

CSR

CAREC SURVEILLANCE REPORT

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REPORT ON COMMUNICABLE DISEASES FOR WEEKS 1-8, 2012

SYNDROMIC SURVEILLANCE

During weeks 1-8, 2012, compared to the corresponding period in 2011, a decreased number of cases was reported for all syndromes under surveillance with the exception of the fever and haemorrhagic syndrome. More information about all syndromes under weekly syndromic surveillance is detailed below.

Fever and Haemorrhagic

During weeks 1-8, 2012, 51 cases of fever and haemorrhagic symptoms were reported from CAREC member countries [Table 1]. This represents a 200% increase in cases compared to the number of cases reported during weeks 1-8, 2011. Suriname reported 49 cases (96% of

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all cases). The majority of these cases were suspected dengue haemorrhagic fever (DHF) cases and upon further testing, dengue types 2 and 4 were confirmed among cases. More information about dengue fever and DHF will be discussed later in this report.

Fever and Neurological

During weeks 1-8, 2012, 90 cases with fever and neurological symptoms were reported from CAREC member countries [Table 1]. This represents a 104% decrease in cases compared to that reported during weeks 1-8, 2011. The primary reason for the decrease in cases was due to Jamaica's decrease in reported cases. During weeks 1-8, 2012, St. Lucia reported 4 cases compared to just 1 case during the corresponding period in 2011. St. Lucia reported that the majority of these cases were later confirmed with dengue fever.

Fever and Respiratory Symptoms

During weeks 1-8, 2012, 17,750 cases <5 years and 22,693 cases \geq 5 years with fever and respiratory symptoms (also defined as acute respiratory infection (ARI)), were reported from CAREC member countries [Table 1, Figures 1 and 2]. This represents a 22% decrease in cases <5 years and a 17% decrease in cases \geq 5 years, compared to the number of cases reported during weeks 1-8, 2011. Two countries, Belize and Dominica, reported an increase in cases <5 and \geq 5 years and 1 additional country, Trinidad and Tobago, reported an increase in cases \geq 5 years alone.

Belize reported a 10% increase in cases <5 years and a 54% increase in cases \geq 5 years, during weeks 1-8, 2012 compared to the corresponding weeks in 2011. During weeks 1-8, 2012, Belize reported 1 confirmed respiratory syncytial virus (RSV) case and 2 confirmed rhinovirus cases. Dominica reported an 11% increase in cases <5 years and a 59% increase in cases \geq 5 years, during weeks 1-8, 2012 compared to the corresponding weeks in 2011. During weeks 1-8, 2012, Dominica reported 6 influenza A(H3N2) cases, 2 human metapneumovirus

cases, 2 rhinovirus cases, 1 parainfluenza case and 1 adenovirus case. Trinidad and Tobago reported a 27% increase in cases ≥ 5 years, however, no laboratory confirmed cases were reported.

Figures 1 and 2 show that during weeks 1–8, 2012, a peak in reported cases of ARI occurred in week 6 for persons < 5 years and ≥ 5 years. Additional information about respiratory disease surveillance data, including enhanced surveillance for severe acute respiratory infection (SARI) is discussed later in this report.

Gastroenteritis

During weeks 1–8, 2012, 6,742 cases < 5 years and 10,807 cases ≥ 5 years with gastroenteritis (GE) were reported from CAREC member countries [Table 1, Figures 5 and 6]. This represents an 45% decrease in cases < 5 years and a 29% decrease in cases ≥ 5 years, compared to the number of cases reported during weeks 1–8, 2011. However, 7 countries reported an increase in cases < 5 years and 10 countries reported an increase in cases ≥ 5 years. During weeks 1–8, 2012, compared to the corresponding period in 2011, Bermuda reported a 25% increase in cases < 5 years and a five-fold increase in cases ≥ 5 years compared to the corresponding period in 2011. Bermuda reported two outbreaks of norovirus during this period and it is presumed that the majority of the GE cases detected through syndromic surveillance were likely due to norovirus. Cayman Islands reported a greater than five-fold increase in cases < 5 years and a nearly four-fold increase in cases ≥ 5 years during weeks 1–8, 2012 compared to the corresponding period in 2011. Cayman Islands reported a foodborne outbreak associated with a food-tasting event held during week 5, 2012. Testing among outbreak-related cases and other sporadic GE cases identified an increase in norovirus and rotavirus during this period.

Montserrat reported twice as many cases < 5 years and a more than three-fold increase in cases ≥ 5 years during weeks 1–8, 2012 compared to the corresponding period in 2011. Montserrat reports that these cases are presumed to be due to norovirus following the GE outbreak in Montserrat identified in December 2011. The BES Islands, Curacao and Grenada reported an increase in GE cases that

was presumed to be due to norovirus, however, no laboratory confirmed cases were reported.

Figures 3 and 4 show that during weeks 1–8, 2012, peaks in reported cases of GE occurred in weeks 6–7 for persons <5 years and \geq 5 years.

Undifferentiated Fever

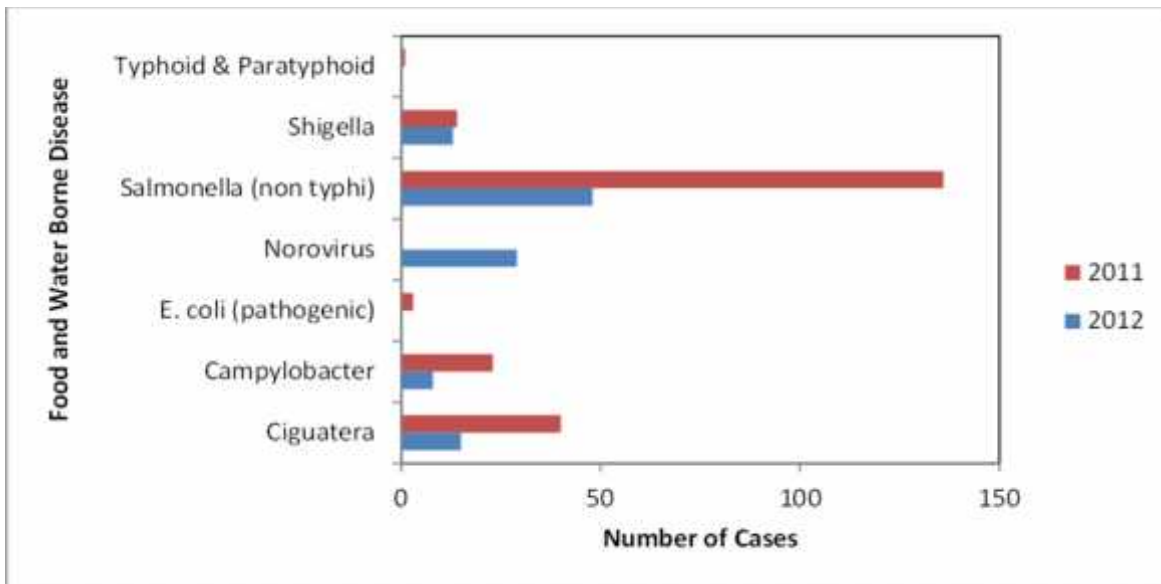
During weeks 1–8, 2012, 2,030 cases <5 years and 3,069 cases \geq 5 years with undifferentiated fever were reported from CAREC member countries [Table 1, Figures 5 and 6]. This represents a 32% decrease in cases <5 years and a 30% decrease in cases \geq 5 years, compared to the number of cases reported during the corresponding period in 2011. Two countries reported an increase in cases <5 years and \geq 5 years, Grenada and Suriname. The British Virgin Islands reported a 60% increase in cases \geq 5 years and reported an increase in dengue fever cases. Grenada reported more than double the cases <5 years and four times the cases \geq 5 years; and reported 48 confirmed dengue fever cases during weeks 1–8, 2012, compared to just 2 cases during weeks 1–8, 2011.

Figures 5 and 6 show that during weeks 1–8, 2012, a peak in reported undifferentiated fever cases occurred in week 7 for persons <5 years and peaks were observed during weeks 1, 3–4 and 7 for persons \geq 5 years. Note that the peak in cases \geq 5 years old during week 1 was primarily due to a peak in cases in Guyana during this time.

FOOD AND WATER BORNE DISEASES

During weeks 1-8, 2012, 139 cases of food and water borne diseases were reported by 11 CAREC member countries. This represents a 64% decrease in cases when compared to the number of cases reported in weeks 1-8, 2011. This decrease was primarily due to a decrease in reported salmonellosis from 136 cases during weeks 1-8 in 2011 compared to 74 cases during the corresponding period in 2012 (Figure 7, Table 2). Salmonellosis was the most frequently reported illness (53% of all food and water borne cases) followed by norovirus (21%), ciguatera poisoning (12%) and shigellosis (9%).

