



OUTBREAK BULLETIN

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Introduction

In this issue, a general overview of outbreaks that occurred within the WHO African Region between January and October 2013, as well as the ongoing outbreaks as reported by Member States is provided.

Overview of reported outbreaks in WHO African Region

Based on data received from the Event Management System (EMS)*, 59 public health events were reported to the Regional Office between January and October 2013 of which 88% (52 / 59) were due to infectious diseases; with cholera being the most frequently reported event. The distribution of these events is shown in figure 1.

Hazard	Disease / Conditions	Number of events
Chemical	Gases, fumes and vapours, other	1
Disaster	Armed conflict	3
	Flood	1
Infectious	Cholera	21
	Yellow Fever	7
	Cream-Congo Haemorrhagic Fever	3
	Dengue Fever	3
	Lassa Fever	3
	Dengue Haemorrhagic Fever	1
	Influenza due to identified human influenza virus	1
	Malaria	2
	Measles	3
	Meningitis	2
	Poliomyelitis, acute unspecified	4
	Typhoid fever	1
	Anthrax, unspecified	1
	Undetermined	Unknown disease
Total		59

Table 1. Frequency of public health events by hazard and disease / condition in the WHO African Region, January – October 2013

*EMS is a WHO web-based application that supports the process of epidemic intelligence detection, verification, risk assessment and monitoring.

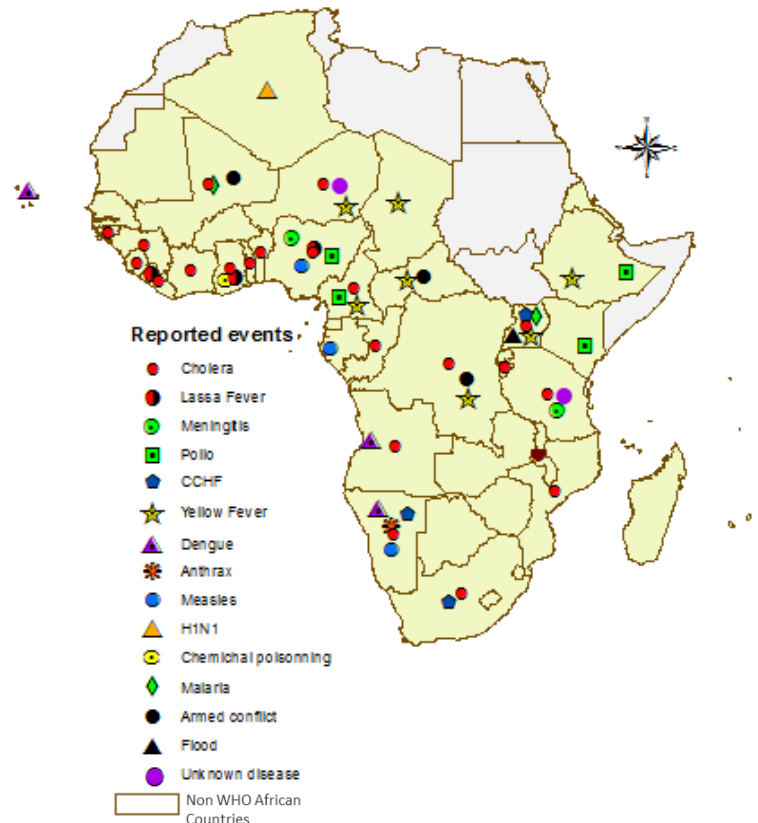


Fig. 1. Geographic distribution of public health events by country in the WHO African Region, January – October 2013

Cholera

Cholera remains a major public health problem in the WHO African Region. Between 01 January and 11 November 2013, a total of 39 898 cholera cases including 862 deaths (CFR: 2.2%) were reported from 21 countries.

The highest proportion of reported cases were from DR Congo which accounted for 58% (23 251 / 39 898) of cases followed by Nigeria (10%) and Angola (10%). The distribution of cholera cases and deaths is shown in figures 2 and 3.

