

Overseas briefs

World Health Organization

This material has been summarised from information on the World Health Organization Internet site. A link to this site can be found under 'Other Australian and international communicable diseases sites' on the Communicable Diseases Australia homepage.

Cholera

South Africa

As of 16 April 2001, 86,107 cases and 181 deaths due to cholera have been reported since the start of the outbreak in mid- August 2000.

Meningococcal disease in the African meningitis belt

An outbreak of meningitis that has spread across Africa has infected about 38,000 individuals and killed at least 3,500. A statement by the International Federation of Red Cross and Red Crescent Societies claimed that it was the worst outbreak of the disease in the last decade and has resulted in a worldwide shortage of the vaccine. Burkino Faso and Benin are particularly affected, reporting 10,987 cases and 7,532 cases, respectively. The federation and other international health organisations are supplying vaccines to the most affected areas. The emergency health coordinator of the federation stated that the infection is likely to spread without widespread vaccination until the seasonal rains arrive.

Burkina Faso

WHO has reported a total of 10,897 cases, including 1,525 deaths between 1 January and 15 April 2001. A further 900,000 doses of vaccine have been released to WHO to continue the mass vaccination campaigns in the most affected areas.

Benin

WHO has reported a total of 7,532 and 300 deaths between 1 January and 25 March 2001 in 4 départements in the Central African Republic. A total of 1,816 cases including 343 deaths have been reported for the period 18 February to 30 March 2001 for the entire country.

Chad

WHO has reported a total of 5,780 cases including 607 deaths from 25 December 2000 to 25 March 2001.

Ethiopia

WHO has reported a total of 4,138 cases including 242 deaths up 31 March 2001 from a widespread area across almost the whole country.

Niger

WHO has reported a total of 4,014 cases including 321 deaths between 2 January and 8 April 2001. Six hundred thousand doses of vaccine have been released to assist in the implementation of the vaccination campaigns in the affected areas.

Meningococcal disease, serogroup W135

During 2001, the following countries have reported to WHO, cases of laboratory confirmed *Neisseria meningitidis* serogroup W135 meningococcal disease, associated with international travel or contact with travellers to Saudi Arabia: Burkina Faso, Central African Republic, France, Norway, Singapore, Germany, Spain and the United Kingdom.

In Saudi Arabia 109 cases (predominantly Haj pilgrims from outside Saudi Arabia) including 35 deaths were reported between 9 February and 22 March 2001. *N. meningitidis* serogroup W135 has been laboratory confirmed in more than half of the cases. As with all types of meningococcal disease, early diagnosis and treatment are essential.

The symptoms of group W135 meningococcal disease are the same as for other groups of the disease: sudden onset of intense headache; high fever; nausea and vomiting; photophobia; and stiff neck. The most severe clinical form of the disease, meningococcal septicaemia, can be presented by abrupt onset, high fever, petechial rash or purpura. WHO recommends that chemoprophylaxis is given to close contacts of the cases, such as persons sleeping in the same dwelling. In most countries rifampicin is recommended. Vaccination of pilgrims to Saudi Arabia against meningococcal meningitis with the quadrivalent vaccine (serogroups A, C, Y and W135) has been made a health requirement.

Rapid reporting system for meningitis W135: 2a: P1.2, 5: update

Reported by Sarah Handford, Brian Henderson and Mary Ramsay, Public Health Laboratory Service Communicable Disease Surveillance Centre, London, England.

The enhanced surveillance system for meningococcal meningitis W135: 2a: P1.2, 5 set up among several European countries after an epidemic of this strain among travellers to the Haj in 2000,^{1,2,3,4,5} received reports of 20 cases of infection with this or compatible strains between 31 March and 27 April 2001. Cases were reported by France, Germany, the Netherlands, Spain, and the United Kingdom. Independently, the World Health Organization reported 4 laboratory confirmed cases in Norway (no deaths), 2 of whom had a connection with Haj pilgrims.⁶

In France, meningococci strain W135 were isolated from the blood of a 36-year-old woman admitted to hospital with respiratory symptoms and from the blood and cerebrospinal fluid (CSF) of a 3-week-old baby girl. Both patients survived. Multilocus DNA fingerprinting (MLDF) analysis showed markers of electrophoretic type ET-37 complex in both isolates. The woman had no known link to the Haj, but the baby's grandfather had visited Mecca for the 2001 Haj between 4 and 8 March). *Neisseria meningitidis* strain W135: 2a: P1.2, 5 was isolated from the CSF of a 2-year-old girl who was admitted to hospital with meningitis but had no known link to the Haj. MLDF typing showed markers of ET-37 complex.