Figure 7: Reported food and water borne cases during weeks 1-8, 2011 and weeks 1-8, 2012



Salmonellosis

During weeks 1-8, 2012, 74 cases of salmonellosis were reported from 11 CAREC member countries. This represents a 46% decrease in cases when compared to the number of cases reported in weeks 1-8, 2011. The majority of cases were from Guyana (43% of all salmonellosis cases reported) followed by Barbados (24%) and Jamaica (12%). Jamaica reported a cluster of *Salmonella* Enteritidis phage type 13a cases in February 2012. Laboratory investigations implied a linkage to cheese cake which was made with eggs. *Salmonella* subtyping data (serotypes and phage type) reported by member countries during weeks 1-8, 2012 are outlined in Table 3. *Salmonella* Enteritidis was the most frequently reported serotype, as it also was during 2011.

Norovirus

During weeks 1-8, 2012, norovirus cases were reported from two countries, Bermuda (17 cases) and Cayman Islands (12 cases). In both countries, the reported norovirus cases were higher than that observed during the same time period in 2011. Some of the cases in Cayman Islands may have been possibly linked to a gastroenteritis outbreak (>60 persons) occurring during early February following a popular mass gathering event. In Bermuda, three reported norovirus cases were part of an island-wide increase that lasted for a period of three to four weeks starting the last week in January 2012. During this period, there were also reports of increased absenteeism in nursery schools.

Table 3: Prevalent Salmonella Subtypes in CAREC Member Countries, Weeks 1-8, 2012

Country	<i>Salmonella</i> Serogroup or Serotype	<i>Salmonella</i> Enteritidis; Phage Type
Barbados	<i>Salmonella</i> Enteritidis <i>Salmonella</i> Typhimurium	Phage types 8var 13a, 22
Belize	<i>Salmonella</i> Enteritidis	
Jamaica	<i>Salmonella</i> Enteritidis <i>Salmonella</i> Typhimurium	Phage types 13a, 22
Suriname	<i>Salmonella</i> Enteritidis	
Trinidad and Tobago	<i>Salmonella</i> Enteritidis <i>Salmonella</i> enterica subspecies 1 <i>Salmonella</i> Heidelberg <i>Salmonella</i> Javiana <i>Salmonella</i> Madelia <i>Salmonella</i> Typhimurium	

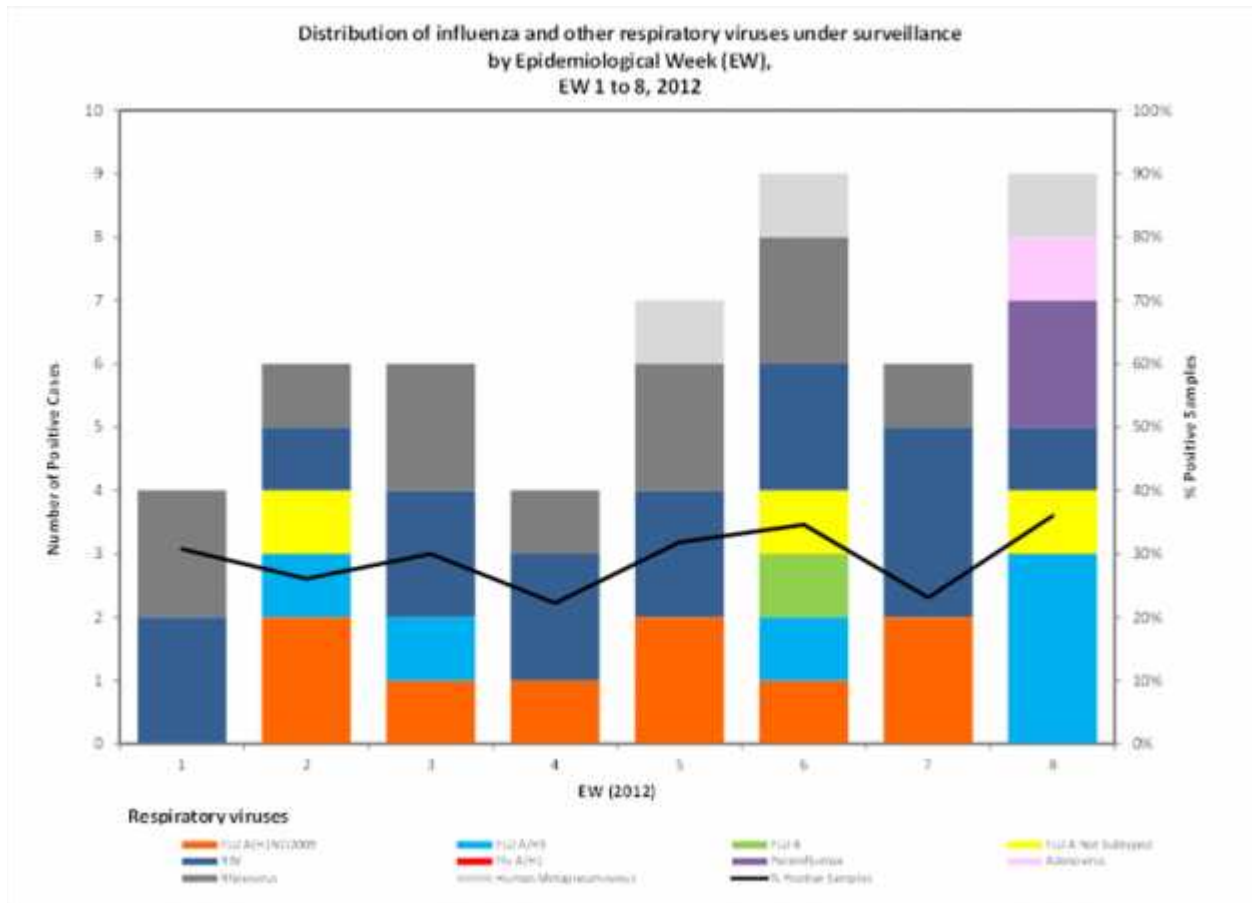
* Includes data from the CAREC Laboratory and reports from member countries.

AIR BORNE DISEASES

Influenza and Other Viral Respiratory Infections

During weeks 1-8, 2012, 51 viral respiratory infections were laboratory confirmed including respiratory syncytial virus (RSV) (15 cases), rhinovirus (11 cases), influenza A(H3N2) (6 cases) and influenza A(H1N1)pdm09 (2 cases). The overall percent positivity for all specimens tested for respiratory viruses was 27.8% and for influenza viruses was 10.5% [Figure 8].

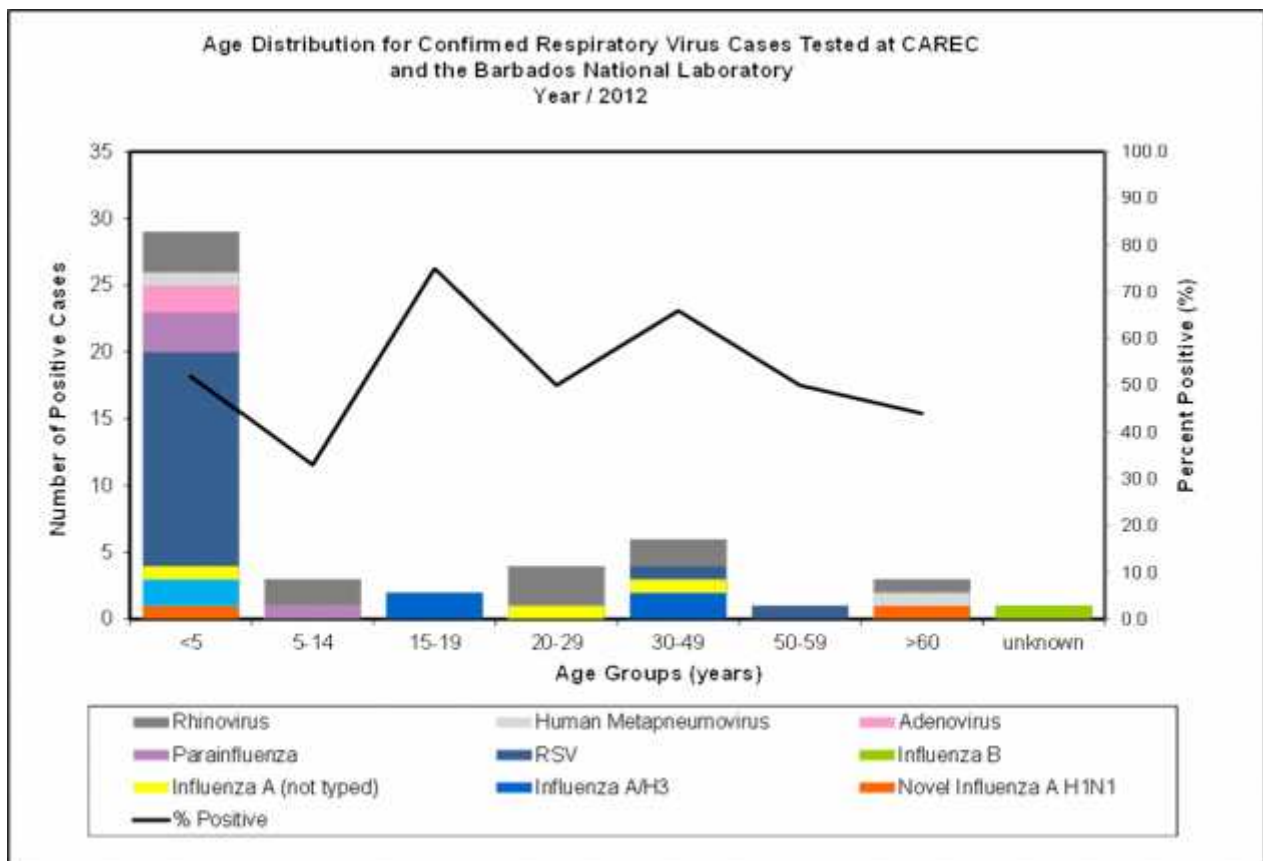
Figure 8: Laboratory Confirmed Influenza and Other Respiratory Viruses, CAREC Member Countries, Weeks 1-8, 2012



