Western Cape Government

Department of Health and Wellness
Emergency and Clinical Services Support
Service Priorities Coordination (SPC): Communicable Disease Control
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TO: **DDG: Chief of Operations (COO)**
Chief Directors: Metro Health Services (MHS), Rural Health Services (RHS), Strategy and Health Support
Directors: Emergency Medical Services, Forensic Pathology Services, Service Priorities Coordination, Health Impact Assessment, Clinical Service Improvement, Medicine Management, Communications, Facilities Management: Environmental Health
Chief Executive Officers (CEOs): Central, Regional and District Hospital
District Managers: Metro Health Service (MHS) substructures, Rural districts
Director: City Health
Executive Directors: Local Authorities/Municipalities/City of Cape Town/ South African Military Health Services
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Circular H90../2022

MEASLES ALERT: HEIGHTENED CASE-BASED SURVEILLANCE & IMPROVED CASE DETECTION, INVESTIGATION AND RESPONSE

Vaccine-preventable disease outbreaks on our continent are of particular concern. The African region is seeing an increasing number of measles cases and Mozambique recently declared an outbreak of wild poliovirus type 1 after confirming that a child had contracted the disease. This is the second case of wild poliovirus confirmed in southern Africa this year, following a case in Malawi in February. Some infants and children might have missed their routine immunisations during the COVID-19 pandemic. Healthcare workers, health facilities, districts, and sub-districts must ensure measures are put into place so that all childhood vaccinations are up to date, scale-up and restore vaccination coverage. This is the best way to prevent resurgences of vaccine-preventable diseases.

The National Department of Health and National Institute for Communicable Diseases have issued a measles alert (see website https://www.nicd.ac.za/measles-alert-6-may-2022/) following the identification of four measles cases in persons residing in Gauteng. The cases were confirmed through laboratory testing, over the last two weeks of May 2022.

Three cases are known to be epidemiologically linked and are resident in south-western Tshwane. The fourth case resides in the West Rand of Gauteng Province. All cases are presently isolated and are recovering. Health authorities in the affected districts and communities are working together to identify contacts, promote/offer vaccination, and/or conduct vaccination of contacts.

According to the World Health Organization (WHO), two or more cases of measles in a health district within one month is regarded as a measles outbreak.

Measles is preventable through a safe and effective vaccine. Caregivers and mothers are urged to ensure that children are up to date with their routine vaccinations. According to the South African Expanded Programme on Immunization (EPI), it is recommended to provide children the MeasBio® vaccine at 6 months old and a booster at 12 months old. These vaccines are available free of charge at public health facilities and through the Public-Private Partnership

contracts. Alternatively, the measles-mumps-rubella vaccine (MMR) is available, at cost, in private sector clinics and is equally effective and safe.

This circular is an updated version of provincial alert and standard operational procedure (SOP) issued on 3 February 2017 and serves to inform, sensitize, and re-iterate to all healthcare workers, health facilities (public and private) and general practitioners (GPs) of the following:

- Standard Operating Procedure (SOP): Detection, Reporting and Investigation of Suspected Measles Cases (SMCs) in the Western Cape province,
- Measures that should be implemented in each district/sub-district/health facility to ensure early detection of measles outbreaks and rapid response with the use of measles vaccine.

We appeal to all hospitals (public and private) and general practitioners (GPs) in our province to report, and fully investigate suspected measles cases according to the attached Standard Operating Procedure (SOP) – Annexure 1

- **A suspected measles case (SMC) is defined as** "Any person with fever of ≥38°C or more, a generalised maculopapular rash, and any one of the following three symptoms: cough, conjunctivitis (i.e., red eyes) or coryza (i.e., runny nose)."
- Measles is a notifiable medical condition (NMC) according to the National Health Act. Health care workers should notify all suspected cases via the NMC app (https://www.nicd.ac.za/nmc-overview/overview/) or the paper-based form if no access to the NMC system.
- **Suspected measles cases (SMCs) should immediately be reported** to the Local Authority/District /Sub-district Health Office and obtain a unique EPID number (e.g., SOA-WCP-CAT-2022-XXX for a case in the Cape Town District) for the case by the designated officials (see Table 1, in Annexure 1). **Complete a notification form and a Measles Case Investigation Form and remember to forward (via email/fax) the completed CIF to the provincial/district designated official.**
- **Blood specimens and throat swabs for genotyping (ONLY if patient presents within 5 days of rash onset) should be collected by practitioners and submitted to the (NICD) with a completed Measles Case Investigation Form to test for measles antibodies (IgM).** Samples should be submitted to the NICD, marked 'NICD Measles Laboratory–attention CVI'.

These measures listed below must be implemented by both **public and private healthcare providers, health practitioners and sub-district and district public health offices.**

Table 1: Measures for implementation to ensure early detection and response to measles outbreaks

	Objective	Action
1.	**Intensify surveillance and notification of suspected measles cases**	✓ **All health professionals and facilities to be on high alert to detect and investigate persons who may have measles.** ✓ Any suspected measles case must be reported to the relevant District Health Office, and Provincial EPI Disease Surveillance Manager (See Annexure 1). ✓ Ensure that the provincial circulars and the National EPI-SA Suspected Measles Flow Chart are displayed at all health facilities.
2.	**Adequate clinical management of cases**	✓ On admission of a suspected measles case at hospital – the Infection Control Practitioner should be immediately informed, the patient isolated, blood specimen collected, Vitamin A administered to children between the age of 6 months and 5 years. Repeat Vitamin A dose after 24 hours if measles is confirmed by the blood specimen. Vitamin A can be provided to children older than 5 years. Manage complications according to clinical protocols. ✓ A blood specimen must be sent for testing. A throat swab is also desirable. ✓ **Health professionals must ensure that all children between 6 months and 15 years who are admitted to hospital for any reason are up to date with immunisation, if not certain then provide the measles vaccine.** ✓ Staff immunity should be confirmed, or booster vaccination offered to staff.

3.	**Community awareness and ensuring effective community involvement**	✓ Inform Health Promotion Officers and Community Health Workers of a confirmed measles outbreak and inform communities on the need to report suspected measles cases to the nearest health facility. ✓ Ensure measles posters and/or pamphlets are made available. ✓ Districts and sub-districts should ensure that awareness material is available and in the event of a confirmed outbreak the appropriate communication material is used during response activities.
4.	**Ensure weekly reporting of suspected measles cases to the National Department of Health**	✓ Districts must submit a weekly report of suspected measles line list to the Provincial Office (CDC-EPI) – every Monday of the following week. ✓ Kindly email the suspected measles line list to the following email addresses: Babongile.Ndlovu@westerncape.gov.za / Babongilen@nicd.ac.za Francois.Booysen@westerncape.gov.za Felencia.Daniels@westerncape.gov.za Charlene.Lawrence@westerncape.gov.za ✓ During an outbreak daily updated line list needs to be sent to the Provincial CDC-EPI office.
5.	**Re-enforcement of routine Immunisation to increase immunisation coverage**	✓ **Assess the immunisation coverage in districts/sub-districts to identify "high risk areas"** ✓ **Check the Road to Health Booklet (RTHB) at all opportunities** and provide the missed doses. Where the multiple vaccines were missed, always start catch-up with the measles vaccines. ✓ Maintain sufficient stock levels of vaccines. ✓ All hospitals should keep measles vaccines and be able to vaccinate on admission.
6.	**District Outbreak response teams to be on alert and respond rapidly when a measles outbreak has been confirmed**	✓ Include representatives of the following directorates/programmes in the team/committee: Communicable Disease Control, EPI, Pharmaceutical Services, Health Promotion, Communication, Health Information Management/Surveillance, Primary Health Care, NGOs, and the private sector. **In the event of an outbreak the Provincial and District Outbreak Response Teams will implement the following actions:** ✓ Laboratory confirmation of the outbreak ✓ Ensure adequate clinical management of cases ✓ Intensify surveillance and notification of suspected cases ✓ Assess the risk of a large outbreak with high morbidity and mortality ✓ Investigate a confirmed measles outbreak ✓ Implement control and prevention measures (including vaccination activities) ✓ Ensure effective community involvement and public awareness.

