

Health Information Update

Source: WHO, Event Information Site for IHR National Focal

Event Updates: 30 January 2019 to 01 February 2019

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2019-02-01	Burundi	Infectious	Cholera	<p>On 28 December 2018, the Ministry of Public Health and the Fight Against AIDS of Burundi notified WHO of a new cholera outbreak in Rumonge District located on the shores of Lake Tanganyika in southwestern Burundi. An outbreak was officially declared by the Minister of Health on the same day. The first case had an onset of symptoms on 22 December 2018. The number of cases increased rapidly to more than 25 per day on 27-28 December and has been decreasing since then. Currently, only sporadic cases are being reported. As of 31 January 2019, a total of 149 cholera cases including 1 death have been reported from Rumonge District. Four communes are currently affected: The majority of cases were reported from Rumonge (145), followed by the commune of Burambi (2), and Buyengero and Vyanda communes reported one case each. The most affected age group is adults older than 15 years. Results for the water samples taken from Lake Tanganyika were positive for <i>Vibrio cholerae</i>. The water from the lake has been identified as the source of the outbreak. Additionally, between 9 and 31 January, 19 cases have been reported from Bujumbura including one death. Six cases in Bujumbura were members of the same family, and no link was established with the outbreak in Rumonge. The samples taken from various tap water sources tested positive for fecal coliforms and <i>Vibrio cholerae</i>. Heavy rains in the past 2 weeks have displaced over 100 families and have increased the risk of cholera spreading in Bujumbura. In total, 19 cases were confirmed for <i>Vibrio cholerae</i> by culture in the national reference laboratory, including six cases from Rumonge and 13 from Bujumbura.</p> <p>Even though the main rain season has not yet started, several torrential rains since the beginning of December have resulted in floods in the coastal areas of Lake Tanganyika causing overflows of latrines, septic tanks and sewers. Though the trend is declining in Rumonge district, further cases can be expected given the lack of access to safe drinking water. Although the majority of cases have been reported from one district, the population is mobile both within Burundi and between Burundi and neighbouring countries. A cluster of cases was also reported from Bujumbura, the largest city and the main port of Burundi.</p>	To be assigned

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				<p>Further assessments of the situation are ongoing. <i>The main rainy season that usually starts in February may aggravate the situation.</i></p> <p>WHO recommends proper and timely case management in Cholera Treatment Centers. Improving access to safe drinking water and sanitation infrastructure, as well as improving hygiene practices and food safety in affected communities are the most effective means of controlling cholera. Key public health communication messages should be provided.</p> <p>WHO does not recommend any travel or trade restriction to Burundi based on the currently available information.</p>	
2019-01-31	Papua New Guinea	Infectious	Poliomyelitis, Acute Paralytic Vaccine Associated	<p>On 21 May 2018, the index case of circulating vaccine derived poliovirus type 1 (VDPV1) was identified in Lae city, Morobe province, Papua New Guinea. On 26 June 2018 a formal declaration of an outbreak was made by the MoH, following the laboratory confirmation of VDPV1 isolation in two healthy community contacts of the index case. Since the announcement of the outbreak, a total of 26 laboratory confirmed cVDPV1 cases were reported from nine (9) provinces including eight (8) positive cases from close contacts in four (4) provinces. The confirmed cVDPV1 cases reported in these provinces includes: Eastern Highlands (6), Enga (5), East Sepik (4), Madang (3), Morobe (3), and Jiwaka (2) while Gulf, Southern Highlands and National Capital District (NCD) have reported 1 case. The most recent case was confirmed on 7 December 2018 with onset of symptom 18 October 2018. Environmental surveillance was instituted to complement active AFP case search through which cVDPV1 were isolated from environment samples from three (3) sites in nation's capital city/Port Moresby. The latest environmental sample was collected on 7 November 2018. The environmental surveillance is ongoing and it's conducted bimonthly in two cities: Port Moresby and Lae.</p> <p>The official launch of the (cVDPV1) outbreak response marked subsequent interventions: five (5) rounds of Supplementary Immunisation Activities (SIA) from July to December 2018 and strengthening of AFP surveillance through deployment of WHO and UNICEF consultants to provide technical support during pre-campaign preparations and implementation in order to ensure high quality SIAs and heighten AFP case detection. The first round SIA was conducted in three (3) high-risk provinces while the second round SIA was carried out in nine (9) provinces. The third and fourth rounds were National Immunisation Days (NID1 and NID2</p>	Public Health Risk (PHR)



