



**EID
WEEKLY
UPDATES**

EID Weekly Updates:

**Emerging and Reemerging Infectious
Diseases, Region of the Americas**

Vol. 2, No. 7—19 February 2004

[Main Updates index](#)

- [Update on Avian Influenza](#)
- [Outbreak of Diarrheic Rotavirus Disease in Guatemala](#)

Update on Avian Influenza

Since our last update on 12 February 2004, 6 new human cases of avian flu H5N1 and ensuing 3 deaths have been reported, which brings the total to 31 human cases and 22 deaths. To date, 2 countries have reported human cases; and 8 countries, epizootics among poultry.

**Table 1: Current Situation of Avian Influenza—Human Cases and Epizootics
(as of 19 February 2004)**

Country	Epizootics		Virus subtype identified	Number of confirmed human cases		Comments
	Number of provinces affected	Species of birds affected		Cases	Deaths	
Cambodia	1 out of 19	Chickens: mostly laying/breeder hens	H5N1	0	0	Several localized outbreaks around Phom Penh.
China	16 out of 31	Ducks, chickens, geese, one peregrine falcon in Hong Kong	H5N1	0	0	Epizootic out of control: 43 farms affected, with Xizang Autonomous Region (Tibet) and Jilin province the areas most recently affected.
Indonesia	11 out of 26	Laying and breeding hens.	H5N1	0	0	Epizootia widespread, out of control.
Japan	1 out of 9	Egg-laying poultry	H5N1	0	0	Minor outbreak in Oita prefecture caused by subtype H5; further testing underway to confirm possible involvement of H5N1 strain.
Laos	1 out of 17	Laying hens	H5	0	0	Epizootia limited to one area in Vientiane.
Pakistan	1 out of 7	Egg-laying poultry	H7	0	0	Epizootic localized but widespread; etiology as

						yet unconfirmed.
South Korea	8 out of 14	Chickens, ducks	H5N1	0	0	16 new outbreaks reported.
Taiwan	1 out of 21	Laying hens, colored-feather native chickens	H5N2	0	0	Epizootic under control since January.
Thailand	29 out of 76	Chickens (broilers/fryers, laying hens), native poultry, ducks, geese, turkeys, ostrich, quail, peacocks	H5N1	9	7	Epizootic out of control; bird-human transmission, with 14 new outbreaks in various provinces.
Viet Nam	57 out of 64	Parent stock for broilers/fryers (chickens)	H5N1	22	15	Cluster of confirmed cases of subtype H5N1 in a Vietnamese family: investigation carried out on the virus isolated in a 23-year-old woman (see WHO Updates 19 and 20) to evaluate the possibility of person-to-person transmission; genetic material of the virus isolated in this patient and in her 30-year-old sister was of avian origin and contains no human influenza genes.
Total				31	22	

Sources

- *Avian Influenza A (H5N1)*. Geneva: World Health Organization (WHO)
 - [Update 27](#) (19 February 2004).
 - [Update 26](#) (18 February 2004).
 - [Update 25](#) (17 February 2004).
 - [Update 24](#) (16 February 2004).
 - [Update 23](#) (13 February 2004).
 - [Update 21](#) (11 February 2004).
 - [Update 20](#) (09 February 2004).
 - [Update 19](#) (06 February 2004).
- [Update on Avian Influenza in Animals in Asia](#), 19 February 2004. Alerts—Disease Information. Paris: World Organization for Animal Health (OIE). (Chart continually updated.)

Additional online information is available via the WHO [Avian Influenza](#) page, from the [Newsroom](#) of the Food and Agriculture Organization of the United Nations (FAO), and in an OIE Press Release

other press releases in the OIE [Highlights](#) section.

Sources (Consult for additional information.)

Avian Influenza A (H5N1) Updates. Geneva: World Health Organization (WHO)

- [Update 27](#) (19 February 2004).
- [Update 26](#) (18 February 2004).
- [Update 25](#) (17 February 2004).
- [Update 24](#) (16 February 2004).
- [Update 23](#) (13 February 2004).
- [Update 21](#) (11 February 2004).
- [Update 20](#) (09 February 2004).
- [Update 19](#) (06 February 2004).
- [Alerts—Disease Information](#). Paris: World Organization for Animal Health (OIE).
- [Control of Avian Influenza A \(HN51\): Public-Health Concerns](#) (11 February 2004). Geneva: World Health Organization.

Outbreak of Diarrheic Rotavirus Disease in Guatemala

Over the past few weeks, Guatemala has reported to PAHO the existence of an outbreak of diarrheic disease. The outbreak began last month; based on information dated 31 January 2004, it has affected 28,255 people, of whom 17,032 are under five years of age.

Laboratory analyses carried out both in hospitals and by the various areas of the Ministry of Health, as well as the Guatemalan Institute of Social Security (*Instituto de Guatemala del Seguro Social / IGSS*) have identified rotavirus in 15%–60% of the samples taken.

During the first three weeks of the outbreak, the increase in relation to 2003 was 9%, falling to 4% in the fourth week. The outbreak has affected above all the health districts of Ixcán, Petén Sur Oriente and Escuintla, but has also spread to Guatemala, Sacatepéquez, Suchitepéquez, Quetzaltenango, San Marcos, El Progreso and Zacapa.

Since the beginning of February, the country has carried out continuous monitoring of hospital admissions, which have averaged 250 per day. This monitoring—along with declaring a state of national epidemiological alert and strengthening information, education and communication—has resulted in a greater demand for care and subsequently in the number of reported cases.

Prevention and control measures have been taken with regard to strengthening surveillance of detected cases and identifying risk groups, and increasing awareness among health-care professionals at all levels with a view to the early detection and proper treatment of diarrheic syndrome and dehydration.

In addition, there has been a review and strengthening of more structural aspects such as intra- and intersectoral coordination, internal and mass communication, and the existence of contingency plans as well as of medicines and other supplies necessary to respond to this type of emergency.

The rotavirus transmission is mainly transmitted via fecal-oral contact. The virus is stable in the environment and can remain viable for long periods of time. This permits transmission from contact

with contaminated surfaces, water, or food. It is important for prevention and control measures to take these aspects into account.

There is no specific treatment for the disease. Two vaccines are currently being tested (Phase III trials), with promising preliminary results in terms of efficacy and safety. The principal strategy for dealing with such outbreaks consists of minimizing the mortality caused by dehydration as a result of the diarrheic syndrome. Approximately 1 out of every 40 children with gastroenteritis caused by rotavirus will require hospitalization and therapy providing fluids intravenously. Compliance with the oral-rehydration standards set by the global WHO strategy for *Integrated Management of Childhood Illness* (IMCI) is extremely important in these cases.

For more information, see the PAHO pages on [IMCI](#) and on [Diarrheal/Enteric Diseases](#).

Sources

- Ministry of Public Health and Social Assistance of Guatemala, Epidemiology, Last Epidemiological Week, *Epidemiological Bulletin of Guatemala*, Epidemiological Week No. 4, 25–31 January 2004, pp. 1–2 and 4–6 ([Ministerio de Salud Pública y Asistencia Social de Guatemala](#), Epidemiología, Última Semana Epidemiológica, *Boletín epidemiológico de Guatemala*, Semana epidemiológica No. 4-2004, 25–31 enero 2004, pp. 1–2 y 4–6; in Spanish).
- Report to PAHO from Ministry of Health of Guatemala.