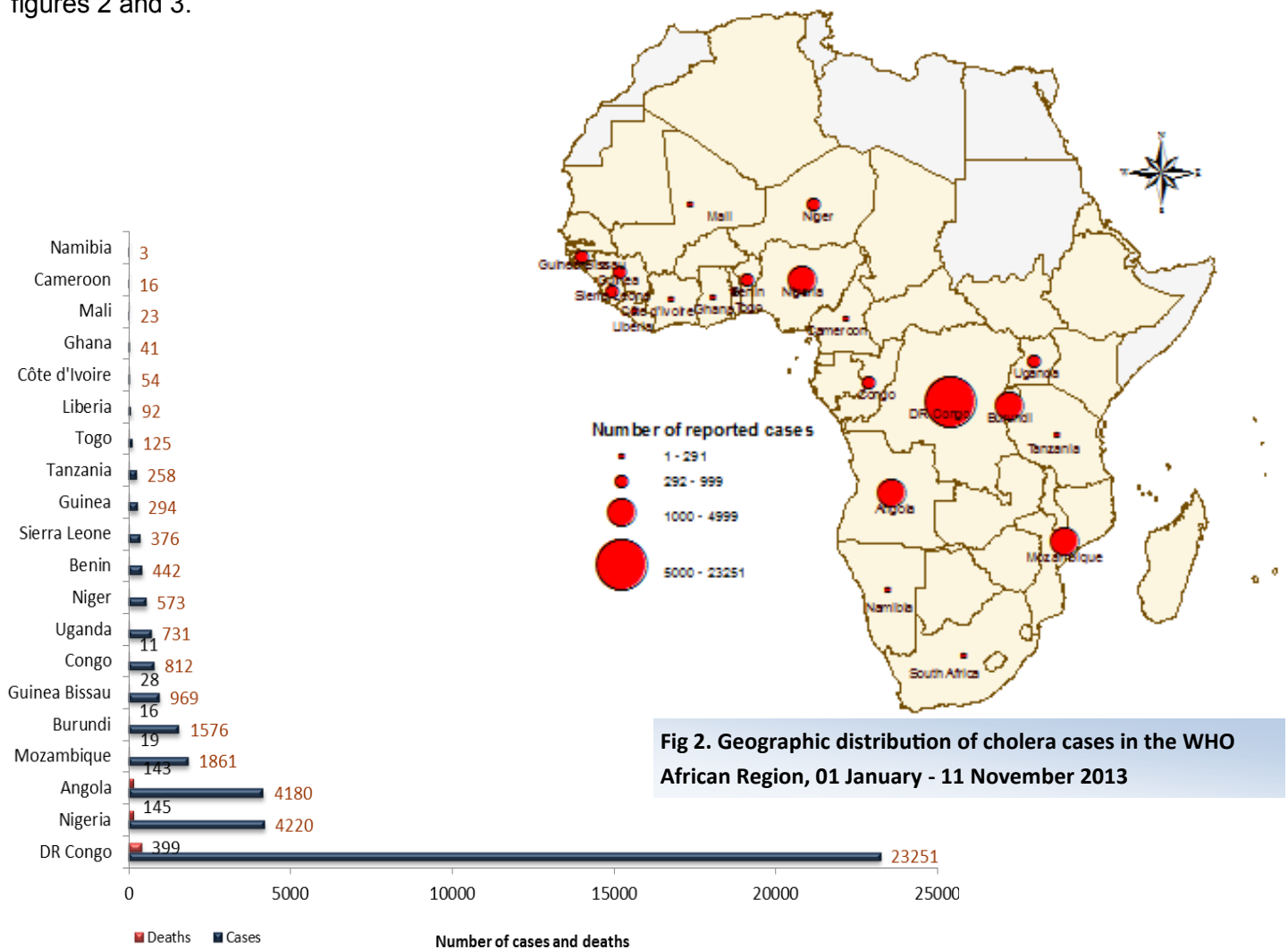


Fig. 3. Distribution of cholera cases and deaths by country, 01 January - 11 November 2013

In response to the cholera outbreaks, all affected countries are implementing prevention and control measures which include: reactivation of epidemic management committees, enhancement of surveillance, strengthening of laboratory capacities for early confirmation, risk assessment, public health awareness, WASH activities and resource mobilization.

WHO continues to provide guidance and technical support to all affected countries in close collaboration with UNICEF, CDC and other partners. Due to the persistence of cholera in DR Congo and its cross-border implications, WHO plans to organize during the first quarter of 2014 a meeting on the planning, implementation and monitoring of the use of Oral Cholera vaccines in DR Congo. Participants will be drawn from countries that continue to experience recurring outbreaks of cholera.

Polio

As of 04 November 2013, the African region reported 73 wild poliovirus type 1 (WPV1) cases from Nigeria (51 cases), Kenya (14 cases), Ethiopia (6 cases) and Cameroon (2 cases) compared to 91 cases reported during the same period last year. The date of onset of the latest case was on 19 October 2013 in Cameroon. The situation of polio in Nigeria, Ethiopia, Kenya and Cameroon is as follows:

Nigeria: almost half of the cases occurred in security compromised states of Borno and Yobe, and other cases are genetically linked to these states.

Ethiopia: the current Horn of Africa outbreak of wild poliovirus type 1 has spread to Ethiopia. Six WPV1 cases have been confirmed in Ethiopia, Somali region (Geladi district of Warder zone). The cases are genetically related to the Somalia viruses.

Kenya: fourteen wild poliovirus type 1 (WPV1) cases have now been confirmed, all from north eastern province (Dadaab, Fafi and Hulughu districts). The latest case in Kenya has date of onset of the paralysis on 14 July 2013

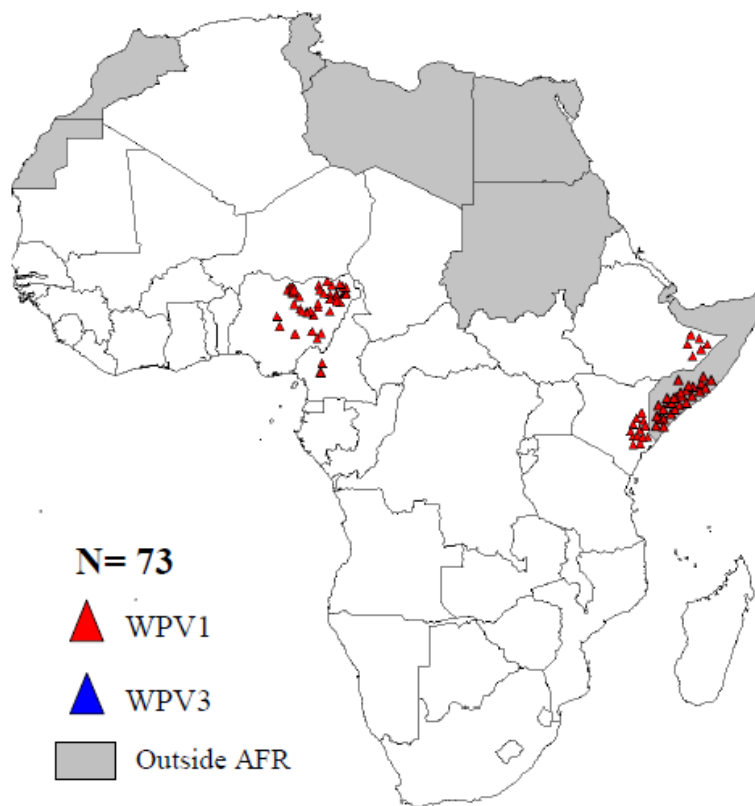


Fig 4. Geographic distribution of polio cases in the WHO African Region, 01 January - 04 November 2013

To achieve the strategic objectives developed during the WHO inter-regional consultation between AFRO and EMRO, intensified outbreak response activities continued in the Horn of Africa. Several large scale SIAs involving Somalia, Kenya and Ethiopia (refugees camps included) were conducted. Additional rounds will be implemented from August to December 2013 with the engagement of national authorities and local leaders to interrupt the transmission. Surveillance activities are being enhanced in all countries and in refugee's camps and across the borders.

A cross-border meeting involving countries of the Horn of Africa was held in Ethiopia on November 18, 2013. A number of action points aimed at enhancing cross-border collaboration on surveillance and response to Polio outbreaks and other epidemic diseases were developed and adopted by participating countries. The meeting report will be made available as soon as it is finalized.

Ongoing outbreaks

1. Cholera in DRC

Between 01 January and 11 November 2013, a total of 23 251 cholera cases with 399 deaths (CFR: 1.7%) were reported from 10 out of 11 provinces (Figure 5 and 6). Katanga province has reported the highest number of cases.

