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CAREC SURVEILLANCE REPORT

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Report on Selected Communicable Diseases

Contents

DENGUE FEVER

During weeks 1-13, 2005, there were 742 cases of dengue fever reported to CAREC, compared to 541 cases in the corresponding period in 2004 [Table 1]. This increase was due to increased numbers of cases reported by Suriname, who also reported 6 cases of dengue haemorrhagic fever/shock syndrome.

During the period under review, while CAREC's laboratory confirmed by serology the presence of dengue in Dominica, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname and Trinidad and Tobago, no virus types were identified.

GASTROENTERITIS <5 YEARS

During weeks 1-13, 2005, there were 6,907 cases of gastroenteritis <5 years reported to CAREC, compared to 19,618 cases reported in the corresponding period last year [Table 1]. This was primarily due to decreased reports from Jamaica, who experienced an outbreak early last year.

However, British Virgin Islands, Cayman Islands, Grenada, Montserrat, St. Vincent and the Grenadines and Turks and Caicos reported increased numbers of cases during the period under review. Of these countries, only British Virgin Islands and Turks and Caicos reported outbreaks, but the aetiologic agents and sources were not identified.

INFLUENZA

While the overall number of influenza cases reported during the period under review decreased (15,026 cases) compared to the corresponding period in 2004 (19,958 cases), three countries reported an increase – Bermuda, Dominica and Grenada [Table 2]. It should also be noted that cases were reported based on clinical diagnosis. No virus types were identified.

MALARIA

The decrease in reported numbers of cases of malaria reported during weeks 1-13, 2005, compared to the corresponding period last year was mainly due to fewer cases being reported from Suriname (data from Suriname was incomplete as not all sites reported and data was not reported for some weeks) and no report being received from Guyana. However, Belize reported an increased number of cases during the period under review compared to the corresponding period in 2004 [Table 2].

MENINGOCOCCAL INFECTION

During the period under review one case of meningococcal infection was reported from Trinidad and Tobago [Table 1]. This case was investigated with a laboratory confirmed diagnosis of *Neisseria Meningitidis* serogroup B. No further cases were identified.

SALMONELLOSIS

There was an increase in the reported number of cases of Salmonellosis during the period under review compared with the corresponding period last year, primarily due to increased reports from Barbados and Suriname [Table 1]. However, no outbreaks were reported. Only St. Lucia reported a suspected family cluster, which is currently under investigation.

VIRAL HEPATITIS A AND B

During the period under review, Belize reported 11 cases of viral hepatitis A, compared to 4 cases during the corresponding period in 2004. However, the cases were not linked, were in different age groups and were reported from different regions of the country.

While the overall number of viral hepatitis B cases reported during the period under review decreased slightly (108 cases) compared to the corresponding period in 2004 (117 cases), Trinidad and Tobago and St. Vincent and the Grenadines reported an increase in cases [Table 1]. However, no outbreaks were reported and the cases from Trinidad and Tobago varied in age group and geographic area.

ERRATUM: In the last issue of CSR (Volume 25, number 1, March 2005), the number of leprosy cases reported from Belize during weeks 1-52, 2004 was incorrectly stated as 1,045. The correct number of leprosy cases reported from Belize for this period was zero (0).

