

Overseas briefs

Source: World Health Organization (WHO)
This material has been condensed from information on the WHO Internet site. A link to this site can be found under 'Other Australian and international communicable diseases sites' on the CDI homepage.

Polio in Iraq

Since 10 May 1999, 16 cases of paralytic poliomyelitis, confirmed by isolation of wild Polio virus type 1 have occurred in nine of 15 central/southern governorates of Iraq. As of September 20, there were an additional 9 cases with isolation of Polio virus type 1 pending intratypic differentiation, as well as 10 cases with onset of paralysis in August, pending virus isolation results. These findings indicate widespread transmission of wild Polio virus in Iraq, where wild Polio virus type 1 was last isolated from a case each in Ninevah and Wasit governorates with onset in April and May 1997, respectively. The outbreak presents a serious challenge to the polio eradication initiative in Iraq, and threatens re-introduction of virus in neighbouring countries, especially Islamic Republic of Iran, Jordan, Syrian Arab Republic and Turkey.

Nine of 16 wild-virus confirmed cases (onset May to July) belong to nomadic cattle-herding families, while most cases reported since August are among children of resident families. Fourteen of 16 (88%) wild-virus confirmed cases are 2 years of age or younger, and 11 of 16 cases (69%) had either no previous oral polio vaccine dose (9/16) or were incompletely immunized (2/16). Factors contributing to this outbreak are declining routine immunization coverage in many areas, as well as insufficient National Immunization Day (NID) coverage in south and central governorates, especially among high-risk populations.

To respond to this outbreak and to interrupt wild Polio virus transmission, Iraq has decided to conduct two rounds of NIDs targeting children aged < 5 yrs in early October and

early November 1999. Two rounds of NIDs will follow these in the spring of 2000. To assure that all children in high-risk populations are covered, existing NID plans at governorate and district level (microplanning) will be revised, where necessary. Also, acute flaccid paralysis (AFP) surveillance at major hospitals and other facilities likely to see children with acute paralysis has been enhanced.

For more information, visit the web site on the global eradication of poliomyelitis.

West Nile fever in the United States of America (update on St. Louis encephalitis)

As a result of further study, the outbreak in New York City reported as St. Louis encephalitis (SLE) on 14 September has now been confirmed to be due to West Nile fever.

On 23 September, 4 birds tested positive for West Nile-like virus, including 3 exotic birds from a local zoo and 1 crow from Westchester county. Following the finding of West Nile-like virus in this area, all human cases previously reported as SLE were retested. To date, 50 previously reported SLE cases have been confirmed as West Nile fever. Of these, 38 were among residents of New York City, while the others occurred in surrounding areas. There have been 5 deaths among older adults.

Surveillance for human cases, mosquitos and birds is ongoing, in close collaboration with the US Centers for Disease Control and Prevention (CDC) and health authorities in New York state. Laboratory-positive cases have also been reported in Nassau and Westchester counties and West Nile-like virus has been isolated from mosquitos and dead crows in southern Connecticut.

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Contributions

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