

Navigation

[Back](#)

Home

Archive Number 20070106.0058

Search Archives

Published Date 06-JAN-2007

Announcements

Subject PRO/AH/EDR> Rift Valley fever - Kenya (multi-province)

Recalls/Alerts

Calendar of Events

RIFT VALLEY FEVER - KENYA (MULTI-PROVINCE)

Maps of Outbreaks

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FAQs

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Who's Who

[1]

Date: Fri 5 Jan 2007

Awards

From: Dr. S. K. Sharif <sksharif@africaonline.co.ke>

Citing ProMED-mail

Update: Preliminary epidemiological data

Links

Donations

The outbreak of Rift Valley Fever in humans was first confirmed from cases presenting with fever, headache, myalgia and hemetemis in patients admitted to Provincial General Hospital, Garissa on 23 Dec 2006. The diagnosis was confirmed as Rift Valley fever virus (RVFV) infection by specific IgM [assay] and PCR [amplification]. After the first cases were confirmed the Ministry of Health (MOH), Centre for Disease Control (CDC) and the World Health Organization sent a team to investigate and put in place control measures to stop the spread of the disease.

Preliminary data show that 71 percent of all cases admitted with RVF were males and 29 percent were females. Patients less than 20 years comprised less than 3 percent. The age of male patients was 28 years while the mean age of female patients was 33 years. The attack rate for Garissa district was 19 per 100 000 people and the highest attack rate was in Shanta Abak at 129 cases per 100 000. The first cases were reported from Shanta Abak.

The commonest presenting features were fever, headache, muscle pains and joint pains. The patients with severe disease had a bleeding tendency such as hemetemesis, bleeding from the nose and gums. A total of 86 percent of the patients interviewed said that they drank raw milk and 71 percent said that they had drunk milk from a sick animal 2 weeks before onset of symptoms. Most patients lived near a swampy area. In all, 71 percent of patients had sick animals in their herds and 60 percent had lost an animal due to disease 2 weeks prior to onset of symptoms; 53 percent had slaughtered a sick animal while 53 percent reported they had eaten meat from either a sick or a dead animal. Fifty-one percent of patients were using a [mosquito] net.

Cases have now been reported from other parts of North Eastern Province such as Ijara, Garissa and also in 2 districts of Coast Province (Tana River and Kilifi District). Cumulative figures as of 5 Jan 2007 are 188 cases with 68 deaths.

The Government has imposed a quarantine for animals in North Eastern Province and also imposed a ban on slaughtering animals at home. The Ministry of Health with CDC, WHO, UNICEF and the Red Cross have mounted an intensive health education program using electronic media, religious leaders and health workers to tell people to avoid contact with sick animals, to stop drinking raw milk and to stop eating meat from sick or dead animals. It has started distributing insecticide treated nets and indoor residual spraying and larviciding stagnant pools of water.

--

Dr. S. K. Sharif
sksharif@africaonline.co.ke

[2]

Date: Sat 6 Jan 2007

From: Mary Marshall <tropical.forestry@btinternet.com>

Source: Reuters Foundation AlertNet, ex MSF Belgium [edited]

<<http://www.alertnet.org/thenews/fromthefield/msfbelgium/116801382768.htm>>

On [Thu] 4 Jan 2007, 8 new suspected cases of Rift Valley fever were discovered by Medecins Sans Frontieres (MSF) teams in the Ijara District in the North-Eastern Province of Kenya. One of the patients died, taking the death toll to at least 67 since the outbreak began on 7 Dec 2006. MSF started battling the outbreak on 22 Dec 2006 when teams began work in the town of Garissa, setting up facilities to care for patients in the hospital in which 23 people had been treated for their Rift Valley fever infection. Today, MSF teams are working in Garissa, Ijara and Tano River providing information, trying to locate infected people and treating patients.

Rift Valley fever is a rare viral disease of which very little is known. Transmitted primarily to humans through contact with infected animal matter, such as blood or other fluids, or organs, it is also spread from livestock via Aedes mosquitoes. Consumption of raw milk, an important element in the diet of many nomadic pastoralists of the area, is also thought to lead to infection.

