

# Why Notify? The National Notification System in a nutshell

## In a Nutshell

The disease reporting system in South Africa is based on government law (current legislation) and regulations under which specific infectious diseases must be reported on specific Government forms on a daily/ weekly basis to the Local Authority ( Local Municipality ) for action who then reports top the Provincial Department of Health and on to the National Department of Health.

## Why should I notify?

"The purpose of notification is disease control". It is therefore important that we should all notify cases and deaths due to a Notifiable condition. This will assist the health authorities to speedily implement measures that will prevent the spread of that disease. For example if there are cases of cholera that are notified very quickly, this prevents the spread of the disease and the unnecessary loss of human life. Experts in Disease Control and Epidemiology are often called upon to investigate diseases to determine the cause of the disease ( in this case cholera ) and put measures in place to prevent the further spread e.g. health promotion activities in the communities and in health facilities to improve hygiene practices, water supply and sanitation.

## How do I notify?

The Government has made available specific forms for notification purposes. Form GW17/5 MUST be used to notify a CASE or a DEATH of a Notifiable condition. N.B. Health workers must ensure that a DEATH from a Notifiable condition has also been notified as a CASE.

## Which conditions are notifiable?

| ICD10 Code  | Name                                       |
|-------------|--|
| AFP         | Acute flacid paralysis                     |
| A22         | Anthrax                                    |
| A23         | Brucellosis                                |
| A00         | Cholera                                    |
| A50         | Congenital syphilis                        |
| A98         | Crimean-Congo fevers of Africa             |
|             | Other haemorrhagic fevers of Africa        |
| A36         | Diphtheria                                 |
| A02 & A05   | Food poisoning                             |
| H1B         | Haemophilus influenza type B               |
| T56         | Lead poisoning                             |
| A48         | Legionellosis                              |
| A30         | Leprosy                                    |
| B54         | Malaria                                    |
| B05         | Measles                                    |
| A39         | Meningococcal infection                    |
| A01         | Paratyphoid fever                          |
| A20         | Plague                                     |
| T57 & T60   | Poisoning agricultural stock remedies      |
| A80         | Poliomyelitis (ICD10: Acute)               |
| A82         | Rabies                                     |
| 100         | Rheumatic fever                            |
| A35         | Tetanus (ICD10: other)                     |
| A33         | Tetanus neonatorum                         |
| A71         | Trachoma                                   |
| A16.7       | Tuberculosis Primary                       |
| A16.2       | Tuberculosis Pulmonary                     |
| A16.9       | Tuberculosis (other respiratory organs)    |
| A17.0 & G01 | Tuberculosis of meninges                   |
| A18.3       | Tuberculosis of intestine, peritoneum      |
| A18.0       | Tuberculosis of bones and joints           |
| A18.1       | Tuberculosis of genitor-urinary system     |
| A18.8       | Tuberculosis of other organs               |
| A01         | Typhoid fever (ICD10: Typoid fever)        |
| A75.0       | Typhus fever (ice-borne)                   |
| A75.2       | Typhus fever (rat flea-borne)              |
| B15.9       | Viral hepatitis type A (ICD10: Acute)      |
| B16.9       | Viral hepatitis type B (ICD10: Acute)      |
| B17.8       | Viral hepatitis non-A non-B (ICD10: Acute) |
| B19         | Viral hepatitis unspecified                |
| A37         | Whooping cough                             |
| A95         | Yellow fever                               |
|             | Diarrhoea                                  |
|             | Swine flu / H1N1                           |
|             | Avian Influenza                            |

