

RESEARCH

Table 7. Data for sCJD patients who had ophthalmic surgery for cataracts after onset of sCJD symptoms, Japan, 1999–2008*

Patient no.	Interval between onset of sCJD symptoms and surgery, mo	Age at onset of sCJD, y	Symptom at onset of sCJD
1	0	60	Gait disturbance
2	0	61	Dementia
3	0	63	Visual impairment
4	0	71	Visual impairment
5	0	74	Visual impairment
6	0	74	Visual impairment
7	1	66	Dementia
8	1	74	Depression
9	1	85	Visual impairment
10	2	79	Tremor
11	4	81	Visual impairment
12	8	77	Anxiety
13	10	57	Dementia
14	14	64	Visual impairment

*sCJD, sporadic Creutzfeldt-Jakob disease.

more, a more sensitive method for early diagnosis of sCJD is needed because clinical diagnosis is sometimes difficult, particularly in atypical sCJD cases, such as MM2, MV2, VV1, or VV2 types (20–23), according to 6 phenotypes of sCJD divided by codon 129 polymorphisms of PrP (methionine/valine) and type of infectious PrP by Western blotting (24). Even neurologists may misdiagnose the initial stage of the atypical sCJD cases as being another neurodegenerative disease such as Alzheimer disease and progressive supranuclear palsy (20). Moreover, patients who have undergone surgical procedures with possibly contaminated instruments need to undergo a risk assessment with long-term follow-up after careful ethical consideration. Since June 2004, we have identified and monitored all patients who underwent neurosurgical procedures with possibly contaminated instruments, CJD has developed in none of those patients.

In conclusion, we did not demonstrate any evidence of increased risk for sCJD associated with a history of surgery or blood transfusion in the Japanese surveillance system. However, the fact that some patients had surgeries, including neurosurgery, even after the onset of sCJD indicates that we cannot deny any possibility of transmission of prion diseases by medical procedures. Neurosurgeons, ophthalmologists, and other surgeons need to focus more attention on prion diseases to reduce the iatrogenic risk, as well as realize that prolonged, careful surveillance of prion diseases is necessary.

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EMERGING INFECTIOUS DISEASES

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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 2009年2月9日	新医薬品等の区分 該当なし	総合機構処理欄
一般的名称	別紙のとおり	研究報告の 公表状況	CDC/Travelers' Health (Updated: February 04, 2009)	公表国 ジンバブエ	
販売名(企業名)	別紙のとおり				
研究報告の概要	<p>問題点：ジンバブエにおけるコレラのアウトブレイクで61,304人の感染疑い例、3,181人の死亡例が報告されている。</p> <p>ジンバブエの保健当局からコレラのアウトブレイクについて報告されている。国連人道問題調整事務所によると、2008年8月26日から2009年1月31日までにジンバブエ国内で61,304人の感染疑い例、3,181人の死亡例が報告されている。被害が大きい地域は、首都のHarare (14,126人感染、592人死亡)、Mashonaland West/Manicaland South (7,081人感染、458人死亡)である。コレラの発生例は、ジンバブエの全ての州から報告されている。また、ボツワナ、モザンビーク、ケニヤ、マラウイ、ナミビア、ナイジェリア、ギニアビサウ及びトーゴといった周辺国からも発生例が報告されている。</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		
別紙のとおり			今後とも関連情報の収集に努め、本剤の安全性の確保を図っていきたい。		

