

Overseas briefs

Source: World Health Organization (WHO)

Cholera in Kenya

Health authorities have reported an outbreak of cholera in Migori District, Nyanza Province. The outbreak began mid-June and 555 cases with 29 deaths had been notified up to 24 August. Control measures instituted by the Ministry of Health, including health education and case management, are continuing. The area affected is in south western Kenya bordering on the United Republic of Tanzania.

Encephalitis in Nepal

The number of cases of encephalitis in Nepal increased markedly in September. The increase was mainly in the Nepalgunj and Dhangadi sentinel sites where, in the period 30 August to 26 September, two zonal hospitals reported 578 and 297 cases respectively. The total of 992 cases and 52 deaths for all sentinel sites reported during this period, brings the cumulative total since mid-April 1997 to 1,364 cases and 84 deaths.

Hantavirus Pulmonary Syndrome in the Americas

The number of cases, and the geographical distribution, of hantavirus pulmonary syndrome (HPS) has increased in the Americas since the syndrome was first identified in 1993 in the United States of America. It has now also been reported in Argentina, Bolivia, Brazil, Canada, Chile, Paraguay, Peru and Uruguay. Facing the possibility of further spread of HPS, the Ministers of Health in all countries in the Americas joined in a resolution to intensify surveillance for, and the fight against, hantavirus infection. Around 350 to 400 HPS cases have been confirmed in the Americas, most of them in Argentina and the United States of America. About 45% of the reported cases were fatal. The high fatality rate is associated with the sudden onset of pulmonary oedema and respiratory distress. There is no specific treatment for HPS, although prompt diagnosis is important for appropriate management of respiratory distress. Control measures in endemic areas focus on rodent control. Many infections have resulted from cleaning rodent-infested areas, where the use of a disinfectant such as chlorine bleach is recommended. If available, respiratory protection should be used during this high risk activity.

Notice to readers

Composition of Australian Influenza Vaccine for the 1998 Winter

A meeting of members of the Australian Influenza Vaccine Committee (AIVC) held on 10 October 1997 agreed that the composition of the Australian Influenza Vaccine for the 1998 winter season will be:

A (H1N1):

An A/Bayern/7/95 (H1N1) - like strain, 15 micrograms haemagglutinin per dose. The NIB 39, a reassortant of A/Johannesburg/82/96 is a suitable vaccine strain.

A (H3N2):

An A/Sydney/5/97 (H3N2) - like strain, 15 micrograms haemagglutinin per dose. Reassortants of A/Sydney/5/97 and A/Auckland/20/97 (equivalent to A/Sydney/5/97) are suitable vaccine strains.

B:

A B/Beijing/184/93 - like strain, 15 micrograms haemagglutinin per dose. The strain B/Harbin/7/94 currently used by vaccine manufacturers is a suitable vaccine strain.

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

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