To ensure the appropriate reporting and investigation of SMCs, the following documents are attached:

1. Annexure 1: Standard Operating Procedure: Reporting of SMCs in the Western Cape
2. Annexure 2: Provincial Contact List for Communicable Disease Control, Expanded Programme on Immunisation, and Disease Surveillance, Western Cape
3. EPI-SA National Flow Chart
4. Measles Case Investigation Form
5. Notification Form
6. NICD: Measles Frequently Asked Questions, Updated June 2022
7. Measles: Prevention of secondary cases, NICD – compiled January 2017, reviewed June 2022
8. Annexure 3: EPI Diseases /Conditions for Reporting and Investigation, Western Cape Government Health, June 2022
9. Annexure 4: CDC Weekly Priority Conditions Summary Reporting form, June 2022
10. Annexure 5: Feedback Report on Investigation and Response to a laboratory confirmed measles case, Western Cape Government Health, June 2022

Kindly bring the content of this circular under the attention of all healthcare workers (paediatricians, family physicians, doctors and nurses at Emergency and Outpatients Departments etc.) at all health facilities (public and private), public health officials from districts and subdistricts, and relevant stakeholders.

Please ensure the circular and SOP is strategically placed in all health facilities for easy access (e.g., in Emergency or Outpatients Departments) and that measures to improve childhood vaccination coverage is employed at all health facilities and levels of the provincial health system.

We trust on your continued support in the control of communicable diseases in the province.

Yours sincerely.

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JO Arendse
CHIEF DIRECTOR: ECSS
DATE:

ANNEXURE 1: STANDARD OPEARTING PROCEDURE: DETECTION, REPORTING AND INVESTIGATION OF SUSPECTED MEASLES CASES (SMCs)

Please read this SOP in conjunction with the following attached documents: National Department of Health: Expanded Programme on Immunisation, SMC flow diagram, Measles Case Investigation Form, and the NICD Secondary Prevention of Measles document.

2.1 Case Definition

- **A maculopapular (blotchy, non-blistering) rash with pyrexia (temp ≥38 degrees Celsius) AND any of the following three symptoms: cough or coryza (runny nose) or conjunctivitis (red eyes).**
- All SMCs investigated should meet the case definition and should reflect on the Measles CIF.

2.2 Reporting of Suspected Measles Cases

- Early detection is crucial to enhance contact tracing.
- Suspected measles cases (SMCs) must be reported immediately, and the required specimens taken to confirm or discard the suspected case/s, so that the appropriate control measures can be executed. Inform the facility manager or the Infection Prevention and Control Practitioner at the health facility of the identification of the suspected measles case.
- **Obtain a unique EPID No. from the District / Provincial Contact person during office hours. (See Table 1 and Annexure 2)** – e.g. If the SMC resides in Stellenbosch – the Cape Winelands District Office must be contacted for an EPID number.
- **The EPID numbers per district will have the following codes:**
  EPID NUMBER: SOA - _____-_____-_____-_____-_____
  Country Prov code District Year onset Case Number
- **Cape Town:** SOA-WCP-CAT-2022-XXX; **Cape Winelands:** SOA-WCP-CWL-2022-XXX; **Central Karoo:** SOA-WCP-CKA-2022-XXX; **Garden Route/Eden**: SOA-WCP-EDE-2022-XXX; **Overberg:** SOA-WCP-OVE-2022-XXX; **West Coast:** SOA-WCP-WEC-2022-XXX

Table 1: Provincial and District Contact person/s to obtain EPID numbers for suspected measles cases

* CONTACT PERSON	TELEPHONE / CELL	FAX	E-MAIL
Cape Town: Provincial EPI Surveillance Manager or CDC team	021-483-3156/9964/9917/4769 or 021-830-3727, or 072-356-5146	021-483-2682	Felencia.daniels@westerncape.gov.za Francois.Booysen@westerncape.gov.za Charlene.lawrence@westerncape.gov.za Babongile.Ndlovu@westerncape.gov.za Washiefa.Isaacs@westerncape.gov.za
Cape Winelands: Ms Gladesene Verwey	023-348-8136		Gladesene.Verwey@westerncape.gov.za
Central Karoo: Mr. Jean-Pierre Rossouw	023-414-8200		Jean-Pierre.Rossouw@@westerncape.gov.za
Garden Route / Eden: Mr Clinton Moolman	044-803-2779	044-874-0631	Clinton.Moolman@westerncape.gov.za
Overberg: Mr. Valentino Louis, or Ms Beatrice Groenewald	028-214-5849 028-214-5852	086-631-7077	Valentino.Louis@westerncape.gov.za Beatrice.Groenewald@westerncape.gov.za
West Coast: Ms Hildegard van Rhyn	022-487-9354	086-771-2528	Hildegard.Vanrhyn@westerncape.gov.za

*Please contact the EPI /Child Health Coordinators from the specific district office, if the officials cannot be reached for EPID Number

- **Complete a Measles Case Investigation Form. Copies of the completed Case Investigation Form (CIF) should be forwarded /faxed/emailed to the district and provincial contact persons. A copy of the completed CIF should accompany the specimen to the laboratory.**
- Please complete the notification form (paper-based or electronic) and ensure the local authority (district/sub-district) is informed.
- **If there is a very strong suspicion of measles** (i.e., clinical picture, contact with a laboratory confirmed case etc.), please do not hesitate to call the Provincial CDC-EPI Office.
- **Districts should keep an updated electronic line list of SMCs.** During outbreaks, the rural districts must forward the daily updates and line lists to the Provincial EPI Disease Surveillance Manager, NICD Provincial Epidemiologist and any of the Provincial CDC-EPI officials listed below.

2.3 Specimens

- Health practitioners should submit a blood specimen for antibody testing and/or throat swabs for genotyping (ONLY if patient presents within 5 days of rash onset), along with a completed case investigation form. Samples should be submitted to the NICD, marked 'NICD Measles Laboratory– attention CVI'.
- Blood specimens can be transported using standard packing and transporting procedures. Specimens can be sent to the NICD via the routine NHLS route.
- The blood specimens must be accompanied by a completed Measles Case Investigation Form (attached)
- Bloods are sent to the NICD for antibody (Measles and Rubella IgM) testing. Testing is done free of charge at the NICD.
- Throat swabs using the specific viral transport medium (VTM) may be collected in specific situations e.g., outbreaks, and will be done in consultation and guidance with the NHLS-NICD.
- **Specimens that tested Measles IgM positive at private laboratories need to be re-tested/confirmed at the NICD.** Private laboratories should forward specimens to the NICD and ensure that specimens received where measles serology is requested - is accompanied by the necessary completed Measles Case Investigation forms. The private health facility or requesting doctor should report these cases to the Department of Health, and arrangements can also be made to have the blood sample sent to a NHLS laboratory.

