

ANNEXURE 3: EPI DISEASES / CONDITIONS FOR REPORTING AND INVESTIGATION

Case Definitions **MUST** be strictly adhered to, whatever the medical diagnosis or clinical picture

DISEASE	PROFESSIONAL CASE DEFINITION	ACTIONS
<p>ACUTE FLACCID PARALYSIS (AFP) OR SUSPECTED POLIO</p>	<p>Any case of acute flaccid paralysis (irrespective of diagnosis) in a child less than 15 years OR a patient of any age diagnosed as polio by a medical officer.</p> <ul style="list-style-type: none"> • Acute: Rapid progression of paralysis, (from onset to maximum paralysis) • Flaccid: Loss of muscle tone, “floppy” (as opposed to spastic or rigid) • Paralysis: Weakness, loss, or diminution of motion 	<p>☞ Obtain an EPID No. <i>immediately</i> from the Provincial EPI Surveillance Manager (post currently vacant): 021-483-3156/9964/9917 or 021-830-3727 (tel); 021-483-2682 (fax). Alternative, contact via email or call the Provincial CDC Coordinator (072-356-5146), or any of the Provincial CDC-EPI team members indicated on the contact list.</p> <p>☞ Collect and send two stool specimens (24-48 hours apart) within 14 days of onset of paralysis to the National Institute for Communicable Diseases (NICD) in Johannesburg via NHLS routine services The stool specimens must be forwarded to the NICD (only accredited laboratory to perform the test) in South Africa. Arrangements have been made with NHLS laboratories from Red Cross Hospital, George Hospital, Tygerberg Hospital (Virology), Groote Schuur (Virology), and Pathcare (Head Office) to send stool specimens/rectal swabs of AFP cases to the NICD (contact details of laboratory officials listed below).</p> <ul style="list-style-type: none"> • Rectal swabs (24-48 hours apart) are acceptable if there is difficulty for the patient/case to pass stools. • The completed AFP Case Investigation Form must accompany the specimens to the laboratory. • If 14 days after paralysis has elapsed recently, please collect the required stool specimens/rectal swabs as soon as possible. • NB! If specimens are taken after this defining timeframe “24-48hrs apart” – i.e. 72 hours (3 days) - then the case is incomplete and a 60-day follow-up examination, clinical notes, and discharge summary must be submitted to the National Polio Expert Committee (NISEC) for classification. <p>☞ Complete and forward the SA Acute Flaccid Paralysis AFP Case Investigation Form, Neurological assessment form (doctor or physiotherapist to complete) and notification form (copy to the Local Authority/district/sub-district, and email: NMCsurveillanceReport@nicd.ac.za) to the Provincial EPI Disease Surveillance or any Provincial CDC-EPI official via email or fax.</p> <p>☞ Evaluate and conduct a follow-up examination after 60 days for incomplete investigated cases (e.g., AFP cases that did not have 2 adequate stool specimens 24 hours apart within 14 days of paralysis transported to the NICD on ice – complete the 60-day follow-up evaluation section on the AFP CIF) to ascertain if there is any residual paralysis. Clinical notes, discharge notes and other investigations (laboratory results, clinical examination) must be submitted.</p>

DISEASE	PROFESSIONAL CASE DEFINITION	ACTIONS
<p>NEONATAL TETANUS (NNT)</p>	<p>Confirmed case Any neonate with normal ability to suck and cry during the first 2 days of life, AND who between 3 and 28 days of age, cannot suck normally, AND becomes stiff or has spasms (i.e., jerking of the muscles)</p> <p>Suspected case Any neonatal death between 3 and 28 days of age in which the cause of death is unknown; OR Any neonate reported as having suffered from neonatal tetanus between 3 and 28 days of age and not investigated.</p>	<p>☞ Obtain an EPID No. from the Provincial EPI Disease Surveillance Manager (vacant): 021-483-9917/3156/9964 (tel); 021-483-2682 (fax). Alternatively, the Provincial CDC Coordinator, 072-356-5146.</p> <p>☞ Complete a Neonatal Tetanus (NNT) Case Investigation Form and the notification form (copy to the Local Authority/district/sub-district and email: NMCsurveillanceReport@nicd.ac.za) and forward to the Provincial EPI Disease Surveillance Manager/ Provincial CDC-EPI team via email or fax.</p>
