

Table 7. Cumulative diagnoses of HIV infection, AIDS and deaths following AIDS since the introduction of HIV antibody testing to 31 December 1998, by sex and State or Territory

		State or Territory								Australia
		ACT	NSW	NT	Qld	SA	Tas	Vic	WA	
HIV diagnoses	Female	22	566	8	132	54	4	198	99	1,083
	Male	183	10,430	99	1,851	640	77	3,708	866	17,854
	Sex not reported	0	259	0	0	0	0	24	0	283
	Total ¹	205	11,274	107	1,989	694	81	3,943	968	19,261
AIDS diagnoses	Female	8	162	0	45	20	2	64	23	324
	Male	82	4,439	32	773	325	43	1,559	337	7,590
	Total ¹	90	4,612	32	820	345	45	1,630	362	7,936
AIDS deaths	Female	2	113	0	30	15	2	46	16	224
	Male	62	3,071	24	535	222	27	1,221	241	5,403
	Total ¹	64	3,191	24	567	237	29	1,273	258	5,643

1. Persons whose sex was reported as transgender are included in the totals.

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 'Related sites' on the CDI homepage.

Cholera

Zambia

The government of Zambia has informed WHO of a cholera outbreak in Ndola, in the northern part of the country near the border with the Democratic Republic of the Congo. So far, a total of 66 cases has been reported, with 4 deaths. In view of heavy rainfalls, the Ministry of Health has already taken the necessary action and alerted the national cholera task force. Control measures are being taken.

Zambia has been seriously affected by cholera epidemics in the past, with 13 154 cases in 1991, 11 659 cases in 1992 and 6 766 cases in 1993. Since 1994, the total number of cases has continued to decrease.

Kenya

The Ministry of Health, Kenya, has informed WHO of an outbreak of cholera in Nyanza, Eastern, Rift Valley and Nairobi Provinces which started on 27 December 1998. As of 19 January 1999 a total of 1025 cases with 25 deaths is estimated to have occurred.

The Ministry of Health has set up a National Cholera Control Task Force in collaboration with WHO. Similar Task Forces have been formed at provincial and district levels. The outbreak has been brought under control and the number of cases is declining rapidly. Surveillance and health education activities continue to take place.

Kenya has been suffering from a major cholera epidemic since mid-1997. The cumulative total number of cases reported to WHO was 17200 in 1997 and 22432 in 1998 with 555 and 1237 deaths respectively.

Yellow fever in Bolivia

As of January 1999 a total of 27 confirmed cases with 13 deaths have been reported to the Pan American Health Organization (PAHO/WHO)*. All cases occurred in rural settings of the department of Santa Cruz, located within 120 - 200 km south of the city of Santa Cruz de la Sierra. Twenty-two cases (82%) were male and 5 (18%) female. The age distribution of the cases was 82% of over 15 years of age, 11% of 10 to 15 years, and 7% of 5 to 10 years. Fifteen cases were not vaccinated with yellow fever, two have presumptively received the vaccine, and the status of 10 was unknown. Mass immunization was started immediately after the confirmation of the first reported cases. No suspected cases have been reported in the last two weeks despite increased surveillance.

In the last 10 years, Bolivia has reported 461 cases of yellow fever. Sixty three cases were reported in 1997 and fifty seven in 1998. During 1997, the primarily affected Departments were Cochabamba (74%) and Beni (15%). In 1998, the areas involved were lowlands of the Department of La Paz (44%) and west counties of the Department of Santa Cruz (30%). In 1999 all cases have been reported from the southeast counties of Santa Cruz. The trend suggests a southeastward spread of the disease through the country. The current lower reporting of cases outside of the department of Santa Cruz may be attributed to vaccinations implemented during the 1997 and 1998 outbreaks. The presence of the *Aedes aegypti* mosquito in

Santa Cruz has continuously presented a serious risk to the urbanization of yellow fever.

Bolivia has recently developed with the assistance of PAHO a 5 year project to strengthen its immunization program. This initiative will be in part financed by the World Bank and includes plans to increase the vaccination coverage of all age groups in the enzootic areas and to introduce the yellow fever vaccine in the routine national immunization program.

* Source: Ministry of Health, Bolivia, February 1999

Meningococcal meningitis in Sudan - Update

Meningococcal meningitis has been reported from the following communities in the Northern Darfur region: El Fashir (population 657 852) - 21 cases, 4 deaths; Kutum (population 348 000) - 135 cases, 11 deaths; Kabkabiyya (population 240 017) - 43 cases, 15 deaths. Cases have continued to be reported, reaching a total of 199 cases and 30 deaths by 20 January.

A WHO team is assisting with the assessment of the epidemiological situation and needs. Team members visited the areas affected by the outbreak together with the Sudanese health authorities and other international partners, including UNICEF, *Médecins sans frontières* and

the International Federation of Red Cross and Red Crescent Societies. So far, 91 000 people have been vaccinated by 40 vaccination teams. While it appears that the number of new cases has diminished over the last few days, plans are being drawn up to strengthen surveillance and control measures throughout the country in preparation for any further outbreaks of the disease.

Rift Valley Fever in South Africa

Outbreak amongst Wildlife in South Africa and Associated Human Cases

A laboratory confirmed outbreak of Rift Valley Fever (RVF) amongst wild animals in and near the Kruger National Park in South Africa has been reported by the National Institute for Virology in Johannesburg (a WHO Collaborating Centre for Viral Haemorrhagic Fevers and Arboviruses). Three associated human cases have also been reported, all with a benign febrile illness.

Large outbreaks of RVF occurred in South Africa's inland plateau in 1974-76, and a small outbreak was recorded in 1981 in a coastal area of KwaZulu-Natal, but no disease activity has been detected in the intervening period. Several consecutive years with high rainfall have favoured the explosion of the *Aedes* mosquito population which is the vector for the virus.

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