
OVERSEAS BRIEFS

Source: World Health Organization

Viral meningitis, Romania

The National Reference Centre for Enteroviruses at the Institute Cantacuzino, Bucharest has confirmed enterovirus in specimens taken from two patients hospitalised with a clinical diagnosis of aseptic meningitis. Since 30 July, 342 cases of suspected viral meningitis and meningoencephalitis have been reported. Of these, 201 were still in hospital on 5 September while 124 had recovered and been released. Seventeen patients died. The epidemic has been characterised by a disproportionate involvement of elderly people, lack of clusters and a majority of cases living in Bucharest.

Public health control measures recommended by the Ministry of Health focus on personal and community hygiene. The Ministry of Health does not consider there is any risk for tourists in Romania or of importing food from Romania.

WHO interagency effort to control meningitis epidemics in Africa

The World Health Organization (WHO), in consultation with international partner agencies and governments, has launched a major initiative to control the recurring cycle of cerebrospinal meningitis epidemics in Africa and reduce their devastating consequences for people on the continent.

Upwards of 140,000 cases of cerebrospinal meningitis have occurred in Africa since the beginning of 1996, resulting in at least 15,000 deaths - the highest numbers ever reported to WHO for a single year in Africa. More than 95% of the cases and deaths were in the 'meningitis belt' of sub-Saharan Africa where the disease is endemic, a region stretching from Ethiopia in the east to Senegal on the west coast.

In the meningitis belt of Africa, epidemics of cerebrospinal meningitis recur in cycles of 8-12 years during the dry season, although intervals between epidemics have shortened and become more irregular in some countries since the beginning of the 1980s. Epidemic cycles in a particular country can last for two or three consecutive years. As is usually the case in West Africa, the current epidemic is caused by *Neisseria meningitidis* serogroup A. This is confirmed by analysis of specimens carried out by the WHO Collaborating Centre in Oslo, Norway.

Under the new initiative, WHO will work with international partners over the next three years to enable affected countries to identify epidemics at their outset, take timely preventative measures to reduce the spread of the disease, and provide rapid treatment of cases. To assist in this effort, WHO has prepared a new set of technical guidelines updating current knowledge on cerebrospinal meningitis.

The new WHO initiative will focus on strengthening national and regional health systems in surveillance, vaccination, vaccine supply, case management, epidemic response and epidemic preparedness.

Cholera, Philippines

The Government of the Philippines reported an outbreak of cholera on 10 September 1996. From 1 to 8 September, a total of 284 patients with suspected cholera were admitted to three hospitals in Manila. Affected areas were Paco and San Andres in Manila. There were five deaths due to severe dehydration. Most of the cases were children younger than 15 years of age. *Vibrio cholerae* serotype Ogawa was isolated from 33 patients. The number of admissions has decreased from 7 September.