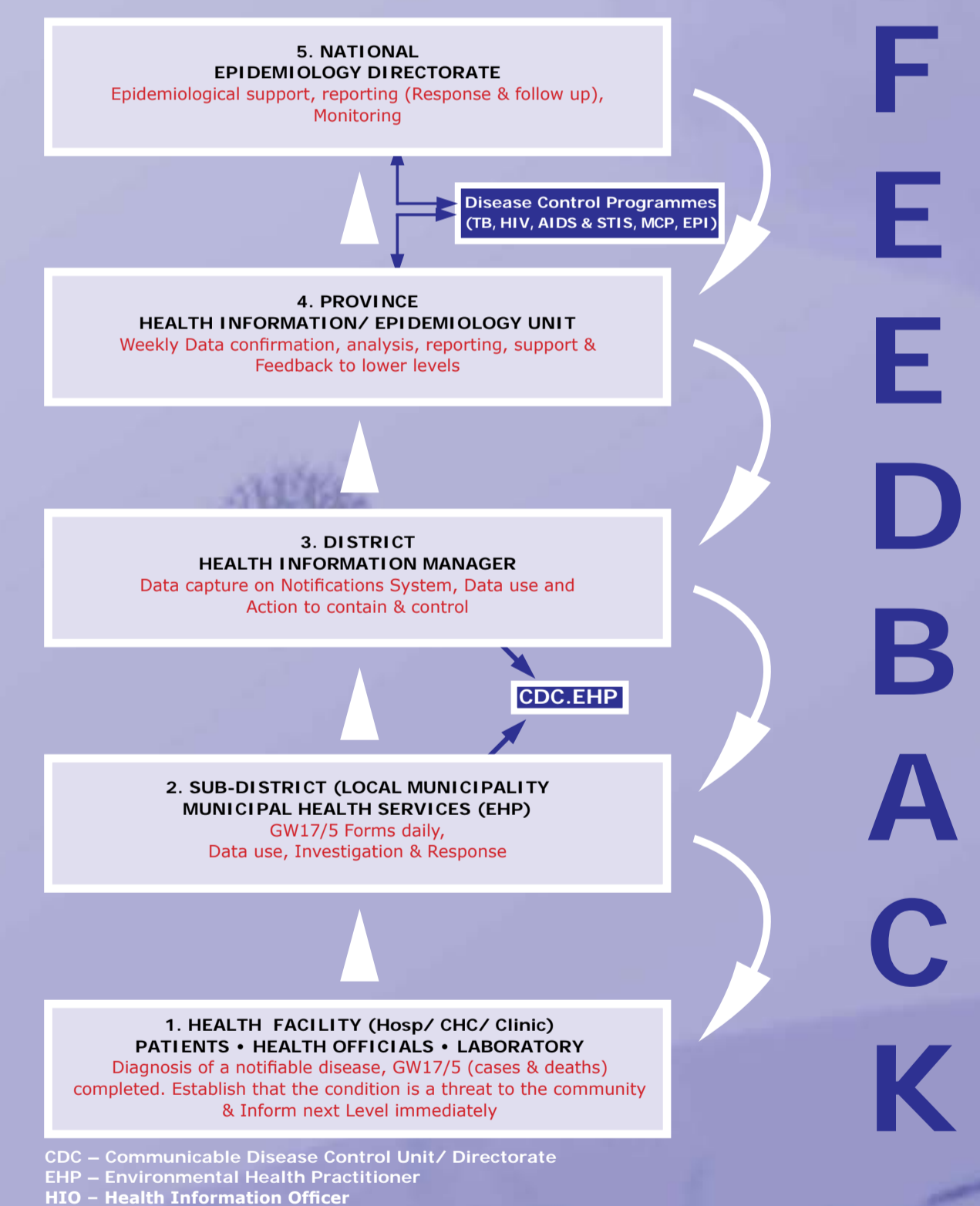
## Who should notify?