TABLE 1: DISEASES OF INTEREST IN THE CARIBBEAN

		SHIGELLOSIS		TYPHOID		GASTRO-ENTERITIS [<5yrs. old]		VIRAL HEPATITIS A		VIRAL HEPATITIS B	
COUNTRY	LAST REPORTING WEEK IN 2005	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004
ANGUILLA	13	-	-	0	0	17	22	-	-	0	0
ANTIGUA & BARBUDA	0	-	0	-	0	-	438	-	-	-	0
ARUBA	0	-	3	-	-	-	-	-	7	-	10
BAHAMAS	13	3	2	0	0	158	795	5	0	1	0
BARBADOS	13	0	0	0	0	5	8	-	-	-	-
BELIZE	13	0	0	0	3	300	463	11	4	0	0
BERMUDA	13	0	0	0	0	30	47	0	1	3	1
BR. VIRGIN ISLANDS	13	3	0	0	0	136	34	0	0	0	0
CAYMAN ISLANDS	13	0	5	0	0	128	109	0	0	0	0
DOMINICA	13	0	4	0	0	19	50	0	0	0	0
GRENADA	13	0	0	0	0	178	88	0	0	1	1
GUYANA	0	-	2	-	226	-	1583	-	0	-	1
JAMAICA	13	0	0	0	10	3308	12961	0	0	18	23
MONTSERRAT	13	0	0	0	1	15	1	0	0	5	8
SAINT LUCIA	10	1	0	0	0	61	101	0	0	0	2
ST. KITTS/NEVIS	0	-	0	-	-	-	42	-	-	-	-
ST. VINCENT & GRENADINES	13	0	0	0	0	189	121	-	-	12	7
SURINAME	13	38	26	4	0	622	979	2	0	49	64
TRINIDAD & TOBAGO	12	4	3	0	0	1607	1701	0	0	19	0
TURKS & CAICOS IS.	13	0	0	1	0	134	75	0	0	0	0
TOTAL		49	45	5	240	6907	19618	18	12	108	117

Source: Weekly Communicable Disease Reports submitted to the CAREC Epidemiology Division as of May 25, 2005

Notes

- = No reports received

TABLE 1: DISEASES OF INTEREST IN THE CARIBBEAN (cont'd)

		MENINGOCCOCAL INFECTION		LEPROSY		DENGUE FEVER		DENGUE HAEMORRHAGIC FEVER/SHOCK SYNDROME		SALMONELLOSIS	
COUNTRY	LAST REPORTING WEEK IN 2005	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004
ANGUILLA	13	-	-	0	0	0	0	-	-	0	0
ANTIGUA & BARBUDA	0	-	-	-	1	-	0	-	-	-	2
ARUBA	0	-	0	-	-	-	115	-	-	-	16
BAHAMAS	13	0	1	0	0	0	0	-	-	3	0
BARBADOS	13	0	0	0	0	89	170	-	-	56	27
BELIZE	13	0	0	-	-	2	2	0	0	0	2
BERMUDA	13	0	0	0	0	0	0	0	0	3	12
BR. VIRGIN ISLANDS	13	0	0	0	0	0	0	0	0	1	0
CAYMAN ISLANDS	13	0	0	0	0	0	0	0	0	0	5
DOMINICA	13	0	0	0	1	0	0	1	-	-	-
GRENADA	13	0	0	0	0	0	0	0	0	-	-
GUYANA	0	-	0	-	0	-	23	-	0	-	1
JAMAICA	13	0	0	1	3	4	5	0	0	5	0
MONTSERRAT	13	0	0	0	0	0	0	0	0	0	0
SAINT LUCIA	10	-	-	1	2	1	0	0	0	5	1
ST. KITTS/NEVIS	0	-	-	-	-	-	1	-	-	-	0
ST. VINCENT & GRENADINES	13	0	0	0	0	0	2	0	0	0	0
SURINAME	13	0	0	0	0	527	105	6	0	58	20
TRINIDAD & TOBAGO	12	1	0	4	8	118 [a]	118 [a]	0 [a]	16 [a]	12	8
TURKS & CAICOS IS.	13	0	0	0	0	1	0	-	-	0	0
TOTAL		1	1	6	15	624	423	7	0	143	94

Source: Weekly Communicable Disease Reports submitted to the CAREC Epidemiology Division as of May 25, 2005

Notes

- = No reports received

[a] = The Weekly Dengue Report issued by the National Surveillance Unit of the Ministry of Health.