<p>MEASLES</p>	<p>Suspected Measles Case: Any person with fever AND maculopapular (blotchy) rash (i.e. non-vesicular) AND (any one of the 3 Cs) cough, coryza (i.e. runny nose) or conjunctivitis (i.e. red eyes) OR any person in whom a clinician suspects measles infection.</p> <p>Confirmed Measles Case A suspected case with laboratory confirmation (positive IgM antibody) or epidemiological link to confirmed cases in an outbreak.</p>	<p>☞ Obtain an EPID No. from the District / Provincial Contact Person: Cape Town: Provincial EPI Disease Surveillance Manager/CDC-EPI team, 021-483-9964/3156/9917 or 021-830-3727 Cape Winelands: Ms Gladesene Verwey, 023-348-8136 (tel) Central Karoo: Mr. Jean-Pierre Rossouw, 023-414-8200 (tel) Eden/Garden Route: Mr. Clinton Moolman, 044-803-2779 (tel) Overberg: Mr. Valentino Louis, 028-214-5849 (tel) / Beatrice Groenewald, 028-214-5852 (tel) West Coast: Ms Hildegard van Rhyn, 022-487-9354 (tel)</p> <p>☞ Complete a Measles Case Investigation Form and the notification form (irrespective if it is a suspected or confirmed case) and send a copy to the Local Authority/district/sub-district and email: NMCsurveillanceReport@nicd.ac.za). Copies of both the completed Measles Case Investigation Form and notification form should be forwarded i.e., via email, fax to the district and provincial contact persons.</p> <p>☞ Collect blood specimens and send to NHLS, accompanied by the completed Measles Surveillance Case Investigation Form (this form serves as the laboratory request form). The specimens will be forwarded to the NICD for measles and rubella IgM testing.</p> <p>☞ District officials to maintain a standardized suspected measles line list and forward on a weekly basis to the Provincial CDC-EPI office.</p>

DISEASE	PROFESSIONAL CASE DEFINITION	ACTIONS
ADVERSE EVENTS FOLLOWING ON IMMUNISATION (AEFI)	<p>An adverse event following immunisation (AEFI) is any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine</p> <ul style="list-style-type: none"> The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or disease. Refer to the trigger events listed on the Case Report Form (CRF) and Case Investigation Form See case definition for Adverse Events of Special Interest (AESI) and AEFI cluster stipulated in Circular H72/2021. 	<ul style="list-style-type: none"> ☞ Obtain an EPID No. from the Provincial EPI Disease Surveillance Manager (vacant) or the Provincial AEFI Surveillance Manager (Riana Dippenaar): 021-483-9917/3156/9964 (tel); 021-483-2682 (fax), 082-891-5755 (cell), or any of the Provincial CDC-EPI team. ☞ Complete (not by the vaccinator) an AEFI Case Report form (CRF) for all trigger events (minor reactions, severe local reactions, and systemic reactions) and forward to the Provincial EPI Disease Surveillance Manager / Provincial AEFI Surveillance Manager, a copy of this form is to be emailed to the specific District or sub-district EPI Coordinator where the case resides. ☞ Complete an AEFI Case Investigation Form for severe and serious reactions – a team at district and sub-district level is responsible for further investigation of the case with the assistance from provincial officials. ☞ Submit all supporting documentation to the CDC-EPI Office, i.e., clinical notes, medical records, laboratory report, findings of clinical examinations, doctor’s clinical summary, AEFI pathology report, verbal autopsy, postmortem/autopsy summary of findings. All documentation for severe and serious AEFI cases are forwarded to EPI-SA, and cases are then submitted to the National Immunisation Safety Expert Committee (NISEC) for causality assessment.
Focal persons and Active surveillance site visits	<ul style="list-style-type: none"> Each district should have a surveillance focal person to conduct active surveillance site visits to priority facilities (See Circular H97/2017). The district Child Health/EPI coordinator should fulfil that role. The focal person / point at our hospitals are the Infection Prevention and Control Practitioners/Nursing Service Manager. District EPI/CDC/equivalent official coordinators/supervisors are requested to visit facilities, review the admission books, especially for AFP cases identified (even if it is retrospectively), it must be reported to the Provincial CDC-EPI Office IMMEDIATELY. 	