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一 般 的 名 称	①人血清アルブミン、②人血清アルブミン、③人血清アルブミン*、④人免疫グロブリン、⑤乾燥ペプシン処理人免疫グロブリン、⑥乾燥スルホ化人免疫グロブリン、⑦乾燥スルホ化人免疫グロブリン*、⑧乾燥濃縮人活性化プロテインC、⑨乾燥濃縮人血液凝固第Ⅷ因子、⑩乾燥濃縮人血液凝固第Ⅸ因子、⑪乾燥抗破傷風人免疫グロブリン、⑫抗HBs人免疫グロブリン、⑬トロンビン、⑭フィブリノゲン加第ⅩⅢ因子、⑮乾燥濃縮人アンチトロンビンⅢ、⑯ヒスタミン加人免疫グロブリン製剤、⑰人血清アルブミン*、⑱人血清アルブミン*、⑲乾燥ペプシン処理人免疫グロブリン*、⑳乾燥人血液凝固第Ⅸ因子複合体*、㉑乾燥濃縮人アンチトロンビンⅢ
販 売 名 (企 業 名)	①献血アルブミン20“化血研”、②献血アルブミン25“化血研”、③人血清アルブミン“化血研”*、④“化血研”ガンマーグロブリン、⑤献血静注グロブリン“化血研”、⑥献血ベニロン-I、⑦ベニロン*、⑧注射用アナクトC2,500単位、⑨コンファクトF、⑩ノバクトM、⑪テタノセーラ、⑫ヘパトセーラ、⑬トロンビン“化血研”、⑭ボルヒール、⑮アンスロビンP、⑯ヒスタグロビン、⑰アルブミン20%化血研*、⑱アルブミン5%化血研*、⑲静注グロブリン*、⑳ノバクトF*、㉑アンスロビンP1500注射用
報 告 企 業 の 意 見	<p>コレラは代表的な経口感染症の1つで、コレラ菌で汚染された水や食物を摂取することによって感染する。コレラ菌は、菌体表面のO抗原(リポ多糖体)の違いによって、現在205種類(11種類は未発表)に分類されている。このうち、コレラを起こすのはO1およびO139血清型のみである。わが国におけるコレラは、最近ほとんどが輸入感染症として発見される。すなわち熱帯・亜熱帯のコレラ流行地域への旅行者の現地での感染例である。国内での感染例の報告もあるが、輸入魚介類などの汚染が原因であろうと推定されていて、二次感染例と思われる例はほとんど無い。(http://idsc.nih.go.jp/idwr/kansen/k00-g15/k00_01/k00_01.html)</p> <p>仮に、本剤の原材料であるヒト血液にコレラ菌が混入していたとしても、弊所で製造している全ての血漿分画製剤の製造工程には、約0.2μmの「無菌ろ過工程」および、コレラ菌よりも小さいウイルスの除去を目的とした平均孔径19nm以下の「ウイルス除去膜ろ過工程」が導入されているので、これらの工程により除去されるものと考えられる。更に、これまでに本剤によるコレラ菌感染の報告例は無い。</p> <p>以上の点から、本剤はコレラ菌感染に対して一定の安全性を確保していると考え、今後とも関連情報の収集に努め、本剤の安全性の確保を図っていきたい。</p>

*現在製造を行っていない



Outbreak Notice

Cholera in Zimbabwe and Neighboring Countries

This information is current as of today, February 11, 2009 at 23:51

Updated: February 04, 2009

An outbreak of cholera has been reported by health officials in Zimbabwe. According to the United Nations Office of the Coordination of Humanitarian Affairs, from August 26 through January 31, 2009, 61,304 suspected cases and 3,181 deaths have been reported in the country. The worst-affected areas are the capital city of Harare (14,126 cases and 592 deaths), Mashonaland West (14,259 cases and 685 deaths), Manicaland South (7,081 cases and 458 deaths). Cases of cholera have been reported in all of Zimbabwe's provinces. Cases have also been confirmed in the neighboring countries of Botswana, Mozambique, South Africa, and Zambia. Additional sources have reported cases in Angola, Burundi, Democratic Republic of Congo, Kenya, Malawi, Namibia, Nigeria, Guinea-Bissau and Togo.

Cholera is a potentially fatal bacterial infection that causes severe diarrhea and dehydration. The disease is spread through untreated sewage and contaminated drinking water. There is no cholera vaccine available in the United States.