Table 2: DISEASES UNDER INTERNATIONAL SURVEILLANCE

		MALARIA INDIGENOUS		INFLUENZA	
COUNTRY	LAST REPORTING WEEK IN 2005	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004
ANGUILLA	13	0	0	0	0
ANTIGUA & BARBUDA	0	-	0	-	59
ARUBA	0	-	-	-	-
BAHAMAS	13	0	0	133	1343
BARBADOS	13	0	0	-	-
BELIZE	13	37	0	390	1528
BERMUDA	13	0	0	1095	436
BR. VIRGIN ISLANDS	13	0	0	46	69
CAYMAN ISLANDS	13	0	0	106	131
DOMINICA	13	0	0	13	0
GRENADA	13	0	0	44	15
GUYANA	0	-	7710	-	1807
JAMAICA	13	42[i]	0	48	118
MONTSERRAT	13	0	0	76	178
SAINT LUCIA	10	0	0	88	113
ST. KITTS/NEVIS	0	-	0	-	86
ST. VINCENT & GRENADINES	13	0	0	420	752
SURINAME	13	3746	11872	5404	5791
TRINIDAD & TOBAGO	12	0	0	6981	7124
TURKS & CAICOS IS.	13	0	0	182	408
TOTAL		3825	19582	15026	19958

[i] **Malaria cases for 2005 were imported**

Source: Weekly Communicable Disease Reports submitted to the CAREC Epidemiology Division as of May 25, 2005

Notes

During the period under review in 2005 and the corresponding period in 2004, there were zero cases of Plague, Cholera and Yellow Fever reported to CAREC.

- = No reports received

Table 3: DISEASES OF THE EXPANDED PROGRAMME ON IMMUNIZATION

COUNTRY	LAST REPORTING WEEK IN 2005	ACUTE FLACCID PARALYSIS		FEVER AND RASH[1]		RUBELLA		TB ALL FORMS		TETANUS		PERTUSSIS	
		Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004	Weeks 1-13, 2005	Weeks 1-13, 2004
ANGUILLA	13	0	0	2	0	0	0	-	-	0	0	0	0
ANTIGUA & BARBUDA	0	0	0	0	0	-	-	-	2	-	0	-	0
ARUBA	0	0	0	0	0	-	-	-	1	-	-	-	-
BAHAMAS	13	1	0	2	0	0	0	11	5	0	0	0	0
BARBADOS	13	0	0	4	6	0	0	0	2	0	0	0	0
BELIZE	13	0	0	11	18	0	0	7	0	0	0	0	0
BERMUDA	13	0	0	0	0	0	0	0	0	0	0	0	0
BR. VIRGIN ISLANDS	13	0	0	0	1	0	0	1	0	0	0	0	0
CAYMAN ISLANDS	13	0	0	0	0	0	0	0	0	0	0	0	0
DOMINICA	13	0	0	0	1	0	0	5	0	0	0	0	0
GRENADA	13	0	0	0	0	0	0	2	2	0	0	0	0
GUYANA	0	4	4	3	2	-	0	-	103	-	0	-	0
JAMAICA	13	3	3	31	37	0	0	6	13	0	3	0	1*
MONTSERRAT	13	0	0	0	0	0	0	0	0	0	0	0	0
SAINT LUCIA	10	0	0	2	1	0	0	0	8	0	0	0	0
ST. KITTS/NEVIS	0	0	0	1	0	-	0	-	0	-	0	-	0
ST. VINCENT & GRENADINES	13	0	0	0	0	0	0	1	1	0	0	0	0
SURINAME	13	1	2	3	7	0	0	28	37	0	0	0	0
TRINIDAD & TOBAGO	12	2	0	4	5	0	0	6	32	0	0	0	0
TURKS & CAICOS IS.	13	0	0	0	0	0	0	0	2	0	0	0	0
TOTAL		11	9	63	78	0	0	67	208	0	3	0	1

Sources:

* Pertussis-like syndrome.