In Germany, meningococci strain W135: 2a: P1.2 were isolated from a woman aged 39 years with a haemato-

logical-oncological disease, who presented with meningitis. The woman had no known link to the Haj.

The reference laboratory in the Netherlands received 1 isolate of *N. meningitidis* strain W135: 2a: P1.2, 5. No further epidemiological details are currently available and any link of the patient to the Haj has yet to be confirmed. The laboratory also received an isolate of *N. meningitidis* W135: NT: P1.6 from a woman aged 19 years with no known association with the Haj.

In Spain, meningococci of strain W135: 2a: P1.2,5 were isolated from the blood of a 36-year-old woman with meningitis and sepsis. The clonal line of the strain is to be determined by using multilocus sequence typing. A link to the 2001 Haj has yet to be established.

In the United Kingdom, 8 cases of *N. meningitidis* strain W135: 2a: P1.2,5 were reported in association with the Haj. Two patients died. None of the patients was a pilgrim; 4 were household contacts and 2 were non-household contacts. Two further cases of the same strain were associated with travel to the Middle East other than at the time of the Haj. Three further cases of *N. meningitidis* strain W135: 2a: P1.2,5 were reported, but the patients had no apparent link to the Haj.

References

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Plague in Zambia

WHO has received preliminary reports of 23 hospitalised cases, including 3 deaths in Petauke district, Eastern Province. The last case reported was on 15 March 2001. Measures have been taken to intensify surveillance, strengthen control and management of the disease, and provide health education messages on its prevention.

Yellow fever in Brazil

As of 13 March 2001, the Ministry of Health of Brazil and the WHO Regional Office for the Americas have reported a total of 48 suspected cases of yellow fever. Minas Gerais State which has the largest number of cases, is now reported to have 20 laboratory confirmed cases including 9 deaths.

ProMED-mail

This material has been summarised from information provided by ProMED-mail (<http://www.promedmail.org>). A link to this site can be found under 'Other Australian and international communicable diseases sites' on the Communicable Diseases Australia homepage.

Polio in Bulgaria

Source: *Associated Press Online*, 18 May 2001, (edited)

SOFIA: A vaccination campaign announced after 2 cases of poliomyelitis were discovered in Bulgaria was postponed on 18 May 2001 for lack of vaccine. The Bulgarian Health Ministry said that some 800,000 doses of polio vaccine would be imported within days with the assistance of the United Nations Children's Fund.

About 5 per cent of Bulgarian children have never been vaccinated, according to a national epidemiology counsellor who called the statistic 'alarmingly high'. Bulgarian health authorities identified the virus in a 13-month-old Roma child in the Black Sea city of Burgas on 17 April 2001. Other Roma, or Gypsy, children were immediately vaccinated, and the World Health Organization was notified 6 days later.

(Despite this, the virus was detected subsequently on 15 May 2001 in a 2-year-old Roma girl in Yambol, about 60 miles west of Burgas. Doctors said the girl's legs and left arm were paralysed. Laboratories in Paris, Rome, and Atlanta used genetic sequencing to identify the infectious agent as poliovirus type 1 and traced it to northern India, according to a statement from the WHO's European Region Headquarters in Copenhagen, Denmark.

According to official statistics, the 2 infections are the first cases of poliomyelitis in Bulgaria since 1991. During a poliomyelitis epidemic in this year, the Bulgarian health authorities identified the virus in 43 children under the age of 18 months. One died and 42 were disabled. The recent cases are the first cases of polio recorded in Europe since November 1998, when the virus was found in a Turkish province on the Iranian border.

PROMED Editor: This article identifies the poliovirus involved as type 1, presumably wild virus. It is to be hoped that sufficient vaccine will be available to mount the vaccination campaign indicated to interrupt transmission.

Avian influenza – China (Hong Kong)

Source: *South China Morning Post* 12 April 2001 (edited)

A strain of the deadly bird flu virus has appeared at a market in Hong Kong although officials assured the public there was no health risk to humans. The virus was identified as being in the same family as the virus that caused a fatal outbreak in humans in 1997 and led to the slaughter of 1.6 million chickens, but authorities said it was a different version that had never been known to cross to humans. The virus found, Goose 96-type H5N1, generally occurred in ducks and geese but could cross to chickens and infect them, potentially fatally. The 1997 bird flu outbreak, which killed 6 people, involved Chicken 97-type H5N1 virus, which is known to cause disease and death in humans.