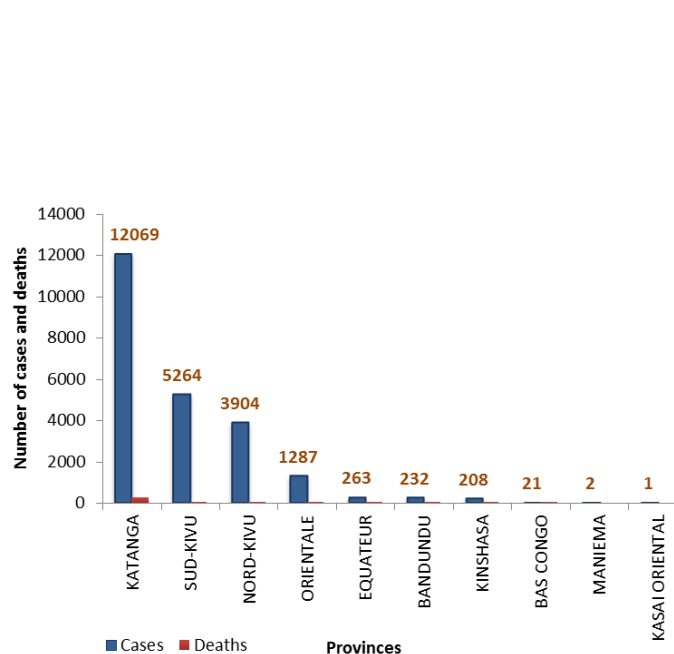


Fig. 5. Distribution of Cholera cases and deaths by province, DR Congo, 01 January - 11 November 2013

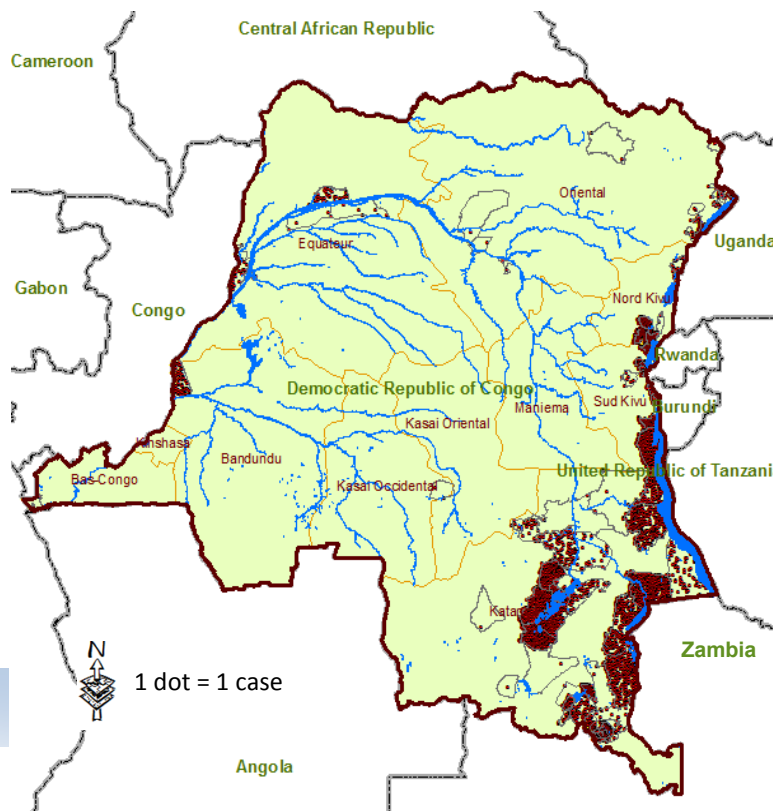


Fig. 6. Geographic distribution of cholera cases in DR Congo, 01 January - 11 November 2013

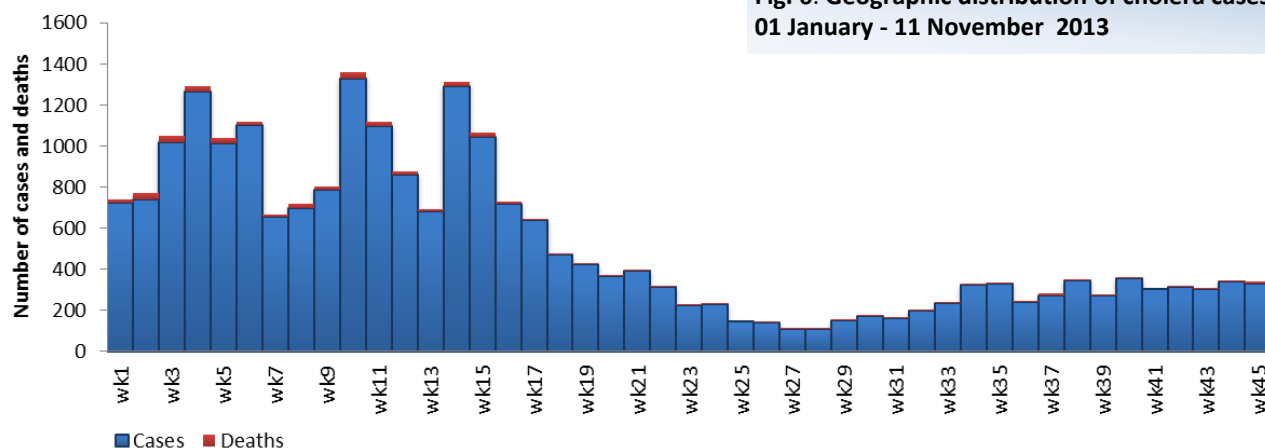


Fig. 7. Cholera cases and deaths by week of onset, DR Congo, 01 January - 11 November 2013

The Ministry of Health with support from WHO and other partners continues to implement cholera prevention and control measures. These include regular meetings of the epidemic management committees at provincial and national levels; regular reporting of cases and deaths; increased public health awareness and continued advocacy for resource mobilization; and strengthening of water, sanitation and hygiene activities.

2. Cholera in Burundi

Burundi has been experiencing an outbreak of cholera, along the boarder with DR Congo and Tanzania. As of 04 November 2013, a total of 1 576 cases including 16 deaths (CFR: 1%) have been reported from 12 districts.

