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COMMUNICABLE  
**DISEASES**  
COMMUNIQUÉ



# NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

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# EDITORIAL

## Editor's Note – Dr Michelle Groome

We have drawn the curtain on 2022, and are at the start of a brand new year. Holidaymakers have returned home, schools have reopened and the 2022 matriculants are bracing themselves for a new chapter in their lives. The new year sees the measles outbreak continue unabated, with a total of 421 laboratory-confirmed cases as of 26 January and five provinces having declared measles outbreaks. Vaccination is the best way to bring the outbreak under control and vaccination campaigns are underway for children up to 15 years.

Malaria cases generally peak in January and February, after the holiday season, so keep the possibility of malaria in mind for patients presenting with flu-like illness. There has been an increase in pertussis cases identified at surveillance sites as well as through the Notifiable Medical Conditions surveillance system, with the majority of cases occurring in children under 5 years of age. Pertussis is a vaccine-preventable disease so it's important for children's vaccinations to be up to date to ensure adequate protection. Despite fears of the XBB.1.5. being a more transmissible Omicron variant, there is no indication that it causes more severe disease. Laboratory-confirmed COVID-19 cases and hospitalisations in South Africa remain low.

In this edition, we provide an update on Hepatitis A surveillance in South Africa in 2022. Hepatitis A virus causes acute liver disease and is mainly transmitted via the faecal-oral route. We also provide updates on poliomyelitis in South Africa and globally.

Looking beyond our borders, Uganda declared an end to the Sudan ebolavirus outbreak earlier this month. The global number of weekly cases of mpox has been decreasing since August last year. Outbreaks of cholera and dengue fever in other parts of the world pose a potential risk to South Africans, so clinicians should be on the alert for these diseases in travellers returning to South Africa. The Northern Hemisphere influenza season is in full swing, so clinicians should have a high index of suspicion for influenza in travellers returning from the Northern Hemisphere who present with respiratory illness.

Enjoy the first 2023 edition of the Communiqué.

# QUICK UPDATES

## Measles, South Africa

The ongoing measles outbreak which began in October 2022, has resulted in a cumulative total of 421 laboratory-confirmed cases (as of 26 January 2022). The majority of cases (406/421; 96.4%) have been reported from the five provinces that have declared measles outbreaks, namely Limpopo (n=149), Mpumalanga (n=81), North West (n=133), Gauteng (n=18) and Free State (n=18). For updated case numbers and more information on the outbreak, please visit the NICD alerts page (<https://www.nicd.ac.za/media/alerts/>).

Source: <https://www.nicd.ac.za/south-african-measles-outbreak-update-2023-26-january/>

## COVID-19: South Africa

As of 21 January 2023, South Africa has recorded a cumulative total of 4 054 206 laboratory-confirmed cases of COVID-19 since the start of the pandemic. There were 1 506 new cases reported in week 3 of 2023, an 18.1% decrease compared to the number of new cases reported in week 2 of 2023 (n=1 855).

Considering the current global situation, as well as ongoing circulation of the virus in South Africa, there is a need for continued surveillance to detect any new variants of concern in the country. The National Department of Health (NDoH) has recently updated the guidelines on booster vaccinations

to include an additional booster dose for persons 18 years and older. In light of this, persons between the ages of 18 and 49 will now be eligible to receive a total of four doses of the vaccine, and those who are 50 years and older will be eligible to receive a total of five doses. Measures are also being taken to improve vaccination uptake and strengthen surveillance and risk communication and community engagement (RCCE) activities in the country.

For more information and updated case numbers, please visit the COVID-19 portal on the NICD website at [www.nicd.ac.za](http://www.nicd.ac.za).

Sources: <https://www.nicd.ac.za/wp-content/uploads/2023/01/COVID-19-Weekly-Epidemiology-Brief-week-3-2023-.pdf>; NDoH National Vaccination Programme Circular 1 of 2023

# ZOONOTIC AND VECTOR-BORNE DISEASES

## Rabies

As of 23 January 2023, there have been no human rabies cases reported in South Africa for the present year. There were 13 laboratory-confirmed and six probable cases of human rabies reported in 2022, a small decrease compared to the 19 laboratory-confirmed and four probable cases reported in 2021 (Figure 1). A person who has clinical signs and symptoms of rabies, with a history of contact with a suspected/probable/laboratory-confirmed rabid animal, is considered to be a probable case.

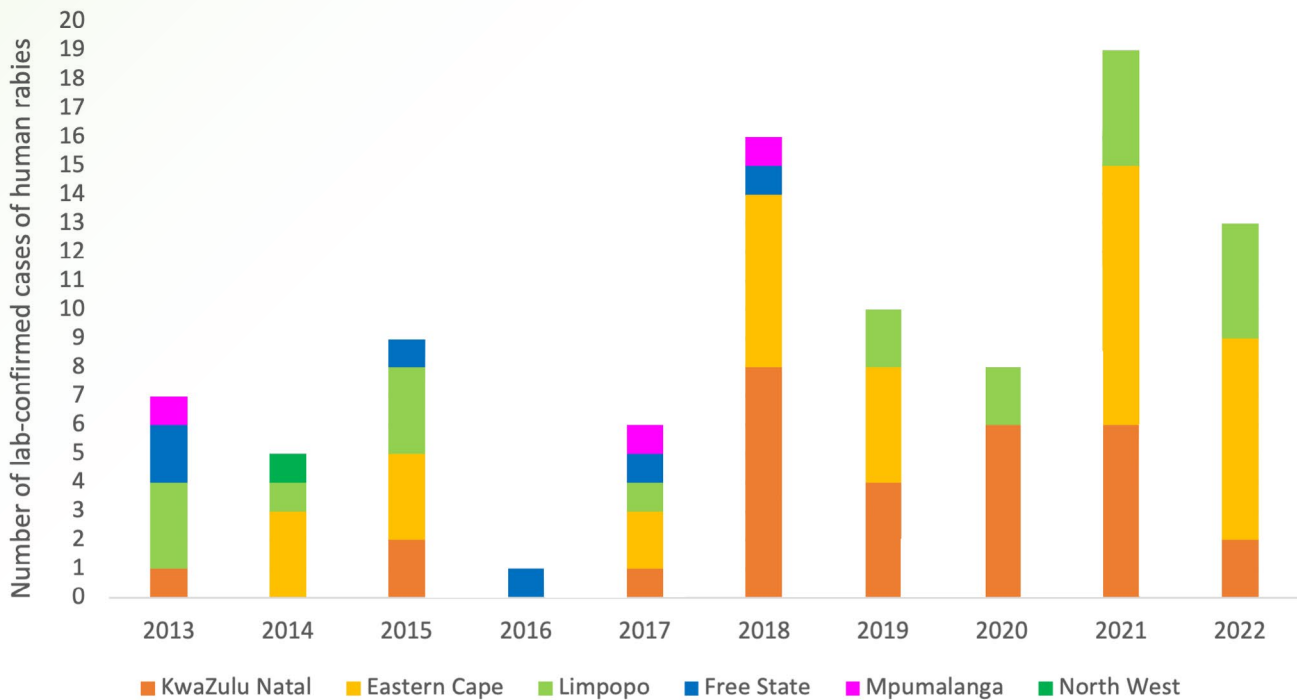
Although rabies is endemic throughout South Africa, laboratory confirmation of human cases has come from six of the country's nine provinces in the past ten years, namely, Eastern Cape (n=34), KwaZulu-Natal (n=30), Limpopo (n=20), Free State (n=6), Mpumalanga (n=3), and North-West (n=1). Since the total number of cases recorded, including probable cases, is 131, the number of 94 laboratory-confirmed human cases for

the same time period (2013-2022) represents underreporting of the total burden.

