EID Weekly Updates:

Emerging and Reemerging Infectious Diseases, Region of the Americas

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Severe respiratory disease in Colombia

From September 25th to November 28th, 2003 38 cases of a severe acute respiratory disease have been reported to the Colombian National Institute of Health (INS). The illness develops in a range of 10 to 7 days. The disease begins with high respiratory symptoms and fever, cough (with or without expectoration), dyspnea, headache, asthenia, and/or adynamia. Diarrhea, vomit or intense thoracic pain can also be present. Chest x-rays show interstitial and alveolar infiltrates. This illness has resulted in 13 deaths.

Information coming from health care providers of National Institutions evidences an increase of cases with respiratory infection. The disease is affecting patients ranging from 6 months-72 years old, with an average of 22 years old. Women represent 58% (22) of the cases. The most affected areas are: Antioquia, 19 cases (50%); North of Santander, 14 (37%) and Bogotá, 7 (13%). Four patients had other chronic diseases like Chronic Lung Disease, hypercoagulability syndrome and bronchial hyperreactivity.

In 16 of the 38 cases, the following respiratory viruses have been isolated: 2 with Influenza A, 2 with parainfluenza and 2 co-infections (one with Sincitial Respiratory Virus and parainfluenza 1, and another with Sincitial Respiratory Virus and influenza A).

Appropriate prevention and control measures have been taken, including educational messages for the population, awareness messages for health care providers and recommendation for influenza vaccination.

Source: Alert. Severe acute respiratory disease outbreak

Influenza outbreaks in Tocantins, Brazil

On November 17th, 2003 Tocantins State Health Department (SES/TO) reported to Brazil's Health Surveillance Secretariat (Secretaria de Vigilância em Saúde, SVS) the occurrence of cases of an illness with respiratory manifestations in the

Araguacena municipality.

According with the preliminary report sent by SES/TO, about 250 cases were identified of acute illness characterized by elevated fever and cough (initially dry, evolving into productive cough), accompanied by arthralgia, myalgia, and cephalalgia. The most affected groups were children and young adults. Of 13 nasopharyngeal secretion samples collected, 5 (38.4%) were positive for Influenza A (H3N2). In addition, more specific tests for Influenza are being performed on these samples to better determine the antigenic characteristic of this strain.

Another outbreak was notified to SES/TO in Pium municipality, with similar clinical characteristics, but with the occurrence of bronchopneumonia-type complications. Twenty three samples of respiratory secretion were collected during the epidemiologic investigation and are also being processed at the Instituto Evandro Chagas/SVS/MS. The preliminary results (rapid test for respiratory viruses) were positive for Influenza A in 12 samples (52.2%). More specific tests will also be performed on these samples.

According to information from SES/TO, the intensity of these outbreaks is diminishing. SVS continues to watch this situation closely and to technically support SES/TO, as necessary. It must be emphasized that the results of the epidemiological investigation performed until now are preliminary, and that final results of the tests being performed must be awaited in order to completely elucidate the problem.

Source: 5 december 2003, technical note. Ministry of Health Brazil

Influenza (H9N2) in Hong Kong Special Administrative Region of China (SAR)

On 9 December, WHO was informed that tests carried out by the Department of Health Public Health Laboratory Centre, Hong Kong SAR identified influenza A(H9N2) virus (avian influenza virus) in a 5-year old boy in Hong Kong SAR. The boy recovered after hospital treatment and has now been discharged.

Genetic sequencing is being carried out to confirm the identity of the virus. This is the second time H9N2 viruses have been isolated from humans in Hong Kong SAR. The last case occurred in 1999.

Hong Kong SAR has a comprehensive influenza surveillance system to alert health authorities of any avian influenza in the environment. The medical community has been contacted and health education messages have been distributed to kindergartens and schools.

For more information, see News Bulletin *"Boy recovered from influenza A virus (H9N2)"* Department of Health. Hong Kong Website

Source: Disease Outbreak News. WHO Website

Epizootic in primates of the Rorainópolis municipality, Roraima, Brazil

On November 24, 2003 the Roraima State Health Department reported to the

Secretariat of Health Surveillance (SVS/MS) the existence of an epizootic in the Rorainópolis municipality, in the south of the state. An investigation of suspected Yellow Fever cases in Rorainópolis was carried out and appropriate disease preventive and control measures were established. No suspected case of Yellow Fever has been detected in this area at this time.

On 21 November some residents of the locality reported five dead primates in neighborhood number 6, and another one in number 36. An active search of human cases with febrile syndrome and epizootics revealed the existence of epizootics in other neighborhoods (areas 9, 12, 25, and 30). Neither human yellow fever nor of febrile-jaundice illnesses have been reported, and patients seeking the Hospital or Primary care facilities with febrile syndrome were confirmed as malaria cases. It has not yet been possible to obtain tissue samples from the primates.

Appropriate disease preventive and control measures have been established, including vaccination, sera collection in unvaccinated fever cases, mosquito capture for viral circulation studies, and samples of tissue collection in primates, when needed.

Source: 12 december 2003, technical note. Ministry of Health, Brazil