2.4 Clinical Management

- Treatment is supportive, antipyretics prescribed as indicated. Bacterial super-infections should be promptly treated with appropriate antimicrobials. No prophylactic antibiotics are necessary.
- Monitor patient / case for complications and treat.
- Vitamin A is critical in the clinical management of measles in children and is used to prevent and reduce severity of complications and death. Vitamin A should be administered to all children with suspected or confirmed measles for two consecutive days. Second dose is given after 24 hours.
- Recommended dosage:
    - 6 months to 1 year – 100 000 units per day
    - 12 – 60 months – 200 000 units per day

2.5 Public health response, Contact tracing and Follow-up

- See details of the public health response, identification of contacts, assessment of contacts measles immunity, and post-exposure prophylaxis in the attached NICD Guidance (Measles: Prevention of Secondary cases). Kindly observe the contra-indications for measles vaccine.
- All household contacts of suspected measles cases should be offered and asked to come to the clinic for a booster measles vaccination within 72 hours.
- Staff immunity should be confirmed, or booster vaccination offered to staff.
- If many cases are seen, immediate follow-up should be made with the NHLS-NICD and the Provincial Office to exclude or confirm an outbreak.
- In the case of a confirmed measles outbreak, a targeted measles immunisation campaign may be conducted in the affected area, targeting school etc. The provincial CDC-EPI office may be contacted for assistance.

2.6 Laboratory Results

- **If the Measles IgM test results are positive**
    - **Determine if there was measles vaccination in the last 4-6 weeks.**
    - **If *Yes***, then it is due to recent measles vaccination ⟶ Case is classified as a **Discarded Measles Case** i.e. not a true measles case
    - **If *No***, it is seroconversion due to measles infection ⟶ This is a true case - **Laboratory Confirmed Measles Case**
- Laboratory confirmed Measles IgM positive cases need to be followed up and appropriately investigated – complete Annexure 5 that with response by the facility/sub-district/district.
- A **telephonic 30-day follow-up** information from confirmed measles cases need to be recorded on the Measles Case Investigation Form and sent to the NDOH and the NICD.

2.7 District Suspected Measles Line Lists

- Districts officials (EPI/Child Health Manager, Information Management/ or equivalent) should keep an updated line list of SMCs and forward the electronic database/line list to the Provincial EPI Disease Surveillance Manager/ CDC team members.

- The Provincial EPI Surveillance Manager and Provincial CDC team receives weekly SMC laboratory line list with results from the NHLS-NICD of specimens that have been sent to NHLS laboratories in the province.
    - There may be specimens of suspected measles cases where no Measles Case Investigation Form nor EPID numbers were issued and we will then request health facilities and districts/sub-district to ensure the CIF are completed and EPID numbers assigned, as appropriate.
- NDOH-NICD Measles Situational Report (Sitrep) meetings are held regularly with Provincial Department of Health officials to discuss and classify Measles IgM positive case for the country.

2.8. Roles and Responsibilities of public health officials responsible for EPI disease surveillance at provincial and district/sub-district levels (EPI/Child Health Coordinators, Health Information officials etc.)

2.8.1 Ensure the circular and documentation is provided to all health facilities and practitioners in your jurisdiction and are aware of the process of reporting and investigation.

2.8.2 Ensure all reported or notified suspected measles are fully investigated and ensure the appropriate documentation (CIF with EPID number issued and notification form) are completed, with blood specimens / nasopharyngeal/throat swabs are collected and submitted for analysis. This will require guidance to healthcare workers/practitioners and laboratories where necessary.

2.8.3 Ensure staff are trained on measles and EPI disease surveillance and the priority conditions for reporting. The weekly CDC Priority conditions reporting form for hospitals (Annexure 4) need to be completed and submitted to the Provincial CDC Office.

2.8.4 Ensure health practitioners use any opportunity at health facilities to check the Road to Health Booklet and ensure missed doses are provided.

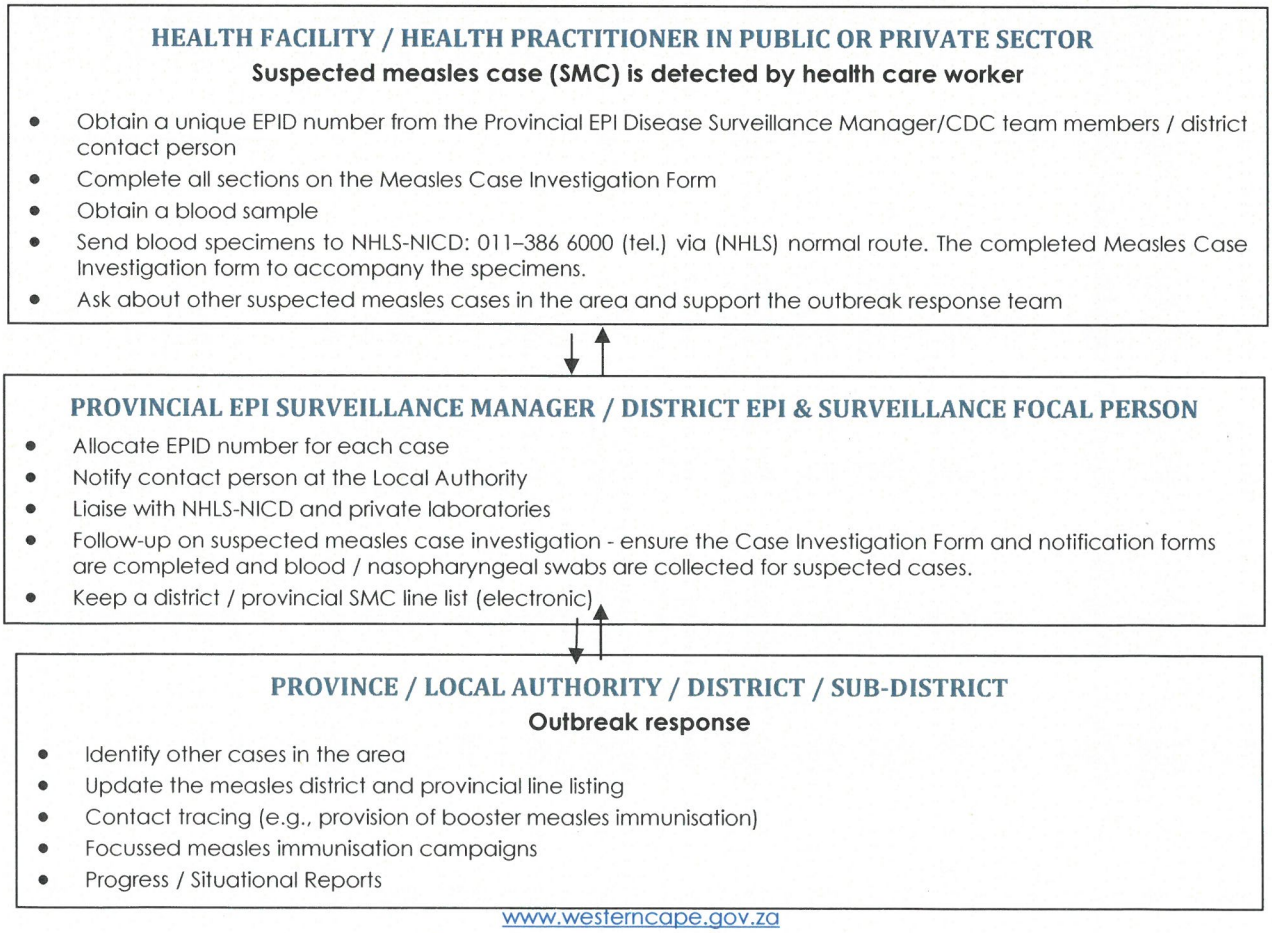
2.8.5 Provincial and appointed district officials (EPI / Child health managers, health information/ surveillance) to submit weekly suspected measles line lists to the Provincial CDC-EPI office.

