



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

Health Information Update

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Event Updates: **14 July 2018**

International Health Surveillance Division (IHS)

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Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-07-14	United States of America (the)	Infectious	Influenza due to identified avian or animal influenza virus	<p>On 30 June, the United States IHR National Focal Point (NFP) informed PAHO/WHO of a human infection with influenza A(H3N2) variant virus (A[H3N2]v). According to the report, on 18 June 2018, a child < 12 years old, with no underlying medical conditions, developed an influenza-like illness in the state of Indiana. On June 20, the patient sought medical care from a health care provider and a respiratory specimen was collected for influenza testing. A rapid influenza diagnostic test used at the hospital laboratory was positive for an influenza A virus. An additional respiratory specimen was collected at the local health department on 22 June 2018 and forwarded to the Indiana State Department of Health Public Health Laboratory on 25 June. Real time reverse transcription PCR (rRT-PCR) testing conducted at the state public health laboratory on 27 June was presumptive positive for influenza A(H3N2)v virus. The specimen was forwarded to the U.S. Centers for Disease Control and Prevention (CDC) on 28 June; CDC diagnostic rRT-PCR testing confirmed an influenza A(H3N2)v on 29 June. The patient was not hospitalized and fully recovered from their illness. Indirect swine exposure at an agricultural fair was reported in the week preceding illness onset. Genetic sequencing of the virus is in progress at the U.S. CDC.</p> <p>Swine influenza viruses circulate in swine populations in many regions of the world. Depending on geographic location, the genetic characteristics of these viruses differ. Most human cases are the result of exposure to the swine influenza viruses through contact with infected swine or contaminated environments. Because these viruses continue to be detected in swine populations around the world, further human cases can be expected. Since 2005, a total of 469 variant influenza virus infections have been identified in the United States. There has been some limited, non-sustained human-to-human transmission of variant influenza viruses, but no ongoing community transmission has been identified. <i>Current evidence suggests that these viruses have not acquired the ability of sustained transmission among humans, thus the likelihood is low.</i></p> <p>Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further community level spread is considered unlikely as this virus has not acquired the ability to transmit easily among humans.</p>	Public Health Risk
2018-07-14	Uganda	Infectious	Rift Valley Fever	<p>On 29 June 2018, the Uganda Ministry of Health notified WHO of confirmed cases of Rift Valley fever (RVF) in Kasese and Isingiro District, in the south-west sub-region of the country. As of 9 July 2018, a total of four confirmed cases and two deaths had been reported from three different districts in the country (CFR: 50%). These include Isingiro (2 cases including 1 death), Ibanda (1 case) and Kasese (1 case including 1 death). Two case-patients are admitted at Mbarara RRH.</p>	Public Health Risk

* 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.

				<p>Case 1: 25 June 2018, the index case, a 35-year-old male herdsmen from Kabale Village in Isingiro district, developed several symptoms which included fever, headache, anorexia and epistaxis. The case was initially taken via a hired motorcycle to the nearest health center at Rwekubo on the same night. Due to the severity of his condition, he was immediately referred to Mbarara hospital for further management. The case was isolated, a sample was collected and sent to the Uganda Virus Research Institute (UVRI) for suspected viral haemorrhagic fever (VHF). On 28 June, the sample was confirmed positive for RVF by Polymerase Chain reaction (PCR). The case eventually died on 30 June.</p> <p>Case 2: On the 27 June, UVRI received a second sample from a 47-year-old butcher, resident of Kanyatsi Village in Kasese district. He developed a fever and headache on 20 June 2018 and self-administrated antimalarial. On the evening of 21 June 2018, he was found dead in his house with blood oozing from body orifices such as the nose. The case was initially suspected as anthrax due to history of handling meat from dead cattle brought to Kasese from Kiruhura. The nasal swab that was collected and sent to UVRI was confirmed positive for RVF virus by RT-PCR after further suspicion of VHF.</p> <p>Case 3: A 25 years old Male from Ibanda was admitted on 29 June to Mbarara RR Hospital as a self-referral from Ibanda. The main symptoms were vomiting blood, severe body weakness, and headache and had renal failure. On 5 July 2018, UVRI confirmed RVF in a sample collected from this patient by RT-PCR. The case is still alive and admitted at Mbarara RRH</p> <p>Case 4: A 35 years old male from Nakivale Refugees settlement in Isingiro district and originally from Democratic Republic of the Congo reported rapid onset of high grade fever on 3 July 2018. The symptoms presented following consumption of meat he had bought from the market in the Refugee Settlement. The case self-reported to Nakivale HC III on 5 July 2018 and was immediately referred to Mbarara RRH on the same day. He was presenting with bleeding from the gums, passing blood stained diarrhea, nose bleeding, was passing blood stained urine and had generalised thrombocytopenia. A sample was sent to UVRI and on 6 July 2018, he tested positive for RVF and negative for Ebola, Marburg, CCHF, and SoSuga viruses.</p> <p>Indications from the dynamic climate models carried by FAO in 2017, indicated that another RVF outbreak might occur again due to predisposing environmental factors, high livestock densities and animal mobility. The rainy season, flooding and confirmed outbreaks in neighboring Kenya, Rwanda and South Sudan all increase the risk of RVF transmission in Uganda. The affected districts are located in the cattle corridor and uncontrolled movement of livestock can propagate the risk of spread of the disease to new areas. The RVF epizootic cause agricultural impact and economic losses to communities due to high mortality and abortion rates among infected livestock, public trust in safety of animal products (milk, meat) or bans of movement that might be put in place to control this outbreak. There is need to strengthen the multisectoral One Health approach to prevent, detect and respond to RVF outbreak in Uganda and its neighbouring countries.</p> <p><i>WHO advises against the application of any travel or trade restrictions on Uganda or the affected area based on the current information available on this event.</i></p>
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