Any health worker who sees and diagnoses a case or death from a Notifiable condition has the legal responsibility to notify such a case or death to the relevant Authority. This includes health workers in both the public and private health sector (17/5)

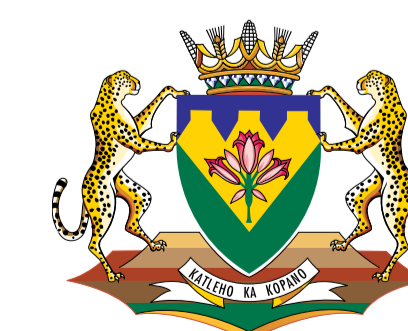
## The Responsibility of the Local Authority

The local authority shall investigate and do all it can to control any disease that is Notifiable. Should extra resources/ expertise be required the provincial and national departments of health, will be available to assist

## Notifications data flow investigation & response activities



| DISTRICT           | CONTACT PERSON            | CONTACT NUMBER | FAX           |
|--------------------|---------------------------|----------------|---------------|
| Motheo             | CDC District Co-ordinator | 051-447 2194   | 051-447 6477  |
| Xhariep            | CDC District Co-ordinator | 053-205 0977   | 053-205 50731 |
| Lejweleputswa      | CDC District Co-ordinator | 057-910 3206   | 057-352 9277  |
| Fezile Dabi        | CDC District Co-ordinator | 056-216 3324   | 056-216 3312  |
| Thabo Mofutsanyana | CDC District Co-ordinator | 058- 303 2191  | 058-713 2154  |



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# Hobaneng ho lokelwa ho tsebiswa?

## Mokgwatshebetso wa tsebiswa ya setjhaba ka bokgutshwane

Mokgwa wa tsebiswa ya mahloko Afrika Borwa o tsepamisitswe molaong wa mmuso (molaong o tshabetsong ha jwale) moo mahloko a itseng a tshwaetsanang a tlameha ho tsebahatswa diforomong tsa mmuso letsatsi le leng le le leng/ ka beke masepaleng wa selehae hore ho be le mohato o e etswang, oo o tla tsebisang Lefapha la bophelo bo botle profenseng le ho la naha.

### Hobeng ke lokela ho tsebiswa?

"Lebakabaka la tsebiswa ke ho laola mahloko". Ho bohlokwa hore re tsebise mahloko le mafu ohle ka lebaka la maemo a mokgwatshebetso. Sena se tla thusa hore bahlanka ba tsa bophelo ba phakise ka ho kenya tshabetsong metjha e tla thibela ho nama ha mafu. Mohlala, ha ho na le mahloko a tshwanang le kholera a ka tsebisahatswang kapele, sena se tla thibela ho nama ha mahloko le batho ba lahlehlang ke maphelo a bona. Ditsibi tsa thibelo ya mahloko a namang di bitsetswa ho fuputsa hore di tsebe sesosa sa mafu (e leng kholera) mme ba tle ka metjha e tla thibelang ho nama ha mahloko mohlala, ntlafatso ya diketsahalo tsa bophelo bo botle setjhabeng le dibakeng tsa bophelo ho ntlafatsa tlhokomelo ya mmele, phepele le tlhwekiso ya metsi.

### Ke tsebiswa jwang?

Mmuso o fana ka diforomo tsa tsebiswa. Foromo ya GW17/5 e tlameha ho sebediswa bakeng sa ho etsa tsebiswa ya BOHLOKO kapa LEFU maamong a mokgwatshebetso. ELA HLOKO. Basebeletsi ba bophelo bo botle ba lokela etsa bonnete ba hore LEFU hotswa maamong a mokgwatshebetso a tsebahaditswe jwaloka BOHLOKO.