During weeks 1–8, 2012, influenza A and RSV were the main viruses confirmed in North America. In Central America, influenza A(H3N2) and parainfluenza were the primary viruses isolated; while in South America, RSV, parainfluenza and adenovirus were confirmed. In Mexico, an outbreak of influenza A(H1N1)pdm09 has been reported with over 200 laboratory confirmed cases.

During weeks 1–8, 2012, influenza and other respiratory viruses were confirmed in 5 CAREC member countries, namely Barbados, Belize, Bermuda, Dominica and Suriname. The age category with the highest number of persons with a laboratory confirmed respiratory virus was <5 years (59.2% of all confirmed cases) followed by 30 - 49 years (12.2% of all confirmed cases) [Figure 9].

Figure 9: Distribution of Laboratory Confirmed Respiratory Illness Cases by Age Group, CAREC Member Countries, Weeks 1-8, 2012



Influenza-Like Illness

During weeks 1-8, 2012, 163 cases of influenza-like illness (ILI) were reported from CAREC member countries, which was a large decrease from the number of cases reported during the corresponding period in 2011 (1,253 cases). Cases were reported from 8 countries and all but 1 country, Dominica, reported a decrease in cases during weeks 1 – 8, 2012, compared to the corresponding period in 2011. Belize (55 cases) reported the greatest number of cases followed by British Virgin Islands (42 cases) and Bahamas (26 cases). Influenza has not been laboratory confirmed in any of these 3 countries during weeks 1-8, however, respiratory syncytial virus (RSV) was confirmed in Belize.

Among all ILI cases reported during weeks 1–8, 2012, more female (55.8%) cases were reported than males; and age group 25 – 44 years (25%) was the most frequently reported age group, followed by 5 - 14 years (20.8%) among cases with known age and/or gender.

Severe Acute Respiratory Illness (SARI) Surveillance

During weeks 1-8, 2012, 226 persons with severe acute respiratory infection (SARI) were reported to CAREC from the eight countries that participate in enhanced respiratory illness surveillance activities (Barbados, Belize, Jamaica, Dominica, St. Lucia, St. Vincent & the Grenadines, Suriname and Trinidad & Tobago). The rate of hospital admission due to SARI for this period was 2.2 per 100 hospital admissions [Figure 10]. Persons aged 6 months – 4 years had the highest reported rate of SARI admissions during weeks 1-8, 2012 [Figure 11]. There were three SARI-related deaths and the rate of death due to SARI was 0.39 per 100 deaths in medical patients admitted to hospital [Figure 12].

Figure 10: SARI Admissions and SARI Admission Rate per 100 Hospital Admissions from Sentinel Sites in Select CAREC Member Countries, Weeks 1-8, 2012

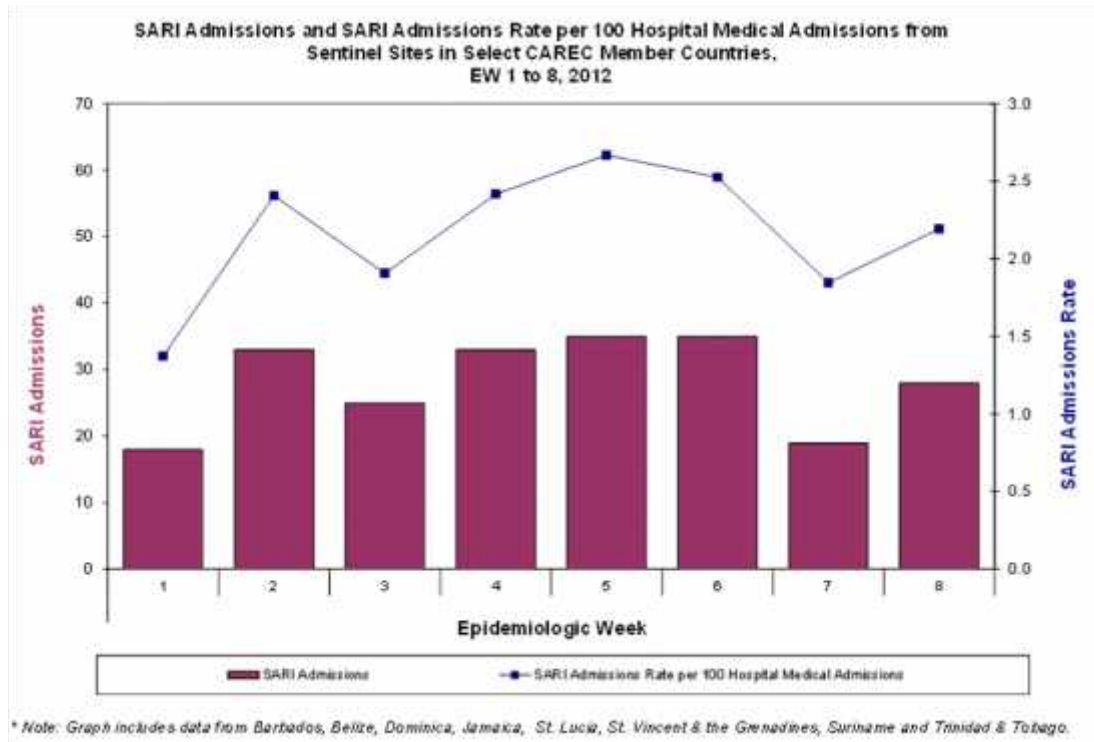


Figure 11: SARI Admissions by Age Group from Sentinel Sites in Select CAREC Member Countries, Weeks 1-8, 2012

