SARAWAK WEEKLY EPID NEWS

Sarawak Health Department WEEK 26 26th JUNE– 2nd JULY 2011

INFECTIOUS DISEASE/CRISIS HIGHLIGHTS IN SARAWAK

In Epid. Week 26, 2011 Sarawak Health Department have received seven reports of outbreak.

Three of the outbreaks involved schools (one primary and two secondary schools). Two food poisoning outbreaks reported, one each at SK Sg. Ladong, Sebuyau, Simunjan and SMK Tebedu, Serian. The contributing factor is similar which is related to improper food preparation, handling, and serving processes. At Limbang District, rubella outbreak among SMK Kubong boys was reported.

We are closely following the update of Hendra virus outbreak among horses in Australia at http://www.dpi.qld.gov.au. As at 4th July 2011, three horses has been put down after being confirmed positive for the virus. However, none of the people who came in contact with the sick horses contracted the deadly virus.

INSIDE

SARAWAK State Health Department
CPRC (CRISIS PREPAREDNESS AND RESPONSE CENTRE)
Communicable Disease Control Section, Sarawak Health Department
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2. NEW OUTBREAKS/CLUSTERS

No	Disease	District	Locality	Case (No)	Outbreak declared
1	Mushroom poisoning	Saratok	Rh. Untan, Sg. Sarang, Roban	4	28.06.2011
2	Food poisoning	Simunjan	SK Sg. Ladong, Sebuyau,	31	30.06.2011
3		Serian	SMK Tebedu	82	01.07.2011
4	Rubella*	Limbang	SMK Kubong	4	15.06.2011
5	Malaria	Marudi	Kg. Jambatan Sebatu	4 (*P.vivax*)	29.06.2011
6		Marudi	Long Sait	2 (*P.vivax*)	29.06.2011
7		Serian	Kg. Sepan	3 (*P.vivax*)	30.06.2011
8	Dengue	Samarahan	Kg. Suie	2	28.06.2011

* Late notification to CPRC, Sarawak Health Department

Seven outbreaks were reported in Epid. Week 26, 2011 to Sarawak Health Department.
*Rubella outbreak at SMK Kubong, Limbang was reported on 20th June 2011 (Epid. Week 25) to CPRC, Sarawak Health Department.

2.1. Preliminary Report of Mushroom Poisoning Oubreak at Rh Untan, Sg. Sarang, Roban, Saratok.

A mushroom poisoning outbreak involved four persons of an Iban family at Rh Untan, Sg. Sarang, Roban, Saratok was notified to Saratok District Health Office on 28th June 2011 at 11:00 AM. The cases between the ages of seven and 65 years old presented with vomiting (100%), headache (100%), and nausea (75%). All of them were treated and admitted at Hospital Saratok on 27th June 2011.

The investigation team managed to collect two samples of the wild mushroom from the same spot (see photos) and sent to Forest Department Sarawak on 3rd July 2011 for group level identification.

2.2. Preliminary Report of Food Poisoning Outbreak at SK Sg. Ladong, Sebuyau, Simunjan.

Simunjan District Health Office was notified of food poisoning outbreak among primary school students of SK Sg. Ladong, Sebuyau, Simunjan on 30th June 2011 at 10:15 AM. The total number of student exposed was 153 and the number of cases was 31. Therefore, the overall attack rate was 20.3%. The cases ages between seven and 13 years old and all of them presented with abdominal pain, diarrhoea, and vomiting. They received outpatient treatment at Health Clinic Sebangan and there was no admission.

The first onset was on 28th June 2011 at 5:30 PM. All of the cases are those under *Rancangan Makanan Tambahan* (RMT) programme. The menu was *nasi lemak*, sausage, *sambal belacan*, and syrup drink which was served at 10:00 AM on 28th June 2011. The food caterer that supplies food under RMT programme is also supplying food for another eight schools in Simunjan. The suspected aetiological agent is *E. coli*.

The foods were prepared at 1:00 AM on 28th June 2011, packed and sent to the school at 6:00 AM. Then, the food served to the students at 10:00 AM. The investigation team is still investigating to gather epidemiological data.

2.3. Preliminary Report of Food Poisoning Outbreak at SMK Tebedu, Serian.

Serian District Health Office was notified of food poisoning outbreak among students at SMK Tebedu Serian on 1st July 2011 at 10:45 AM. The total number of student exposed was 450 and most of them are borders (425). As at 3rd July 2011, the cases were 82 giving the overall attack rate as 18.2% and among borders, the AR was 19.3%. The cases were all borders and ages between 13 and 18 years old. Male to female ratio is 1:1. The clinical presentations were diarrhea (92.7%), abdominal pain (91.5%), nausea (19.5%), headache (18.3%), vomiting (8.5%), and fever (8.5%).

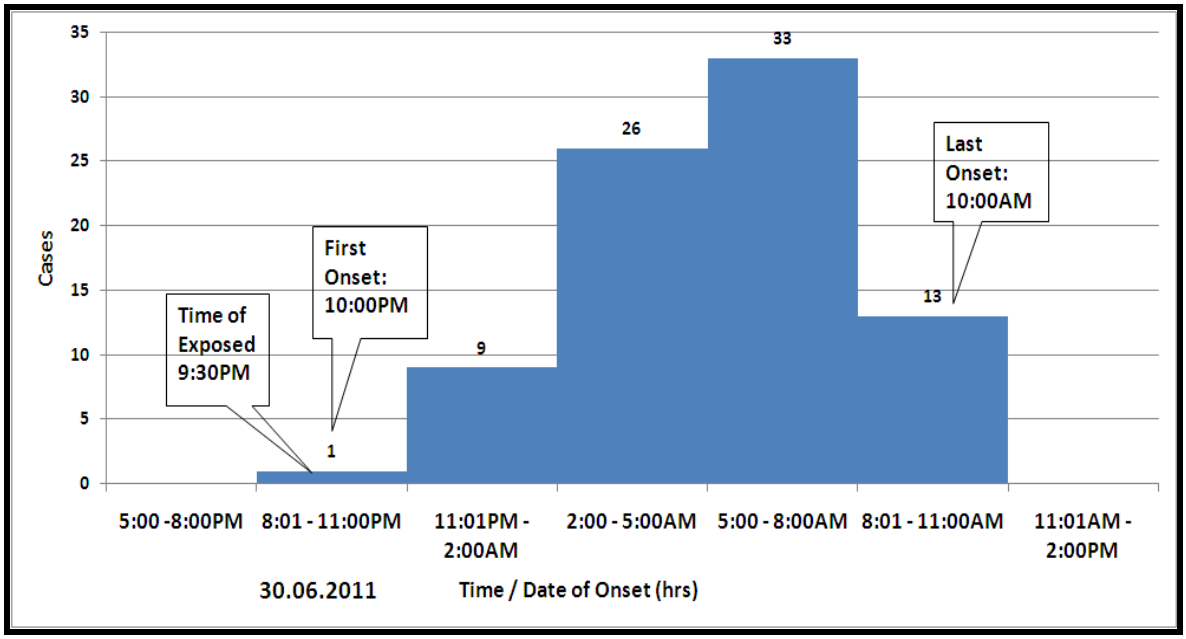
The first onset was on 30th June 2011 at 10:00 PM and the last was on 1st July 2011 at 10:00 AM. The suspected food was *mee kuning rebus* consumed during supper on 30th June 2011 at 9:30 PM and the suspected aetiological agent is *Bacillus cereus*. From the descriptive analysis, the incubation period ranges from 2 to 14 hours.

Besides *mee kuning rebus*, students were also served with fish ball soup. The students had complained that *mee kuning rebus* "*rasa pahit"* and fishball "*berlendir dan masam*". The foods were prepared around 6:00 to 7:00 PM on 30th June 2011.

Four surface swabs from the kitchen area, three finger nail swabs from the food handlers and one water sample were taken. The investigation team is also conducting food premise inspection at the factory that supplies the *mee kuning*.

The rating for the school kitchen on 7th April 2011 was 52.0% and 63.2% on 1st July 2011. All six food handlers had never attended food handler course.

Epidemic curve of food poisoning cases by onset hours at SMK Tebedu, Serian



2.4. Summary of Rubella Outbreak at SMK Kubong, Limbang

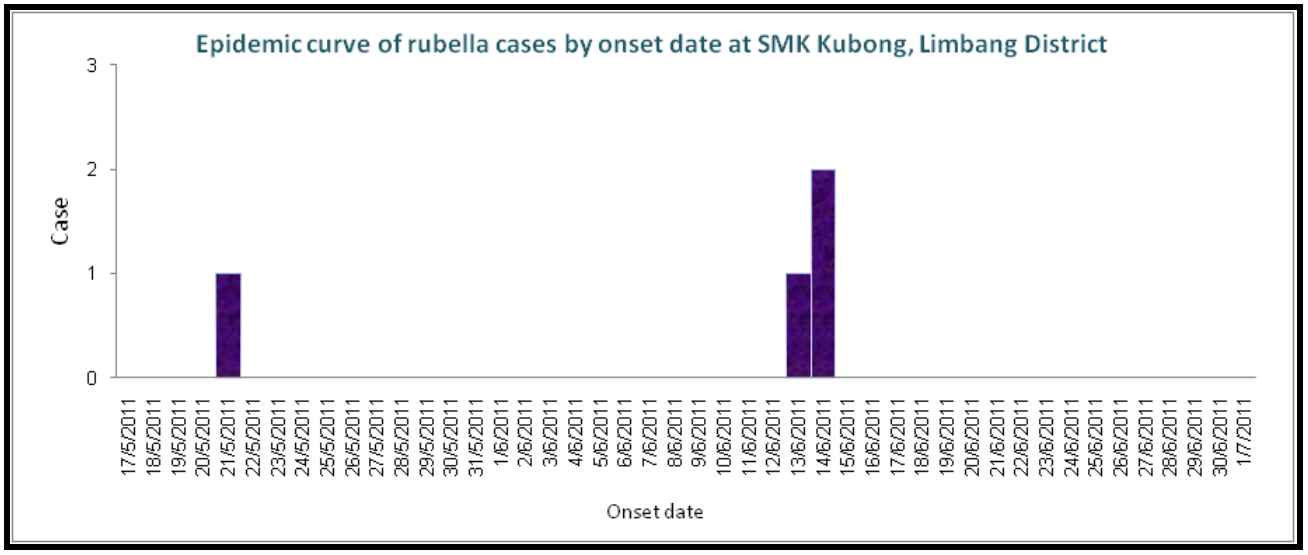
A rubella outbreak at SMK Kubong, Limbang District was reported to Sarawak Health Department on 20th June 2011. The outbreak started with a boy from the school that found positive for rubella IgM on 15th June 2011. The boy was notified as measles on 23rd May 2011 at Outpatient Department Limbang Hospital. Then, on 15th June 2011, the investigation team went to the school for ACD activities and identified a boy with fever and rash. On the next day, another two boys presented with fever and rash. Blood specimens were taken for rubella IgM from all the cases but however, the results were negative for rubella IgM.