The epidemic has been triggered by extensive flooding in the region. [A map of the flooded areas of Kenya, where conditions may be favorable for the spread of Rift Valley fever, is available at:

<http://www.reliefweb.int/rw/fullMaps_Af.nsf/!uFullMap/C1A04D85AE2299308525722
 - Mod.CP]

The infected mosquito eggs are often laid around river banks and can lay dormant for years until they get submerged. Once covered with water, the eggs become infected mosquitoes which spread the virus. The last large outbreak in the same region was in 1997, also following heavy rains. During that time in Garissa District, around 27 500 were infected and 170 died. Only about one percent of people contracting Rift Valley fever develop the disease in a severe form. But of those who do, around half will die.

"The great majority of people infected just suffer from headaches and influenza-like symptoms reminiscent of malaria," explains MSF emergency coordinator Dr Ian Vanenglegem, "but the severe form, like other haemorrhagic diseases, attacks the liver and can cause the patient to bleed from every orifice. There is no cure, so we are only able to treat the symptoms."

One of the biggest challenges of dealing with this outbreak is logistical. "Much of Kenya's North-Eastern Province is not accessible by road because of the floods, so the only way we can find patients is to travel by helicopter," continues Dr Vanenglegem. [An interactive map is available at <http://www.alertnet.org/map/index.htm?ct=2&style=2&ex_iso=ET,KE,SO,SD,TZ,UG&>
 - Mod.CP]

"Just to reach the Masalani hospital in Ijara can take up to 3 days by road. It is estimated that up to 500 000 people are at risk from infection and this population is scattered over a vast area. We are sure that the number of cases discovered is only the tip of the iceberg."

Another difficulty is the fear of the outbreak among the population. With such a high death rate among those contracting the severe form of the disease, many people will see no benefit in making the often long journey to a health centre. To counter this, MSF teams are undertaking awareness-raising activities to increase understanding of what Rift Valley fever is and what measures people should take themselves. "This is an important concern because it is likely that, with the flood waters being a perfect breeding ground for mosquitoes, this outbreak will be followed to by high numbers of malaria infections. The initial symptoms may be similar to those of Rift Valley fever. If people are too scared to come to health centres, or simply don't see the point, then there may be even more unnecessary deaths," concludes Dr Vanenglegem.

Mary Marshall
<tropical.forestry@btinternet.com>

[PromED-mail acknowledges contribution of the same report by Pablo Nart. - Mod.CP]

[The outbreak of Rift Valley fever in the North Eastern Province of Kenya continues to develop. The number of confirmed deaths has risen from the 54 reported on Wed 3 Jan 2007, to 67 reported by MSF on Thu 4 Jan 2007, and now to the 68 reported by Dr. Sharif in the above report. Dr. Sharif also reports that the outbreak is now affecting 2 districts of the Coast Province of Kenya as well as the initial 3 districts of North Eastern province (see map at

<<http://en.wikipedia.org/wiki/Image:Kenya-relief-map-towns.jpg>>.

Preliminary data suggest that unusually the disease is spreading in the human population through the consumption of raw milk from sick animals and that transmission by mosquitoes may not yet be a determining factor. This circumstance may enable the local authorities to control the outbreak in the human population by vector control measures. - Mod.CP]

[see also:

Rift Valley fever - Kenya (North Eastern Province) (02) [20070103.0019](#)

Rift Valley fever - Kenya (North Eastern Province) [20070101.0004](#)
2006

Rift Valley fever - Kenya (Garissa) (05) [20061228.3643](#)

Rift valley fever - Kenya (Garissa) (03): WHO [20061228.3630](#)

Rift Valley fever - Kenya (Garissa) (02): conf. [20061223.3590](#)

Rift Valley fever - Kenya (Garissa): conf. [20061222.3584](#)

Viral hemorrhagic fever - Kenya (Garissa): susp [20061221.3578](#)
2004

Rift Valley fever - Saudi Arabia (Jizan) (09): OIE [20041003.2723](#)

Rift Valley fever - Saudi Arabia (Jizan): suspected [20040907.2500](#)
2003

Rift Valley fever, sheep, goat - Senegal: OIE [20031122.2901](#)

Rift Valley Fever - Mauritania: OIE [20031020.2635](#)