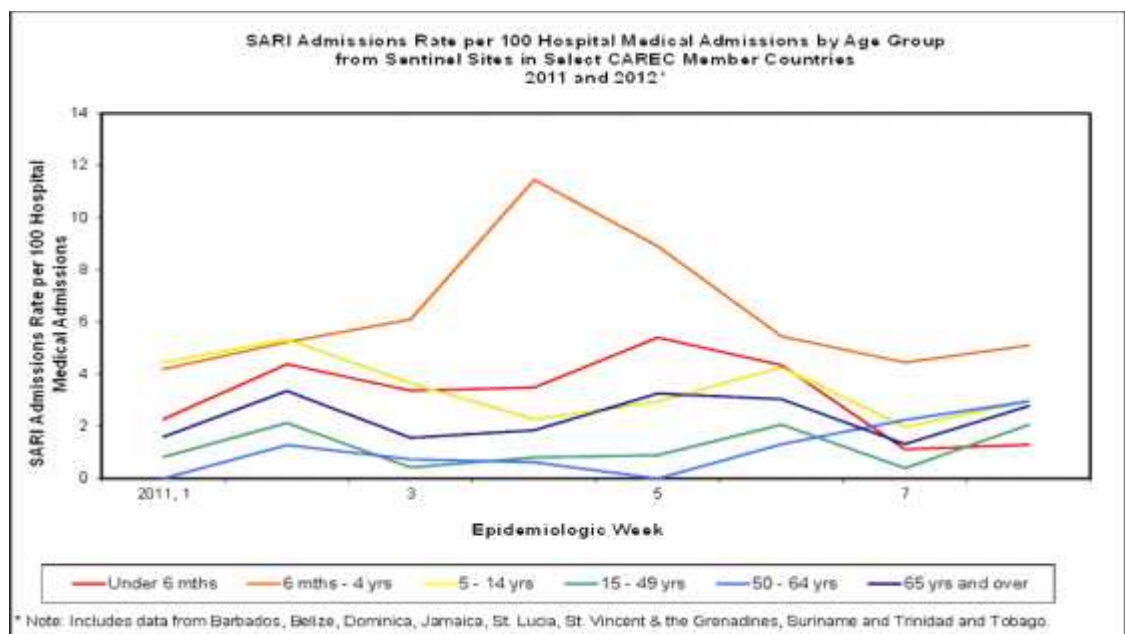
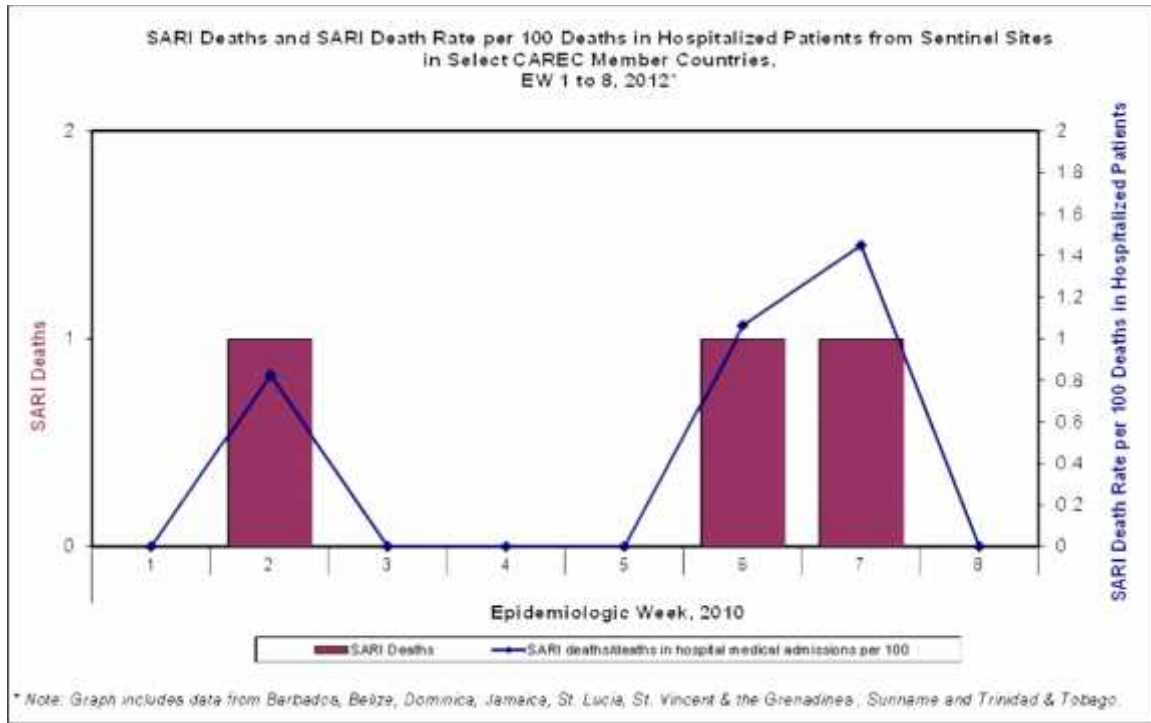


Figure 12: SARI Deaths and SARI Death Rate from Sentinel Sites in Select CAREC Member Countries, Weeks 1-8, 2012



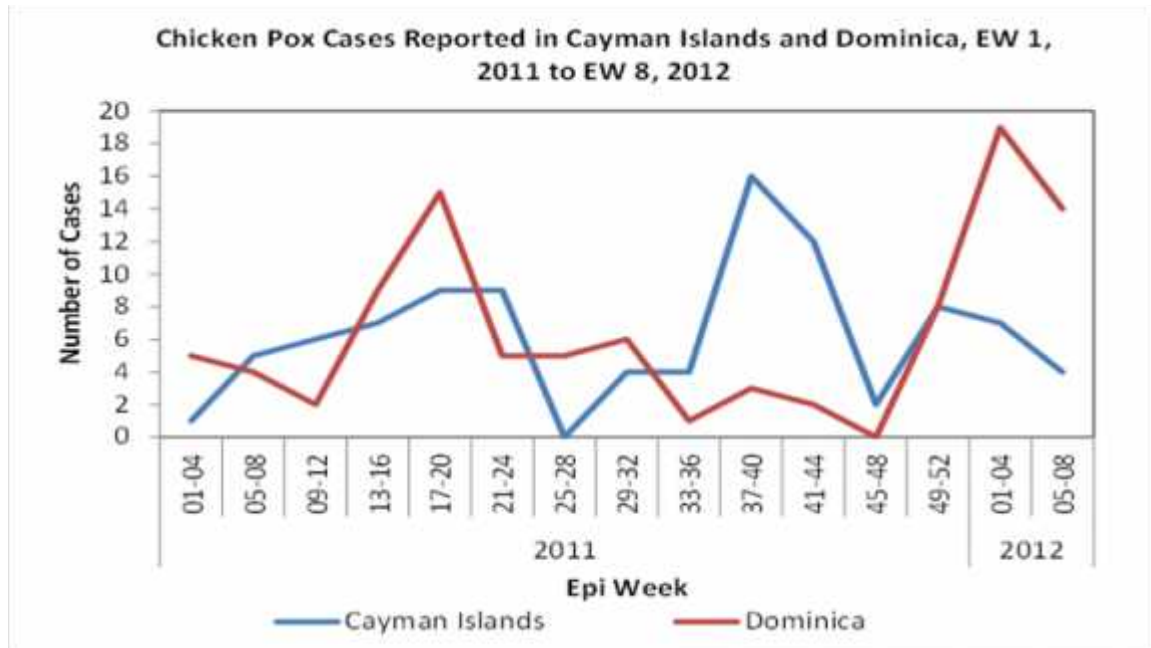
VACCINE PREVENTABLE DISEASES UNDER THE CARIBBEAN EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

Chicken Pox (Varicella)

During weeks 1–8, 2012, 391 chicken pox (varicella) cases were reported from CAREC member countries, which is a 60% decrease in the number of cases reported during the corresponding period in 2011. Age group was reported for 54% of cases and the age group most frequently reported was 5 - 14 years (32.2% of cases with known age) followed by 25 - 44 years (23.7% of cases with known age). Gender was reported for 54% of cases and slightly more males (52% of cases with known gender) were reported than females (48% of cases with known gender).

Two countries reported an increase in chicken pox cases, namely Cayman Islands (11 cases, 83.3% increase) and Dominica (33 cases, 267% increase) compared to the corresponding period in 2011 [Table 2]. Reviewing chicken pox cases reported since week 1, 2011 to week 8, 2012, Cayman Islands reported peaks in cases during weeks 37-44, 17-24 and 49-52, 2011 and Dominica's cases peaked during weeks 1-4, 2012 and 17-20, 2011 [Figure 13].

Figure 13: Chicken Pox Cases Reported in Cayman Islands and Dominica, Week 1, 2011 to Week 8, 2012



Rotavirus

During weeks 1–8, 2012, 12 rotavirus cases were reported, which is an 86% decrease in the number of cases reported compared to the corresponding period in 2011. Age group was reported for 100% of cases; 50% of cases were age 1-4 years and 50% of cases were age 5 – 14 years. Gender was reported for 100% of cases and more males (58.3%) were reported than females (41.7%).

Cases were reported from two countries, namely Cayman Islands (8 cases) and St. Lucia (4 cases). Cayman Islands identified a foodborne outbreak of gastroenteritis among persons who attended a common event during week 5, 2012 as previously discussed earlier in this report. Testing of patients with diarrhoea following this outbreak identified a small cluster (8 cases) of rotavirus in addition to a larger cluster of norovirus cases. All rotavirus cases were less than 8 years old and the average age of cases was 5 years. St. Lucia reported that there was no known link among their rotavirus cases.

VECTOR BORNE DISEASES

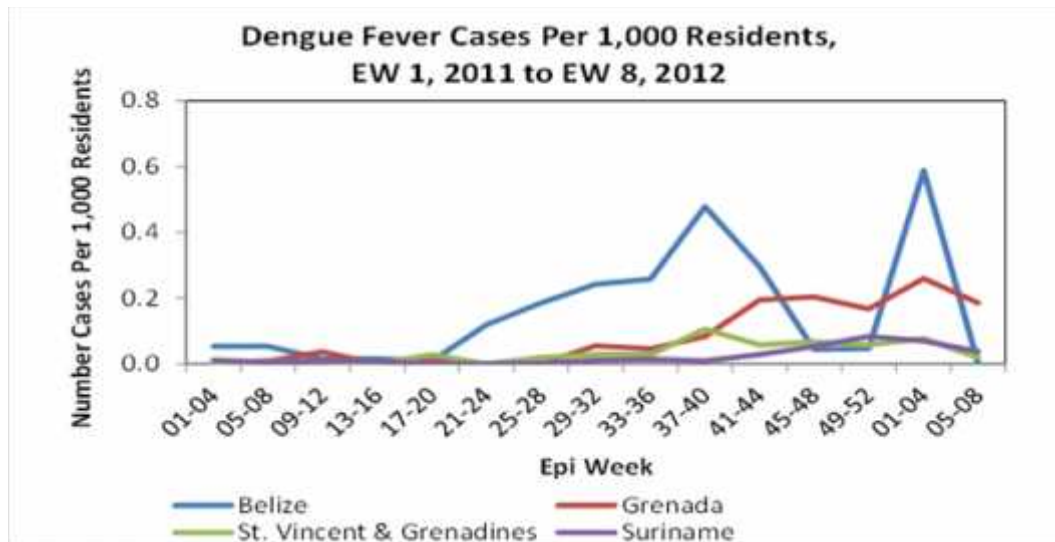
Dengue Fever

During weeks 1-8, 2012, 642 dengue fever cases were reported, which is a 66% decrease in cases reported compared to the corresponding period in 2011. The main reasons for the decrease in cases are due to Curacao's decrease from 602 cases during weeks 1-8, 2011 to 68 cases during weeks 1-8, 2012; Aruba reported 636 cases during weeks 1-8, 2011 and no data was reported for weeks 1-8, 2012; and the BES islands decreased from 292 cases during weeks 1-8, 2011 to 30 cases during weeks 1-8, 2012.