Over the past year, authorities have conducted 28,000 tests and found 17 samples of the goose version of the virus in geese and ducks in wholesale markets, but no examples of the dangerous chicken version. The latest goose version-infected faecal sample, taken on 22 February 2001, was the first discovery of a H5N1 family virus in a retail market since the fatal outbreak in 1997.

Avian influenza – China (Hong Kong)

Contributed by: Marianne Hopp. Source: WHO Disease Outbreaks Report, 18 May 2001 (edited)

There has been an increase in the number of deaths of poultry from influenza A(H5N1) virus in additional retail live-bird poultry markets [see previous post: Avian influenza, H5N1 - China (Hong Kong) (02) 20010517.0962].

As a result, the Government of Hong Kong SAR has announced that all wholesale and retail markets selling chickens will be closed and the birds will be destroyed. Retail outlets for live chickens will remain closed for 4 weeks. Farms with live chickens ready for slaughter will be depopulated within the next 2 weeks. Importation of chickens from the Mainland has been stopped.

No human cases of influenza A(H5N1) virus have been detected. The strains isolated from the birds differ genetically from the H5N1 virus which caused human disease in 1997. There is no cause for public health concern.

All chickens in the Hong Kong SAR to be slaughtered

Contributed by: George A. Robertson. Source: smh.com.au, 19 May 2001 (edited).

HONG KONG: About 2 million chickens and other poultry will be slaughtered by the territory and imports halted from mainland China to stop the spread of a bird flu outbreak.

The Secretary for the Environment and Food said all poultry in local food markets would be killed by tomorrow and at farms throughout the territory within 2 weeks. The Government had asked mainland China to halt exports of live birds to the territory. Hong Kong consumes around 100,000 fresh chickens a day, of which more than 70 per cent come from mainland China. The Secretary stressed the virus would not affect humans.

The Government had already slaughtered about 6,600 chickens on Wednesday after discovering the strain had killed a large number of birds at 3 markets, but it has since discovered more chickens dying of the viral infection. The source of the strain has not been traced. In total, 10 markets have been found to be infected with the virus.

Virologists said that the new strain derives from a virus that infected geese in China's Guangdong province in 1996. Scientists call southern China an 'epicentre' of (influenza) viruses because farmers there rarely segregate different types of poultry, creating a perfect breeding ground for new flu strains.

Unlike ducks and geese, which are centrally slaughtered in Hong Kong, chickens are sold live in markets and are killed and plucked in front of customers. The latest outbreak brings that practice into question. 'Scientifically and logically, it would of course be best to centralise the slaughtering of

chickens,' the Secretary said. 'But would the public accept that?'

PROMED Editor: The central slaughtering of chickens might facilitate the monitoring and control of outbreaks, but it would not have much effect on the evolution of new strains of avian influenza virus in the poultry rearing areas of South China and the Hong Kong SAR.

Avian influenza – Japan: pet parakeets

Source: New Scientist, Vol. 169, No. 2283, p. 16; 24 March 2001 (edited)

Scientists at the Japanese National Institute of Animal Health recently diagnosed influenza virus strains in some imported parakeets that died after arriving in Japan. This is the first time the H9N2 viruses have been discovered in pet birds; prior to this incident, only chickens and mice were known to be susceptible to these viruses.

H9N2 is not a threat to humans in its current form, only causing mild symptoms. The concern is the virus's kinship to a cousin called H5N1, which normally only infects chickens. In 1997, H5N1 made an alarming leap into humans, infecting 18 people in Hong Kong and killing 6. In an effort to contain the virus outbreak, masses of chickens in the city's open markets were destroyed. The more benign H9N2 virus could become a critical threat to humans if it mutates or combines with the more aggressive H5N1 strain. There are calls in Japan for the establishment of quarantine and surveillance precautions in any country that deals in imported birds.

Unexplained deaths – India (North Bengal)

Source: British Medical Journal 2001; 322: 693. 24 March 2001 (edited).

Indian scientists have warned that India may be witnessing the emergence of a highly lethal measles-like virus, which causes encephalitis in adults and children. Scientists investigating an outbreak of encephalitis among adults told the Health Ministry that a mutant measles virus that affects the brain, lungs, or kidneys caused the disease.

This is India's third outbreak since 1998 of a highly fatal illness involving the brain or the kidneys and attributed to measles virus. The outbreak during February this year killed at least 28 people, including 2 doctors and 5 nurses in a clinic. The infection spread through droplets in air expelled by patients during the terminal phase of the illness, which is marked by pneumonia.

