



**Executive Statement in the National Assembly, on the  
Outbreak of Listeriosis in South Africa  
Dr Aaron Motsoaledi, Minister of Health  
08 March 2018**

Honourable Speaker

My Cabinet Colleagues and Deputy Ministers present

Honourable Members

Members of the public

Ladies and Gentlemen

Good Afternoon

First and foremost let me take this opportunity to thank you Honourable Speaker for your prompt response when I made a request to make a statement on the outbreak of *Listeriosis* in South Africa, because this is indeed important for our country.

Members of Parliament need to have all the facts to help give clarity to their constituencies and also help identify gaps in various legislative tools so that we do not face this type of a situation in future. Members of Parliament also need the information I am going to impart today, to help dispel an avalanche of rumours that are swirling around.

Honourable Speaker, *Listeriosis* is a disease caused by a bacterium, not a virus, but a bacterium called *Listeria monocytogenes*. You get it when you ingest food contaminated with this bacterium.

*Listeria monocytogenes* is widely found in nature. It can be found in -

- Soil;
- Water;
- Vegetation;
- Faeces from some animals

From these sources, it can contaminate food in 4 different areas, viz:

- from the food production site, i.e the farms and abattoirs;
- from the food processing factories;
- from the food packaging sites; or
- even from food preparation sites in restaurants, hotels, and individual homes

From this food contamination information, the mouths of people, infection will take place and this may result in the following 3 groups of symptoms and signs:

- flu-like illness, i.e fever, headache, general body pains, sometimes with vomiting, diarrhoea and stomach aches;
- infection of the blood stream which is called septiceamia;
- infection of the brain and the membranes covering the brain and spinal cord, which is called *Meningoencephalitis*

Although anyone of us can get *Listeriosis*, those who are highly vulnerable are people in four (4) categories, viz

- pregnant women;
- neonates (first 28 days of life);
- elderly above 65 years of age;
- people with suppressed immunity like people living with HIV and AIDS, Diabetes mellitus, cancer, chronic lung disease, chronic kidney disease, people in chemotherapy or people who have undergone transplants and are on immunosuppressive therapy to avoid organ rejection.

This disease occurs annually in our country and doctors typically see 60 to 80 cases per annum. This has been the case for the past 40 years.

The disease is treatable with an antibiotic called Ampicillin which is wildly available in our health facilities.

Nevertheless, it is a very virulent disease and hence can cause a lot of damage.

Honourable Speaker, for the past 40 years, *Listeriosis* was not a notifiable disease in South Africa. This means that health workers did not have to inform any authority on encountering a person with the disease. Hence there was no central data in any part of the country where people could refer to. For this reason, when an outbreak occurs it was not going to be easy to pick it up.

The question would be "*Why was Listeriosis not a notifiable disease in our country for 40 years?*"

Honourable Speaker, for a disease to be notifiable, in terms of the country legislations and also in terms of the International Health Regulation 2005 of the World Health Organisation, it needs to satisfy at least two (2) of five (5) qualifying criteria:

- it must be contagious/communicable;
- it must have rapid spread in the population;
- it must display unexpected or unusual behaviours;
- if there is a risk of spill across borders;
- if there is a risk of travel or trade restrictions across borders

Listeria never displayed any of these characteristics for the past 40 years.

However, by December last year, it became evident that *Listeria* now qualifies to be a notifiable disease in at least 2 criteria, viz:

- rapid spread; and
- unusual or unexpected behaviour

it is for this reason that the Department of Health introduced a new policy of making *Listeriosis* notifiable and ?????????? happened in Government Gazette No. 41330 of 15 December 2017.

So how will we know that we have an outbreak in the absence of notifiability?

In July 2017, doctors from neonatal units at Chris Hani Baragwanath and Steve Biko Academic Hospitals alerted the NICD (National Institute of Communicable Diseases) about unusually high numbers of babies with *Listeriosis*, which they were not really used to seeing.

Because there is no notifiability data to make a conclusion, NICD started gathering data.

