

# 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*

Final confirmation of Marburg infection has been received in 4 of the 6 patients previously reported. These confirmations yield a revised total of 16 cases since November 1999. Twelve have had the diagnosis confirmed by virological tests and 4 are classified as suspect cases as no clinical samples were available. Disease activity is continuing in the area, and enhanced prevention and control measures are being implemented.

## *Imported case of Lassa fever in Germany*

An imported fatal case of Lassa fever has been reported in Germany. The patient was a Nigerian national, working in Nigeria, who had been transferred to Germany by air ambulance for medical treatment. Contacts of the patient are being traced, and will be followed up by the public health authorities.

## *Tularemia in Kosovo*

The Institute of Public Health, Pristina, has now identified 699 suspected cases, 56 laboratory confirmed. The problem is widespread with the majority of municipalities reporting cases. Surveillance is being enhanced across the whole territory. Tularemia (*Francisella tularensis*) is also known as rabbit fever, deer-fly fever, Ohara disease or Francis disease and is endemic in many parts of the world, including north America, eastern Europe, China, Japan and Scandinavia. It is a bacterial disease normally transmitted to humans via ticks, drinking water contaminated by rats or handling of under-cooked infected meat from host animals, such as rabbits, and through contaminated soil. It has a variety of clinical manifestations.

There have been no reports of death. Investigations are continuing to identify the mode of transmission and source in the current outbreak and control measures are being instituted.

## *Meningococcal disease*

### **Sudan**

A total of 2,549 cases of which 186 were fatal, was reported to the national health authorities between 1 January and 31 March 2000. The national task force in Khartoum has coordinated and led epidemic response activities. A total of 70,000 people were vaccinated in early March.

### **Ethiopia**

In the Amhara region the health authorities have confirmed a revised total of 70 cases (with 3 deaths) in Kobo Woreda

(northern Wollo) between 1 January and 31 March 2000. All 29 specimens analysed yielded *Neisseria meningitidis* serogroup C sensitive to chloramphenicol, penicillin, erythromycin and tetracycline. Part of the response strategy included vaccination of the target population aged 2-35 years; 36,500 people were vaccinated between 28 February and 12 March. No further cases have been reported. In the Tigray region, up to 12 March 2000, a total of 47 cases (with 6 deaths) was reported (case-fatality rate, 12%). Specimens analysed have yielded *N. meningitidis* serogroup C. In all, 35,200 people aged 2-35 years were vaccinated in early March. The Gambella region has reported 32 cases (with 5 deaths) due to *N. meningitidis* serogroup A. Vaccinations are proceeding. The national health authority has prepared a plan for preparedness and response to the epidemic and is discussing it with all partners.

### *Hajj travellers*

There have been a number of cases of meningococcal disease which are associated with returnees from the Hajj and their close contacts. WHO recommends that chemoprophylaxis be given to close contacts of the cases. In most countries rifampicin is recommended. Immunisation against meningococcal disease A+C has been an entry requirement by Saudi Arabia for pilgrims travelling to the Hajj. However, the meningococcal A+C vaccine does not protect against group W135 infection.

### *Editorial note*

Meningococcal vaccines available in Australia (Mencevax, SmithKline Beecham and Menomune, CSL Limited) protect against serogroups A, C, Y and W135.

### **France**

The number of cases of meningococcal disease associated with pilgrims who have travelled to the Hajj has increased, and the total number of cases to date is 14, including 4 deaths. Eleven of the confirmed cases were of meningococcal serogroup W135.

### **United Kingdom**

The number of cases of meningococcal disease linked to pilgrims has increased, and is now 22 with 4 deaths. Twenty of the confirmed cases are of meningococcal serogroup W135 and 1 of *N. meningitidis* serogroup A. The onset of the last case of meningococcal disease reported to date (in a contact) was on 11 April.

### **Oman**

There have been 12 cases to date, all have recovered. Of these, 3 were pilgrims (2 males aged 40 and 55 years and 1 female aged 60 years) returning from the Hajj, and 9 cases were close contacts of those returned from the Hajj. The ages of these patients ranged from 6 months to 80 years. The date of onset of the first case was 20 March, and the most recent case was reported on 6 April. Seven of the confirmed cases are of meningococcal serogroup W135 and 2 of *N. meningitidis* serogroup A.

### Saudi Arabia

Health authorities have reported a revised total of 225 cases, including 57 deaths since the Hajj last month. Bacterial investigations have now confirmed *N. meningitidis* serogroup A in 54 cases, serogroup W135 in 50 cases, and serogroup B in 1 case. The situation is being closely monitored by the health authorities, with case management and contact tracing in place.

### Netherlands

There have been 2 confirmed cases of *N. meningitidis* serogroup W135 (onset dates 5 and 6 April) and 2 probable

cases, including 1 death reported. Case management and contact tracing are also being carried out.

### United States of America

As of 20 April, 3 confirmed cases of serogroup W135 meningococcal disease have been reported by the New York City Communicable Disease Program. One case is a returning pilgrim with as yet unconfirmed vaccination status, and 1 is a household contact of a returning pilgrim. The third patient did not participate in the Hajj and is not known to have close contacts among pilgrims who travelled to Mecca. In the United States, W135 accounts for only 3%-4% of sporadic cases of meningococcal disease.

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### Contributions

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