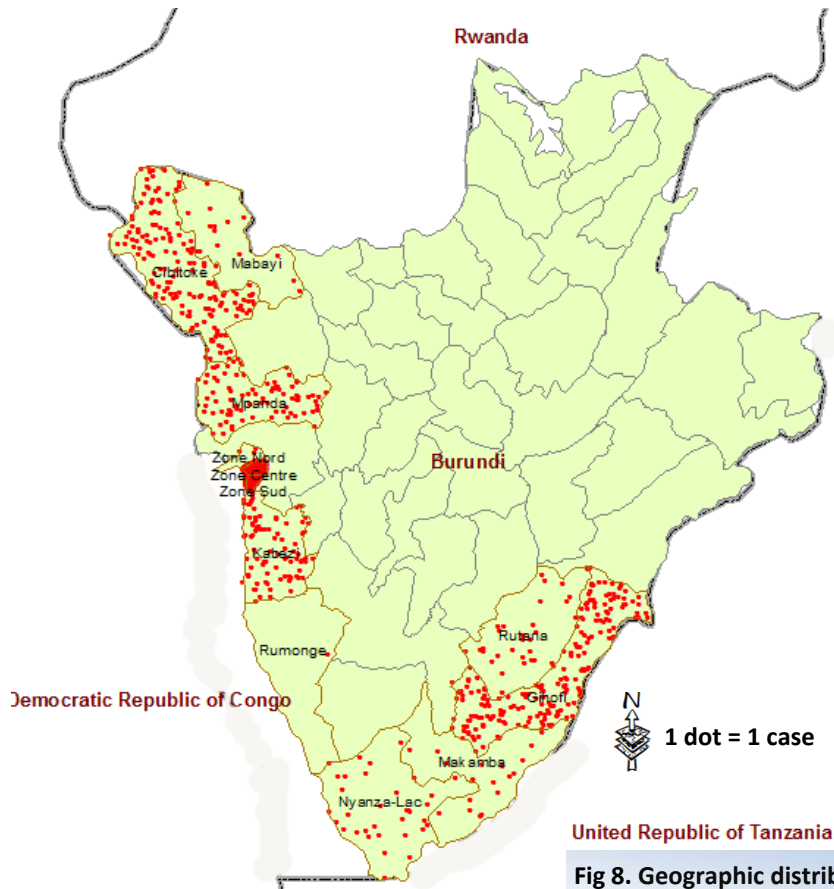


Fig 8. Geographic distribution of cholera in Burundi, 29 August - 13 November 2013.

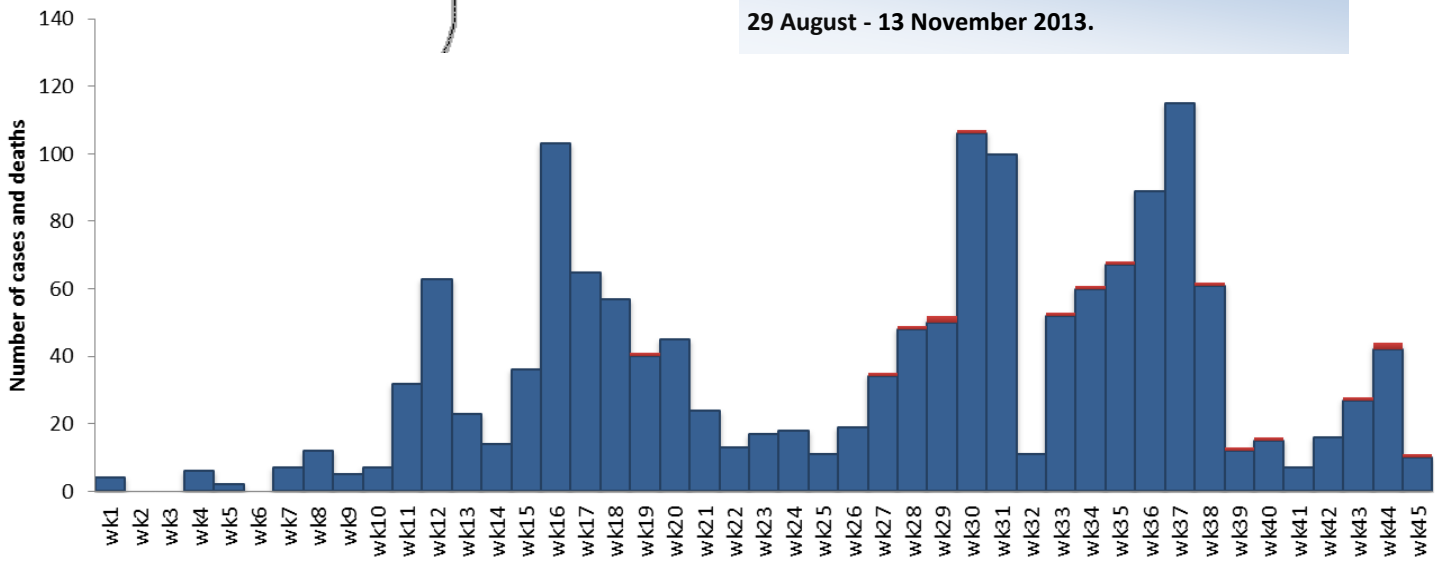
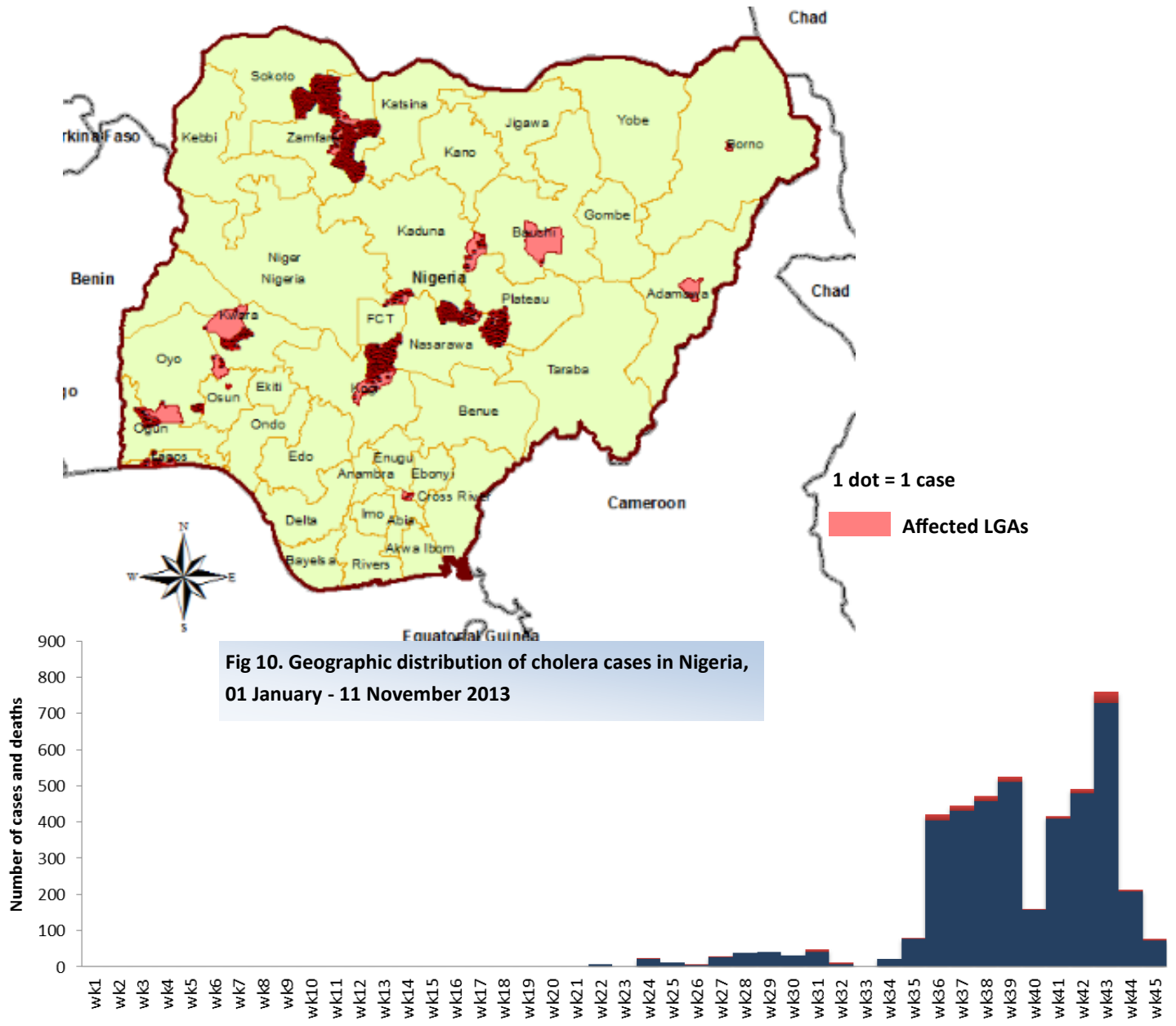


