

# Overseas briefs

**Source: World Health Organization (WHO)**

## *Anthrax, Russian Federation*

In June and July 1998, 3 outbreaks of anthrax were reported from different regions of the Russian Federation, causing 15 cases and 2 deaths. All the cases occurred in connection with the consumption of meat from privately raised cattle, and all received treatment. Official sources report that the situation is under control. WHO is currently investigating reports of anthrax outbreaks in several other countries.

## *Meningococcal meningitis, Angola*

The Ministry of Health reported a total of 1,113 cases of meningococcal meningitis (group A) from 1 January to 24 August 1998 of which 115 have died (case fatality ratio 10.3%). The most affected provinces were Bié, Malange, Lunda Norte and Huambo. The cumulative attack rate has reached 43 per 100,000 population, and the most affected age group is 15-29 years, followed by the 4-14 years age group. The Ministry of Health has set up a coordinating committee to respond to this epidemic and is appealing for vaccine, autodestruct syringes, medicine, laboratory services, and financial resources to ensure efficient logistical support for the response. A vaccination campaign is being carried out with NGO support in circumstances rendered difficult by the current deterioration in the security situation in some areas of Angola.

## *Cholera/diarrhoea outbreak, Liberia*

The national health authorities of Liberia have reported an outbreak of cholera/diarrhoea which started at the end of May. The areas affected by the outbreak are Nimba County and Margibi County. Up to 26 June a total of 560 cases with 12 deaths had occurred. The county health teams carried out various control measures in the areas affected, including chlorination of wells, health education and opening of ORT treatment centres. Follow-up missions were undertaken by WHO in collaboration with the two county health teams. Another outbreak of severe diarrhoea was reported in Sinoe County at the beginning of July although the number of cases is not yet known. Heavy rains in the area have hampered aid to the area as bridges have been washed away. As well as the activities carried out by the county health teams, WHO, UNICEF, the Belgian Red Cross and other NGO's are collaborating with the national health authorities and the local communities to provide aid.

## *Cholera*

### **Mozambique**

Up to mid-July 1998, Mozambique has notified a total of 26,783 cases of cholera and 619 deaths (case fatality rate of 2.3 %) affecting 8 of the 11 provinces in the country. Although cases continue to be reported there has been a sharp decrease since the middle of June. However, the Ministry of Health has contacted all provincial authorities to

be prepared for the next rainy period during which a resurgence of cholera is expected to occur. The reactivation of Provincial Emergency Committees for epidemic preparedness activity is being encouraged.

### **Afghanistan**

Afghanistan has had a cholera outbreak since July this year. Approximately 1,500 cholera cases per day are reportedly occurring in Kabul Province. Other areas affected are Logar and Bamyan Provinces in the central part of the country and Uruzgan Province in the south. Laboratory investigation has confirmed that the outbreak is caused by *Vibrio cholerae* O1 El Tor. According to information available to date the case fatality rate has been low.

In the Central Region, the WHO sub-office reports that more than 10,000 cases of acute diarrhoea, especially among women and children, have been registered in the 59 health facilities in Kabul over the ten days to 21 August, with a few deaths. As the safe water situation is deteriorating in the city, the death rate is likely to increase.

The Ministry of Health, in collaboration with WHO, has set up a Cholera Task Force. In the Northern and North-eastern Regions where access is difficult, the case fatality rate is 3-15%.

### **Asia**

In addition to the seasonal pattern of cholera in this region, extremely heavy rainfalls and floods this year have contributed to an increase in both cholera cases and deaths as well as an increased risk of waterborne epidemics in general. The WHO is concerned about this situation and, through its regional offices, has alerted Ministries of Health in the region to strengthen cholera preparedness activities.

## *Yellow fever, Brazil*

A total of 24 confirmed cases of yellow fever with 9 deaths has recently been reported to the Pan-American Health Organization (PAHO)/WHO for the period February to May 1998. Sixteen cases (68%) were male and 8 (32%) were female. Sixteen cases were known not to have been vaccinated, 2 were reported to have been vaccinated and the status of 6 was unknown.

In Pará State, 53 municipalities with a population of 3.1 million (approximately 60 % of the total population of the State) are considered to be high risk areas and vaccination of the whole population is planned during 1998. In Afuá municipality nearly 85% of the total population of 26,000 have been vaccinated in the past months. The PAHO/WHO Regional Office for the Americas, is cooperating with the Ministry of Health to define priorities for control strategies and to improve the surveillance of yellow fever.

## Overseas briefs, *continued*

### *Legionellosis, France*

Since early June 1998, 19 cases of legionellosis have been identified among visitors to Paris. Ten of the cases were French nationals and 9 were tourists from other European countries. All cases occurred between 6 June and 3 July. Three patients died.

Investigations to identify the source of the outbreak are being carried out but no results have been obtained to date. As a precautionary measure, owners of cooling towers in the 2nd and 9th *arrondissements* have been ordered to clean and disinfect their installations.

No new cases have been detected since 3 July 1998. Heightened surveillance and investigations to identify the source continue.

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