Diseases of public health importance in South Africa

South Africa (SA) is facing a quadruple burden of disease: the HIV/AIDS epidemic, along with a high burden of tuberculosis (TB); high maternal and child mortality; high levels of violence and injuries; and a growing burden of non-communicable diseases.[1] Our focus in this issue is on communicable diseases, which still remain of major public health concern in developing countries.

Many factors are contributing to the emergence of communicable diseases, including climate change, globalisation and urbanisation, and most of these are to some extent caused by humans.[2] These factors have a significant impact on the epidemiology of these diseases, and on the capacity to effectively prevent, control and treat them with the scarce resources available in developing countries. Three articles in this issue deal with TB and HIV, while a fourth, from Johannesburg, SA, describes the experience of dealing with the recent outbreak of listeriosis.

Statistics SA's 2016 mortality report has found that TB remains the top cause (6.5%) of natural deaths among SA's population. HIV came in as the fifth, at 4.8%.[3] Several decades of steady improvement in life expectancy, on the back of improved sanitation and housing, safer food and access to vaccines and improved medical care, were rapidly reversed during the 1980s and 1990s, as HIV and associated TB prevalence increased rapidly. Although both epidemics are complex, and evolving, the huge successes around treatment, and more limited ones in the identification of effective prevention techniques in the HIV field, have fuelled new resolve in the TB research and public health world, long constrained by a lack of research and programme funding, and arguably, by a lack of ambition.[4] In the near future, people living with HIV will become more complicated patients. The progressive ageing of the HIV-infected population means that an increasing number of patients will have one or more comorbidities not directly related to HIV infection, and/or correlated with the side-effects of treatment. This situation will require integrated, specialised ambulatories for the main comorbidities.[5] The clinical evaluation of these patients will require a new strategy, as risk reduction through a health-system process where detection, treatment and cure are the work of clinical staff and hospitals may not be enough. More detailed analysis of community behaviours based on geography, language and culture might be necessary.[6]

Since October 2018, a significantly high number of listeriosis cases have occurred in Gauteng and some other provinces in SA. The case fatality rate in the City of Johannesburg (CoJ), Gauteng Province, was particularly high. Officials from the CoJ share their experiences in the management of this outbreak.[7]

The last part of this issue includes the abstracts presented both orally and as posters at the Gauteng Health Research and Innovation Summit held in February 2018. The summit deliberated on a number of public health challenges, and explored possible solutions to these challenges that could be implemented.

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1. Bradshaw D, Groenewald P, Laubscher R, et al. Initial burden of disease estimates for South Africa, 2000. S Afr Med J 2003;93(9):682-688.
2. Lindahl JF, Grace D. The consequences of human actions on risks for infectious diseases: A review. Infect Ecol Epidemiol 2015;5(1):10. https://doi.org/10.3402%2Fiee.v5.30048
3. Statistics South Africa. Mortality and causes of death in South Africa, 2016: Findings from death notification. http://www.statssa.gov.za/publications/P03093/P030932016.pdf (accessed 30 March 2018).
4. Venter WDF. HIV-TB prevention and control in South Africa: An introduction. S Afr J Pub Health 2018;2(3):52-54. https://doi.org/10.7196/SHS.2018.v2.i3.61
5. Croce, D Mueller, G Rizzardini, U Restelli. Organising HIV ageing-patients care in South Africa: An implementation science approach. S Afr J Pub Health 2018;2(3):59-62. https://doi.org/10.7196/SHS.2018.v2.i3.67
6. Grande S. No more business as usual: A case for qualitative approaches in the fight against TB. S Afr J Pub Health 2018;2(3):49-51. https://doi.org/10.7196/SHS.2018.v2.i3.70
7. Manganye P, Desai B, Daka M, Bismilla R. Listeriosis in the City of Johannesburg. S Afr J Pub Health 2018;2(3):55-58. https://doi.org/10.7196/SHS.2018.v2.i3.73