

Overseas briefs

World Health Organization Disease Outbreak News

This material has been summarised from information provided by the World Health Organization (<http://www.who.int>).

Avian influenza

China

24 March 2006

The Ministry of Health in China has confirmed the country's 16th case of human infection with the H5N1 avian influenza virus. The case, which was fatal, occurred in a 29-year-old female migrant worker. She was hospitalised in Shanghai on 15 March with symptoms of pneumonia and died on 21 March.

This is the first case reported in Shanghai. Her source of infection is under investigation. No poultry outbreaks have been reported in the Shanghai area since February 2004. According to Chinese authorities, the woman's close contacts have been placed under medical observation.

To date, China has reported 16 cases of H5N1 infection, of which 11 have been fatal.

Cambodia

24 March 2006

The Ministry of Health in Cambodia has confirmed the country's fifth case of human infection with the H5N1 avian influenza virus. The case, which was fatal, occurred in a 3-year-old girl from Kampong Speu Province, west of Phnom Penh in the southern part of the country. The child developed fever on 14 March. Her condition deteriorated rapidly and she was hospitalised in Phnom Penh on 20 March. She died on 21 March. Samples from the girl tested positive for H5N1 infection at the Pasteur Institute in Cambodia.

A team of officials from the Ministry of Health and WHO have investigated the situation in the remote village where the child lived. Backyard poultry began dying in the village in February, and chicken deaths have continued. The child is known to have played with chickens, including some showing signs of illness.

The investigation found seven residents with fever but no respiratory symptoms. All had a history of recent contact with diseased birds or had been involved in caring for the child. Although none of these people presently shows symptoms compatible with H5N1 infection, all have been placed under medical observation as a precaution.

This is the fifth confirmed case in Cambodia and the first in almost a year. The four previous cases, all from the adjacent Kampot Province which borders Viet Nam, and all fatal, occurred from end-January 2005 through mid-April 2005.

Egypt

29 March 2006

The Ministry of Health in Egypt has confirmed the country's second fatal case of human infection with the H5N1 avian influenza virus. The death occurred in a 30-year-old woman from the Qaliubiya governorate near Cairo. She developed symptoms on 12 March following the home slaughter of chickens. She was hospitalised on 16 March and died on 27 March.

Tests conducted by the Cairo-based US Naval Medical Research Unit 3 (NAMRU-3) have confirmed an additional three cases. A 32-year-old man, who worked on a farm where poultry were recently culled, developed symptoms on 16 March and was hospitalised the same day. He has since recovered. A 17-year-old boy, whose father runs a poultry farm in the Gharbiya governorate in the Nile Delta, developed symptoms on 18 March and was hospitalised the following day. He has since recovered. The third case is an 18-year-old girl from the Kafr El-Sheikh governorate. She developed symptoms following the slaughter of sick backyard poultry. She was hospitalised on 25 March.

Health authorities have screened more than 350 people who were contacts of these patients or had a recent history of exposure to diseased birds. All test results have been negative for H5N1 infection.

Egypt has a large population of poultry, many of which are kept on roof terraces in close proximity to humans. H5N1 outbreaks in poultry have now been reported in 19 of the country's 26 governorates. Since the first outbreak was confirmed on 17 February, more than 25 million birds have died or been destroyed.

ProMED-mail

This material has been summarised from information provided by ProMED-mail (<http://www.promedmail.org>).

Anthrax, inhalation – USA

Source: Center for Infectious Disease Research and Policy, University of Minnesota, 28 February 2006 (edited)

Laboratory testing in the case of the New York City drum maker who recently contracted anthrax has supported the belief that he inhaled anthrax spores while working with contaminated animal hides, according to federal health officials. The Centers for Disease Control and Prevention (CDC) said that tests revealed *Bacillus anthracis* in the workplace, home, and van of the 44-year-old man. He fell ill with inhalational anthrax after performing in a concert in Mansfield, PA, on 16 February 2006. The test results 'are consistent with the hypothesis that the patient's exposure occurred while working on contaminated hides while making traditional drums,' CDC said in a notice sent through its Health Alert Network.