Measures for the control and prevention of rubella were initiated since 15th June 2011 which consists of contact tracing in the classroom that affected, home visit, and identification of pregnant female contacts, mass vaccination with MMR vaccine to all students, and health promotion activities.

There are five pregnant teachers where none of them are symptomatic. Blood specimens were taken for Rubella serology test. The results showed that four of them negative for Rubella IgM and one as equivocal for IgM rubella (see Table below).

Rubella vaccination status and serology test of pregnant contacts in SMK Kubong, Limbang

Nu.	Age	Weeks of pregnancy	Rubella vaccination status (Yes / No)	Result for IgM rubella serology
1	28	27	No	Negative
2	25	22	Yes	Equivocal (will repeat)
3	30	12	Yes	Negative
4	27	23	Yes	Negative
5	29	14	Yes	Negative



3. NOTIFIABLE DISEASES REPORTED IN EPID. WEEK 24 FROM 26th June– 2nd July 2011

District	***HIV/AIDS	Acute Poliomyelitis	Chancroid	Cholera	Diphteria	*Dengue/DHF	Dysentery	Ebola	Food Poisoning	***Gonorrhoea	Hand, Foot & Mouth	**Leprosy	*Malaria	Whooping Cough	Measles	Plague	Rabies	Relapsing Fever	***Syphilis	Tetanus	**Tuberculosis (All forms)	Typhoid & Paratyphoid Fever	Typhus, Scrub	Viral Hepatitis	Viral Encephalitis	Yellow Fever	Leptospirosis
Lundu											1																
Bau										1	3																
Kuching	1/0					2				5									2								
Samarahan						2				1	3								1								1
Asajaya											1																
Simunjan						1			31										1								
Serian									82		1		2														
Sri Aman						1					1													1			
L/ Antu											1																
Betong							1						1		1												
Saratok									4																		
Sarikei						1																					
Meradong																											
Pakan/Julau																											1
Daro						1																					
Matu																											
Dalat																											
Mukah											1																
Sibu											1																
Kanowit																											
Selangau																											
Song																											
Kapit											1																
Belaga							1						1														
Tatau						2							3														
Bintulu						3					2																
Miri	1/0					3					6				1												
Marudi						2							5														
Limbang	0/1																										
Lawas													1														
TOTAL (Week 26)	2/1	0	0	0	0	18	2	0	117	7	22	0	13	0	2	0	0	0	4	0	0	0	0	1	0	0	2
Total (2011)	49/31	0	0	252	0	537	7	0	690	204	850	1	896	13	52	0	0	0	87	1	802	4	0	11	3	0	32
Total (2010)	136/111	0	0	0	0	4240	62	0	1299	437	4987	23	2802	10	132	0	0	0	230	1	1698	27	0	35	52	0	50
Total (2009)	143/89	0	1	0	0	4564	82	0	1223	438	9655	15	2158	4	56	0	0	0	339	0	1689	24	1	169	10	0	0

* Dengue and malaria: notification from Vector Section (VEKPRO).

** TB & leprosy: notification from TB/Leprosy Control Section. **Figure as at 28th May, 2011**

*** HIV/AIDS, gonorrhoea, syphilis, and Hepatitis B: notification from STI/AIDS Section HFMD notification is based on masterlist.

Leptospirosis was gazetted as a notifiable disease on 9th December 2010.

3.1. Surveillance Report on Notifiable Diseases.

3.1.2. Measles

Two suspected measles cases were reported from Betong and Miri District in Epid. Week 26, 2011 involved a four months old Malay baby boy and a six months old Kadazan-Dusun baby girl. Both cases were notified within 24 hours and were investigated within 48 hours. Blood specimens were taken and results are still pending.

Summary of the Measles cases notified in Epid. Week 26, 2011

District	No. of cases	Surveillance Indicator		
		% Notification within 24 hrs	% Investigation within 48 hrs	% Adequate blood specimen within 28 days after rashes onset
Miri	1	100	100	100
Betong	1	100	100	100

3.1.3 Hepatitis B

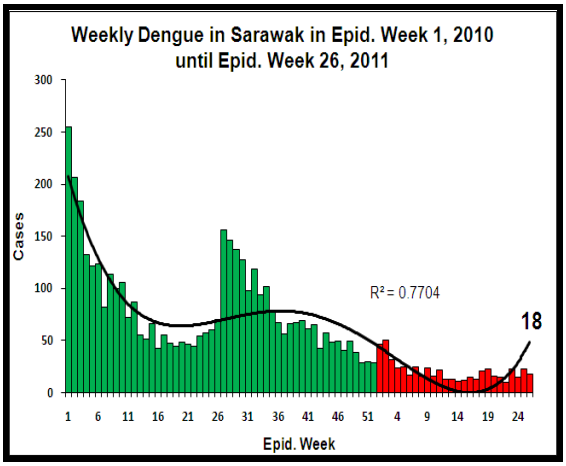
One Hepatitis B case was reported from Sri Aman District who is a 24 years old Iban male. The case was notified by Normah Medical Specialist Centre. The investigation is still on-going to get the details of the case.

4. VECTOR BORNE DISEASES: DENGUE, MALARIA AND CHIKUNGUNYA

4.1. Notified Dengue cases for Epid. Week 26, 2011 as compared to Epid. Week 26, 2010 and cumulative cases till Epid. Week 26 in 2010.

District	2011		2010		
	EW 26	Cum.	EW 26	Cum.	Total
Lundu	0	5	0	29	69
Bau	0	18	3	63	123
Kuching	2	61	4	293	473
Samarahan	2	12	0	69	97
Asajaya	0	4	0	6	10
Serian	0	8	0	106	140
Simunjan	1	8	0	36	47
Sri Aman	1	27	1	54	96
Lubok Antu	0	14	0	19	53
Betong	0	9	0	16	30
Saratok	0	3	0	17	20
Sarikei	1	12	2	59	91
Meradong	0	9	0	39	53
Pakan	0	8	1	18	30
Julau	0	9	0	10	20
Daro	1	6	3	42	95
Matu	0	1	0	5	25
Dalat	0	2	0	6	14
Mukah	0	4	0	17	39
Sibu	0	50	26	454	1021
Kanowit	0	17	2	27	64
Selangau	0	6	0	5	32
Song	0	8	0	8	16
Kapit	0	20	5	99	158
Belaga	0	15	1	18	39
Tatau	2	24	0	18	40
Bintulu	3	69	4	97	237
Miri	3	61	10	527	816
Marudi	2	31	0	76	126
Limbang	0	12	6	73	131
Lawas	0	4	2	16	35
Sarawak	18	537	70	2322	4240

EW = Epid. Week



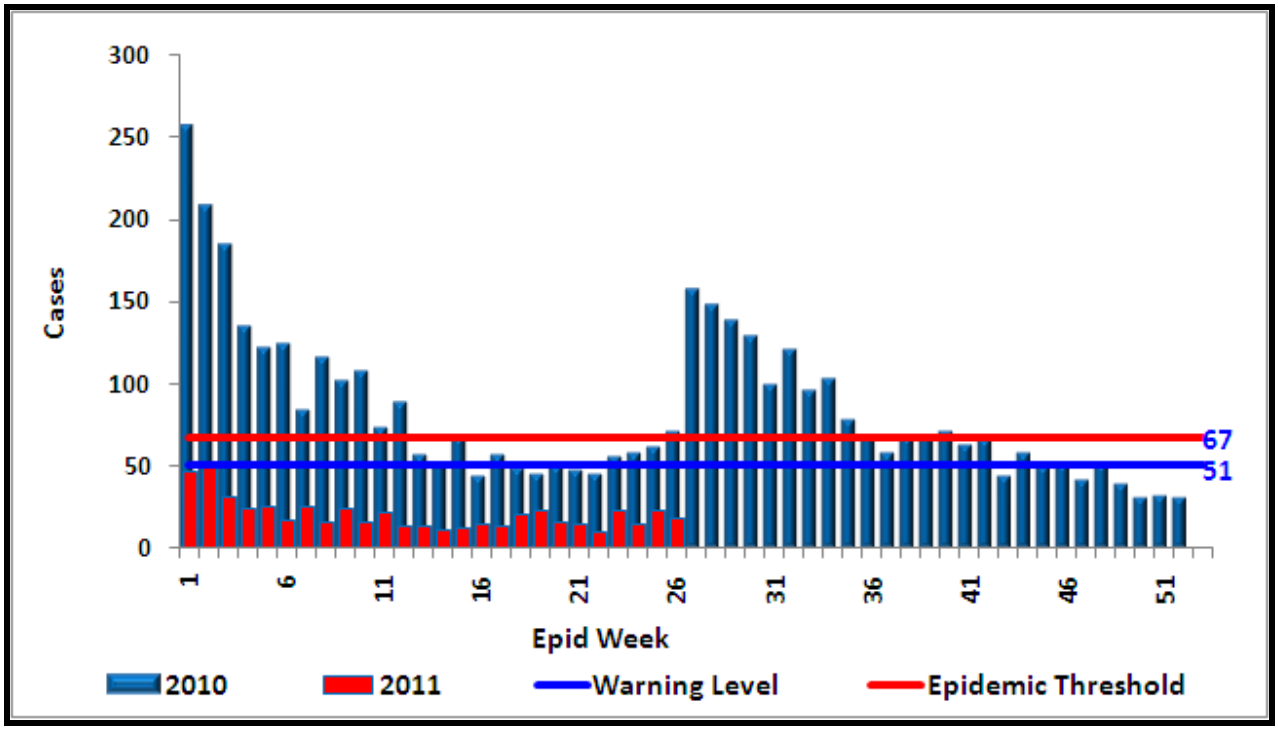
A total of 18 dengue cases were reported in Epid. Week 26, 2011 as compared to 70 cases during the same period in 2010. There is a decrease of five cases from the previous week.

