

INFECTIOUS DISEASES OF HONDURAS



Stephen Berger, MD

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E-BOOK SERIES

2017 Edition

Infectious Diseases of Honduras - 2017 edition

Stephen Berger, MD

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Published by GIDEON Informatics, Inc, Los Angeles, California, USA. www.gideononline.com

Cover design by GIDEON Informatics, Inc

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ISBN: 978-1-4988-1371-6

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Scope of Content

Disease designations may reflect a specific pathogen (ie, Adenovirus infection), generic pathology (Pneumonia - bacterial) or etiologic grouping (Coltivirus - Old world). Such classification reflects the clinical approach to disease allocation in the Infectious Diseases Module of the GIDEON web application. Similarly, a number of diseases which are generally diagnosed and treated outside of the field of Infectious Diseases are not included, despite the fact that a clear infectious etiology exists. Examples include Peptic ulcer, Creutzfeldt-Jakob disease, Human papillomavirus infections, etc. In contrast, a number of other entities of unknown etiology which do present to Infectious Diseases specialists have been included: Kawasaki's disease, Chronic fatigue syndrome, Kikuchi and Kimura diseases. Several minor infections having minimal relevance to the field of Infectious Diseases are not covered: Paronychia, Otitis externa, etc.

Introduction: The GIDEON e-book series

Infectious Diseases of Honduras is one in a series of GIDEON [ebooks](#) which summarize the status of Infectious diseases, Drugs, Vaccines and Pathogens in every country of the world.

Chapters are arranged alphabetically, by disease name. Each section is divided into four sub-sections:

1. Descriptive epidemiology
2. Status of the disease in Honduras
3. References

The initial items in the first section, Descriptive epidemiology, are defined as follows:

| | |
|------------------|---|
| Agent | Classification (e.g., virus, parasite) and taxonomic designation. |
| Reservoir | Any animal, arthropod, plant, soil or substance in which an infectious agent normally lives and multiplies, on which it depends primarily for survival, and where it reproduces itself in such a manner that it can be transmitted to a susceptible host. |
| Vector | An arthropod or other living carrier which transports an infectious agent from an infected organism or reservoir to a susceptible individual or immediate surroundings. |
| Vehicle | The mode of transmission for an infectious agent. This generally implies a passive and inanimate (i.e., non-vector) mode. |

A chapter outlining the routine vaccination schedule of Honduras follows the diseases chapters.

Content

There are 357 generic infectious diseases in the world today. 220 of these are endemic, or potentially endemic, to Honduras. A number of other diseases are not relevant to Honduras and have not been included in this book.

In addition to endemic diseases, we have included all published data regarding imported diseases and infection among expatriates from Honduras.

Sources

Data are based on the GIDEON web application (www.gideononline.com) which relies on standard text books, peer-review journals, Health Ministry reports and ProMED, supplemented by an ongoing search of the medical literature.

The availability and quality of literature regarding specific infectious diseases vary from country to country. As such, you may find that many of the sections in this book are limited to a general discussion of the disease itself - with no data regarding Honduras.

This is a book about the geography and epidemiology of Infection. Comprehensive and up-to-date information regarding the causes, diagnosis and treatment of each disease is available in the [GIDEON web application](#). Many of the diseases are generic. For example, such designations as Pneumonia bacterial and Urinary tract infection include a number of individual diseases. These appear under the subheading, Synonyms, listed under each disease.

Exploring Outbreaks and Surveys

Outbreak and survey charts are designed to allow users to quickly scan and compare publications according to year, setting, number of cases / deaths, affected population and other parameters. Linked references are displayed where available.

Parallel charts in the [GIDEON web app](#) allow for sorting within columns. In the following example, data are displayed alphabetically by outbreak setting or region.

