

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.

Malaria in Kenya

Malaria epidemics in Kenya have become periodic since the 1980s. They have been characterized by transmission upsurges in the highlands in the western part of the country, and more recently in the semiarid north-eastern area, after the 1997 El Nino rains. These outbreaks were generally contained by case management, but the strategy began to fail with increasing chloroquine resistance. This year the epidemic districts were supplied with sulfa-pyrimethamine (SP). As a result, the outbreak was kept in check during the early stages, but as the intensity of transmission increased at the beginning of May, the number of patients outstripped the capacity of the health facilities, leading to a severe management crisis at all levels including in drug procurement systems.

Although a general upsurge of malaria cases has been reported in most of the districts which usually experience epidemics, the following 9 districts have been more severely affected: Buret, Gucha, Kisii, Mount Elgon, Narok, Nyamira, Trans Mara, Trans Nzoia and West Pokot.

Stocks of antimalarial drugs have now been exhausted in most districts owing to the unusually severe outbreak this year.

An integrated approach to malaria control is needed. Mortality rates are still at emergency level, and they are not expected to decrease, as the number of new cases continues to rise. Environmental conditions are still suitable for mosquito breeding.

Shigella in Guinea

Following reports of an outbreak of diarrhoeal disease, a rapid-response team has visited the district of Dabola located 450km from Conakry. Out of 7 patients examined, 5 were suffering from bloody diarrhoea. Of 7 samples sent to the laboratory at Donka hospital, 1 was identified as

Shigella dysenteriae type 1 resistant to ampicillin, chloramphenicol and erythromycin; it was however sensitive to nalidixic acid. All 7 patients have been treated with norfloxacin and have recovered. No new case has been reported.

Cholera in Afghanistan

A total of 14,402 cases of severe diarrhoea, including cholera cases, has been reported between 29 May and 12 July. The most affected area is Kabul province, Central region where nearly 7,000 cases have occurred. Out of 9 samples tested, 5 were laboratory-confirmed as cholera. A significant increase in the number of suspect cholera cases was noted in Kunduz province, North-eastern region and various provinces in Southern region during the week 3 to 9 July. Drug supplies have been distributed and implementation of control activities is underway.

Crimean-Congo haemorrhagic fever, Russian Federation

On 26 July, the Ministry of Health reported that Crimean-Congo haemorrhagic fever had been confirmed by laboratory tests. A total of 65 cases has been reported, with 6 deaths (3 of which were children). Of those admitted to hospital, 44 have been discharged and 21 are still undergoing treatment. There have been no new cases since 22 July, and the epidemic is localized. Transmission appears to have occurred mainly through reservoirs in the environment (ticks).

Plague in Malawi

Since 18 June a number of sporadic suspect cases of plague have occurred in Nsanje district, Southern Region. Up to 21 July, 74 suspect cases had been reported from a total of 22 villages. Six villages along the Mozambican border were the most affected reporting around 3 to 4 suspect cases each. Some of the other villages reported only one suspect case each. The treatment of patients is under way as well as environmental control measures but drug supplies have been depleted and more may be needed.

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Contributions

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