

WHO Outbreak list Apr. 6

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OUTBREAK VERIFICATION LIST

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The attached document (Adobe Acrobat *.PDF file) contains the same information in tabular format.

"INFLUENZA, VIET NAM, 1710-J10-11-VN

Location and initial report: Provinces of Tay Ninh, Tra Vinh, Dong Thap, Tien Giang, Hau Giang, Hanoi, Thai Binh, Bac Lieu, Long An, 29-12-2004

Onset: 24-12-2004

Last update and status: 06-04-2005, WR Viet Nam, Verified

Epidemiology and action: Ministry of Health confirmed five additional cases of influenza A(H5), all in a family from Haiphong city.

From 16 December 2004 to 4 April 2005, 33 confirmed cases of H5N1 Influenza virus infection including 15 deaths reported in 15 cities/Provinces.

WHO offered support to review the situation, assess the public health risk and advise on appropriate responses.

See web update: http://www.who.int/csr/don/2005_04_04/en/

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"ACUTE HAEMORRHAGIC FEVER SYNDROME, CONGO, DEMOCRATIC REPUBLIC OF,
1822-A98.3-CD

Location and initial report: Matadi (Bas-Congo Province), Kisantu (Bandundu Province), 29-03-2005

Onset:

Last update and status: 31-03-2005, WR, Verified

Epidemiology and action: One person under investigation for Marburg Virus infection in Matadi, Bas-Congo Province. The patient died in Matadi on 24 March 2005 and had travel history to Zaire Province, Angola. Post-mortem samples were obtained and laboratory results are pending. Contacts have been identified and are being monitored. An isolation ward has been established in Matadi by MSF Belgium.

Alerts investigated so far in Bas-Congo and Bandundu Provinces have been discarded.

The Ministry of Health, with the support of WHO, CDC, USAID, and MSF Belgium, is effectively implementing all activities to minimise the risk of spread of Marburg Haemorrhagic Fever in the Country.

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"MARBURG VIRUS DISEASE, ANGOLA, 1809-B17.1-AO

Location and initial report: Uige, Cabinda, Luanda, Cuanza Norte, Malanje Provinces., 14-03-2005

Onset:

Last update and status: 06-04-2005, WR Angola, Verified

Epidemiology and action: From October 2004 to 5 April 2005, 181 cases, including 156 deaths (CFR=86%), reported from Uige, Luanda, Cabinda, Malanje, and Cuanza Norte Provinces. All cases reported outside Uige Province are reportedly epidemiologically linked to Uige.

Uige Province: 170 cases, including 152 deaths; approximately 100 contacts are being followed-up. Main outbreak foci include Uige, Negage, Songo and Puri municipalities. Alerts reported from Mukava district. The training of surveillance mobile teams has been completed. The isolation ward established by MSF Spain in Uige Provincial Hospital, with a 15 beds capacity, is now functional. A field laboratory for diagnosis of Marburg Virus infection by PCR has been set up by Health Canada and is operational. Social mobilisation experts and a medical anthropologist have joined the response team.

Cabinda Province: One fatal case, with travel history to Uige and Luanda Provinces, reported. The patient, a 5 months pregnant lady, had an abortion on 26 March 2005, and died on the same day. 32 contacts were identified and 21 of them are currently isolated and monitored. WHO and MoH Congo planning to provide additional support in infection control and social mobilisation activities.

Luanda Province: Isolation facilities are being set up in four hospitals in Luanda. Training of health care workers is ongoing. CDC Atlanta is setting up a laboratory for the diagnosis of Marburg Virus infection.

The deployment of WHO staff and GOARN partners is continuing.

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"MENINGOCOCCAL DISEASE, SUDAN, 1813-A39-SD

Location and initial report: North Darfur: Saraf Omar. West Darfur; Abata,, 16-03-2005

Onset:

Last update and status: 06-04-2005, WR Sudan, Verified

Epidemiology and action: As of 25 March 2005, 71 suspected cases including 5 deaths (CFR= 7.04%) reported. N.meningitidis serogroup W135 identified by either latex test or culture in 11 (55%) out of 20 specimens collected.

Mass vaccination campaign using trivalent vaccine and targeting a population of 45,000 started on 2 April 2005 in the Saraf Omra administrative unit and surrounding villages conducted by the Federal Ministry of Health with support from MSF-Belgium and WHO.

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"AMERICAN TRYPANOSOMIASIS (CHAGAS' DISEASE), BRAZIL, 1833-B57-BR

Location and initial report: Santa Catarina, 06-04-2005

Onset:

Last update and status: 06-04-2005, MOH, Verified

Epidemiology and action: As of 6 April 2005, Ministry of Health confirmed a total of 25 cases including 3 deaths. All tested positive for T. cruzi. In addition indirect immunofluorescence reaction and ELISA have been performed.