Two outbreak localities are still active, one each in Tatau and Samarahan. No uncontrolled outbreak is reported.

The top five districts with the highest number of reported cases were:

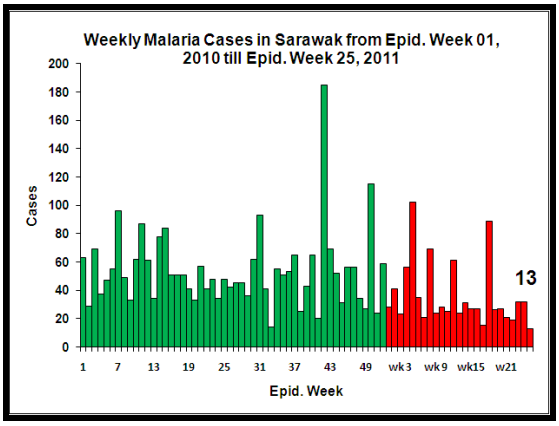
1. Bintulu
2. Kuching & Miri
3. Sibu
4. Marudi
5. Sri Aman

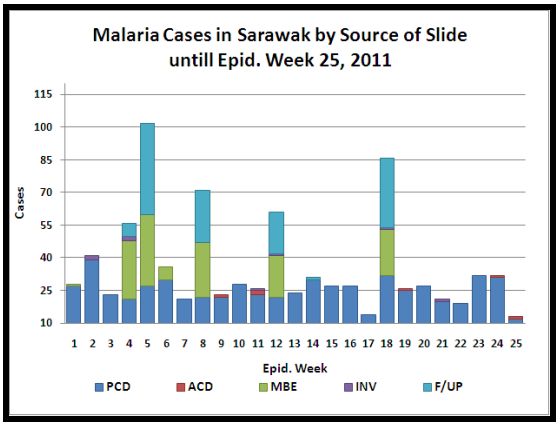
4.1.1 Weekly Dengue Cases Showing Warning and Epidemic Level in 2011 as compared to 2010.

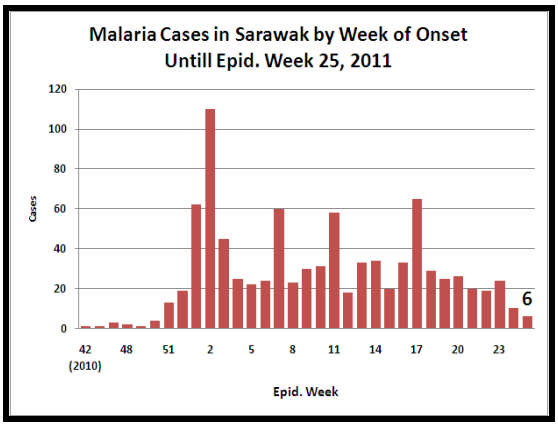


4.2. Notified Malaria cases for Epid. Week 25, 2011 compared to Epid. Week 25, 2010 and cumulative cases till Epid. Week 25 in 2011.

District	2011		2010		
	EW 25	Cum.	EW 25	Cum.	Total
Lundu	0	22	2	53	72
Bau	0	2	0	8	9
Kuching	0	12	1	14	27
Samarahan	0	1	0	0	2
Asajaya	0	0	0	0	0
Simunjan	0	2	0	14	17
Serian	2	13	0	43	58
Sri Aman	0	7	0	13	25
Lubok Antu	0	10	0	12	16
Betong	1	15	0	7	15
Saratok	0	1	0	3	4
Sarikei	0	12	0	3	8
Meradong	0	5	0	1	3
Pakan	0	8	0	7	14
Julau	0	31	0	17	34
Daro	0	1	0	0	1
Matu	0	0	0	0	1
Dalat	0	4	0	10	14
Mukah	0	2	0	3	6
Sibu	0	20	0	23	43
Kanowit	0	44	3	30	65
Selangau	0	6	0	4	9
Song	0	27	1	20	46
Kapit	0	101	0	57	134
Belaga	1	65	1	206	300
Tatau	3	15	0	7	12
Bintulu	0	22	0	12	39
Miri	0	19	2	12	32
Marudi	5	400	38	720	1734
Limbang	0	9	0	21	29
Lawas	1	20	0	19	33
Sarawak	13	896	48	1339	2802







A total of 13 cases were reported in Epid. Week 25, 2011. The cumulative cases until Epid. Week 25 were 896 cases. Of the 896 cases, 400 cases (45%) from Marudi District, 101 cases (12%) from Kapit District and 65 cases (7%) from Belaga District.

Notes: 1) EW = Epid. Week; 2) All Malaria cases should be notified within 3 days and as for Sarawak to be notified within 24 hours (Source: Vector Borne Disease Control Section, Sarawak Health Department)

Cases detected by slide source were:

Slides source	Epid. Week 25	Epid. Week 1 – Epid. Week 25
Passive Case Detection (PCD)	12	623
Active Case Detection (ACD)	1	6
Investigation slides (INV)	0	12
Mass Blood Survey (MBS)	0	130
Follow-up	0	125
Total	**13**	**896**

Cases Reported by PCD Units

Slides source	Epid. Week 25
Bintulu Hospital	3
Serian Hospital	2
KK Long Jeeh	2
Other PCD unit reported 1 case respectively	

Cases by species:

Species	Epid. Week 25	Epid.Week 1 – Epid. Week 25
Plasmodium vivax	7	546
Plasmodium falciparum	0	45
Plasmodium malariae[#]	3	187
Plasmodium knowlesi	3	112
Plasmodium ovale	0	0
Mixed infection	0	4
Total	**13**	**896**

Notes: # May include *Plasmodium knowlesi*

Cases classification:

Classification	Epid. Week 25	Epid. Week 1 – Epid. Week 25
Indigenous	12	689
Imported A*	1	103
Relapsed	0	103
Congenital	0	1
Total	**13**	**896**

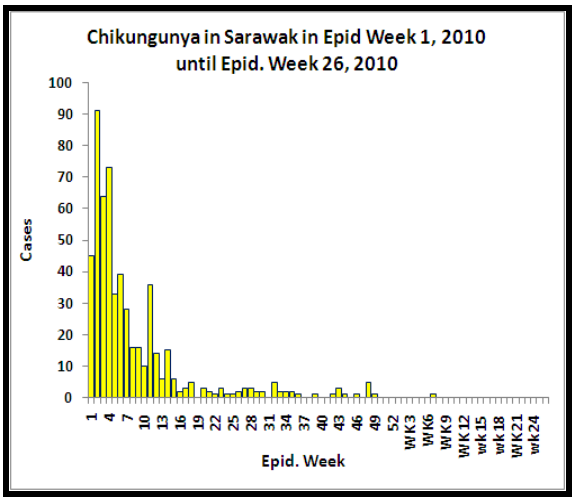
***Imported A cases:**

District reported	Place of Infection	Case	Species
Tatau	Papua New Guinea	1	*P. vivax*

4.3. Notified Chikungunya cases for Epid. Week 26, 2011 compared to Epid. Week 26, 2010 and cumulative cases till Epid. Week 26 in 2010.

District	2011		2010		
	EW 26	Cum.	EW 26	Cum.	Total
Lundu	0	0	0	1	1
Bau	0	0	0	9	13
Kuching	0	0	1	68	72
Samarahan	0	0	0	2	3
Asajaya	0	0	0	1	1
Serian	0	0	0	15	15
Simunjan	0	0	0	17	17
Sri Aman	0	0	0	26	26
Lubok Antu	0	0	0	16	16
Betong	0	1	0	11	13
Saratok	0	0	0	8	8
Sarikei	0	0	0	6	7
Meradong	0	0	1	23	25
Pakan	0	0	0	9	10
Julau	0	0	0	22	22
Daro	0	0	0	19	21
Matu	0	0	0	0	0
Dalat	0	0	0	9	9
Mukah	0	0	0	11	12
Sibu	0	0	0	45	45
Kanowit	0	0	0	1	1
Selangau	0	0	0	0	0
Song	0	0	0	5	5
Kapit	0	0	0	56	67
Belaga	0	0	0	76	78
Tatau	0	0	0	6	6
Bintulu	0	0	0	41	44
Miri	0	0	0	12	13
Marudi	0	0	0	0	0
Limbang	0	0	0	0	0
Lawas	0	0	0	0	0
Sarawak	0	1	2	515	550

EW = Epid Week

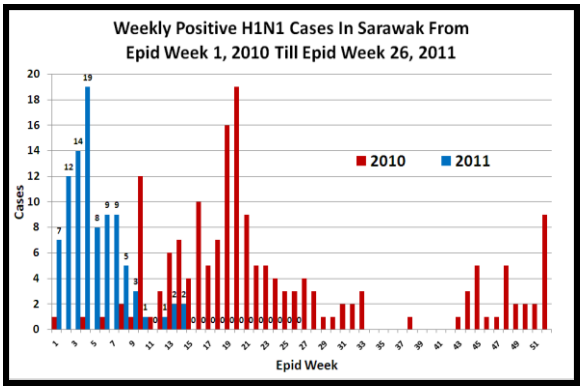


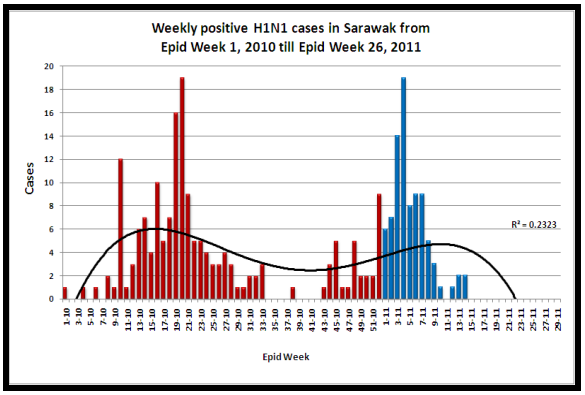
No case of Chikungunya was reported in Epid. Week 26, 2011. During the same period in 2010, two cases were reported. The cumulative case of Chikungunya for 2011 is remained as one.