2.8.6 All Measles IgM positive cases to be followed up and appropriately investigated i.e., complete the feedback report (Annexure 5) on the response by the facility/sub-district/district.

2.8.7 Increase in suspected measles cases in a specific area etc. need to be reported to the Provincial CDC Office immediately for further investigation.

2.8.8. Ensure all outbreak response activities are executed i.e., active surveillance and search for additional cases, laboratory confirmation of cases, appropriate clinical treatment, contact tracing, communication/awareness activities and supplemental immunisation activities when required.

Flow Diagram 1: Reporting of Suspected Measles Cases (SMCs) in the Western Cape



Annexure 2: Provincial Contact List for Communicable Disease Control, Expanded Programme on Immunisation, and Disease Surveillance, Western Cape

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, currently 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	Francois.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. Van Dieman@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) Ms Anneline Janse Van Rensburg (MHS,Chief Director Office)	021-815-8697; 082-334-5763 021-815-8696; 082-897-2310		Hassan.mahomed@westerncape.gov.za Anneline.jansevanrensburg@westerncape.gov.za
Rural Districts			
Cape Winelands: Ms Roenell Balie	023-348-8122; 082-397-4467		Roenell.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@westernccape.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 **Cape Winelands:** Ms Gladesene Verwey **Central Karoo:** Mr. Jean-Pierre Rossouw **Garden Route:** Mr. Clinton Moolman **Overberg:** Mr. Valentino Louis or Ms Beatrice Groenewald **West Coast:** Ms Hildegard van Rhyn	021-483-/3156/9964/9917/4769 or 021-830-3727, 072-356-5146 023-348-8136 023-414-8200 044-803-2779 028-214-5849/028-214-5852 022-487-9354	021-483-2682 044-874-0631 086-631-7077 086-771-2528	Felencia.daniels@westerncape.gov.za Francois.Booysen@westerncape.gov.za Charlene.lawrence@westerncape.gov.za Gladesene.Verwey@westerncape.gov.za Jean-Pierre.Rossouw@westerncape.gov.za Clinton.Moolman@westerncape.gov.za Valentino.Louis@westerncape.gov.za Beatrice.Groenewald@westerncape.gov.za Hildegard.vanRhyn@esterncape.gov.za
National Health Laboratory Services and Pathcare			
Tygerberg Hospital NHLS Virology: Tania Stander, Dr. Nokwazi Nkosi, Dr. Gert Van Zyl **Groote Schuur NHLS Virology:** Dr. Stephen Korsman, Dr. Diana Hardie **Red Cross Hospital NHLS:** Ms Zulfa Abrahams, Ms Haniyah Hendricks **George Hospital NHLS:** Ms Anna Bench **Pathcare Head Office:** Ms Ingrid Howes	 021-938-9355, 938-9057, 938-9691 021-404-6414, 404-5201 021-658-5142, 658-5203 044-874-2022 021-506-3400/2130		Ts2@sun.ac.za, nokwazi.nkosi@nhls.ac.za, guvz@sun.ac.za Stephen.Korsman@nhls.ac.za, Diana.Hardie@nhls.ac.za Zulfa.Hendricks@nhls.ac.za, Haniyah.Hendricks@nhls.ac.za 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 **Measles Laboratory:** Ms Sheilagh Smit, Ms Lillian Makhathini	 011-386-6361, 011-555-0504 011-386-6343, 011-386-6398	 086-242-5711, 086-658-9062 086-402-9258	 heleend@nicd.ac.za, rosinahs@nicd.ac.za, shelinam@nicd.ac.za 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

DEPARTMENT OF HEALTH: EXPANDED PROGRAMME ON IMMUNISATION, SOUTH AFRICA

Clinical approach to a Person with acute onset of fever and non-blistering rash
(SUSPECTED MEASLES CASE)

1 | **Case Definition:** of a suspected Measles case | Patient Presenting with fever and maculopapular rash with any 1 of the 3 Cs: cough, coryza or conjunctivitis

DETECT A CASE USING ABOVE CASE DEFINITION

Maintain High level of suspicion

- Has the person been in a health facility in the last two weeks?
- Has the person been vaccinated in the last two weeks?
- Has this person been in contact with a confirmed case of measles/rash?

ISOLATE → Administer Vit A if no proof of Vit A

INVESTIGATE

2 Take 2mls Venous Blood in 5ml red topped tube → **Send to NICD** labelled: *SUSPECTED MEASLES, with Measles Case Investigation Form*

Throat swab will only be collected using the specific viral transport medium (VTM) under specific instruction from the National office and NICD.

3 REPORT A SUSPECTED MEASLES CASE

4 In Hospital: Inform Infection Control Nurse IMMEDIATELY
Inform District EPI/CDC Coordinator
Fax completed Case Investigation form to District/Provincial Office:
ENSURE ALL FIELDS ARE COMPLETED

RESULTS

NOTE

- All children from age 6 months to 15 years admitted to hospital should receive measles vaccine on admission
- HIV positive children should still be given measles vaccine
- Children who are too sick to receive measles vaccine upon admission should be immunised before discharge
- Ensure that all confirmed measles cases receive a repeat Vit A dose 24 hrs after the first dose

5 **Phone NICD for Results**

CLINICAL MANAGEMENT

If IgM Negative

Repeat Vit A after 24 hrs
Look for Complications & Treat:
- Clouding of cornea
- Deep & extensive mouth ulcers
- Bronchopneumonia
- Any general danger signs

If IgM Positive

- Inform the Head of Unit
- Inform the other Health Care Workers/Physicians
- District EPI/CDC Coordinator looks for and
- Vaccinates contacts of confirmed/suspected measles cases in the community-OUTBREAK RESPONSE

Return to general ward and treat accordingly

Look for & trace contacts in the ward/hospital & Vaccinate

Inform referring Institution: Children's home or family

Ensure proper **Isolation**/ management of a confirmed measles case

Notify case using a **GW/17 form**

- All children from the age of 6 months who are admitted to hospital should receive measles vaccine upon admission.
- HIV positive children should still be given measles vaccine.
- Children who are severely immunocompromised including symptomatic HIV infection should be immunised at the discretion of the attending physician.
- Children who are too sick to receive measles vaccine upon admission should be immunised before discharge.

