



MINISTRY OF HEALTH Government of the Republic of

OFFICE OF THE CHIEF MEDICAL OFFICER

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MEMORANDUM

FROM: Chief Medical Officer

TO: Principal Medical Officer, Environmental Health
Directors of Health
Medical Chiefs of Staff
Medical Director, Health Programmes & Technical Support Services
Specialist Medical Officer, Insect Vector Control Division
Director, Trinidad Public Health Laboratory
Director, Health Education Division
County Medical Officers of Health
Chief Public Health Inspector
Epidemiologist, National Surveillance Unit
Private Practitioners, Primary Care Physicians

DATE: March 7, 2016

SUBJECT: **Surveillance protocols for vector borne diseases (ZIKV/CHIKV/ DENV)**

The first Zika virus (ZIKV) case in Trinidad and Tobago was confirmed by the Caribbean Public Health Agency (CARPHA) on February 17, 2016.

As we continue to intensify our efforts to prevent the transmission of vector borne diseases, just a gentle reminder that the line listings for suspected cases (meeting the case definitions for the Zika Virus, Chikungunya Virus and Dengue/Severe Dengue) should be submitted **daily** to the National Surveillance Unit and the Insect Vector Control Division for follow up action.

Routinely, each County is reminded to submit one (1) weekly serum sample from a health centre/ district health facility to the Trinidad Public Health Laboratory (TPHL) for the Undifferentiated Fever syndrome.

Please find attached the protocols for the Zika Virus, Dengue/ Severe Dengue and Chikungunya Virus for your kind perusal.

Looking forward to your continued support and cooperation.

Dr. Clive Tilluckdharry
Chief Medical Officer (Ag)
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NATIONAL SURVEILLANCE UNIT
Sacred Heart Building, 16-18 Sackville Street, Port-of-Spain
Tel: 624-7998 Tel/Fax: 623-0601

ZIKA VIRUS

1. VIROLOGICAL DIAGNOSIS

- Zika cases can only be confirmed by laboratory diagnosis
- 5ml serum sample required
- Serum sample collected **within the first 3 days of onset** for all suspected cases which meet the interim case definition for ZIKV

2. INTERIM CASE DEFINITION FOR ZIKV

Suspected Case: Patient with rash or elevated body temperature ($> 37.2^{\circ}\text{C}$) with at least one of the following symptoms (not explained by other medical conditions):

- Arthralgia or myalgia
- Non-purulent conjunctivitis or conjunctival hyperaemia
- Headache or malaise

AND

- A travel history to an affected country

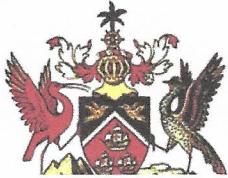
Confirmed Case: A suspected case with a laboratory positive result from the CARPHA

3. LABORATORY REQUIREMENTS

All blood samples must be clearly labelled and accompanied by a Trinidad Public Health Laboratory (TPHL) request form with the following information clearly documented for testing to be initiated:

1. Patient's name, age, address and other relevant demographic details
2. Name of the institution
3. Name of the referring doctor
4. Clinical features (relevant signs and symptoms)
5. Date of collection of sample
6. Date of onset of symptoms
7. Any pertinent travel history (within 3 months prior to the date of onset of symptoms)
8. Additional tests which may have been performed and results, if any

TPHL will forward those samples that meet the criteria for testing to CARPHA. Samples will be tested for Dengue, Chikungunya Virus and the Zika Virus by RT-PCR (detection of viral RNA).



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DENGUE/ SEVERE DENGUE

1. VIROLOGICAL DIAGNOSIS

- 5ml serum sample required
- Serum sample collected **within the first 5 days of onset** for suspected cases which meet the criteria for Dengue/ Severe Dengue

2. CASE DEFINITION FOR THE DENGUE/ SEVERE DENGUE

Criteria for Dengue: Patient lives in/ travel to dengue endemic area with fever and two (2) of the following criteria:

- Nausea, vomiting
- Rash
- Aches and pains
- Tourniquet test positive
- Leukopenia
- Any of the warning signs

Warning signs:

- Abdominal pain or tenderness
- Persistent vomiting
- Clinical fluid accumulation
- Mucosal bleed
- Lethargy, restlessness
- Liver enlargement > 2 cm
- Laboratory: increase in HCT concurrent with rapid decrease in platelet count

Criteria for Severe Dengue:

1. **Severe plasma leakage** leading to:
 - Shock (DSS)
 - Fluid accumulation with respiratory distress
2. **Severe bleeding** as evaluated by clinician.
3. **Severe organ involvement**
 - Liver: AST or ALT \geq 1000
 - CNS: Impaired consciousness
 - Heart and other organs

Hospitals are reminded to submit blood samples to TPHL for in-patients with dengue-like symptoms.



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CHIKUNGUNYA VIRUS

1. VIROLOGICAL DIAGNOSIS

- 5ml serum sample required
- Serum sample collected **within the first 8 days of onset** for suspected cases which meet the criteria for the Chikungunya Virus

2. CASE DEFINITION FOR THE CHIKUNGUNYA VIRUS (CHIKV)

Suspected Case: Patient with acute onset of fever $> 38.5^{\circ}\text{C}$ (101.3°F) and severe arthralgia or arthritis not explained by other medical conditions.

Probable Case: A patient meeting the suspected case definition and residing or having visited countries or areas, reporting CHIKV transmission within 15 days prior to the onset of symptoms.

Confirmed Case: A suspected patient with a laboratory positive result from the CARPHA, irrespective of the clinical presentation