

# Overseas briefs

**Source: World Health Organization (WHO)**  
**This material has been condensed 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.**

## *Cholera*

### **Democratic Republic of the Congo**

Since the beginning of November, 74 cases of cholera and 4 deaths have been reported in the areas of Kinshasa worst affected by current flooding. Investigations are in progress and preventive and control measures are being implemented.

### **Fiji**

On 30 July 1999, the Ministry of Health of New Zealand reported an imported case of cholera to WHO and to the Ministry of Health of Fiji. *Vibrio cholerae* O1 El Tor subtype Ogawa was confirmed in a 26 year old male from New Zealand who had visited a small offshore reef island in Fiji as a tourist in June 1999. A similar case in a visitor from New Zealand, possibly acquired at the same Fiji island resort, was investigated by the Ministry of Health of Fiji 8 months earlier. No other cases were found at that time.

After the second report, the Ministry of Health in Fiji launched a thorough investigation, in collaboration with WHO. No further cholera cases have been detected, but the investigators did find evidence of faecal contamination of the island's fresh water source (i.e. the groundwater lens) and of the salt water intake for a desalination facility.

The island's drinking-water is separately obtained. Revised chlorination procedures are currently in place. Other measures have already been taken to provide a long-term solution on the affected island. There is no evidence to suggest that a problem exists in Fiji beyond this small resort island.

### **Rwanda**

On 25 October, an outbreak of cholera was notified. Two samples were confirmed by laboratory as *Vibrio cholerae* serotype Inaba. From 14 to 31 October, a total of 140 cases and 5 deaths were reported in Ruhengeri health

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region. Most cases used water from the river Kigombe for domestic purposes and drinking.

The health authorities have established a surveillance system; provided oral rehydration salts, intravenous fluids and antibiotics to local health officers for treating cases; disseminated education messages on hygiene through the local health officers; and distributed chlorine tablets to the population for treating water.

## *Japanese encephalitis, India*

The national health authorities have reported an outbreak of Japanese encephalitis which started in early September in Andhra Pradesh state. A total of 965 cases with 200 deaths (CFR 20.7%), mainly in children, occurred up to 6 December. Laboratory confirmation was obtained for 16 out of 28 samples tested. The national health authorities sent teams to the affected areas to provide technical assistance and control and preventive measures are being implemented. Japanese encephalitis is endemic in Andhra Pradesh where outbreaks occur every 2 to 3 years.

## *Legionnaires' disease, Belgium*

Following a trade fair in Kapellen, Belgium between 29 October and 7 November, an outbreak of Legionnaires' disease has been reported. So far, out of 80 persons who developed clinical symptoms, 13 had positive urinary tests including 4 who died. Initial investigation suggests that whirlpool baths exhibited at the show are the most likely origin of the infection. The investigation by the health authorities is in progress.

## *Yellow fever, United States of America*

A 48 year old unvaccinated man travelling in Bolivar state (Venezuela) became ill on 23 September and returned to California on 25 September. He was hospitalised on 27 September with fulminant hepatitis and renal failure, and died on 4 October. Yellow fever was confirmed by immuno-histochemistry and PCR. The Venezuelan authorities were informed and a field investigation is under way.

### **Website**

<http://www.health.gov.au/pubhlth/cdi/cdihtml.htm>

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