

Overseas briefs

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Tsunami-related disease potential — Asia

Source: Reuters 27 December 2004 [edited]

The United Nations (UN) warned of epidemics within days, unless health systems in southern Asia can cope, after more than 140,000 people were killed, and hundreds of thousands left homeless, by a giant tsunami.

Aid agencies around the world rushed staff, equipment and money to southern Asia, after huge waves, triggered by a massive underwater earthquake, swamped coastal communities in at least six countries on 26 December 2004.

'This may be the worst natural disaster in recent history, because it is affecting so many heavily populated coastal areas ... so many vulnerable communities,' said the UN's Emergency Relief Coordinator. 'The longer term effects may be as devastating as ... the tsunami itself.' 'Many more people are now affected by polluted drinking water. We could have epidemics within a few days, unless we get health systems up and running.

Experts said the top five issues to be addressed were water, sanitation, food, shelter and health. 'The biggest health challenge we face is the spread of waterborne diseases, particularly malaria and diarrhoea, as well as respiratory tract infections,' said the Red Cross Federation's senior health officer.

Poliomyelitis — Sudan

Source: Integrated Regional Information Networks 24 December 2004 (edited)

The United Nations (UN) has warned that an outbreak of polio in Sudan could lead to a spread of the disease to other countries in the region unless it is quickly contained. UN and government officials held an emergency meeting on Thursday in the Sudanese capital, Khartoum, to discuss how to contain the disease amidst reports that 79 new cases had been recorded across the country. 'This is quite dramatic, considering there were no reported cases of polio in 2003,' said a UNICEF official. 'Sudan was well underway to being declared polio-free, but the

country has now become the number two or three in the world in terms of the number of polio cases reported in 2004.' Thirty-two of the reported cases were found in the state of Khartoum, while Unity state and Western Upper Nile in the south each reported five cases.

The disease spread across at least 10 nations in Africa this year after vaccination in some states of northern Nigeria was suspended in mid-2003 amid concerns from local religious leaders about the safety of the oral vaccine. Those concerns were later proved baseless and vaccination has resumed.

Initial testing indicated that both the genetic P-1 strain, related to reported cases in Nigeria, and the unrelated P-3 strain were present in Sudan, suggesting that the outbreak might have resulted from both imported and locally transmitted cases.

The World Health Organization and UNICEF will conduct a polio vaccination campaign across the whole of the country starting in January 2005.

Information on the total reported cases by country of report can be found at the polio eradication website: <http://www.polioeradication.org/content/fixd/case-count.shtml>.

Avian influenza, humans — Japan: confirmed

Source: Reuters report, 22 December 2004 [edited]

The Japanese Health Ministry said today that at least one person had been infected with avian influenza virus after an outbreak among chickens in February 2004. The Ministry said four others had probably also been infected with avian influenza virus but added that none of the five had developed any symptoms of avian influenza. The case marks the first human infection of avian influenza virus in Japan, which reported several outbreaks of avian influenza in poultry earlier in 2004.

The Ministry said on 18 December 2004 that blood tests showed that five people who were involved in work such as the culling of chickens after an outbreak of avian influenza in Kyoto in western Japan in February 2004, had developed an immune response to the virus. 'The five people who tested positive for antibodies have not developed symptoms of avian influenza and there is no risk of them developing symptoms in the future. And there is no possibility they will infect others,' the Ministry said today. 'We don't think it is a problem for public health,' the Ministry added.

All avian influenza outbreaks in Japan have been identified as caused by the H5N1-type virus, the virus that has hit other countries in Asia and been blamed for human deaths in Viet Nam and Thailand.