5.1. H1N1

5.1.1 Positive Pandemic Influenza A (H1N1) cases for Epid. Week 26, 2011 compared to Epid. Week 26, 2010 and cumulative cases till Epid. Week 26 in 2011.

District	2011		2010		
	EW 26	Cum.	EW 26	Cum.	Total
Lundu	0	1	0	8	9
Bau	0	0	0	0	1
Kuching	0	51	1	37	61
Samarahan	0	0	0	5	8
Simunjan	0	0	0	3	4
Serian	0	0	0	2	2
Sri Aman	0	0	0	4	4
Lubok Antu	0	0	0	0	0
Betong	0	1	0	0	0
Saratok	0	0	0	0	0
Sarikei	0	0	0	2	2
Meradong	0	0	0	0	0
Julau	0	0	0	0	0
Daro	0	0	0	0	0
Dalat	0	0	0	0	0
Mukah	0	0	0	0	0
Sibu	0	1	1	19	19
Kanowit	0	0	0	1	1
Song	0	0	0	0	0
Kapit	0	1	0	1	1
Belaga	0	1	0	0	0
Tatau	0	0	0	0	0
Bintulu	0	27	1	15	19
Miri	0	6	0	7	7
Marudi	0	0	0	1	1
Limbang	0	2	0	18	20
Lawas	0	1	0	2	2
TOTAL	0	92	3	125	161

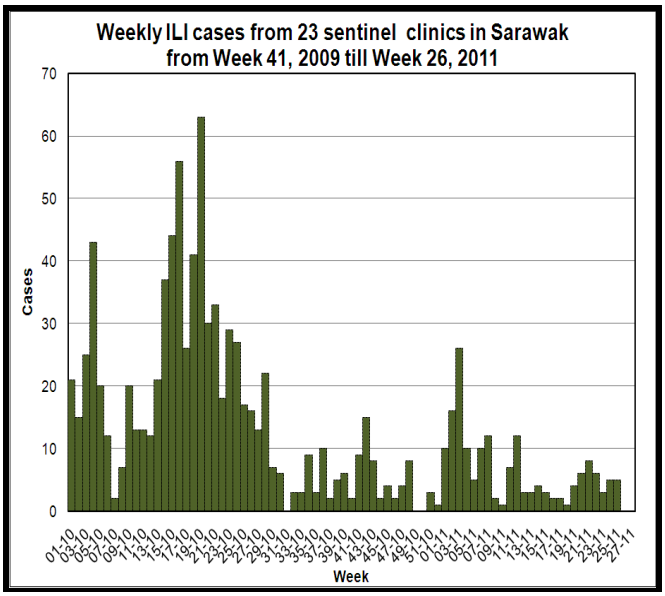




No H1N1 positive case was reported in Epid. Week 26, 2011. Cumulative total in 2011 are 92 cases as compared to 125 cases reported during the same period in 2010.

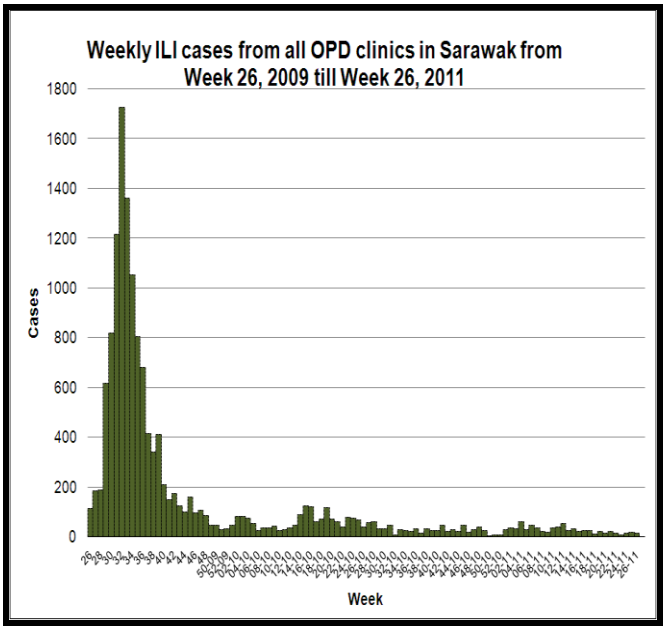
EW = Epid. Week

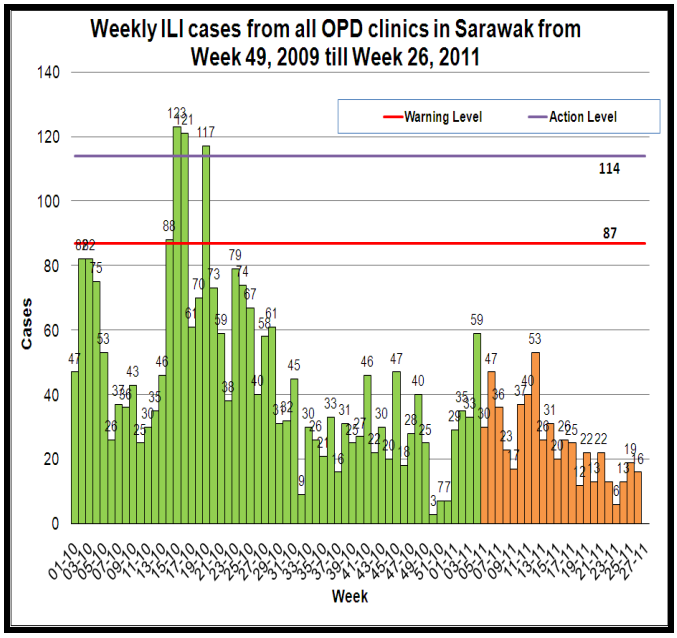
5.1.2 Outpatient Influenza-Like Illness (ILI) Surveillance from Epid. Week 25 in 2009 till Epid. Week 26 in 2011.



In Epid. Week 26, 2011, the ILI cases reported from the 23 Sentinel clinics and all OPD clinics show a decreasing trend in the number of cases compared to previous Epid. Week.

ILI is defined as a person with sudden onset of fever > 38°C and cough or sore throat in the absence of other diagnosis (Disease Control Division, Ministry of Health, October 2009).





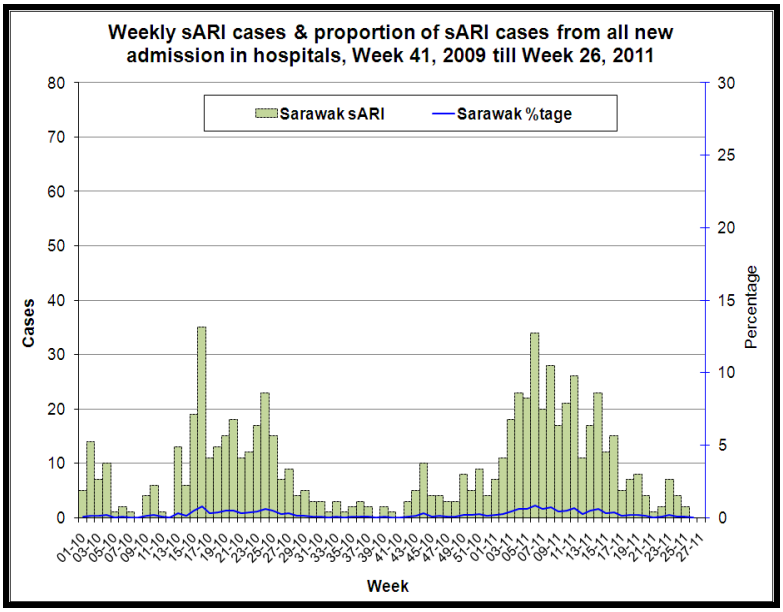
Referring to a letter dated 25 January 2011 from Office of the Deputy Director-General of Health (Public Health), Department of Public Health, Ministry of Health Malaysia about ***PEMANTAUAN AKTIVITI H1N1 SECARA BERTERUSAN***, all PKB/PKDs must send their daily H1N1 report as well as ILI and sARI surveillance activities to Operations Room, CPRC Unit, CDC Section, Sarawak Health Department **BEFORE 10.00 am every day**.

5.1.3. New and Cumulative ILI Clusters as of 2nd July 2011.

Division	New Cluster (No)	Positive	Negative	Cumulative
Kuching	0	13	3	16
Samarahan	0	0	0	0
Sri Aman	0	0	0	0
Betong	0	0	0	0
Sarikei	0	0	0	0
Sibu	0	0	0	0
Kapit	0	0	0	0
Bintulu	0	0	1	1
Miri	0	1	0	1
Limbang	0	0	0	0
TOTAL	0	14	4	18

Note: First cluster in 2011 was detected on 31/12/2010 and the latest was on 9/4/2011.