[1] = Acute Flaccid Paralysis and Fever & Rash - Expanded Programme on Immunization reports as of May 25, 2005

[2] = Weekly Communicable Disease Reports submitted to the CAREC Epidemiology Division as of May 25, 2005

Notes

- = No reports received

During the period under review, there were zero cases of Diptheria, Measles, Polio and Tetanus neonatorum reported to CAREC.

News and Announcements

WORKSHOP/MEETING REPORTS

World Health Organization (WHO) Global Salm-Surv Level 111 Workshop in Trinidad, May 2-6, 2005

CAREC in collaboration with the WHO Global Salm-Surv conducted an Integrated Food borne Disease Surveillance Training Course (Level III) for the Caribbean in Trinidad from May 2-6, 2005. Participants were epidemiologists, microbiologists, environmental health officers, and veterinarians from ten Caribbean countries, namely; Bahamas, Barbados, Belize, Dominica, Jamaica, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago and Turks and Caicos. A total of 52 persons were trained. Trainers were from CAREC, the Public Health Agency of Canada, the US Centers for Diseases Control and Prevention, the Danish Institute for Food and Veterinary Research and the Caribbean Program Coordination Unit of the Pan American Health Organization. The workshop focused on integrated food borne disease surveillance, outbreak investigations, a proposed burden of illness study, surveillance for mass gatherings (since the Caribbean will be hosting the 2007 World Cricket Competitions) and refining country-specific integrated FBD surveillance protocols.

Additionally, a two-day meeting on a burden of illness study was conducted in conjunction with the training course, with facilitators from the Public Health Agency of Canada, the US Centers for Diseases Control and Prevention and the Danish Institute for Food and Veterinary Research. Epidemiologists from the four countries in which the proposed study will be conducted (Bahamas, Barbados, St. Lucia and Suriname) also participated in this meeting. A draft protocol was developed, which will be further refined by the four countries and CAREC. Each country will conduct a study to estimate the national burden of gastroenteritis, acute respiratory infection, undifferentiated fever and selected pathogens associated with these syndromes. Since the Caribbean is the most tourism dependant region in the world, a tourism survey component was also included. Data collection for this project is scheduled to begin in 2006.

Sub-Regional Mortality Coding Clinic in St. Vincent & the Grenadines, March 7-11, 2005

CAREC, in collaboration with PAHO, conducted a sub-regional mortality coding clinic in March in St. Vincent and the Grenadines. There were 14 participants from 8 countries, (Anguilla, Bahamas, Barbados, Belize, Grenada, Jamaica, St. Lucia and St. Vincent and the Grenadines). The objectives of this workshop were: to evaluate mortality coders trained in 2003 in the use of ICD 10 decision tables for determining underlying cause of death; promote use of the rules, process and application of the ICD 10 decision tables as the standard among CAREC member countries; strengthen the capacity of the mortality coders to determine the underlying cause of death and assign the correct code using the ICD 10 decision tables; and to introduce participants to basic aspects of the analysis of mortality data; increase awareness of the importance of data quality and use in mortality surveillance.

During the next 6-8 months, in order to assess the extent of application of the skills acquired, mortality data from countries that participated in this workshop will be monitored and audited. In November, a second mortality coding clinic for representatives from countries that did not participate in this workshop will be conducted.

Workshop on Tuberculosis (TB) and TB/HIV Control in Jamaica, February 14-18, 2005

CAREC, in collaboration with PAHO/WHO, conducted a workshop for capacity building for tuberculosis control, with specific focus on TB/HIV control on February 14-18 in Jamaica. Thirty-one participants came from eight countries (Bahamas, Belize, St. Lucia, Jamaica, Guyana, Suriname, Turks and Caicos and Trinidad and Tobago and included a range of personnel, such as TB Programme Coordinators, National AIDS Laboratory Technologists, Physicians and Health Care Coordinators and Managers.