Eight countries reported an increase in dengue cases during weeks 1-8, 2012 compared to the corresponding period in 2011. This includes Grenada (48 cases compared to 1 case during the corresponding period in 2011), St. Vincent and the Grenadines (10 cases compared to 1 case during the corresponding period in 2011), Suriname (greater than six-fold increase) and Belize (greater than five-fold increase) [Table 2].

Reviewing the rate of dengue cases per 1,000 residents reported since weeks 1-4, 2011, the dengue rate peaked during weeks 1-4, 2012 in Grenada and peaked in late 2011 in St. Vincent and the Grenadines and Suriname [Figure 14]. In Belize, the rate of dengue cases peaked during weeks 37-40, 2011 and a second peak was noted during weeks 1-4, 2012, when a cluster of cases was identified in Punta Gorda. As in 2011, in 2012, dengue types 2 and 4 have been identified in Suriname. However, dengue typing information was not available for cases detected in Belize, Grenada and St. Vincent and the Grenadines in 2012 [Figure 15, Table 3]. In 2011, dengue type 1 was identified in Grenada.

Figure 14: Dengue Fever Rate in Belize, Grenada, St. Vincent and the Grenadines and Suriname per 1,000 Residents, EW 1, 2011 to EW 8, 2012



During 2012, dengue serotyping information was available for cases from 3 (20%) of 15 countries that reported dengue cases. Dengue serotype 1 was identified in one country, serotype 2 was identified in two countries and dengue serotype 4 was identified in two countries. [Figure 15, Table 3]. Two dengue serotypes have been identified in both Barbados (types 1 and 2) and Suriname (types 2 and 4). Dengue serotype 3 has not been detected in CAREC member countries in 2012.

Figure 15: Map of Dengue Serotypes Identified in CAREC Member Countries, 2012 (as of April 10, 2012)



Table 3: Dengue Serotypes Identified in CAREC Member Countries, 2012
(as of April 10, 2012)

Serotype	Countries
1	Barbados
2	Barbados, Suriname
3	<i>None</i>
4	Anguilla, Suriname

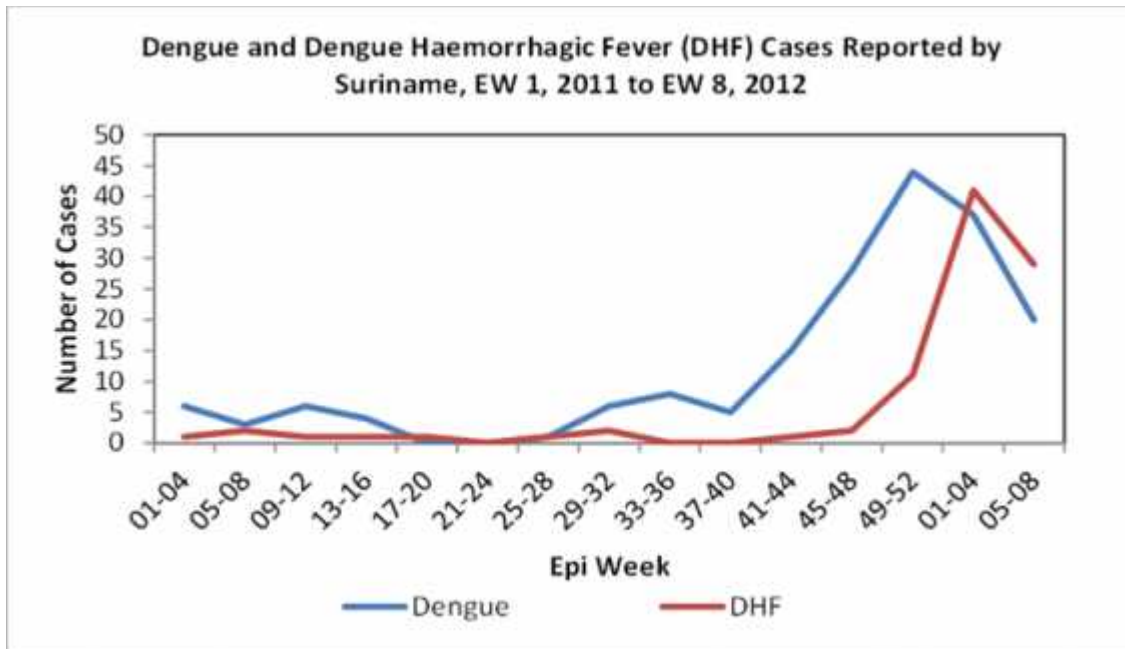
Among all dengue cases reported during weeks 1-8, 2012, age group was reported for 98.6% of cases. The most frequently reported age group was 25 - 44 years (31.1%), followed by those aged 15 - 24 years (18.4%) and 5 - 14 years (17.2%). Gender was reported for 98.6% of cases; male gender (55.3% of cases with known gender) was reported more frequently than female gender (44.7% of cases with known gender).

Dengue Haemorrhagic Fever

During weeks 1-8, 2012, 73 dengue haemorrhagic fever (DHF) cases were reported from CAREC member countries, including 70 cases (96%) from Suriname. Suriname reported 3 DHF cases during the corresponding period in 2011. The reported number of dengue cases in Suriname peaked during weeks 49-52, 2011 and the reported number of DHF cases peaked during weeks 1-4, 2012 [Figure 17]. Two dengue related deaths were reported from Suriname in 2012; the first occurred during week 9 and the second during week 11. Suriname reported that cases were from Paramaribo, Wanica and Nickerie, which are the country's three most populated areas. Very few cases were reported from the interior regions of Suriname. Environmental health measures including spraying in areas with reported cases have been implemented. Public education efforts including publication of prevention measures in the local newspapers, as well as discussions on local radio and television channels have been conducted.

Age group information was available for 98.6% of the DHF cases reported from Suriname during weeks 1-8, 2012. The most frequently reported age group was 5 - 14 years (55.1%), followed by those aged 25 - 44 years (15.9%) and 15 - 24 years (10.1%). Gender was reported for 98.6% of cases; male gender (63.8% of cases with known gender) was reported more frequently than female gender (36.2% of cases with known gender).

Figure 17: Dengue Fever and Dengue Haemorrhagic Fever (DHF) Cases Reported by Suriname, EW 1, 2011 to EW 8, 2012



OTHER DISEASES

Meningococcal Infection (due to *Neisseria meningitidis*)

During weeks 1–8, 2012, one case of meningococcal infection (due to *Neisseria meningitidis*) was reported from Suriname. The case was a male aged 5 – 14 years. The case was hospitalized with septicaemia and later recovered from his infection. Serotyping was not completed for this case. Control efforts included antibiotic prophylaxis for three family members of the case.

Viral Hepatitis A

During weeks 1–8, 2012, six Hepatitis A virus (HAV) cases were reported from CAREC member countries including 4 cases from Guyana. Two females and one male aged 25-44 years were reported as well as one additional female case with unknown age. No additional information was reported about these cases at the time of publication of this report.

Viral Hepatitis B

During weeks 1–8, 2012, twenty-four Hepatitis B virus (HBV) cases were reported from CAREC member countries including 14 cases from Grenada which is almost three times as many cases as reported from Grenada during weeks 1–8, 2011. Among the cases reported from Grenada, gender was known for 78.6% of cases reported and more females (63.6%) were reported than males (36.4%). Age group was known for 78.6% of cases from Grenada and age 25 - 44 years (54.5%) was the most frequently reported age group, followed by 15 – 24 years (27.3%).