Fig 9. Cholera cases by date of onset, Burundi, 29 August - 13 November 2013.

Preventive and control measures are being implemented in all affected districts. Cross-border activities are being implemented and information on prevention and control measures shared between the two countries at district level.

3. Cholera in Nigeria

The upsurge of cholera cases reported in September 2013, by The Federal Ministry of Health continued in the months of October and November 2013. Between 01 January and 11 November 2012, a total of 4 220 suspected cholera cases including 145 deaths (CFR 3.5%) were reported from 51 LGAs in 16 states. 43 cases had laboratory confirmation as cholera. An upsurge of Gastro-enteritis cases in Zamfara and Sokoto States is currently under investigation. During the same period in 2012, a total of 581 suspected cases including 15 deaths (CFR: 2.6%) were reported from 26 LGAs in 10 States.



Outbreak investigation, active surveillance, data verification and response activities are ongoing in all States with continuing transmission. WHO continue to provide technical support to the MOH and LGA health authorities in all affected areas to investigate the outbreaks, reinforce active surveillance, sensitize clinicians on effective case management and infection control and help to disseminate key messages for community health education on preventive measures.

4. Cholera in Togo

An outbreak of cholera has been reported in Togo (Lome and Sokode). Hundred and thirty cases including seven deaths (CFR: 5.8%) have been reported from 29 August to 18 November 2013.

Vibrio cholerae was isolated from 52 out of 84 samples tested.

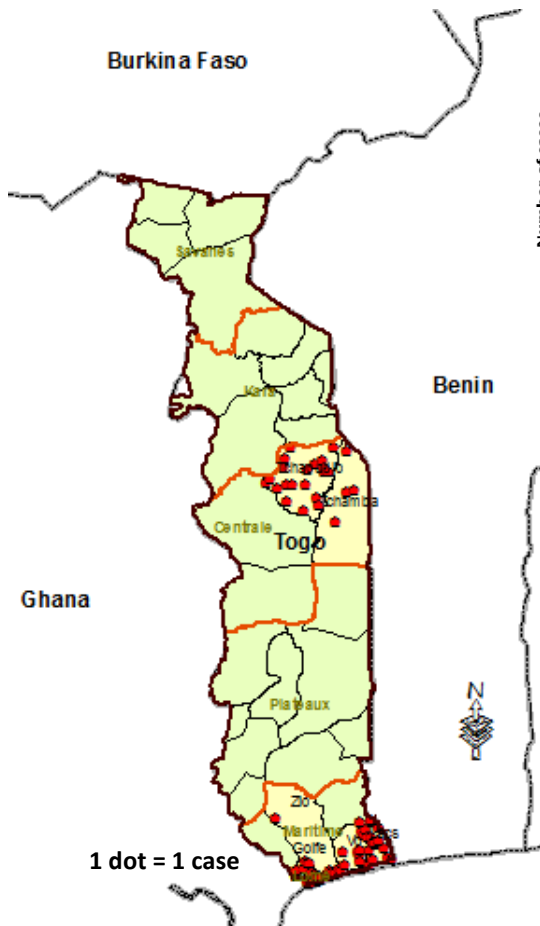


Fig 12. Geographic distribution of cholera cases by District, Togo, 29 August - 18 November 2013