Topics covered included: an overview of TB and TB/HIV epidemiology; components of a TB programme; countries' operational and programmatic experience; general principles and main strategies in TB control (DOTS), experiences in DOTS implementation; ensuring essential components of DOTS; recording and reporting; monitoring and supervision; 3X5 initiative – opportunity for comprehensive care for people living with HIV/AIDS; policy on TB/HIV collaborative activities; screening; guidelines on TB/HIV epidemiological surveillance, comprehensive care for people living with HIV/AIDS (PLWA) and monitoring and evaluation. In view of these, countries were exhorted to adopt the following strategic goals 1) to reduce HIV transmission primarily through prevention; 2) reduce TB transmission by improved TB case-findings and DOTS; 3) prevent reactivation of TB in the HIV infected through preventive therapy; 4) provide antiretroviral therapy (ART) so as to limit HIV progression and TB incidence.

It was recognized that there is an urgent need to strengthen TB control programmes to meet the growing demand for related services as TB control can be a major partner for ART delivery. Generally, the DOTS strategy has been proven to be a success story in increasing cure rates and limiting the spread of drug resistant TB. However, DOTS has to be also strengthened and sustained in the aforementioned countries to address TB/ HIV issues. Recommendations arising from this workshop are as follows:

Countries' Recommendations

- Conduct needs assessments as appropriate and strengthen the implementation of supervision and M & E activities.
- Advocate for political support and commitment to ensure sustainability.
- Promote and support collaboration between TB and HIV programs.
- Strengthen tuberculosis information systems, including epidemiological surveillance of TB/HIV co-infection.
- Strengthen laboratory tuberculosis and HIV diagnosis, with emphasis on smears and cultures process at regional, national and local level, including QA/QC.
- Develop/update TB/HIV guidelines and protocols.
- Ensure continuous quality TB drug supply.
- Strengthen tuberculosis capacity building; human resources, adequate infrastructure, etc.

- Support inter-country collaboration.
- Support operational research at country level.

CAREC/PAHO/WHO's Recommendations

- Support TB/HIV needs assessment in each monitoring visit.
- Develop/update tuberculosis/HIV guidelines for PLWHA.
- Provide information and technical cooperation for access to quality TB/HIV drugs and ensure continuous supply.
- Advocate for political support and commitment to ensure sustainability.
- Provide technical cooperation for strengthening TB/HIV capacity.
- Identify and apply innovative strategies to strengthen human resources at local level.
- Analyze and disseminate epidemiological data on TB/HIV in the region through the strengthening of the TB information management system.
- Strengthen laboratory capacity for TB and HIV, including networking and QA.
- Promote development and implementation of strategic plans for DOTS expansion and TB/HIV control prevention.
- Promote resource mobilization/collaboration for TB/HIV regional activities.
- Review status of recommendations within one year.
- Increase technical cooperation for the CAREC member countries.
- Annual meeting to discuss advances the outcome.
- Promote strengthening of TB/HIV collaborative efforts in the context of WHO 3x5 initiative.
- Support operational research at country level.
- Support TCC projects in regards to TB/HIV in the region.

Meetings/Workshops of the Project for Strengthening of Medical Laboratories in the Caribbean, January to April, 2005:

The project for "Strengthening of Medical Laboratories in the Caribbean" is detailed on the CAREC website www.carec.org. The Project Implementation Unit at CAREC conducted the following meetings/workshops during the months of January to April, 2005:

1. Distance Education Partners and Stakeholders Meeting, March 21-23, 2005

The first Distance and Continuing Education Partners and Stakeholders meeting was held in Trinidad from March 21-23, 2005. The meeting was convened with the following objectives:

- Share participant experiences and best practices in relation to distance and continuing education structure, content and delivery.
- Review current complimentary initiatives underway in the Caribbean or elsewhere that can significantly impact the CAREC initiative .

- Examine the potential for collaboration and partnership between CAREC and stakeholder organisations towards strengthening of the regional infrastructure & programme delivery.

- Identify feasible approaches to capacity building of the distance and continuing education infrastructure in the region.