MEASLES CASE INVESTIGATION FORM (JULY 2017)

EPID NUMBER: SOA - _____-_____-_____-_____

(Will be assigned at Provincial Office)

Country | Prov Code | District Code | Year Onset | Case number

Name of person completing form: _____Signature:_____

Sources of Data: Caregiver ☐ Clinician ☐ Medical records ☐ No data obtained ☐

Name of Health Facility attended: _____ Name of attending clinician: _____

Health Facility street address: _____

_____Contact number: _____

PATIENT DETAILS

Full name: _____Gender: M ☐ F ☐ Unknown ☐

Date of birth: ____/____/____ If DOB unknown Age: ___ Unit: Days ☐ Wks ☐ Months ☐ Yrs☐; DOB and Age Unk ☐

Street address:_____

Health District _____Town/ City: _____ Province: _____ Contact Number(s): _____

CURRENT PRESENTATION

Presenting symptoms/signs (Tick all applicable Boxes): Rash ☐ Fever ☐ Conjunctivitis ☐ Cough ☐

Coryza/Rhinitis/runny nose ☐ Other (Specify)_____

Date of onset of rash: _____/_____/_____ | Date of Presentation at the health facility: _____/_____/_____

Clinical Management: Vitamin A given: Y ☐ N ☐ Number of doses ☐

Specimens Collected (Tick where applicable): Blood/Serum ☐ Nasopharyngeal/Saliva ☐

Dried Blood Spot ☐ Date of specimen collection: _____/_____/_____

MEDICAL AND CONTACT HISTORY

History of contact with a suspected measles case in the past 7 to 28 days: Y ☐ N ☐ Unknown ☐

History of contact with a laboratory confirmed measles case in the past 7 to 28 days: Y ☐ N ☐ Unknown ☐

History of travel in the past 7 to 28 days: Y ☐ N ☐; if yes, name of place or country travelled to _____

History of previous visit or admission to a healthcare facility in the past 7 to 28 days: Y ☐ N ☐ Unknown ☐ ;

If yes, Name of the Facility:_____ Diagnosis at the Facility:_____

Vaccination Information obtained from: Road to health card ☐ Self reported ☐ Not obtained ☐

Measles vaccination received: Y ☐ N ☐ Unknown ☐ | If yes, number of doses: 1 ☐ 2 ☐ >2 ☐ Date of last measles vaccination: _____/_____/_____

RESPONSE TO CASE : Case Notified: Y ☐ N ☐ Unknown ☐ Date of Notification_____/_____/_____

Contacts follow-up	Number			Action Taken
	< 5 yrs	5-14 yrs	>=15 yrs	
Household				
School/Crèche				
Other (Specify)_____				

Active Case Finding: Y ☐ N ☐ | Number of suspected measles cases found: None ☐ or specify number_____

30 DAY FOLLOW-UP OF ALL IgM POSITIVE CASES

Complications (Tick where applicable): None ☐ Pneumonia ☐ Otitis Media ☐ Diarrhoea ☐ Febrile seizures ☐ Laryngotracheobronchitis (Croup) ☐ Corneal Ulceration ☐ Blindness ☐Encephalitis ☐

Final outcome (Tick where applicable): Patient admitted to Hospital: Y ☐ N ☐ Patient Died: Y ☐ N ☐

NB: *Complete a separate case investigation form for each suspected measles case identified*

MEASLES CASES TO BE NOTIFIED TO THE PROVINCIAL CONTACT PERSON: Name &Phone: Ms C. Lawrence, 021-483-9917/3156/9964/4769 or 021-830-3727, 072-356-5146, 023-348-8136 (Cape Winelands), 023-414-8200 (Central Karoo), 044-803-2779 (Eden/Garden Route), 028-214-5849, 028-214-5852 (Overberg), 022-487-9354 (West Coast)

IMMEDIATELY SEND A COPY OF THIS COMPLETED FORM TO THE EPI DISTRICT & PROVINCIAL MANAGERS OR COORDINATORS

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT: EXPANDED Programme on Immunisation National Office: 012 395 9458/ 012 395 9051/012 395 9453

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Notifiable Medical Conditions (NMC) Case Notification Form

{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

This form must be **completed immediately** by the health care provider who diagnosed the condition ***Please mark applicable areas with an X***

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

Health facility name *(with provincial prefix)*	Health facility contact number	Health district
Patient file/folder number	Patient HPRS-PRN	Date of notification y y y y - m m - d d

Patient demographics				**Patient residential address**
First name				Street/dwelling unit/building/ERF number
Surname				Street name, building, location description
S.A ID number				Sub-place, suburb, village, postal area
Passport/other ID number				Town/city Post code:
Citizenship				**Employer/educational institution address**
Date of birth	y y y y - m m - d d			Institution name
Age	Years	Months (if less than 1yr	Days (if less than 1 month)	Street name, building, location description
Gender	Male	Female		Sub-place, suburb, village, postal area
Is patient pregnant?	Yes	No	Unknown	Town/city Post code:
Contact number				Contact number

Medical conditions details						
Name of NMC diagnosed			History of possible exposure to NMC in the last 60dys		No Yes Unknown	
Method of diagnosis	Clinical signs and symptoms ONLY		Rapid test	X-ray	Laboratory confirmed	Other:
Clinical symptoms relating to the NMC						
Treatment given for the NMC						
Date of diagnosis	y y y y - m m - d d			Date of symptom onset	y y y y - m m - d d	
Patient admission status	Outpatient	Discharged		Inpatient	Ward name	
Patient vital status	Alive	Deceased		Date of death	y y y y - m m - d d	

Travel history in the last 60 days			
Did patient travel outside of usual place of residence?	Yes	No	*If yes, complete the travel details below*
Place travelled from	Place travelled to	Date patient left usual place of residence	Date patient returned to usual place of residence
Country/Province/Town	Country/Province/Town	y y y y - m m - d d	y y y y - m m - d d
Country/Province/Town	Country/Province/Town	y y y y - m m - d d	y y y y - m m - d d

Vaccination history *for the NMC diagnosed above (complete only for vaccine preventable NMC)*				
Vaccination status	Not vaccinated	Up-to-date	Unknown	Date of last vaccination y y y y - m m - d d

Specimen details			**Notifying health care provider's details**	
Was a specimen collected?	Yes	No	First name	
Date of specimen	y y y y - m m - d d		Surname	
Specimen barcode/lab number			Mobile number	
			SANC/HPCSA number	Notifier's signature

The top copy (white) must be sent to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or NMC hotline 072 621 3805 and to the sub-district/district office. The middle copy (blue) must be attached to the patient referral letter or patient file. The bottom copy (pink) must remain in the booklet

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Notifiable Medical Conditions (NMC) Case Notification Form

{Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003)}

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

This form must be **completed immediately** by the health care provider who diagnosed the condition ***Please mark applicable areas with an X***

