

Overseas briefs

World Health Organization Disease Outbreak News

This material has been summarised from information provided by the World Health Organization (<http://www.who.int>).

Avian influenza

China

30 December 2005

The Ministry of Health in China has confirmed an additional case of human infection on the mainland with the H5N1 avian influenza virus. The case is a 41-year-old woman from the south-eastern province of Fujian. She developed symptoms of fever followed by pneumonia on 6 December, and was admitted to hospital two days later. The patient died on 21 December.

On 13 December, initial laboratory tests on samples from the patient tested negative for H5N1. But further tests on 23 December—including polymerase chain reaction tests carried out at the Chinese Center for Disease Control in Beijing—showed positive results. The virus was also isolated from the patient. Close contacts who have been placed under medical observation have not displayed any symptoms, health authorities report.

Agricultural authorities so far have not been able to confirm the presence of the H5 virus subtype in poultry in the vicinity of the patient's residence or place of work. Investigators have not been able to confirm any direct contact between the patient and poultry prior to the onset of illness. The investigation, however, is continuing and answers to these and other questions are still being sought.

This is China's seventh laboratory-confirmed human case. Of these cases, three have been fatal (including this latest case). To date, China has reported human cases in six provinces and regions: Hunan, Anhui, Guangxi, Liaoning, Jiangxi and Fujian.

Indonesia

23 December 2005

The Ministry of Health in Indonesia has confirmed two additional cases of human infection with the H5N1 avian influenza virus.

The first case occurred in an 8-year-old boy from Central Jakarta. He developed symptoms of fever and cough on 8 December, was hospitalised on 13 December, and died on 15 December.

Family members and close contacts were placed under observation and tested for possible infection; however, none have developed symptoms. Investigations have been undertaken to determine the source of the boy's exposure and samples from pigeons around his household are being tested.

The second case occurred in a 39-year-old man from East Jakarta. He first reported symptoms of fever, headache, cough and shortness of breath on 9 December. He was hospitalised on 11 December and died on 12 December.

Family members and close contacts were placed under observation. Investigations are being undertaken to determine the source of the man's exposure. While he did not keep poultry in his household, chickens and other birds were found in his neighbourhood. Samples from these birds have been taken and are undergoing tests to determine whether they may have been the source of infection.

These newly confirmed cases bring the total number in Indonesia to 16. Of these cases, 11 were fatal.

Thailand

9 December 2005

The Ministry of Public Health in Thailand has confirmed a further case of human infection with the H5N1 avian influenza virus. The case occurred in a 5-year-old boy, who developed symptoms on 25 November, was hospitalised on 5 December, and died on 7 December. The child resided in the central province of Nakhonnayok.

A thorough investigation of this case is currently under way. Early results suggest that the child may have acquired his infection from dead chickens in the neighbourhood. His family members and neighbours have been placed under medical observation. All remain healthy to date.

The child is the fifth laboratory-confirmed case in Thailand this year and the second death. Since January 2004, Thailand has reported 22 cases, of which 14 were fatal.

ProMED-mail

This material has been summarised from information provided by ProMED-mail (<http://www.promedmail.org>).

Chikungunya – Mauritius and Reunion Island

Source: Liberation, 30 December 2005 [translated and edited]

On this island of 760,000 inhabitants in the Indian Ocean, 6,200 people have been infected by the Chikungunya virus, and the number increases by 250 new cases per week.

Chikungunya is a mosquito-borne viral disease; *Aedes* mosquitoes such as *Ae. aegypti* and *Ae. africanus* are pertinent to the African context. Chikungunya virus is a member of the family *Togaviridae*. Many outbreaks of Chikungunya since the beginning of 2005 have been noted mainly in the west rim (the offshore islands of East Africa and Kenya), the north rim (Sri Lanka) as well as the east rim (Indonesia) of the Indian Ocean Basin. 'Chikungunya' is a Swahili word which means 'curved up': a rather poetic description for this disease which is not lethal, but causes acute articular pain and can lead to serious neurological complications.

The Department of Epidemiology of Reunion and the Regional Department of Health and Social Affairs fear the epidemic will spread during the next summer rainy season in the southern region.

West Nile virus update 2005 – Western Hemisphere

Source: USA Centres for Disease Control and Prevention, Division of Vectorborne Infectious Diseases, West Nile virus, 20 December 2005 [edited]

As of 20 December 2005, avian, animal or mosquito West Nile virus infections have been reported to CDC from a total of 48 states and one district. Human cases have been reported in a total of 42 states.