Syndromic Surveillance, All CAREC Member Countries
Weeks 1-8, 2012

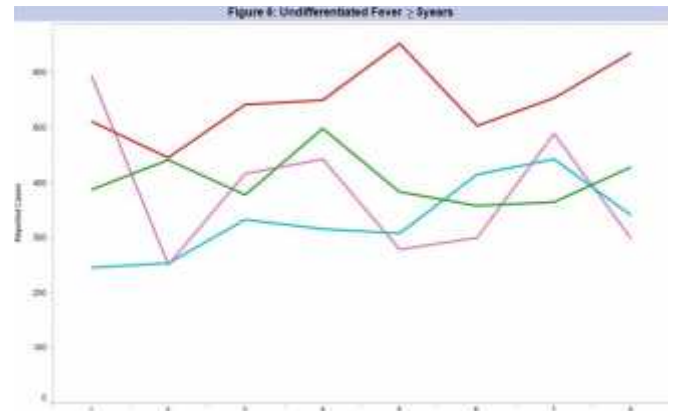
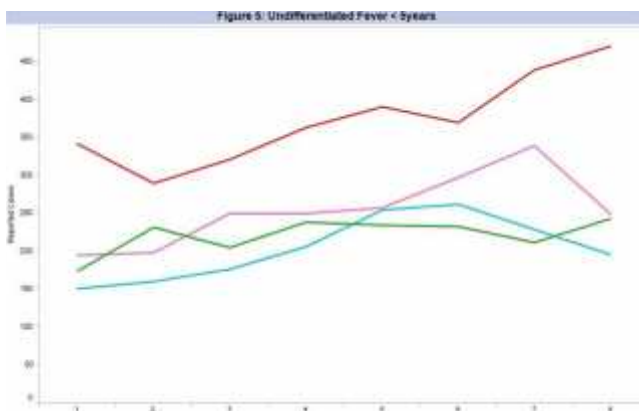
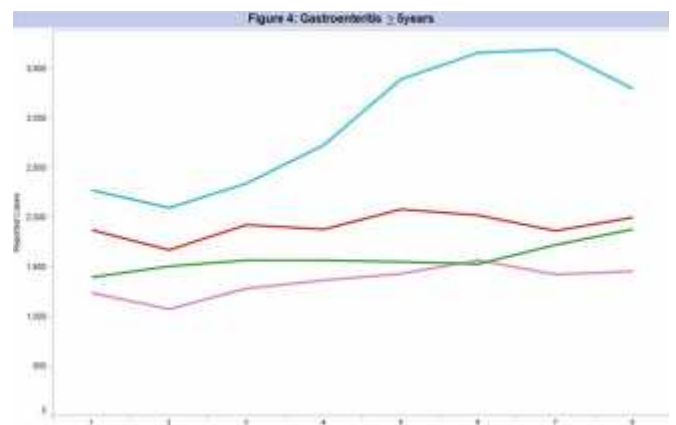
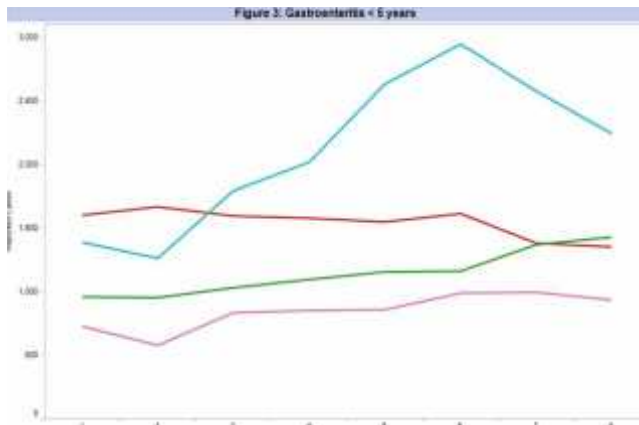
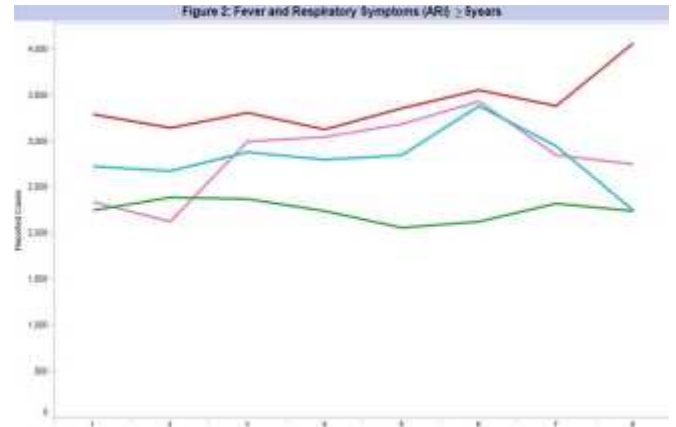
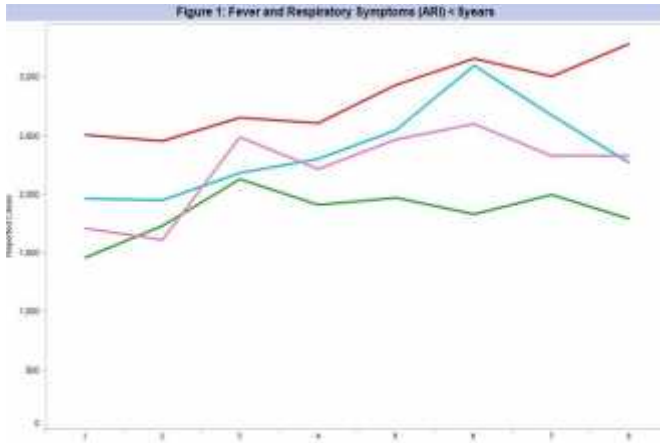


Table 1.: Reported Syndromes in CAREC Member Countries (CMCs): Weeks 1 - 8, 2012 and 2011

SYNDROMES	YEAR	CAREC MEMBER COUNTRIES (CMCs)																								
		ALL CMCs	ANG	ANT	ARU [§]	BAH	BAR	BER	BES	BLZ	BVI	CAY	CUR	DOM	GRE	GUY	JAM	MON	SKN	STL	STM	SUR	SVG	TCI	TNT	
Last Wk. Rep. '12		8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	
2012 ^Δ																										
Acute Flaccid Paralysis*	2011 ^Δ	3	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Fever and Haemorrhagic Symptoms	2012 ^Δ	51	0	-	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fever and Neurological Symptoms	2011 ^Δ	90	0	-	1	0	1	0	0	0	0	0	1	0	0	0	79	0	0	4	0	4	0	0	0	0
Fever and Rash [†]	2012 ^Δ	184	0	-	2	0	1	0	0	0	0	1	0	0	0	174	0	0	1	0	0	5	0	0	0	0
Fever and Respiratory Symptoms (ARI) <5yrs	2012 ^Δ	17,750	43	-	291	89	26	¥	4,306	129	230	¥	130	677	2,160	5,333	2	6	185	¥	0	2	0	102	181	3,826
Fever and Respiratory Symptoms (ARI) ≥5yrs	2011 ^Δ	22,599	66	392	439	104	60	¥	3,933	222	285	¥	117	835	3,005	8,045	14	19	255	¥	79	150	289	269	4,310	
Gastroenteritis <5 yrs	2012 ^Δ	22,693	105	-	285	111	360	¥	8,607	134	525	¥	218	953	4,300	6,174	11	17	230	¥	54	93	228	288	288	
Gastroenteritis ≥5 yrs	2011 ^Δ	27,185	182	498	682	240	709	¥	5,572	303	764	¥	137	1,131	4,843	10,725	11	44	274	¥	77	239	527	227	227	
Gastroenteritis ≥5 yrs	2012 ^Δ	6,742	16	-	196	98	20	249	852	48	162	59	42	430	1,053	1,772	4	22	110	49	33	27	21	21	1,479	
Gastroenteritis ≥5 yrs	2011 ^Δ	12,323	17	316	197	156	16	167	582	55	31	73	28	100	1,422	6,922	2	26	312	33	125	48	64	64	1,631	
Undifferentiated Fever <5yrs	2012 ^Δ	10,807	36	-	503	199	215	283	1,160	156	326	357	139	398	1,785	2,410	38	103	220	91	57	40	110	110	2,181	
Undifferentiated Fever <5yrs	2011 ^Δ	15,292	101	330	545	342	43	192	826	138	88	331	91	170	2,110	5,985	11	122	912	65	103	77	241	241	2,489	
Undifferentiated Fever ≥5yrs	2012 ^Δ	2,030	0	-	0	10	3	287	-	24	2	15	23	41	191	1,243	0	11	160	4	16	0	0	0	0	
Undifferentiated Fever ≥5yrs	2011 ^Δ	2,979	0	17	0	14	3	214	-	15	8	41	24	18	264	2,033	0	45	242	13	7	19	2	2	2	
Undifferentiated Fever ≥5yrs	2012 ^Δ	3,069	0	-	4	33	3	251	-	57	0	35	38	36	1,003	1,014	0	39	260	2	292	0	2	2	2	
Undifferentiated Fever ≥5yrs	2011 ^Δ	4,392	0	15	-	1	51	6	351	94	4	162	63	9	1,094	1,808	4	111	513	16	58	31	1	1	1	

