

Executive Summary

The goal of this second meeting was to continue efforts to establish a functional network of laboratories within the greater Southern Cone Region: Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay, capable to obtain accurate, high quality laboratory results on new, emerging and re-emerging infections found in the Region. The specific objectives include to: 1) review and update the Plan of Action prepared during the first meeting held in Buenos Aires, April 1998; 2) describe the current status of emerging infections in the participating countries; 3) prepare common protocols for specific problems including Hemolytic uremic syndrome (HUS), Influenza, and Hantavirus Pulmonary Syndrome; 4) discuss interaction between epidemiology and laboratory, and 5) discuss possibilities for cooperation among participating countries and international reference laboratories.

The Plan of Action prepared in Buenos Aires was slightly modified to include minor changes and the protocols for surveillance of certain disease syndromes.

The participants reiterated the syndrome and diseases that were selected for initial surveillance: in the original Plan:

- Influenza
- Antimicrobial resistance, especially for tuberculosis
- Acute diarrhea, especially bloody diarrhea leading to HUS
- Hantavirus pulmonary syndrome and hantaviral disease

Seven disease syndromes were selected for inclusion in the proposed surveillance program. A definition of each syndrome is given below:

1. *Undifferentiated febrile syndrome*: Fever (axillary temperature $\geq 38^{\circ}\text{C}$) that has no obvious etiology and has no more than 7 days evolution in a previously healthy person 5 years of age or older.
2. *Hemorrhagic fever syndrome*: An acute febrile (axillary temperature $\geq 38^{\circ}\text{C}$) hemorrhagic illness with or without evidence of capillary fragility in a person of any age.
3. *Febrile icteric syndrome*: Febrile patients (axillary temperature $\geq 38^{\circ}\text{C}$) more than one year of age with acute or insidious onset of icterus in whom there is no detectable cholelithiasis or biliary obstruction or malignancy.
4. *Acute respiratory distress syndrome*: A febrile illness (temp. $\geq 38^{\circ}\text{C}$) more than 5 years of age characterized by bilateral diffuse interstitial edema, with respiratory compromise requiring supplemental oxygen, developing within 72 hours of hospitalization, and occurring in a previously healthy person.
5. *Unexpected death syndrome*: Previously healthy persons, 5-49 years of age, who are hospitalized (or admitted to an emergency room) with a life threatening illness with hallmarks of an infectious disease for which no cause is identified.

6. *Infectious neurologic syndrome*: Febrile neurologic symptoms with clear CSF in a non-immunodepressed patient.
7. *Enteric syndrome*: Bloody or non bloody, acute diarrhea, with fever or not, in children or adults.

Again the surveillance for antimicrobial resistance was considered of great importance and agreed for: a) Resistance of *Streptococcus pneumoniae* and *Haemophilus influenzae* to penicillin; b) Resistance of *Salmonella* and *Shigella* to one or more drugs; c) Vancomycin resistant *Enterococcus* and d) Yeast and filamentous fungi.

The role of associated institutions that can to provide support to the network was highlighted. These institutions include CDC, INPPAZ, PAHO and WHO.

The participants agreed that the next meeting should be held in conjunction with the meeting of the network of the Amazon Region, and take place in Atlanta, Georgia, just before the International Conference on Emerging Infectious Diseases, July 2000.