Advice for People Traveling to Zimbabwe

Most travelers are not at high risk for getting cholera, but travelers should be aware of the outbreak and make sure they are taking steps to prevent getting sick. Although no cholera vaccine is available in the United States, U.S. travelers can greatly reduce their risk for cholera by following CDC's safe food and water advice:

- Before departing for Zimbabwe, talk to your doctor about getting a prescription for an antibiotic to treat traveler's diarrhea.
- Drink water that you have boiled for at least one minute or treated with chlorine or iodine. Other safe beverages include tea and coffee made with boiled or treated water, as well as drinks that have been bottled and sealed (such as bottled water, carbonated drinks, and sports drinks).
- Do not put ice in drinks, unless the ice is made from boiled or treated water.
- Eat only foods that have been thoroughly cooked and are still hot, or fruit that you have peeled yourself.
- Do not eat undercooked or raw fish or shellfish, including ceviche.
- Make sure all vegetables are cooked. Do not eat salads or other raw vegetables.
- Do not eat foods and drink beverages from street vendors.
- Do not bring perishable seafood back to the United States.

A simple rule of thumb for safe food and water is "*Boil it, cook it, peel it, or forget it.*"

If you are traveling in Zimbabwe or neighboring countries and have severe watery diarrhea seek medical care right away. It is important to remember to drink fluids and use oral rehydration solution (ORS) to prevent dehydration.

More Information

The United Nations Office for the Coordination of Humanitarian Affairs in Zimbabwe has reported that new cases and deaths due to cholera are increasing. Although Zimbabwe has reported several smaller cholera outbreaks in recent years, this outbreak is more severe and may worsen with the onset of the rainy season. On December 3, the government of Zimbabwe declared a national emergency and appealed for international assistance. The humanitarian community has already been responding to this outbreak with water, sanitation, and hygiene initiatives in outbreak areas. WHO and its Health Cluster partners are finalizing a "Cholera Response Operational Plan" to evaluate and control the current outbreak.

For more information about the cholera outbreak in Zimbabwe, including maps:

- [Weekly Situation Report \(travel/forward.aspx?i=aHR0cDovL29jaGFvbmtpbmJudW4ub3JnL0RlZmF1bHQuYXNweD9hbGlihz1vY2hhb25saW5lLnVlLnM9Zy96aW1iYWJ3ZQ%3d%3d-uddp6Jmng70%3d\)](#) —United Nations Office for the Coordination of Humanitarian Affairs (February 3, 2009)
- [Cholera in Zimbabwe \(travel/forward.aspx?i=aHR0cDovL3d3dy53aG8uW50L2Nzi9kb24vMjAwOF8xMj8wMj9ib9pbmRleC5odG1s-SD5LRB9hkU%3d\)](#) —World Health Organization (December 2, 2008)
- [Relief Web \(travel/forward.aspx?i=aHR0cDovL3d3dy5yZWxpZWZ3ZWuaW50L3JlL2RlYy5uc2YvZG9MTE1P09wZW5Gb3JlLnJpTE%3d-HYAtd4y5GyY%3d\)](#); Zimbabwe—United Nations, Office of the Coordination of Humanitarian Affairs, (January 31, 2009)

For more information for travelers:

- [Warden Message about cholera, November 26, 2008 \(travel/forward.aspx?i=aHR0cDovL2hhcmFyZS51c2VlYmFzc3kuZ292LzExLz12LzlwMDquaHRtbA%3d%3d-l2qel6aC740%3d\)](#) —American Embassy in Harare, Zimbabwe [Warden messages \(travel/forward.aspx?i=aHR0cDovL2hhcmFyZS51c2VlYmFzc3kuZ292L3dhcmRib3odG1s-PuVXY907AcA%3d\)](#)
- [Travel Warning about cholera, December 12, 2008 \(travel/forward.aspx?i=aHR0cDovL2hhcmFyZS51c2VlYmFzc3kuZ292L3ppbWJhYndX3RyYXZlbiHdhcm5pbmcyLmh0bWw%3d-dHusw8uJ%2bDU%3d\)](#) —American Embassy in Harare, Zimbabwe