Rift Valley fever, human - Egypt (02) [20030902.2205](#)

Rift Valley fever - Egypt [20030827.2158](#)

Rift Valley fever, livestock, human - Mauritania: OIE [20030105.0034](#)
2002

Rift Valley fever, sheep, goat - Senegal: OIE (02) [20021226.6130](#)

Rift Valley fever, sheep and goat - Senegal: OIE [20021221.6107](#)
1998

Obituary: Louise Martin, CDC (Nairobi) (02) [19980811.1577](#)

Rift Valley fever - Kenya & Somalia (07) [19981228.2447](#)

Rift Valley fever - Kenya [19980721.1373](#)

Rift Valley fever - Kenya & Somalia (04) [19980413.0676](#)

Rift Valley fever - Kenya (Nairobi) [19980217.0309](#)

Rift Valley fever - Kenya and Somalia (03) [19980131.0200](#)

.....cp/pg/dk

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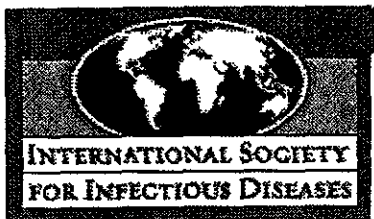
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医薬品 研究報告 調査報告書

識別番号・報告回数		報告日	第一報入手日 2007. 2. 16	新医薬品等の区分 該当なし	機構処理欄
一般的名称	乾燥濃縮人血液凝固第Ⅷ因子	研究報告の公表状況	ProMED 20070216-0586, 2007 Feb 16. 情報源:EMS Network News, 2007 Feb 15.	公表国	
販売名(企業名)	クロスエイトM250(日本赤十字社) クロスエイトM500(日本赤十字社) クロスエイトM1000(日本赤十字社)			オーストラリア	
研究報告の概要	<p>○クンジンウイルス—オーストラリア(西オーストラリア)</p> <p>保健当局は、Kimberley地区東部とPilbara地区東部において蚊が媒介するウイルスの証拠が見つかったとして、西オーストラリア州北部に居住あるいは滞在中の人々に、蚊に注意するよう呼びかけた。西オーストラリア大学が実施するサーベイランスプログラムによって、今年の雨期に初めてクンジンウイルスが確認された。</p> <p>クンジンウイルスは、蚊によって媒介されるウイルスで、マレーバレー脳炎(MVE)ウイルスと同じグループに属する。感染すると、関節痛、発熱、発疹などロスリバーウイルスに似た症状を引き起こす。しかし、稀にMVEのように頭痛、首のこわばり、発熱、精神症状、昏睡などを発症し重症となる例もある。ウイルスに感染しやすいのは、乳児、小児、旅行者、新規雇用者など、最近感染地域に来た人々であるが、上記のような症状を発症した人は、早めに医師の診察を受けるべきである。クンジン、MVE、ロスリバーウイルスなどに対して個別の治療法やワクチンはない。</p> <p>KimberleyやPilbaraの訪問を計画している場合は、予定を変更する必要はないが、肌を露出しない、DEETなどの虫除け剤を使用する、蚊を通さない網戸を取り付ける、適切な衣服や蚊帳を使用して子どもを守るなどの対策を行い、蚊に刺されないようにすることが重要である。</p>				使用上の注意記載状況・ その他参考事項等
報告企業の意見		今後の対応			
<p>今年の雨期に初めてクンジンウイルスが確認され、当局は西オーストラリア州北部に居住あるいは滞在中の人々に、蚊に注意するよう呼びかけたとの報告である。</p>		<p>クンジンウイルスはウエストナイルウイルスと近縁な脂質膜を持つRNAウイルスである。これまで、本製剤によるクンジンウイルス感染の報告はない。本製剤の製造工程には、平成11年8月30日付医薬発第1047号に沿ったウイルス・プロセスバリデーションによって検証された2つの異なるウイルス除去・不活化工程が含まれていることから、本製剤の安全性は確保されていると考えるが、念のため今後も情報収集に努める。なお、日本赤十字社では帰国後4週間は献血不適とし、輸入感染症の防止に努めている。</p>			