Variant Creutzfeld-Jakob disease monthly statistics — December 2004

Source: UK Department of Health, 6 December 2004 [edited]

Definite and probable CJD cases in the United Kingdom

Summary of vCJD cases — deaths

Deaths from definite vCJD (confirmed): 106

Deaths from probable vCJD (without neuropathological confirmation): 39

Deaths from probable vCJD (neuropathological confirmation pending): 2

Total number of deaths from definite or probable vCJD (as above): 147

Summary of vCJD cases — alive

Number of probable vCJD cases still alive: 5

Total number of definite or probable vCJD (dead and alive): 152

Since November 2004, the number of deaths from definite vCJD has increased by one, raising the total number of deaths from definite or probable vCJD to 147. The number of probable vCJD cases still alive remains at 5. Therefore, the overall total number of definite or probable vCJD cases now becomes 152.

Meningococcal disease — Scotland

Source: BBC News 23 November 2004 [edited]

The public and doctors are being urged to remain vigilant for signs of meningitis, following a surge in the number of deaths from the disease. Public health officials are concerned that people may have a false sense of security after the vaccination campaign against meningococcal meningitis type C. This has been hugely successful, but the B strain remains a serious threat. Health Protection Scotland (HPS) says the B strain has claimed most of the 16 deaths so far this year [2004]. This compares to four deaths last year. The latest figures published by Health Protection Scotland show there have been 131 cases of meningitis in 2004 so far, compared

with 159 last year. Investigations have identified no link between any of the cases, which have included a wide range of unrelated strains.

There has been an increase in the number of cases of meningitis due to meningococcus type B over the past months, for which there is, so far, no vaccine available in the United Kingdom. In 2000, 2001, and 2002, the total number of deaths from the disease were 26, 13, and 13, respectively. A vaccine is undergoing clinical trials in New Zealand, and HPS is monitoring the results with a view to its introduction as soon as possible. HPS has already written to doctors pointing out the importance of identifying the strains they find, so the most effective antimicrobial therapy can be swiftly administered.

Rabies, human, bat — USA (Wisconsin): recovery

Source: Associated Press, 30 December 2004 [edited]

A teenager who became the first person known to have survived rabies without vaccination expects to come home from hospital on New Year's Day. The 15-year-old girl has spent nearly 11 weeks at the Children's Hospital of Wisconsin. In recent weeks, the girl has worked to regain her weight, strength, and coordination.

Only five people in the world besides the girl are known to have survived rabies virus infection after the onset of symptoms, but they had received standard treatment, a series of rabies vaccine shots, or vaccine ahead of time.

One of the girl's doctors, said the teen is medically sound and should eventually resume high school, although she still shows some effects from the illness. The teenager was bitten by a rabid bat on 12 September 2004 and went to a doctor on 13 October 2004 with only vague symptoms of fatigue and tingling and numbness of the hand where the bite occurred. She was hospitalised a few days later. As her condition worsened, doctors at the Children's Hospital induced a coma and administered a combination of drugs. She was in intensive care for nearly two months and eventually came out of the coma. At home, she will continue with speech, physical, and occupational therapy, according to the hospital. The USA Centers for Disease Control and Prevention has said it is re-evaluating its approach to human rabies because of the results.

Mumps, students — United Kingdom

Source: *Eurosurveillance Wkly*, 25 November 2004 [edited]

In weeks 1 to 39 of 2004, 3,696 cases of mumps have been confirmed in England and Wales, compared with a 5-year cumulative (1999 to 2003) total of 3,884 cases. All regions have reported cases in 2004, and all except two have already had more cases this year than in the whole of 2003. Of all cases this year, 78 per cent (2,886 cases) were reported in young people aged 15-24 years.

Immunisation against mumps was introduced in England and Wales in October 1988 as a component of the measles, mumps and rubella (MMR) vaccine and offered routinely to all children aged 12 to 15 months. A second dose of MMR vaccine at preschool age was introduced in October 1996. Since 1989, mumps has been notifiable and since late 1994, the facility to test saliva for mumps IgM has been available to family doctors.

Following the introduction of MMR, the incidence of mumps decreased rapidly until 1997. Since then the number of confirmed cases has increased. In 2003, there was a rise in notifications which has continued throughout 2004, with further increases in the numbers of confirmed cases.