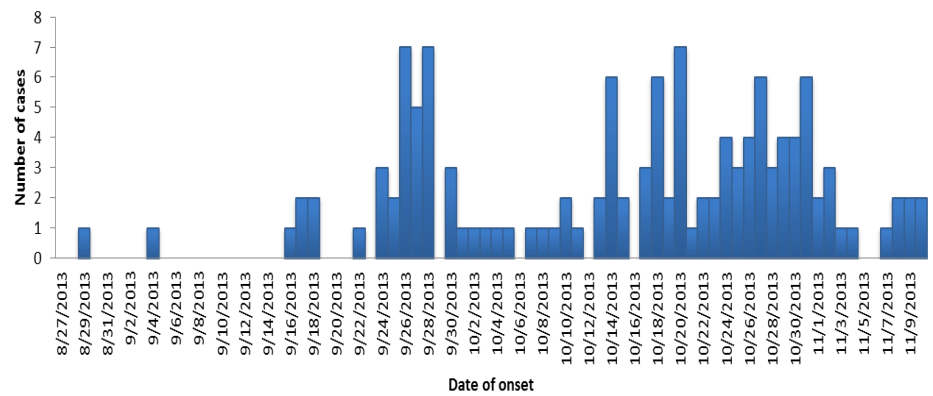


Fig 13. Epi-curve of Cholera cases in Togo, 29 August - 18 November 2013.

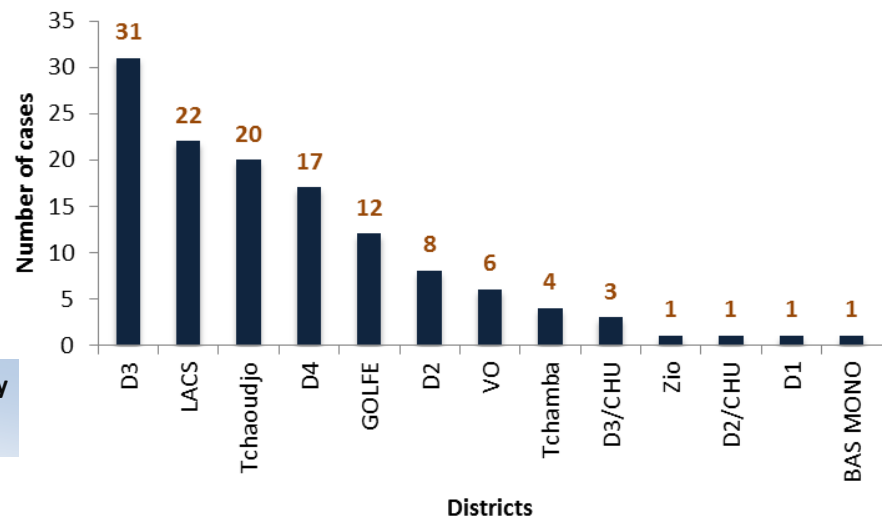


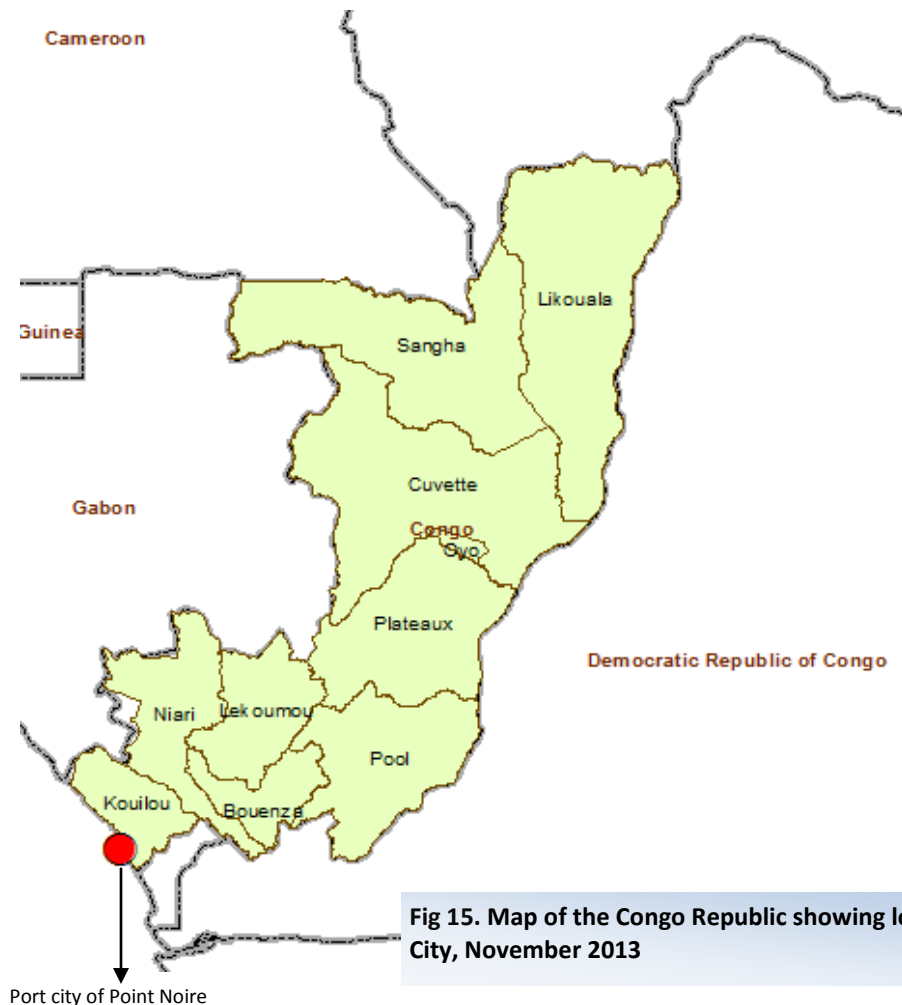
Fig 14. Distribution of cholera cases by district , Togo, 29 August - 18 November 2013

Prevention and control measures are being implemented in all affected districts. National authorities are releasing on a weekly basis an epidemiological bulletin summarizing the situation of cholera. Daily national multisectoral outbreak management committee meetings are ongoing. WHO is providing technical and financial support for the outbreak response

5. Rabies in the Republic of Congo

The Ministry of Health of the Republic of Congo is currently responding to an outbreak of rabies in Pointe Noire City, the economic capital of Congo. As of 18 November 2013, five people had died after developing clinical features of rabies following dog bites. Additional 149 other people who have been bitten by dogs in the area, are undergoing rabies prophylactic treatment. Two out of the 149 people have developed clinical features and are undergoing treatment in Pointe Noire.

