

Overseas briefs

Source: World Health Organization (WHO) and Pacific Public Health Network

Cholera

Comoros Islands (update). As of 11 March, 945 cases of cholera with 18 deaths (case fatality rate 1.9%) had been reported since early January when the epidemic began. Over 50% (476) of cases occurred in Moroni. The other 469 cases were in the health districts of Mitsamiouli (259), Mbéni (105), Foubouni (80), Ouzioini (18), and Mitsoudjé (7). All cases occurred on Grand Comore Island. The National Cholera Control Committee has been set up in collaboration with WHO to implement a control plan. Control measures include improved personal, domestic and environmental hygiene, particularly the supply of clean water.

Zimbabwe. A total of 335 cases with 12 deaths were reported up to 27 March 1998 in Zimbabwe. These were the first reported cases in Zimbabwe since 1993 when 5,385 cases, including 332 deaths were notified to the WHO. The government, in collaboration with the WHO and other agencies is implementing cholera prevention activities.

Uganda. Cholera activity has increased in Uganda since the beginning of the current epidemic in late 1997. A total of 16,982 cases with 849 deaths (case fatality rate 5%) was notified to the WHO up to 24 March 1998. Most cases have been in the Central and Eastern Regions. The situation in Eastern Region remains particularly serious with an average of 65 new cases per day. Cholera has also spread to Western Region where 7 districts have notified 2,755 cases with 218 deaths to date and new cases are still occurring.

Latin America. Many countries in the Americas are experiencing unexpected outbreaks of cholera associated with extreme weather conditions brought by the arrival of the El Niño phenomenon. During 1998, the following countries have already reported cholera outbreaks: Bolivia, 165 cases and 5 deaths; Honduras, 219 cases and 12 deaths; Ecuador, 11 cases and 1 death; Peru, 2,863 cases and 16 deaths; and Nicaragua, 3 suspected cases. It is expected that other countries in the region will report increased cholera incidence in the coming months. Preventive and control measures are being taken by the Ministries of Health of the affected countries. The WHO and the Pan American Health Organization are working closely

with countries in the region to reactivate cholera preparedness and response plans.

Influenza A(H₅N₁) in Hong Kong

The results of a case-control study on avian influenza conducted in Hong Kong have shown that visiting a poultry stall in the week before becoming ill was the strongest risk factor for infection. The study was aimed at comparing different exposure risk factors between patients and controls. It covered a number of areas including exposure to live poultry, food preparation and food eaten the week before onset, and contact with human illness the week before onset. The results support earlier findings that human to human transmission of the disease is inefficient. The case-control study was jointly carried out by the Department of Health, Hong Kong and the Centers for Disease Control and Prevention in Atlanta (CDC). In all, 18 cases of influenza A (H₅N₁) were confirmed in Hong Kong. The date of onset of illness of the last case was 28 December 1997. A 24 year old female patient is still under treatment and in a stable condition while 11 others have been discharged after recovery. Six people died of the disease.

Dengue

Fiji. Dengue fever continues to circulate in Fiji, with more than 1,300 suspected cases reported in the two weeks to 30 March. Nearly 200 people were hospitalised between 10 and 30 March, mostly in the Northern Division, and in the outer islands of Kadavu and Lakeba. No deaths were reported in March. The death toll remains at 11. Cases continue to be reported from most areas of the country. Public warnings continue and include the need to protect against mosquito bites, to destroy places where mosquitoes may breed (including standing water around human dwellings), and to seek medical treatment for fever lasting longer than three days. The public has also been advised that there have been two deaths due to leptospirosis, which can be confused with dengue fever, but unlike dengue, requires treatment with antibiotics.

Tonga. The number of clinical cases of dengue reported from the main island of Tongatapu appear to be declining. Since February 1998, 20 patients have tested positive dengue IgM. There have been no deaths. Virus typing is in progress.

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