

Overseas briefs

Source: World Health Organization (WHO)

Lassa fever, Sierra Leone

Lassa fever re-emerged as a public health problem in Kenema in eastern Sierra Leone during 1996. From 1 January to 19 April 1996, 799 cases with 148 deaths (case fatality rate 18.5%) were reported. An annual average of 40 to 50 cases normally occurred in this region. An elevated number of Lassa fever cases has continued to occur in 1997 with 45 cases reported in January, 75 in February and 147 in March. The increased occurrence is closely related to massive population movements with subsequent crowding, poor sanitation, unsafe food handling and storage practices, combined with an increase in the rat population. With the improving political and security situation in Sierra Leone, the populace is moving about more freely to access health care facilities, resulting in increased case reporting.

Louse-borne typhus, Burundi

Nearly 24,000 cases of louse-borne typhus have been reported since the beginning of the year in Burundi in an outbreak which is the largest reported in over 50 years. Cases have been reported in six provinces but most occurred in the rural part of Bujumbura. New foci have been detected in Mutambu (Bujumbura Province), particularly in the districts of Karama, Burina, Gifugwe, Gasi, Rutovu, Ntabo and Kabezi. During April, 216 new cases were reported in a prison in Gitega Province, 890 new cases in Muramvya Province and 137 new cases in Bujumbura bringing the total number of cases in 1997 to 23,889.

The World Health Organization joined teams investigating the foci in Gitega, Muramvya and Bujumbura in April. In Mutambu, the teams developed a case definition for diagnosis and instituted treatment with a single dose of doxycycline. A committee for control of the outbreak in the most affected localities has been established in Mutambu.

Cholera

United Republic of Tanzania. Since the end of January, a cholera outbreak with increasing numbers of cases and deaths has occurred. The first cases reported were in Dar es Salaam, with spread to seven other areas. *Vibrio cholerae* El Tor Ogawa has been confirmed. As of 30 April 1997, nearly 3,000 cases with over 100 deaths had been reported. These reports were only cases which were admitted to hospitals. Cholera cases were also reported in Zanzibar, where there were 30 cases with 2 deaths since the end of March.

The Tanzanian Government, WHO and UNICEF are organising an emergency strategy to combat cholera. WHO will also provide US\$15 000 to assist the government to implement control activities (health education, training etc.) and to purchase supplies and equipment.

Somalia. A total of 4,437 cholera cases with 146 deaths was reported between the end of November 1996 and 7 May 1997. The actual number of cases is believed to be higher due to difficulties in the collection of data. Weekly reports have been made by non-government organisations working in the country, as well as by the local authorities.

A total of over 2,000 cases with 74 deaths has been recorded in the epidemic in Mogadishu. It appears that the epidemic has now passed its peak, although high case numbers are still being reported. Intensified efforts are still necessary to guarantee sufficient supplies to all non-government organisations involved, and continued vigilance is needed, especially in areas not yet affected by this epidemic. WHO is supporting the non-government organisations and local authorities by providing technical support and supplies.

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Contributions covering any aspects of communicable disease are invited. Instructions to authors can be found in *CDI* 1997;21:9.

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