Human cases reported to CDC reflect both mild and severe human disease cases occurring between 1 January 2005 and 20 December 2005 that have been reported to ArboNet by state and local health departments.

Of the 2,799 cases, 1,168 (42%) were reported as West Nile meningitis or encephalitis (neuro-invasive disease), 1,472 (53%) were reported as West Nile fever (milder disease), and 159 (6%) were clinically unspecified at this time.

The high proportion of neuro-invasive disease cases among reported cases of West Nile virus disease reflects surveillance reporting bias. Serious cases are more likely to be reported than mild cases. Also, the surveillance system is not designed to detect asymptomatic infections. Data from population-based surveys indicate that, among all people who become infected with West Nile virus (including people with asymptomatic infections), less than one per cent will develop severe neuro-invasive disease.

Avian influenza – Eurasia – FAO, update

Source: FAO-AIDE News, issue No 37, 23 December 2005 [edited].

Latest information on avian influenza

The first case of highly pathogenic avian influenza (HPAI) H5N1 was reported from the Republic of Korea on 12 December 2003. The disease has spread from South East Asia to the north-west involving Quinghai Lake, Xinjiang Province in China, Mongolia, Russia, Kazakhstan, Romania, Turkey, Croatia, and now has also been confirmed in the Ukraine.

Country situation

Europe

Ukraine

22 December 2005

Massive deaths of poultry started on 25 November 2005 on the Crimean Peninsula, and preliminary testing confirmed the presence of avian influenza virus of sub-type H5 on 8 December 2005. It was later confirmed as HPAI H5N1. The disease has so far spread to at least 27 villages on the Crimean Peninsula.

Control measures imposed include quarantine of infected properties, the creation of sanitary cordons of approximately 3 km radius and prohibition of the sale of backyard poultry and poultry products in the Crimea. Veterinarians and soldiers have culled more than 67,000 domestic fowl, including chicken, geese, ducks and turkeys in affected villages.

Romania*22 December 2005*

In November, AI sub-type H5 outbreaks were reported in seven swans, a chicken and a turkey in Calarasi and Braila counties, and H5N1 was confirmed. During December, the disease was further reported in chickens and ducks another three counties near the border with the Ukraine. Romania has been conducting surveillance by the sampling of 1,200 birds every week. The Ministry of Agriculture urged villagers to keep their poultry confined to avoid contact with migrating birds. Some 53,000 poultry have been culled in Romania between 7 October 2005 and early December.

Russia*20 December 2005*

Outbreaks were suspected or confirmed in Omsk, Tambov, Cheliabinsk, Altai, Kurgan Regions in November, and in Kurgan, Astrakhan and Kalmykia regions in December. In Astrakhan regions (in the Volga Delta near the border with Kazakhstan) and in Kalmykia, around 600 dead swans have been found.

Research undertaken by the Russian zoonotic infections laboratory indicated differences between viruses isolated in the Novosibirsk Region: virus isolated in the summer/autumn of 2005 was almost identical to the strain that caused an outbreak in northern China in spring 2005 but the virus found in the second outbreak was similar to virus found in Viet Nam in 2002–2003.

South, South East and East Asia**China***15 December 2005*

Further outbreaks were confirmed in chickens, ducks and geese in 8 of the 30 provinces/autonomous regions during November and in one in December. The most recent case was reported in ducks in Suichuan County (Jiangxi Province) on 6 December 2005. The country decided to vaccinate all 14 billion poultry. There had been 21 outbreaks in China this year, 144,624 birds have died and 21.1 million have been culled.

Viet Nam*21 December 2005*

The latest case of HPAI was found on 15 December 2005 in a flock of 140 ducks in Ninh Binh Province. Since 1 October 2005, a total of 3,702,257 poultry have been culled of which 1,245,072 were chickens and 1,980,369 ducks. As of 21 December 2005, vaccination has been implemented in 64 provinces and cities, of which two rounds of vaccination have been completed in 21 provinces. A total of 135.3 and 67.7 million doses have been vaccinated in chickens and ducks respectively.

Indonesia*30 November 2005*

Outbreaks have been detected in 23 of Indonesia's 33 provinces. H5N1 virus has been discovered in Aceh Province. Birds were found infected with avian influenza virus in 7 of 20 sub-districts in Jakarta. Outbreaks were also suspected in Tangerang Province, West Java and East Nusa Tenggara Province and West Timor.

