

Overseas briefs

Source: World Health Organization (WHO)

This material has been summarised 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 Communicable Diseases Australia homepage.

Cholera in the Federated States of Micronesia

An outbreak of cholera was first reported on 17 April by the public health authorities of Pohnpei island. As of 26 June, 954 cases and 9 deaths had been reported to WHO, on the basis of inpatient and outpatient data from the Pohnpei hospital and community-based dispensaries. *Vibrio cholerae* serotype Ogawa has been isolated. Preventive and control measures are being implemented.

Foodborne intoxication due to Staphylococcus aureus in Japan

On 10 July, the Ministry of Health and Welfare reported a total of 13,809 cases of food poisoning in 8 western states. Of 180 cases requiring hospitalisation, 17 were still in hospital. The source of the outbreak was found to be 3 different kinds of milk which had been contaminated by *Staphylococcus aureus* in a production-line valve, at a major dairy-products processing plant in Osaka. Those affected suffered diarrhoea and vomiting due to *Staphylococcus aureus* enterotoxin after drinking low-fat milk. The local authorities have ordered the company to recall all products which might have been contaminated.

Acute haemorrhagic fever syndrome in Afghanistan - Update

To date, there have been 27 suspected cases, including 16 deaths, reported from an isolated village in Gulran district, Herat Province, Afghanistan. An international team, including experts from the WHO Collaborating Centre at the National Institute for Virology (NIV- South Africa), Epicentre and WHO have completed their investigation. Extensive virologic and serologic tests for a wide variety of pathogens have not yet identified the etiologic agent.

Anthrax in Ethiopia

WHO has received reports of clusters of cases of suspected anthrax in the Afar region of Ethiopia. This area is inhabited by pastoralists who depend on livestock and cases of anthrax are known to occur. Reports from organisations (e.g. United Nations Development Programme, Médecins Sans Frontières) working in the area indicate clusters of cases and increased numbers of cases of a clinical syndrome consistent with anthrax. No systematic epidemiological investigation has been carried out thus far. WHO, in collaboration with MSF/Epicentre and the Ministry of Health in Ethiopia, have planned to carry out an investigation in the region in order to confirm the diagnosis, assess the true extent and impact of the disease and plan and implement control measures.

Source: ProMED-mail

This material has been summarised from information provided by ProMED-mail (<http://www.promedmail.org>). A link to this site can be found under 'Other Australian and international communicable diseases sites' on the Communicable Diseases Australia homepage.

Influenza, summer outbreak - USA (Texas)

In what may be this season's first outbreak nationally, 2 influenza cases have been confirmed and at least 68 more are being investigated at a children's camp south of Waco, US health officials say. There is no evidence that the viral illness has spread outside the McLennan County camp and it is unclear how the outbreak started. State health officials, who are now working with CDC officials, haven't yet identified the viral strain.

The first flu-like symptoms in campers and staff were identified on about 11 July. The camp has about 425 campers, ages 9 to 16, and more than 150 staff. The sick children have been kept isolated in one area of the camp and none of the campers have left without getting preventive medication. Parents are being alerted to watch for flu-like symptoms.

The central Texas outbreak follows news from the CDC that this season's vaccine will be delivered late. CDC officials say that one of the three strains to be included in the vaccine is slow growing and there may be a month's delay in delivery. Shots may not be available until November.

Lassa fever in UNAMSIL peacekeeping force in Daru

There has been another probable case of Lassa fever in Freetown, unrelated to the four cases (and four deaths) reported earlier. A 21-year-old male member of the Indian contingent of UNAMSIL peacekeeping forces stationed in Daru, Kailahun District, presented with fever on about 10 July. He was treated presumptively for malaria. Subsequently malaria and typhoid were ruled out by laboratory tests. He was acutely ill, with temperatures up to 41 C. Lassa fever was suspected, and he was transported to the UNAMSIL referral hospital in Freetown, where he has been maintained in strict isolation, with careful precautions in handling of blood and body fluids. He developed pharyngitis, facial and pharyngeal oedema and erythema, and bleeding and ecchymoses at venipuncture sites. He was started on IV ribavirin. On Day 3 of treatment, his temperature had come down and he was much improved. He continues to have albuminuria, but there is no evidence of renal, hepatic or pulmonary failure.