5.1.4. Severe Acute Respiratory (sARI) Infection Cases



sARI is suspected when:

1. meets ILI case definition (sudden onset of fever > 38°C and cough or sore throat in the absence of other diagnosis, **AND**
2. shortness of breath or difficulty of breathing, **AND**
3. requires hospital admission

(Disease Control Division, Ministry of Health, October 2009)

5.1.5. Weekly Summary Report on Suspected Influenza A H1N1 Admission in Government Hospitals in Sarawak as at 2nd July 2011

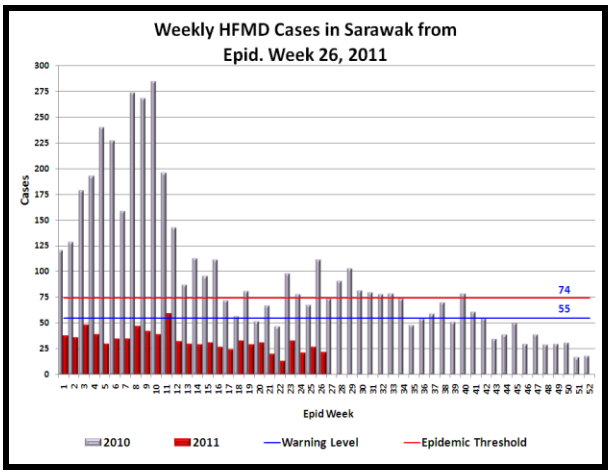
Division	Hospital	New EW 26	Cumulative 2011	No. of Inpatient			No. of Patient on Ventilator	Throat swabs		
				ICU	ISO	Other wards		Positive	Pending	Negative
Kuching	SGH Kuching	1	146	1	0	1	0	0	0	1
	Bau	0	0	0	0	0	0	0	0	0
	Lundu	0	16	0	0	0	0	0	0	0
	RCBM	0	0	0	0	0	0	0	0	0
	Sentosa	0	0	0	0	0	0	0	0	0
Samarahan	Serian	0	0	0	0	0	0	0	0	0
	Simunjan	0	1	0	0	0	0	0	0	0
Sri Aman	Sri Aman	0	0	0	0	0	0	0	0	0
Betong	Betong	0	0	0	0	0	0	0	0	0
	Saratok	0	0	0	0	0	0	0	0	0
Sarikei	Sarikei	0	0	0	0	0	0	0	0	0
Sibu	Sibu	0	1	0	0	0	0	0	0	0
	Kanowit	0	0	0	0	0	0	0	0	0
Mukah	Mukah	0	0	0	0	0	0	0	0	0
	Dalat	0	0	0	0	0	0	0	0	0
	Daro	0	0	0	0	0	0	0	0	0
Kapit	Kapit	0	0	0	0	0	0	0	0	0
Bintulu	Bintulu	0	247	0	0	0	0	0	0	0
Miri	Miri	0	15	0	0	0	0	0	0	0
	Marudi	0	0	0	0	0	0	0	0	0
Limbang	Limbang	0	6	0	0	0	0	0	0	0
	Lawas	0	0	0	0	0	0	0	0	0
Total		1	432	1	0	1	0	0	0	1

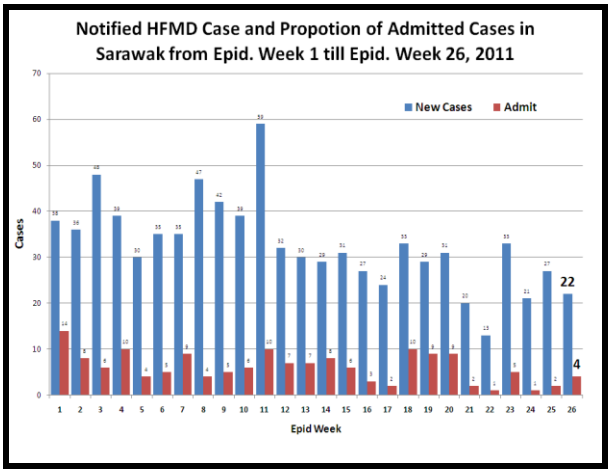
Only one suspected Influenza A H1N1 admission (SGH) was reported in Epid. Week 26, 2011. One patient suspected Influenza A H1N1 was in severe or critical condition but result is negative for Influenza A H1N1.

5.2. Notified HFMD cases for Epid. Week 26, 2011 compared to Epid. Week 26, 2010 and cumulative cases till Epid. Week 26 in 2011.

District	2011		2010		Total 2010
	EW 26	Cum.	EW 26	Cum.	
Kuching	0	152	41	709	961
Bau	3	17	7	169	209
Lundu	1	7	2	51	86
KUCHING	**4**	**176**	**50**	**929**	**1256**
Samarahan	3	20	9	108	127
Asajaya	1	10	0	2	7
Simunjan	0	1	2	14	37
Serian	1	3	0	21	25
SAMARAHAN	**5**	**34**	**11**	**145**	**196**
Sri Aman	1	25	2	103	145
Lubok Antu	1	4	0	14	23
SRI AMAN	**2**	**29**	**2**	**117**	**168**
Betong	0	28	0	46	103
Saratok	0	20	0	37	38
BETONG	**0**	**48**	**0**	**83**	**141**
Sarikei	0	60	7	164	206
Meradong	0	10	0	42	55
Pakan	0	2	1	30	37
Julau	0	1	0	17	24
SARIKEI	**0**	**73**	**8**	**253**	**322**
Daro	0	0	0	20	24
Matu	0	0	0	3	20
Mukah	1	34	3	202	259
Dalat	0	14	1	97	108
MUKAH	**1**	**48**	**4**	**322**	**411**
Sibu	1	55	8	387	517
Selangau	0	0	0	6	17
Kanowit	0	17	0	44	44
SIBU	**1**	**72**	**8**	**437**	**578**
Kapit	1	44	1	94	116
Song	0	10	1	13	29
Belaga	0	5	0	6	10
KAPIT	**1**	**59**	**2**	**113**	**155**
Bintulu	2	155	8	381	629
Tatau	0	9	0	11	28
BINTULU	**2**	**164**	**8**	**392**	**657**
Miri	6	102	14	585	911
Marudi	0	36	1	84	105
MIRI	**6**	**138**	**15**	**669**	**1016**
Limbang	0	8	0	54	54
Lawas	0	1	4	40	56
LIMBANG	**0**	**9**	**4**	**94**	**110**
SARAWAK	**22**	**850**	**112**	**3554**	**5010**

