

Overseas briefs

Source: World Health Organization (WHO)

Meningitis, Democratic Republic of the Congo

Since the beginning of this year 1,210 cases of meningitis have been reported in the Democratic Republic of the Congo. Of these, at least 191 have resulted in death, giving a case fatality rate of over 16%. Most of the cases occurred in June, July and August.

Preliminary tests have identified serogroup A *Neisseria meningitidis* as being the cause of the outbreak. The WHO has supplied extra vaccine and oily chloramphenicol to the Democratic Republic of the Congo to complement existing supplies. The situation is being monitored by a WHO team in collaboration with MSF. The neighbouring countries of Burundi, Rwanda, the United Republic of Tanzania, Uganda, and Zambia have been informed by WHO of the situation.

Zimbabwe

The Ministry of Health has reported an increase in the number of cases of meningitis in Bulawayo, mainly in the townships of Mzilikazi and Makokoba. Preliminary diagnosis indicates meningococcal meningitis, and investigation of the serogroup is currently underway. Vaccines, diagnostic kits and media for preserving isolates during transport have been shipped to Harare.

Encephalitis, Nepal

A total of 247 cases of encephalitis has been reported this year. Of these, 223 cases occurred between April and August, with 24 deaths. Three cases were in persons from neighbouring states in India. Age and sex information was available for 139 cases. Sixty-two per cent were male and 38% were female. Sixty-one per cent of cases were aged under 15 years, and 30% were in the 15 - 44 years age group. Cases of encephalitis are reported throughout the year in Nepal and usually increase between June and October. The diagnosis is frequently made on clinical grounds. However, it appears that many of the cases are due to Japanese encephalitis.

Cholera, Mozambique

An outbreak of cholera has been confirmed in Maputo City. The first cases were diagnosed on 13 August and 49 cases have been reported to date. Control activities have been implemented, including community health education, improvement of the water supply services and sanitation. The National Cholera Commission has been reactivated. A special ward for the treatment of cases has been set up in Maputo Central Hospital. WHO is giving technical and financial support to the Ministry of Health for the implementation of these activities. No cholera cases had occurred in Mozambique since mid-1994.

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Contributions covering any aspects of communicable diseases are invited. Instructions to authors can be found in *CDI* 1997;21:18.

CDI is produced fortnightly by the National Centre for Disease Control, Department of Health and Family Services, GPO Box 9848 Canberra ACT 2601; fax: (02) 6289 7791, phone: (02) 6289 6895. For subscriptions or change of address please fax (02) 6269 1212 or write to PO Box 462, Fyshwick ACT 2609.

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