The man, who is the first known US anthrax case since 2001, remains in serious condition in a Pennsylvania hospital. He was reported to have made drums from goat hides imported from Africa.

'No cases of inhalation anthrax in the US have ever been associated with animal hide drums,' the agency said. The man's exposure 'occurred when he was making and finishing drums made from un-tanned animal hides and was not associated with playing finished drums. His exposure was similar to that experienced during industrial handling of hides.'

Poliomyelitis

Source: Eurosurveillance Weekly Release Surveillance Report, Vol 11, Issue 3, 9 March 2006 (edited)

The World Health Organization-coordinated global Poliomyelitis Eradication Initiative has made tremendous progress since its beginning in 1988. Polio became close to being eradicated in 2001 when the lowest annual case count ever, less than 500 worldwide, was reported. However, several setbacks, mainly due to sub-optimal vaccine coverage, have prevented this goal being reached.

From 2002 to 2005, 21 countries which were previously polio-free were affected by cases imported from what were the six remaining countries with endemic wild poliovirus (WPV) type 1 circulation (Afghanistan,

Egypt, India, Niger, Nigeria, and Pakistan). Most of these were from Nigeria, while three importations were from India. For eight countries, imported WPV cases did not result in sustained transmission, but in the remaining 13, WPV caused multiple outbreaks. In 2005, 1,983 cases of poliomyelitis were reported worldwide, and 50 cases were caused by vaccine-derived polioviruses.

Large outbreaks in 2005

Three countries were affected by outbreaks of more than 100 WPV cases in 2005: Yemen, Indonesia and Somalia. Most outbreaks required multiple rounds of large-scale immunisation activities to control and stop transmission.

Yemen

Yemen confirmed its first detected case of imported WPV infection (onset February 2005) in late April 2005. By the end of 2005, 478 polio cases had been reported from all over the country. A National Immunisation Day (NID) had been conducted in mid-April 2005, before the index case was identified, in response to the threat of importation from Sudan. Six additional NIDs were conducted from May to December 2005.

Indonesia

To date, 303 cases caused by WPV have been reported from 10 provinces on Java and Sumatra. The first case in the current outbreak was reported with onset in March 2005. By the time the first response mass immunisation campaign was organised, 99 cases had been detected. Three full NIDS were carried out in August 2005. The most recent case onset was December 2005.

Nigeria

Cases began to increase in Nigeria in 2002 when immunisations with OPV were interrupted in some northern states because of an unjustified fear of harmful side-effects, and consequently, the number of polio cases increased in several parts of Nigeria. Type 1 WPV subsequently spread to 18 countries that had been polio-free for several years.

The virus is known to have been transmitted from Nigeria to Chad, onward to Sudan, and onward again to Saudi Arabia and Yemen. Only two cases were reported in Saudi Arabia, but the virus was transmitted onward from Saudi Arabia to Indonesia. Children under 15 years of age travelling to Saudi Arabia from countries where wild poliovirus has been reported must now be vaccinated against polio before entry into the country, whether or not they are visiting for the Hajj pilgrimage.

In early 2006, after intensive supplementary immunisation campaigns, outbreaks in most of the reinfected African countries are under control, with the exception of Somalia. These episodes have postponed the possible world WPV eradication date again by several years; according to the World Health Organization. Worldwide eradication cannot be declared until at least three years after the most recent isolation of WPV anywhere in the world. WHO now considers that endemic transmission of WPV has stopped in Egypt and Niger, leaving only four countries in the world with persistent indigenous WPV transmission: Afghanistan, India, Nigeria, and Pakistan.

Through impressive international and inter-agency collaboration, poliomyelitis has become a rare disease in the world. However, the proclaimed target, global eradication of wild-type poliovirus, has yet to be reached.

Somalia

To date, 185 cases have been confirmed, with the most recent onset being in November 2005. The first onset was July 2005, after importation from Yemen. Three NIDS have been carried out.

India

A major outbreak in 2002 was successfully contained, and in 2005, there were only 66 new cases. Continuing WPV circulation in India resulted in a single imported case in Lebanon in 2003, a few cases in Nepal and re-established circulation in Angola in 2005.