A feasibility study is to be conducted in June 2005 to determine how to strengthen the infrastructure in the Caribbean for the delivery of continuing and distance education to medical and related public health laboratory staff.

2. Sixth Training Session for Laboratory and Quality Assurance Managers, April 3-8, 2005

The 6th module of the Quality Assurance and Laboratory Managers training programme was held in Montego Bay, Jamaica from April 3-8, 2005. The objectives of the training programme were:

1. To develop a strong network of skilled, knowledgeable, committed laboratory managers and quality management leaders in the Caribbean Region
2. To improve the quality management systems in Caribbean laboratories

The theme for the module was "Existing and Emerging Public Health Diseases of Importance in the Caribbean and Clinical Diagnostic Testing & Blood Banking – Guiding Principles and Interpretation". Fifty-eight (58) participants from fifteen (15) CARIFORUM countries as well as Dutch and United Kingdom dependent territories took part in the training programme.

3. First Data for Action Workshop, April 26-28, 2005

The first Data for Action Workshop was held in Nassau, Bahamas from 26-28 April, 2005. The workshop was conducted for Medical Laboratory Directors, and their immediate stakeholders, namely Hospital Managers and Epidemiologists from Barbados, Jamaica, St. Vincent and the Grenadines and the Bahamas. The purpose of this workshop was to:

- Prepare and enable Laboratory Managers and their major information stakeholders to collectively and collaboratively optimize the quality and impact of information generated in the laboratory environment
- Prepare the laboratory for a proactive rather than reactive mode of support for its stakeholders

The training needs identified at the end of the workshop included:

- Critical Thinking, Analysis and Problem Solving, Systems Thinking and Decision Making Skills
- Practical exposure to the Microsoft Office Professional Productivity Suite – Word, Excel, Access,
- PowerPoint, Outlook, Internet Explorer
- Project Management
- Report Writing

4. Caribbean Cervical Cancer Prevention and Control Project

Acknowledging the high level of cervical cancers in the region, the Project is participating in the effort to increase laboratory capacity and improve the quality of cytology services. Working in close collaboration with CAREC's Caribbean Cervical Cancer Prevention and Control Project, a project proposal was developed and submitted to Martinique's Regional Cooperation Fund for consideration. As an "emergency-response", a 3-month course was organized in 2004 for 14 cytoscreeners from 10 countries who were trained in the reading of pap smears and quality assurance. A post intervention assessment of cytology laboratories in Belize, Dominica, Guyana, St. Vincent and the Grenadines and Trinidad and Tobago was conducted from 25 April – May 12, 2005. The visit was to assess the performance of the cytoscreeners upon returning to their home countries, as well as the entire laboratory system in the area of cytology. In relation to this activity, a seminar on "The Reporting of Pap Smear in Accordance with the New Bethseda System was organized on May 3, 2005 in Trinidad and Tobago for health professionals in cytology.

Sub-regional Communicable Disease Surveillance Meeting in Trinidad, January 20-21, 2005

A sub-regional meeting with National Epidemiologists and Laboratory Directors from nine member countries and CAREC technical staff was held in Trinidad on January 20-21, 2005. The purpose of this meeting was to finalize the content and structure of the regional revised communicable disease surveillance system and to finalize a training and implementation plan for member countries. The meeting met its objectives and an interim policy and guidelines document on communicable disease surveillance was finalized and circulated to all countries on February 4, 2005. At the meeting it was agreed that the revised system would be implemented during 2005, with January 1, 2006 as the scheduled date for full implementation in all countries.

