

# Overseas briefs

## *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 - South Africa*

As of 2 November 2000 the Kwazulu-Natal Department of Health has reported 4,270 cases and 32 deaths since the start of the outbreak in mid-August 2000. The trend towards lower numbers of cases being reported on a daily basis appears to be continuing.

The outbreak in Kwazulu-Natal is affecting the following areas: Lower Umfolozi districts which include Ngwelezane and Empangeni, Eshowe/Nkandla areas, Durban, Kwa-Dukuza/Stanger area, Jozini and Ugu Region/South Coast.

Joint Operational Crisis Committees have been established in the affected areas and the Department of Health is working with the WHO Office in South Africa and the WHO Regional Office in Harare, Zimbabwe to control the outbreak and implement preventive measures.

### *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.**

### *Experimental bird-to-bird transmission of West Nile virus*

Source: USGS Press Release, 25 October 2000 (edited)

Scientists from the US Geological Survey (USGS) reported today that West Nile virus can be transmitted from bird-to-bird in a confined laboratory setting. Previously it had been thought that the virus was only transmitted through mosquito bites. Scientists from the USGS National Wildlife Health Center in Madison, Wisconsin, placed infected birds in the same biocontainment (BL3) aviary as healthy birds. The infected birds died 5 to 8 days later. Most of the initially uninfected birds, the researchers found, also became infected and died 5 to 8 days after the first infected bird died.

**Moderator's comment (edited):** While these experiments do not imply that the human population is at risk of West Nile virus infection from free-living birds, they may have great significance in the context of the spread of the virus in the natural environment. For example, they may provide clues as to why this virus might be so slow in disseminating and why chickens and mosquitoes might not be infected when crows are infected in the same areas. Mosquitoes are the primary means of transmission of the virus between birds and to humans. But this certainly opens up a host of new questions

## *West Nile virus - cryptic spread?*

Contributed by LJ Pinto (edited)

If bird-to-bird transmission proved to be the case in the field (as well as under experimental conditions), West Nile virus might continue to spread from bird-to-bird in colder weather when mosquitoes are not active. Since many (most?) US States quit surveillance activities by the end of November, any bird-to-bird spread of West Nile virus into new areas or into new bird populations during this time would likely pass unnoticed, at least until surveillance restarted in the spring.

**Moderator's comment.** These are interesting thoughts about the future course of West Nile virus infection in North America.

## *Ebola haemorrhagic fever in Uganda*

WHO Updates (edited)

As of 7 November 2000, the Ugandan Ministry of Health has reported cumulative figures of 284 cases including 91 deaths. The outbreak was confirmed on 14 October 2000 and was first detected in the Gulu district 223 miles north of Kampala. Other cases of patients dying of high fever have been reported in Mbarara and Kitagata hospitals in Western Uganda, but a link with the Ebola outbreak had not been established. However, three samples from patients in Mbarara 265 miles south of Gulu in south-western Uganda tested by the laboratory established in Gulu by the WHO Collaborating Centre at the US Centers for Disease Control and Prevention (CDC) have been reported as positive. The first patient (who had recently moved from barracks in Gulu to barracks in Mbarara) died on October 27, 5 days after showing symptoms. He infected the other two.

The WHO recommends (Update 19) no special restrictions on travel or trade to or from Uganda, and no specific measures with respect to Ebola haemorrhagic fever are warranted or advised.

## *A third case of vCJD linked to the same village in the UK*

Contributed by M Cosgriff: abstracted from *Electronic Telegraph*, 2 November (Byline: Paul Stokes) (edited)

Another case of variant CJD has been linked to a former mining village (in Doncaster, South Yorkshire) that is at the centre of an inquiry into a possible cluster of deaths from the human form of bovine spongiform encephalopathy (BSE).

Three cases are associated with the village; a 24-year old woman who died in February 1997, a 19-year old male who died in March 1997 and a 28-year old female who died in September 2000.

Experts from the CJD surveillance unit in Edinburgh are being called on to examine any links between the three deaths. It is possible that contaminated meat from a single source was sold to the families of all three victims.

**Editorial note:** The diagnosis of one victim (the 28-year old female) awaits laboratory confirmation.

## *Suspected hand, foot and mouth disease outbreaks*

Epidemics of hand, foot and mouth disease are currently affecting children in Malaysia, Singapore and more recently Sri Lanka. The Malaysian and Singaporean outbreaks have been attributed variously to infection by Enterovirus 71, Echovirus 7, and possibly other enteroviruses. The most recent outbreak, involving 4 children in the Philippines, is not at the moment as serious as the Malaysian and Singaporean outbreaks, and may have an independent origin. Blood samples have been sent to Australia in order to establish whether the virus responsible for the disease in the Philippines resembles any of the agents isolated in Malaysia and Singapore.