For each of the data elements below, capture/document the information as explained	
Age	Enter the age of the patient in the **Years** box for patients aged 1yr and above, in the **Months** box for patients aged less than 1yr and in the **Days** box for patients aged less than 1 month.
Clinical symptoms	Document two or more classical presenting symptoms for the NMC being notified.
Citizenship	Document the patient's nationality or country of origin.
Date of birth	Complete the date of birth in full if known. – If only year of birth is known, complete as YYYY/06/15. – If only year and month of birth are known, complete as YYYY/MM/15.
Date of diagnosis	Enter the date when the NMC was clinically diagnosed by health care provider.
Date of notification	Enter the date when the NMC case was reported/notified.
Date of symptom onset	Enter the date when the patient first noticed clinical signs and symptoms for the NMC.
Date specimen taken	Enter the date when the specimen(s) were drawn from the patient.
Employer/educational institution address And Residential address	If patient is employed, enter the physical address of employment. If patient is a scholar, enter school address as follows: 1st line – only enter name of the institution 2nd line - only enter street/dwelling number and name 3rd line - only enter location/village/suburb 4th line - only enter town/city and postal code Enter the patient's physical address as above. If the street address is not known, use the postal address.
First name and surname	Enter the first name and surname of the patient in full as it appears on their Identity Document. No nicknames or initials should be put in this field.
Gender	Mark with X either male or female. If the patient is a female also indicate whether she is pregnant or not.
Health facility name	Enter the name of the health facility as it is reflected on the DHIS org unit hierarchy. Put Provincial prefix in lower cases i.e. kzn HEALTH_FACILITY_NAME.
Method of diagnosis	Indicate how the NMC was diagnosed by marking with an X in the appropriate box.
NMC diagnosed	Enter the name of the NMC being reported/notified (suspected or confirmed). Only one NMC per form.
Notifier's mobile number	Enter the mobile phone number of the health care provider who notified the case for acknowledgement and feedback purposes.
Patient File/folder number	Enter the patient file/folder number.
Patient HPRS-PRN	Enter the Department of Health's Health Patient Registration System – Patient Registration Number. If the facility is not yet on the HPRS, leave this field blank.
Patient admission status	Mark with an X the patient admission status. If patient is admitted then complete the name of the ward.
SA ID number	Enter the patient's 13-digit South African identity number.
SANC/HPCSA number	Enter the notifier's South African Nursing Council or Health Professions Council of South Africa number.
Specimen barcode	Stick the laboratory barcode sticker or write the barcode number on the space provided.
Travel history	Indicate whether the case travelled outside of their usual place of residence by marking the relevant box. If the yes box is marked, then complete all travel related information.
Treatment given for the NMC	List the medication given to treat the NMC.
Vaccination status	For vaccine preventable NMC ONLY. Mark the appropriate box with an X.

Measles Vaccine
Frequently Asked Questions

1. What is the current measles vaccination schedule?

As of August 2016, the Expanded Program on Immunizations (EPI) schedules measles vaccination at 6 months and a second vaccine at 12 months of age. The current preparation is called 'MeasBio®'. The efficacy of two doses of measles vaccine ranges from to 93-99%. In addition to routine vaccination, in South Africa, supplementary immunisation activities are conducted every 3-4 years. These are vaccination campaigns usually targeting all children under 5 years of age. The purpose of these is to immunise any children who may have missed a measles vaccine, and to increase the efficacy of vaccination.

2. Which route of administration is used?

The vaccine is usually given as a deep subcutaneous injection, but may be given intramuscularly. Infants are vaccinated in the left thigh, whilst older children and adults are vaccinated in the shoulder.

3. What is the composition of the measles vaccine?

A monovalent (single strain) live attenuated (alive, but substantially weakened measles virus) measles vaccine is used in the EPI-SA schedule. The South African National Department of Health is currently using a vaccine called Meas-Bio®. As with all vaccines, this vaccine preparation includes residual amounts of antibiotic (kanamycin and erythromycin), and also small amounts of sorbitol, lactose, porcine gelatin, cysteine, NaOH, and phenol red (0.002%) - as preservatives, stabilisers and residue from production. This vaccine does not contain any thiomersal, mercury compounds or hen's egg derivatives. A strain which is genetically identical, but which is prepared differently (without gelatin), is also available in combination with mumps and rubella as MMR vaccine. The MMR is available in the private sector.

4. What type of adverse reactions after vaccination can be expected?

Relatively common adverse reactions which after vaccination at a rate of less than 1 in 20 persons include pain at the injection site, fever between 7 and 12 days following the vaccination, morbilliform rash between 7 and 10 days following vaccination. These side effects are generally mild and are dealt with symptomatically.

Very rare but more serious adverse reactions after vaccination include encephalitis (1 in 2 million), febrile seizures (1 in 3 000), thrombocytopenia or low platelets (1 in 30 000) and anaphylaxis or severe allergic reaction (1 in 1 million). The risks of serious complications following measles infection are enormously greater than vaccine-related serious adverse reactions and include death, pneumonia with permanent lung damage, and corneal scarring. Person-to-person transmission of measles vaccine strains has never been documented.

5. What are the contra-indications for measles vaccination?

Persons who should not receive the measles vaccine are those who have had severe anaphylaxis following a measles vaccination, patients with congenital immunodeficiency disorders, leukaemia, lymphoma or serious malignant disease and persons who are receiving treatment with chemotherapy, therapeutic radiation, or high

dose corticosteroids (>20mg/day or >2mg/kg/day prednisone or equivalent). Measles vaccine should be avoided in pregnancy. However, in the 3rd and possibly the 2nd trimesters of pregnancy, the benefit of vaccination may well outweigh the risks of complications due to measles infection (high risk of severe maternal morbidity, foetal loss, prematurity, and perinatal infection). HIV-infected persons are at increased risk for serious complications and death from measles infection however, the risk is proportional to the degree of immunosuppression. HIV infected persons on anti-retroviral therapy should receive measles vaccine as the risk of complications of measles likely outweighs any potential risks from measles vaccination. The efficacy of measles vaccine may be suboptimal in persons with advanced HIV and they may not develop adequate protection post- vaccination. These persons are at risk for complications of measles infection and should receive vaccine in consultation with their health practitioners. Administration of immunoglobulin or other antibody-containing blood products may neutralize the effect of measles vaccine for 3 - 11 months. Following measles vaccination, receipt of such blood products should be delayed for at least 2 weeks, if possible. There is currently no hyper-immune globulin for measles post- exposure prophylaxis. Pooled immunoglobulin is not effective. Measles vaccination post- exposure

6. How should the vaccine be stored?

Maintaining the cold chain is very important. Lyophilized vaccine should be stored in the freezer, and reconstituted vaccine must be stored in the refrigerator at 2 - 8^{0}C and used within 6 hours.

7. Health care workers and vaccination

It is important to take responsibility for one's own health. All personnel that have contact with potentially infected patients should be vaccinated as part of the current public health response to prevent further spread of the measles infection.

8. How to deal with parents/patients concerned about vaccines and safety

All persons have a right to know the risks and benefits of any medical intervention, including vaccination. It is appropriate to engage respectfully and transparently with concerned parents and individuals. It is appropriate to provide the vaccine package insert, and other resources explaining risks and benefits. Identify the commonly occurring side effects and how these are managed. Make persons aware that severe reactions are very rare. If parents are aware of controversies regarding measles vaccine and links to autism, attention deficit hyperactivity disorder (ADHD) or Guillain-Barré syndrome, provide reassurance that these myths are not grounded in observations and have been rejected by the international scientific community.

