

Current major events

An Outbreak of Rift Valley Fever in Sudan

During the period between 15 September 2007 till 15 January 2008, a total of 688 human cases of Rift Valley Fever (RVF) were reported from six states in the Sudan (White Nile, Gezira, Sinnar, Khartoum, River Nile and Kassala), including 222 deaths (CFR of 32.1%). Gezira State, which is known to have rich irrigation system and high mosquito density, reported more than 60% of cases.

The outbreak was first reported from White Nile State, among semi-nomadic population then expanded to other states. In response to this outbreak, a joint team of Ministry of Health, Ministry of Animal Resources and Fisheries

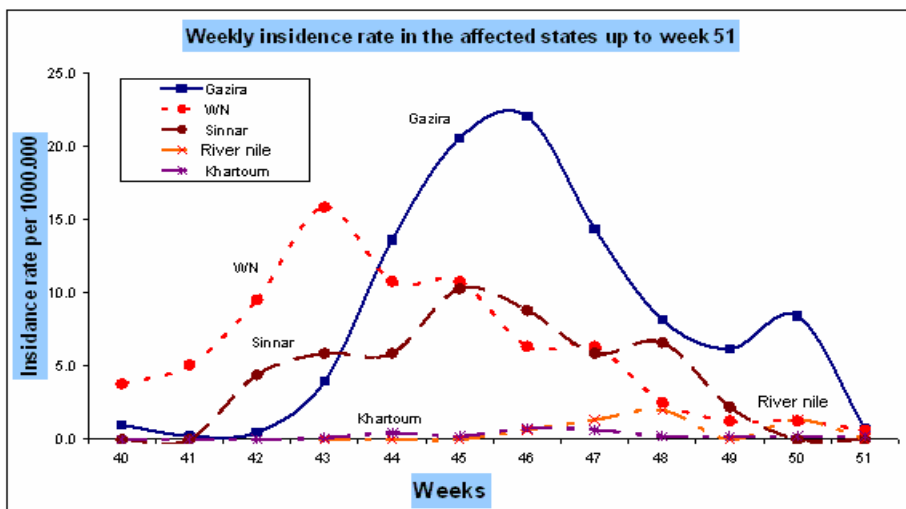
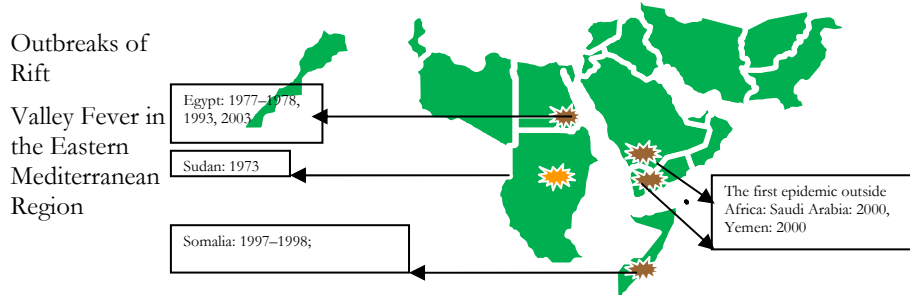
Editorial note

Human infections with RVF virus could occur through the handling of animal tissue during slaughtering or butchering, assisting with animal births, conducting veterinary procedures, or from the disposal of carcasses or fetuses. Certain occupational groups such as herders, farmers, slaughterhouse workers and veterinarians are therefore at higher risk of infection. Human infections have also resulted from the bites of infected mosquitoes, most commonly the *Aedes* mosquito. The aerosol mode of transmission has also led to infection in laboratory workers. There is some evidence that humans may also become infected with

(MARF), WHO and FAO investigated the outbreak; appropriate preventive and control measures were instituted. Newly reported cases presented with ocular manifestation, a typical late-occurring feature of RVF infection. While active surveillance continues in all affected states, other than Gezira, no new cases have been reported since 5 January 2008.

RVF by ingesting the unpasteurized or uncooked milk of infected animals. Transmission of RVF virus by hematophagous (blood-feeding) flies is also possible. To date, no human-to-human transmission of RVF has been documented, and no transmission of RVF to health care workers has been reported when standard infection control precautions have been put in place.

Ministry of Health, Sudan demonstrated great transparency throughout this outbreak. However, the outbreak continued for relatively a long period, partially because of inadequate collaboration with other health related authorities.



Update on outbreaks

in the Eastern Mediterranean Region

Avian Influenza: Egypt: No new cases in humans; Iran (outbreak among poultry); **Anthrax:** Afghanistan (to be verified); **Mysterious disease,** Somalia (to be investigated) **Rift Valley Fever** (Sudan); **Cholera** (Iraq: featuring next issue)

Current public health emergencies of international concern

[cumulative N° of cases/deaths, CFR %]

Avian influenza

Egypt	[43/19, 44.2%]
Indonesia	[118/95, 80.5%]

Cholera

D.R. Congo	[221/3, 1.4%]*
Nigeria	[36/12, 33.3%]*
Laos	[245/3, 1.2%]

Ebola

Uganda	[149/37, 24.8%]
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Meningitis

Uganda	[111/19, 17.1%]
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Rift Valley Hemorrhagic Fever

Sudan	[688/222, 32.1%]
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Yellow Fever

Brazil	[10/7, 70.0%]
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(* = Unofficial figures)
CFR = Case-Fatality Rate