesburg
AIDS 2026 Conference	26-31 July 2026	Rio de Janeiro
Dissemination of the key findings for the 2025 Antenatal HIV and Syphilis Sentinel Survey	TBC	To be confirmed

Please note that the NICD may participate in additional events not listed here. As this issue was prepared in advance, some events may have been omitted. We encourage staff and the public to stay updated on our social media pages for any new developments.

Training and Development

GLLP South Africa gains momentum

Attendees at GLLP workshop held earlier this year.

By Noluthando Duma

The Global Laboratory Leadership Programme (GLLP) South Africa continues to build momentum as the programme advances toward implementation through strategic partnerships, stakeholder engagement, and leadership development activities grounded in a One Health approach.

Several important milestones have been achieved during the programme's foundational phase. In February 2026, GLLP South Africa convened its first Champions engagement session, bringing together a dedicated group of young professionals representing human, animal, environmental, and agricultural sectors. These Champions form an important leadership network supporting stakeholder mobilisation and programme development.

In April 2026, GLLP South Africa hosted its Steering Committee and Stakeholder Workshop in Johannesburg. The workshop brought together leaders, technical experts, and emerging voices from across the One Health spectrum to strengthen collaboration and initiate programme governance structures. Highlights included a keynote address by Prof. Wanda Markotter on leadership at the human–animal–environment interface and leadership reflections by Mr Thomas Radebe, GLLP Leadership Coach.

The programme has also strengthened multisectoral collaboration through engagement with the various One Helath partners and continued support from national and international stakeholders.

As part of ongoing visibility efforts, GLLP South Africa recently launched its webinar series through the NHLS ECHO platform. The inaugural webinar, "Step into the Future of Laboratory Leadership: Introducing the Global Laboratory Leadership Programme," reached more than 500 participants and generated over 250 expressions of interest from individuals seeking to become GLLP Champions. These milestones reflect growing momentum toward strengthening laboratory leadership and resilient health systems in South Africa and beyond.

Training and Development

Strengthening regional malaria collaboration in the SADC region

MOSASWA convening

Prof. Lucille Blumberg in conversation with Dr Justin McBeath, head of IVCC, during the MOSASWA Convening.

By Dr Jaishree Raman

Prof. Lucille Blumberg and Dr Jaishree Raman attended and participated in a malaria convening in Maputo, Mozambique, hosted by the MOSASWA malaria initiative. The convening, which coincided with World Malaria Day celebrations, highlighted the significant impact of the MOSASWA initiative, a cross-border malaria collaboration involving Eswatini, southern Mozambique, and South Africa, and provided a platform for critical discussions on the strategies and actions required to make malaria elimination a reality in the MOSASWA region.

Primarily funded by the Global Fund, Gates Foundation, and Goodbye Malaria, the initiative has contributed to substantial reductions in malaria prevalence in southern Mozambique and a 50% decline in imported cases in Eswatini and South Africa through strengthened coordination and implementation of cross-border malaria activities. Building on these achievements and in support of the goal to eliminate malaria in the MOSASWA region by 2028, it was announced that the initiative has been awarded US$26 million in catalytic funding.

Recognising that more needs to be done to make elimination a reality, the convening brought together key global and regional partners, including the Gates Foundation, the World Health Organization (WHO), African Leaders Malaria Alliance, Malaria No More, the Integrated Vector Control Consortium, and National Malaria Programmes (NMPs), for critical and timely discussions. Key topics included strengthening regional collaboration, enhancing accountability, building leadership and management skills within NMPs, and promoting African-led innovation in malaria control.

A consistent theme throughout the discussions was the importance of using available resources effectively and strategically to maximise impact, especially in the current context of funding constraints and growing challenges such as resistance and climate-related pressures. Participants strongly emphasised the need to use local data to guide decision-making, strengthen co-ordination and accountability among partners and countries, and prioritise targeted investments to ensure that limited resources deliver sustainable, impactful results. The message from all participants was clear: malaria control in Africa is at a critical crossroads. But, we have the tools, knowledge and collective commitment needed to confront this challenge. Paraphrasing this year's WHO theme for World Malaria Day: we can and must control and eliminate malaria.

Training and Development

The SADC Drug and Insecticide Resistance convening

Participants from 13 countries at the SADC Regional Malaria Drug and Insecticide Resistance Meeting.

By Dr Jaishree Raman

In response to the growing threat of antimalarial drugs and insecticide resistance, the World Health Organization (WHO) has recommended that routine resistance surveillance and information sharing across member states be strengthened. Acknowledging that malaria parasites and vectors do not respect national borders and that regional collaboration is essential for an effective response to resistance, the Southern African Development Community (SADC), together with the Roll Back Malaria Partnership, convened a meeting in Harare, Zimbabwe, in May, to formalise the re-establishment of an SADC antimalarial drug and insecticide resistance network. The network, which includes NMPs from the 14 malaria-endemic member states, the WHO, research institutions, public health institutes, and technical partners, will support the timely generation and sharing of resistance data, standardisation of sample collection and analytical workflows, and harmonisation of response and containment strategies. SADC countries with the established molecular infrastructure and technical expertise will be identified to support data generation and capacity building in countries where these capacities are limited or absent Through this enhanced regional collaboration, the network will enable more timely detection of, and responses to emerging drug and/or insecticide resistance, thereby ensuring effective malaria control and elimination strategies are in place across the SADC region.

