

Overseas briefs

Source: World Health Organization

Cholera

Chile. The Ministry of Health has reported 33 cases of cholera (12 confirmed) since the last week of December 1997. The districts most affected are in the north of the country (Antofagasta Region). These rural districts are close to the border with Bolivia. The Ministry of Health is implementing control measures including education, water treatment, environmental sanitation, and enhanced epidemiological surveillance. The last reported cholera in Chile was an imported case in 1996.

Democratic Republic of Congo. An outbreak of cholera was reported in a military camp in Haut-Zaire Province. Approximately 800 cases with 54 deaths have been recorded since 18 December 1997. All the cases so far have been in the under-18-years age group which represents two-thirds of the population in this camp. This outbreak is mainly due to flooding and poor sanitary conditions. Local personnel, the WHO and other United Nations agencies are coordinating aid activities.

Nairobi (Kenya). The Ministry of Health reported 265 cases and 16 deaths in the recent outbreak of cholera in some districts of Nairobi. Control measures are being undertaken in collaboration with the WHO. Large numbers of cholera cases were last reported in Nyanza Province during the period June to end October 1997.

United Republic of Tanzania (including Zanzibar). The outbreak which began at the end of January 1997 continued throughout the year. A cumulative total of 35,591 cases and 2,025 deaths had been reported to the end of December, including 1,065 cases and 123 deaths which occurred in Zanzibar since the beginning of December. The incidence of the disease in Zanzibar appears to be decreasing. The WHO office in the United Republic of Tanzania is working closely with the national authorities to control the outbreak. Travellers visiting the United Republic of Tanzania, including Zanzibar, should take the normal precautions regarding food, water and hygiene recommended for all countries where cholera and other water-borne diseases occur.

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Contributions covering any aspects of communicable diseases are invited. Instructions to authors can be found in *CDI* 1998;22:9.

Rift Valley fever, Kenya and Somalia

Rift Valley fever has been confirmed in an outbreak which affected humans and domestic animals in Garissa District, a remote area of north-eastern Kenya. Reports indicate that up to 300 people may have died from the disease. An outbreak of similar magnitude has been reported in Somalia. The first evidence that Rift Valley fever was responsible for the outbreak was obtained on 31 December 1997, and study of animal specimens has confirmed that animals are also infected. It is suspected that other diseases such as malaria, and possibly cholera, are also contributing to the high number of deaths.

The virus is endemic to Africa, south of the Sahara desert, but infections have periodically extended into Egypt. In humans, the virus produces a usually non-fatal dengue-like illness. Rift Valley fever virus is transmitted by mosquitoes. Humans can also be infected by contact with blood or body fluids from infected animals. The risk of human-to-human transmission through direct contact appears to be very low. The WHO, national authorities and international agencies are instigating control measures, and considering the possibility of immunising livestock. The WHO does not recommend any restrictions on travel to Kenya as the area affected is remote.

Influenza, Hong Kong

To the 14 January 1998 there had been 18 confirmed cases of H5N1 influenza in Hong Kong, of which six died. Eight of the 18 confirmed cases have recovered, two are in a satisfactory condition and two remain critically ill. Nine cases were in young children, two in adolescents, and seven were aged between 19 and 60 years. Fourteen of the 18 cases had onset of illness in December 1997.

Influenza A(H5N1) virus has been isolated from 10 geese and ducks in Hong Kong, Special Administrative Region of China. Influenza A(H5N1) had formerly been found only in chickens in Hong Kong. The culture samples were taken from about 1,800 wild and domestic ducks and wild geese collected at markets in Hong Kong before the slaughter of approximately 1.6 million chickens and other birds in early January. These results do not yet allow for a definitive determination of the source of the H5N1 virus. The WHO and national authorities are continuing to strengthen surveillance activities in Hong Kong and other countries.

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