

## EPI DISEASES / CONDITIONS FOR REPORTING AND INVESTIGATION

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

| DISEASE  | PROFESSIONAL CASE DEFINITION  | ACTIONS  |
|--|---|--|
| <p><b>ACUTE FLACCID PARALYSIS (AFP)</b></p> <p><b>OR</b></p> <p><b>SUSPECTED POLIO</b></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> | <p>☞ <b>Obtain an EPID No. <i>immediately</i></b> from the Provincial EPI Surveillance Manager: 021-815-8740/8676 (079-368-3693), 021-815-8660/1/2. Alternative, the Provincial CDC Coordinator, 021-830-3727 / 072-356-5146.</p> <p>☞ <b>Collect and send two stool specimens (24-48 hours apart) within 14 days of onset of paralysis</b> 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 from Tygerberg Hospital Virology, Red Cross Hospital, Groote Schuur Virology, George Hospital and Pathcare Head Office to send stool specimens/rectal swabs of AFP cases to the NICD (contact details listed below).</p> <ul style="list-style-type: none"> <li>• Rectal swabs (24-48 hours apart) are acceptable if there is difficulty for the patient/case to pass stools.</li> <li>• The completed AFP Case Investigation Form must accompany the specimens to the laboratory.</li> <li>• If 14 days after paralysis has elapsed, please collect the required stool specimens/rectal swabs as soon as possible.</li> </ul> <p>☞ <b>Complete and forward the SA Acute Flaccid Paralysis AFP Case Investigation Form, Neurological assessment form and notification form</b> (copy to the Local Authority or District, and email: <a href="mailto:NMCsurveillanceReport@nicd.ac.za">NMCsurveillanceReport@nicd.ac.za</a>) to the EPI Disease Surveillance Manager via email or fax: 021-483-2682.</p> <p>☞ <b>Evaluate and conduct a follow-up examination after 60 days for incomplete investigated cases</b> (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) <b>to ascertain if there is any residual paralysis.</b> Clinical notes and other investigations (laboratory results, clinical examination) must be submitted.</p> |

| DISEASE                              | PROFESSIONAL CASE DEFINITION   | ACTIONS  |
|--------------------------------------|--|--|
| <p><b>NEONATAL TETANUS (NNT)</b></p> | <p><b>Confirmed case</b><br/> 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><b>Suspected case</b><br/> 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>☞ <b>Obtain an EPID No.</b> from the Provincial EPI Disease Surveillance Manager: 021-815-8740/8676, 021-815-8660/1/2. Alternatively, the Provincial CDC Coordinator, 021-830-3727 / 072-356-5146.</p> <p>☞ <b>Complete a Neonatal Tetanus (NNT) Case Investigation Form and the notification form</b> (copy to the Local Authority / District and email: NMCsurveillanceReport@nicd.ac.za)) and forward to the Provincial EPI Disease Surveillance Manager via email or fax: 021-483 2682.</p>   |
| <p><b>MEASLES</b></p>                | <p>A history of fever AND maculopapular (“blotchy”) rash</p> <p>AND</p> <p>A history of any ONE of the following:<br/> Cough OR<br/> Coryza (“runny nose”) OR<br/> Conjunctivitis (red eyes)</p>   | <p>☞ <b>Obtain an EPIDNo. from the District / Provincial Contact Person:</b><br/> <b>Cape Town:</b> Provincial EPI Disease Surveillance Manager, 021-815-8740/8676, 021-815-8660/1/2 or 021-830-3727<br/> <b>Cape Winelands:</b> Gladesene Verwey, 023-348-8136 (tel)<br/> <b>Central Karoo:</b> Jean-Pierre Rossouw, 023 414 8200 (tel)<br/> <b>Eden/Garden Route:</b> Clinton Moolman, 044-803-2779 (tel)<br/> <b>Overberg:</b> Valentino Louis, 028-214-5849 or Beatrice Groenewald 028-214-5852(tel)<br/> <b>West Coast:</b> Hildegard van Rhyn, 022-487-9354 (tel)</p> <p>☞ <b>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.</b> 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>☞ <b>Collect blood specimens</b> 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 testing.</p> |