WORKSHOP/MEETING ANNOUNCEMENTS

1. The Seventh Joint Meeting of Caribbean National Epidemiologists and Laboratory Directors will be held in Trinidad on September 12-16, 2005
2. A Caribbean Workshop on the Development of HIV/AIDS estimates will be held in Trinidad on July 6-8, 2005. This workshop will be hosted by CAREC and UNAIDS and implemented by PAHO/ WHO, UNAIDS and CDC. Epidemiologists from CAREC, CPC/PAHO and nine CAREC member countries are scheduled to attend this workshop.
3. The biennial meeting on leprosy control in the Caribbean will be held in Guyana on June 29 - July 1, 2005.
4. Upcoming meetings of the Project for Strengthening of Medical Laboratories in the Caribbean:
   - Laboratory Information Network Advisory Sub-Committee Meeting in Trinidad on 14-16 June 2005
   - Regional Procurement Training Workshop in Trinidad on 28-29 June 2005
   - Caribbean Laboratory Accreditation Service (CLAS) Development Group Meeting in Barbados on 3-5 July 2005

- Clinical Practicum Working Group for the development of a guidance document for internships for Medical Laboratory Technologists in Trinidad on 3-6 July 2005
- Seventh Training Session for Laboratory & Quality Assurance Managers in St. Lucia on 17-22 July 2005

NEWS ITEMS

1. World Health Assembly (WHA) adopts new International Health Regulations - New rules govern national and international response to disease outbreaks

On May 23, 2005, the WHA approved a new set of International Health Regulations to manage public health emergencies of international concern. The new rules will "prevent, protect against, control and provide a public health response to the international spread of disease."

Many of the provisions in the new regulations are based on the experience gained and lessons learnt by the World Health Organization (WHO) and the global community over the past 30 years. The need for new rules and operational mechanisms for a more coordinated international response to the spread of disease has been most clearly shown during the recent outbreaks of SARS in 2003 and avian influenza in 2004-2005.

The regulations govern the roles of countries and WHO in identifying and responding to public health emergencies and sharing information about them. WHO country offices around the world, together with the Global Outbreak Alert and Response Network (GOARN), provide operational support to countries in identifying and responding to disease outbreaks.

The original International Health Regulations agreed in 1969 were designed to help monitor and control four serious infectious diseases - cholera, plague, yellow fever and smallpox. The new rules will govern a broader range of public health emergencies of international concern, including emerging diseases.

Under the revised regulations, countries have much broader obligations to build national capacity for routine preventive measures as well as to detect and respond to public health emergencies of international concern. These routine measures include public health actions at ports, airports, land borders and for means of transport that use them to travel internationally.

The purpose of the International Health Regulations is to ensure the maximum protection of people against the international spread of diseases, while minimizing interference with world travel and trade.

They include a list of diseases such as smallpox, polio and SARS whose occurrence must be notified to WHO. The regulations also include a matrix for countries to decide whether other incidents constitute public health events of international concern. Consideration is made of whether an outbreak is serious, unusual or unexpected, whether there is a significant risk of international spread and whether there is a significant risk of international travel or trade restrictions.

"The existing regulations were written for a very different world from the one we live in today. Air travel was a luxury and the movement of goods and people around the world was relatively slow," said Dr Guenael Rodier, WHO Director of Communicable Disease Surveillance and Response. "Today, travel and trade have expanded far beyond what was envisaged under the original regulations. The new rules respond to a globalized, 24-hour world in which a disease outbreak in one country can rapidly move around the world."

Now that the regulations have been adopted by the World Health Assembly, countries will have to assess their capacities to identify and verify events, as well as to control them. The regulations identify specific capacity requirements that must be in place in each country within a fixed timeframe.

"Every country already has some of these capacities but almost no country has a perfect system," said Dr Max Hardiman of WHO, who has coordinated the process of revising the International Health Regulations. "The new regulations set clear standards and will help countries to identify where their disease surveillance and response must improve."

The rules also provide a code of conduct for how to notify and respond to public health events of international concern. They highlight areas where strengthening is required, including within WHO.

The regulations will formally come into force two years from the date on which they were approved by the Assembly.

Source and further information: WHO www.who.int/csr/ihr/en

2. Update on Avian Influenza in Asia

A WHO inter-country consultation on "Influenza A/H5N1 in Humans in Asia" was held in Manila on May 6-7, 2005. A summary of some important issues arising from this meeting are outlined below.

