

A case of human rabies in Russia (Siberia)

A 51 year old male was attacked by a wolf in Norilsk district of the Krasnoyarsk region (near 69 degrees N) at the end of March 1998. He sustained multiple wounds to the head, face, shin and hand. He was given rabies vaccine (Rabivac, Vnukovo-32) on days 0, 3, and 7. However, the patient declined further immunisation. Rabies immunoglobulin was unavailable because the territory has been considered free of rabies for many years.

The patient became ill on day 25 following the incident, and died six days later with classical rabies symptoms. The virus was isolated from the patient's brain using

mouse inoculation and confirmed as arctic rabies by immunofluorescence.

No human rabies cases have been registered in the Krasnoyarsk region since 1955. Only five cases of animal rabies, in dogs, have been reported in the last two decades: three in 1981, one in 1990 and one in 1994. There are a large number of arctic foxes, known to be the main host of arctic rabies, in the north of the region.

Adapted from a report on ProMED-mail, 30 June 1998, by Ivan Kuzmin, Rabies Group, Institute for Natural Foci Infections, Prospekt Mira, 7, Omsk, 644080, Russia.

A case of cholera

The Infectious Diseases Unit, Department of Human Services, Victoria, received notification of a case of cholera in a 41 year old male, in early May. The case developed symptoms on 5 May, three days after returning from Bali. The watery diarrhoea ceased on 8 May without treatment, and the faecal culture was confirmed as *Vibrio cholerae* O1 (Ogawa). There were no contacts identified, and the case received appropriate instructions on disinfecting sheets and towels. The case had eaten his meals at a hotel and consumed only bottled water. On April 29 he ate an ice cream, and later prawns and crayfish from a beach barbeque. The seafood meal was the most likely source of infection.

Editorial note

Cholera, caused by *Vibrio cholerae* serogroups O1 and O139, is one of the diseases reportable to the World Health Organization under the current International Health Regulations. Between 3 and 7 cases of cholera are reported each year. Three cases, including the one

reported above, have been notified to the National Notifiable Diseases Surveillance System (NNDSS) to date in 1998.

Apart from one case of laboratory acquired cholera in 1996, all cases reported since the commencement of the NNDSS (1991) have been imported. No cases of serogroup O139 have been reported in Australia. Biotypes have included Ogawa and El Tor. As in the case above, most reported cases have been acquired in Bali. Other places of origin over the past 6 years have included: other areas of Indonesia; Nepal; El Salvador; Kuwait; Thailand; Malaysia; The Philippines; and India.

Cholera vaccination is no longer a requirement for international travel and is generally not recommended for travellers because of the low efficacy of current vaccines. To reduce the risk of cholera and other food and waterborne diseases, travellers to countries where the quality of food and water is not as high as in Australia are advised to take the precautions outlined below.

Advice for travellers

Travellers to countries where the quality of food and water are unknown are advised to take the following precautions:

- Boil water for at least ten minutes or use water purification tablets. Canned or commercially bottled beverages, beer, wine and hot drinks such as tea and coffee are generally safe to drink.
- Freezing does not sterilise water, so avoid ice in drinks, ice-cream and ice blocks.
- Ensure food has been well cooked and not stored at room temperature for long periods.
- Avoid salads, raw or cold seafood including shellfish, unpasteurised milk and milk products.
- Only eat fruit or vegetables that you have peeled yourself.