Overseas briefs

Source: World Health Organization (WHO)  
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Cholera, Somalia

Cholera has occurred seasonally in the country for a number of years and usually starts in late November/early December ending around May. In the first week of December 1998 cholera was reported in Mogadishu (Banadir Region) and since then several regions have reported cases. The other regions currently affected are Bay, Gedo, Lower Juba and Lower Shabelle. A total of 4,457 cases with 166 deaths have been reported since December, up to 19 February.

The epidemic is occurring in communities already weakened by severe shortage of food and in areas where only polluted water is available as wells have dried up. Supplies for treatment have been made available by WHO to UNICEF. The UN agencies, NGOs and the local health authorities are all collaborating in dealing with the epidemic. As well as clinical case management, efforts have also been directed at preventive measures such as chlorination of public water sources and health education on personal hygiene. At present, tests for cholera can be conducted in four laboratories.

Meningococcal disease

Sudan - update

An outbreak of meningococcal meningitis has been reported in Sudan. The outbreak started early January and has mainly affected the regions Oio, Bafata and Gabu. The causative organism has been identified as Neisseria meningitidis serogroup A. Since the beginning of 1999 up to 21 February, 139 cases have been notified, of which 36 were fatal. During 1998 Sudan reported 112 cases of meningococcal disease, of which 12 died.

The national health authorities and the local representatives of the Executive Group of the International Coordinating Group for the Provision of Meningococcal Meningitis (IGM) are implementing measures to control the outbreak.

Acute respiratory infection, Afghanistan

On 13 February, an outbreak of an unidentified disease was reported to have occurred in Darwaz, Badakhshan,
Afghanistan. On 26 February, a specialised WHO team arrived on site at one of the affected villages, Jamarche Bala, with the logistic support of the United Nations system. Other villages were visited by Médecins sans frontières and Focus (Aga Khan Foundation).

The outbreak began around mid-January after two young men returned from the village of Waram, both suffering from an acute respiratory infection. Over the next two days, approximately 40 persons living in the same household became ill. The disease then spread through the whole village, affecting 70 to 80 per cent of households. The village has a population of 5,400. Preliminary results available on 26 February indicated that in five of the 18 villages affected there had been 6,300 cases and 135 deaths. The deaths occurred among both males and females and involved primarily infants and the elderly. Cases were treated by the team with chloramphenicol, which resulted in a significant improvement, suggesting that severely ill patients were suffering from secondary bacterial infections. There were no deaths among those treated.

The disease is flu-like and is characterised by abrupt onset of fever, headaches and myalgia, followed by chest pain and cough. Living and sanitary conditions are crowded, and the water supply is unprotected. Nutrition is of poor quality. There are no health services in this very remote area, which has not been accessed by routine immunisation teams.

Preliminary conclusions of the WHO team in the field is that the outbreak now declining was an influenza-like illness which has affected a large proportion of the population. The rate of secondary complications (mainly pneumonia) was high. Mortality is 1%-2% of the total population primarily due to lack of antibiotic availability and overall poor living and nutritional conditions.

WHO and its local partners are now helping local authorities to organise follow-up treatment and arranging for additional medical supplies to the area. Clinical specimens collected by the field team will be analysed shortly.

Contributions
Contributions covering any aspects of communicable diseases are invited. All contributions are subject to the normal refereeing process. Instructions to authors can be found in CDI 1999;23:59.

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