From 2019 to 2022, the provinces with the highest burden of human rabies cases were Eastern Cape, KwaZulu-Natal and Limpopo. These provinces have experienced ongoing localized outbreaks of canine and human rabies with an increase in frequency and expansion to new localities starting from 2021 onwards.

Through widespread dog vaccination, awareness campaigns, and early post-exposure prophylaxis following a bite or exposure to saliva from a suspected rabid animal, human rabies can be prevented. The main way that humans are exposed to rabies is through rabid dogs. You can get more details on rabies and how to prevent it at [www.nicd.ac.za](http://www.nicd.ac.za).

# ZOONOTIC AND VECTOR-BORNE DISEASES



**Figure 1.** Laboratory-confirmed human rabies cases by province, South Africa, 2013-2022 (n=94) (Created from NHLS-NICD data).

Source: Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; [veerlem@nicd.ac.za](mailto:veerlem@nicd.ac.za), [jacquelinew@nicd.ac.za](mailto:jacquelinew@nicd.ac.za)

## Malaria

Malaria cases generally peak in South Africa in January and February after the holiday season. There should be a high index of suspicion for malaria in patients with fever or flu-like illness (headache, fever, chills, fatigue, muscle, and joint pain) that occurs up to three weeks after potential exposure, particularly if travel to, or residence in, a malaria-endemic area is reported. In endemic areas within South Africa (see risk map), all patients with a fever or a recent history of fever must be tested for malaria either by rapid diagnostic test or microscopy. If this is initially negative and no other diagnosis is found, the malaria test should be repeated. Malaria treatment should be started as soon as the patient is found to be positive. Clinicians do not need to wait for other results, such as COVID-19, before initiating treatment. Malaria rapidly progresses to severe illness, so early detection and treatment are essential to ensure positive outcomes.

Clinicians also need to be aware of Odyssean or 'taxi malaria'. This occurs when an infective mosquito is inadvertently transported from an endemic to a non-endemic area, where it subsequently infects people who have no recent travel history. Malaria should therefore be considered as a differential diagnosis, and be tested for, in patients with unexplained fever who get progressively sicker, especially if they have low platelet counts.

Artemether-lumefantrine (Coartem®) remains very effective in South Africa for the treatment of uncomplicated malaria. Patients must take each dose with some fatty food (milk, cheese, peanut butter) to ensure optimal absorption of the drugs. Intravenous (IV) artesunate (Garsun®) is the recommended treatment for severe malaria and is preferred to IV quinine as it has significantly better treatment outcomes and is easier to use. For *P. vivax* and *P. ovale*, a follow-on treatment course of primaquine is essential to eradicate the residual hepatic phase to prevent relapse.

# ZOONOTIC AND VECTOR-BORNE DISEASES

Primaquine is contra-indicated in severe G-6-PD deficiency, pregnant women and infants under six months of age.

Malaria is classified as a category one Notifiable Medical Condition (NMC), which requires immediate reporting via written or electronic notification within 24 hours of diagnosis. It is the responsibility of the healthcare practitioner who makes the diagnosis, following either a positive rapid diagnostic test (RDT) (bedside) test for malaria and/or a positive test from a blood

specimen submitted to a laboratory, to immediately notify the case. Clinicians should test urgently for malaria in all travellers to or residents of malaria transmission areas who present with acute febrile illness, irrespective of any consideration for COVID-19 infection.

FAQs and further information on malaria prevention are available on the NICD website at [www.nicd.ac.za](http://www.nicd.ac.za)

