



EID Weekly Updates:

Emerging and Reemerging Infectious Diseases, Region of the Americas

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[Main Updates index](#)

- [Acute Respiratory Illness Outbreak in British Columbia, Canada](#)
- [Yellow Fever \(YF\) in Peru](#)
- [West Nile Virus \(WNV\) in the USA and Mexico](#)

Acute Respiratory Illness Outbreak in British Columbia, Canada

14 August 2003: There is an outbreak of an acute respiratory illness in a long-term care facility in British Columbia that clinically is not compatible with SARS, but in which there is laboratory evidence of SARS-CoV infection. The illness experienced in this outbreak is relatively mild and is not the same illness experienced in Toronto and elsewhere; the pathogen causing it is substantially less virulent. Appropriate public-health and infection-control measures are currently in place. Possible explanations include a newly identified, less virulent variant of coronavirus or a mild form of SARS-CoV infection. Confirmatory testing, including additional serology and genomic sequencing, is ongoing.

Source: British Columbia Center for Disease Control (BCCDC), Health Canada.

Yellow Fever (YF) in Peru

In Epidemiological Week (EW) 30, a death was reported from a probable case of yellow fever, in a 22-year-old man from the town of Pavo, Province of Bella Vista, Department of San Martín. Epidemiological investigation conducted by the General Office of Epidemiology (*Oficina General de Epidemiología / OGE*) identified 13 other probable cases, three of them resulting in death. Seven cases were laboratory confirmed (IgM Elisa); the others are waiting on the second sample. All cases come from the town of Pavo, Province of Bella Vista, and from the towns of Aucarca and El Zancudo, both located in the Province of Mariscal Cáceres. Twelve of the 14 cases are in males, nine of whom fall into the age group between 15 and 44 years old, who have been in the area of the outbreak from 13 days to 8 months. Three of the cases reported a history of vaccination for yellow fever. Those affected were from the departments of Cajamarca, Piura, and Amazonas in the waves of migrant workers who arrive at harvest time, between June and August, and road workers.

Actions being carried out include surveillance of icterohemorrhagic syndrome in basins enzootic for YF, vaccination in affected areas and nearby ejector areas (starting with routine immunization for YF in high-risk ejector areas); and evaluation of the vector distribution of *Aedes aegypti*.

Source: General Office of Epidemiology (OGE), Ministry of Health, Peru.

West Nile Virus (WNV) in the USA and Mexico

USA

Up to 13 August 2003, 393 human cases of WNV infection were confirmed by the Centers for Disease Control and Prevention (CDC) in the United States. Nine deaths were registered: two in Alabama; five in Colorado and two in Texas.

West Nile Virus (WNV) in the USA, 13 August 2003

State	Human Cases	Deaths
Alabama	10	2
Arkansas	1	-
Colorado	195	5
Florida	4	--
Georgia	1	--
Iowa	4	--
Kansas	1	--
Kentucky	3	--
Louisiana	21	--
Minnesota	7	--
Mississippi	14	--
Missouri	1	--
Nebraska	6	--
New Mexico	3	--
North Dakota	6	--
Ohio	7	--
Oklahoma	2	--
Pennsylvania	12	--
South Carolina	1	--
South Dakota	51	--
Texas	39	2
Wisconsin	1	--
Wyoming	3	--
Total	393	9
<i>Source: Centers for Disease</i>		

Mexico

The National Center of Epidemiological Surveillance (*Centro Nacional de Vigilancia Epidemiológica / CNVE*) reported that since the 1999 identification and dissemination of WNV in the USA, authorities from both the Secretaries of Health (*Secretaría de Salud / SSA*) and of Agriculture, Livestock, Rural Development, Fishing, and Food (*Secretaría de Agricultura, Ganadería, Desarrollo Rural, Pesca y Alimentación / SAGARPA*) of Mexico have initiated epidemiological surveillance activities from 2000 on specifically aimed at identifying any possible WNV activity in the country. As a result, a national state of emergency for animal health (DINESA) was officially declared on 14 July 2003, commencing with its publication in the official journal and declaring "the presence in the national territory of West Nile Virus, an exotic disease and the reason why DINESA has been implemented, with a view to monitoring, diagnosing, preventing and controlling the virus and minimizing the potential economic and social impact on the country." Moreover, on 24 July 2003, both the SSA and SAGARPA signed the *Basis of Collaboration for Establishing Collaboration Mechanisms to Design, Promote, Coordinate, and Carry out Technical and Administrative Actions, in Accordance with Its Respective Scopes of Action, for the Surveillance, Prevention, and Control of WNV.*

In 2002, 21 asymptomatic horses with positive serology were identified in the States of Coahuila and Tamaulipas.

In 2003, to date, 290 cases of

Prevention and Control (CDC), USA.

Additional information can be found on the [CDC website](#).

Source: Centers for Disease Control and Prevention (CDC), USA.

serologically positive birds and horses have been reported, in the two states identified in the previous year and in six more Mexican States. To date, they have not registered the disease in horses or in humans; in birds, only one crow has been confirmed as having the disease (in May 2003). The National Vector Program is in operation in all malaria- and dengue-endemic areas for the purpose of diminishing WNV risk as well.

Source: National Center for Epidemiological Surveillance