It was recognized that the epidemiology of H5N1 infections may be evolving in Asia. While there is not yet proof of human-to-human transmission, there was concern that the pattern of the disease appeared to have changed in a manner consistent with this possibility and that the recently emerging H5N1 viruses may be more infectious for humans. Also, sequencing analyses of H5N1 genes from avian and human H5N1 viruses suggest that they are becoming more antigenically diverse and may be forming distinguishable groupings based on phylogenic analyses.

While the implications of the epidemiological and virological findings are not fully clear, they show that the viruses are evolving and pose a continuing and potentially growing pandemic threat.

It was recommended that all countries, those affected and unaffected by avian H5N1, and with the assistance of WHO and other agencies as needed, should move ahead as quickly as possible and develop or finalise practical operational pandemic preparedness plans. It was further recommended that exercises should be undertaken by individual countries, with the assistance of WHO as needed to rehearse the early and rapid responses to early outbreaks.

Countries requiring external funds to enhance their technical capacity to address H5N1 infections and other emerging disease threats should coordinate and prioritize the national needs of agricultural and public health sectors and provide this information to WHO and donors to facilitate the funding process.

Further details are contained in the six page document at:
http://www.who.int/csr/disease/avian_influenza/H5N1%20Intercountry%20Assessment%20final.pdf

As part of the global preparedness plan, WHO has produced several documents, including the following two very practical documents:

1. The role of WHO and recommendations for national measures before and during pandemics, which can be found at:
http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html

2. WHO Checklist for influenza pandemic preparedness planning, which can be found at:
http://www.who.int/csr/resources/publications/influenza/CDS_CSR_GIP_2005_4.pdf

3. 2005 Hurricane Season in the Caribbean

Dr. William Gray, a Colorado State University professor whose long-range tropical forecasts are highly respected by meteorologists, had previously upped the number of storms we can expect. Tuesday, he raised the number once again.

In April, Gray and his team had said they expected 13 named storms, including seven hurricanes, three of them major. Tuesday, Gray said he now predicts 15 named storms. Of those 15, Gray predicts eight of them will become hurricanes with sustained winds of at least 74 mph. He believes four will turn into intense storms with sustained winds of more than 110 mph.

Gray blames the increase in storms on the lack of El Niño conditions and the early warming of the Atlantic. The waters off the coast are already warmer than last year at the same time.

"Conditions in the Atlantic are very favorable for an active hurricane season," Gray said.

The absence of an El Niño condition is considered to be an extremely important factor. El Niño is created when there are cooler-than-normal surface temperatures in the eastern Pacific. El Niño then creates a west-to-east wind flow across the southern United States that tends to shear the strength out of Atlantic storms. Without El Niño, there is little to weaken hurricanes as they head west toward Florida and the southern United States.

National Oceanic and Atmospheric Administration head Conrad Lautenbacher Jr. agrees with Gray, and says the Atlantic will have 12 to 15 tropical storms, seven to nine of them becoming hurricanes. He said three to five of those hurricanes will be major storms, with sustained winds of at least 111 mph.

As Floridians and Caribbean residents well know, there is no way to predict in advance where hurricanes will hit.

Experts say that now is the time to begin preparing, particularly getting your yard ready, especially removing dead limbs from trees. The yard debris needs to be put out for trash pickup now because once a storm is threatening, it is too late, and the debris can become a deadly danger.

Source: Daily Caribbean News, June 1, 2005

Note: June 1, 2005 marked the official start of the 2005 hurricane season. All countries should ensure that disaster response plans are reviewed and updated as necessary; and disaster preparedness plans should be implemented. This is especially important given the predictions of a very active hurricane season this year. CAREC and PAHO will also provide technical assistance to countries for disaster preparedness and response.

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The CAREC Surveillance Report (CSR) is available on CAREC's Website: www.carec.org

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