

Overseas briefs

World Health Organization Disease Outbreak News

This material has been summarised from information provided by the World Health Organization (<http://www.who.int/csr/don/en/>). A link to this site can be found under the 'Related communicable diseases surveillance sites' on the Communicable Diseases Australia section of the Australian Government Department of Health and Ageing website (www.health.gov.au/cda)

Poliomyelitis in Indonesia

1 July 2005

On 30 June 2005, one new polio case was confirmed in Indonesia, bringing the total number of cases to 66. The new case is the first from Lampung Province on the island of Sumatra. The 3-year-old girl had onset of paralysis on 4 June.

Both this case and a previous case from Central Java are from outside the area where an emergency 'mop-up' campaign was held from 31 May to 2 June, covering the provinces of West Java, Banten and Jakarta, to reach 6.4 million children under the age of five years. A second round of vaccinations was completed on 29 June.

A large outbreak response immunisation targeting 78,000 children aged less than five years was held from 26 June around the case in Central Java. Lampung and Central Java will be included in the next phase of the large-scale immunisation campaigns which will start from August.

Avian influenza – situation in Viet Nam

30 June 2005

At the request of the Ministry of Health, World Health Organization (WHO) sent a team of international experts to Viet Nam last week to assess laboratory and epidemiological data on recent cases and to determine whether the present level of pandemic alert should be increased. Team members were drawn from institutes in Australia, Canada, Hong Kong SAR, Japan, the United Kingdom, and the United States of America having extensive experience in the testing of avian influenza viruses in human clinical specimens.

The team completed its work and submitted its preliminary findings to the government. The team found no laboratory evidence suggesting that human infections are occurring with greater frequency or that the virus is spreading readily among humans. The current level of pandemic alert, which has been in effect since January 2004, remains unchanged.

Some reports now circulating suggest that WHO has downgraded its assessment of the pandemic threat. These reports are unfounded. The experts were specifically asked to search for evidence that could substantiate concerns raised first at a WHO consultation of international experts held in Manila at the beginning of May. That consultation considered suggestive findings, largely based on epidemiological observations, that the H5N1 virus had changed its behaviour in ways consistent with an improved, though not yet efficient, ability to spread directly from one human to another. The specific epidemiological observations considered included milder disease across a broader age spectrum and a growing number of clusters of cases, closely related in time and place.

More recently, testing of clinical specimens by international experts working in Viet Nam provided further suggestive evidence of more widespread infection with the virus, raising the possibility of community-acquired infection. These findings have not been confirmed by the present investigative team.

Firm evidence of improved transmissibility would be grounds for moving to a higher level of pandemic alert. Because of the huge consequences of such a change, WHO is following a cautious approach that combines heightened vigilance for new cases with immediate international verification of any suggestive findings.

Because the detection of H5N1 in clinical specimens is technically challenging and prone to errors, members of the investigative team took sophisticated laboratory equipment with them to Hanoi for on-site testing. Tests were performed using WHO-approved reagents and primers.

While these first results are reassuring, further retesting of clinical specimens will continue over the next few weeks to provide the most reliable possible foundation for risk assessment.

Marburg haemorrhagic fever in Angola

7 June 2005

As of 5 June 2005, the Ministry of Health in Angola has reported 423 cases of Marburg haemorrhagic fever. Of these cases, 357 were fatal. The vast majority of cases have occurred in Uige Province, where 412 cases and 346 deaths have been reported.

The number of new cases being reported in Uige municipality has declined considerably, with only one new confirmed case detected in the past week. This case was a recognised contact who was under follow-up. For comparison, during the peak of the outbreak, which occurred in late March and April, 30 to 40 new cases were being reported weekly.

Alerts to potential cases continue to be received and investigated, indicating that vigilance remains high.