## *Yellow fever - Guinea (Mamou): confirmed: alert*

*Contributed by Jan ter Meulen, Institute of Virology, Philipps Univ. Marburg (26 October 2000)*

Yesterday three serum samples were reported positive for yellow fever IgM antibodies by Christian Mathiot, IP Dakar. The Ministry of Health and WHO Guinea are arranging for yellow fever vaccination in the affected region. Barrier nursing measures were implemented in the regional hospital of Mamou, and contacts of patients were investigated.

Guinea lies within the yellow fever 'Endemic Zone'. One case was reported in 1952 and none between 1953 to 1986. The last cases (5) were reported in 1987. Potential for infection exists in the Siguiri region. Proof of vaccination is required for travellers over one year of age arriving from infected areas.

## *Avian influenza virus (H4N6) reported in Canadian pigs*

*Source: Reuters Health, 15 October 2000 (edited)*

Canadian and American researchers have isolated avian influenza virus H4N6 from domestic pigs. Because of prior demonstrations of transmission of avian influenza viruses from pigs to humans and the pandemic potential of avian influenza strains, 'The appearance of avian influenza viruses among pigs poses concerns for both veterinary and human health,' Dr. Christopher W Olsen, of the University of Wisconsin-Madison, and colleagues say in the October issue of the *Journal of Virology* (*J Virol* 2000;74:9322-9327).

The team reports on their investigation of a Canadian farm where an outbreak of pneumonia in pigs began in October 1999. The researchers isolated 8 viral RNA segments from affected animals. Analysis of these segments 'demonstrated that these are wholly avian influenza viruses of the North American lineage,' according to the report. Further

investigation revealed the identity of the virus as avian influenza virus H4N6, a relative of strains commonly found in Canadian ducks. 'This report is the first to document the isolation of a wholly avian influenza virus from pigs in North America and the isolation of an H4 influenza virus from naturally infected pigs.' These findings support the need to 'enhance surveillance for atypical influenza viruses in pigs as part of overall pandemic preparedness efforts.'

## *Footprint of H5N1 virus detected at Hong Kong poultry farm*

*Sourced by HL Penning from the South China Morning Post, 21 October 2000 (edited). (Byline Ella Lee, Martin Wong & Antoine So)*

Signs of a virus similar to the avian influenza virus that killed six people in 1997 have been found on a Yuen Long farm. It is the first time that evidence of the H5 virus has been found in Hong Kong since the crisis 3 years ago, which turned the international spotlight on the territory and led to the slaughter of one million chickens. Agriculture, Fisheries and Conservation Department officials said last night that inspectors had found chickens at a farm in Ngau Tam Mei which appeared to have been exposed to the avian virus. The 10,000 chickens - now isolated - will be destroyed if more sophisticated test results available next week confirm they contain the H5 virus.

Aquatic birds such as geese and ducks are the sources of H5 virus. The Government began segregating the farming and slaughter of chickens and water birds after the 1997 crisis. The 1997 crisis began when the H5N1 virus, previously found only in poultry, mutated and infected people. A total of 18 people were infected and 6 died.

## *Mosquito containment program - New Zealand*

*Selina Gentry, Media Liaison Communications, Ministry of Health, New Zealand (edited)*

On 13 October 2000, an expert Technical Advisory Group (TAG) to the Ministry of Health has recommended that a program to contain the exotic southern saltmarsh mosquito, *Aedes camptorhynchus*, should begin as soon as possible, while a decision is being considered about future management of the mosquito in the Gisborne area. The TAG, which was initially set up to advise on steps to be taken after the mosquito was first identified in Hawke's Bay in December 1998, includes various New Zealand experts as well as Australian mosquito expert, Associate Professor Brian Kay. (The southern saltmarsh mosquito has been declared an unwanted organism in New Zealand. In Australia it is thought to be the main carrier of Ross River virus. To date there have been no confirmed cases of Ross River virus in Napier or Gisborne.)

## *Pacific Public Health Surveillance Network*

**The Pacific Public Health Surveillance Network serves to disseminate information about communicable diseases in the Pacific region through Pacnet. Pacnet may be accessed, on registration, through the South Pacific Commission Website (<http://www.spc.org.nc>).**

### *Dengue type 3 – Palau*

Contributed by Michele D Pineda (MPH),  
Epidemiologist, Ministry of Health, Republic of Palau  
(9 October 2000)

Four individuals in Palau have been confirmed for dengue infection during the months of June through August 2000. Confirmation for four additional suspected cases is pending.

Two of the confirmed cases showed serological evidence of dengue type 3. This finding is of interest because dengue type 3 virus has not been previously identified in Palau.

An epidemic of dengue type 4 occurred in Palau between January and July 1995 (817 cases), and an epidemic of dengue type 2 occurred between January and May 1988 (about 1,000 cases). Prior to 1988, dengue transmissions had not been reported in Palau since 1944. *Aedes aegypti* and *Aedes albopictus* mosquitoes were found in Palau during the 1988 and 1995 outbreaks.

Diagnostic testing for dengue and other arboviruses is provided to the Palau Ministry of Health by the WHO Collaborating Center for Arbovirus Reference and Research in Queensland, Australia.

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