

Overseas briefs

Source: World Health Organization (WHO)
This material has been summarised 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.

Viral haemorrhagic fever/Marburg in Democratic Republic of Congo

The National Institute for Virology, South Africa has confirmed 7 cases of Marburg haemorrhagic fever from the Watsa Health Zone in the eastern Democratic Republic of Congo. Onset dates of illness range from late-December 1999 to mid-February 2000. The 6 newest cases occurred in adult males and 3 of these have died, but it is not known at this time if the cases were gold miners working in Durba. Marburg infections in miners in Durba were first diagnosed in April 1999, but are believed to have begun as early as November 1998.

Cholera in Madagascar - update

From 1 December 1999 until 3 March 2000, a total of 12,481 cases of cholera with 736 deaths was reported, compared with a total of 8,665 cases with 490 deaths reported during the period March to November 1999. The WHO Regional Office for Africa has participated in various activities in response to the cholera situation and took part in the initial investigation of the outbreak in the northern part of the country in March 1999. WHO has continued to provide technical support with other partners and is standing by to provide further assistance immediately if requested by the health authorities of Madagascar.

Listeriosis in France

The outbreak of listeriosis reported in France began during the second half of December 1999. Twenty-six cases including 7 deaths have so far been reported and the number of cases is expected to increase slightly in the next few days given the long incubation period of listeriosis (up to 2 months). The Ministry of Health issued a press release stating that a pork tongue in jelly is suspected to be the origin of the outbreak, on the basis of case-control study data. However, the name of the brand has not yet been identified and the Pasteur Institute in Paris is screening *Listeria monocytogenes* food isolates to detect the epidemic clone.

Food contaminated with *L. monocytogenes* is a significant source of illness and death worldwide. The case fatality rate in recent outbreaks and sporadic cases is around 20%-30%. From early August 1998 to 6 January 1999, at least 50 cases caused by a rare strain of the bacterium *L. monocytogenes*, serotype 4b, were reported in the United States of America. Six adults died and 2 pregnant women had spontaneous abortions. The vehicle for transmission was identified as hot-dogs and possibly

processed meats produced under many brand names by one manufacturer.

Listeria in ready-to-eat foods was identified as a priority for risk assessment by the Codex Committee on Food Hygiene (CCFH) in order to develop an international strategy for the reduction of illness from this source. In response, WHO and FAO are undertaking risk assessments for *L. monocytogenes* in ready-to-eat foods. In October 2000, the preliminary report of a Joint FAO/WHO consultation on microbiological risk assessment will be delivered to CCFH, which is expected to define more focussed questions for further study. A final report will be delivered to CCFH in 2001.

Meningococcal disease in Central African Republic

On 1 February, WHO was informed of an increase in cases of meningococcal meningitis that occurred between October 1999 and January 2000. A total of 86 cases and 14 deaths were reported. The localities affected were: Vakaga – 25 cases, 2 deaths; Bamingui-Bangoran – 19 cases, 5 deaths; Haute Kotto – 7 cases, 5 deaths; Ouham Pend – 35 cases, 2 deaths. Vaccination campaigns have been carried out in the affected areas, and the situation is being closely monitored by the WHO Regional Office for Africa.

Imported yellow fever case in the Netherlands

The national health authorities have reported an imported case of yellow fever in a 32 year old unvaccinated male who went on a 4-week holiday to Suriname. He became ill on 12 January after his return to the Netherlands on 9 January. He was admitted to hospital in The Hague where he recovered and was recently discharged. Yellow fever was diagnosed by serological testing on 16 February.

Hantavirus pulmonary syndrome in Panama

Twelve suspected cases including 3 deaths from Hantavirus pulmonary syndrome have been reported from Las Tablas and Guarare districts, Los Santos Province. The diagnosis has been confirmed by serological tests (positive IgM and IgG) on samples from 3 surviving patients. Testing was performed by the Centers for Disease Control and Prevention (CDC) in the United States of America.

Preventive measures are being taken to educate and inform the public to avoid contact with rodents and their excreta. A seroprevalence study in humans and rodents for virus detection and identification of reservoir species is underway. Clinicians in the area have been trained in case management.