| DISEASE   | PROFESSIONAL CASE DEFINITION   | ACTIONS  |                |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|----------------|--|--|--|--|--|--|--|--|--|--|--|
| <b>ADVERSE EVENTS FOLLOWING ON IMMUNISATION (AEFI)</b>  | <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"> <li>The adverse event may be any unfavorable or unintended sign, abnormal laboratory finding, symptom or disease.</li> </ul>              | <ul style="list-style-type: none"> <li>☞ <b>Obtain an EPIDNo.</b> from the Provincial EPI Disease Surveillance Officer (Farzanah Frieslaar, 021-815-8740, 079-368-3693) or the Provincial AEFI Surveillance Manager (Riana Dippenaar, 082-891-5755).</li> <li>☞ <b>Complete</b> (not by the vaccinator) <b>an AEFI Case Report form (CRF) for all trigger events</b> (minor reactions, severe local reactions and systemic reactions) and forward to the Provincial EPI Disease Surveillance Officer, a copy of this form is to be faxed/emailed to the specific District or sub-district EPI Coordinator.</li> <li>☞ <b>Complete an AEFI Case Investigation Form for severe and serious reactions</b> – a team at district and sub-district level is responsible for further investigation of the case with the assistance from provincial officials.</li> <li>☞ <b>Submit all supporting documentation to the CDC-EPI Office, i.e.,</b> clinical notes, medical records, laboratory report, findings of clinical examinations, doctor’s clinical summary, AEFI pathology report, verbal autopsy, postmortem/autopsy summary of findings</li> </ul> |                |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="background-color: #fce4d6;">TRIGGER EVENTS</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="background-color: #fce4d6;"><i>*Adverse event (s): (Tick (✓) all boxes that apply)</i></td> </tr> <tr> <td style="background-color: #e0e0e0; vertical-align: top;"> <b>Minor reactions</b><br/> <input type="checkbox"/> Swelling&lt;5cm<br/> <input type="checkbox"/> Redness<br/> <input type="checkbox"/> Rash<br/> <input type="checkbox"/> Excessive crying<br/> <input type="checkbox"/> Fever&lt;38°C<br/> <input type="checkbox"/> Other (specify):<br/>           _____<br/>           _____<br/>           _____         </td> <td style="background-color: #e0e0e0; vertical-align: top;"> <b>Severe local reactions</b><br/> <input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration.<br/> <input type="checkbox"/> Swelling more than 5cm<br/> <input type="checkbox"/> Swelling beyond nearest joint<br/> <input type="checkbox"/> Lymphadenitis<br/> <input type="checkbox"/> Abscess<br/> <input type="checkbox"/> Other (specify):<br/>           _____<br/>           _____<br/>           _____         </td> <td style="background-color: #e0e0e0; vertical-align: top;"> <b>Systemic reactions</b><br/> <input type="checkbox"/> Hospitalization<br/> <input type="checkbox"/> Death<br/> <input type="checkbox"/> Anaphylaxis<br/> <input type="checkbox"/> Fever≥38°C<br/> <input type="checkbox"/> Encephalopathy<br/> <input type="checkbox"/> Collapse / shock-like state<br/> <input type="checkbox"/> Seizures   <input type="checkbox"/> Febrile   <input type="checkbox"/> Afebrile<br/> <input type="checkbox"/> Intussusception<br/> <input type="checkbox"/> Diarrhoea<br/> <input type="checkbox"/> Vomiting<br/> <input type="checkbox"/> Toxic shock syndrome<br/> <input type="checkbox"/> Thrombocytopenia<br/> <input type="checkbox"/> Sepsis<br/> <input type="checkbox"/> Other (specify): _____         </td> </tr> <tr> <td colspan="3" style="background-color: