

Overseas briefs

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](#).

Salmonella, birds – New Zealand

Contributed 29 September 2000 by Merren, Ihug Newsroom, Nga Mihi.

The investigation into the current outbreak of *Salmonella* has been helped by the public reporting 79 sightings of dead birds to the Ministry of Agriculture and Forestry (MAF). MAF earlier made an appeal for help in the investigation into an outbreak of *Salmonella* in sparrows which is suspected to be linked to an increase of reported cases in humans.

Last week the Canterbury Medical Officer of Health, Dr Mel Brieseman, said 37 human cases of the disease have been notified in the past 10 weeks. Most cases, including the death of a 70 year old Christchurch man, involved a strain not normally seen in humans, called type 160, the same strain killing sparrows in Canterbury, Marlborough, Manawatu and Waikato. There have since been sightings of dead birds in other areas from Northland to the West Coast, with groups of up to 400 dead birds being reported, though most sightings are still confined to Canterbury.

The MAF program coordinator, Roger Poland, said they had not yet identified one particular strain of *Salmonella* as causing all of the deaths so it was too early to determine if it was spreading throughout the country. The health authorities are currently carrying out tests to establish links to the sparrow deaths, as well as investigating a number of cases of salmonellosis in humans.

Editorial note: the *Salmonella* involved (confirmed in two cases of sparrows) is Typhimurium phage type 160. Apart from sparrows, deaths in other small birds (waxeyes and rifleman) have been reported. During August and September there have been 15 confirmed cases involving rabbits, dogs cats, ducks, quail, deer, horses, cattle and cockatoos. See: www.maf.govt.nz/MAFnet/280900sal.htm.

Update on respiratory illness among passengers on the Fair Princess cruise

Contributed 21 September 2000 by Dr Jeremy McAnulty, Manager, Communicable Diseases Surveillance and Control Unit, NSW Health Department, Sydney.

This is a summary of NSW Health's investigation of the outbreak of flu-like illness on the Fair Princess in early September 2000. Available evidence indicates that the cause of the outbreak was likely to be influenza.

On Thursday 7 September 2000, NSW Health received a report from P&O that a person from the Fair Princess cruise ship had been diagnosed with Legionnaires' disease. The ship had left Sydney for a routine cruise on 28 August 2000 bound for Noumea and other islands. Five people had been taken off the ship with illness in Noumea. One of the patients

subsequently died. Two others were diagnosed by doctors in Noumea with Legionnaires' disease.

The ship was due to arrive back in Sydney on Saturday 9 September 2000.

NSW Health immediately assembled a team to investigate this problem. Doctors in Noumea were asked to send additional specimens to Sydney for further testing. In the meantime, NSW Health provided information for the ship's passengers and crew, and organised for a team of five experts in epidemiology (including two doctors) and environmental health officers to meet the ship 10 hours before it docked in Sydney. (The ship docked at 3:30 am on Sunday 10 September 2000.)

The team undertook an investigation on board the ship that included a review of medical records, and a study of some 50 passengers who had attended the ship's clinic because of flu-like illness and a study of 50 other passengers and 50 crew members as comparison groups. Throat, urine and blood samples were collected from most of these passengers. The team also evaluated any environmental risks on board. Interviews with passengers and crew indicate that there was a peak in onset of illness about 2-3 days into the cruise from Sydney.

When the ship disembarked in Sydney, seven passengers were taken to hospital, some of whom had chest infections. All have since been discharged. Subsequently, we have had reports that eight other passengers with chest infections were admitted to hospital. One of these has died (of heart disease), six others have been discharged and one remains in hospital.

The investigation by NSW Health is continuing. The environmental evaluation of the ship found no likely source of Legionnaires' disease. All water samples taken on board the ship have been negative for the bacteria that causes Legionnaires' disease. As an added precaution, the ship's water supply was disinfected.

So far no person who was on the ship has tested positive for Legionnaires' disease from NSW Health tests. However, a significant number of passengers and some crew have tested positive for influenza virus. Further tests are being undertaken in the two persons initially thought to have Legionnaires' disease. Due to the nature of these and other tests, results are unlikely to be finalised for some weeks.

The evidence indicates that Legionnaires' disease is not the cause of the outbreak of illness among the passengers. The most likely explanation is influenza (the flu) brought onto the ship by people boarding in Sydney. Influenza is caused by a virus that is easily passed from person-to-person (rather than from the environment) by coughing and sneezing. Older persons, and people with other underlying medical conditions (especially of the chest or heart or immune system) are at increased risk of severe complications such as pneumonia or heart failure if they catch influenza. There was a high proportion of these people on the ship. Influenza has been common in many parts of Australia in August and September.