### Ke maemo a fe a tlamehang ho tsebahatswa?

| ICD10 Khoutu | Lebitso   |
|--------------|---|
| AFP          | Acute flacid paralysis  |
| A22          | Anthrax   |
| A23          | Brucellosis   |
| A00          | Kholera   |
| A50          | Congenital syphilis   |
| A98          | Crimean-Congo feveru ya Afrika<br>Feberu tse ding tsa madi tsa Afrika |
| A36          | Diphtheria  |
| A02 & A05    | Dijo tse nang le tjhefu   |
| H1B          | Haemophilus influenza ya mofuta wa B                                  |
| T56          | Tjhefu  |
| A48          | Legionellosis   |
| A30          | Lepera  |
| B54          | Malaria   |
| B05          | Maselese  |
| A39          | Tshwaetsano ya Meningococcal  |
| A01          | Feberu yaParatyphoid  |
| A20          | Sewa  |
| T57 & T60    | Pheko ya tjhefu ya temo   |
| A80          | Poliomyelitis (ICD10: E hlokolotsi)                                   |
| A82          | Bohlanyantja  |
| 100          | Feberu ya ramatiki  |
| A35          | Tetanus (ICD10: e nngwe)  |
| A33          | Tetanus neonatorum  |
| A71          | Trakhoma  |
| A16.7        | Lefuba la pele  |
| A16.2        | Lefuba la Pulmonary   |
| A16.9        | Lefuba la (dikarolo tse phekamolohang)                                |
| A17.0 & G01  | Lefuba la meninges  |
| A18.3        | Lefuba la dikahare  |
| A18.0        | Lefuba la masapo le manonyeletso                                      |
| A18.1        | Lefuba la dikarolo tse patehileng-la motshetshe                       |
| A18.8        | Lefuba la dikarolo tse fing   |
|              | Lefuba ka kakaretso   |
| A01          | Feberu yaTyphoid (ICD10: Feberu ya Typoid)                            |
| A75.0        | Feberu yaTyphus (ice-borne)   |
| A75.2        | Feberu ya Typhus (ratflea-borne)                                      |
| B15.9        | Viral hepatitis ya mofuta wa A (ICD10: E hlokolotsi)                  |
| B16.9        | Viral hepatitis ya mofuta wa B (ICD10: E hlokolotsi)                  |
| B17.8        | Viral hepatitis non-A non-B (ICD10: E hlokolotsi)                     |
| B19          | Viral hepatitis e sa hlalowsang                                       |
| A37          | Sefuba se matla   |
| A95          | Yellow fever<br>Diarrhoea<br>Swine flu / H1N1<br>Avian Influenza      |

### Ke lokela ho tsebiswa mang?

Mosebeletsi e mong le e mong wa bophelo ya hlahlobisang bohloko kapa lefu ho tswa ho maemo tsebiswa, o na le boikarabelo bo molaong ho tsebiswa bohloko kapa lefu leo ho ba mo okametseng. Taba ena e kenyelletse basebeletsi ba bophelo, ba sebeletsang mmuso kapa ba poraefete (17/5)

### Boikarabelo ba baokamedi ba selehae

Baokamedi ba selehae ba tla fuputsa mme ba etse se matleng a bona ho thibela mafu kgonahalang. Ha ho haella disebediswa/boiphihlello bo hlokalang mafapha a bophelo profenseng le naha ka kakaretso a tla thusa.

### Dipatlisiso tsa mokgwatshebetso le dipehelo



**F  
E  
E  
D  
B  
A  
C  
K**

CDC – Yuniti ya mafu a / Balaodi  
EHP – Mosebeletsi wa Bophelo wa tlhokomelo  
HIO – Mohlanka wa tlhaiso-leseding wa Bophelo bo botle

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# Waarom aanmeld?

## Die Nasionale Aanmeldingstelsel in 'n neutedop

### Waarom aanmeld? Aanmeldingstelsel in 'n neutedop

Die siekterapporteringstelsel in Suid-Afrika is gegrond op regeringswette (huidige wetgewing) en regulasies waarkragtens bepaalde aansteeklike siektes op bepaalde regeringsvorms daaglik/weeklik aan die Plaaslike Owerheid (Plaaslike Munisipaliteit) vir optrede gerapporteer moet word, wat dan aan die Provinsiale en Nasionale Gesondheidsdepartemente verslag moet doen.

### Waarom moet ek aanmeld?

"Die doel met aanmelding is om siektes te beheer". Dit is dus belangrik dat ons alle siekte- en sterfgevallen wat te wyte is aan 'n aanmeldbare siekte moet aanmeld. Dit sal die gesondheidsowerhede help om vinnig maatreëls te implementeer wat voorkom dat die siekte versprei. As gevalle van cholera byvoorbeeld voorkom en dit gou aangemeld word, kan voorkom word dat die siekte versprei en onnodige lewensverlies tot gevolg hê. Deskundiges op die gebied van Siektebeheer en Epidemiologie word dikwels gevra om siektes te ondersoek en vas te stel wat die oorsaak van die siekte is (cholera in hierdie geval) en om maatreëls te tef wat die verspreiding van die siekte voorkom, bv. gesondheidsbevorderingsaktiwiteite in gemeenskappe in gesondheidsfasiliteite om higiënepraktyke, watervoorziening en sanitasie te verbeter.

