

Notice

The Australian Sentinel Practices Research Network (ASPREN) is considering the conditions to be recorded during 2000. If there are any researchers, epidemiologists or other readers of CDI who would like specific conditions to be recorded, could they please contact:

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There may be a small cost associated depending on the data to be recorded. There are limitations on the data that can be collected, in particular in relation to the distribution of recorders and the denominator used.

Proposals need to be submitted to the above address by Friday 8 October 1999.

Please direct any enquiries to Ian Wilson. He can be contacted by phone on 0419 801 787.

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.

Suspected haemorrhagic fever, Germany

On 5 August, the Robert Koch Institute in Berlin provided WHO with more details on the previously reported case of a man hospitalised with suspected haemorrhagic fever, after returning from a trip to Côte d'Ivoire. He left Germany on 17 July for Abidjan, then travelled to Bouaké to spend 2 weeks at a scientific research camp located in the Komoe National Park. He returned to Germany on 1 August.

The patient did not show any symptoms until he reached his home, so the Institute has concluded that the risk of person-to-person transmission to other passengers is minimal. All those who are known to have had direct contact with him (either during the trip or after his arrival in Berlin) are under surveillance by the health authorities.

A range of tests were conducted to identify the infectious agent. Tests for the following were negative: Ebola, Hantavirus infection, Lassa fever, Marburg and malaria. The patient died on 6 August. The diagnosis of yellow fever by culture and PCR was confirmed today.

Haemorrhagic fever with renal syndrome, Kosovo

A case of haemorrhagic fever with renal syndrome (HFRS) has been confirmed in Kosovo. The case was in a 19 year old woman who lived in a mountainous, forested area near the Albanian border. The diagnosis, suspected on clinical grounds, has been supported by laboratory tests, which confirm hantavirus infection. The tests were performed by the WHO Collaborating Centre for Arboviruses and Haemorrhagic Fevers in Thessaloniki, Greece.

Polio in Afghanistan

An outbreak of poliomyelitis has been reported from Kunduz province in Northern Afghanistan. Since early May, a total of 26 cases of children with paralysis have been reported, of which 6 cases have already been confirmed as poliomyelitis through laboratory analysis. Fifteen of the 26 cases were reported from Kunduz town itself, with 11 cases from the districts surrounding Kunduz. The outbreak was identified only because special disease reporting for suspected polio cases, including the capacity for laboratory confirmation, was established in May 1999 in the north as part of the nation-wide initiative to eradicate polio.

Since all immunisation activities in Northern Afghanistan had nearly ceased in mid-1997 and are just now being re-established, the outbreak of poliomyelitis is not unexpected. To determine the full extent of the outbreak, all health facilities and NGOs providing health care in the north have been alerted to the outbreak and requested to report all suspected cases to the Ministry of Public Health. A large scale house-to-house immunisation campaign,

targeting more than 130,000 children aged less than 5 years has been launched this week in the outbreak area as a collaborative effort.

Poliomyelitis is endemic in Afghanistan and the best way to prevent the disease is to immunise children with at least 3 doses of polio vaccine during their first year of life. The global strategy to eradicate polio includes supplementary country-wide campaigns called National Immunisation Days (NIDs) when 2 drops of oral polio vaccine are given to all children under age 5 years, in 2 consecutive months. Country-wide NIDs were held in Afghanistan in May and June 1999 and are scheduled again for October and November. Unfortunately the outbreak in Kunduz started before the May NIDs.

Cholera

Madagascar

The cholera outbreak which began in late March has stabilised in the two provinces affected, and the number of reported cases has declined considerably during recent weeks. In Antananarivo province, the situation has been less acute than in Mahajanga province. There is a risk that some districts in Mahajanga province (Mahajanga I and II, Marovoay and Mitsinjo) may become endemic. Some cases have also been reported recently in Antsiranana province, Nosy Be district.

Strict control measures were implemented during the early stages of the outbreak, including: care of suspect cases in health centres and hospitals, and treatment of contacts,

disinfection and other hygiene measures in treatment centres and patients' homes, widespread campaigns to educate and inform the public, and epidemiological surveillance.

Notification of cases to WHO and information reports on the areas affected have been very regular and in conformity with the requirements of the International Health Regulations. There is no reason for travellers/tourists to postpone travel to Madagascar as the risk of infection is negligible if basic hygiene measures are taken.

Niger

An outbreak has occurred in Boboyé District, Dosso Department, which is approximately 100 km east of Niamey. The first cases were reported in June, and as of 30 July the total number was 169 cases with 10 deaths. Thirty-six villages were affected. Control measures which were taken at the early stages of the outbreak have helped to decrease the number of cases and since 28 July only 1 or 2 cases have been occurring daily. Various materials and medicines were supplied by UNICEF, WHO and "Italian Cooperation" both in the districts affected and in other regions in case of spread.

Cholera outbreaks occur in Niger fairly regularly although no cases were reported in 1998. A total of 259 cases with 13 deaths was reported in 1997 and a larger outbreak with 3,957 cases and 206 deaths in 1996.

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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/1999;23:59.

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