ASIA-PACIFIC DISEASE OUTBREAK /SURVEILLANCE REPORT

Week of Apr 19, 2004

ASIA

UNAIDS-SAARC to Fight AIDS
The South Asian Association for Regional Cooperation (SAARC) and the UNAIDS Sunday signed a Memorandum of Understanding (MoU) to combat the spread of HIV/AIDS in the region, according to a statement issued by UNAIDS. Executive Director of Joint United Nations Program on HIV/AIDS (UNAIDS) Dr Peter Piot termed the agreement a “turning point” in South Asia’s response to the epidemic. The agreement focuses on tackling the challenges of stigma and discrimination associated with HIV as well as scaling up HIV care, treatment and prevention services, which are lacking in the SAARC countries. Over 5 million adults and children are estimated to be HIV/AIDS infected in the region. India has an estimated 4.5 million people living with the disease, which is the second largest worldwide after South Africa.

Source:

AUSTRALIA

Gastroenteritis Outbreak in New South Wales Hospitals
An outbreak of gastroenteritis has struck Woy Woy and Gosford Hospitals with 28 patients and 9 staff members falling ill since 11 April 2004. It has not yet been determined how the outbreak started. The illness has been contained to 2 wards in Gosford Hospital and to the general ward at Woy Woy Hospital. Staff and visitors to the affected wards at Gosford and Woy Woy Hospitals are wearing additional protective clothing including gloves and masks to guard against infection. The most common symptoms of gastroenteritis include nausea, vomiting, abdominal cramps, diarrhea, lack of appetite and fever.

Source:

Murray Valley Encephalitis Warning Issued
A Northern Territory-wide warning has been issued after a young child was diagnosed with a potentially fatal Murray Valley encephalitis virus (MVEV) infection. The virus is carried by mosquitoes. The warning particularly applies to people living, visiting or
camping within 5 km of swamp, creek and river systems overnight. Symptoms of MVEV infection include severe headache, high fever, drowsiness, tremors and seizures, especially in young children. In some cases the disease progresses to coma. February to May is the peak risk period for the virus in the Territory. A warning was also for Kunjin virus. Kunjin virus disease is not normally fatal. Symptoms include fever, headaches and muscle and joint aches and pains. Both viruses are transmitted by the common banded mosquito and are members of the Japanese encephalitis virus group of flavviruses.

Source:

BANGLADESH

653 Ill and One Dead in Barisal From Diarrhea
Diarrhea has claimed one life during the first week of this month. A total of 653 patients have been afflicted with the disease. Most of the patients are children and elderly people. There had been 400 diarrhea patients in the entire district. There is a shortage of Electro-K medicine which is essential for the treatment of children. About 80 children are being treated with SBMCH Oral Rehydration. According to the Barisal Civil Surgeon Office, over 400 diarrhea patients are undergoing treatment in various health complexes in the district.

Source:

Nipah Virus Confirmed in Bangladesh (Faridpur)
As of 20 April 2004, WHO has received preliminary reports of one cluster of 30 cases, including 18 deaths, attributed to Nipah virus infection in Faridpur district. Laboratory testing performed by Centers for Disease Control and Prevention (CDC), Atlanta has confirmed Nipah virus infection in 16 of the cases. A team comprising experts from the Institute of Epidemiology Disease Control and Research, Bangladesh, the International Centre for Health and Population Research (ICDDRB), Bangladesh and the WHO country office is carrying out epidemiological investigations. The team has developed guidelines for case management for local medical staff in different health care settings in the Faridpur district.

Source:

CHINA

China Confirms Two SARS Cases
The Chinese Health Ministry has reported two confirmed cases of SARS, one in the eastern province of Anhui and the other in the capital. The mother of the confirmed case in Anhui died on April 19 and may have had SARS. 171 people who had close contact with the confirmed case in Beijing have been quarantined, and another 88 people have been quarantined in Anhui. Also, a 20-year-old female nurse fell ill with SARS symptoms on April 5 and was admitted to hospital two days later. She had a
cold, fever and a cough. Five others have been isolated for observation. Until now, four cases have been reported in China since last July, all in the southern Guangdong province. All four patients recovered. Two other scientists researching the disease in Taiwan and Singapore also contracted the disease - they also recovered. The six cases had been the only confirmed infections since the WHO declared the epidemic over last year.

Source:

Cats and Foxes Are Also SARS Carriers
Chinese scientists have found that cats and foxes carry the virus which causes the respiratory disease SARS, in addition to known carriers civet cats. Researchers discovered the coronavirus in animals collected in south China's Guangdong province, where Severe Acute Respiratory Syndrome first surfaced in November 2002. Earlier this year China carried out a cull of 3,903 civet cats, which are bred or sold as a culinary delicacy in Guangdong, over fears they transmitted the disease to humans. The World Health Organization (WHO) in January pointed to wild animals as the probable source of SARS transmission. In January scientists from mainland China and Hong Kong found that 70 percent of civet cats tested were SARS coronavirus carriers, but some 40 percent of wildlife dealers had antibodies for the disease.