### Hoe meld ek aan?

Die regering het bepaalde vorms beskikbaar gestel vir aanmeldingsdoeleindes. Vorm GW17/5 MOET gebruik word om 'n geval van aanmeldbare SIEKTE of DOOD wat daaraan te wyte is aan te meld. LW. Gesondheidswerkers moet sorg dat 'n STERFGEVAL weens 'n Aanmeldbare toestand ook aangemeld was as 'n aanmeldbare GEVAL.

### Watter toestande is aanmeldbaar?

| ICD10-kode  | Name   |
|-------------|--|
| AFV         | Akute flaksiede verlamming   |
| A22         | Anthrax  |
| A23         | Brucellose   |
| A00         | Cholera  |
| A50         | Kongenitale sifilis  |
| A98         | Krim-Kongoors van Afrika<br>Ander hemorragiese koorstoestande van Afrika |
| A36         | Witseekel  |
| A02 & A05   | Voedselvergiftiging  |
| H1B         | Haemophilus influenza type B   |
| T56         | Loodvergiftiging   |
| A48         | Legionellose   |
| A30         | Melaats  |
| B54         | Malaria  |
| B05         | Masels   |
| A39         | Meningokokkale infeksie  |
| A01         | Paratifoidekoors   |
| A20         | Plaag  |
| T57 & T60   | Vergiftigende landbou-veemiddels   |
| A80         | Poliomyelitis (ICD10: Akueel)  |
| A82         | Rabies   |
| 100         | Rumatiekkoors  |
| A35         | Tetanus (ICD10: other)   |
| A33         | Tetanus neonatorum   |
| A71         | Tragoom  |
| A16.7       | Primêre Tuberkulose  |
| A16.2       | Pulmonêre Tuberkulose  |
| A16.9       | Tuberkulose (ander respiratoriese organe)                                |
| A17.0 & G01 | Tuberkulose van harsingvliese  |
| A18.3       | Tuberkulose van ingewande, peritoneum                                    |
| A18.0       | Tuberkulose van bene en gewrigte   |
| A18.1       | Tuberkulose van urigenitale stelsel                                      |
| A18.8       | Tuberkulose van ander organe   |
|             | Tuberkulose totaal   |
| A01         | Tifoïede koors (ICD10: Tifoïede koors)                                   |
| A75.0       | Tifus koors (deur ys versprei)   |
| A75.0       | Tifus koors (deur rotvloedie versprei)                                   |
| B15.9       | Virale hepatitis tipe A (ICD10: Akueel)                                  |
| B16.9       | Virale hepatitis tipe B (ICD10: Akueel)                                  |
| B17.8       | Virale hepatitis nie-A nie-B (ICD10: Akueel)                             |
| B19         | Virale hepatitis ongespesifiseerd  |
| A37         | Kinkhoes   |
| A95         | Geelkoors  |
|             | Diarrhoea  |
|             | Swine flu/ H1N1  |
|             | Avian Influenza  |