Creutzfeldt-Jakob disease (new variant) update 2005

Source: UK Department of Health, Monthly Creutzfeldt-Jakob Disease Statistics, Press release no. 2005/0438, 5 December 2005 [edited]

Definite and probable vCJD cases in the United Kingdom (UK), as of 2 December 2005:

Summary of vCJD cases – deaths

Deaths from definite vCJD (confirmed): 109

Deaths from probable vCJD (without neuropathological confirmation): 43

Deaths from probable vCJD (neuropathological confirmation pending): 1

Number of deaths from definite or probable vCJD (as above): 153

Summary of vCJD cases – alive

Number of probable vCJD cases still alive: 6

Total number of definite or probable vCJD (dead and alive): 159

Since the previous monthly statistics were released, the total number of deaths from definite or probable vCJD has increased by one. Consequently, the overall total number of definite or probable vCJD cases (dead and alive) is now 159. These data are consistent with the view that the vCJD outbreak in the UK is now in decline. The number of deaths due to definite or probable vCJD in the UK during the 1st 11 months of 2005 is now 5. The peak number of deaths was 28 in the year 2000, followed by 20 in 2001, 17 in 2002, 18 in 2003, and 9 in 2004.

Marburg haemorrhagic fever – Angola

Source: *Terranet plus Beirut*, 7 November 2005 [edited]

Angola is officially free of Marburg haemorrhagic fever after the outbreak of the [filoviral] disease that killed 227 of the 252 people it infected over the last year.

The Angolan outbreak began in October 2004 in a hospital in Uige province but was not formally identified until March 2005, by which time the epidemic had prompted the deployment of dozens of experts from the WHO and other organisations. There is no cure for Marburg haemorrhagic fever, whose exact origin is unknown and which was first detected in 1967, when West German laboratory workers in the town of Marburg were infected by monkeys from Uganda. It spreads through contact with bodily fluids such as blood, excrement, vomit, saliva, sweat, and tears but can be contained with relatively simple hygienic precautions, according to experts. The most serious outbreak of Marburg until now had been in the Democratic Republic of Congo, where 123 people died between 1998 and 2000.

No human case of Marburg haemorrhagic fever has been reported in Angola since July 2005. The final assessment appears to be that during the course of the outbreak, there were 252 confirmed cases of infection and 227 of those died. These figures have been revised down from the 374 cases and 329 deaths reported by the WHO on 24 August 2005. The Angolan outbreak remains the most serious outbreak of Marburg haemorrhagic fever so far recorded.

Japanese encephalitis virus infection – India (Uttar Pradesh)

Source: *Sify, Chennai, India*, 4 November 2005 [edited]

The official death toll from Japanese encephalitis virus infection in Uttar Pradesh climbed to more than 1,300 on Friday, health officials said. The vast

majority of the dead are children, mostly malnourished and under the age of 15. Some 250 people are still in state-run hospitals with encephalitis.

The encephalitis outbreak was first reported from Gorakhpur, 250 kilometres south-east of Lucknow in July and more than 4,900 cases have since been recorded.

Deaths hit a record 1,228 in 1988. The death toll for the current year has surpassed this threshold and made a new record at 1,302.

Poliomyelitis – Indonesia

Source: *Jakarta Post* 19 October 2005 [edited]

The government has reported the discovery of polio cases in Riau and Aceh Provinces as it prepares to embark on a third vaccination drive in November 2005 to fight the virus that has infected 269 children since it resurfaced in March 2005 after a decade-long absence.

Indonesia has staged two rounds of the polio vaccination drive so far, the first in August 2005 and the second in September 2005. The next round of the drive would likely be held on 27 November 2005.

The latest outbreak is said to be genetically linked to the virus circulating in Sudan, Saudi Arabia and Yemen. The authorities believe that it was brought to Indonesia by migrant workers, pilgrims or travellers.

The identification of the two most recent cases is another setback for interruption of transmission of wild poliovirus in Indonesia. The two provinces are geographically separated from Lampung, the most southerly province on Sumatra Island, suggesting significant spread of the wild poliovirus on the island of Sumatra.

As of 11 October 2005, a total of 1,349 cases were reported, of which 489 were reported from Nigeria, 472 from Yemen, 264 from Indonesia, 37 from India, 26 from Sudan, 18 from Pakistan, 17 from Ethiopia, eight from Angola, four from Afghanistan, four from Niger, three from Mali, three from Somalia, one from Chad, one from Eritrea, one from Cameroon, and one from Nepal.