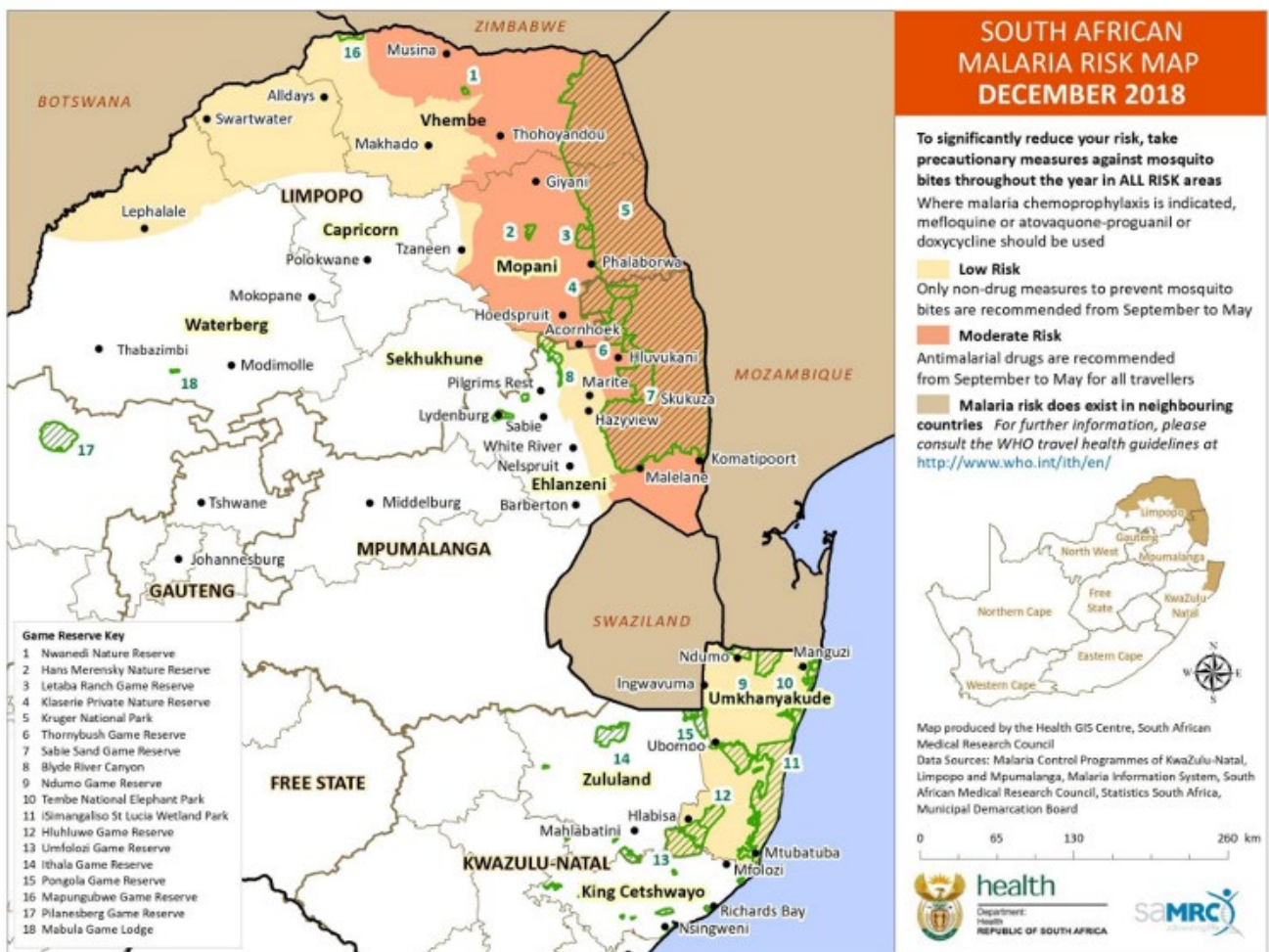


Figure 2. South African Malaria Risk Map

Source: Centre for Emerging Zoonotic and Parasitic Diseases, NICD-NHLS; [charlottes@nicd.ac.za](mailto:charlottes@nicd.ac.za), [johnf@nicd.ac.za](mailto:johnf@nicd.ac.za), [basilb@nicd.ac.za](mailto:basilb@nicd.ac.za), [veerlem@nicd.ac.za](mailto:veerlem@nicd.ac.za)

# RESPIRATORY DISEASES

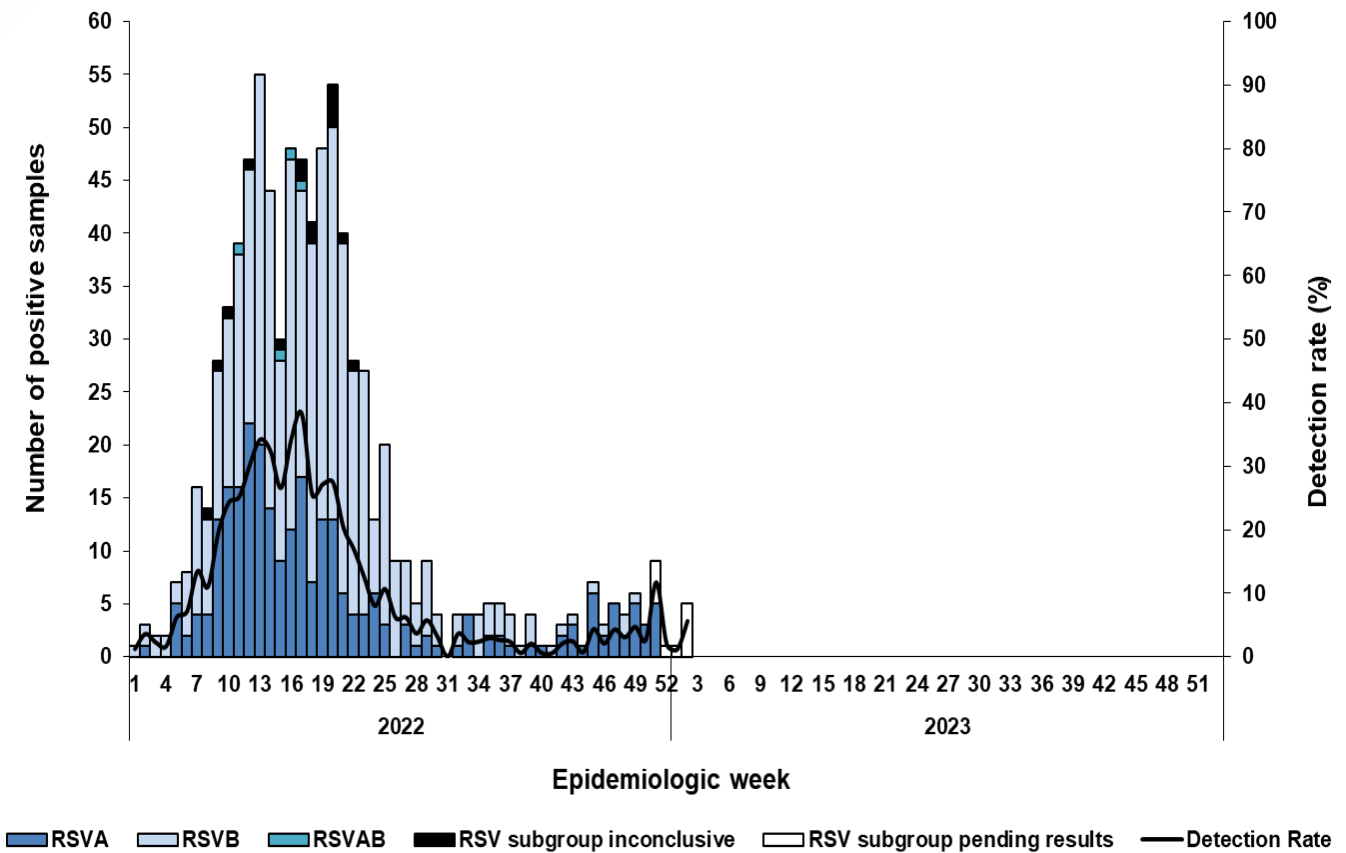
## Respiratory Syncytial Virus (RSV) season update, January 2023

Between 03 January 2022 (first week of 2022) and 14 Jan 2023 (second week of 2023), 816 RSV cases were detected amongst individuals of all ages admitted to a pneumonia surveillance sentinel site with lower respiratory tract illness. Of these, 32% (264/816) were RSV-A, 64% (522/816) RSV-B, <1% (4/816) RSV-A/RSV-B (mixed infection of RSV-A and RSV-B subgroups), 2% (15/816) RSV subgroup inconclusive and RSV subgroup results were pending for 1% (11/816) (Figure 3).

RSV was detected throughout 2022, with the season starting in week 7 when the RSV detection rate amongst children under five years of age rose above the seasonal threshold (Figure 4). The 2022 season peaked in week 17 and ended in week 26. The number of RSV cases detected started to increase towards