Ebola haemorrhagic fever in the Republic of the Congo

16 June 2005

From 25 April to 16 June 2005, a total of 12 cases of Ebola haemorrhagic fever (1 laboratory-confirmed and 11 epidemiologically linked) including nine deaths has been reported in Etoumbi and Mbomo in Cuvette Ouest Region. The last reported death occurred on 26 May.

Eleven contacts of this last reported death have been followed for 21 days, the maximum incubation period. None of these people have been infected.

The Ministry of Health and the WHO Regional Office for Africa are continuing to strengthen infection control and raise awareness about the disease among the population in the affected districts.

Meningococcal disease in India – update 4

14 June 2005

As of 8 June 2005, the cumulative total is now 405 cases with 48 deaths (CFR=11.9%). Three hundred and fourteen cases have been discharged from hospital.

Control measures are underway including contact tracing, chemoprophylaxis of household contacts, and immunisation of high risk groups. Serogroup A has been confirmed by the National Institute of Communicable Diseases.

Public education, surveillance, vaccination of high risk population and chemoprophylaxis for close contacts within 48 hours of case detection continues. Adjacent districts and states have been alerted on the need to be vigilant for any suspected case and to take appropriate public health actions.

WHO is working closely with the national authorities and providing technical support to the health authorities in the form of guidelines and tools on meningococcal disease. WHO is providing inputs to the technical working group to assist with surveillance, early detection, laboratory testing, case management, prevention and control. WHO is assisting with the epidemiological analysis and in improving preparedness and response.

ProMED-mail

This material has been summarised from information provided by ProMED-mail (www.fas.org/promed/). A link to this site can be found under the 'Related communicable diseases surveillance sites' on the Communicable Diseases Australia section of the Australian Government Department of Health and Ageing website (www.health.gov.au/cda)

*Clostridium difficile, increased virulence – UK*Source: *The Guardian* 7 June 2005 [edited]

Public health experts are consulting hospitals in the United States of America and Canada for advice on tackling a virulent strain of bacteria that is thought to be responsible for 12 deaths at Stoke Mandeville hospital over the past two years.

Staff at the Health Protection Agency say the particular strain of *Clostridium difficile* appears to be similar to one found in some hospitals in North America. *C. difficile* is not rare, new or dangerous under most circumstances. It is carried harmlessly in the gut of half of all children under the age of two and substantial numbers of adults. The 12 deaths have to be set in the context of more than 43,000 reported infections in 2004. But the strain persisting at Stoke Mandeville hospital produces toxins which can cause problems for the very elderly and frail.

Unlike the so-called superbug MRSA (methicillin-resistant *Staphylococcus aureus*), *C. difficile* is not resistant to antibiotics. However, Mark Enright, a microbiologist and senior research fellow at Bath University said it is still the use of antibiotics that causes it to become a problem. 'It is a common

component of the gut, in balance with all the other bacteria with it which are helpful—we can't digest food without them. However *C. difficile* forms spores like hardy seeds which are not killed when somebody has a long course of antibiotics and some strains have toxins that they excrete,' he said.

This toxin production results in diarrhoea. In very elderly people who are already weak and frail because of illness, complications from damage to the gut or the dehydration caused by diarrhoea could be a factor in their death.

The particular problem with *C. difficile* is that the spores are very hard to get rid of from the ward. The alcohol wipes now used by doctors and nurses to prevent the spread of most bacteria do not work. Surfaces have to be cleaned with bleach and hands should be washed with soap and water.

Influenza B virus – New Zealand

Source: Public Health Directorate, New Zealand Ministry of Health, 22 June 2005 [edited]

New Zealand is currently experiencing an epidemic of influenza B virus infection. Both influenza B Shanghai-like virus and influenza B Hong Kong-like virus have been isolated. However, influenza B Hong Kong-like virus is currently the predominant strain. Children and young people are predominantly affected with absenteeism rates in schools in some areas of greater than 20 per cent.