| Years | Region | Setting | Cases | Deaths | Source | Pathogen | Years | Region | Setting | Cases | Deaths | Source | Pathogen |
|--------------|------------------|------------|-------|--------|-------------|-------------|--------------|----------------|--------------|-------|--------|--------------|--------------------|
| 1990 | Alberta | | | | | | 2013* | | airplane | | | eggs | Heidelberg |
| 1999 | Alberta | | 12 | | pet food | infantis | 1966 | | bar mitzvah | 34 | | fish | Java |
| 2004 | Alberta | restaurant | 31 | | | Heidelberg | 1984 | Ontario | day nursery | 22 | | | typhimurium |
| 2010 to 2011 | Alberta | | 91 | | food | enteritidis | 1992* | Ontario | hospital | | | | enteritidis |
| 1960 | British Columbia | | 65 | | | | 1997* | Montreal | hotel | | | | enteritidis PT 8 |
| 1985 to 1986 | British Columbia | | 13 | | chocolate | nima | 1982 | Quebec | nursery | | | milk | typhimurium |
| 1995 to 1996 | British Columbia | | 133 | | sprouts | Newport | 1983 to 1986 | Halifax | nursing home | 51 | | | Newport |
| 2000 | British Columbia | | 47 | | baked goods | enteritidis | 2011 | New Brunswick | nursing home | 7 | 1 | | |
| 2000 | British Columbia | | 62 | | eggs | | 1999 | Edmonton | restaurant | 27 | | | typhimurium |
| 2005* | British Columbia | | | | baked goods | | 2001 | multiple sites | restaurant | 12 | | sprouts | enteritidis PT 11b |
| 2008 | British Columbia | | 64 | | | | 2004 | Alberta | restaurant | 31 | | | Heidelberg |
| 2011 | British Columbia | | 8 | | | agbeni | 2005 | Ontario | restaurant | 81 | | | |
| | | | | | | | 2016 | Toronto | restaurant | 43 | | | |
| | | | | | | | 2012 | Ontario | school | 46 | | catered food | |
| | | | | | | | 2007 | Ontario | university | 85 | | food | typhimurium PT 108 |

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Last updated: January 19, 2017

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* Not endemic. Imported, expatriate or other context reported.

+ Country specific note exists for disease

Acanthocephalan infections

| | |
|----------------------------------|--|
| Agent | PARASITE - Archiacanthocephala. Moniliformida: <i>Moniliformis moniliformis</i> , Oligacanthorhynchida: <i>Maracanthorhynchus hirudinaceus</i> . |
| Reservoir | Pig (<i>Maracanthorhynchus</i>), rat and fox (<i>Moniliformis</i>), |
| Vector | None |
| Vehicle | Insect ingestion |
| Incubation Period | Unknown - presumed 15 to 40 days |
| Diagnostic Tests | Identification of worm in stool. |
| Typical Adult Therapy | Infection is usually self-limited. Pyrantel pamoate has been used against <i>Moniliformis moniliformis</i> - 11 mg/kg PO - repeat once in 2 weeks |
| Typical Pediatric Therapy | Infection is usually self-limited. Pyrantel pamoate has been used against <i>Moniliformis moniliformis</i> - 11 mg/kg PO - repeat once in 2 weeks |
| Clinical Hints | Most infections are characterized by asymptomatic passage of a worm In some cases, only vague complaints such as 'periumbilical discomfort' and 'giddiness' have been described |
| Synonyms | Corynosoma, Macracanthorhynchus, Moniliform acanthocephalan, Moniliformis moniliformis. ICD9: 128.9 ICD10: B83.8 |

Actinomycosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Actinomycetes, <i>Actinomyces</i> spp. Anaerobic gram-positive bacillus |
| Reservoir | Human (oral, fecal and vaginal flora) |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Unknown |
| Diagnostic Tests | Gram stain and bacteriological culture using strict anaerobic technique. Growth is apparent in 3-7 days. |
| Typical Adult Therapy | Ampicillin 50 mg/kg/day IV X 4 to 6 weeks - then Amoxicillin 1.5 g/d PO X 6 months. OR Penicillin G 10 to 20 million units/day X 4 to 6w; then Penicillin V X 6 to 12m. Alternatives: Doxycycline , Ceftriaxone , Erythromycin Excision/drainage |
| Typical Pediatric Therapy | Ampicillin 50 mg/kg/day IV X 4 to 6 weeks - then Amoxicillin 20 mg/kg/day PO X 6 months. Penicillin G 100,000 units/kg/day X 4 to 6w; then Penicillin V 25,000 units/day X 6 to 12m. Excision/drainage |
| Clinical Hints | Mandibular osteomyelitis with fistulae (sulfur granules) in the setting of poor dental hygiene Pelvic abscesses in a women with intra-uterine device Fever, right lower quadrant mass and fistulae Suppurative pleuropulmonary infection with fistulae |
| Synonyms | Actinomyces, Aktinomykose, Lumpy jaw. ICD9: 039. ICD10: A42 |