This increase in mumps cases in England and Wales since 1997 was predicted by seroprevalence studies in 1993. The results suggested that certain cohorts had remained susceptible—probably due to reduced exposure to natural infection following high uptake of the MMR vaccine.¹ The cohort identified to be at particularly high risk of mumps were those who are too old to have received two doses of MMR in the routine schedule (born before 1992) but young enough to have grown up during a period of low incidence, and so have escaped mumps infection in childhood. Confirmed mumps cases have been mainly in older teenagers and young adults (born between 1982 and 1990), and outbreaks have moved from being mainly in secondary schools to universities and further education colleges. Many of this group received measles-rubella (MR) vaccine in 1994, as at that time there was a shortage of MMR, and so they are not protected against mumps. The Health Protection Agency and the Department of Health recommend that all school-leavers and university entrants who have not received MMR vaccine or who have only received one dose should have the opportunity to get MMR.

Reference

1. Gay N, Miller E, Hesketh L, Morgan-Capner P, Ramsay M, Cohen B, Brown D. Mumps surveillance in England and Wales supports introduction of two dose vaccination schedule. *Commun Dis Rep CDR Wkly* 1997; 7:21—26.

World Health Organization

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

Avian influenza – situation in Viet Nam

30 December 2004

The World Health Organization has received informal reports of a laboratory-confirmed case of H5N1 infection in Viet Nam. The patient, who has been hospitalised since 26 December, is a 16-year-old girl who fell ill in the southern province of Tay Ninh. Vietnamese authorities are investigating the source of her infection, including the possibility of contact with infected poultry.

This is the first human case of H5N1 detected in Viet Nam since early September. It coincides with several fresh poultry outbreaks reported in southern provinces in December. Recent poultry outbreaks in Tay Ninh Province have not been reported. As avian influenza viruses become more active at cooler temperatures, further poultry outbreaks, possibly accompanied by sporadic human cases, can be anticipated.

Poultry marketing, transportation, and consumption increase in Viet Nam with the approach of the Lunar New Year in early February. These activities create conditions favouring the spread of poultry outbreaks and call for heightened control measures.

Since January 2004, 28 human cases have been detected in Viet Nam. Of these, 20 were fatal. Thailand has also reported human cases, bringing the total in Asia since the beginning of 2004 to 45 cases, of which 32 have been fatal.

Typhoid fever in the Democratic Republic of the Congo

15 December 2004

The World Health Organisation WHO has received reports of a significant, ongoing outbreak of typhoid fever in Kinshasa. The cases have occurred in the suburbs which had already been affected by an important outbreak of *Escherichia coli* in May 2004.

As of 13 December 2004, a total of 13,400 cases were reported. Between 1 October and 10 December 2004, 615 severe cases with peritonitis, with or without perforation, including 134 deaths (case fatality rate, 21.8%) have occurred. Five of 32 samples tested positive for *Salmonella Typhi*.

Very poor sanitary conditions and a lack of drinking water have been reported in these areas. A crisis committee has been established to contain the outbreak and is carrying out health education activities and distributing medicine.

Cholera in Nigeria

3 December 2004

The World Health Organisation (WHO) has received reports from the Federal Ministry of Health in Nigeria of a total number of 1,616 cases of cholera and 126 deaths. Kano State reported 1,316 cases and 76 deaths (case fatality rate, 5.8%) from 15 October to 23 November 2004 and Edo State reported 300 cases and 50 deaths (case fatality rate 16.7%) from 16 September to 18 November 2004. In both states, *Vibrio cholerae* has been laboratory confirmed.

In Kano State, 20 local government areas have been affected with the case fatality rate highest among those less than two years of age and over 60 years of age. While there are widespread water shortages in metropolitan local government areas, many of the water sources that do exist are not safe.

WHO has assisted the Federal Ministry of Health with surveillance activities and supplies of anti-sera. Cases appear to be decreasing in both states.