Mode of transmission linked to consumption of a freshly squeezed-non-processed sugar cane juice from a single vendor stand in the Navegantes Municipality.

Symptoms include fever, myalgia and headache in more than 80% of the patients. Other symptoms include increased cardiac output, irregular electrocardiograms, icteric and hemorrhagic manifestation normally not observed in Chagas' Disease cases.

Specific treatment with benznidazole has been adopted while considering the clinical profile of each patient.

Patient ages range from 3 to 73 years old with a median of 27 years old. 14 (56%) cases are male.

Ministry of Health issued a health alert in the Municipalities of Navegantes, Itapema and Joinville of the State of Santa Catarina. Secretary of Health of Santa Catarina suspended the vending of freshly squeezed non-processed sugar cane juice from 20 March 2005.

Studies still being conducted to determine the exact mode of transmission and the possible causes of contamination including the presence of triatomines during preparation or contamination by means of animal reservoirs infected with T. cruzi.

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"DENGUE FEVER, YEMEN, 1773-A90-YE

Location and initial report: Hodeida Governorate, 15-02-2005

Onset:

Last update and status: 23-03-2005, EMRO, Verified

Epidemiology and action: As of 4 April 2005, 287 suspected cases including 14 deaths (CFR= 4.8%); most cases reported from Hodaidah city (124 cases, incl. 7 deaths) and Zabeed (100 cases, incl. 7 deaths) with reports of sporadic suspected cases from neighboring villages.

Number of reported cases is decreasing.

Vector control and health education activities in place.

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"CHOLERA, SENEGAL, 1814-A00-SN

Location and initial report: Touba, Mbacké and Bambey districts of Diourbel region, 21-03-2005

Onset:

Last update and status: 29-03-2005, MoH, Verified

Epidemiology and action: From 1 January to 3 April 2005, a total of 5,908 cases including 66 deaths (CFR=1,1%) reported in Diourbel region. Of these, 3,475 cases including 54 deaths (CFR=1,5%) were reported between 28 March and 3 April 2005. 1,733 cases, including 16 deaths (CFR= 1%), were reported in the city of Touba.

The increase in the number of cases is associated with the pilgrimage ""le Magal de Touba"" which has taken place in the past week drawing thousands of people to these districts. Outbreak spreading country-wide.

WHO providing technical support to the Ministry of Health, including intensification of surveillance, case management and health promotion activities. Situation becomes very alarming. Urgent need for neighboring countries to intensify surveillance as well as prevention and preparedness activities.

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"ACUTE WATERY DIARRHOEAL SYNDROME, CONGO, DEMOCRATIC REPUBLIC OF, 1831-A00-CD

Location and initial report: Ituri, 02-04-2005

Onset:

Last update and status: 06-04-2005, WR Congo, Verified

Epidemiology and action: From 26 March to 2 April, 227 cases, including 11 deaths, reported in area on Lake Albert's shores where about 25,000 IDPs are gathered. The area is known to be endemic for cholera.

WHO epidemiologist from Bunia in the field. MSF established cholera treatment centers. The implementation of control activities is difficult because of the highly unstable security situation in the area.

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"INFLUENZA, CAMBODIA, 1823-SY02-KH

Location and initial report: Kampot, Phnom Penh, 23-03-2005

Onset:

Last update and status: 06-04-2005, WR Cambodia, Verified

Epidemiology and action: On 29 March 2005, Ministry of Health confirmed a second fatal case of H5 avian influenza infection in 2005.

Some respiratory samples and sera samples of the confirmed case and its contacts, as well as some animal samples will be shipped to the WHO H5 Reference Laboratory in Pasteur Institute, Paris, pending import permit.

Ministry of Health with support from WHO is implementing health education campaign to rural populations

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"ACUTE FEVER AND RASH SYNDROME, NIGERIA, 1784-B05-NG

Location and initial report: Kano, Jigawa, Adamawa, Bauchi, Yobe, Taraba States, 24-02-2005

Onset:

Last update and status: 06-04-2005, WR Nigeria, Verified

Epidemiology and action: As of 23 March 2005, 23,575 clinically suspected cases of measles including 561 deaths (CFR 2.4%) from 13 States reported. Current information suggests that the epidemic is still ongoing.

Laboratory confirmation and further epidemiological information awaited.

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WR WHO Country Representative
GPHIN Global Public Health Intelligence Network

Further information about verified outbreaks and specific diseases may be found on:

WHO Disease Outbreak News pages at <http://www.who.int/csr/don/en/>

Diseases covered by Dept. of Communicable Disease Surveillance and Response at <http://www.who.int/csr/disease/en/>

Weekly Epidemiological Record (WER) at <http://www.who.int/wer/>

International Travel and Health at <http://www.who.int/ith>

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