Adenovirus infection

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Adenoviridae, Adenovirus Enteric strains are classified in genus Mastadenovirus |
| Reservoir | Human, Non-human primates |
| Vector | None |
| Vehicle | Droplet, Water, Respiratory of pharyngeal acquisition |
| Incubation Period | 4d - 12d |
| Diagnostic Tests | Viral culture/serology or antigen assay. Direct fluorescence of secretions. Nucleic acid amplification. |
| Typical Adult Therapy | Enteric/secretion precautions. Cidofovir has been used in some cases. Symptomatic therapy |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Adenovirus vaccine |
| Clinical Hints | Generally, an uncomplicated illness lasting 3 to 5 days - Atypical pneumonia, upper respiratory infection, tracheitis, bronchiolitis - Keratoconjunctivitis with preauricular adenopathy - Gastroenteritis or hemorrhagic cystitis |
| Synonyms | Adenovirus gastroenteritis, Epidemic keratoconjunctivitis, Pharyngoconjunctival fever. ICD9: 047.9,077.1,077.2,008.62,480.0 ICD10: A08.2,B30.1,B34.0,J12.0 |

Adenovirus infection in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------------|-------------|-----|--|
| 2006 - 2009 | patients | 3.6 | pharyngeal swabs from inpatients and outpatients in El Salvador, Honduras and Nicaragua ¹ |

References

1. [Influenza Other Respir Viruses 2011 Mar ;5\(2\):123-34.](#)

Aeromonas and marine Vibrio infx.

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Aeromonas hydrophila</i> , <i>Vibrio vulnificus</i> , et al Facultative gram-negative bacilli |
| Reservoir | Salt or brackish water, Fish |
| Vector | None |
| Vehicle | Water, Shellfish, Contact |
| Incubation Period | Range 2d - 7d |
| Diagnostic Tests | Culture. Notify laboratory if these organisms are suspected in stool. |
| Typical Adult Therapy | Fluoroquinolone or Sulfamethoxazole / Trimethoprim . Other antimicrobial agent as determined by susceptibility testing |
| Typical Pediatric Therapy | Sulfamethoxazole / Trimethoprim . Or other antimicrobial agent as determined by susceptibility testing |
| Clinical Hints | Diarrhea, fever, vomiting or sepsis following marine injury or ingestion of raw oysters / contaminated fresh or brackish water Fecal leukocytes present Severe or fatal in immunosuppressed or alcoholic patients |
| Synonyms | Aeromonas, Aeromonas hydrophila, Vibrio mimicus, Vibrio vulnificus. ICD9: 005.81,027.9 ICD10: A48.8 |

Amoeba - free living

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Centramoebida, Acanthamoebidae: <i>Acanthamoeba</i> and <i>Balamuthia</i> Schizopyrenida, Vahkampfiadae: <i>Naegleria</i> |
| Reservoir | Water, Soil |
| Vector | None |
| Vehicle | Water (diving, swimming), Contact |
| Incubation Period | 5d - 6d (range 2d - 14d) Granulomatous ? to 2m |
| Diagnostic Tests | Wet preparation. Specialized cultures. Serology available in reference centers. |
| Typical Adult Therapy | CNS <i>Naegleria</i> : Ampho. B to 1 mg/kg/d IV + 1.5 mg intrathec. X 8 days; + Miconazole 350 mg/sq m/d IV + 10 mg intrathec. qod X 8d <i>Acanthamoeba</i> : Sulfonamides + Flucytosine Miltefosine some cases of <i>Acanthamoeba</i> / <i>Balamuthia</i> |
| Typical Pediatric Therapy | CNS <i>Naegleria</i> : Amphotericin B to 1 mg/kg/d IV + 1.5 mg intrathecal X 8 days; plus Miconazole 350 mg/sq m/d IV + 10 mg intrathecal qod X 8d <i>Acanthamoeba</i> : Sulfonamides + Flucytosine Miltefosine successful in some cases of <i>Acanth.</i> / <i>Balamuthia</i> enceph. |
| Clinical Hints | Severe, progressive meningoencephalitis (<i>Naegleria</i> , <i>Acanthamoeba</i> or <i>Balamuthia</i>) following swimming or diving in fresh water Keratitis (<i>Acanthamoeba</i>), associated with contaminated solutions used to clean contact lenses. |
| Synonyms | <i>Acanthamoben</i> , <i>Acanthamoeba</i> , <i>Allovahtkampfia</i> , Amebic keratitis, <i>Balamuthia</i> , <i>Balmuthia</i> , <i>Dictyostelium</i> , Free-living amoeba, <i>Leptomaxid amoeba</i> , <i>Naegleria</i> , <i>Paravahlkampfia</i> , Primary amebic meningoencephalitis, <i>Sappinia</i> , <i>Vahlkampfia</i> . ICD9: 136.2 ICD10: B60.1,B60.2 |