22



about ISID | membership | programs | publications | resources | 12th ICID | site map



Navigation

[Back](#)

Home

Archive Number 20070216.0586

Search Archives

Published Date 16-FEB-2007

Announcements

Subject PRO/EDR> Kunjin virus - Australia (WA)

Recalls/Alerts

KUNJIN VIRUS - AUSTRALIA (WESTERN AUSTRALIA)

Calendar of Events

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About ProMED-mail

Date: 15 Feb 2007

Who

From: Joseph Dudley <jdudley@eaicorp.com>

Awards

Source: EMS Network News

Citing ProMED-mail

<[http://www.bigmedicine.ca/australianz.htm#Mosquito-borne disease risk in th](http://www.bigmedicine.ca/australianz.htm#Mosquito-borne+disease+risk+in+th)>

Links

The Department of Health [of Western Australia] today urged people living and holidaying in the north of Western Australia to take extra care against mosquito bites, following evidence of mosquito-borne viruses in the east Kimberley and east Pilbara regions.

Donations

Department of Health Medical Entomologist Dr Mike Lindsay said that the Department's surveillance program (undertaken by The University of Western Australia) had detected activity of Kunjin virus for the first time this wet season.

"Kunjin virus, which is carried by mosquitoes, belongs to the same group of viruses as Murray Valley encephalitis (MVE) virus," he said. [And is a member of the Japanese encephalitis complex of viruses. - Mod. TY]

"Infection with Kunjin virus can cause symptoms that are similar to Ross River virus disease, such as swollen and aching joints, fever and rash. However, in rare cases it can cause more severe symptoms, like MVE, which include headache, neck stiffness, fever, delirium and coma.

"In young children, fever might be the only early sign, so parents should see their doctor if concerned, and particularly if their child experiences drowsiness, floppiness, irritability, poor feeding, or general distress."

People most likely to be affected by the Kunjin or MVE virus are newcomers to affected regions, such as babies, young children, tourists or new employees, but anyone experiencing these symptoms should seek medical advice quickly.

"Wet season activity of mosquito-borne viruses now appears to be well underway in the north, with a few reported cases of Ross River and Barmah Forest viruses as well," Dr Lindsay said.

There are no specific cures or vaccines for

Kunjin, MVE, Ross River or Barmah Forest viruses so it is very important that people take care to prevent being bitten by mosquitoes.

The warning particularly applies to people living, visiting or camping near swamp and river systems during the evening and night through the north-east Kimberley and mosquito-prone areas of the Pilbara. However, the viruses may be active elsewhere in the north of the state, especially where mosquitoes are abundant.

"Controlling mosquitoes in most rural regions of WA is generally not possible because of the large size and inaccessibility of natural mosquito breeding habitat," Dr Lindsay said.

People do not need to alter their plans to visit the Kimberley or Pilbara as a result of this warning. However, it is important to avoid mosquito bites by taking a few simple steps, such as:

- * avoiding outdoor exposure from dusk and at night in all areas of high mosquito activity;
- * wearing protective (long, loose-fitting) clothing when outdoors; and
- * using a personal repellent containing diethyl toluamide (DEET) or picaridin. The most effective and long-lasting formulations are lotions or gels. Most natural or organic repellents are not as effective as DEET or picaridin;
- * ensuring insect screens are installed and completely mosquito-proof: use mosquito nets and mosquito-proof tents;
- * ensuring infants and children are adequately protected against mosquito bites, preferably with suitable clothing, bed nets or other forms of insect screening.

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<promed@promedmail.org>

[Professor John Mackenzie commented in archive no. [20010208.0249](#): "Kunjin virus is not restricted to Australia. In all, 3 isolates of Kunjin virus were obtained from Sarawak, Borneo in 1966, by Bowen and colleagues (Bowen, et al. Ann Trop Med Parasitol 1970; 64: 263-8)."

In addition, Hawkes, Marshall, and our laboratory have found serological evidence of Kunjin virus in Papua New Guinea, and Olson [and colleagues] and Kanamitsu [and colleagues] have found serological evidence of Kunjin virus in parts of the eastern Indonesian archipelago. We have also recently isolated Kunjin virus from mosquitoes trapped on Saibai Island in the Torres Strait, about 4 km from the coast of Western Province of Papua New Guinea. Taken one step further, Kunjin virus has recently been re-classified by the International Committee for the Taxonomy of Viruses (ICTV) as a subtype of West Nile virus. The definition of where Kunjin extends to is not then quite so simple!"

