



International Health Surveillance Division  
(IHS)

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Department of Health  
Bureau of Quarantine  
International Health Surveillance Division  
Quarantine Services and International Health Surveillance System (QSIHSS)

## Health Information Update

Source: WHO, Event Information Site for IHR National Focal

Event Updates: **21 May 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-05-19	Democratic Republic of the Congo, (the)	Infectious	Ebola Virus Disease	<p>On 3 May 2018, the Provincial Health Division of Equateur reported to the Ministry of Health 21 cases of fever with haemorrhagic signs and 17 community deaths in the health area (HA) of Ikoko Impenge located in the health zone (HZ) of Bikoro 125 km south of Mbandaka, capital of the province of Equateur in western Democratic Republic of the Congo. A rapid investigation team composed of members of the Ministry of Health, MSF and WHO visited the Bikoro HZ from 5 to 6 May 2018. The team found 5 active cases, two of which were hospitalized in Bikoro General Referral Hospital (GRH) and three in Ikoko Impenge health center (HC). Five samples were taken from these suspected active cases and sent for analysis to the National Institute of Biological Research (INRB) in Kinshasa on 6 May 2018. Of the five samples analyzed, two were positive for Ebola virus serotype Zaire by RT-PCR. On May 11, two suspected cases were reported from Wangata HZ, located in the urban area of Mbandaka city. One of these cases tested positive by RT-PCR for Ebola virus on 15 May 2018.</p> <p>From <b>4 April through 15 May 2018, a total of 44 Ebola virus disease (EVD) cases have been reported. Of these, three are confirmed, 20 are probable and 21 are suspect cases, including 23 deaths.</b> The total number includes three health care workers. Cases were reported from three health zones including Bikoro, Iboko and Wangata, located in Equateur Province, Bikoro HZ reported 35 cases (2 confirmed, 18 probable and 15 suspected cases), Iboko HZ reported 5 cases (2 probable and 3 suspect cases) and Wangata HZ reported 4 cases (1 confirmed and 3 suspect cases). As of 15 May, 527 contacts have been identified and are being followed and fifteen active cases were hospitalized (11 at Bikoro GRH and 4 at Wangata GRH). Wangata HZ is adjacent to the provincial port city of Mbandaka, a large urban centre. Two cases in Wangata have an epidemiological link with a probable case in Bikoro in April. Response teams on the ground are in the process of verifying information on reported cases.</p> <p>The date of onset of symptoms of the first case in this cluster is currently unknown. Demographic information and information on possible links between the various suspected, probable and confirmed cases are limited.</p>	Public Health Risk (PHR) *



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				<p>Information about the extent of the outbreak is still limited and investigations are ongoing. Currently, WHO considers the public health risk to be very high at the national level due to the serious nature of the disease, insufficient epidemiological information and the delay in the detection of initial cases, making it difficult to assess the magnitude and geographical extent of the outbreak. The confirmed case in Mbandaka, a large urban centre located on major national and international river, road and air transport axes increases the risk both of local propagation and further spread within DRC and to neighbouring countries. The risk at the regional level is therefore considered high. At the global level, the risk is currently considered low. As further information becomes available, the risk assessment will be reviewed.</p> <p>Based on the current situation and information available, the WHO Director-General has decided to convene an Emergency Committee under the IHR (2005) to provide advice on whether the current outbreak constitutes a public health event of international concern. The IHR Emergency Committee will meet on Friday 18 May.</p>	
2018-05-16	Japan	Infectious	Measles	<p>On 23 March 2018, the Ministry of Health, Labour and Welfare, Japan was informed regarding a laboratory confirmed measles case in a traveller coming from Taiwan, China (index case). The index case reported travel history across Okinawa Prefecture during the infectious period. As of 14 May, 98 confirmed measles cases (including the index case) have been reported in Okinawa Prefecture.</p> <p>In addition, as of 6 May, seventeen (17) confirmed measles cases have been reported in Aichi Prefecture. There is an epidemiological link with an adolescent male with a travel history to Okinawa Prefecture during the period from 28 March to 2 April and potential relation to health care facility attendance.</p> <p>To date, a total of 115 cases have been reported in Okinawa and Aichi prefectures; no fatal cases have been reported. The continued spread of measles within and outside the prefecture is of ongoing concern although newly confirmed case number in Okinawa in May is decreasing.</p> <p>On March 2015, Japan was verified as having achieved measles elimination (defined as interruption of endemic measles virus transmission for at least 36 months). Nevertheless, outbreaks caused by imported cases from other regions may occur sporadically. The risk of a large measles outbreak in Japan is low due to the control measures put in place and sensitive surveillance to detect cases</p>	Public Health Risk (PHR) *



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				<p>promptly. However, the possibility of exported cases cannot be fully ruled out because of the high volume of international travellers.</p> <p>In light of continuous reports of imported measles cases from other regions WHO urges all Member States to:</p> <ul style="list-style-type: none"> <li>• Vaccinate to maintain homogeneous coverage of 95% with the first and second doses of measles, mumps, rubella (MMR) vaccine in all municipalities.</li> <li>• Vaccinate at-risk populations (without proof of vaccination or immunity against measles and rubella), such as health workers, people working in tourism and transportation (hotel and catering, airports, taxi drivers, etc.), and international travellers.</li> <li>• Maintain a reserve of measles-rubella (MR) vaccine and syringes for control of imported cases in each country in the Region.</li> <li>• Strengthen epidemiological surveillance of measles for timely detection of all suspected cases of measles in public and private healthcare facilities and ensure that samples are received by laboratories within five days of being taken.</li> <li>• Provide a rapid response to imported measles cases through the activation of rapid response teams to prevent the re-establishment of endemic transmission.</li> </ul>	
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\* A **public health risk** is something that is (or is likely to be) hazardous to human **health** or could contribute to a disease or an infectious condition in humans.

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