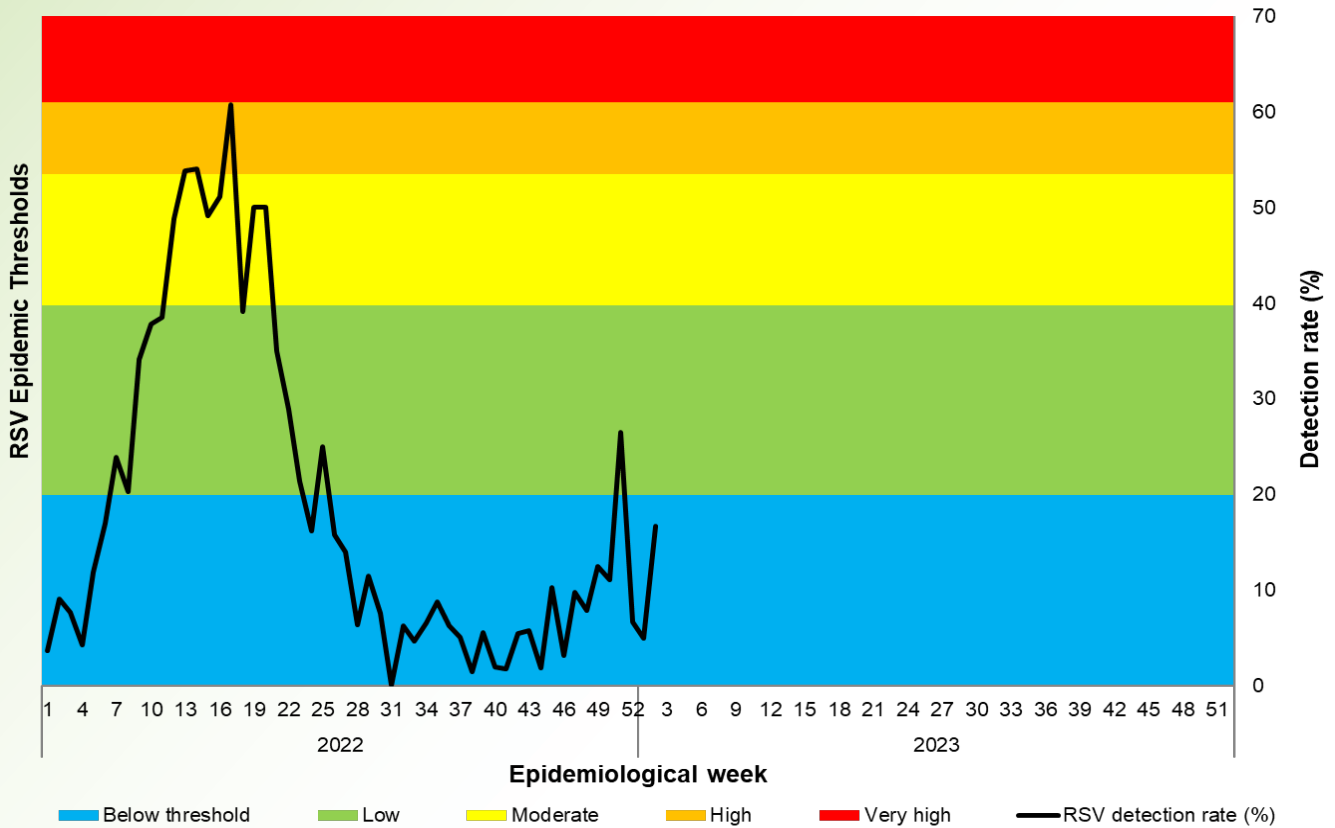
the end of 2022 (from week 51). This increase was possibly interrupted by the festive season (lower number of samples collected), with cases starting to increase again in week 2 of 2023. The majority of RSV cases were reported from the Western Cape surveillance site (366/816, 45%) and were in children less than 5 years of age (753/816, 92%). RSV activity amongst children aged <5 years is currently below the seasonal threshold (Figure 4).

The start of the RSV season in South Africa is usually early- to mid-February. The 2023 RSV season has not yet started. Clinicians are encouraged to consider RSV in patients (especially infants and children) presenting with respiratory illness throughout the year and particularly during the RSV season.



**Figure 3.** Number of patients (all ages) testing positive for respiratory syncytial virus by subgroup and detection rate by week, pneumonia surveillance public hospitals, 03/01/2022 – 14/01/2023 \*RSV-AB: Mixed infection of RSV A and B subgroups identified

# RESPIRATORY DISEASES



**Figure 4.** RSV detection rate and epidemic thresholds\* among children aged <5 years, pneumonia surveillance public hospitals, 03/01/2022 – 14/01/2023 \*Thresholds based on 2010-2019 data

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

## Increase in Pertussis cases, January 2023

From 2022 till the present, there has been an increase in pertussis cases detected in the pneumonia surveillance programme compared to the first two years of the COVID-19 pandemic. Overall, 0.1% (2/3 633) of patients enrolled in pneumonia surveillance tested positive for pertussis from 01 January 2022 to 30 June 2022. The increase in detection of pertussis cases started in July 2022. Of the 118 (118/3 379, 3.5%) pertussis positive cases detected from 01 July 2022 to 19 January 2023 in pneumonia surveillance, 4.2% (5/118) were detected in July, 18.6% (22/118) in August, 22.9% (27/118) in September, 15.3% (18/118) in October, 20.3% (24/118) in November, 14.4% (17/118) in December and 4.2% (5/118) in January 2023 (Figure 5). During this period, the increase in laboratory-confirmed pertussis cases was predominantly from sentinel surveillance

sites in Western Cape Province (77.5%, 91/118) (Figure 6). From 01 July 2022 to 19 January 2023, the *B. pertussis* detection rate was 7.9% (91/1 158) in Western Cape Province, 2.2% (11/490) in Mpumalanga Province, 0.7% (7/1 006) in Gauteng Province, 0.7%(2/307) in North West Province and 0.2% (2/418) in KwaZulu-Natal Province. Of the 118 pertussis cases, 81.4% (96/118) were in children <5 years of age and of those, 69.8% (67/96) were in children <3 months. From 01 July 2022 to 19 January 2023, there were two deaths reported, a child <3 months of age from Mpumalanga Province and a 49-year-old male on treatment for chronic medical conditions from Gauteng Province. Among 42 pertussis positive cases aged < 5 years and with data on vaccination, 28/42 (66.7%) were up-to-date with their vaccinations.