Data for Health Training Coordinator, Ms Leigh Johnston, facilitating the D2P workshop.

D2P participants advance economic evaluation skills during Unit 2B

By Koketso Matjane

The Data to Policy (D2P) training programme continues to equip public health professionals with the skills needed to use data to advance policy agendas and support evidence-informed public health decision-making through the development of data-driven policy briefs. Earlier units of the programme focused on identifying policy problems, stakeholder mapping, evidence synthesis, and root cause analysis. Unit 2B, held from 11 to 15 May 2026, focused on the economic evaluation of policy options.

One of the major highlights of the programme thus far has been the strong peer-to-peer learning and institutional collaboration that has emerged across the cohort. Participants from different sectors and institutions have come together around shared public health challenges, using available surveillance and operational data to inform decision-making.

During Unit 2B, participants applied economic evaluation methods to public health topics, including malaria border control, diabetes management, and screening-related interventions. Using Excel- and Amua-based tools, groups developed decision trees and costing models to assess the impact, feasibility, and cost-effectiveness of potential policy responses.

"The economic evaluation component is a critical part of the D2P approach because public health decision-makers are constantly working within constrained resource settings," said Ms Leigh Johnston, Data for Health training coordinator. The programme equips participants not only to propose policy options, but also to assess the likely costs, outcomes, feasibility, and trade-offs associated with different interventions.

Throughout the week, participants explored concepts such as micro-costing, life tables, sensitivity analysis, and cost-effectiveness analysis through practical modelling exercises. "The in-person sessions created space for intensive mentorship and practical engagement," added Ms Johnston. Participants were able to immediately apply concepts to their policy briefs and datasets, which made the learning experience both practical and impactful.

As participants prepare for Unit 3 and the upcoming Policy Forum, the focus will shift towards refining policy briefs and engaging stakeholders to support evidence-informed policy development.

Achievements

Dr Simone Richardson named among 15 CIFAR global scholars for 2026-2028

Understanding how HIV co-infection affects immune responses in infants could pave the way for more effective vaccines. Across the globe, researchers are addressing challenges like these, alongside exploring how advances in the microbiome, quantum materials and artificial intelligence could transform the future of health and technology. These are among the ground-breaking areas of research being pursued by the 15 exceptional early-career scientists selected as Canadian Institute for Advanced Research (CIFAR) Global Scholars for 2026–2028.

Among the selected is Dr Simone Richardson of the National Institute for Communicable Diseases (NICD) and Wits University. “I’m honoured to be able to work alongside some of the brightest in science to solve some really big problems,” says Dr Richardson.

Dr Richardson leads the Fc-Omics research team at the Antibody Immunity Research Unit, which investigates how antibody functions contribute to vaccine-mediated protection against infectious diseases. Using systems serology, her team identifies immune signatures that predict protection and applies these insights to diseases that disproportionately affect African populations, including HIV, congenital cytomegalovirus, Respiratory Syncytial Virus, Klebsiella infections, and COVID-19.

Her selection as a CIFAR Global Scholar adds to a growing list of accolades, including a prestigious National Research Foundation P-rating and being named joint recipient of the Royal Society of South Africa’s Meiring Naudé Medal in 2025, recognising her as an emerging leader in scientific research.

As she joins a global network of researchers working to address some of the world’s most pressing challenges, Dr Richardson’s achievement not only reflects her scientific excellence but also highlights the growing impact of South African research on the global stage.

What are people saying on social media?

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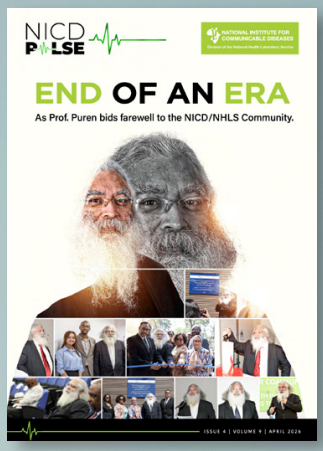

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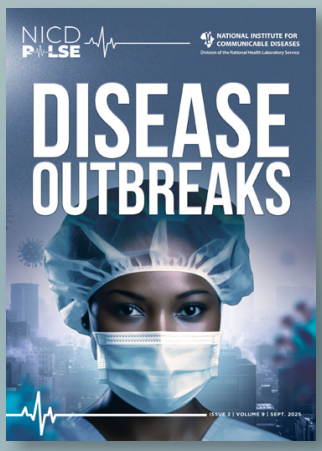

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