EW = Epid. Week

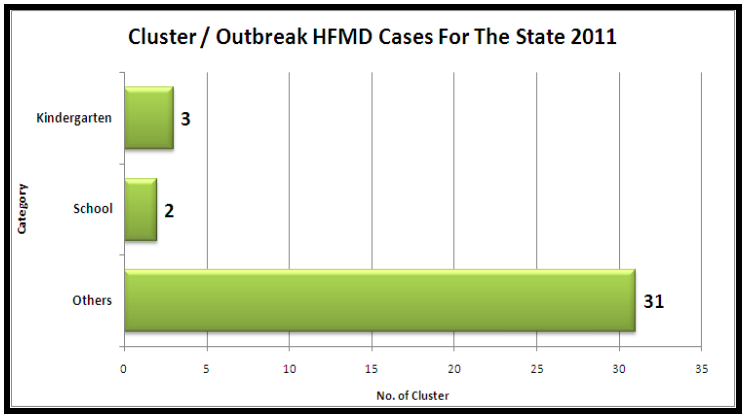


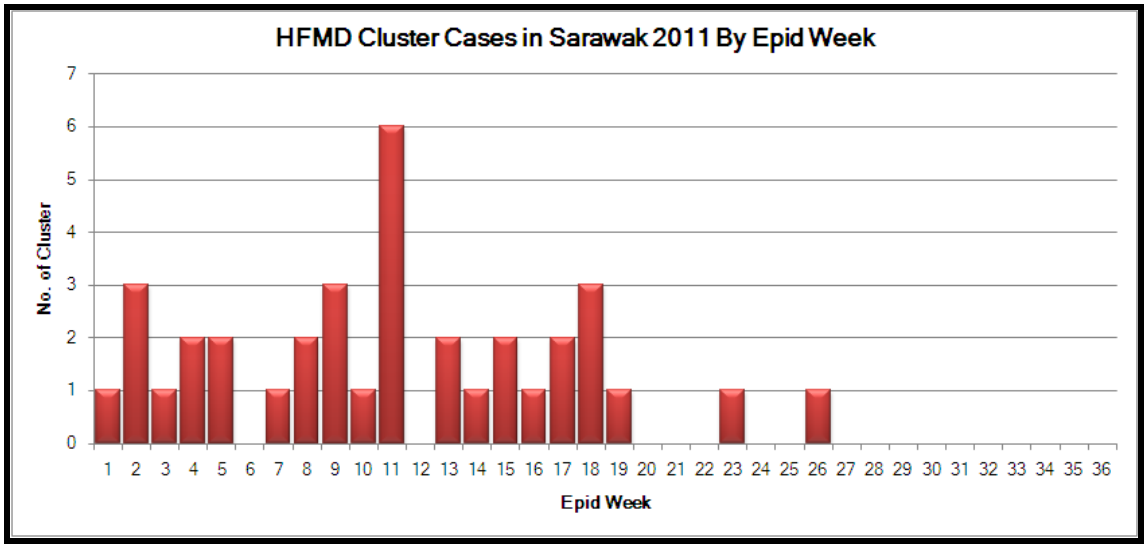


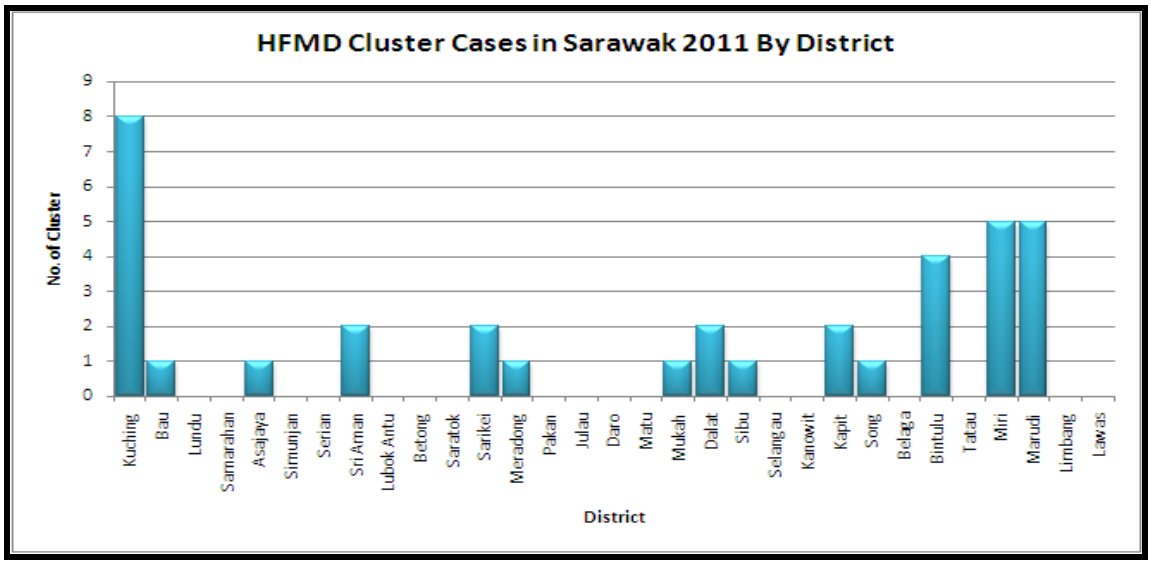
A total of 22 cases were reported in Epid. Week 26, 2011. This was a decrease of 6 cases from Epid. Week 25, 2011. A cumulative total of 850 cases were reported as compared to 3,554 cases during the same period in 2010.

5.2.1 Cumulative HFMD Clusters as of 2nd July 2011

One family cluster was reported in Epid. Week 26 involved two brothers age one and five years old who are staying at Taman Permyjaya, Miri. As at 2nd July 2011 a total of 36 clusters were reported. 85.11% of the reported clusters were family cluster.







5.3. Notified Leptospirosis cases for Epid. Week 26, 2011 compared to Epid. Week 26, 2010 and cumulative cases till Epid. Week 26 in 2011.

District	Case classification (positive)				Total positive leptospirosis	
	Confirmed		Probable		2011	2010
	EW 26/2011	EW 26/2010	EW 26/2011	EW 26/2010		
Lundu	0	0	0	0	0	0
Bau	0	0	0	0	0	1
Kuching	0	0	0	0	3	12
Samarahan	0	0	1	0	1	1
Serian	0	0	0	0	2	2
Simunjan	0	0	0	0	2	1
Sri Aman	0	0	0	0	0	1
Lubok Antu	0	0	0	0	3	3
Betong	0	0	0	0	0	0
Saratok	0	0	0	0	0	0
Sarikei	0	0	0	0	0	1
Meradong	0	0	0	0	0	1
Pakan	0	0	1	0	1	1
Julau	0	0	0	0	0	1
Daro	0	0	0	0	0	1
Dalat	0	0	0	0	0	0
Mukah	0	0	0	0	1	1
Sibu	0	0	0	0	1	6
Kanowit	0	0	0	0	1	1
Selangau	0	0	0	0	1	0
Song	0	0	0	0	0	2
Kapit	0	0	0	0	3	1
Belaga	0	0	0	0	1	0
Tatau	0	0	0	0	0	0
Bintulu	0	0	0	0	4	6
Miri	0	0	0	0	5	3
Marudi	0	0	0	0	1	2
Limbang	0	0	0	0	2	1
Lawas	0	0	0	0	0	0
Total	**0**	**0**	**2**	**0**	**32**	**49**

Note: ELISA = Enzyme-Linked Immunosorbent Assay; MAT = microscopic agglutination test
Total positive = ELISA (probable) + MAT (not included equivocal result)
2011: Number of cases will depend on which Epid week results are received
2010: Cases are subject to change as some of the of the blood results still pending

Leptospirosis was gazetted as a notifiable disease mandated by under the Prevention and Control of Infectious Disease Act 1988 on 9th December 2010 (Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil. 33/2010

5.4. Melioidosis

District	Blood test result				Total positive	
	Positive				2011	2010
	Culture		Serology			
	EW 26/2011	EW 26/2010	EW 26/2011	EW 26/2010		
Bau	0	0	0	0	0	0
Kuching	0	0	0	0	1	12
Samarahan	0	0	0	0	0	0
Simunjan	0	0	0	0	0	0
Serian	0	0	0	0	1	1
Sri Aman	0	0	0	0	1	0
Lubok Antu	0	0	0	0	1	0
Betong	0	0	0	0	0	2
Saratok	0	0	0	0	0	1
Sarikei	0	0	0	0	0	2
Meradong	0	0	0	0	0	2
Pakan	0	0	0	0	0	0
Julau	0	0	0	0	0	2
Dalat	0	0	0	0	0	1
Mukah	0	0	0	0	0	3
Sibu	0	0	0	0	0	5
Kanowit	0	0	0	0	0	1
Selangau	0	0	0	0	1	6
Song	0	0	0	0	0	7
Kapit	0	0	0	4	13	162
Belaga	0	0	0	0	8	28
Tatau	0	0	0	1	2	14
Bintulu	0	0	0	0	1	49
Miri	0	0	0	1	0	35
Marudi	0	0	0	0	0	7
Limbang	0	0	0	0	0	2
Lawas	0	0	0	0	0	1
Total	0	0	0	6	29	343

Note: EW = Epid. Week

District indicate source of infection based on patient's current place of residence or workplace.

2011: Number of cases will depend on which Epid. week results are received

2010: Cases are subject to change as some of the blood results still pending

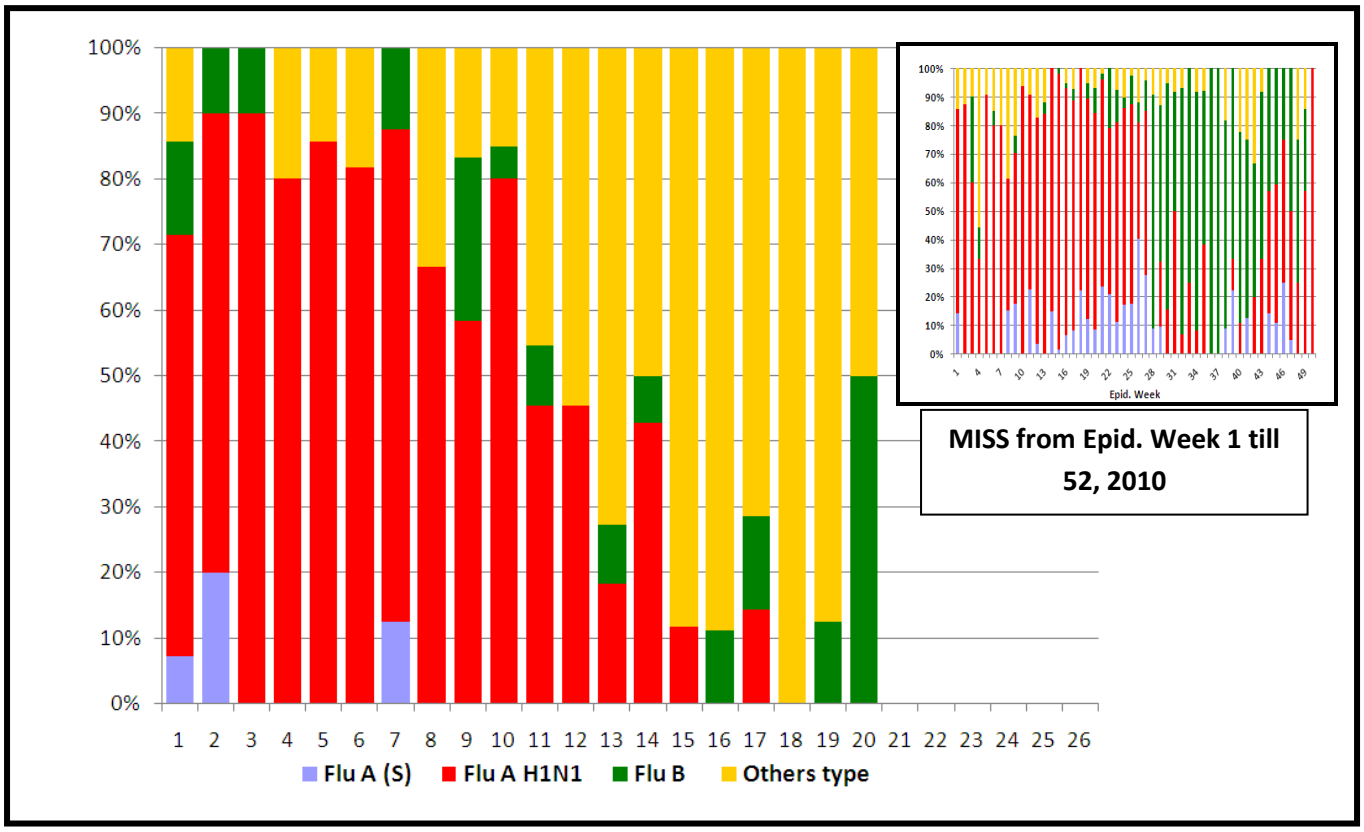
5.4.2. Locality of melioidosis outbreak in Sarawak as at 2nd July 2011.

