

Overseas briefs

Source: World Health Organization (WHO)
This material has been summarised 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.

Lassa fever in United Kingdom

The diagnosis of Lassa fever in a 50 year old British national who had been working for the peacekeeping effort in rural Sierra Leone has been confirmed by virological tests performed at the Enteric and Respiratory Virus Laboratory at the Central Public Health Laboratory, London. He became ill with fever on 21 February and was airlifted to Freetown. He remained unwell, and on 5 March was evacuated to the UK by air ambulance. He was admitted to the Hospital for Tropical Diseases, London, and then transferred to Coppetts Wood Hospital, where he is being managed in high security isolation facilities. The patient's condition is reported to have improved slightly, but he remains seriously ill. Monitoring of close contacts is continuing, and will be carried out through the potential incubation period of the illness. Tests for other known viral haemorrhagic fevers have so far proved negative.

Cholera in Madagascar - Update

From 1 December 1999 until 13 March 2000, a total of 15,173 cases of cholera with 860 deaths (case-fatality rate 5.7%) has been reported. The epidemic is spreading and now affects six provinces: Toliary, Antananarivo, Antsiranana, Mahajanga, Toamasina and Fianarantsoa.

WHO is undertaking a mission to support the Ministry of Health in its efforts to respond to the epidemic.

Meningococcal disease in Ethiopia

An outbreak of meningococcal meningitis has been reported, affecting two neighbouring districts of Ethiopia: Kobo District of Amhara Region and Alamata District of the Tigray Region. Between 30 January and 12 March 2000, 81 cases and 3 deaths were reported from Kobo District, and cerebrospinal fluid (CSF) examinations of

21 specimens yielded *Neisseria meningitidis*. The number of cases peaked between 14 and 20 February and is reported to have declined to low levels by 12 March. During a vaccination campaign running from the 14 to 27 February, 36,344 people were vaccinated. Between 7 February and 9 March 2000, 48 cases and 6 deaths were reported from the Alamata District. In this district, 35,132 people have received vaccination.

Viral haemorrhagic fever/Marburg in Democratic Republic of Congo

On 13 March WHO received notifications of possible Marburg haemorrhagic fever in 8 persons from Durba, Province Orientale, Democratic Republic of Congo (DRC). Clinical samples from 6 patients have been sent to the National Institute for Virology (NIV), South Africa, and so far 3 have been confirmed positive by virological tests. Initial tests on the 3 other samples were negative, but other tests are still in progress. The availability of samples from the 2 other cases is not known at this time.

Since November 1999, there have been 30 notifications of possible Marburg disease from the vicinity of Durba. Twelve of these were negative after extensive laboratory tests, leaving a current total of 18 cases; 11 of which are confirmed, and 7 of which are currently classified as suspect cases because: no sample was available (2), the status of samples is unknown (2), or results are pending (3). Illness has proved fatal in 8 confirmed cases and in 4 suspect cases. Dates of illness onset for the 30 notifications range from 9 November 1999 to 7 March 2000. Disease onset dates for confirmed cases range from 8 January to 24 February 2000. The confirmed cases worked as gold miners (6), housewives (3), a farmer and a nurse.

Disease activity is clearly still continuing in the area and appears to be linked to the gold mine in Durba. Surveillance is continuing, but the security situation in the area and poor communications and transport mean that information is only available intermittently. The situation is being closely monitored by the WHO country offices in Kinshasa and Kampala, the WHO African Regional Office in Harare and WHO Headquarters in Geneva.

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Website

<http://www.health.gov.au/pubhlth/cdi/cdihtml.htm>

Contributions

Contributions covering any aspects of communicable diseases are invited. All contributions are subject to the normal refereeing process.

Instructions to authors can be found in *CDI* 2000;24:5.

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This journal is indexed by *Index Medicus* and Medline.

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