Weekly Priority conditions reporting and facility visits	<ul style="list-style-type: none"> The Weekly Priority CDC (includes EPI conditions) Disease Surveillance Reporting Form must be completed on a weekly basis by each facility with paediatric services in the province (mainly our public and private hospitals). The form must reach the Provincial CDC-EPI Office every Monday (for the previous reporting week) either by fax or e-mail to felencia.daniels@westerncape.gov.za or francois.booyesen@westerncape.gov.za The Provincial Office is required to send a weekly EPI conditions report (based on the weekly reporting received from facilities) to NDOH-EPI-SA. Therefore, completeness and timeliness of reporting is crucial. 	
For more details see related circulars and documents:	<p>Acute Flaccid Paralysis (AFP) Circular H97/2017 – Urgent appeal to healthcare workers for intensified AFP surveillance, 14/07/2017</p> <p>Suspected Measles Measles Outbreak Alert (SOP: Reporting of SMCs in the Western Cape; EPI-SA National Flow Chart, Measles CIF, Prevention of measles), 03/02/2017</p> <p>Adverse Events Following Immunisation</p> <ul style="list-style-type: none"> Circular H72/2021: Vaccine Safety Surveillance: Adverse Events Following Immunisation (AEFI) Monitoring for COVID-19 Vaccination, 01/06/2021 	<ul style="list-style-type: none"> Circular H56/2022: AEFI Surveillance: Procedure for providing feedback on causality assessment of severe and serious cases, 20/04/2022 Circular H74/2022: Adverse Events Following Immunisation (AEFI) Surveillance: National Procedure for Reporting and Investigation of death occurring after COVID-19 vaccination, 20/05/2022 <p>Consult the following guidelines within the EPI-SA Programme</p> <ul style="list-style-type: none"> EPI Disease Surveillance Guideline, 3rd Edition (2015), – please note the CIFs are outdated and should not be used. Vaccinators Manual “Immunisation that Works” (EPI-SA), 4TH Edition, January 2015 Cold Chain and Immunisation Operations Manual Guideline, 2015

CONTACT	TELEPHONE / CELL	FAX	E-MAIL
Provincial Communicable Disease Control (CDC) and EPI Disease Surveillance			
Provincial CDC Coordinator, Ms Charlene A. Lawrence	021-483-9964/3156, 021-830-3727, 072-356-5146	086-611-1092, 021-483-2682	Charlene.lawrence@westerncape.gov.za
Provincial EPI Coordinator, Ms Sonia Botha	021-815-8810, 083-576-7893		Sonia.Botha@westerncape.gov.za
Provincial EPI Disease Surveillance Manager, Vacant			
Provincial CDC Administrative Clerk, Ms Felencia Daniels	021-483-3156, 082-585-7295	021-483-2682	Felencia.Daniels@westerncape.gov.za
Provincial CDC Administrative Officer, Mr. Francois Booysen	021-483-4769, 061-600-3385	086-409-9090	Franscois.booysen@westerncape.gov.za
Provincial AEFI Surveillance Manager, Ms Riana Dippenaar	021-483-9917, 082-8915755	021-483-2682	Riana.Dippenaar@westerncape.gov.za
Provincial NICD NMC Nurse Trainer, Ms Washiefa Isaacs	021-483-3737; 072-310-6881		Washiefa.Isaacs@westerncape.gov.za
Provincial NICD Epidemiologist, Ms Babongile Ndlovu	021-483-6878; 082-327-0394		Babongile.Ndlovu@westerncape.gov.za
