Overseas briefs

Source: World Health Organization (WHO)
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Food poisoning in northern Mozambique

There have recently been reports of a small number of deaths and a larger number of cases of diarrhoea (with and without vomiting) in the province of Cabo Delgado. This outbreak has been attributed to the consumption of fish contaminated with pesticides, but little scientific data are available to substantiate these claims. Concurrently, there are outbreaks of both cholera and dysentery in the country and local health services have difficulty differentiating between symptoms of chemical poisoning and illness caused by microbial pathogens. Approximately 100 deaths have occurred and about 600 cases of illness have been reported in Cabo Delgado province have been associated with cholera and dysentery, rather than with pesticide poisoning. Thus caution is advised in the absence of reliable epidemiological data.

According to local health authorities in Cabo Delgado, there have been 2 deaths since 24 November, and the outbreak is under control. Data from the Ministry of Health suggest that most of the cases of diarrhoea reported in Cabo Delgado province have been associated with cholera and dysentery, rather than with pesticide poisoning. Thus caution is advised in the absence of reliable epidemiological data.

It would appear that the “toxic event” associated with pesticide poisoning has passed its peak. The consumption of dried fish may be a possible route of exposure to toxic levels of pesticides, as the use of non-food-grade pesticides has been frequently reported in different parts of the world as a method for reducing insect spoilage of dried fish. The fisheries services in Mozambique are taking the appropriate prevention and control measures, and are collecting samples to be forwarded to an international reference laboratory for analysis. WHO has assembled a multidisciplinary advisory team in consultation with the national government agencies concerned and FAO.

Cholera/acute diarrhoea in Somalia

A significant increase in the number of cases of acute diarrhoea has been reported to WHO by Médecins sans frontières (Spain), who have opened their cholera treatment centre in North Mogadishu as a result. An average of 14 cases are being admitted daily to this facility. There have also been reports of a considerable increase in the number of cases of acute diarrhoea admitted to Benadir hospital in South Mogadishu since mid-November. Of 22 stool samples tested, 20 were positive for cholera. In areas surrounding Mogadishu, there has been no significant increase in acute diarrhoea cases.

Cholera

Brazil

According to data from the National Centre for Epidemiology of the Ministry of Health in Brazil, 376 cases of cholera have been notified between 12 and 23 November 1998, of which have been laboratory-confirmed. The cases are occurring in the urban area of Cortez municipality (which has a population of approximately 13 000) in the region of Mata-Sul, Pernambuco State, in north-eastern Brazil. The source of contamination is thought to be the Rio Sirinhaém, from which 80% of the water used by the population originates. The Health Department, in collaboration with water and sanitation authorities from the State of Pernambuco are coordinating epidemiological surveillance, health education activities, water chlorination and case management. The medical team will be reinforced with professionals from other States. Supplies for the treatment of patients are in place and the central laboratory is active in the area. Suspected cases have been notified in neighbouring areas, but without confirmation. This cholera outbreak is the first to be reported in Brazil in 1998.

Sri Lanka

An increase in the number of cholera cases has been reported in the capital city Colombo. Of the 60 new cases reported in the week 16-22 November, 40 were registered in Colombo district (including 32 in the city itself). No deaths have been reported.

Public health inspectors have been mobilized to track down sources of infection in Colombo city. In addition, the Ministry of Health has already implemented many cholera control activities throughout the country. However, cholera has spread to several districts previously free of the disease, where sanitation remains inadequate.

Sri Lanka is suffering from a cholera outbreak which started at the end of September 1997. A total of 431 cases were reported for 1997. As of 13 November 1998, the total number of cases notified for 1998 is 1,264, with 36 deaths. On average, 125 cases per month have been reported this year, with a case-fatality rate of 2.7 %.