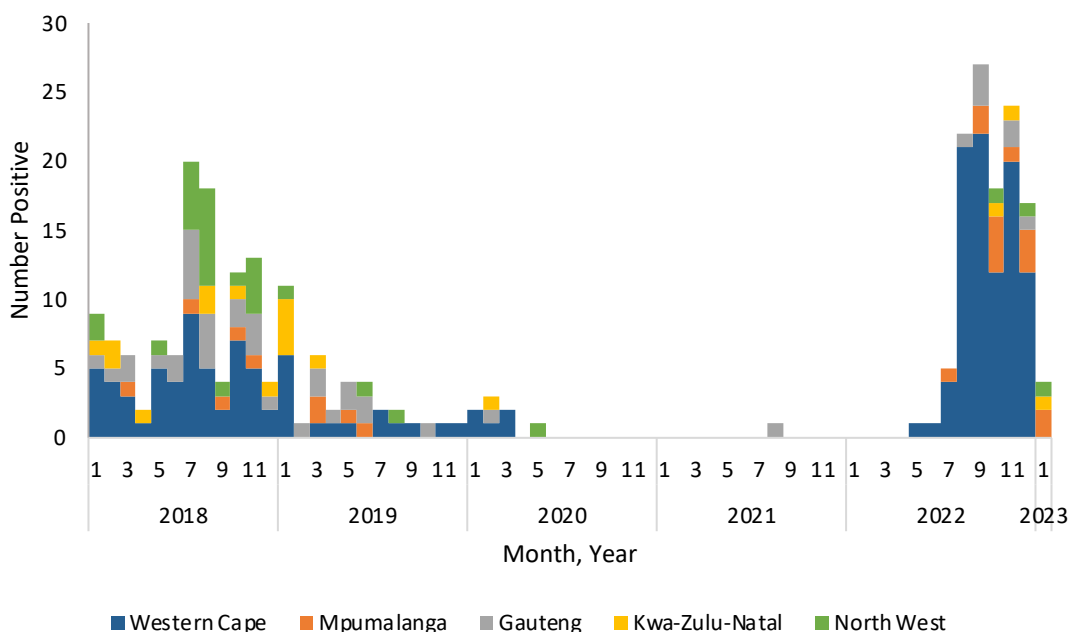


# RESPIRATORY DISEASES

In addition to the increase in pertussis cases identified at surveillance sites, there has been an increase in cases identified from the Notifiable Medical Conditions (NMC) surveillance system. These cases include some of the cases enrolled into the pneumonia surveillance programme (notification of pneumonia surveillance cases is ongoing). From 01 January 2022 to 19 January 2023, 818 cases of pertussis were reported to the NMC, of which 95.8% (784/818) were reported between July 2022 and 19 January 2023. Of the 784 cases, more than half (60.2%, 472/784) were cases reported from Western Cape Province. The majority (58.0%, 455/784) of cases reported were in children aged <5 years of age, of which 78.0% (355/455) were <3 months old. Among the 646 pertussis-positive cases with data available for outcome, 14 deaths were reported (excluding the two deaths reported above under pneumonia surveillance). Of the 14 deaths, 12 were children aged <5 years and 2 were adults aged >65 years.

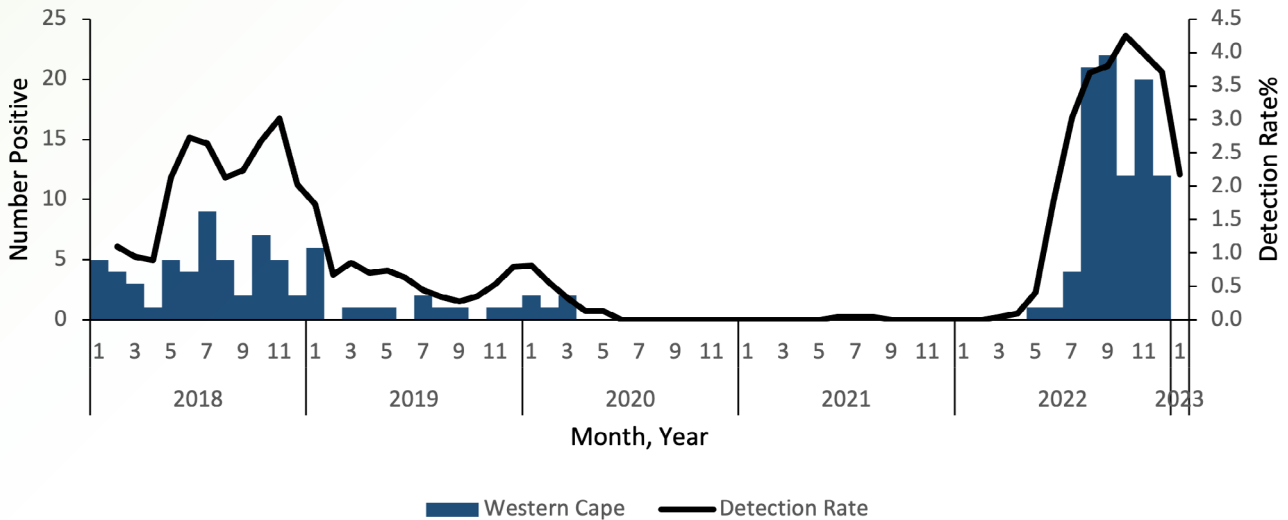
Pertussis, commonly known as 'whooping cough' is a vaccine-preventable disease caused by *Bordetella pertussis* and is a category 1 NMC. Clinicians are advised to have a high index of suspicion for cases, especially in very young children who may not present with typical symptoms of pertussis (cough and whoop). Immunity following vaccination lasts for approximately five to six years. Episodic increases in pertussis

cases occur in vaccinated populations every three to five years. Completion of childhood primary series Diphtheria Tetanus and acellular-Pertussis (DTaP) vaccinations and boosters is important for prevention. Healthcare workers should confirm the vaccination status of children and encourage vaccination. Clinicians are advised to be on the alert for cases, to conduct diagnostic testing where appropriate, to notify cases on the NMC app, prescribe post-exposure prophylaxis to close and high-risk contacts of suspected or confirmed cases, to vaccinate healthcare workers, and encourage pregnant women to vaccinate where possible. Vaccination of healthcare workers against pertussis reduces transmission to vulnerable patients (e.g. neonates) and is recommended where resources are available. Maternal immunisation with acellular pertussis-containing vaccines (DTaP) is effective in preventing severe disease and mortality among young infants, before they receive their infant vaccines. NICD recommendations for pertussis diagnosis, management and public health response may be found on the NICD web page (<http://www.nicd.ac.za/index.php/pertussis/>). Notification forms can be accessed at <http://www.nicd.ac.za/index.php/nmc/>. An alert for increased pertussis cases was released on 21 September 2022 (<https://www.nicd.ac.za/increase-in-pertussis-cases-in-south-africa-21-sept-2022/>).



**Figure 5.** Number of laboratory-confirmed pertussis cases from pneumonia surveillance programme by year, month and province, South Africa 2018-2023

# RESPIRATORY DISEASES



**Figure 6.** Number of laboratory-confirmed pertussis cases from pneumonia surveillance programme and 3-weeks rolling average detection rate by year, month in Western Cape, South Africa 2018-2023