Animal specimens tested at the Brazzaville Veterinary Diagnostic Laboratory and in South Africa were positive.



A multi-sectoral outbreak management committee (including human and animal health) has been established with the support of WHO, FAO and other partners to coordinate responses. Other prevention and control measures taken include: strengthening surveillance; vaccination of people bitten by dogs; culling of street dogs; sensitizing health workers at the emergency department of Loandjili General Hospital on management of rabies; vaccination of dogs, cats and pet monkeys; creation of a rabies centre in the area; and education of the public

Arrangements are ongoing to transport specimens collected from the two suspect cases to Centre Pasteur Cameroon (CPC) for laboratory testing.

6. Marine food poisoning in Madagascar

The Ministry of Health in Madagascar has reported an outbreak of fatal marine food poisoning resulting in 116 cases, including three deaths (CFR: 2.5%). The outbreak occurred in Mahasoa village, Fenerive Health District, Analanjirifo Region approximately 100 km north of the key port city of Toamasina. Health authorities suspect the outbreak was caused by consumption of a shark caught in the area during the night of 10 and 11 November 2013. The predominant signs and symptoms among the cases are headache, muscle pains, weakness and altered consciousness.

Food poisoning associated with consumption of marine food is relatively common along the Madagascar coast especially during the warm season (October to May). Poisoning is usually due to the consumption of various fish or other marine animals which consume contaminated seaweed. Seafood with ciguatera is the most common.

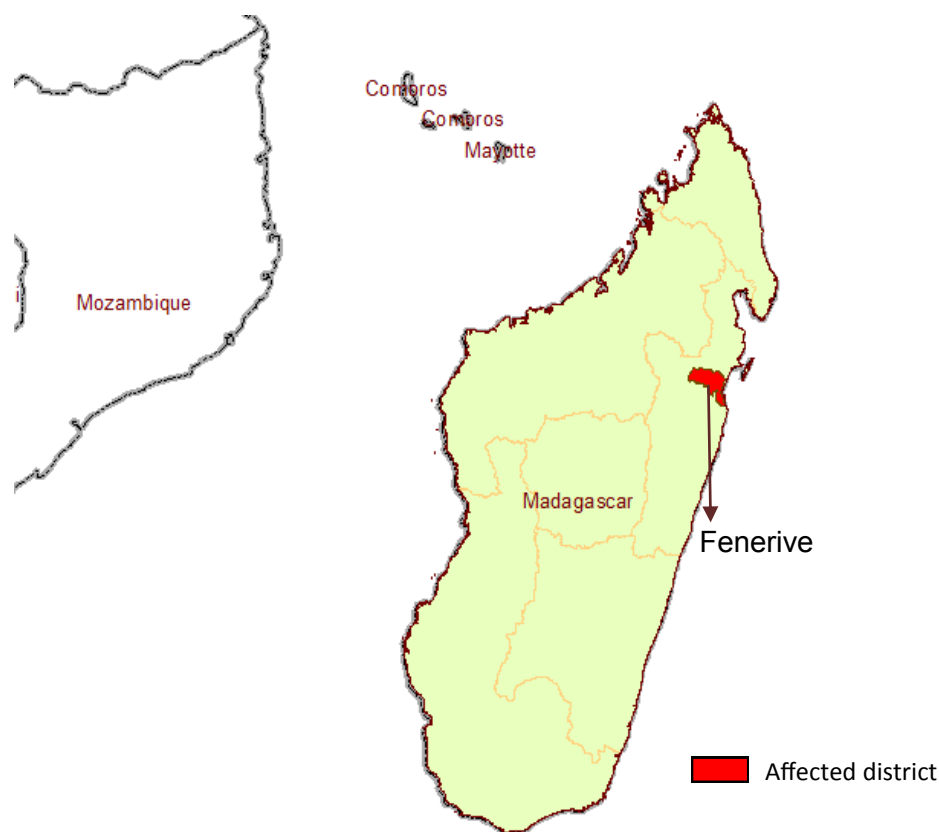


Fig 16. Map of Madagascar showing the location of Fenerive Health District, November 2013

Interventions initiated include free treatment of all cases, health education of the public, onsite inspection of sea food in the market, and support of the affected areas with medical supplies by the national emergency management committee.

Further epidemiological, laboratory and environmental investigations are ongoing. Arrangements are ongoing to conduct toxicological tests on shark samples, at the ARVAM (Agence pour la Recherche et la Valorisation Marines) laboratory in Reunion Island.

7. Unknown disease in Niger

From 28 August to 12 October 2013, a total of 24 cases including 7 deaths (CFR: 29%) of unknown disease suspected to be diphtheria were reported in Ferro (14 cases) and Binguel Kiardi (10 cases) villages in Tera District, Tillabéri Region of Niger. The reported cases were presenting with fever, dysphagia, epistaxis, vomiting, neck pains, submandibular lymphadenopathy and ulceronecrotic lesions in the tonsils. One of the cases presented with pseudomembrane at the back of the throat, which is a common feature of diphtheria. Five (20%) of the cases presented with epistaxis which is not a common feature of diphtheria.

Throat swabs from five patients tested for diphtheria, and blood sera from two patients tested for Infectious Mononucleosis at CERMES laboratory were all negative.