Epidemiologists say that adequate protection and barrier nursing helped to quell the outbreak. Investigations had ruled out vector-borne infections common in India, such as cerebral malaria or Japanese encephalitis. Tissue samples showed antibody to measles virus in 17 samples collected. Measles virus antigen was detected in brain tissues of 2 patients.

USA (California) - Mycobacteriosis

At least 110 customers of a California nail salon developed boils and skin ulcers after receiving a pedicure during which they soaked their feet and calves in a footbath for 10 to 15 minutes. The boils appeared between 10 days and

4 months following the pedicure, and in some cases, the infection was not responsive to antibiotics. The infection was caused by a fast-growing microbe, *Mycobacterium fortuitum*, which was found in high concentrations in the footbaths. The strains of *M. fortuitum* collected from the footbaths matched those of the infected customers. According to the epidemiologist who led the investigation of the outbreak, which occurred last fall, this was the first spread of the infection in a community. A subsequent spot check of other footbaths throughout California revealed that the bacteria were present in the majority of them. California officials are expected to develop regulations calling for thorough cleaning and disinfection of footbaths used in nail salons.

UNAIDS warns Asia could exceed Africa in AIDS cases

Source *Unwire* 24 April 2001

At a special session of the United Nations (UN) Economic and Social Commission for Asia and the Pacific in Bangkok, UN officials warned that the number of HIV infections in Asia over the next 10 years could surpass those of Africa unless immediate action is taken to stem the spread of the virus. Kathleen Cravero, deputy executive director of the Joint UN Program on HIV/AIDS, stated that there were 900,000 new infections last year in the Asia-Pacific region, and 490,000 people died of AIDS. In Africa, 3.9 million people were infected last year, and 2.4 million died. According to Cravero, South Asia is the fastest growing epidemic outside of sub-Saharan Africa, with an infection rate of 5 per cent. She also stated that epidemics in Cambodia, Myanmar, Thailand, and parts of India already have spread beyond sex workers and intravenous drug users to the general population. Cravero and other UN officials emphasised the pivotal roles of governments, businesses, and other sectors in helping to fight the spread of the disease at a national level while the epidemics are still in their early stages.

Additional suspected clusters of vCJD cases in Britain

Source: *The Sunday Times*, Sun 13 May 2001 (edited)

Scientists are investigating 6 new potential clusters of variant Creutzfeldt-Jakob disease (vCJD) victims scattered throughout Britain. At least 2 people have died from the human form of 'mad cow' disease in each of the 6 areas, and experts are examining links between the cases by studying local butchery practices, medical records, and eating habits.

So far only one group of cases has been confirmed; namely, in the village of Queniborough, Leicestershire, where 5 young people died.

Yesterday it emerged that a third victim of the disease had died in the town of Eastleigh, Hampshire, one of the potential cluster sites. A 25-year-old man was diagnosed with vCJD 5 months ago. A preliminary investigation was started earlier this year into the deaths of 2 other people in the Eastleigh area. It found no obvious links between the cases, but further investigations are to take place during the coming months. Scientists from the government-funded CJD Surveillance Unit, based in Edinburgh, are working in conjunction with local health authorities in an effort to isolate common factors between cases.

The Department of Health refused to identify the areas being examined, but last week local health authorities covering Glasgow, Chester-le-Street (Durham), and Stockton-on-Tees, in addition to Eastleigh, confirmed that they were assisting in investigations. The unit is believed to be preparing to launch studies in 2 other unnamed areas. Studies have already been conducted in Stockport and in Armthorpe, South Yorkshire, but have failed to find any links between cases. Victims' families are being interviewed and sent questionnaires which examine where they bought meat, where children went to school, and where they had hospital or dental treatment to ascertain if there was exposure to contaminated blood.

Research by the CJD Surveillance Unit and the London School of Hygiene and Tropical Medicine found that the incidence of vCJD was twice as high in the north of Britain as in the south. Dr Simon Cousens, who led the study, confirmed that potential new clusters were being investigated. However, experts warn that trying to find links between cases was extremely difficult. In Armthorpe no direct links were found, even though the 2 victims of the disease were friends who lived in the same street. A 28-year-old woman, who died last September, was a friend of a 19-year-old man, who died in 1997. Last week Doncaster Health Authority said investigations had been hampered because many small abattoirs from the 1980s had closed. In Stockport a 29-year-old man and a 34-year-old man who lived only 2 streets apart both died of vCJD, but again no link has been found.

There have been 99 cases in total of 'definite and probable' vCJD in Britain.