District EPI Coordinators and Public Health Officials			
Cape Town: (City of Cape Town & Metro Health Services)			
Ms Kelebogile Shuping (City of Cape Town, Southern)	021-444-3261; 064-559-3526	021-444-3799	Kelebogile.shuping@capetown.gov.za
Ms Stephanie Sirmongpong (City of Cape Town, Tygerberg)	021-444-0894; 084-792-7247	021-444-2750	Stephanie.sirmongpong@capetown.gov.za
Ms Melissa Stanley (City of Cape Town, Western)	021-444-1741; 072-329-6361	021-511-9030	Melissa.stanley@capetown.gov.za
Ms Theda De Villiers (City of Cape Town, Eastern)	021-444-4667; 074-290-3647	021-850-4438	Theda.devilliers@capetown.gov.za
Ms Bukelwa Mbalane (City of Cape Town, Khayelitsha)	021-360-1152; 084-499-3949	021-361-5771	Bukelwa.mbalane@capetown.gov.za
Ms Marilyn Dennis (City of Cape Town, Klipfontein)	021-444-0899; 079-517-3318	021-633-2050	Marilyn.dennis@capetown.gov.za
Ms Nomsa Nqana (City of Cape Town, Mitchell's Plain)	021-400-3997; 084-222-1489	021-392-6885	Nomsa.nqana@capetown.gov.za
Ms Jennifer Coetzee (City of Cape Town, Head CPPHCP)	021-400-3817; 082-465-3339	021-980-1292	Jennifer.Coetzee@capetown.gov.za
Ms Everin Van Rooyen (City of Cape Town, Northern)	021 400-3917; 071-896-1674		Everin.VanRooyen@capetown.gov.za
Dr Roslyn Lutaaya (City of Cape Town, Specialized Health)	082-831--1679		Roslyn.lutaaya@capetown.gov.za
Dr. Natacha Berkowitz (City of Cape Town, Head Office)	021-400-6864; 083-406-6755	021-400-6864	Natacha.Berkowitz@capetown.gov.za
Dr. Kevin Lee, Ms Yonela Ndesi, Mr. Grant October (City of Cape Town, IM)	021-400-2328; 021-400-3984; 021-417-4876		Kevin.Lee@capetown.gov.za, Yonela.ndesi@capetown.gov.za, Grant.october@capetown.gov.za
Ms Portia Hudsonberg (MHS, Southern/Western)	021-202-0947; 082-321-5594	021-202-0948	Portia.Hudsonberg@westerncape.gov.za
Ms Coleen Van Dieman MHS, Southern/Western)	021-202-0900; 073-516-2809		Coleen.VanDieman@westerncape.gov.za
Ms Shireen Dickenson (MHS, Khayelitsha/Eastern)	021-360-4628; 073-112-5156		Shireen.Dickenson@westerncape.gov.za
Mr. Reginald Loots (MHS, Khayelitsha/Eastern)	021-360-4327; 082-219-8866		Reginald.Loots@westerncape.gov.za
Ms Razia Vallie (MHS, Khayelitsha/Eastern)	021-360-4633; 076-375-1945	021-360-4675	Razia.Vallie@westerncape.gov.za
Ms Michelle Williams (MHS, Northern/Tygerberg)	021-815-8882; 083-235-1155	086-457-0112	Michelle.Williams@westerncape.gov.za
Ms Rayneze Saayman (MHS, Northern/Tygerberg)	021-815-8888-; 073-782-6854		Rayneze.Saayman@westerncape.gov.za
Ms Hettie van Merch (MHS, Klipfontein/Mitchell's Plain)	021-370-5000; 083-679-9551		Hettie.Vanmerch@westerncape.gov.za
Ms Pearl Van Niekerk (MHS, Klipfontein/Mitchell's Plain)	021-370-5000; 078-409-0030		Pearl.vanniekerk@westerncape.gov.za
Dr. Hassan Mahomed (MHS – Chief Director Office)	021-815-8697; 082-334-5763		Hassan.mahomed@westerncape.gov.za
Ms Anneline Janse Van Rensburg (MHS, Chief Director Office)	021-815-8696; 082-897-2310		Anneline.jansevanrensburg@westerncape.gov.za

Rural Districts			
Cape Winelands: Ms Roenell Balie	023-348-8122; 082-397-4467		Roennell.Balie@westerncape.gov.za
