AN EARLY SEASON INFLUENZA A H3N2 OUTBREAK IN SOUTHEAST NEPAL

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In July 2004, the Walter Reed-AFRIMS Research Unit Nepal detected an outbreak of influenza A (H3N2) at three Bhutanese refugee camps located in southeastern Nepal. Sixty-four patients were evaluated by the team of investigators and throat swabs were obtained. Basic case histories were taken with symptoms and presence or absence of fever at the time of specimen collection. Specimens were both tested by rapid flu test kit (OIA Flu Rapid Diagnostic®, Thermo-Electron) and submitted to the Air Force Institute for Operational Health (AFIOH) for definitive culture and PCR analysis. Sixty-one (61) of the persons involved in the outbreak were refugees from Bhutan, but the patients also included 1 foreign aid worker from Japan, and 2 Nepalese nationals. The majority of patients were under the age of 10 (38, 59%), and about equal genders (F: 28, 44%; M: 36, 56%). None of the patients had been vaccinated against influenza. Of the 64 specimens collected, 42 (66%) tested positive for influenza A by culture. Clinical criteria of fever plus either cough or sore throat were relatively sensitive for influenza (83%), but not specific (13%). Rapid flu testing on location during the outbreak showed relatively low sensitivity (36%) but good specificity (95%). Combining clinical criteria with rapid influenza testing improves the sensitivity to 40%, with no change in specificity (95%). Molecular subtyping using RT-PCR revealed all 42 specimens were H3N2 subtype, but showed some changes in several regions that were different from most of the specimens collected by the WHO in the 2003-2004 season. This outbreak shows the value of continued influenza surveillance even during the off-peak influenza season.

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TRANSMISSION OF STLV IN A CLOSED COLONY OF MACAQUES

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A 3.3% seroprevalence of simian T-lymphotropic virus (STLV) was found in a closed breeding and research colony of rhesus and cynomolgus macaques in Thailand. Epidemiology of STLV within the colony was assessed by means of a retrospective analysis of banked and freshly collected serum samples, and a review of the animals' medical records. Evidence was found that the virus had been imported into the colony by some of the original animals, and was subsequently transmitted both vertically and horizontally. The cell-associated nature of STLV was demonstrated by iatrogenic transmission of the virus following a whole blood transfusion, but there was no transmission to animals that received only serum from the same infected donor. Transmission by all routes was infrequent, as indicated by the overall seroprevalence of 3.3% (14 of 420 samples) after the colony had been closed for 11 years. Maternal-infant transmission appeared to be < 12%.

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