Overseas briefs

Source: World Health Organization (WHO)

Crimean-Congo haemorrhagic fever

Pakistan. Crimean-Congo haemorrhagic fever has been diagnosed in four patients, including two deaths, in a village in the Kohlu area of Baluchistan Province of Pakistan in February 1998. All cases belonged to the same family of herders living in close contact with their sheep. Specimens were collected from the two surviving patients, from other members of the family who developed fever without haemorrhagic symptoms, and from many of the contacts. Blood specimens from cases and contacts were shipped to the WHO Collaborating Centre for Reference and Research on Special Pathogens at the Centre for Applied Medical Research, Public Health Laboratory Service, Porton Down, United Kingdom for testing. All had IgG and IgM antibody to Crimean-Congo haemorrhagic fever virus indicating recent infection. Further virological testing is in progress at Porton Down.

Afghanistan. Crimean-Congo haemorrhagic fever has been diagnosed in a village in the district of Rustaq, Province of Takar in mid-March 1998. A total of 19 cases have been reported of which 12 were fatal. Rustaq district, in north-east Afghanistan, was severely affected by the earthquake in early February and access was further complicated by melting snow. However, representatives from United Nations and non-governmental organisations were on site to provide assistance and notified WHO of the outbreak. The WHO country office organised the investigation and management of the cases with the International Federation of Red Cross and Red Crescent Societies and Médecins Sans Frontières. Blood specimens were shipped to the WHO Collaborating Centre for Reference and Research on Special Pathogens at the Centre for Applied Medical Research, Public Health Laboratory Service, Porton Down, United Kingdom. Serological testing (IgG/IgM antibody) provided evidence of Crimean-Congo haemorrhagic fever virus infection. Further virological testing is in progress at Porton Down.

Cholera in Africa

Rwanda. A cholera outbreak which began in late February 1998 in Cyangugu Prefecture close to the border with the Democratic Republic of the Congo is continuing with an increased number of cases reported recently.

Democratic Republic of the Congo. The Democratic Republic of the Congo has reported a total of 9,605 cases with 746 deaths (case fatality rate 8%) since January 1998. Major outbreaks have occurred in the Bunia area (Orientale Province, ex Haut-Zaire province) which is 1,600 km east of Kinshasa, and in Bukavu (Sud-Kivu Province) which is close to the Rwandan border. Cholera has also been reported from other areas in the country. The WHO country office, as well as major nongovernement organisations, are providing support to the health authorities to control the outbreak.

Burundi. From 1 April to 18 May 1998, 77 cases of cholera and 3 deaths had been reported in Bujumbura Province, Burundi**.** The districts of Buyenzi, Bwiza, Cibitoke and Musaga were the most affected. Health education and activities to improve sanitation are being carried out by the Ministry of Health.

Uganda. The dramatic cholera outbreak which started in late 1997 is still affecting the country with over 20,000 cases and over 1,000 deaths reported since the beginning of 1998.

The current cholera outbreak affecting the Great Lakes region confirms earlier forecasts of a potential spread from eastern African countries which were affected by major outbreaks last year, to countries in the central and southern part of Africa.

Malaria in the United Republic of Tanzania.

Following reports of an outbreak in Sumbawanga District, in the south-eastern part of the country, the Regional Health Authority sent an investigating team to the affected areas; Matai, Sopa and Katete wards. It has been confirmed that the outbreak was caused by a severe form of falciparum malaria. The whole country is experiencing increased numbers of malaria cases and deaths following an abnormally long rainy season. Similar outbreaks have been reported in several other districts (Tanga, Muleba, Korogwe, Handeni and Lushoto) in the last 12 months. Malaria is endemic in the whole country and increased transmission often occurs at this time of year.

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