9. Useful vaccine information websites

- The South African Vaccination and Immunization Centre (www.savic.ac.za)
- National Institute of Communicable Diseases – FAQ on Measles (at https://www.nicd.ac.za/diseases-a-z-index/measles/)
- The Vaccine Page (www.vaccines.org).
- WHO – Immunization Safety (www.who.int/immunization_safety/en/).

Measles
Prevention of secondary cases

How often does measles occur in South Africa?	Occasional sporadic cases and intermittent outbreaks in South Africa. Most cases in children <5 years; the majority of these occur in children <1 year.
How is measles transmitted?	Measles is transmitted from person to person through: ▪ inhalation of airborne micro-droplet respiratory secretions (from the nose or throat) from infectious patients ▪ direct contact with large-droplet respiratory secretions (from the nose or throat) from infectious patients ▪ less commonly, by indirect contact: through contact with articles freshly soiled by nose or throat secretions of infectious patients
What is the incubation period of measles?	Average 10-14 days (range 7-18 days).
When are persons with measles infectious?	Patients are infectious from one day before the onset of prodromal symptoms (usually about 4 days before the rash appears) until four days after the rash appears.
Who is susceptible to measles?	All those not previously infected or vaccinated are susceptible to measles. Vaccine-induced immunity wanes over time, so adults who were vaccinated as children may also be susceptible. Acquired immunity after infection is long-lasting.
What control measures should be implemented after measles cases are diagnosed?	
a. Index case	Patients admitted to hospital must be isolated on admission. Standard precautions, contact precautions (wearing gloves and plastic aprons etc) and droplet precautions (wearing a surgical face mask) to be practiced in the pre-hospital setting for patients with suspected measles.
b. Contacts	a. Identify contacts. Close contacts include the following persons exposed to the index case during the infectious period (4 days before rash appears until 4 days after rash appeared) • Those having close contact with the index case in a household-type setting. This includes those living and/or sleeping in the same household; those such as scholars/students etc who sleep in the same dormitory/flat etc; and kissing/sexual contacts of the index case. • Childminders or persons who have looked after the index case • Healthcare workers Additionally, there may be other at-risk contacts whose risk of disease will depend on the duration of contact and their immunisation status. Examples of such contacts would include: • Friends, relatives, and caregivers who regularly visit the home • School/pre-school class contacts • Those who share the same room at work b. Assess all contacts for immunity to measles. Persons with previous history of laboratory-confirmed measles infection, or laboratory evidence of immunity should be considered immune. c. In line with the current South African Department of Health recommendations, all contacts who do not have laboratory evidence of

	previous measles or measles immunity should be offered post-exposure prophylaxis. This may take the form of measles vaccine or normal human immunoglobulin as follows:	
What post-exposure prophylaxis should be given to which contacts?		
Contact group	Post-exposure prophylaxis	Comments
1. Healthy persons aged ≥6 months with no contra-indications to receiving measles-containing vaccine	Measles-containing vaccine (measles vaccine OR MMR vaccine) ideally within three days of exposure.	• Measles-containing vaccine (measles vaccine OR MMR vaccine) given to infants <9 months does NOT replace the scheduled 9 month measles dose. • There are no ill effects from vaccinating those that may already be immune to measles (or mumps or rubella), be it from previous vaccination or natural infection, with measles-containing vaccine (measles vaccine OR MMR vaccine) so it is safe to administer regardless. • Measles-containing vaccine is most effective at preventing measles infection in contacts if given within three days of exposure. However, consider giving measles-containing vaccine even if exposure occurred more than three days previously, since it is a good opportunity to boost immunity and will not exacerbate symptoms if the person is already incubating measles infection.
2. Those with contra-indications to receiving measles-containing vaccine: a. Congenital immunodeficiency disorders b. Leukaemia, lymphoma or other malignancies of the bone marrow or lymphatic system c. Persons receiving systemic immunosuppressive therapy, including corticosteroids at doses of ≥2 mg/kg body weight or ≥20 mg/day of prednisone/equivalent for ≥2 weeks. d. Confirmed anaphylactic reaction to a previous dose of a measles-containing vaccine e. Confirmed anaphylactic reaction to neomycin or gelatine	Consider normal human immunoglobulin (dosage: 0.5 mL/kg body weight (maximum dose = 15 mL) given I.M.) if it can be administered within six days of exposure, to persons listed in in the next column: • Infants <6 months whose mothers are non-immune • Severely immunocompromised patient including a) Severe primary immunodeficiency; b) Bone marrow transplant until at least 12 months after completing immunosuppressive treatment; c) Patients on treatment for acute lymphocytic leukaemia until at least 6 months after completing immunosuppressive chemotherapy	There is currently no accepted minimum level of measles antibody required in normal human immunoglobulin, and levels of measles-neutralising antibodies have declined in recent years. The efficacy of currently available normal human immunoglobulin in preventing/modifying measles in exposed persons is therefore not known, and may be poor.
3. Pregnant women	There is no evidence that measles vaccine causes harm to the pregnant	Measles infection in pregnancy is associated with high risk of maternal morbidity, fetal loss, prematurity and perinatal infection.

	women or her fetus, but it remains a theoretical risk. MMR vaccine is contra-indicated in pregnancy and should not be given. Consider normal human immunoglobulin for pregnant women without evidence of measles immunity, if risk of measles infection is high, provided it can be given within 6 days of exposure. Dosage: 0.5 mL/kg body weight (maximum dose = 15 mL) given I.M.	There is currently no accepted minimum level of measles antibody required in normal human immunoglobulin, and levels of measles-neutralising antibodies have declined in recent years. The efficacy of currently available normal human immunoglobulin in reventing/modifying measles in exposed persons is therefore not known, and may be poor.
4. HIV-infected children and adults	Measles vaccine or MMR can be given to the following groups within three days of exposure: • HIV-infected children ≥6 months and <5 years with CD4 percentage >15% • HIV-infected persons >5 years with CD4 count ≥200 µL <u>Consider giving measles vaccine or MMR</u> within three days of exposure, to HIV-infected children ≥6 months and <5 years with CD4 percentage <15% and HIV-infected persons >5 years with CD4 count <200 µL if risk of measles infection is high.Consider normal human immunoglobulin (dosage: 0.5 mL/kg body weight (maximum dose = 15 mL) given I.M.)within six days of exposure for: • HIV-infected children <6 months of age • HIV-infected children ≥6 months and <5 years with CD4 percentage <15% • HIV-infected persons >5 years with CD4 count <200 µL	Measles vaccine and MMR may cause vaccine-related measles disease in HIV-infected persons with severe immunosuppression. However, vaccination for such individuals must be considered given the high risk of severe measles disease following measles infection in this group. There is currently no accepted minimum level of measles antibody required in normal human immunoglobulin, and levels of measles-neutralising antibodies have declined in recent years. The efficacy of currently available normal human immunoglobulin in preventing/modifying measles in exposed persons is therefore not known, and may be poor.
Immediate environment	Routine cleaning and disinfection.	
Exclusion	Children and adults with measles must be excluded from school/work, medical offices, emergency rooms or public places for 4 days after the rash appears.	
Comments	Measles (both clinically suspected and laboratory-confirmed) is notifiable in South Africa.	

Western Cape Government

EXPANDED PROGRAMME ON IMMUNISATION

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
ACUTE FLACCID PARALYSIS (AFP) OR SUSPECTED POLIO	**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.** • 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	☞**Obtain an EPID No. *immediately*** 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. ☞**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). • 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. ☞**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. ☞**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.