Central Karoo: Ms Lucretia Van Wyk Ms Janine Nel	023-414-3590; 071-334-6392 023-414-3590; 083-708-1679		Lucretia.vanWyk@westerncape.gov.za Janine.Nel@westerncape.gov.za
Garden Route: Ms Althea Adams	044-803 -7200/ 071-000-6131	044- 873-5929	Althea.adams@westerncape.gov.za
Overberg: Ms Beatrice Groenewald	028-214-5852; 082-969-9297	086-631-7077	Beatrice.Groenewald@westerncape.gov.za
West Coast: Ms Hildegard Van Rhyn	022-487-9354; 082-871-9709		Hildegard.vanRhyn@westerncape.gov.za
Obtaining of EPID Numbers for suspected measles cases			
Cape Town: Prov. EPI Surveillance Manager/CDC Coordinator and team	021-483-/3156/9964/9917/4769 or 021-830-3727, 072-356-5146	021-483-2682	Felencia.daniels@westerncape.gov.za Franscois.Booyesen@westerncape.gov.za Charlene.lawrence@westerncape.gov.za Gladesene.Verwey@westerncape.gov.za
Cape Winelands: Ms Gladesene Verwey	023-348-8136		Jean-Pierre.Rossouw@westerncape.gov.za
Central Karoo: Mr. Jean-Pierre Rossouw	023-414-8200		Clinton.Moolman@westerncape.gov.za
Garden Route: Mr. Clinton Moolman	044-803-2779	044-874-0631	Valentino.Louis@westerncape.gov.za
Overberg: Mr. Valentino Louis or Ms Beatrice Groenewald	028-214-5849/028-214-5852	086-631-7077	Beatrice.Groenewald@westerncape.gov.za
West Coast: Ms Hildegard van Rhyn	022-487-9354	086-771-2528	Hildegard.vanRhyn@esterncape.gov.za
National Health Laboratory Services and Pathcare			
Tygerberg Hospital NHLS Virology: Tania Stander, Dr. Nokwazi Nkosi, Dr. Gert Van Zyl	021-938-9355, 938-9057, 938-9691		Ts2@sun.ac.za, nokwazi.nkosi@nhls.ac.za, guvz@sun.ac.za
Groote Schuur NHLS Virology: Dr. Stephen Korsman, Dr. Diana Hardie	021-404-6414, 404-5201		Stephen.Korsman@nhls.ac.za, Diana.Hardie@nhls.ac.za
Red Cross Hospital NHLS: Ms Zulfa Abrahams, Ms Haniyah Hendricks	021-658-5142, 658-5203		Zulfa.Hendricks@nhls.ac.za, Haniyah.Hendricks@nhls.ac.za
George Hospital NHLS: Ms Anna Bench	044-874-2022		Anna.Bench@nhls.ac.za
Pathcare Head Office: Ms Ingrid Howes	021-506-3400/2130		howesi@pathcare.org
National Institute for Communicable Diseases (NICD) – Centre for Vaccines and Immunology			
AFP / Polio Laboratory: Ms Heleen Du Plessis, Ms Rosinah Sibiyi, Ms Shelina Moonsamy	011-386-6361, 011-555-0504	086-242-5711, 086-658-9062	heleend@nicd.ac.za, rosinahs@nicd.ac.za, shelinam@nicd.ac.za
Measles Laboratory: Ms Sheilagh Smit, Ms Lillian Makhathini	011-386-6343, 011-386-6398	086-402-9258	sheilaghs@nicd.ac.za, lillianm@nicd.ac.za
National Department of Health (NDOH), EPI-SA			
AFP surveillance Officer: Ms Babalwa Magodla	012-395-8335	086-260-2670	Babalwa.Mtuze-Magodla@health.gov.za
Measles Surveillance Officer: Ms Thobile Johnson	012-395-9051	012-395-8905	Thobile.Johnson@health.gov.za
EPI Data Manager: Ms Koko Molema	012-395-9461	012-395-8905	Koko.Molema@health.gov.za
AEFI and Cold Chain Manager: Ms Marione Schonfeldt	012-395-8594	086-260-2670	Marione.Schonfeldt@health.gov.za
National EPI Manager: Ms Elizabeth Maseti	012-395-8380; 076-690-2138	086-628-3707	Elizabeth.Maseti@health.gov.za
Compiled by Communicable Disease Control – Expanded Programme on Immunisation (CDC-EPI), Service Priorities Coordination, Western Cape Government Health, Updated June 2022			