



# UN Medical Services Division: Recent Outbreak Alerts

As of 26 April 2017

## HUMAN INFECTION WITH AVIAN INFLUENZA (H7N9)

### China

#### **Situation Update**

Avian influenza A(H7N9) is a subtype of influenza viruses that have been detected in birds in the past. This particular A (H7N9) virus had not been previously seen in either animals or people until it was found in March 2013 in China. Since then, infections in both humans and birds have been observed. Recently, between March and April, the National Health and Family Planning Commission of China (NHFPC) notified WHO of multiple laboratory-confirmed cases (including deaths) of human infection with avian influenza A(H7N9) virus in mainland China.

Most human cases are exposed to avian influenza A(H7N9) virus through contact with infected poultry or contaminated environments, including live poultry markets. Since the virus continues to be detected in animals and environments, and live poultry vending continues, further human cases can be expected. Although small clusters of cases of human infection with avian influenza A(H7N9) virus have been reported including those involving patients in the same ward, current epidemiological and virological evidence suggests that this virus has not acquired the ability of sustained transmission among humans. Therefore the likelihood of further community level spread is considered low.

To date, a total of 1393 laboratory-confirmed human infections with avian influenza A(H7N9) virus have been reported through WHO's IHR notification since early 2013.

#### **Advice to UN Health Facilities**

UN personnel travelling to countries with known outbreaks of avian influenza should avoid, if possible, poultry farms, contact with animals in live poultry markets, entering areas where poultry may be slaughtered, or contact with any surfaces that appear to be contaminated with faeces from poultry or other animals. Travellers should further be advised to wash their hands often with soap and water, and follow good food safety and good food hygiene practices.

#### **References**

<http://www.who.int/csr/don/05-april-2017-ah7n9-china/en/>  
<http://www.who.int/csr/don/18-april-2017-ah7n9-china/en/>  
<http://www.who.int/csr/don/20-april-2017-ah7n9-china/en/>

## MIDDLE EAST RESPIRATORY SYNDROME (MERS-CoV)

### Saudi Arabia, Qatar, United Arab Emirates

#### **Situation Update**

Cases of MERS-CoV have been identified in multiple countries in the Arabian Peninsula, including recently in Saudi Arabia, Qatar and the United Arab Emirates (UAE). Globally, since September 2012, 1938 laboratory-confirmed cases of infection with MERS-CoV including at least 691 related deaths have been reported to WHO.

#### **Advice to UN Health Facilities**

MERS-CoV causes severe human infections resulting in high mortality and has demonstrated the ability to transmit between humans. So far, the observed human-to-human transmission has occurred mainly in health care settings.

Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in health care facilities. As the early symptoms of MERS-CoV are non-specific, medical staff should always apply standard precautions consistently with all patients, regardless of their diagnosis.

Droplet precautions should be added to Standard Precautions when providing care to patients with symptoms of acute respiratory infection. Contact precautions and eye protection should be added when caring for probable or confirmed cases of MERS-CoV infection. Airborne precautions should be applied when performing aerosol-generating procedures

Until more is understood about MERS-CoV, people with diabetes, renal failure, chronic lung disease, and immunocompromised persons are considered to be a high risk of severe disease from MERS-CoV infection. Therefore, such individuals should avoid close contact with animals, particularly camels, when visiting farms, markets, or barn areas where the virus is known to be potentially circulating. General hygiene measure, such as regular hand washing before and after touching animals and avoiding contact with sick animals, should be adhered to. Food hygiene practices should be observed. People should avoid drinking raw camel milk or camel urine, or eating meat that has not been properly cooked.

#### **References**

<http://www.who.int/csr/don/03-april-2017-mers-saudi-arabia/en/>  
<http://www.who.int/csr/don/04-april-2017-mers-qatar/en/>  
<http://www.who.int/csr/don/24-april-2017-mers-uae/en/>



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## YELLOW FEVER

### Brazil, Colombia, Ecuador, Peru, the Plurinational State of Bolivia, and Suriname

#### **Situation Update**

Yellow fever remains a major public health threat in the Americas. Although vaccination coverage has improved in endemic areas, sporadic cases and outbreaks continue to occur. Brazil, Colombia, Ecuador, Peru, the Plurinational State of Bolivia, and Suriname have all recently reported suspected and confirmed yellow fever cases.