DISEASE	PROFESSIONAL CASE DEFINITION	ACTIONS
NEONATAL TETANUS (NNT)	**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)** **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.**	☛**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. ☛**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.
MEASLES	**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.** **Confirmed Measles Case** **A suspected case with laboratory confirmation (positive IgM antibody) or epidemiological link to confirmed cases in an outbreak.**	☛**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) ☛**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. ☛**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. ☛District officials to **maintain a standardized suspected measles line list** and forward on a weekly basis to the Provincial CDC-EPI office.

<table>
<tr><th>DISEASE</th><th>PROFESSIONAL CASE DEFINITION</th><th>ACTIONS</th></tr>
<tr><td>ADVERSE EVENTS FOLLOWING ON IMMUNISATION (AEFI)</td><td>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
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.</td><td>☞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.</td></tr>
<tr><td>Focal persons and Active surveillance site visits</td><td colspan="2">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.</td></tr>
<tr><td>Weekly Priority conditions reporting and facility visits</td><td colspan="2">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.booysen@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.</td></tr>
<tr><td>For more details see related circulars and documents:</td><td>Acute Flaccid Paralysis (AFP)
Circular H97/2017 – Urgent appeal to healthcare workers for intensified AFP surveillance, 14/07/2017
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
Adverse Events Following Immunisation
Circular H72/2021: Vaccine Safety Surveillance: Adverse Events Following Immunisation (AEFI) Monitoring for COVID-19 Vaccination, 01/06/2021</td><td>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
Consult the following guidelines within the EPI-SA Programme
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</td></tr>
</table>

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. Van Dieman@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		Roenell.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@westernccape.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.Booysen@westerncape.gov.za Charlene.lawrence@westerncape.gov.za
Cape Winelands*:* Ms Gladesene Verwey	023-348-8136		Gladesene.Verwey@westerncape.gov.za
Central Karoo: Mr. Jean-Pierre Rossouw	023-414-8200		Jean-Pierre.Rossouw@westerncape.gov.za
Garden Route*:* Mr. Clinton Moolman	044-803-2779	044-874-0631	Clinton.Moolman@westerncape.gov.za
Overberg: Mr. Valentino Louis or Ms Beatrice Groenewald	028-214-5849/028-214-5852	086-631-7077	Valentino.Louis@westerncape.gov.za 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 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 (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

Western Cape Government

Communicable Disease Control and Child Health-EPI, Tel: 021-483-9964/3156/9917 or 021-830-3727 or 086-611-1092 / 021-483-2682 (fax), francois.booysen@westerncape.gov.za , felencia.daniels@westerncape.gov.za, charlene.lawrence@westerncape.gov.za, babongile.ndlovu@westerncape.gov.za

ANNEXURE 4: CDC WEEKLY PRIORITY CONDITION SUMMARY REPORTING FORM

Report to be completed by the focal person at the reporting site (health facility) and faxed (086-611-1092 / 021-483-2682) or emailed every Monday (for the previous week). Please submit a zero / nil report if there have been nil cases (EPI conditions). **NB! Please attach the notification form and/or the Case Investigation Form, laboratory report of reported cases.**

Weekly Summary Reporting Form

Year:	Week	Month:	
Province:	District		Reporting Site Name (Health Facility)/district
Officially expected reports:	Number of reports received:		Reports received on time:
Name of reporting official/person:	Telephone and fax number:		

	PRIORITY CONDITION / DISEASE	Cases	Deaths	Laboratory confirmed cases	Observations/Comments
1	Acute Flaccid Paralysis (AFP)				
2	Adverse Events Following on Immunisation (AEFI)				
3	Cholera				
4	Foodborne Illness / Food poisoning case/outbreaks				
5	Malaria				
6	Suspected Measles				
7	Meningococcal Meningitis				
8	Neonatal Tetanus				
9	Rabies				
10	Shigella Dysentery				
11	Enteric Fever				
12	Viral Haemorrhagic Fever				
13	Any other event of public health importance (Specify)				Condition/Disease/Diagnosis:
14	Outbreaks (suspected / confirmed)				Condition/Disease/Diagnosis: Facility, Sub-district: Description of event:

Disease/Condition/Event: Acute Flaccid Paralysis (AFP), Adverse Events following Immunisation (AEFI), Cholera, Foodborne Illness/Food poisoning cases/outbreaks, Malaria, suspected Measles, Meningococcal Meningitis, Neonatal Tetanus, Rabies, Shigella Dysentery, Enteric fever, Viral Haemorrhagic Fever, Any other event or disease of public health importance (specify)/ outbreaks

Updated: June 2022

Western Cape Government

EXPANDED PROGRAMME ON IMMUNISATION

ANNEXURE 5: FEEDBACK REPORT ON INVESTIGATION AND RESPONSE TO A LABORATORY CONFIRMED MEASLES CASE

1.	**Name and surname:**	
2.	**Date of Birth:** **Age (years/months):**	
3.	**Physical Address:**	
4.	**EPID Number:** (Attach the CIF, RTHB)	
5.	**Date of onset rash**	
6.	**Health Facility where diagnosis has been made:**	
7.	**Travel history:** Indicate period and country/are travelled to **Contact / link to a confirmed measles case/s:**	
8.	**Background & current condition:** **Symptoms currently experienced:**	
9.	**Clinical treatment:** (e.g., was Vit A provided etc., admitted to hospital?)	
10.	**Current condition:** Complications: Further management: Outcome:	
11.	**Lifestyle and home:**	
12.	**Prevention & Health education:**	

13.	**<u>Detailed description of contacts (if a few) in terms of:</u>** **1. Age** **2. Vaccination history** **3. Location of contact (e.g. crèche, home, hospital etc.)** **4. Timing of contact relative to patient's rash onset. (e.g., Contact X was at school with patient Y on the day before rash onset etc.)**	
13.1.	**If many contacts e.g., school, please provide high level details of the contacts (in terms of question 13 above)**	**<u>Summary</u>**
14.	**<u>Follow-up of contacts:</u>** **Summary of provision of booster measles vaccination to:** • Household contacts • Hospital staff (if applicable) • Educational institution e.g., creche, school, university, hostel **Identification of additional suspected measles cases and follow-up**	:

14.	**Date and summary of findings at home/institution visit:**	
15.	**Name of reporter:** **Designation (e.g., Child Health Coordinator):** **Name or district/sub-district/substructure/health facility:** **Contact details (tel., cell, email):** **Date of report/feedback:**	
	Compiled by Provincial Communicable Disease Control, Service Priorities Coordination, ECSS; June 2022 **Kindly send the completed document, with a copy of the Measles Case Investigation Form completed at the health facility, and a copy of the Road to Health Booklet** of the case to the CDC-EPI office: Tel: 021-483-9964/3156/9917 or 021-830-3727 or 086-611-1092 / 021-483-2682 (fax), Email: Babongile.ndlovu@westerncape.gov.za / babongilen@nicd.ac.za, francois.booysen@westerncape.gov.za, felencia.daniels@westerncape.gov.za , charlene.lawrence@westerncape.gov.za, Sonia.botha@westerncape.gov.za, Washiefa.isaacs@westerncape.gov.za and any of the district/sub-district focal EPI officials.	