

Overseas briefs

Source: World Health Organization (WHO)
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Yellow fever

Brazil

As of October 1998 a total of 32 confirmed cases with 13 deaths have been reported to the Pan American Health Organization (PAHO)/WHO. Twenty-three cases (72%) were male and 9 (18%) female. The age distribution of the cases was: 35% over 30 years of age; 35% 20 to 30 years; and 30% 10 to 19 years. Twenty-two cases were not vaccinated, two had received vaccine, and the status of 8 was unknown.

Since the last report from Brazil (*Weekly Epidemiological Record* 1998, Vol. 73, No. 35, pp.271-272), 7 new cases have been notified. Two cases occurred in Pará State (Itaituba and Floresta Municipalities) and 5 in Roraima State (Alto Alegre and Mucajai Municipalities). At least two of the Roraima cases became sick in Boa Vista, the State Capital, which is infested by *Aedes aegypti*. The threat of urbanization of yellow fever in Roraima led the national and local authorities to immediately start vaccination of the entire population of the State (260,000 inhabitants). Since 1996, Yellow Fever Vaccine has been included in routine child immunization of the enzootic areas of Brazil. In 1999 the Ministry of Health is planning to immunize 110 million people living in enzootic areas and contiguous regions infested by *Ae. aegypti*.

Venezuela

In October 1998, Venezuela reported to Pan American Health Organization (PAHO/WHO) an outbreak of yellow fever with 14 cases and 3 deaths.

The cases occurred among the Yanomami Indians who live in region of Parima within the Alto Orinoco County in the State of Amazonas, along the border with Brazil. The cases were identified between the epidemiological weeks 30th and 36th. Ten cases (71%) were male and 4 (19%) female. The age distribution of the cases is: 29% over 30 years of age; 50% between 20 and 30 years of age; and 21% between 5 and 19 years. All the cases were confirmed by laboratory testing: 11 had IgM positive and virus was isolated from 3 cases. One of the fatalities also had a liver specimen positive by the immunohistochemical analysis.

To prevent new cases a vaccination program was implemented, targeting 177 Indian villages (population of 8,776). The program was able to reach a vaccination coverage of 86%.

Source: *Vigilancia Epidemiologica del Ministerio de Sanidad y Asistencia social de Venezuela*

Plague in Uganda

The Ministry of Health of Uganda is investigating reports of plague in the district of Arua. Since April, 49 cases have

been reported. WHO is awaiting confirmation of the number of deaths. Cases of human plague have been recorded on 3 occasions over the past 30 years: in 1982 (153 cases, 3 deaths); 1986 (340 cases, 27 deaths); and 1993 (167 cases, 18 deaths).

Rift Valley fever in Mauritania

An outbreak of Rift Valley fever has occurred in the Aioun area, in south-eastern Mauritania. There have been 300-400 human cases (febrile disease), including 6 deaths between 15 and 30 September (some with haemorrhage and icterus). The latter were aged between 14 and 40 years, and all were from areas where goats, sheep, cattle and camels are raised. In the Assaba area, 2 patients were admitted to hospital; both died. The epidemic peaked in late September/early October, and the most recent case was reported around 25 October.

Suspected pneumonia in Sudan

Between July and September 1998, an unidentified disease caused around 100 deaths in a population of 2000 in four remote villages in Meyon, southern Sudan. As soon as the outbreak was reported to WHO, a team was sent to: describe the outbreak by standard epidemiological parameters; collect specimens to allow for laboratory identification of the causative agent; implement immediate control and preventive measures as necessary; and assess whether further assistance was required. Preliminary results suggest that the disease was pneumonia with a haemorrhagic component. A more detailed report will be published as soon as laboratory investigations have been completed.

Cholera

Great Lakes Region

Since May 1998, Rwanda has been suffering from a cholera outbreak with a total of 2900 cases and 55 deaths, most of which were reported in September. All these cases have been in Cyangugu prefecture, but there is great concern about further spread to other areas of the country.

WHO is providing cholera kits to Kigali, Rwanda and with other international organizations is working closely with the Ministry of Health on prevention and control measures.

Cholera has also badly affected the eastern areas of the Democratic Republic of Congo. Although exact figures are not available, the situation in the Shabunda area of Sud-Kivu remains grave. The current deteriorating security situation in the area has affected control activities and the transport of supplies to treatment centres.

Sulaimania governorate in northern Iraq

The Preventive Health Department of the Sulaimania governorate of Iraq reported 20 cholera cases and 1 death during the period, 12 September - 6 October 1998. Health and sanitary measures have been implemented to prevent further spread.