# REALITIES OF VIRAL HAEMORRHAGIC FEVERS IN AFRICA

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Importation of viral haemorrhagic fevers (VHF) from Africa endemic areas to non-endemic countries periodically raises public concern and media interest. Although these are rare events, they seem to have been of increased frequency in the last few years.

Recent and publicised examples of imported cases include three cases of imported Lassa fever (from Nigeria to Wiesbaden, Germany, April 2000 ; from Sierra Leone to London, UK, March 2000 ; and from Ghana and/or Côte d'Ivoire via Portugal to Wursburg, Germany, January 2000).

We can also mention a yellow fever case from Côte d'Ivoire to Berlin, Germany, August 1999. Older event would include a case of Crimea Congo Haemorrhagic Fever (CCHF) from Zimbabwe to Dorset, UK, December 1997 ; a patient from an undetermined African country with a non-specific viral haemorrhagic fever syndrome in Mainz, Germany, September 1997 ; and a case of Ebola haemorrhagic fever, from Gabon to Johannesburg, South Africa, 1997, who unfortunately led to a fatal secondary case.

To monitor viral haemorrhagic fevers and other epidemic-prone or emerging diseases, WHO has established a specialised network of laboratory and has developed its own capacity in global epidemic intelligence (see reference). By actively collecting and verifying information on reported outbreaks, then sharing this information with key public health professionals, this new WHO activity has considerably improved the global capacity for alert and response to epidemics. The information is disseminated via the Outbreak Verification List (OVL) to over 900 institutions and key individuals. Since early 1997 and as of July 2000, 641 outbreak reports have been investigated and disseminated if found to be of international public health importance.

A total of 103 of these reports suspected to be outbreaks of viral haemorrhagic fevers have been verified by WHO ; among the 55 that involved African countries, 26 (47 p. 100) were non-specific haemorrhagic fever syndromes that could not be laboratory confirmed ; among the confirmed reports, 13 (24 p. 100) were yellow fever, while Ebola, Marburg, and Rift Valley fevers, represented 3 (5 p. 100) reports each ; Lassa fever was reported five times (9 p. 100) and CCHF twice (4 p. 100).

If the data above help to have a better picture of the reported incidence of viral haemorrhagic fevers outbreaks in Africa, the public misperception of their threat and severity of the diseases is widespread, often amplified by the media. A striking example is Ebola virus infection depicted as an airborne and always fatal disease leading to death in a dramatic picture associating massive bleeding from all over the body and, literally, the melting of all organs. Interestingly misperception also exists in Africa endemic countries, as the local affected communities will often associate these dramatic outbreaks with spiritual forces.

The presentation will attempt to demystify misperceptions and show the actual impact of viral haemorrhagic fevers in Africa, the threat that they may represent to non endemic countries and how they could possibly be contained.

## REFERENCE

• GREIN T.W., KAMARA K.B. , RODIER G. et Coll. - Rumors of disease in the global village : outbreak verification. *Emerg. Inf. Dis.* 2000 ; **6** :