They contacted all laboratories in our laboratory network of about 265 public laboratories under the NHLS (National Health Laboratory Service). This was easy because the NICD is part of the NHLS and hence has access to all the data of the NHLS.

They started gathering this data tracing backwards from 1st January 2017 and used the data to construct graphs to see the trends.

For comparison they had to do each year from 2013 in order to do a year-to-year comparison to see if 2017 deviate substantially from all the other years.

The problem was encountered with private laboratories because they are not part of the NHLS and hence NICD has no direct access to their data. Their information started trickling in only by September 2017, especially data from 2013 which they did not necessarily keep at hand because they were not obliged to notify.

By November 2017, the NICD had collated data that showed 557 laboratory-confirmed *Listeriosis* cases, which have been reported from all provinces.

Most cases were found to be in Gauteng at 62%, followed by Western Cape at 13%, and KwaZulu Natal at 7%. Hence three (3) provinces alone accounted for 82% of the total infections.

Of the people infected, 65% are from the public health facilities and 35% from the private health facilities.

Has the NICD rushed to finalise the analysis of the data without waiting for data from private laboratories, it means we could have released only two-thirds of the data to the public and leaving one-third behind - a completely distorted situation in terms of numbers.

The NICD finished the analysis of data from both public and private institutions on 29 November 2017 and concluded that there is an outbreak.

They then asked for a meeting with me, which meeting took place on 04 December 2017. A press conference was convened the very following day, i.e on 05 December 2017 when I announced to the Nation about this outbreak.

I want to inform this House that the narrative that is so prevalent out there that the outbreak started in January and we only started knowing about it in July is absolutely not true.

According to the data analysed, this outbreak started in June 2017 and the doctors at Chris Hani Baragwanath and Steve Biko Academic Hospitals picked it up in July 2017.

The month of June, according to data analysed, is the month in which *Listeria* laboratory-confirmed cases started differing substantially from the month-to-month figures of 2013, 2014, 2015, 2016 and 2017 itself.

So, I am repeating, the analysis of data shows that the outbreak started in June 2017. The confusion about January might have arisen because I mentioned that we were analysing data from January. Yes we did analyse from January to see year-on-year figures based on month-to-month figures.

By the 2nd of March 2018 a total of laboratory-confirmed cases had now reached 948. Of these 948, a total of 659 patients have been traced, out of which 180 of them had unfortunately died.

This constitutes 27% case fatality rate in all countries which has had Listeria outbreak - average 30%.

By November 2017, the NICD had started performing whole genome sequencing analysis. This is a DNA-finger printing analysis to see whether particular organisms are related and are of the same sequence type or ST as it is commonly known. This work they did on samples stretching back from January 2017.

This DNA analysis revealed that there are 9 sequence types. However, 91% of them were ST6. Hence scientists concluded that what we must start searching for is ST6, which is the one driving the outbreak.

When teams were going out to food factories to search, they were looking for Listeria but specifically ST6.

While this work was ongoing, NICD scientists interviewed 109 people who fell ill of Listeria. A total of 85% of them confirmed that they had eaten ready-to-eat (RTE) processed meat products, of which polony was the most common, followed by viennas, sausages, and other "cold meats".

While still searching on Friday, 12 January 2017, 9 children under the age of 5 presented to Chris Hani Bara Hospital with febrile gastroenteritis.

Listeria was isolated from stools of one of them.



Environmental Health Practitioners were despatched to a creche in Soweto where the kids came from. The kids had eaten polony from Enterprise and chicken sausage from Rainbow Foods in Sasolburg.

Teams then rushed to Enterprise in Polokwane and Rainbow in Sasol. Listeria was found in both.

4th March 2018 midnight 12h00, NICD phoned me to tell me that the Enterprise specimens yielded ST6.

I called a press conference on the afternoon of Sunday, 4th March 2018 and made an announcement after informing the factories affected. The announcement included recall of their products and warning people to avoid cold meats from anywhere because of cross-contamination in retail stores.

We are prepared to help the families in whatever way including giving them information and data and advise if they so wish to litigate.

I thank you