Sources: Weekly Syndromic Surveillance Reports submitted to the CAREC Epidemiology Division by March 20, 2012; [†]Expanded Programme on Immunization (EPI)

Notes:

- = No data received
- Δ = Epidemiologic Weeks 1 - 8
- Σ = Cumulative 2012 data
- § = No Weekly Syndromic Surveillance Reports were received from Aruba for the reporting period.
- ¥ = Data on Fever and Respiratory Symptoms from Curacao, St. Maarten, Bonaire, Saba and St. Eustatius (2012, 2011) are not provided in an age-categorized format. These data are as follows:
 Bonaire, Saba and St. Eustatius - Fever and Respiratory Symptoms: 598 (2012), 604 (2011)
 Curacao - Fever and Respiratory Symptoms: 384 (2012), 756 (2011)
 St. Maarten - Fever and Respiratory Symptoms: 210 (2012), 243 (2011)
- Last Wk. Rep. '12 = Last week reported for 2012

Country Codes:

ANG	- Anguilla	BAR	- Barbados	CAY	- Cayman Islands	JAM	- Jamaica	SUR	- Suriname
ANT	- Antigua and Barbuda	BER	- Bermuda	CUR	- Curacao	MON	- Montserrat	SVG	- St Vincent and the Grenadines
ARU	- Aruba	BES	- Bonaire, St. Eustatius, Saba	DOM	- Dominica	SKN	- St. Kitts and Nevis	TCI	- Turks and Caicos Islands
BAH	- Bahamas	BLZ	- Belize	GRE	- Grenada	STL	- St. Lucia	TNT	- Trinidad and Tobago
		BVI	- British Virgin Islands	GUY	- Guyana	STM	- St. Maarten		

Table 2 : Confirmed Cases of Communicable Diseases in CAREC Member Countries (CMCs): Weeks 1 - 8, 2012 and 2011

YEAR	ALL CMCs	CAREC MEMBER COUNTRIES (CMCs)																								
		ANG	ANT	ARU	BAH	BAR	BER	BES [§]	BLZ	BVI	CAY	CUR [§]	DOM	GRE	GUY	JAM	MON	SKN [¶]	STL	STM [¶]	SUR	SVG	TCI	TNT [¶]		
Diseases Reportable under the International Health Regulations																										
During the period under review there were zero (0) cases of Cholera, Plague and Yellow Fever reported to the CAREC Epidemiology Division.																										
Food and Water Borne Diseases																										
		8	0	-	0	4	4	-	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2011 ^Δ	23	0	2	0	17	4	-	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2012 ^Δ	15	0	-	15	0	0	-	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2011 ^Δ	40	0	9	0	13	0	-	0	0	8	-	0	0	0	0	5	5	0	0	0	0	0	0	-	
	2012 ^Δ	0	0	-	0	0	0	-	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2011 ^Δ	3	0	0	1	0	0	-	1	0	0	-	1	0	0	0	0	0	0	0	0	0	0	0	-	
	2012 ^Δ	29	0	-	0	0	17	-	0	0	12	-	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2011 ^Δ	-	0	0	0	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2012 ^Δ	74	0	-	1	18	1	-	1	0	1	-	1	1	32	9	0	0	0	0	3	0	0	0	6	
	2011 ^Δ	136	1	0	4	10	26	5	6	0	0	-	1	2	56	19	0	0	0	0	5	1	0	0	-	
	2012 ^Δ	13	0	-	1	0	2	-	0	0	0	-	6	0	0	1	0	0	0	0	3	0	0	0	-	
	2011 ^Δ	14	4	0	0	0	0	-	2	0	0	-	0	0	5	0	0	1	1	2	0	0	0	0	-	
	2012 ^Δ	0	0	-	0	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0	-	
	2011 ^Δ	1	0	0	0	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	1	0	0	0	-	
Air Borne Diseases																										
	Influenza-like disease	163	0	-	26	4	1	-	55	42	0	-	4	0	0	0	0	0	0	0	1	30	-	-	-	
	2011 ^Δ	1,253	0	109	0	322	5	21	178	369	0	-	0	0	16	0	0	0	0	26	207	0	0	0	-	
	2012 ^Δ	97	0	-	0	0	0	-	4	0	0	-	2	1	67	0	0	0	0	18	5	-	-	-	-	
	Tuberculosis - Extra-Pulmonary	148	0	0	0	2	0	0	17	0	1	-	0	0	56	41	0	0	0	23	5	3	-	-		
	2011 ^Δ	1	0	-	0	0	0	-	0	0	0	-	0	0	0	0	0	0	0	1	0	0	0	0		
	2012 ^Δ	0	0	0	0	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0		
During the period under review there were zero (0) cases of Pneumonia (Streptococcus), Typhoid and Paratyphoid Fevers and Severe Acute Respiratory Syndrome (SARS) reported to the CAREC Epidemiology Division.																										
Source: Communicable Disease 4-Weekly Reports submitted to the CAREC Epidemiology Division by March 20, 2012																										
CAREC LABS: Human Isolates sent to CARECF for serotyping																										
Notes:																										
- = No data received																										
Δ = Epidemiologic Weeks 1 - 8																										
§ = No reports were received for the reporting period from Curacao, St. Maarten, Bonaire, St. Eustatius and Saba or Trinidad & Tobago (2012, 2011)																										
¶ = St. Kitts and Nevis reports confirmed cases on select communicable diseases																										
Last Wk. Rep. '12 = Last week reported for the reporting period in 2012																										
Country Codes:																										
	ANG	-	Anguilla	BAR	-	Barbados	CAY	-	Cayman Islands	JAM	-	Jamaica	SUR	-	Suriname											
	ANT	-	Antigua and Barbuda	BER	-	Bermuda	CUR	-	Curacao	MON	-	Montserrat	SVG	-	St. Vincent and the Grenadines											
	ARU	-	Aruba	BES	-	Bonaire, St. Eustatius, Saba	DOM	-	Dominica	SKN	-	St. Kitts and Nevis	TCI	-	Turks and Caicos Islands											
	BAH	-	Bahamas	BLZ	-	Belize	GRE	-	Grenada	STL	-	St. Lucia	TNT	-	Trinidad and Tobago											
				BVI	-	British Virgin Islands	GUY	-	Guyana	STM	-	St. Maarten														

Table 2: Confirmed Cases of Communicable Diseases in CAREC Member Countries (CMCs): Weeks 1 - 8, 2012 and 2011

YEAR	ALL CMCs	CAREC MEMBER COUNTRIES (CMCs)																							
		ANG	ANT	ARU	BAH	BAR	BER	BES [§]	BLZ	BVI	CAY	CUR [§]	DOM	GRE	GUY	JAM	MON	SKN [¶]	STL	STM [¶]	SUR	SVG	TCI	TNT [§]	
Last Wk. Rep. '12		4	.	.	8	4	8	.	4	8	8	.	8	8	8	4	8	4	8	8	.	8	8	.	.
Sexually Transmitted Infections																									
AIDS/HIV/SI are now being reported to the CAREC Epidemiology Division on a yearly basis.																									
Vaccine Preventable Diseases under the Caribbean Expanded Programme on Immunization																									
Chicken Pox (Varicella)																									
2012 [§]	391	0	.	.	21	13	2	.	84	1	11	.	33	0	51	174	0	0	0	0	.	0	1	.	.
2011 [§]	980	0	66	4	24	19	5	.	187	5	6	.	9	0	62	563	11	4	4	0	.	0	2	.	.
2012 [§]	0	0	.	.	0	0	0	.	0	0	0	.	0	0	0	0	0	0	0	0	.	0	0	.	.
Pertussis (Whooping cough)																									
2011 [§]	5	0	0	0	0	0	0	.	5	0	0	.	0	0	0	0	0	0	0	0	.	0	0	.	.
2012 [§]	0	0	.	.	0	0	0	.	0	0	0	.	0	0	0	0	0	0	0	0	.	0	0	.	.
Rotavirus																									
2011 [§]	1	0	0	0	0	0	0	.	0	0	1	.	0	0	0	0	0	0	0	0	.	0	0	.	.
2012 [§]	12	0	.	.	0	0	0	.	0	0	8	.	0	0	0	0	0	0	0	4	.	0	0	.	.
Rubella (German Measles)																									
2011 [§]	84	0	0	1	0	3	3	.	0	0	0	.	0	0	0	66	0	0	2	.	9	0	.	.	
2012 [§]	1	0	.	.	0	0	0	.	0	1	0	.	0	0	0	0	0	0	0	0	.	0	0	.	.
2011 [§]	0	0	0	0	0	0	0	.	0	0	0	.	0	0	0	0	0	0	0	0	.	0	0	.	.

During the period under review there were zero (0) cases of Congenital Rubella Syndrome, Diphtheria, Measles, Meningitis due to Haemophilus influenzae, Poliomyelitis, Pneumonia due to Haemophilus influenzae, Tetanus (excluding neonatal) and Tetanus Neonatorum.

