EID Weekly Updates:

Emerging and Reemerging Infectious Diseases, Region of the Americas

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Main Updates index

- Hemorrhagic Conjunctivitis in Central America and the Caribbean
- Update on the SARS Situation

Hemorrhagic Conjunctivitis in Central America and the Caribbean

Since last month and continuing to present, several outbreaks of hemorrhagic conjunctivitis have been reported in various Central American and Caribbean countries. In Central America, the disease has mainly affected four countries:

- **Nicaragua** presented a radical increase during the month of May. People from 5 to 14 years were the most affected, and the counties with the highest number of cases were Managua and Chontales. Honduras suffered a big outbreak mainly among factory workers. The cities most affected were San Pedro Sula, El Progreso, La Lima, and Chomola.
- **Guatemala** reported 2,035 cases to 20 September 2003 in the 14 health zones. The national incidence rate is 13 cases per 100,000 inhabitants. Of the cases, 81% are concentrated in five areas: Izabal, Chiquimula, San Marcos, Petén Suroriente and Guatemala City.
- In **El Salvador**, 335 cases of hemorrhagic conjunctivitis occurred up to 16 September. The more affected health zones were the Center zone, Santa Ana and New Concepción. Samples have been taken from three health zones. Results to identify the causal agent are pending, although viral infection is suspected by the symptoms presented.
- In the **Caribbean**, eight countries reported having had cases of hemorrhagic conjunctivitis. The start and end of the outbreaks, and the description of them, are showed in the following table:

Table 1: Outbreaks of Hemorrhagic Conjunctivitis in Caribbean Countries

Country	Start	End	Causal Agent
Antigua and Barbuda	September	Cases continuing to appear.	Undetermined
Bahamas	May	End of August	Undetermined
Belize	1 August	9 September	--
Curaçao and Donaire	Beginning of August	End of August	Enterovirus (1 sample)
French Guiana	Beginning of June	Middle of July	Enterovirus (10 samples)

Guadeloupe	Beginning of July	Downward trend since beginning of September.	Undetermined
Martinique	10 August	Cases continuing to appear.	Undetermined
Jamaica	First week of July	Downward trend since end of August.	Adenovirus
St. Lucia	Middle of August	Middle of September	Undetermined
Suriname	Second week of July	Cases continuing to appear.	Clinical suspicion of enterovirus.
Turks and Caicos Islands	End of August	Downward trend in September.	Undetermined
Source: Caribbean Epidemiology Center (CAREC): Caribbean Surveillance Network (Carisurvnet).			

Sources

Caribbean Epidemiology Center (CAREC): Caribbean Surveillance Network (Carisurvnet).
Laboratory reports and Department of Epidemiology of the respective countries.
Boletín Epidemiológico de Guatemala (Guatemala Epidemiological Bulletin), Week 37-03.
Boletín Epidemiológico de El Salvador (El Salvador Epidemiological Bulletin), Week 38-03.

Update on the SARS Situation

Referring back to the case of SARS confirmed in Singapore this past 13 September, the Ministry of Health carried out a press conference in which it made public the document produced by the national and international group of experts entitled *Biosafety and SARS Incident in Singapore, September 2003: Report of the Review Panel on New SARS Case and Biosafety*. This Report contains the main conclusions and recommendations arrived at on the basis of this new case.

From the study of this case, the conclusion was that the most probable hypothesis is Despite his having worked in a laboratory with West Nile Virus, it was demonstrated that he could have had contact with SARS Co-V from laboratory contaminated material he was working with. The patient had no background of contact with persons suffering the disease, nor of travel to affected areas. The genomic sequence from both the environmental samples and the patient seem to be closely related, indicating that the contaminated material is the most probable source of infection.

The recommendations made concerning biosafety in the laboratories are centered upon compliance with basic structural requirements of the laboratories and with organizational procedures There are indications that audits need to be carried out to certify the safety of biosafety level three facilities, as well as training for all staff that the 27-year-old male acquired the infection through occupational exposure. working in this them. Biosafety level 3 containment requires special engineering and design features as well as heightened safety standards and practices. More information is

available in the WHO Laboratory Biosafety Manual.

In response to this incident, the World Health Organization (WHO) is reviewing its recommendations for the handling and storage of SARS specimens in laboratories. In October 2003, a meeting of SARS experts and leaders in the field of biosafety will take place, with the objective of reviewing current guidelines for handling the SARS coronavirus.

Sources: Ministry of Health, Singapore | World Health Organization (WHO)