

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>ACUTE FLACCID PARALYSIS (AFP)</p> <p>OR</p> <p>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>	<p>☞ Obtain an EPID No. <i>immediately</i> 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>☞ 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 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"> • 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, please collect the required stool specimens/rectal swabs as soon as possible. <p>☞ Complete and forward the SA Acute Flaccid Paralysis AFP Case Investigation Form, Neurological assessment form and notification form (copy to the Local Authority or District, and email: NMCsurveillanceReport@nicd.ac.za) to the EPI Disease Surveillance Manager via email or fax: 021-483-2682.</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) to ascertain if there is any residual paralysis. Clinical 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: 021-815-8740/8676, 021-815-8660/1/2. Alternatively, the Provincial CDC Coordinator, 021-830-3727 / 072-356-5146.</p> <p>☞ Complete a Neonatal Tetanus (NNT) Case Investigation Form and the notification form (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>MEASLES</p>	<p>A history of fever AND maculopapular (“blotchy”) rash</p> <p>AND</p> <p>A history of any ONE of the following: Cough OR Coryza (“runny nose”) OR Conjunctivitis (red eyes)</p>	<p>☞ Obtain an EPIDNo. from the District / Provincial Contact Person: Cape Town: Provincial EPI Disease Surveillance Manager, 021-815-8740/8676, 021-815-8660/1/2 or 021-830-3727 Cape Winelands: Gladesene Verwey, 023-348-8136 (tel) Central Karoo: Jean-Pierre Rossouw, 023 414 8200 (tel) Eden/Garden Route: Clinton Moolman, 044-803-2779 (tel) Overberg: Valentino Louis, 028-214-5849 or Beatrice Groenewald 028-214-5852(tel) West Coast: 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. 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 testing.</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. 	<p>☛ Obtain an EPIDNo. 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).</p> <p>☛ 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 Officer, a copy of this form is to be faxed/emailed to the specific District or sub-district EPI Coordinator.</p> <p>☛ 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.</p> <p>☛ 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</p>												
<table border="1"> <thead> <tr> <th colspan="3" data-bbox="447 651 1556 683">TRIGGER EVENTS</th> </tr> </thead> <tbody> <tr> <td colspan="3" data-bbox="447 683 1556 708"><i>*Adverse event (s): (Tick (✓) all boxes that apply)</i></td> </tr> <tr> <td data-bbox="447 708 827 1101"> Minor reactions <input type="checkbox"/> Swelling<5cm <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Excessive crying <input type="checkbox"/> Fever<38°C <input type="checkbox"/> Other (specify): _____ _____ _____ </td> <td data-bbox="827 708 1184 1101"> Severe local reactions <input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration. <input type="checkbox"/> Swelling more than 5cm <input type="checkbox"/> Swelling beyond nearest joint <input type="checkbox"/> Lymphadenitis <input type="checkbox"/> Abscess <input type="checkbox"/> Other (specify): _____ _____ _____ </td> <td data-bbox="1184 708 1556 1101"> Systemic reactions <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Fever≥38°C <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Collapse / shock-like state <input type="checkbox"/> Seizures <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile <input type="checkbox"/> Intussusception <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Toxic shock syndrome <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Sepsis <input type="checkbox"/> Other (specify): _____ </td> </tr> <tr> <td colspan="3" data-bbox="447 1101 1556 1125" style="background-color: black; color: white; text-align: center;"> 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>			Minor reactions <input type="checkbox"/> Swelling<5cm <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Excessive crying <input type="checkbox"/> Fever<38°C <input type="checkbox"/> Other (specify): _____ _____ _____	Severe local reactions <input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration. <input type="checkbox"/> Swelling more than 5cm <input type="checkbox"/> Swelling beyond nearest joint <input type="checkbox"/> Lymphadenitis <input type="checkbox"/> Abscess <input type="checkbox"/> Other (specify): _____ _____ _____	Systemic reactions <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Fever≥38°C <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Collapse / shock-like state <input type="checkbox"/> Seizures <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile <input type="checkbox"/> Intussusception <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Toxic shock syndrome <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Sepsis <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>														
Minor reactions <input type="checkbox"/> Swelling<5cm <input type="checkbox"/> Redness <input type="checkbox"/> Rash <input type="checkbox"/> Excessive crying <input type="checkbox"/> Fever<38°C <input type="checkbox"/> Other (specify): _____ _____ _____	Severe local reactions <input type="checkbox"/> Pain, redness and/or swelling of more than 3 days duration. <input type="checkbox"/> Swelling more than 5cm <input type="checkbox"/> Swelling beyond nearest joint <input type="checkbox"/> Lymphadenitis <input type="checkbox"/> Abscess <input type="checkbox"/> Other (specify): _____ _____ _____	Systemic reactions <input type="checkbox"/> Hospitalization <input type="checkbox"/> Death <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Fever≥38°C <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Collapse / shock-like state <input type="checkbox"/> Seizures <input type="checkbox"/> Febrile <input type="checkbox"/> Afebrile <input type="checkbox"/> Intussusception <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting <input type="checkbox"/> Toxic shock syndrome <input type="checkbox"/> Thrombocytopenia <input type="checkbox"/> Sepsis <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
Provincial Communicable Disease Control (CDC) and EPI Disease Surveillance			
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 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
District EPI Coordinators and Public Health Officials			
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, 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
Obtaining of EPID Numbers for suspected measles cases			
Cape Town: Prov. EPI Surveillance Manager/CDC Coordinator	021-830-3727/021-815-8660/1/2/3 072-356-5146, 061-600-3385, 079-368-3693		Felencia.Daniels@westerncape.gov.za Francois.Booyesen@westerncape.gov.za Farzah.Frieslaar@westerncape.gov.za Charlene.Lawrence@westerncape.gov.za
Cape Winelands: Ms Gladesene Verwey	023-348-8136	086-631-7077	Gladesene.Verwey@westerncape.gov.za
Central Karoo: Mr Jean-Pierre Rossouw	023-414-8200	086-771-2528	Jean-Pierre.Rossouw@westerncape.gov.za
Garden Route: Mr Clinton Moolman	044-803-2779		Clinton.Moolman@westerncape.gov.za
Overberg: Mr Valentino Louis or Ms Beatrice Groenewald	028-214-5849 028-214-5852		Valentino.Louis@westerncape.gov.za Beatrice.Groenewald@westerncape.gov.za
West Coast: Ms Hildegard van Rhyn	022-487-9354		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, guzv@sun.ac.za, michelle.naidoo@nhls.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, 021-658-5203		Zulfa.Hendricks@nhls.ac.za, Haniyah.Hendricks@nhls.ac.za
George Hospital NHLS: Ms Anna Bench Pathcare Head Office: Ms Ingrid Howes	044-874-2022 021-506-3400 / 2130		Anna.Bench@nhls.ac.za howesi@pathcare.org
National Institute for Communicable Diseases (NICD) – Centre for Vaccines and Immunology			
AFP / Polio Laboratory: Ms Heleen Du Plessis, Ms Rosinah Sibiya, 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 – EPI			
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	012-395-2670	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
Consult the EPI Disease Surveillance Guideline, 3 rd Edition (2015) for detailed information. Compiled by CDC-EPI, Western Cape Department of Health, 8 Riebeek Street, Cape Town, 8000			