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

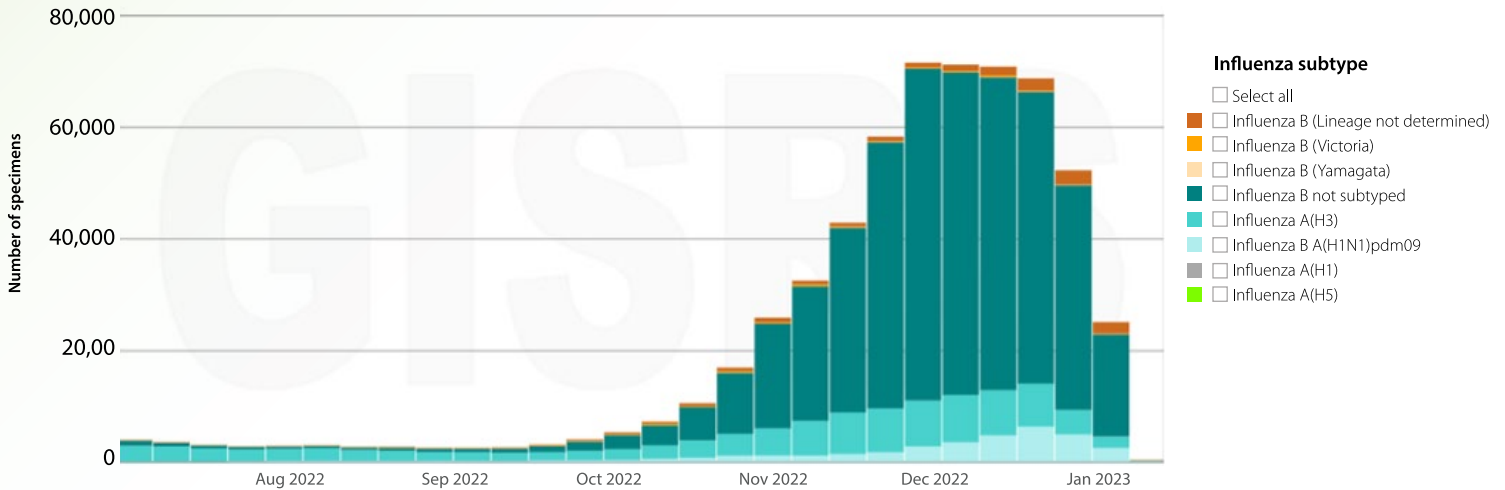
## Northern Hemisphere Influenza season

As of 18 January 2023, influenza activity remained elevated in the Northern Hemisphere overall. Amongst cases with available data on subtypes, influenza A(H3N2) was the predominant subtype isolated between November 2022 and January 2023 (Figure 7). Influenza A(H3N2) accounted for the majority of subtyped cases in most countries, except in central Asia where influenza A(H1N1)pdm09 predominated. In Europe, overall influenza activity remained high, while in East and West Asia, North and South America, and North Africa, activity continued to decline or remained low. Additional information on Northern

Hemisphere influenza activity can be accessed using the following link: <https://www.who.int/publications/m/item/influenza-update-n-435>.

Although the South Africa influenza season has not yet started, clinicians should have a high index of suspicion for influenza in travellers returning from the Northern Hemisphere who present with respiratory illness. The Southern Hemisphere vaccine will be available in South Africa in March 2023.

# RESPIRATORY DISEASES



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

Data source: FluNet ([www.who.int/toolkits/flunet](http://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](mailto:thendor@nicd.ac.za)

# VACCINES AND IMMUNOLOGY

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

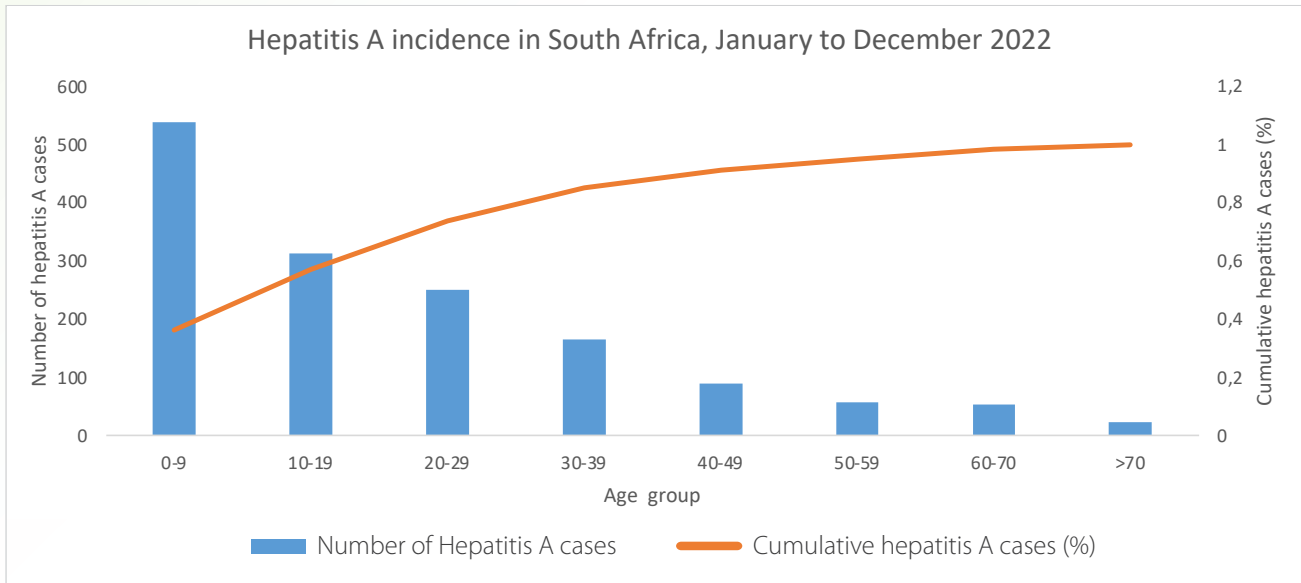
Hepatitis A viral infection is one of the notifiable medical conditions (NMCs) in South Africa. Hepatitis A virus (HAV) causes acute liver disease and is mainly transmitted via the faecal-oral route. A total of 1 538 hepatitis A infections were reported to the NMC surveillance system with positive anti-IgM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

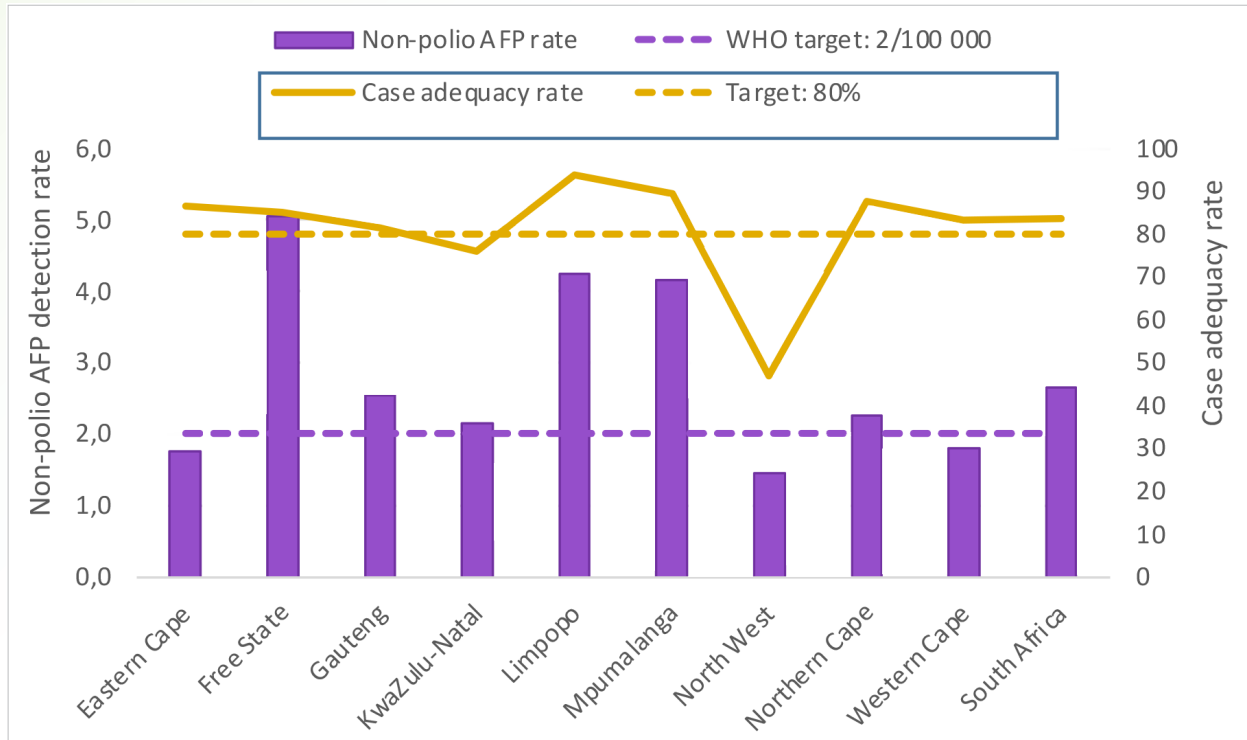
Source: Centre for Vaccines and Immunology, NICD-NHLS, [jackm@nicd.ac.za](mailto:jackm@nicd.ac.za)