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				<p>respectively) targeted children less than fifteen (15) years. The fourth round (NID 2) was conducted from 29th October to 18th November, 2018. This is an integrated campaign; polio and vitamin A with a national coverage of 97%. Also, static clinics were conducted concurrently to improve low routine immunization coverage. The fifth round polio campaign was a sub-national exercise, conducted in four (4) priority provinces (NCD, part of Central, Enga and Angoram district in East Sepik province). Additional NIDs are planned in February and April 2019 plus Measles and Rubella integrated campaign in June.</p> <p>Acute flaccid paralysis (AFP) surveillance continues to be enhanced and all provinces are now reporting cases of suspected AFP. Due to geographical demarcation, Papua New Guinea shared borders with Papua Province of Indonesia. In order to strengthen collaboration between the countries, cross-border surveillance has been discussed and cross border sharing of AFP surveillance data has started. Papua Province in Indonesia has implemented SIA as well and strengthened the surveillance. One VDPV case were confirmed in the province but it found there is not genetic connection between it and the cases found in Papua New Guinea. WHO is working with partners to support the Government of Papua New Guinea to undertake appropriate outbreak response measures in accordance with the requirements under the temporary recommendations of the IHR Emergency Committee Regarding the International Spread of Poliovirus and standard operating procedures of the Global Polio Eradication Initiative.</p> <p>On 5th May 2014, the Director-General of WHO declared the international spread of poliovirus as a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations [IHR 2005], issued Temporary Recommendations to reduce the international spread of poliovirus, and requested a reassessment of this situation by the Emergency Committee every 3 months. Circulating VDPVs are rare but well-documented strains of poliovirus that can emerge in some populations which are inadequately immunized. A robust outbreak response can rapidly stop such events. PNG have already conducted 5 SIA rounds in 2018. However, there is need for additional SIAs/ NIDs to augment population immunity status in areas of low-coverage, and to strengthen the weak routine immunization programmes. The risk of further spread of cVDPV1 within the country remains a great concern due to poor routine immunization</p>	
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				<p>coverage. The emergence of cVDPV strains underscores the importance of maintaining high levels of routine immunization coverage and effective surveillance systems for early detection.</p> <p>WHO assesses the overall risk to be high at national, moderate at regional and low at the global levels.</p> <p>WHO emphasizes the need for full implementation of outbreak response measures of the internationally-agreed standard and the organization (WHO) will continue to evaluate the epidemiological situation and outbreak response measures being implemented. It is important that all countries, particularly, those with frequent travel and contact with polio-affected countries and areas to strengthen surveillance for AFP cases in order to rapidly detect any new virus importation and to facilitate a rapid response. Countries, territories and areas should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.</p> <p><u>WHO's International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of bivalent oral poliovirus (bOPV) or inactivated polio vaccine (IPV) between 4 weeks and 12 months prior to international travel. Travellers should be provided with a written record of such vaccination, preferably using the International Certificate of Vaccination or Prophylaxis. Some polio-free countries may require travellers who are resident in polio affected countries to be immunized against polio in order to obtain an entry visa.</u> The International Travel and Health country list provides a summary of country's requirements for incoming travellers.</p>	
2019-01-30	Sweden	Infectious	Influenza due to identified human influenza virus (A/H1N1 and A/H3N2)	<p>On 26 December 2018 a sample was collected from a patient because of suspicion of pneumonia. The patient had been referred to an emergency department from primary care and was hospitalized. The sample was sent on to the National Influenza Centre as part of routine influenza surveillance in Sweden and sequenced upon request from the regional laboratory because of difficulties confirming subtype in one real-time PCR assay. The patient was over 65 years of age, belonged to a medical risk group, had not received a seasonal influenza vaccine, and had no international travel before the onset of symptoms. The patient has now recovered.</p>	To be assigned



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				<p>Genetic analysis so far showed that the HA and NA of the reassortant are closely related to the current circulating seasonal A(H1N1)pdm09 and A(H3N2) viruses respectively. Genetic sequence data are available in GISAID under virus designation A/Ystad/1/2018 (EPI_ISL_336041). Antigenic analysis is ongoing in the WHO Collaborating Centre in London of GISRS.</p> <p>Since no influenza outbreaks have been reported in connection to this case and the patient has now fully recovered, no further public health measures are planned in Sweden.</p> <p>Based on available information at the time of this risk assessment, <i>WHO assesses the risk posed by this virus to be comparable to the risk posed by the currently circulating seasonal influenza viruses, as all the genes of this reassortant virus originate from circulating seasonal viruses.</i> The virus has not been detected beyond this one person and current seasonal flu vaccines would likely offer protection against this virus. Further characterization of the seasonal reassortant A(H1N2) influenza virus is currently ongoing.</p> <p>All human infections caused by a new influenza subtype are required to be reported under the International Health Regulations (IHR, 2005). This includes all influenza viruses that have not circulated in humans for at least several decades and to which the great majority of the human population, therefore, lacks immunity. This is not the case concerning this particular seasonal reassortant A(H1N2) influenza virus, as all its genes originate from circulating seasonal viruses. However, in the interest of pandemic influenza preparedness, countries are encouraged to report anomalous influenza viruses, as in this instance, both through IHR and influenza networks.</p> <p>This case does not change the current WHO recommendations on public health measures and surveillance of seasonal influenza.</p>
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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.