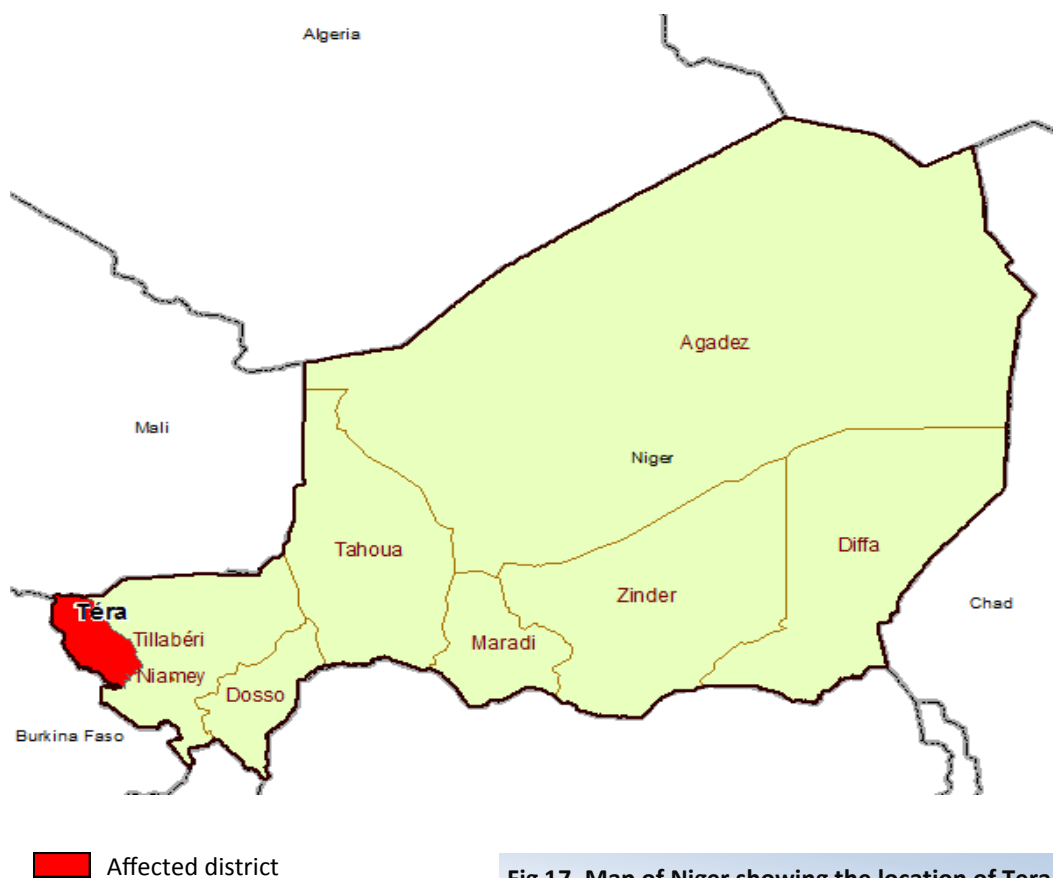


Fig 17. Map of Niger showing the location of Tera district where unknown disease outbreak is occurring, November 2013

The Niger Ministry of Health has constituted a multisectoral team to further investigate the outbreak to determine the actual magnitude source, and etiology of the outbreak. WHO deployed a microbiologist to support the ministry in responding to the outbreak. Other interventions include management of cases and sensitization of community members in the affected areas.

8. Unknown diseases in the United Republic of Tanzania

The Ministry of Health and Social Welfare Tanzania has been investigating an unknown disease in Kasulu. A total of 690 cases with no deaths were reported from 20 August to 23 October 2013. The cases are presenting mainly with fever, headache, vomiting and abdominal pains. Dengue and yellow fever tests conducted on some of the cases were negative. More tests are being done to determine the actual causative agent.

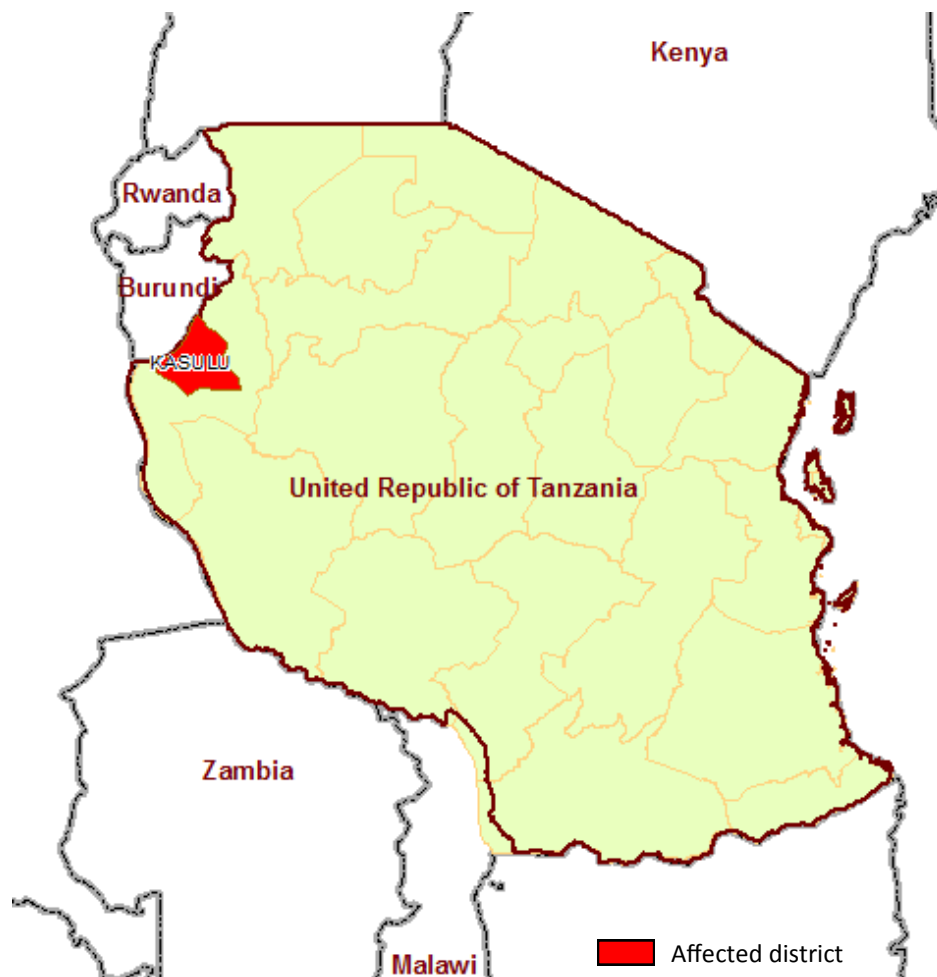


Fig 18. Map of Tanzania showing location of Kasulu District where an unknown disease is occurring, November 2013

The Interventions initiated include: health education and use of insecticide treated nets, improvement of environmental hygiene and sanitation, laboratory testing of collected specimens, and strengthening surveillance.

Differentials being considered include malaria, dengue, yellow fever and Hepatitis A/E among others.



DISEASE SURVEILLANCE AND RESPONSE PROGRAMME AREA

DISEASE PREVENTION AND CONTROL CLUSTER

WHO REGIONAL OFFICE FOR AFRICA

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