Currently, three deaths have been identified in association with this epidemic: a child who developed Reye syndrome, (this child was on aspirin for another condition); an otherwise fit and well adolescent who developed *Staphylococcus aureus* pneumonia and septicaemia; and an otherwise fit and well child who developed *Staphylococcus aureus* pneumonia and septicaemia.

Two of these deaths are under investigation by New Zealand coroners. The viral isolates in all three cases have been identified as an influenza B Hong Kong-like strain. The current Southern Hemisphere vaccine contains an influenza B Shanghai-like strain.

Avian influenza, human – Indonesia

Source: Washington Post Foreign Service, 15 June 2005 [edited]

A farm worker in eastern Indonesia has tested positive for avian influenza virus, making him the country's first human case of the virus infection that has already killed at least 54 people elsewhere in South East Asia, health officials in Indonesia said on 15 June 2005.

The worker from southern Sulawesi is healthy and currently shows no symptoms of illness but two tests at a Hong Kong laboratory confirmed that he had been infected by avian influenza virus, health officials said. The laboratory results make Indonesia the fourth country to register a human case of avian influenza, which international health experts warn could easily undergo genetic change, sparking a global pandemic.

Since 2003, the highly lethal disease has struck chickens, quail and other birds in 18 Indonesian provinces on seven islands, prompting the government to order a massive campaign to vaccinate poultry against the virus. Indonesian health experts, however, have sought to ease public anxiety about the outbreak over the last year by saying the local virus was slightly different from the strain in other Asian countries and had demonstrated no capability to infect people.

The farm worker was initially tested in late March after the epidemic spread to Sulawesi, killing at least 25,000 chickens. That outbreak prompted officials to limit the transfer of poultry off the island and take blood samples from labourers, veterinarians and others exposed to sick chickens. In total, 81 people were tested and all but one of the samples came back negative, officials said.

Efforts to complete a second round of testing in Hong Kong were prolonged in part because the farm worker had left his job and health investigators had to track him back to his home village elsewhere on the island. The second test, finally completed earlier this month, confirmed that the labourer had been infected by bird flu but the concentration of antibodies was relatively low, officials said. That finding meant the worker was no longer carrying the virus but it was impossible to determine how long ago he had been infected.

Since late 2003, more than 100 people have been infected by avian influenza in Viet Nam, Thailand and Cambodia. In Viet Nam, where the outbreak is most serious, government health officials have previously reported at least five cases in which people had the disease but showed no symptoms. Klaus Stohr, head of the World Health Organization's influenza program, said last month it is not unprecedented for otherwise healthy poultry workers to test positive for avian influenza. During a 1997 outbreak in Hong Kong, about 10 per cent of workers in live poultry markets tested positive for the virus, health officials said.

Variant Creutzfeldt-Jakob disease – *Portugal and France*

Source: Agence France Presse report, 11 June 2005 [edited]

Portugal announced its first suspected case of variant Creutzfeldt-Jakob disease (vCJD), while France said it had identified its 13th case of the degenerative brain ailment.

vCJD is a human form of bovine spongiform encephalopathy (BSE), caused by a rogue protein that proliferates in the brain, turning it spongy. A total of 177 people have died or been diagnosed with the fatal condition, according to official data.

So far 150 people have died of vCJD in Britain, where another six people who have contracted the disease are still alive, according to figures posted on the official British vCJD website.

There have been two cases in Ireland, with single cases reported in Canada, Italy, Japan, the Netherlands and the United States of America. Britain was the epicentre of the BSE outbreak that occurred in the late 1990s. Its suspected source was cattle feed that came from cows with brain disease. Experts believe the pathogen leapt the species barrier to humans through the consumption of contaminated beef.

According to the latest figure compiled by the European Union and the OIE, Portugal ranks third in the world in terms of total number of BSE-affected cattle (949) after the UK (184,138), and Ireland (1,470). France ranks fourth with 946 cases of BSE. In the current year the UK, Ireland and Portugal reported 126, 29, and 17 cases of BSE respectively.