PromED thanks Lizz Kopecny for sending in the same report.

A map of Australia can be accessed at:
<<http://www.map-of-australia.co.uk/map-of-western-australia.htm>>
- Mod.TY]

[see also:
2001

Kunjin virus - Australia (NT) (02) [20010208.0249](#)
Kunjin virus - Australia (NT): alert [20010206.0238](#)

.....lm/ty/lm

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医薬品 研究報告 調査報告書

識別番号・報告回数		報告日	第一報入手日 2007. 2. 16	新医薬品等の区分 該当なし	機構処理欄
一般的名称	乾燥濃縮人血液凝固第Ⅷ因子	研究報告の公表状況	ProMED 20070216-0596, 2007 Feb 16. 情報源: Peru.com, 2007 Feb 16.	公表国	
販売名(企業名)	クロスエイトM250(日本赤十字社) クロスエイトM500(日本赤十字社) クロスエイトM1000(日本赤十字社)			ペルー	
研究報告の概要	<p>○黄熱—ペルー(Cuzco) 地方保健局長官は、Cuzco県のLa Convencion郡で黄熱による死亡例が3例発生したと報告した。Cuzcoの保健当局によると、このうち1例はMatoriato地区で発生したとのことである。 当局は、La Convencion郡に向かう人全員を対象とした黄熱のワクチン接種キャンペーンを含む危機管理計画の策定を決定した。</p>				使用上の注意記載状況・ その他参考事項等
					クロスエイトM250 クロスエイトM500 クロスエイトM1000 血液を原料とすることに由来する 感染症伝播等 vCJD等の伝播のリスク
報告企業の意見		今後の対応			
ペルーのCuzco県La Convencion郡で黄熱による死亡例が3例発生したとの報告である。		黄熱ウイルスはウエストナイルウイルスと近縁な脂質膜を持つRNAウイルスである。これまで、本製剤による黄熱ウイルス感染の報告はない。本製剤の製造工程には、平成11年8月30日付医薬発第1047号に沿ったウイルス・プロセスバリデーションによって検証された2つの異なるウイルス除去・不活化工程が含まれていることから、本製剤の安全性は確保されていると考えるが、念のため今後も情報収集に努める。なお、日本赤十字社では帰国後4週間は献血不適とし、輸入感染症の防止に努めている。			

23



about ISID | membership | programs | publications | resources | 12th ICID | site map



- Navigation
- Home
- Search Archives
- Announcements
- Recalls/Alerts
- Calendar of Events
- Maps of Outbreaks
- Submit Info
- Subscribe/Unsubscribe
- FAQs
- About PromED-mail
- Who's Who
- Awards
- Citing PromED-mail
- Links
- Donations

Back

Archive Number 20070216.0596
Published Date 16-FEB-2007
Subject PRO/AH/EDR> Yellow fever - Peru (Cuzco)

YELLOW FEVER - PERU (CUZCO)

A PromED-mail post
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 International Society for Infectious Diseases
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Date: 16 Feb 2007
 From: PromED-PORT <Promed-Port@promedmail.org>
 Source: Peru.com
 [Machine translation edited by Mod.JW]
 <http://www.peru.com/noticias/idocs/2007/2/16/DetalleDocumento_382519.asp>

The regional director of Health, Alberto Caro Palavisini, reports that recently 3 deaths have taken place from yellow fever in the province of La Convencion, department of Cuzco.

The regional director of health of Cuzco maintained that one of these deaths was registered in the sector of Matoriato.

The authorities decided to elaborate a contingency plan that includes a mass vaccination campaign against yellow fever, for all people coming to the valleys of La Convencion.