## 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>

# BEYOND OUR BORDERS

## Mpox

According to WHO, as of 27 January 2023, the multi-country mpox outbreak has resulted in a cumulative total of 85 189 laboratory-confirmed cases, 1 370 probable cases and 86 deaths in 110 countries worldwide. With the exception of countries in West and Central Africa, the ongoing outbreak of mpox continues to primarily affect men who have sex with men. At present, there is no data suggesting sustained transmission beyond these networks.

The 10 most affected countries globally are the United States of America (n = 29 860), Brazil (n = 10 709), Spain (n = 7 518), France (n = 4 114), Colombia (n = 4 066), The United Kingdom (n = 3 735), Peru (n = 3 723), Mexico (n = 3 696), Germany (n = 3

690), and Canada (n = 1 460). Together, these countries account for 85.2% of the cases reported globally. In the past 7 days, 18 countries reported an increase in the weekly number of cases, with the highest increase reported in Costa Rica. Seventy-four countries have reported no new cases in the past 21 days.

Overall, the global risk assessment remains moderate, while the Region of the Americas is the only WHO Region to still have a high-risk status. There has been a notable decrease in the number of weekly cases reported since August 2022. In South Africa, the number of mpox cases remains unchanged at a total of five cases to date.

Source: [https://worldhealthorg.shinyapps.io/mpx\\_global/](https://worldhealthorg.shinyapps.io/mpx_global/)

## COVID-19

As of 25 January 2023, there were 1.9 million new cases and over 12 000 deaths reported globally for the week of 16 January 2023 to 22 January 2023. This data does not include the 72 596 deaths reported by China for the period of 08 December 2022 to 19 January 2023, as detailed provincial data disaggregated by week had not yet been provided to WHO. In the last 28 days (26 December 2022 to 22 January 2023), there was a 25% decrease in new cases and 13% increase in deaths reported globally as compared to the previous 28 days.

As of 25 January 2023, the 10 countries that reported the highest number of new cases over the previous seven days were as follows: Japan (n=573890, -40%); United States of America (n=323 721, -25%); Republic of Korea (n=142414, -42%); China (n=128 415, -18%); Brazil (n=90 126, -30%); Germany (n=59 627, -16%); Russian Federation (n=39 598, +18%); France (n=30 427, -21%); Chile (n=15 580, -22%) and Italy (n=14 671, -76%).

The 10 countries that reported the highest number of deaths over the same period were as follows: United States of America (n=3 922, -8%); Japan (n=2 609, -10%); Brazil (n=932, +89%);

China (n=542, -28%); France (n=445, -1%); Spain (n=424, +21%); Russian Federation (n=292, -7%); Canada (n=225, -23%); Republic of Korea (n=213, -32%) and Italy (n=149, -72%).

**Omicron XBB.1.5 sublineage:** There has been a lot of focus on the USA regarding the spread of the XBB.1.5 Omicron variant in the country. XBB.1.5 is a sublineage of XBB, a subvariant of Omicron, and has already been detected in 38 countries globally. The Technical Advisory Group on Virus Evolution (TAG-VE) in conjunction with WHO, conducted a rapid risk assessment on the XBB.1.5 sublineage based on currently available data from the USA. The preliminary data suggests that the sublineage does have a growth advantage when compared to other circulating Omicron sublineages, although the level of confidence in the assessment was classified as low. It has also been shown to have a higher immune escape when compared to other sublineages, with a moderate classification in terms of confidence in the assessment. It is important to note that there is currently no available information on the clinical severity of XBB.1.5.

# BEYOND OUR BORDERS

On 13 January 2023 and in light of the current global situation, WHO updated its guidelines on mask wearing in community settings, isolation periods, COVID-19 treatments and clinical management. WHO now recommends the use of masks by the public in specific situations, regardless of the local epidemiological situation. The specified situations whereby mask-wearing is advised include: following recent exposure to COVID-19, when someone has or suspects they have COVID-19, when someone is at high-risk of severe COVID-19 and for anyone in crowded, enclosed or poorly ventilated spaces. In terms of

isolation, the new recommendation is for patients to isolate for 10 days from the start of symptom onset. For those who test positive but are asymptomatic, WHO now recommends five days of isolation. South African guidelines on COVID-19 isolation periods were last updated by the South African National Department of Health on 17 February 2022. Mask-wearing became optional after the National State of Disaster was lifted on 05 April 2022 and no further recommendations have been made since then.

Sources: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---25-january-2023>; <https://www.who.int/news/item/13-01-2023-who-updates-covid-19-guidelines-on-masks--treatments-and-patient-care>; <https://www.nicd.ac.za/covid-19-update-xbb-1-5-variant/>

## Cholera – African Region

Cholera is caused by toxin-producing *Vibrio cholerae* serogroup O1 (and rarely, serogroup O139). It presents as acute watery diarrhoea that, if left untreated, can lead to severe dehydration and death in a matter of hours to days. Transmission is faeco-oral, typically through the ingestion of contaminated food or water. The incubation period is two hours to five days and persons of all age are at risk of infection. Endemic cholera and outbreaks are closely linked to poor access to clean water and sanitation services.

Since January 2022, more than 14 African countries have reported cholera outbreaks. Malawi is currently experiencing an ongoing outbreak that has resulted in a cumulative total of 33 608 cases and 1 093 deaths (CFR 3.3%) between March 2022 and 29 January 2023. As of 29 January 2023, there were 1 087

patients admitted into treatment facilities across the country. The outbreak, which began in March 2022 as a result of cyclones Ana and Gombe, has affected all 29 districts in the country.

The other African countries that have reported cholera outbreaks in the past year are Burundi, Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Nigeria, South Sudan, Tanzania and Zimbabwe.

WHO advises that improved access to clean water, sanitation and health services is critical, supported by outbreak mitigation and prevention through the use of oral cholera vaccine (OCV) and key public health communications is important. Travel and trade restrictions to affected countries are not recommended.

