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12/5/R
Enquiries: B Daniels

Inclusive and Specialised Education Support Minute: 0002/2017

To: Deputy Directors-General; Chief Directors; Directors; Heads: Curriculum Coordination and Advice; Heads: Specialised Learner and Educator Support; Circuit Managers; Managers: Strategic Information, Governance and People Management; Deputy Chief Education Specialists and Principals of ordinary public schools, independent schools and special public schools

Subject: Reporting of suspected measles cases at schools

1. Due to a measles outbreak at a school in Stellenbosch in January 2017, a vaccination campaign is currently being run by the Western Cape Department of Health (WCDoH) with the support of the National Department of Health.
2. The Western Cape Education Department (WCED) is requesting all schools to notify the WCDoH of any learners or staff members that present with measles symptoms in order for the WCDoH to investigate and confirm the suspected case. Measles is a notifiable disease that can have grave consequences if not treated correctly. To stem the outbreak, all suspected cases must be followed up by the WCDoH, who will also contact those individuals with whom the learner or staff member came into contact with.
3. Measles symptoms can present as, *"fever of 38°C or more, a generalised blotchy rash and any one of the following three symptoms: cough, conjunctivitis (i.e. red eyes) or coryza (i.e. runny nose)."*
4. **Principals must immediately report any suspected measles cases to the WCDoH Communicable Disease Control Office** at any of the following telephone numbers: 021 483 3156 / 9917 / 9941 / 9964 / 2682 or 086 6111 092, or alternatively via email to hlengani.mathema@westerncape.gov.za / babalwa.magodla@westerncape.gov.za / felencia.daniels@westerncape.gov.za or charlenea.jacobs@westerncape.gov.za.

5. The following information is needed when reporting a suspected case (also provide the medical certificate if available):

Name of school	
Name of principal	
Tel. no. of school	
Name of learner/staff member	
Symptoms	
Date of onset of rash	
Name of doctor/health facility referred to	
Tel. no. for doctor/health facility referred to	
Tel. no. for parent/guardian	
Address of suspected measles case	

6. Kindly bring the contents of this minute to the attention of all staff members.

SIGNED: TS MATSELISO

DEPUTY DIRECTOR-GENERAL: INSTITUTION DEVELOPMENT AND COORDINATION

DATE: 2017-02-24