No	District	Locality	Number of cases	Outbreak declared
1	Belaga	Bakun Hydroelectric Project	3	15/02/2011
2	Kapit	Iron Wall Logging Camp	3	21/01/2011

Note: District indicate source of infection based on patient's current place of residence or workplace.

6. LABORATORY BASED SURVEILLANCE

6.1. Malaysia (not included Sabah) Influenza Surveillance System (MISS) from Epid Week 1 till Epid Week 20, 2011 compare to Epid Week 1 till Epid Week 52, 2010 (inset)



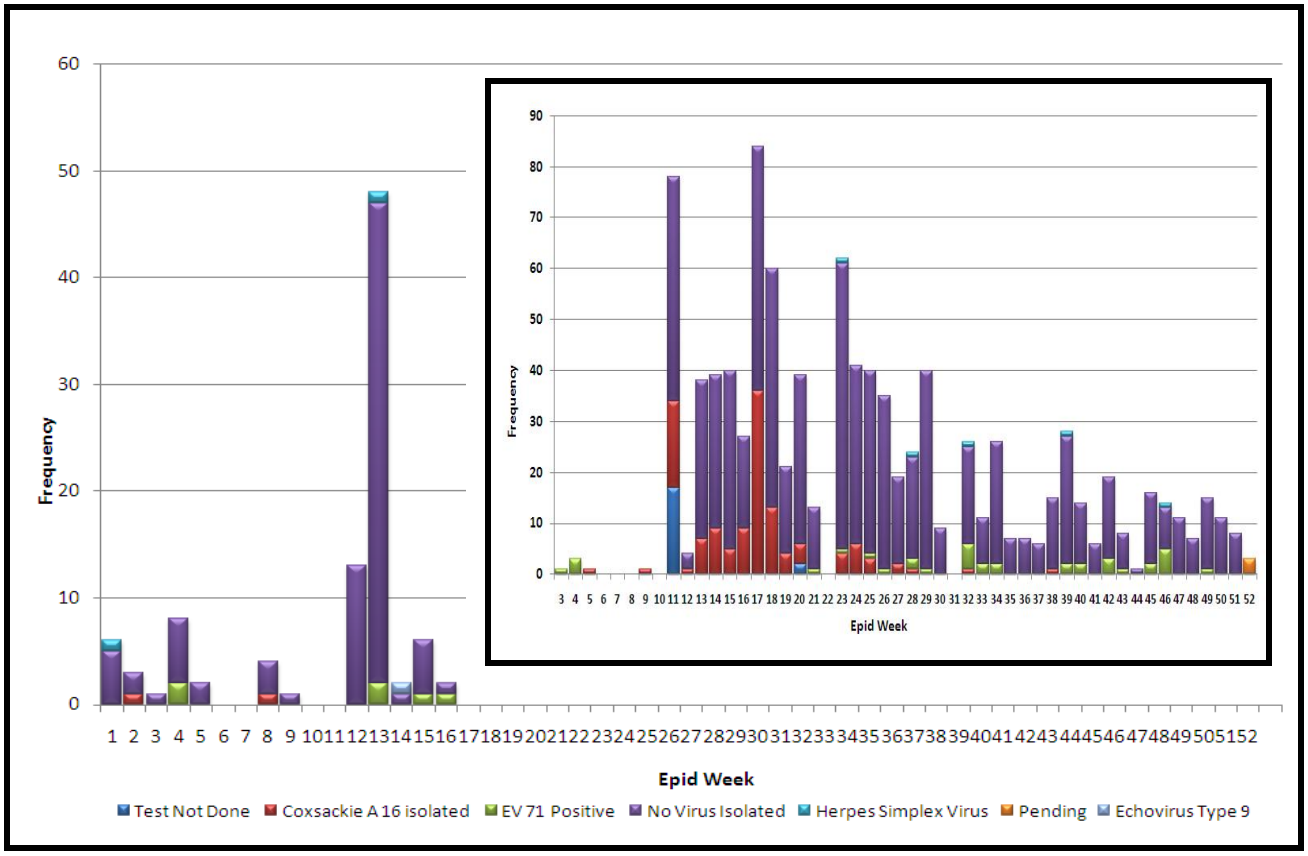
In Malaysia, as at Epid Week 25, 2011, a total of 1,422 throat swab specimens were analysed. Of these, 197 specimens isolated various types of influenza virus i.e. virus Flu A H1N1 (98), Flu A (s) [4], Flu B (18), and other types of virus (77). Since Epid. Week 11, 2011, Adenovirus (others type) is the dominant virus and as at 25th May 2011, 59 out of 196 specimens isolated adenovirus. Other viruses which are under category of others-type: Paramyxovirus (11), RSV (1), Enterovirus (1) and other viruses (9).

6.2. Laboratory Based Surveillance for Measles in Malaysia

In Malaysia, as at Epid. Week 25, 2011, a total of 1,574 serum specimens for serology test were sent to MKAK Sg. Buloh. Of these, 290 (19.5%) were positive for IgM Measles and 143 (12.2%) positive for Rubella. A total of 1,261 specimens for viral isolation were sent to MKAK sg. Buloh. Of these, 62 (5.0%) specimens positive for virus isolation: measles (18); rubella (44); herpes simplex virus 1 (2); and adenovirus (4).

As at Epid Week 25, 2011, Sarawak had sent 110 specimens for serology test. Two specimens positive for measles IgM and 23 positive for rubella IgM. Only ten specimens for measles viral isolation from Sarawak were sent to MKAK Sg. Buloh but all were negative.

6.3. Laboratory Based Surveillance for HFMD in Sarawak from Epid Week 1 till Epid Week 23, 2011 compared to 2010 (inset).



In Malaysia, as at Epid. Week 25, 2011, a total of 777 specimens of HFMD were sent to MKAK Sg. Buloh for viral isolation. Out of these, 109 specimens isolated HFMD viruses: EV71 (28), Coxsackie A16 (71), Herpes Simplex (HSV 1) (6) and other virus (4). No virus isolated from other 150 specimens. The dominant HFMD virus is Coxsackie A16 and followed by EV71.

In Sarawak, as at Epid. Week 25, 2011, a total of 297 specimens were sent to MKAK Sg. Buloh for viral isolation. Of these, 16 specimens isolated viruses: EV71 (10), Coxsackie A16 (2), Herpes Simplex (HSV 1) [2] and other virus (2). The above graph will be updated in the next coming SWEN.

7. WHAT IS HENDRA VIRUS INFECTION?

7.1. Description

Hendra virus was discovered following an outbreak of illness in a large racing stable in the suburb of Hendra, Brisbane, in 1994. The natural host for Hendra virus is the flying fox. The virus can spread from flying foxes to horses and, rarely, from horses to people. Research and testing of many other animals and insects has shown no evidence of Hendra virus occurring naturally in any other species.

Since it was first discovered, 14 Hendra virus outbreaks in horses have been identified. Most of these outbreaks involved only one or two horses. Of these events, 13 occurred in coastal Queensland and one in northern New South Wales.

Several hundred people who have been exposed to horses with Hendra virus infection in the last 16 years have not become infected. Unfortunately, there have also been seven confirmed Hendra virus infections in humans, all in Queensland. Four of these people died.

Since 2009, about 45 horses have been confirmed (or considered likely) to have Hendra virus infection in the 14 outbreaks. Of these, 20 were from the original Hendra outbreak in 1994. All affected horses have either died as a direct result of their infection or been euthanised.

7.2. Symptoms

Disease in humans

The few known cases of human Hendra virus infection have become unwell with:

- an influenza-like illness (which led to pneumonia in one case) with symptoms such as fever, cough, sore throat, headache and tiredness

and/or

- encephalitis with symptoms such as headache, high fever, and drowsiness, which progressed to convulsions and/or coma and death.

Time from exposure of a person to a sick horse until the start of illness in humans has been between 5 and 21 days.

Disease in horses

Hendra virus infection in horses can produce a wide range of signs. Early signs usually include fever, increased heart rate and restlessness; other common features include difficulty breathing and/or weakness, neurological signs such as uncoordinated gait and muscle twitching, quickly leading to death in most cases.

7.3. Transmission

While the exact route of infection is not known, it is thought that horses may contract Hendra virus infection from eating food recently contaminated by flying fox urine, saliva or birth products. Spread of infection to other horses can then follow. Spread happens more often when the sick horse is kept with other horses in a stable, but is possible wherever horses have close contact with secretions from an infected horse. Small amounts of virus may be present in a horse's body fluids, particularly nasal secretions, for a few days before they become sick.

The seven confirmed human cases all became infected following close contact with respiratory secretions and/or blood from an infectious horse. Many people have reported similar contact with infected horses but have remained well, and their blood tests have shown no evidence of Hendra virus infection.

There is no evidence of human to human transmission. Testing of people who have had contact with a person with Hendra virus infection, including health care workers and family contacts, has shown no evidence of the virus.

There is no evidence that the virus can be passed directly from flying foxes to humans, from the environment to humans, from humans to horses, or can float in the air.

Hendra virus in the environment is killed by heat, drying and cleaning with detergents. Some disinfectant products are also effective against the virus.

7.4. Treatment

Research is being undertaken into monoclonal antibodies to see if they may be useful in preventing Hendra virus infection from developing in people who have had high risk exposures.

A person who becomes unwell in the weeks after close contact with a Hendra-infected horse should seek medical advice promptly. Tests may be recommended to rule out Hendra virus as the cause of their illness. In most cases, a cause other than Hendra virus will be found. Sometimes the person will be admitted to hospital for monitoring while waiting for test results. If Hendra virus infection develops, the person is likely to be admitted to hospital for close monitoring and, if needed, intensive care.