Sources: <https://www.facebook.com/photo/?fbid=490560109922934&set=pcb.490560203256258> (Malawian Ministry of Health official Facebook page); <https://apps.who.int/iris/bitstream/handle/10665/365633/OEW03-915012023-eng.pdf?sequence=1&isAllowed=y>; <https://www.afro.who.int/health-topics/cholera>; <https://www.afro.who.int/countries/democratic-republic-of-congo/news/working-communities-curb-cholera-democratic-republic-congo>

# BEYOND OUR BORDERS

## Dengue Fever

For the year 2022, there were 3 766 153 cases of dengue fever and 3 582 deaths reported globally (as of 19 December 2022). The countries that reported the highest number of cases were as follows: Brazil (n = 2 182 229), Vietnam (n = 325 604), Philippines (n = 201 509), India (n = 110 473) and Indonesia (n = 94 355). The number of dengue cases reported to WHO has increased eight-fold over the last two decades. For the year 2023 so far, the following countries have reported ongoing dengue outbreaks:

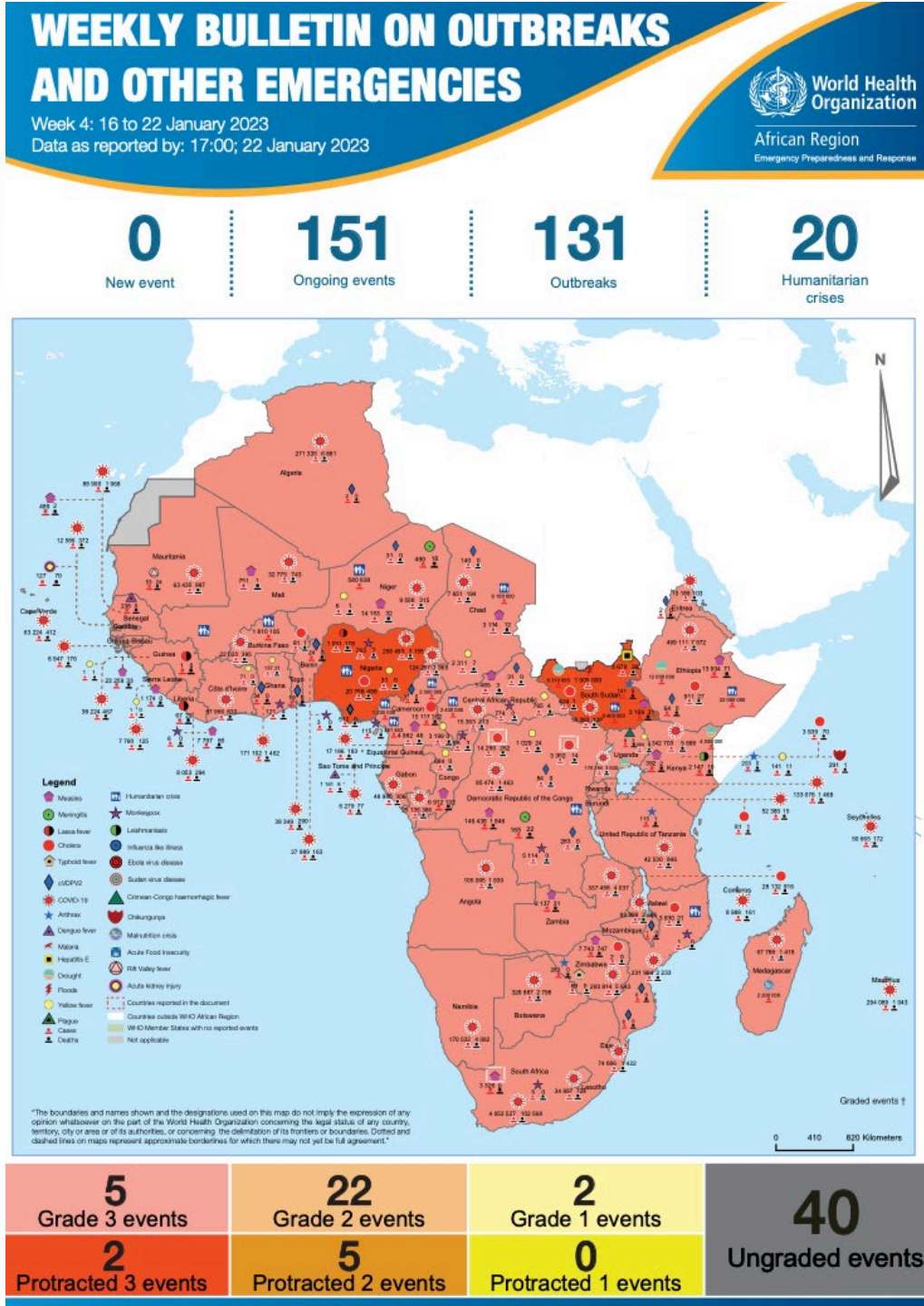
- **Malaysia:** From 08 January 2023 to 14 January 2023, the Malaysian Ministry of Health reported 2 520 new cases of dengue, a 13.6% increase as compared to the previous week. The cumulative number of dengue cases for the first two weeks of 2023 is 4 739, a 23.2% increase compared to the same period in 2022.
- **Sri Lanka:** As of 15 January 2023, Sri Lanka recorded a cumulative total of 4 178 cases of dengue fever in the first two weeks of 2023. The majority of cases were reported in the following districts: Colombo (n = 871), Gampaha (n = 846), Puttalam (n = 533), Jaffna (n = 255), Kalutara (n = 224) and Kandy (n = 190).
- **Bangladesh:** Between 01 January 2023 and 18 January 2023, a total of 438 laboratory confirmed dengue cases have been reported in Bangladesh, including 353 recoveries and five deaths. Approximately 80 cases are currently hospitalised, including 39 cases receiving treatment in Dhaka, the country's capital city.
- **Bolivia:** As of 19 January 2023, Bolivia has recorded 508 laboratory-confirmed cases of dengue fever and five deaths in the first three weeks of 2023. The majority of cases were reported from Santa Cruz (n = 319), followed by Beni (n = 154), Tarija (n = 17), La Paz (n = 11), Pando (n = 6) and Cochabamba (n = 1).

The NICD has already received laboratory-confirmation of four cases of dengue fever in travellers who recently returned from Seychelles in December 2022. Clinicians are urged to maintain a high index of suspicion for dengue fever in anyone returning from dengue-endemic regions, presenting with signs and symptoms of the disease.

Sources: <https://www.malaymail.com/news/malaysia/2023/01/17/dr-noor-hisham-dengue-cases-up-136pc-last-week/50640>; <https://unb.com.bd/category/Bangladesh/bangladesh-reports-2-more-dengue-deaths-14-new-cases/108512>; <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>; <https://www.ecdc.europa.eu/en/dengue-monthly>; <https://www.newsfirst.lk/2023/01/15/already-over-4100-dengue-cases-reported-in-sri-lanka-in-2023/>; <http://outbreaknewstoday.com/bolivia-reports-more-than-500-dengue-cases-in-first-3-weeks-of-2023/>



# WHO AFRO UPDATE



**Figure 10.** Figure 10. The Weekly WHO Outbreak and Emergencies Bulletin focuses on selected public health emergencies occurring in the WHO African Region. The African Region WHO Health Emergencies Programme is currently monitoring 151 events. For more information, see link below:  
<https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>