Pro-MED comment. ProMED-mail would like to thank Dr McNulty for his rapid response to our RFI (Request for Information) on the above mentioned outbreak. Additional newswires had carried the title of a Legionnaires' disease outbreak as he stated in this very comprehensive report. In addition there had been extensive newswire coverage of concerns regarding influenza activity during the Olympics for the 2 weeks preceding the onset. As Dr McNulty has pointed out in his report, August and September have been months with significant influenza activity noted in Australia. Unless there are additional findings different from those mentioned above, this thread is now closed.

BSE cases down but CJD on increase: UK

Contributed 27 September 2000 by M. Cosgriff: abstracted from The Independent (26 September)

The BSE epidemic is starting to drop off in line with scientists' predictions, a Government report stated yesterday. But the number of known cases of 'variant' CJD, (vCJD) the human form of the disease, has increased to 74.

The Ministry of Agriculture, Fisheries and Food (MAFF) study comes a day after the department played down fears up to eight more cows may have contracted BSE because of inadequate measures to eradicate it. The progress report outlined the measures taken to protect public health in the 6 months from December 1999. It stated BSE cases have already shown a dramatic decline and the situation was due to improve further in the future.

On average about 30 new cases were being found each month, compared to 1000 a month at the height of the epidemic in 1993. The number of infected cattle in 1999 was 30.5 percent lower than the same period in 1998. Almost two-thirds of herds with breeding cattle have never had a case of BSE.

However, 63 people had died of vCJD by the end of June 2000, with three provisional victims who had already died and a further seven still alive but believed to have the disease. On Sunday, the Government said there was no new outbreak of BSE. There was only one confirmed case of BSE in July, a spokesman said.

Editorial note: as of 28 September there have been 73 confirmed cases: see Editorial, this issue.

Hand, foot & mouth disease: Singapore

Contributed 3 October 2000 by Dr Muruga Vadivale: abstracted from the Straits Times (Byline: Salma Khalik)

Hand, foot and mouth disease has landed 19 children in hospital, with the total number of cases reported rising to 363 as of yesterday (2 October 2000). None of the children is seriously ill, although 2 are in intensive care, said Dr Phua Kong Boo, Head of the Paediatrics Department at KK Women's and Children's Hospital (KKH), where most of the children are located. One is the 5 year old brother of the two toddlers who died on 30 Sep 2000. He is not in danger but is being kept in intensive care as a precaution. The other is a 1 year old child whose breathing is faster than normal.

The National University Hospital (NUH) has set up an isolation ward for children suffering from this highly contagious disease. (All child-care centres have been closed, and as a further precaution play areas, wading pools and library programs for young children were closed

yesterday). There have been 363 reported cases of hand, foot and mouth disease since 12 September 2000, and a total of four toddlers diagnosed with the disease died last month. Speaking at a press conference yesterday, Health Minister Lim Hng Kiang noted that between seven and 11 young children in Singapore die of viral infection of the lungs every year. But it was unusual for four to die within a month, he said. Mr Lim said that as well as trying to identify the virus locally, samples had been sent to the Centers for Disease Control and Prevention in Atlanta, USA.

Prevalence of Enterovirus 71 in Korea

Contributed by Kisoan Kim Department of Virology, NIH, Korea (edited)

This year several isolations of Enterovirus type 71 (EV71) have been made from patients diagnosed with hand, foot & mouth disease (HFMD) and/or aseptic meningitis in the mainland of Korea. Clinical samples taken from such patients have been processed and inoculated onto RD, BGM and Vero cells. RT-PCR assays were also performed (in parallel) to detect the presence of viral nucleic acid in the original samples and in cell culture supernatants, whether a cytopathic effect was observed or not.

The National Institute of Health of Korea has sponsored an investigation to establish whether EV71 infection is reaching epidemic proportions. Because there are no data available on the past prevalence of EV71 in Korea, it is difficult at this stage of the investigation to define whether there is an epidemic or not. Fortunately, so far there have been no fatal cases attributable to EV71 infection in Korea. Genomic subtyping and neutralising tests are in progress.

Rift Valley Fever in Saudi Arabia: Update

Contributed by Shamsudeen Fagbo: abstracted from Arab News

The English language daily Arab News reported today (Monday 2 October 2000) that Rift Valley fever has been reported in the Eastern region of the country with two people contracting the disease in the town of Ahsa. According to health authorities, a total of 52 fatalities have occurred with the number of recorded cases now up to 223 since the disease was first reported in the southern port town of Jizan close to the Yemeni border about 3 weeks ago. The Arab News daily also reported that the Yemeni Health Minister put the total number of Rift Valley fever related deaths in Yemen to be 31 as at Wednesday while cases were reported as 117 individuals.

