Overseas briefs

Source: World Health Organization (WHO)

Leptospirosis, India

In 1997 leptospirosis has spread from the Valsad district south of Surat, where the disease has been reported for many years, to the Surat district. Cases were first reported in mid-July. As of 11 September, 281 cases with 34 deaths (case fatality rate, CFR 12%) had been reported in the Valsad district, and 132 cases with 14 deaths (CFR 11%) in the Surat district. Cases are still being reported.

Cholera

Kenya. About 2,500 cases of cholera have been admitted to hospitals in Nyanza Province. Of these 140 (5.6%) died. The first case was reported on 25 June.

Following the recommendations issued jointly by the Ministry of Health and the WHO, the government has allocated funds for the purchase of drugs and management activities. These activities aim at improving early case detection, case management in health care facilities, health education, surveillance through contact tracing and distribution of oral rehydration salts in the affected communities.

Mozambique. The Ministry of Health has reported 1,664 cases of cholera with 62 deaths (case fatality rate 3.7%) since the second week of August. The cases have mainly been reported from five quarters of Maputo city, all with very poor sanitary conditions and unsafe water, as well as other areas of Maputo Province. More recently, 47 suspected cases (10 confirmed) have been reported from Gaza Province. The poor condition of sanitation and water supply in other cities is increasing the risk of spread to other provinces. The circulating strain of *Vibrio cholerae* is resistant to the antibiotics available, so therapy has centered on rehydration.

Control activities instituted by the Ministry of Health include public education through the mass media and home visits, community based activities and the treatment of cases.

Plague, Malawi

The Ministry of Health has reported an outbreak of plague in the Nsanje district in the southern region. The first case was reported on 29 September in Madani Village, Ndamera Traditional Authority Area. Two other areas have also reported cases. A total of 43 cases (17 of which were seropositive) were reported up to 23 October. Over 60% of cases were children under 5 years of age. No deaths have been reported.

Current control measures include surveillance, spraying of houses, treatment and health education at the local level.

Absence of Lassa fever in Ghana

A suspected case of Lassa fever in a 37 year old male who arrived in Mainz, Germany on a Ghana Airways flight has since been ruled out. The case died in Mainz hospital. On 26 September the Mainz hospital authorities called a press conference and announced that tests conducted at the Tropical Disease Institute at the Bernhard Nocht Institute, Hamburg had excluded Lassa fever as the cause of death.

Monkeypox, Democratic Republic of the Congo

The WHO team investigating the outbreak of human monkeypox identified 419 suspected cases in October amounting to 511 suspected cases reported reported since February 1996.

Of the 419 suspect cases identified by the team in October 1997, 344 occurred in the Katako Kombe health zone and 75 in the Lodja health zone. Fourteen had active disease. Most cases were in children under 16 years of age. Five cases, aged between 4 and 8 years of age, died within three weeks of rash onset.

This outbreak represents the largest ever reported cluster of suspect cases spread over a large area of the Katako-Kombe and Lodja zones.

Transmission appears to have ceased at the original epicentre of the outbreak and the immediate surrounding villages. The more recently detected suspect human cases occurred in more geographically distant clusters, the majority with no apparent link to the original outbreak. These suspect cases of sporadic transmission may be due to independent introductions of virus into the human population through increased animal contact.

Editor:Bronwen HarveyDeputy Editor:Corrine RannAssistant Editor:Margaret Curran

Editorial Advisory Board

Charles Watson (Chair), Margaret Burgess, Scott Cameron, John Kaldor, Margery Kennett, Cathy Mead, Christine Roberts

Editorial and Production Staff

Htoo Myint, Graeme Oliver, Ross Andrews, Alexandra Geue, Catherine Eadie.

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

CDI is produced fortnightly by the National Centre for Disease Control, Department of Health and Family Services, GPO Box 9848 Canberra ACT 2601; fax: (02) 6289 7791, phone: (02) 6289 6895. For subscriptions or change of address please fax (02) 6269 1212 or write to PO Box 462, Fyshwick ACT 2609.

Opinions expressed in *CDI* are those of the authors and not necessarily those of the Department of Health and Family Services or the Communicable Diseases Network Australia New Zealand. Data may be subject to revision.

Electronic editions of *CDI* and data from the National Notifiable Diseases Surveillance Scheme (NNDSS) are available on the Department of Health and Family Services Internet web site. The address is http://www.health.gov.au/hfs/pubs/cdi/cdihtml.htm'.

Consent for copying all or part of *CDI* can be obtained from the Manager, Commonwealth Information Services, Australian Government Publishing Service, GPO Box 84 Canberra ACT 2601