

Overseas briefs

Source: World Health Organization (WHO)

Monkeypox, Zaire

Increased activity of monkeypox was reported in Katakombé health zone, Sankuru sub-region, Kasai Oriental during 1996. Médecins Sans Frontières investigated those cases which could be traced in September 1996. Samples were obtained from 11 cases, all of which were subsequently confirmed as monkeypox by the WHO Collaborating Centre for Smallpox and other Poxvirus Infections at the Centers for Disease Control and Prevention (CDC) in Atlanta, United States of America. Concern about the unusually high number of cases and the apparent increased transmission between human cases triggered a multidisciplinary investigation in February 1997. A team was set up composed of national experts, local WHO staff, and staff from CDC and Epiet, Paris, France. The report of the investigations will be published simultaneously in forthcoming issues of the *Weekly Epidemiological Record*, the *Morbidity and Mortality Weekly Report* and the *Eurosurveillance Bulletin*.

Lassa fever, Sierra Leone

Lassa fever continues to occur in Kenema District following the outbreak during 1996. Between November 1996 and 11 March 1997 a total of 239 cases were admitted to hospital in Kenema District and 39 (16%) died. Of these cases, 140 with 23 deaths had occurred since 1 January 1997. A WHO mission investigated the situation in Kenema District from 14 to 21 February to redirect

control activities, review existing surveillance activities, identify future needs and prepare a plan of action. The cooperation of non-government organisations based in the area has resulted in improved communications and rapid patient referral. Clinical care has also improved which has reduced the case fatality rate among hospitalised cases. However, ribavirin for treatment of cases is in short supply and WHO is seeking sources for additional supplies.

Meningitis

Ghana. The number of cases of meningitis more than doubled in Ghana since 22 February, with 3,757 cases and 411 deaths (case fatality rate 11%) by 13 March. The total population in districts where the weekly attack rate exceeds 5 cases per 100,000 population is 1,771,539 and the population under 30 years of age in these districts is approximately 1,240, 000.

The Ministry of Health is basing its control strategy on health education, case management and vaccination activities. A task force has been created to coordinate reporting and the support to the affected regions. External support has been obtained to purchase vaccine, injection material and drugs.

The latest cumulative figures from other countries in west Africa are: **Burkina Faso** 10,000 (1,200 deaths, case fatality rate 12%), **Chad** 38 cases (6 deaths, 16%), **Gambia** 151 cases (17 deaths, 11%), **Mali** 1,549 cases (160 deaths, 10%) and **Togo** 2,380 cases (329 deaths, 14%).

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Contributions covering any aspects of communicable disease are invited. Instructions to authors can be found in *CDI* 1997;21:9.

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