There is no known specific treatment for Hendra virus infection. To date, antiviral medications have not been found to be effective in treating Hendra virus infection but three people have recovered from infections with general medical support.

7.5. Prevention

Preventing horse infection

Research into development of a horse vaccine against Hendra virus is well under way.

Steps can be taken to decrease the risk of Hendra infection in horses. Protecting horse food from contamination by fluids of flying foxes, early isolation of a sick horse while awaiting test results, and attention to standard hygiene and cleaning practices are important.

Preventing human infection

Because it is possible that horses may be infectious with Hendra virus before actually becoming unwell, it is important to pay attention to standard hygiene practices in all contact with horses. Hands should be cleaned regularly whilst caring for horses, particularly before eating, smoking or touching the eyes, nose or mouth. Wounds should be covered with a waterproof dressing. Directly kissing a horse on the muzzle is strongly discouraged at any time, and definitely should not occur if the horse is sick or quarantined. The use of personal protective equipment is recommended when it is likely that a person will come into contact with body fluids from any horse.

If body fluids or manure from a horse gets on unprotected skin the area should be washed with soap and water as soon as possible. If the exposure involves a cut or puncture wound, gently encourage bleeding and then wash the area with soap and water. Where water is not available, wipe the area clean, then use a waterless cleanser or antiseptic. If eyes are contaminated then gently but thoroughly rinse open eyes with water or normal saline for at least 30 seconds. If body fluids get in the mouth, spit the fluid out and then rinse the mouth with water several times.

If a horse becomes unwell and Hendra virus infection may be a possibility, as few people as possible should care for the horse until Hendra virus infection is ruled out. It is strongly recommended that children are kept away from the horse. If close contact with the sick horse is considered essential, then appropriate personal protective equipment that prevents contamination of skin, eyes, nose or mouth by a horse's body fluids should be worn.

Although there is no evidence of human to human transmission, close contact with the secretions of a person who is unwell with possible Hendra virus infection should be avoided. In hospital, healthcare workers will take routine precautions which include the use of personal protective equipment. In home settings particular attention should be given to standard hygiene measures such as regular hand washing.

Reference:

The State of Queensland (2009). Queensland Health: Queensland Goverment – Topic: Hendra Virus Infection. Available at: http://access.health.qld.gov.au

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SARAWAK
State Health Department

Note:

1. The data may be subject to change. Any enquiries please call CDC Section, Sarawak Health Department.
2. Prepared by CPRC (Crisis Preparedness and Response Centre), Communicable Disease Control Section, Sarawak Health Department.
3. Any comments or new ideas on Epid. Week 25, 2011 Sarawak Weekly Epid News are greatly appreciated.

Appendix 1

LIST OF NOTIFIABLE DISEASES First Schedule (Section 2), Prevention and Control Of Infectious Diseases Act, 1988 (Act 432)				
No.	Diseases	Notification		
		24 Hours	3 Days	1 Week
1	Chancroid			√
2	Cholera	√		
3	Dengue Fever and Dengue Haemorrahgic Fever	√		
4	Diphteria	√		
5	Dysentery (All Types)			√
6	Ebola	√		
7	Food Poisoning	√		
8	Gonococcal Infections (All Forms)			√
9	Leprosy			√
10	Malaria		√	
11	Measles	√		
12	Hand, Foot and Mouth Disease	√		
13	Plague	√		
14	Poliomyelitis, Acute	√		
15	Rabies	√		
16	Relapsing Fever			√
17	Syphilis (All Forms)			√
18	Tetanus (All Forms)			√
19	Tuberculosis (All Forms)			√
20	Typhoid & Paratyphoid Fever			√
21	Typhus & Other Rickettsioses			√
22	Viral Encephalitis			√
23	Viral Hepatitis (All Forms)			√
24	Whooping Cough			√
25	Yellow Fever	√		
26	Any Other Life Threatening Microbial Infection			√
27	AIDS / HIV			√
28	Leptospirosis			√

Notes: 1) Leptospirosis was gazetted as a notifiable disease on 9th December 2010;

2) **All Malaria cases** should be notified within 3 days and as **for Sarawak to be notified within 24 hours** (Source: Vector Borne Disease Control Section, Sarawak Health Department)

Reporting and notifying of the above 28 infectious diseases is mandated by the Prevention and Control of Infectious Disease Act 1988. Every medical practitioner who treats or becomes aware of the existence of any infectious disease in any premises, with least practicable delay, shall notify to the nearest Medical Officer of Health as stipulated under this Act.

PREVENTION AND CONTROL OF INFECTIOUS DISEASES ACT

FIRST SCHEDULE

[Section 2]

INFECTIOUS DISEASES

PART I

1. Chancroid.
2. Cholera.
3. Dengue Fever and Dengue Haemorrhagic Fever.
4. Diphtheria.
5. Dysenteries (All forms).
5A. Ebola
6. Food poisoning.
7. Gonococcal Infections (All forms).
7A. Hand, Foot and Mouth Disease (HFMD).
8. Leprosy.
8A. Leptospirosis
9. Malaria.
10. Measles.
10A. *Deleted.*
11. Plague.
12. Poliomyelitis (Acute).
13. Rabies.
14. Relapsing Fever.
15. Syphilis (All forms).
16. Tetanus (All forms).
17. Tuberculosis (All forms).
18. Typhoid and Paratyphoid Fevers.
19. Typhus and other Rickettsioses.
20. Viral Encephalitis.
21. Viral Hepatitis.
22. Whooping Cough.
23. Yellow Fever.
24. Any other life threatening microbial infection

PART II

Human Immunodeficiency Virus Infection (All forms)

Appendix 2

The addresses and contact numbers of the Medical Officer of Health/Divisional Health Officers in Sarawak are listed below (as at 2nd July 2011):

No.	Designation/Name	Address	e-mail	Contact No.
1	**Ketua Penolong Pangarah Kanan**	Seksyen Kawalan Penyakit Berjangkit	razitasham@srwk.moh.gov.my	Tel: 082-421442
	Dr. Razitasham binti Safii	Jabatan Kesihatan Negeri Sarawak		Fax: 082-234571
2	**Ketua Penolong Pengarah**	Seksyen Kawalan Penyakit Berjangkit	drnoorzila@gmail.com	Tel: 082-426935
	Dr. Noorzilawati binti Sahak	Jabatan Kesihatan Negeri Sarawak		Fax: 082-234571
3	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 082-238635/257867
	Dr. Kamarudin bin Lajim	Bahagian Kuching,	dhoshan@yahoo.com.sg	Fax: 082-414542/250037
		Jalan Tun Ahmad Zaidi Adruce,	kamarudinl@srwk.moh.gov.my	Hp: 013-8014332
		93250 KUCHING, Sarawak.		
4	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 082-673626
	Dr. Julaidah binti Sharip	Bahagian Samarahan,	drjulaidah@yahoo.com	Fax: 082-673632
		Jalan Datuk Muhammad Musa,		Hp: 019-8270869
		94300 KOTA SAMARAHAN, Sarawak.		
5	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 083-332176
	Dr. Murnihayati binti Ali	Bahagian Sri Aman,	murnihayati_ali@yahoo.com	Fax: 083-322058
		Tingkat 3, Wisma Persekutuan,		Hp: 012-5066751
		Jalan Hospital		
		95007 SRI AMAN, Sarawak.		
6	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 083-472116
	Dr. Jeffery Stephen	Bahagian Betong,	endena@yahoo.com	Fax: 083-471870
		Kilometer 2, Jalan Betong		Hp: 019-8584053
		95700 BETONG, Sarawak.		
7	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 083-472116
	Dr. Hasrina binti Hassan	Bahagian Sarikei,	hasrina.hassan@gmail.com	Fax: 083-471870
		Tingkat 3, Wisma Persekutuan,		Hp: 019-8584053
		96100 SARIKEI, Sarawak.		
8	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 084-315494
	Dr. Muhamad Rais bin Abdullah	Bahagian Sibu,	mdrais@srwk.moh.gov.my	Fax: 084-331492
		Tingkat 5, Wisma Persekutuan,		Hp: 019-8196459
		Persiaran Brooke,		
		96000 SIBU, Sarawak.		
9	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 084-796404
	Dr. Ngian Hie Hung	Bahagian Kapit,	ngianhu@srwk.moh.gov.my	Fax: 084-798092
		Tingkat 3, Wisma Persekutuan,	ngianhu@yahoo.com	Hp: 019-8199679
		96800 KAPIT, Sarawak.		
10	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 084-873301
	Dr. Hj. Osman bin Hj. Rafaie	Bahagian Mukah,	dho_10mukah@yahoo.com	Fax: 084-872963
		Jalan Haji Muhamad Pauzi,	dho_mukah@yahoo.com	Hp: 013-8014700
		96400 MUKAH, Sarawak.		
11	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 086-331455
	Dr. Abdul Rahim bin Abdullah	Bahagian Bintulu,	dr. abdrahim@srwk.moh.gov.my	Fax: 086-331814
		Lenuhraya Abang Galau	dr.abdrahim@yahoo.com.my	Hp: 019-7591956
		97000 BINTULU, Sarawak		
12	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 085-424722
	Dr. Faizul bin Mansoor	Bahagian Miri,	bmfaizul@moh.gov.my	Fax: 085-429987
		Jalan Temenggong Oyong Jau,		Hp: 013-8335504
		98000 MIRI, Sarawak.		
13	**Pegawai Kesihatan Bahagian**	Pejabat Kesihatan Bahagian		Tel: 085-211046
	Dr. Norliza binti Jusoh	Bahagian Limbang,	norlizaj@srwk.moh.gov.my	Fax: 085-213294
		Jalan Pandaruan,		Hp: 013-8163163
		98700 LIMBANG, Sarawak.		