



Emerging and Reemerging Infectious Diseases, Region of the Americas

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Outbreak of *Plasmodium vivax* Malaria in Palm Beach, Florida

On 25 July 2003, the first native case of malaria was reported to the Department of Health of Palm Beach, Florida. As a result, investigations undertaken have identified that a total of 7 cases of *Plasmodium vivax* malaria occurred between 12 July and 29 August 2003. All cases involved males living in Palm Beach, with an average age of 37, ranging from 17 to 45. Onset of symptoms for the first four cases occurred in July and, for the last three, in August.

Initially it was thought that a single source could be responsible of the outbreak, as the isolated *P. vivax* genotype of four of the seven patients were identical. However, with the ongoing outbreak, it seemed more probable that secondary transmission of the parasite had occurred. Anopheline mosquitoes, the malaria vector, have a short flight range (1–2 miles, approximately); but the cases were identified within a 5–8-mile area, thus strengthening the hypothesis of multiple transmission *foci*.

Adequate and timely measures have been implemented by the authorities. Epidemiological surveillance has been intensified and educational materials on prevention of mosquito bites have been distributed among the population. All precautions were taken to make health professionals and residents aware of the measures underway. More information is available at the [Florida Department of Health, Bureau of Epidemiology, Epi Update](#).

Source: Florida Department of Health, Bureau of Epidemiology, Malaria Epidemiology Branch, Centers for Disease Control (CDC), USA.

Yellow Fever Situation in the Americas

As of 10 September 2003, a total of 184 cases of confirmed jungle yellow fever have been reported to the Pan American Health Organization, with 85 deaths. This represents the highest number of cases reported in the Region since 1999.

**Table 1: Jungle Yellow Fever, Reported Cases and Deaths
(by country, Region of the Americas, as of 10 September 2003)**

Country	Cases	Deaths
Bolivia	6	4
Brazil	62	23
Colombia	88	40
Peru	15	9
Venezuela	13	9
Total	184	85
<i>Source:</i> Reports to PAHO by the Ministries of Health of the respective countries.		

The outbreak on the Colombian-Venezuelan border, which started in early June 2003, has moved northward. Four cases were identified during Epidemiological Weeks (EW) 33 and 34 (ending on 16 and 23 August, respectively) in the counties of Agustín Codazzi, Becerril and La Jagua de Ibirico, in the Department of Cesar, northeast region of Colombia. These counties are located across the border from the counties of Machiques and Rosario de Perija, in the State of Zulia in Venezuela, which have also reported cases during EW 31 and 32 (ending on 2 and 9 August, respectively).

The urban areas close to the outbreak are infested with *Aedes aegypti*, highlighting the risk of a possible re-urbanization of the disease in the Americas. An active search for febrile-icteric and febrile-icterohemorrhagic cases is being conducted in all affected Departments. The objective is early detection of YF virus circulation, which will make timely implementation of outbreak-control measures possible. In addition, intensive mass-vaccination efforts are underway, aimed at immunizing all residents in the States of Norte Santander and Cesar, in Colombia, as well as the States of Zulia and Tachira in Venezuela. Public-health authorities from both countries have developed joint border activities to cope with the outbreak and to overcome the difficulties of vaccinating areas with displaced populations and guerrilla activity.

To prevent the occurrence of jungle yellow fever outbreaks and the re-urbanization of the disease in the Americas, enzootic countries should implement all the [recommendations](#) of the PAHO Technical Advisory Group on Vaccine Preventable Diseases. (TAG).

Source: Ministries of Health of Bolivia, Brazil, Colombia, Peru and Venezuela.