Hand, foot and mouth disease – Malaysia (Sarawak)

Source: Bloomberg.com, 10 March 2006 (edited)

Malaysian authorities said another child in Sarawak died two days ago from hand, foot and mouth disease, bringing the total to five since December 2005 in an outbreak the Health Ministry has called an epidemic.

Two of the deaths were caused by enterovirus 71, the more virulent type of the group of enteroviruses that cause hand, foot and mouth disease, the World Health Organization said, citing a Malaysian Health Ministry statement. All 488 kindergartens and nine primary schools in Sarawak state, on the island of Borneo, are closed for two weeks. Sarawak is trying to prevent a repeat of 1997, when 31 children died from the disease.

The nation of 26 million people is speeding up efforts to contain the disease, which had infected 3,269 children in Sarawak as of 8 March 2006. That's more than 10 times the number of cases last year [2005]. The cases tend to increase from February to June according to the Sarawak government's website.

Malaysia has outbreaks of hand, foot and mouth illness, characterised by fever, mouth sores and blisters, about every three years. Sarawak had 2,113 cases in 2003, and 3,560 in 2000. The disease is common in children, and in most cases, sufferers recover without medical treatment in 7 to 10 days.

Mumps virus, genotype G – USA (Iowa)

Source: ABC News, 15 March 2006 (edited)

State health officials have stated that they are concerned about a rare strain of mumps virus behind an outbreak of 60 mumps cases in Iowa. The director of the State University's Hygienic Laboratory, said the genotype G strain is infrequently seen in the United States. With the number jumping from 17 cases just two weeks ago, she predicted there could be more outbreaks this spring [2006].

The patients with confirmed cases of mumps range in age from 11 to 41 years, but half have been college students. The virus may have come from Europe, but a similar strain has been detected in New Jersey. The US Centres for Disease Control and Prevention is investigating the source.

Symptoms of mumps include fever, headache and swollen salivary glands at the jaw line, below and in front of the ears. Mumps is generally a mild illness for healthy people and is spread through coughing or sneezing. It can cause serious complications, including deafness in children and spontaneous abortion in pregnant women.

Mumps infection occurs worldwide, and humans are the only natural host for the virus. Various vaccine strains have been developed and have been effective in reducing the incidence of mumps worldwide. The virus is essentially monotypic, although there may be some mismatch between individual strains and vaccines. Despite the monotypic nature of the mumps virus, different genetic lineages of mumps virus exist and co-circulate globally. Genotypes A to J have been defined on the basis of the nucleotide sequence of the most variable gene, the SH gene. The different lineages are useful properties for tracking the spread of mumps virus, but there is no clear association of the different lineages with different clinical symptoms.

Chikungunya - Indian Ocean

India (Andhra Pradesh)

Source: New IndPress, 29 March 2006 (edited)

Chikungunya has affected about 8,000 people in 75 villages, but no deaths have been reported. According to the district medical and health department officials, the disease is spreading to other parts of the region, and they have taken up awareness campaigns to arrest its spread to new areas. A district medical and health officer said that chikungunya spreads through the tiger mosquito, which breeds in fresh water and bites during daytime. He advised people not to store drinking water for long periods and to keep the containers clean. He said chikungunya causes high fever coupled with severe body pains and could be treated with paracetamol (acetaminophen). The tiger mosquito usually does not survive beyond 30° Celsius, and with the soaring temperatures of summer, the incidence of the disease will come down.

Reunion

Source: Yahoo News, UK, 29 March 2006 (edited)

The disabling mosquito-borne disease, Chikungunya, which has affected more than a quarter of people living on the French Indian Ocean island of Reunion is now in sharp decline, the French Senate was told. New cases are down to 4,400 a week compared with 47,000 at the start of February 2006.

Overall, some 218,000 people out of a total population of 777,000 have contracted Chikungunya in the last year, of whom 155 have died directly or indirectly as a result of the disease.

The disease gets its name from a Swahili word meaning 'that which bends up' because of its arthritic-type symptoms that leave victims stooped. Most patients eventually recover. The French government has committed emergency health and economic aid worth over 90 million Euros to help Reunion fight the scourge but was criticised for failing to react quickly enough.