Source:

INDIA

Human Anthrax Cases Reported in Murshidabad, West Bengal
In the past three months more than 30 anthrax cases have been reported from Murshidabad District of West Bengal in India. The cases were found mainly in the Harirharpura and Domkal areas. In all cases there was a history of eating meat from a sick cow. In West Bengal this a common practice in all tribal areas as well as in poor communities. The main manifestations are blisters and ulcers. It has been found that populations who regularly eat anthrax-infected carcasses have a moderate prevalence of antibodies, which is believed to suppress the incidence of clinical disease and thereby provides an excuse to those communities to continue to eat this high-risk meat.

Source:

Dysentery Kills Five People in Gorakhpur
At least five children have died in the last two days in Gorakhpur, India, as hospitals reported an alarming rise in dysentery cases. Dozens more are seriously ill and hospitals are overflowing with more children being brought in every day. A common ailment, the disease has taken on serious proportions as a severe heat wave has led to water shortage, forcing villagers to draw water from untreated sources like rivulets. Worried parents have traveled hundreds of kilometers to Gorakhpur to get their children
treated. If primary aid is given to them then they can be saved. State authorities say all efforts are being taken to prevent the epidemic from spreading.

**Source:**

**INDONESIA**

**Dysentery in Madura**

Following a dengue outbreak, a dysentery outbreak has hit Bangkalan district in Madura island. At least 17 people, mostly children, were treated at Bangkalan General Hospital on 12 April 2004. The 17 people, 13 of them children, were suffering from dehydration and their condition was very weak. The increase in the cases of dysentery on the island was largely attributed to the change in seasons, from wet to dry. The weather reduced the amount and quality of fresh water in the area. Local residents are urged to only drink boiled water and if they have diarrhea, to immediately consume rehydration salts or drink warm lime juice, with a little salt added.

**Source:**

**NEPAL**

**Measles Outbreak Kills 6, Infects Hundreds**

An outbreak of measles in the Chakla Village Development Committee (VDC) of the Jajarkot district in west Nepal has killed six children and infected hundreds more. According to reports, all the six dead were under thirteen years of age. The measles spread in different wards of the Chakla VDC after the Nepali new year. A treatment team has not yet been sent to the affected area. The only school in the VDC, Purna Jyoti Primary school, has been closed for 16 days.

**Source:**

**PAPUA NEW GUINEA**

**Undiagnosed Deaths Near Yonki**

More than 100 people have died in one month following the outbreak of an undiagnosed disease in several villages near Yonki, Eastern Highlands Province. Villages affected by what they claimed to be malaria and typhoid were Omaura, Onanika, Sasaura, Ikana and hamlets surrounding the Yonki dam, in the Obura-Wonenara electorate. These villages have a total population of more than 5000 people. People in the area have been falling ill and dying since mid-March 2004. Children have been mainly affected by the outbreak. Health authorities in Kainantu confirmed receiving verbal reports of the diseases and deaths in the area (these reports are sketchy, as the villages are remote). At this stage a firm diagnosis has yet to be established on whether the cases are malaria or typhoid. Malaria is endemic in the area due to the rising water levels of the Yonki dam.

**Source:**

**TAIWAN**
Possible Dysentery Cases from Bali -- Taiwan on Alert
Taiwan’s health authorities are reporting new cases of dysentery found in three Taiwanese tourists who returned from sightseeing trips to Bali. The three - a woman and two men - were among 39 others from two tour groups who visited Bali late last month. Tourists must be careful in visiting Southeast Asia and should refrain from drinking raw water or patronizing roadside food stalls. Health authorities are tracing 10 other tourists from the two groups to see if they were infected. Bali is one of the most popular sightseeing destinations for Taiwanese, with some 400,000 visitors each year. Dysentery cases were first reported in November last year when 111 Taiwanese tourists were found infected after their trips to Bali.

Source:

VIETNAM
Unidentified Disease in Viet Nam
In mid-April, 70 people in the Vietnamese southern province of Long An were hospitalized due to an unidentified infectious disease. The disease, whose symptoms include rash on the face, neck, legs and arms, and mild fever, may have been transmitted from the sufferers to relatives, other patients, and healthcare staff in the Long An Hospital, or the disease may have been caused by a virus transmitted by insects. The hospital has sprayed insecticide and closed the windows to prevent insects from entering rooms. Local health agencies are investigating the cause of the disease.

Source:

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