NEWS ON OUTBREAK AND INFECTIOUS DISEASES

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IN BELGIUM

No new event to report. No recent changes regarding the Severe Acute Respiratory Syndrome (SARS) or avian influenza in Belgium have been reported.

ELSEWHERE IN EUROPE

Outbreak of legionella in Valencia health department

Twenty-four cases and one death from legionellosis have been recently reported in the Autonomous Community of Valencia, and the existence of 2 new outbreaks has been revealed. The first occurred in Alcoy and nearby areas, followed by an outbreak in Castellon that originated in the Oncology Department of the Provincial Hospital.

The outbreak in the Provincial hospital started by a death due to legionella in a patient hospitalized in the oncology unit. Subsequently, 6 other cases were reported, none of them particularly severe. Three occurred in visitors of hospitalized patients. The source of infection has been traced in the hot water pipe of the shower in a hospital room of the centre, where the first patient died, and to the hot and cold water pipes of a shower in a changing room. Measures have reportedly been taken in the hospital, including water hyperchlorination, higher water temperatures in faucets and showers, and cleaning and disinfection of the rehabilitation pool. In addition, samples of almost 100 possible foci were collected. In Valencia, and particularly in the industrial zone of Alcoy in the province of Alicante, around 300 cases of infection have been registered since the disease was first detected in 1999. Source: Promed (http://www.promedmail.org)

IN THE REST OF THE WORLD

Outbreak of monkeypox in persons exposed to pet prairie dogs, US

An investigation in Wisconsin, Illinois, and Indiana (US) has identified cases of monkeypox in persons who had contact with recently purchased ill prairie dogs. Preliminary results of tests performed at the Centers for Disease Control and Prevention (CDC) on 6-7 June 2003 indicated that the causative agent is monkeypox virus. This virus, related to smallpox virus, has never been detected in the Western Hemisphere. These findings represent the first evidence of community-acquired monkeypox-like infection in the United States.

Human monkeypox is a rare disease that occurs primarily in the rain forest countries of Central and West Africa. In humans, the illness produces a vesicular and pustular rash similar to that of smallpox. Limited person-to-person spread of infection has been
reported in disease-endemic areas in Africa. The incubation period is about 12 days. Case-fatality rates in Africa have ranged from 1% to 10%. Additional information on monkeypox can be found on the CDC website (http://www.cdc.gov/ncidod/monkeypox/index.htm) and the WHO website (http://www.who.int/inf-fs/en/fact161.html).

As of 9 June 2003, a total of 33 persons with suspected monkeypox had been reported in residents of Wisconsin (18), Illinois (10), and Indiana (5), US. More cases are expected to be reported in the following days. Disease onset of the first cases began in early May. Monkeypox had been confirmed by laboratory tests in four persons. Seven suspected monkeypox cases have been hospitalized and there have been no deaths related to the outbreak. Patients typically experienced a first phase (prodrome) consisting of fever, headaches, myalgias and chills, followed 1-10 days later by the development of a papular rash that typically progressed to vesiculation, pustulation and crusting. Lesions have occurred on head, trunk, and extremities. All patients reported direct or close contact with prairie dogs, most of which were sick. Illness in prairie dogs was frequently reported as beginning with a conjunctivitis and inflammation of the eyelid. Some prairie dogs have died from the illness, while others reportedly recovered.

In May 2003, the prairie dogs were sold by a Milwaukee animal distributor to 2 pet shops in the Milwaukee area and in northern Wisconsin. The animal distributor had obtained prairie dogs and a Gambian giant rat that was ill at the time from a northern Illinois animal distributor. Investigations are under way to trace back the source of the prairie dogs and the Gambian giant rat. On the basis of preliminary findings, it appears that the primary route of transmission may be from infected prairie dogs to humans as a result of close contact. However, the possibility of human-to-human transmission cannot be excluded at this time.

General preventive measures recommended in the US include avoiding contact with ill prairie dogs or Gambian giant rats and washing hands thoroughly after any contact with prairie dogs, Gambian giant rats, or any ill animal. No specific treatment recommendations are being made at this time. Smallpox vaccine has been reported to reduce the risk of monkeypox among previously vaccinated persons in Africa. CDC is assessing the potential role of the antiviral drug cidofovir. Sources: Promed (http://www.promedmail.org) and CDC (http://www.cdc.gov/ncidod/monkeypox/index.htm).

Severe Acute Respiratory Syndrome (SARS) worldwide: update

As of June 11, a cumulative total of 8430 probable cases and 789 deaths from 29 countries have been reported to the WHO. This represents an increase of 32 new probable cases and 17 deaths since June 3. Now that outbreaks at all initial “hot zones” are either contained or coming under control, SARS is clearly declining.

The daily number of reported new probable cases of SARS in mainland China has declined considerably in recent weeks, from an average of 166 cases during the first week of May, to 90 cases during the second week, 27 cases during the third week and 16 in the
fourth week. This number is still decreasing: in the last 24 hours no new probable nor suspected cases have been reported.

As of June 10, Health Canada has received reports of 425 probable or suspect cases of SARS. There have been 33 deaths related to SARS in Canada. To date, transmission has been limited to specific transmission settings such as households, hospitals, and specific community settings. Two recent clusters in Toronto are still under investigation.

In collaboration with the Robert Koch Institute, Berlin, Germany, a company in Germany has manufactured new testing methods (slides with biochips). A large number of SARS patients have already been analyzed by these slides. Positive reactions were observed in almost all sera from more than 150 SARS patients, while more than 500 sera from healthy blood donors, contact persons, or patients with other virus infections were all negative. These slides can now be ordered.

There are now complete genome sequences in GenBank for 18 isolates of human SARS coronavirus and 2 partial genome sequences. 7 of the 18 complete sequences of isolates of the human SARS coronavirus exhibit the same 29 nucleotide deletion relative to the genome sequences of at least 2 civet cats. Sources: WHO (http://www.who.int) and Promed (http://www.promedmail.org)

Yellow fever in Sudan

In early May 2003, a NGO in Southern Sudan has reported an outbreak of unknown etiology in the Imatong mountains, southern Sudan. Clinical signs and symptoms included headache, neck and back pain, joint pain, high fever, followed by nasal bleeding, blood vomiting and diarrhea. A field investigation team including WHO, the Kenyan Medical Research Institute (KEMRI) and Operation Lifeline Sudan (OLS) found 178 compatible cases and 27 deaths in two districts in the south-eastern part of the country. Testing on collected samples confirmed yellow fever in 17 cases. WHO and partners are providing technical assistance, vaccine and vaccine supplies for the vaccination campaign targeting 100 000 people in areas where OLS is providing humanitarian assistance. Source: WHO (http://www.who.int/csr/don/en/).