The Brazilian Ministry of Health has reported an ongoing outbreak of yellow fever. Since the beginning of the outbreak in December 2016 up to 20 April 2017, there were 2,900 cases of yellow fever reported (681 confirmed, 1,451 discarded, and 768 suspected under investigation), including 372 deaths (234 confirmed, 103 discarded, and 35 under investigation). The case fatality rate (CFR) is 34% among confirmed cases.

For a complete list of the areas in Brazil considered currently at risk for yellow fever transmission, please see:  
<http://reliefweb.int/sites/reliefweb.int/files/resources/2017-apr-25-phe-epi-update-yellow-fever.pdf>

Note that the determination of new areas considered to be at risk for yellow fever transmission is an ongoing process and travellers should always check the latest updates of risk areas before travel.

#### **Advice to UN Health Facilities**

All UN personnel travelling into Brazil and other countries/areas at risk for yellow fever should be advised to:

- 1) Receive vaccination against yellow fever at least 10 days prior to travel. [Note that, as per Annex 7 of the International Health Regulations (2005), a single dose of a yellow fever vaccine approved by WHO is sufficient to confer sustained immunity and life-long protection against yellow fever disease.] Because of a shortage of yellow fever vaccine, travelers may need to contact a yellow fever vaccine provider well in advance of travel.
- 2) Individuals with contraindications for yellow fever vaccine (pregnant or breastfeeding women, people with severe hypersensitivity to egg antigens, and severe immunodeficiency) or over 60 years of age should consult their health professional for advice.
- 3) Adopt measures to avoid mosquito bites.
- 4) Be aware of symptoms and signs of yellow fever, and be ready to seek care in case of symptoms and signs of yellow fever, while travelling and upon return from areas at risk for yellow fever transmission.

#### **References**

<http://www.who.int/csr/don/04-april-2017-yellow-fever-brazil/en/>  
<http://www.who.int/csr/disease/yellowfev/en/>  
<http://reliefweb.int/sites/reliefweb.int/files/resources/2017-apr-25-phe-epi-update-yellow-fever.pdf>

## ZIKA VIRUS

### For affected locations, please see <https://hr.un.org/page/zika-virus>

#### **Situation Update**

Zika virus disease is caused by the Zika virus, which is spread to people primarily through the bite of an infected mosquito (*Aedes aegypti* and *Aedes albopictus*). The virus can also be transmitted through sex. While most people who get infected have no symptoms, of those who do get ill, the most common symptoms are fever, rash, joint pain, and red eyes. The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon.

In early 2016, there was a rise in the spread of Zika virus in Brazil which was accompanied by an unprecedented rise in the number of children being born with microcephaly. In addition, several countries reported a steep increase in Guillain-Barre syndrome. Based on a systematic review of the scientific literature, WHO concluded that Zika virus infection during pregnancy is a cause of congenital brain abnormalities, including microcephaly, and that the Zika virus is a trigger of Guillain-Barre syndrome. Zika virus continues to spread geographically to areas where mosquitoes are present that can transmit the virus. Although a decline in cases of Zika virus infection has been reported in some countries, or in some parts of countries, WHO advises that vigilance needs to remain high.

For the latest WHO Situation Report released on 10 March 2017, please see  
<http://apps.who.int/iris/bitstream/10665/254714/1/zikasitrep10Mar17-eng.pdf?ua=1>

#### **Advice to UN Health Facilities**

The UN Medical Directors have recently updated its recommendations for UN personnel and dependents to reduce the risk of Zika exposure. This comprehensive set of recommendations is stratified by specific risk categories, including pregnant and non-pregnant UN personnel and dependents who reside in, or plan to travel into any areas with Zika virus transmission. This set of recommendations are available in English and French, and can be found at <https://hr.un.org/page/zika-virus>

#### **References**

<http://www.who.int/csr/disease/zika/en/>  
<http://apps.who.int/iris/bitstream/10665/254714/1/zikasitrep10Mar17-eng.pdf?ua=1>  
<http://www.who.int/csr/disease/zika/information-for-travelers/en/>  
<http://www.who.int/ith/updates/20170310/en/>  
<https://hr.un.org/page/zika-virus>