black; color: white; text-align: center; font-weight: bold;">           Severe or Serious Adverse Event: Case to be investigated within 7 days after Reporting. notify provincial and national offices immediately         </td> </tr> </tbody> </table> |  |  | TRIGGER EVENTS |  |  | <i>*Adverse event (s): (Tick (✓) all boxes that apply)</i> |  |  | <b>Minor reactions</b><br><input type="checkbox"/> Swelling<5cm<br><input type="checkbox"/> Redness<br><input type="checkbox"/> Rash<br><input type="checkbox"/> Excessive crying<br><input type="checkbox"/> Fever<38°C<br><input type="checkbox"/> Other (specify):<br>_____<br>_____<br>_____ | <b>Severe local reactions</b><br><input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration.<br><input type="checkbox"/> Swelling more than 5cm<br><input type="checkbox"/> Swelling beyond nearest joint<br><input type="checkbox"/> Lymphadenitis<br><input type="checkbox"/> Abscess<br><input type="checkbox"/> Other (specify):<br>_____<br>_____<br>_____ | <b>Systemic reactions</b><br><input type="checkbox"/> Hospitalization<br><input type="checkbox"/> Death<br><input type="checkbox"/> Anaphylaxis<br><input type="checkbox"/> Fever≥38°C<br><input type="checkbox"/> Encephalopathy<br><input type="checkbox"/> Collapse / shock-like state<br><input type="checkbox"/> Seizures <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile<br><input type="checkbox"/> Intussusception<br><input type="checkbox"/> Diarrhoea<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Toxic shock syndrome<br><input type="checkbox"/> Thrombocytopenia<br><input type="checkbox"/> Sepsis<br><input type="checkbox"/> Other (specify): _____ | Severe or Serious Adverse Event: Case to be investigated within 7 days after Reporting. notify provincial and national offices immediately |  |  |
| TRIGGER EVENTS  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |
| <i>*Adverse event (s): (Tick (✓) all boxes that apply)</i>  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |
| <b>Minor reactions</b><br><input type="checkbox"/> Swelling<5cm<br><input type="checkbox"/> Redness<br><input type="checkbox"/> Rash<br><input type="checkbox"/> Excessive crying<br><input type="checkbox"/> Fever<38°C<br><input type="checkbox"/> Other (specify):<br>_____<br>_____<br>_____  | <b>Severe local reactions</b><br><input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration.<br><input type="checkbox"/> Swelling more than 5cm<br><input type="checkbox"/> Swelling beyond nearest joint<br><input type="checkbox"/> Lymphadenitis<br><input type="checkbox"/> Abscess<br><input type="checkbox"/> Other (specify):<br>_____<br>_____<br>_____ | <b>Systemic reactions</b><br><input type="checkbox"/> Hospitalization<br><input type="checkbox"/> Death<br><input type="checkbox"/> Anaphylaxis<br><input type="checkbox"/> Fever≥38°C<br><input type="checkbox"/> Encephalopathy<br><input type="checkbox"/> Collapse / shock-like state<br><input type="checkbox"/> Seizures <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile<br><input type="checkbox"/> Intussusception<br><input type="checkbox"/> Diarrhoea<br><input type="checkbox"/> Vomiting<br><input type="checkbox"/> Toxic shock syndrome<br><input type="checkbox"/> Thrombocytopenia<br><input type="checkbox"/> Sepsis<br><input type="checkbox"/> Other (specify): _____   |                |  |  |  |  |  |  |  |  |  |  |  |
| Severe or Serious Adverse Event: Case to be investigated within 7 days after Reporting. notify provincial and national offices immediately  |  |  |                |  |  |  |  |  |  |  |  |  |  |  |

| CONTACT   | TELEPHONE / CELL               | FAX          | E-MAIL   |
|---|--------------------------------|--------------|--|