Prothrombin times remain moderately elevated. He was very well managed by the UNAMSIL medical services in Daru and Freetown. All contacts are being followed with temperatures recorded twice daily. UNAMSIL's preventive medicine officer is travelling to Daru to assess conditions at the camp, including food security and rodent control.

This is the third introduction of Lassa fever into urban Freetown. (The first was the DFID worker who later died in London). This is the first case involving UN peacekeeping forces. There is no laboratory capacity to confirm the diagnosis, and no definitive investigation has been done.

Lassa fever – Netherlands ex Sierra Leone

Lassa fever has been diagnosed in a surgeon working in Sierra Leone (not in Freetown), while visiting his relatives in the Netherlands. While in Sierra Leone on 11 July, a bout of fever was diagnosed as malaria (on the basis of a blood smear). The patient was treated with artemisine. On 14 July he arrived in the Netherlands for a short leave. He still had a fever, but no cough; and a thick smear was negative. On 15 July, he was admitted to hospital. On 16 July he exhibited fever, diarrhoea, and vomiting, but no cough. By 20 July, clinical deterioration was apparent and intravenous ribavirin treatment was begun. On 22 July, the results of a PCR test from a blood sample taken on 19 July revealed 10^7 Lassa fever virus RNA molecules/ml. An antibody test, using the Lassa fever virus, Josiah strain (the strain prevalent in Sierra Leone), was negative. By 24 July, the condition of the patient was poor with multiple organ failure, and he was transferred to intensive care. The patient has been in isolation since 17 July.

Contacts, including hospital staff-at-risk and airline cabin attendants, have been asked to report body temperature twice daily for three weeks. The airline company is tracing passengers who were seated close to the patient on the flight from Sierra Leone on 13 July.

Global salm-surv on internet

Global Salm-Surv (GSS), WHO's *Salmonella* surveillance and laboratory support project, is now accessible on the Internet, at: <http://www.who.int/salmsurv>.

Initiated in January 2000, GSS is a collaborative project of WHO, the WHO Collaborating Centre for Foodborne Disease Surveillance (Atlanta, United States) and the Danish Veterinary Laboratory (Copenhagen, Denmark). GSS is a global network of over 150 individuals from 108 laboratories and 66 countries involved in the surveillance of *Salmonella* from humans, animals and food. The primary goal of this network is to strengthen the *Salmonella* surveillance capacities of national and regional laboratories.

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

Contributions

Contributions covering any aspects of communicable diseases are invited. All contributions are subject to the normal refereeing process. **Instructions to authors can be found in *Commun Dis Intell* 2000;24:5**

Global Salm-Surv consists of the following:

1. An international, online accessible database that contains: contact information of national or regional salmonellosis laboratories; descriptions of laboratory responsibilities, laboratory methods and types of samples received; and, annual surveillance summary results of most frequently isolated *Salmonella* serotypes.
2. Data sharing and communication between laboratories and individuals via e-mail, web, electronic discussion group and/or fax.
3. Participation in internal and external quality assurance systems. This is a useful tool for the production of reliable laboratory results of consistently good quality. A recent WHO survey determined that less than 50% of laboratories performing antimicrobial resistance testing of *Salmonella* isolates participated in any formal system of quality assurance.
4. Training courses on surveillance of salmonellosis and antimicrobial resistance in *Salmonella*.

The aim is to provide training in the following:

- (1) standardized laboratory methods for the isolation, identification and antimicrobial-susceptibility testing of foodborne *Salmonella*;
 - (2) interpretation of results; and
 - (3) utilization of foodborne disease surveillance and antimicrobial resistance.
5. Selected reference testing services for a limited number of *Salmonella* isolates per participant. Selected testing services available to GSS participants include serotyping and phage typing of *Salmonella*, and antimicrobial-susceptibility testing of *Salmonella* (and occasionally other foodborne bacteria).

Global Salm-Surv is part of WHO's endeavours to strengthen the capacities of its Member States in the surveillance and control of major foodborne diseases and to contribute to the global effort of surveillance and containment of antimicrobial resistance in foodborne pathogens. Eventually, it is intended to extend the network to other major foodborne pathogens.

Individuals and laboratories who are not currently members but are interested in participating in WHO's Global Salm-Surv should fill out the request form available on the website.

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