Meningitis Kills Over 1100 West Africans: WHO

27 March 2009 (Reuters Health [Laura MacInnis])—One-third of the world’s stockpiled meningitis vaccine doses have been dispatched to West Africa where an outbreak has killed more than 1100 people since January, the World Health Organization (WHO) said.

Infection rates in Africa tend to rise during the dry and hot period from January to May.

So far this year, the WHO said nearly 25,000 suspect cases have been reported across the “meningitis belt” that stretches from Senegal to Ethiopia, with 85% of those concentrated in Niger and Nigeria. WHO says 300 million people in that area are at risk of the disease every year.

“The current epidemic is the biggest these countries have faced in the past 5 years,” said Fadela Chaib, a spokeswoman for the United Nations agency.

In response, more than 4 million meningitis vaccine doses—one-third of the world’s emergency stockpile of 13 million doses—have been released to boost immunity levels in those 2 countries, she told a news briefing in Geneva.

“We will need a large amount of vaccines,” Chaib said. “The stockpile of vaccines is a limited one.”

The largest recorded meningitis outbreak in the African high-risk zone, where like polio the disease is endemic, occurred in 1996–1997 when an estimated 100,000 people were infected in Nigeria and 50,000 in Niger.

“During the dry season...because of dust winds and upper respiratory tract infections due to cold nights, the local immunity of the pharynx is diminished, increasing the risk of meningitis,” a WHO factsheet said. Population movements to pilgrimages and large markets also contribute to epidemics.

WHO Takes Aim at Rabies with New Project

16 March 2009 (Reuters Health [Michael Kahn])—Immunizing dogs rather than producing more vaccines to treat people with rabies is the best way to tackle the disease that kills a person every 10 minutes, mainly in the developing world, experts say.

A new program backed by the World Health Organization (WHO) and the Bill and Melinda Gates Foundation will test whether this approach helps eliminate the deadly virus in the Philippines, South Africa, and Tanzania, said WHO researcher Francois Meslin.

Researchers will work with public health officials and local veterinarians to round up strays and vaccinate them against rabies over 5 years. The goal is to vaccinate about 70% of the dog population, both strays and domestic pets.

“The simple and most cost-effective way is immunizing dogs, which are responsible for almost all cases of human rabies,” Meslin told Reuters in a telephone interview.

“It is far less expensive than to keep on providing for human vaccines for all people exposed to dog bites in countries where dog rabies exist.”

According to the WHO, more than 55,000 people die of rabies each year, and the problem is endemic in 132 countries that are often increasing in number and not often controlled very well.”

The Philippines, South Africa, and Tanzania were chosen because health officials there have shown a willingness to work with others to attack the problem, Meslin said.

Findings from a Canadian research team published recently in the Public Library of Science Journal PLoS Biology bolstered the idea that focusing on pet dogs was the right approach.

Jonathan Dushoff of McMaster University and colleagues ran a computer model based on data from outbreaks in 2 districts in Tanzania that showed a surprisingly low level of transmission from dog to dog.

This suggests concerted efforts focused on immunizing even just pets could theoretically wipe out the disease, they said.

Painful Sexual Intercourse Seen with Ciguatera Fish Poisoning

26 March 2009 (Reuters Health)—Public health investigators have described a cluster of ciguatera fish poisoning (CFP) cases in which the main symptoms included painful sexual intercourse.

CFP occurs following consumption of predatory ocean fish contaminated with ciguatoxins, the investigators note in the Morbidity and Mortality Weekly Report for 27 March. Up to 50,000 cases of CFP occur each year, and the problem is endemic in tropical and subtropical areas of the Indian Ocean, Caribbean, and Pacific basin.

Acute symptoms of CFP typically include gastrointestinal symptoms, such as nausea, vomiting, abdominal cramps, or diarrhea. Neurologic symptoms, however, may also be present and include reversal of hot and cold sensation, fatigue, muscle pain, itching, and tingling.
In 2007, a cluster of 9 cases of CFP occurred in North Carolina, lead investigator Dr. R. Langley, from the North Carolina Department of Health and Human Services, and colleagues note. Six of the patients had reversal of hot and cold sensation, 5 had only neurologic symptoms, and 3 patients had symptoms that lasted for over 6 months.

Of the 7 patients who were sexually active, 6 complained of painful sexual intercourse, the report indicates.

The 2 men in this group described painful ejaculation, and the 4 women reported "a burning sensation during intercourse and 15 minutes to 3 hours after intercourse." One of the men reported that the effect lasted for a week, and 2 of the women said they were affected for a month.

The investigation revealed that all of the patients had consumed contaminated amberjack, which had been sent to a local fish market by a distributor in Atlanta.

As CFP "becomes more common in nontropical areas of the world, clinicians need to be aware of its manifestations and how to manage it," according to the report. Intravenous mannitol has been used for many years to manage the neurologic symptoms. There is also evidence that amitriptyline is useful in this regard.


Editor’s comment. The ciguatoxin is heat stable, so cooking gives no protection. Chalk one up for the strict vegetarians. (D.K.)

**Drug-Resistant Tuberculosis Is a “Time Bomb”: WHO**

1 April 2009 (Reuters Health [Lucy Hornby and Ben Blanchard])—Health officials gathered in Beijing warned against deadly drug-resistant strains of tuberculosis, which are spreading fastest in developing countries that lack the infrastructure to tackle the disease.

Over half of new cases of tuberculosis that are resistant to multiple drugs are resistant right from the start, and not as a direct result of substandard treatment, the head of the World Health Organization (WHO) warned.

“This is the true alarm bell. This tells us that resistant strains are now circulating in the general population, spreading widely and largely silently in a growing pool of latent infection," director-general Margaret Chan said.

“Obviously this is a situation set to spiral out of control. Call it what you want, a time bomb or a powder keg, any way you look at it this is a potentially explosive situation.”

According to the WHO, of 9 million new TB cases annually, about 490,000 are multiple-drug resistant TB (MDR-TB) and about 40,000 are extensively drug resistant (XDR-TB) based on 2006 data. People with XDR-TB, which has cropped up in 55 countries, have few treatment options and death rates are high.

The spread of those strains could compromise the global fight against tuberculosis, which relies on drugs developed decades ago.

China ranks second among countries with high rates of MDR-TB, just after India. If not cured, patients can infect 10 to 15 people a year, according to the WHO.

Health officials from 27 countries with high MDR-TB rates gathered in Beijing to work out new strategies. Their nations account for about 85% of all cases.

Many people aren’t being detected, and fewer than 3% worldwide are being treated according to WHO recommendations.

While tuberculosis is largely under control in developed countries, it still haunts the poor in developing countries.

Experts fear the rise of drug resistant strains will complicate the fight against the contagious lung disease, since the drugs needed to fight the tougher strains are far more expensive and unpleasant.

“China provides free treatment to tuberculosis patients, but to date there has not been free treatment for Chinese patients with MDR,” said Chu Naihui, a senior doctor at the Beijing Chest Hospital, at a break between meetings with out-patients.

The side effects and the hassle of taking 15 to 20 pills a day for 6 months meant many patients stopped taking medicines as soon as they felt better, contributing to the development of drug resistance.

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