| <b>Provincial Communicable Disease Control (CDC) and EPI Disease Surveillance</b> |                                |              |  |
| Provincial CDC Coordinator, Ms Charlene A. Lawrence                               | 021-830-3727/072-356-5146      | 086-611-1092 | 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                                       | 021-815-8740, 079-368-3693     |              | Farzanah.Frieslaar@westerncape.gov.za                          |
| Provincial CDC Surveillance and Outbreak Response                                 | 021-815-8676, 060-508-0896     |              | Levani.Naidoo@westerncape.gov.za                               |
| Provincial NICD NMC Nurse Trainer, Ms Washiefa Isaacs                             | 021-815-8663; 072-310-6881     |              | Washiefa.Isaacs@westerncape.gov.za                             |
| Provincial NICD Epidemiologist, Ms Janine Bezuidenhoudt                           | 021-815-8662; 082-327-0394     |              | Janine.Bezuidenhoudt@westerncape.gov.za<br>janineb@nicd.ac.za  |
| Provincial AEFI Surveillance Manager, Ms Riana Dippenaar                          | 021-815-8664, 082-891-5755     |              | Riana.Dippenaar@westerncape.gov.za                             |
| Provincial CDC Administrative Clerk, Ms Felencia Daniels                          | 021-815-8660, 082-585-7295     |              | Felencia.Daniels@westerncape.gov.za                            |
| Provincial CDC Administrative Officer, Mr. Francois Booyesen                      | 021-815-8661, 061-600-3385     | 086-409-9090 | Francois.Booyesen@westerncape.gov.za                           |
| <b>District EPI Coordinators and Public Health Officials</b>                      |                                |              |  |
| Cape Town:  |                                |              |  |
| Ms Kelebogile Shuping (City of Cape Town, Southern)                               | 021-444-3260; 082-728-4531     | 021-710-8094 | 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 Marcelle Segels (City of Cape Town, Mitchell's Plain)                          | 021-400-3997;                  | 021-392-6885 | marcelle.segels@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)                                | 071-896-1674                   |              | Everin.VanRooyen@capetown.gov.za                               |
| Dr. Natacha Berkowitz (City of Cape Town, Head Office)                            | 021-400-6864; 083-406-6755     |              | Natacha.Berkowitz@capetown.gov.za                              |
| Dr. Kevin Lee, Ms Yonele Ndesi, Mr. Grant October (City of Cape Town, IM)         | 021-400-2328/3984/021-417-4876 | 021-400-6864 | Yonela.Ndesi@capetown.gov.za,<br>Sibusiso.jali@capetown.gov.za |
| Metro Health Services:  |                                |              |  |
| Ms Portia Hudsonberg (MHS, Southern/Western)                                      | 021-202-0947; 082-321-5594     |              | Portia.Hudsonberg@westerncape.gov.za                           |
| Ms Neshaan Peton (MHS, Khayelitsha/Eastern)                                       | 021-360-4673;                  | 021-202-0948 | Neshaan.Peton@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     | 021-360-4675 | Michelle.Williams@westerncape.gov.za                           |
| Ms Rayneze Saayman (MHS, Northern/Tygerberg)                                      | 021-815-8888                   | 086-457-0112 | 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)                       | 021-202-0925; 083-235-1155     |              | Anneline.jansevanrensburg@westerncape.gov.za                   |