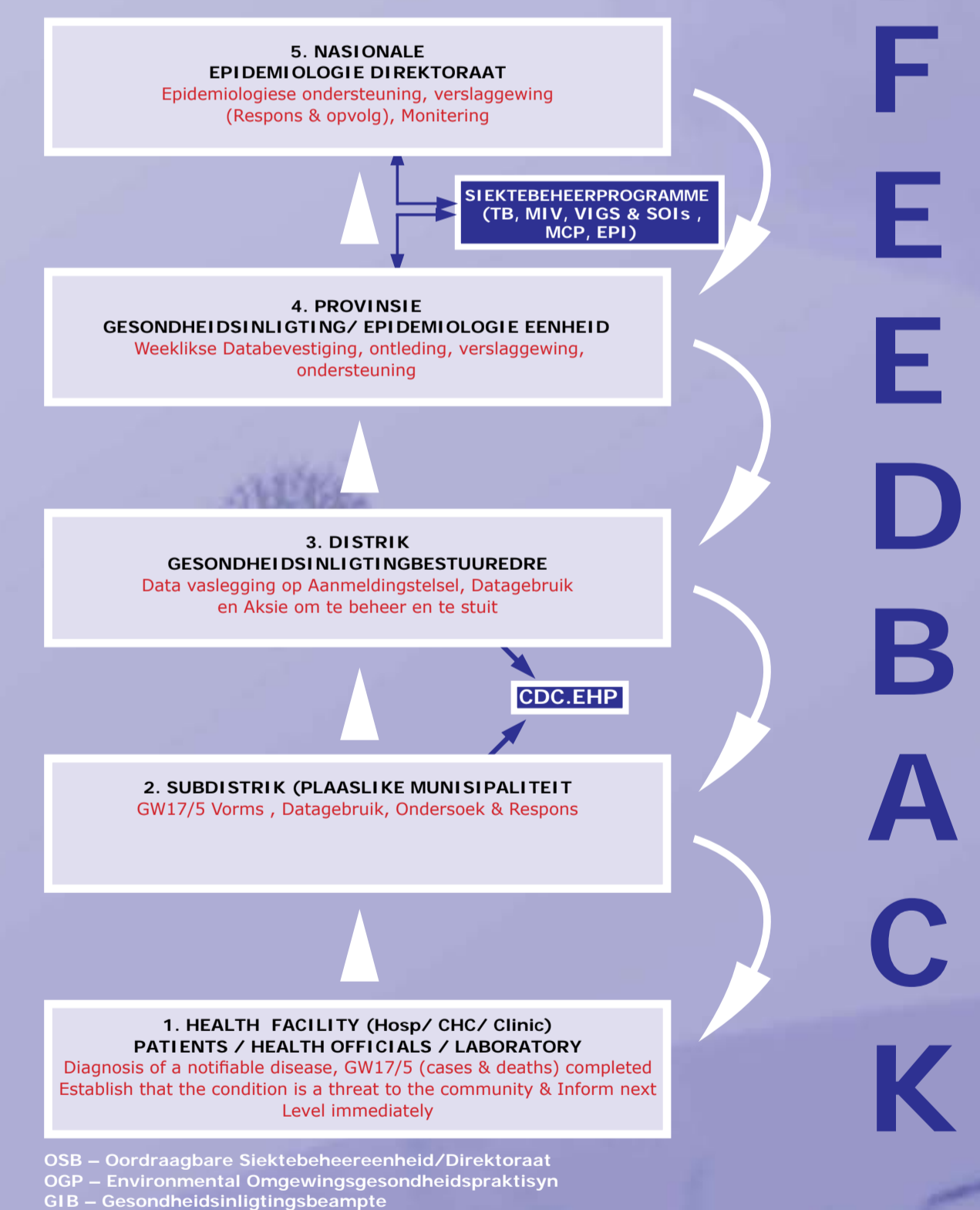
### Wie moet aanmeld?

Enige gesondheidswerker wat 'n geval of sterfte wat te wyte is aan 'n aanmeldbare toestand sien of diagnoseer is regtens verantwoordelik om om sodanige geval of sterfte by die toepaslike Owerheid aan te meld. Ditsluit in gesondheidswerkers in beide die openbare en private gesondheidssektore (17/5)

### Die verantwoordelikheid van die Plaaslike Owerheid

Die plaaslike owerheid moet ondersoek instel na en alles in sy vermoë doen om enige Aanmeldbare siekte te beheer. Indien enige hulpbronne/kundigheid benodig word, sal die provinsiale en nasionale departemente bystand lewer.

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