Meningococcal disease in Ethiopia

An outbreak of meningococcal meningitis has been reported, affecting two neighbouring districts of Ethiopia: Kobo District of Amhara Region and Alamata District of the Tigray Region. Between 30 January and 12 March 2000, 81 cases and 3 deaths were reported from Kobo District, and cerebrospinal fluid (CSF) examinations of 21 specimens yielded Neisseria meningitidis. The number of cases peaked between 14 and 20 February and is reported to have declined to low levels by 12 March. During a vaccination campaign running from the 14 to 27 February, 36,344 people were vaccinated. Between 7 February and 9 March 2000, 48 cases and 6 deaths were reported from the Alamata District. In this district, 35,132 people have received vaccination.

Viral haemorrhagic fever/Marburg in Democratic Republic of Congo

On 13 March WHO received notifications of possible Marburg haemorrhagic fever in 8 persons from Durba, Province Orientale, Democratic Republic of Congo (DRC). Clinical samples from 6 patients have been sent to the National Institute for Virology (NIV), South Africa, and so far 3 have been confirmed positive by virological tests. Initial tests on the other samples were negative, but other tests are still in progress. The availability of samples from the other cases is not known at this time.

Since November 1999, there have been 30 notifications of possible Marburg disease from the vicinity of Durba. Twelve of these were negative after extensive laboratory tests, leaving a current total of 18 cases; 11 of which are confirmed, and 7 of which are currently classified as suspect cases because: no sample was available (2), the status of samples is unknown (2), or results are pending (3). Illness has proved fatal in 8 confirmed cases and in 4 suspect cases. Dates of illness onset for the 30 notifications range from 9 November 1999 to 7 March 2000. Disease onset dates for confirmed cases range from 8 January to 24 February 2000. The confirmed cases worked as gold miners (6), housewives (3), a farmer and a nurse.

Disease activity is clearly still continuing in the area and appears to be linked to the gold mine in Durba. Surveillance is continuing, but the security situation in the area and poor communications and transport mean that information is only available intermittently. The situation is being closely monitored by the WHO country offices in Kinshasa and Kampala, the WHO African Regional Office in Harare and WHO Headquarters in Geneva.