| Cape Winelands: Ms Roenell Balie  | 023-348-8122; 082-397-4467     |              | Roell.Balie@westerncape.gov.za                                 |

|  |   |  |  |
|--|---|--|--|
| Central Karoo: Ms Annalette Jooste   | 023-414-3590  |  | Annalette.Jooste@westerncape.gov.za  |
| Garden Route: Ms Althea Adams  | 044-803-2700/83   | 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  | 086-771-2528   | Hildegard.vanRhyn@esterncape.gov.za  |
| <b>Obtaining of EPID Numbers for suspected measles cases</b>   |   |  |  |
| <b>Cape Town:</b> Prov. EPI Surveillance Manager/CDC Coordinator   | 021-830-3727/021-815-8660/1/2/3<br>072-356-5146, 061-600-3385, 079-368-3693                 |  | Felencia.Daniels@westerncape.gov.za<br>Francois.Booyesen@westerncape.gov.za<br>Farzah.Frieslaar@westerncape.gov.za<br>Charlene.Lawrence@westerncape.gov.za   |
| <b>Cape Winelands:</b> Ms Gladesene Verwey   | 023-348-8136  | 086-631-7077   | Gladesene.Verwey@westerncape.gov.za  |
| <b>Central Karoo:</b> Mr Jean-Pierre Rossouw   | 023-414-8200  | 086-771-2528   | Jean-Pierre.Rossouw@westerncape.gov.za   |
| <b>Garden Route:</b> Mr Clinton Moolman  | 044-803-2779  |  | Clinton.Moolman@westerncape.gov.za   |
| <b>Overberg:</b> Mr Valentino Louis or<br>Ms Beatrice Groenewald   | 028-214-5849<br>028-214-5852  |  | Valentino.Louis@westerncape.gov.za<br>Beatrice.Groenewald@westerncape.gov.za   |
| <b>West Coast:</b> Ms Hildegard van Rhyn   | 022-487-9354  |  | Hildegard.vanRhyn@esterncape.gov.za  |
| <b>National Health Laboratory Services and Pathcare</b>  |   |  |  |
| <b>Tygerberg Hospital NHLS Virology:</b><br>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,<br>guzv@sun.ac.za, michelle.naidoo@nhls.ac.za   |
| <b>Groote Schuur NHLS Virology:</b><br>Dr. Stephen Korsman, Dr. Diana Hardie   | 021-404-6414, 404-5201  |  | Stephen.Korsman@nhls.ac.za,<br>Diana.Hardie@nhls.ac.za   |
| <b>Red Cross Hospital NHLS:</b><br>Ms Zulfa Abrahams, Ms Haniyah Hendricks   | 021-658-5142, 021-658-5203  |  | Zulfa.Hendricks@nhls.ac.za,<br>Haniyah.Hendricks@nhls.ac.za  |
| <b>George Hospital NHLS:</b> Ms Anna Bench<br><b>Pathcare Head Office:</b> Ms Ingrid Howes   | 044-874-2022<br>021-506-3400 / 2130   |  | Anna.Bench@nhls.ac.za<br>howesi@pathcare.org   |
| <b>National Institute for Communicable Diseases (NICD) – Centre for Vaccines and Immunology</b>  |   |  |  |
| <b>AFP / Polio Laboratory:</b><br>Ms Heleen Du Plessis, Ms Rosinah Sibiya, Ms Shelina Moonsamy   | 011-386-6361, 011-555-0504  | 086-242-5711,<br>086-658-9062  | heleend@nicd.ac.za, rosinahs@nicd.ac.za,<br>shelinam@nicd.ac.za  |
| <b>Measles Laboratory:</b> Ms Sheilagh Smit, Ms Lillian Makhathini   | 011-386-6343, 011-386-6398  | 086-402-9258   | sheilaghs@nicd.ac.za, lillianm@nicd.ac.za  |
| <b>National Department of Health – EPI</b>   |   |  |  |
| <b>AFP surveillance Officer:</b> Ms Babalwa Magodla<br><b>Measles Surveillance Officer:</b> Ms Thobile Johnson<br><b>EPI Data Manager:</b> Ms Koko Molema<br><b>AEFI and Cold Chain Manager:</b> Ms Marione Schonfeldt<br><b>National EPI manager:</b> Ms Elizabeth Maseti | 012-395-8335<br>012-395-9051<br>012-395-9461<br>012-395-8594<br>012-395-8380 / 076-690-2138 | 086-260-2670<br>012-395-8905<br>012-395-8905<br>012-395-2670<br>086-628-3707 | Babalwa.Mtuze-Magodla@health.gov.za<br><a href="mailto:Thobile.Johnson@health.gov.za">Thobile.Johnson@health.gov.za</a><br>Koko.Molema@health.gov.za<br>Marione.Schonfeldt@health.gov.za<br>Elizabeth.Maseti@health.gov.za |
| Consult the EPI Disease Surveillance Guideline, 3 <sup>rd</sup> Edition (2015) for detailed information.<br>Compiled by CDC-EPI, Western Cape Department of Health, 8 Riebeek Street, Cape Town, 8000  |   |  |  |