World Health Organization

This material has been summarised from information on the World Health Organization 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

Federated States of Micronesia - update

As of 21 August 2000, the public health authorities of Pohnpei State reported a total of 2,689 cases and 15 deaths from the cholera outbreak they first reported on 17 April 2000. *Vibrio cholerae* biotype El Tor serotype Ogawa has been identified.

The public health authorities of the Federated States of Micronesia, with the support of WHO and the Secretariat of the Pacific Community (SPC), have decided to implement a cholera vaccination campaign in the unaffected islands, using the live oral CVD-103HgR vaccine. Several clinical studies have shown that one oral dose of this vaccine provides 70-90 per cent protective immunity after only 7 days.

Although the outbreak is still ongoing, it is limited to Pohnpei island. However, the cholera vaccination campaign is a preventive measure to contain the spread of cholera to other areas. This cholera vaccine campaign does not replace the usual recommendations for safe water, appropriate sanitation and environmental measures, but is rather a complementary tool to contain the cholera outbreak in this specific situation.

Afghanistan

An outbreak of cholera with onset in August 2000 has been reported in the southern, western and northern regions (in the provinces of Kandahar, Badghis and Jawzjan – including Saripul – respectively). To date, 1,604 cases and 19 deaths have been reported. All the samples tested are *Vibrio cholerae* O1 Ogawa, sensitive to doxycycline and tetracycline. Sensitivity to co-trimoxazole has not yet been tested. The Ministry of Health is responding to the outbreak together with WHO and Médecins sans frontières.

A plan of action has been drawn up to include the provision of essential supplies for case management of cholera and strengthening surveillance of epidemic-prone diseases. WHO is seeking to mobilise funds for its implementation.

Yellow fever: Liberia - update

As of 6 September 2000, a total of 102 suspected cases of yellow fever was reported by the Ministry of Health, Liberia. No confirmed cases had occurred outside Grand Cape Mount County, on the border with Sierra Leone nor in other parts of the country, including Monrovia.

WHO provided 180,000 doses of yellow fever vaccine and autodestruct syringes to the Liberian Ministry of Health. On 5 September 2000, WHO, working with NGOs in the area, began a campaign to vaccinate 150,000 people in the region at risk. The plan was to have vaccinated 60,000 people by 10 September 2000. WHO will provide additional doses of

vaccine to conduct 'catch up' campaigns for non-immune populations outside the affected area.

Acute febrile illness: USA

The Centers for Disease Control and Prevention (CDC) have reported preliminary findings of 37 cases of acute febrile illness. Symptoms include high fever, chills, headache and myalgia. Twelve cases have been hospitalised and specimens from two of these have tested positive for leptospirosis.

The cases were in a group of 155 United States-based athletes who participated in the Eco-Challenge Sabah 2000 Expedition Race held during 20 August to 3 September in Sarawak, Malaysia. Also participating were 39 four-person teams from more than 20 other countries.

CDC has issued an advisory about the suspected leptospirosis outbreak associated with this event to alert United States-based participants and health care workers. WHO is working with the relevant national authorities to notify the other participants.

Leptospirosis

France

Four cases of leptospirosis associated with the Eco-Challenge sports event have now been reported in France. Of the four cases reported, one has been laboratory-confirmed. WHO is collaborating in case-finding activities.

Canada

As of 21 September 2000, six suspected cases of leptospirosis associated with the Eco-Challenge sports event have been reported in Canada. Two of the six suspected cases have been laboratory-confirmed. WHO is collaborating in case-finding activities.

West Nile fever: Israel

As of 19 September, the Ministry of Health in Israel has reported 151 cases of West Nile fever with 76 cases hospitalised and 12 deaths. The Ministry of Health is implementing control measures which include air and ground spraying the affected areas with insecticides, with particular attention to animal houses, ponds and mosquito breeding areas.

Editor: Angela Merianos

Associate Editor: Jenny Thomson

Deputy Editor: Ian Griffith

Editorial and Production Staff

Alison Milton, Margo Eyeson-Annan, Ming Lin

Editorial Advisory Board

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

Website

<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.**

Copyright

© Commonwealth of Australia 2000

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth available from AusInfo. Requests and inquiries concerning reproduction and rights should be addressed to the Manager, Legislative Services, AusInfo, GPO Box 1920, Canberra ACT 2601.

Subscriptions and Contacts

Communicable Diseases Intelligence is produced every month by the National Centre for Disease Control, Department of Health and Aged Care, GPO Box 9848, Canberra, ACT, 2601; Fax: (02) 6289 7791, Phone: (02) 6289 8245; email: cdi.editor@health.gov.au.

This journal is indexed by *Index Medicus* and Medline.

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