Source: Communicable Disease 4-Weekly Reports submitted to the CAREC Epidemiology Division by March 20, 2012

Notes:

- = No data received

0 = Epidemiologic Weeks 1 - 8

§ = No reports were received for the reporting period from Curacao, St. Maarten, Bonaire, St. Eustatius and Saba (2012, 2011)

¶ = St. Kitts and Nevis reports confirmed cases on select communicable diseases

Last Wk. Rep. '12 = Last week reported for the reporting period in 2012

Country Codes:

ANG	- Anguilla	BAR	- Barbados	CAY	- Cayman Islands	JAM	- Jamaica	SUR	- Suriname
ANT	- Antigua and Barbuda	BER	- Bermuda	CUR	- Curacao	MON	- Montserrat	SVG	- St Vincent and the Grenadines
ARU	- Aruba	BES	- Bonaire, St. Eustatius, Saba	DOM	- Dominica	SKN	- St Kitts and Nevis	TCI	- Turks and Caicos Islands
BAH	- Bahamas	BLZ	- Belize	GRE	- Grenada	STL	- St Lucia	TNT	- Trinidad and Tobago
		BVI	- British Virgin Islands	GUY	- Guyana	STM	- St. Maarten		

Table 2.: Confirmed Cases of Communicable Diseases in CAREC Member Countries (CMCs): Weeks 1 - 8, 2012 and 2011

YEAR	ALL CMCs	CAREC MEMBER COUNTRIES (CMCs)																TNT ³					
		ANG	ANT	ARU	BAH	BAR	BES [§]	BLZ	BVI	CAY	CUR [†]	DOM	GRE	GUY	JAM	MON	SKN [*]		STL	STM [‡]	SUR	SVG	TCI
Last Wk. Rep. '12		4	-	-	8	4	8	4	8	8	8	8	8	8	4	8	8	8	8	8	8	8	-
Vector Borne Diseases																							
Dengue Fever	2012 ^o	642	4	-	1	20	0	30	187	4	0	68	0	48	180	20	0	2	3	8	57	10	-
	2011 ^o	1,874	0	636	1	41	1	292	34	2	0	602	0	1	151	52	0	0	40	11	9	1	0
Dengue Haemorrhagic Fever	2012 ^o	73	0	-	0	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	70	0	-
	2011 ^o	8	0	0	0	2	0	0	1	0	0	2	0	0	0	0	0	0	0	0	3	0	0
Leptospirosis	2012 ^o	36	0	-	0	0	0	-	0	0	-	1	4	27	0	0	0	1	0	-	2	1	-
	2011 ^o	49	0	0	0	1	0	-	0	0	-	4	0	17	18	0	0	0	6	-	3	0	0
Malaria (Indigenous)	2012 ^o	16	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	16	0	-
	2011 ^o	3,872	0	0	2	0	0	-	0	0	0	0	0	3,826	0	0	0	0	0	-	44	0	0
Malaria [Imported]	2012 ^o	59	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	59	0	-
	2011 ^o	102	0	0	0	1	0	-	1	0	0	1	0	0	4	0	0	0	0	-	95	0	0
Other Diseases																							
Leprosy	2012 ^o	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	0	0	-
	2011 ^o	1	0	0	0	0	0	-	0	0	0	0	0	0	1	0	0	0	0	-	0	0	0
Viral Encephalitis/Meningitis	2012 ^o	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	0	0	-
	2011 ^o	1	0	0	0	1	0	-	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0
Meningococcal infection (due to <i>Neisseria meningitidis</i>)	2012 ^o	1	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	1	0	-
	2011 ^o	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	0	0	0
Meningitis/Encephalitis not specified	2012 ^o	0	0	-	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	-	0	0	-
	2011 ^o	9	0	0	0	0	0	-	0	0	0	0	0	0	9	0	0	0	0	-	0	0	0
Viral Hepatitis A	2012 ^o	6	0	-	0	0	0	-	2	0	0	0	0	0	4	0	0	0	0	-	0	0	-
	2011 ^o	8	0	0	0	0	0	-	8	0	0	0	0	0	0	0	0	0	0	-	0	0	0
Viral Hepatitis B	2012 ^o	24	0	-	0	0	1	-	0	0	0	0	2	14	4	0	0	0	0	-	1	2	-
	2011 ^o	45	1	0	2	3	8	0	0	0	0	0	5	13	2	0	0	0	0	-	5	6	0

During the period under review there were zero (0) cases of Rabies (in humans) and Meningitis/Pneumonia due to Streptococcus pneumoniae.

Source: Communicable Disease 4-Weekly Reports submitted to the CAREC Epidemiology Division by March 20, 2012; Includes laboratory results from country-submitted Dengue Reports as at March 20, 2012

Notes:	-	= No data received																						
	o	= Epidemiologic Weeks 1 - 8																						
	§	= No reports were received for the reporting period from Curacao, St. Maarten, Bonaire, St. Eustatius and Saba (2012, 2011)																						
	*	= St. Kitts and Nevis reports confirmed cases on select communicable diseases																						
	‡	= Last week reported for the reporting period in 2012																						
Country Codes:	ANG	- Anguilla	BAR	- Barbados	CAY	- Cayman Islands	JAM	- Jamaica	SUR	- Suriname														
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	BAH	- Bahamas	BLZ	- Belize	GRE	- Grenada	STL	- St. Lucia	TNT	- Trinidad and Tobago														
			BVI	- British Virgin Islands	GUY	- Guyana	STM	- St. Maarten																

NEWS AND ANNOUNCEMENTS

New WHO Guideline for Hand, Foot and Mouth Disease

In March 2012, the Western Pacific Regional Office/World Health Organization (WPRO/WHO) published a new guideline, *A Guide to Clinical Management and Public Health Response for Hand, Foot and Mouth Disease (HFMD)*. The guideline includes sections on the epidemiology, virology, laboratory diagnosis, clinical features and prevention and control options for HFMD.

To download the guide, *A Guide to Clinical Management and Public Health Response for Hand, Foot and Mouth Disease (HFMD)* visit:

<http://www.wpro.who.int/publications/docs/GuidancefortheclinicalmanagementofHFMD.pdf>

New PAHO/CDC Guideline for Chikungunya Virus

The Pan American Health Organization/World Health Organization (PAHO/WHO), in collaboration with the U.S. Centers for Disease Control and Prevention (CDC), has published new guidelines on chikungunya, a mosquito-transmitted virus that causes fever and severe joint pain. The clinical picture of chikungunya infection is often similar to that of dengue fever. The *Preparedness and Response for Chikungunya Virus Introduction in the Americas* aims to help countries throughout the Americas improve their ability to detect the virus and be prepared to monitor, prevent and control the disease, should it appear.

To download the guide, *Preparedness and Response for Chikungunya Virus Introduction in the Americas*, visit:

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=16984&Itemid=

World Immunization Week, April 21–28, 2012

To underscore the importance of immunization in saving lives, and to encourage families to vaccinate their children against deadly diseases, the World Health Organization (WHO) united countries across the globe for a week of vaccination campaigns, public education and information sharing under the umbrella of World Immunization Week. Worldwide collaboration provides an opportunity to boost momentum and focus on specific actions such as:

- raising awareness on how immunization saves lives;
- increasing vaccination coverage to prevent disease outbreaks;
- reaching underserved and marginalized communities (e.g. those living in remote areas, deprived urban settings, fragile states and strife-torn regions) with existing and newly available vaccines;
- reinforcing the medium- and long-term benefits of immunization (e.g. giving children a chance to grow up healthy, attend school and improve their life prospects).

Immunization is one of the most successful and cost-effective health interventions. It prevents between 2 and 3 million deaths every year. Immunization prevents debilitating illness, disability and death from vaccine-preventable diseases such as diphtheria, Hepatitis A and B, measles, mumps, pneumococcal disease, polio, rotavirus, diarrhoea, tetanus and yellow fever. The benefits of immunization are increasingly being extended to adolescents and adults, providing protection against life-threatening diseases such as influenza, meningitis and cancers (e.g. cervical and liver cancers) that occur in adulthood.

For more information about World Immunization week, visit:

http://www.who.int/mediacentre/events/annual/immunization_week/en/index.html

Tenth Anniversary of Vaccination Week in the Americas

The tenth anniversary of Vaccination Week in the Americas (VWA) was celebrated from 21-28 April, 2012. VWA is an extraordinary effort led by the countries and territories of the Region to advance equity and access to vaccination. VWA activities strengthen the national immunization programs in the Americas by reaching out to populations with little access to regular health services, such as those populations living in urban fringes, rural and border areas and in indigenous communities. Since its inception in 2003, more than 365 million individuals of all ages have been vaccinated during campaigns conducted under the framework of VWA.

For more information about VWA, visit:

<http://new.paho.org/vwa/>

The CAREC Surveillance Report (CSR) is available on CAREC's website:

www.carec.org

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