

Overseas briefs

Source: World Health Organization (WHO)
This material has been condensed from information on the WHO internet site. A link to this site can be found under 'Other Australian and international communicable diseases sites' on the CDI homepage.

Plague

Namibia

The Ministry of Health and Social Services has reported plague cases in Ohangwena Region in the north western part of the country. The first suspected case was reported on 6 April and 39 cases have occurred up to 5 May, 6 of which have been laboratory confirmed. Eight patients have died of suspected plague.

The North West regional directorate team, which has had experience in dealing with plague, has undertaken control activities, including training courses for health workers, community mobilisation for preventive measures, additional nurses placed at local hospitals and dusting of homesteads.

The Ministry of Health report also states that, although plague has been endemic in this part of the country, it was successfully controlled in recent years, the last known cases having occurred in January 1994.

Suspected viral haemorrhagic fever

Zimbabwe

WHO has investigated recent reports of suspected viral haemorrhagic fever (VHF) in soldiers returning to Zimbabwe from the Democratic Republic of the Congo. Three suspected cases have been admitted to two hospitals. The soldiers became ill in the southern part of the Democratic Republic of the Congo and are reported to have had fever with chills, diarrhoea and headache. They had not been in or near the Marburg virus outbreak area of Watsa. In addition, there is no evidence that the soldiers had haemorrhagic features that would be consistent with VHF.

Blood samples from the three soldiers were sent to the National Institute for Virology (South Africa) and have been found negative for Marburg and Ebola in a range of tests.

Viral haemorrhagic fever/Marburg

Democratic Republic of the Congo - Update

The results of additional testing by the National Institute for Virology (South Africa), now confirm 5 cases of Marburg fever. Samples from 10 suspected cases have been collected and tested. Three confirmed cases had been reported previously. The two additional cases died on 1 May and 14 May 1999.

An active surveillance system is in place and selected staff from the coordination committee* remain on-site to monitor events.

* The coordination committee is composed of experts from: the Ministry of Health and local health authorities;

WHO headquarters and the African Region; UNDP; Médecins sans frontières (Belgium and Holland); Centers for Disease Control and Prevention (United States); Institut Pasteur (France, French Guiana and Madagascar); Institute of Tropical Medicine (Belgium). The ecological team is composed of experts from: the National Institute for Virology (South Africa) and the Pest Infection Laboratory (Denmark).

Cholera

Sudan

The outbreak of cholera which began in early March is continuing. The areas of Padak, Mading, Wanding, Lankien, Akobo and Burmat have reported a total of 892 cases with 24 deaths up to 27 April 1999.

These figures represent cases admitted to hospital and are provisional. The epidemic mainly affects the Jonglei region in areas south of the river Sobat. As it is the beginning of the rainy season people have started moving with their animals from locations along the river to inland sites where other areas are likely to be affected.

A cholera response team coordinated by UNICEF is meeting twice weekly to review the situation, share information and plan the response strategy. UNICEF currently has ORS and tetracycline on standby for use as the need arises. WHO has sent an epidemiologist to assist local health authorities to assess the situation in the affected areas.

Cambodia

The Ministry of Health has reported a cholera outbreak in Rottanakiri province in the north eastern part of the country. Four districts in this province, which is one of Cambodia's least populated areas, have been affected to date. The outbreak started on 16 April and a total of 874 cases with 56 deaths was reported up to 16 May.

Lack of good hygiene and sanitation facilities, as well as difficulty in sending supplies because of poor road conditions in the area, are contributing to the spread of the epidemic. The Ministry of Health is providing oral rehydration salts and antibiotics and is also organising health education campaigns for the affected and surrounding villages.

Cholera is endemic in Cambodia and 1,197 cases and 66 deaths were notified to WHO in 1998.

Nigeria

An outbreak of cholera has been reported in Kano Municipal Local Government Area (LGA), Kano State, which started in late March. The outbreak was traced to the interruption of the domestic water supply for some days which forced people to use any water available. A total of 815 cases with 28 deaths has been recorded up to 6 May. The outbreak has now spread to Tofa LGA where 182 cases with 19 deaths were recorded over two weeks beginning in late April. Control measures including management and isolation of affected patients, intensification of health education and chlorination of all

wells in affected communities have been taken. WHO gave technical support during the investigation and management of the outbreak as well as emergency health kits.

Cholera outbreaks also occurred recently in Adamawa State (76 cases, 18 deaths) and in Edo State (49 cases 24 deaths). The outbreak in Adamawa State is now under control and no new cases have been reported in May. In Edo State technical assistance and transportation for the investigative team was given by WHO but basic drugs and supplies for management of patients were not available which led to the high case fatality rate.

Medecins sans frontières (MSF), Holland, has set up a temporary treatment centre and 6 Oral Rehydration Therapy (ORT) centres, and are currently organising a widespread health education campaign and training of local district health personnel.

Sylvatic yellow fever in South America

Bolivia: Cases of sylvatic yellow fever are still occurring, bringing the total number of confirmed cases for 1999 to 53 with 21 deaths (case fatality rate of 39.6%). All of the cases have occurred in the Department of Santa Cruz. The majority of cases have been in males (75.5%) and in persons >15 years of age (76.9%). No cases in children <1 year have been reported. Mass yellow fever vaccination campaigns have occurred in the two municipalities that have been most affected; Cabezas and Postrevalle, achieving coverage rates of 93% and 97% respectively. The last case identified occurred on 15 April 1999. The goal of the Ministry of Health is to vaccinate 100% of the population in the endemic yellow fever zones this year.

Brazil

For 1999, the total number of confirmed sylvatic yellow fever cases has reached 18, with 3 deaths (case fatality rate of 16.7%). Fifty per cent of the cases have been in

persons >15 years old, 44.4% have been in children aged 1-15 years, and 5.6% (representing one case) have been in children <1 year of age. Most of the cases have occurred in males (72.2%). The outbreak seems to be concentrated in two municipalities - Afuá and Breves, in the State of Para. Reports from Brazil show that many of the cases from Afuá were identified through active surveillance and serological surveys after a death due to yellow fever occurred in February 1999.

Although a vaccination campaign was carried out in Afuá achieving 100% coverage, cases continue to occur due to the migration of unimmunised people into the area. Families are migrating to this area for work, primarily harvesting heart of palm. In the process of harvesting the trees, the habitat of the mosquitoes is disrupted and contact with humans, including unimmunised young children, occurs.

Colombia

To date in 1999, the total number of confirmed sylvatic cases is two and both cases were fatal. These two cases were males, aged 17 and 21 years. The cases occurred in the Departments of Caqueta and Meta. No cases have been reported since January.

Peru

The first confirmed case of sylvatic yellow fever for 1999 was reported in a 25 year old male from the Department of Loreto, Amazon region who died on 7 April. In response to this case, mass yellow fever vaccination was initiated in the area. Other cases have occurred in San Martin Department, in the districts of Moyobamba, Jepelacio and Alonso de Alvarado (26 cases), Ayacucho Department in the province of La Mar, district of Anco y Santa Rosa (12 cases), Huanuco Department (5 cases) and Junin Department (5 cases). Of these a total of 13 cases have been confirmed to date.

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