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 PromED
 <promed@promedmail.org>

[La Convencion is the northernmost province in the department of Cuzco, beyond Cuzco city & Macchu Picchu. Nevertheless, it would be prudent for travelers to those tourist spots to get vaccinated, to protect against the possibility that a patient harboring the YF virus is hospitalized and infects urban mosquitoes. Macchu Picchu itself is too high for *Aedes aegypti*, but you have to go to Cuzco first in order to get there. See map:
 <<http://www.nkf-mt.org.uk/images/South%20America/Peru/Cuzco%20District.map.gif>
 - Mod.JW]

- [see also:
 2006

 Yellow fever - Peru (Ayacucho): alert [20060318.0836](#)
 Yellow fever - Peru [20060101.0002](#)
 2004

 Yellow fever - Colombia, Peru [20040314.0710](#)
 2003

 Yellow fever - Peru (San Martin) [20030817.2065](#)
 Yellow fever - Brazil, Colombia, Peru [20030219.0432](#)
 2001

 Yellow Fever - Peru (02) [20010607.1120](#)
 Yellow Fever - Peru [20010330.0646](#)
 1999

 Yellow Fever - Peru (Junin) [19990610.0991](#)

Yellow fever - Peru (San Martin) 19990509.0762
1995

Yellow fever - Peru 19950616.0421]
.....jw/lm

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医薬品 研究報告 調査報告書

識別番号・報告回数			報告日	第一報入手日 2007年3月2日	新医薬品等の区分 該当なし	厚生労働省処理欄
一般的名称			研究報告の公表状況	Transfusion 47 (1): p162-170 JAN 2007	公表国 カナダ	
販売名 (企業名)	タココンプ (CSL ベーリング株式会社)					
研究報告の概要	<p>問題点 (Simian foamy virus の輸血による感染)</p> <p>Simian foamy virus (SFV)は非ヒト霊長類レトロウイルスで、非ヒト霊長類を扱う仕事に従事または狩猟するヒトに感染する。Simian retrovirus の異種間感染は、ヒトでの HIV と HTLV の etiology であると考えられる。SFV は生息宿主では病原性がないが、他の Simian retrovirus と共有系統であるため、異種間感染後に病原性を獲得するか疑問が生じる。</p> <p>本研究において SFV が輸血により感染する特徴があるか調査した。制御された環境下で、SFV 感染サルの血液が SFV 非感染サルに輸血された。ウエスタンブロット法で、輸血後9週目に弱い抗体反応が現れ、12週目に新生の抗体が強く現れた。</p> <p>輸血8週後に感染したサルの血液から分離したDNAを nested PCR で調べると、proviral DNA が検出された。Real-time PCR で1000細胞中に11コピーのSFV provirus が測定された。輸血9週後では最高値の39コピーが測定された。</p> <p>レシピエント動物の血漿から抽出された核酸を Real-time PCR で調べたところ、検出限界下限レベルのSFV の存在が確認できた。</p> <p>サルレシピエントの唾液中に感染後29週に分子レベルで存在が確認され始めた。慢性的に感染しているサルの唾液中には血漿中で検出されるDNAの約1000倍のウイルス量が検出された。</p> <p>本研究が、非ヒト霊長類モデルにおいて輸血によるSFV感染を示す最初の報告であり、全血によるSFV感染がおこることを示すのに説得力がある証拠となる。</p> <p>示唆的な血漿中のSFV分子の存在は、血液製剤によるSFV感染リスクに関連する新しい情報を提供するものである。血液供給を守るための手段には、約$\log 10^3$の白血球数を減少させる白血球除去が含まれる。細胞関連の病原体の感染性を減弱させるため努力しているが、感染リスクは除去できない。細胞を含有する血液製剤に加え、血漿がSFV感染源である可能性もあるかもしれない。現在のほとんどの血漿分画製剤は、多種の不活化工程を経るが、原料血漿とプール血漿中にレトロウイルス感染に対する抗体が存在する場合、排除されるべき理由となるであろう。</p> <p>ヒトからヒトへのSFV感染の本当のリスクは限られたデータのため、未だに不明である。</p>					使用上の注意記載状況・その他参考事項等
	報告企業の意見	今後の対応				
原料血漿にウイルスが混入する可能性があるが、本剤の製造工程の液状化熱によりレトロウイルスのSFVは不活化できると考えられる。	今後ともSFVなど新しい感染症に関する情報収集に努める所存である。					

203