| Amoebiasis | |
|---------------------------|--|
| Agent | PARASITE - Protozoa. Sarcomastigota, Entamoebidea: <i>Entamoeba histolytica</i> (must be distinguished from non-invasive, <i>Entamoeba dispar</i>) |
| Reservoir | Human |
| Vector | Fly (Musca) - occasionally |
| Vehicle | Food, Water, Sexual contact, Fly |
| Incubation Period | 1w - 3w (range 3d - 90d) |
| Diagnostic Tests | Fresh stool/aspirate for microscopy. Stool antigen assay. Stool PCR. Note: serological tests usually negative. |
| Typical Adult Therapy | Metronidazole 750 mg PO TID X 10d Follow with: Paromomycin 500 mg PO TID X 7d OR Iodoquinol 650 mg PO TID X 20d |
| Typical Pediatric Therapy | Metronidazole 15 mg/kg TID X 10d Follow with: Paromomycin 10 mg/kg PO TID X 7d OR Iodoquinol 10 mg/kg PO TID X 20d |
| Clinical Hints | Dysentery, abdominal pain, tenesmus. Unlike shigellosis, hyperemia of the rectal mucosa and fecal pus are absent. Liver abscess and dysentery rarely coexist in a given patient. |
| Synonyms | Amebiasis, Amebiasis intestinal, Amebic colitis, Amebic dysentery, Amoebenruhr, Entamoeba bangladeshi, Entamoeba gingivalis, Entamoeba moshkovskii. ICD9: 006.0,006.1,006.2 ICD10: A06.0,A06.1,A06.2 |

Amoebiasis in Honduras

The annual rate of amebiasis is approximately 300 per 100,000.

Amoebic abscess

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Sarcomastigota, Entamoebidea: <i>Entamoeba histolytica</i> (must be distinguished from non-invasive, <i>Entamoeba dispar</i>) |
| Reservoir | Human |
| Vector | Fly (Musca) - occasionally |
| Vehicle | Food, Water, Sexual contact, Fly |
| Incubation Period | 2w - 6m (rarely years; 95% within 6m) |
| Diagnostic Tests | Imaging. Serology. Nucleic acid amplification. Note: Amoebae are usually not present in stool at this stage. |
| Typical Adult Therapy | Metronidazole 750 mg TID X 10d OR Tinidazole 800 mg TID X 5d |
| Typical Pediatric Therapy | Metronidazole 15 mg/kg TID X 10d OR Tinidazole 15 to 20 mg/kg TID X 5d |
| Clinical Hints | Fever, local pain and weight loss Concurrent amebic colitis is usually not present. Typically a single abscess in the right hepatic lobe (bacterial abscesses may be multiple) |
| Synonyms | Absceso amebiano, Amebic liver abscess. ICD9: 006.3,006.4,006.5,006.6,006.8 ICD10: A06.4,106.5,A06.7,106.8 |

Amoebic abscess in Honduras

Epidemiological data regarding Amebic abscess are included in the notes for Amebic colitis

Angiostrongyliasis - abdominal

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. <i>Parastrongylus</i> (<i>Angiostrongylus</i> , <i>Morerastrongylus</i>) <i>costaricensis</i> |
| Reservoir | Cotton rat (<i>Sigmodon</i>), Slug |
| Vector | None |
| Vehicle | Slug, Slug excretions |
| Incubation Period | 10d - 14d |
| Diagnostic Tests | Identification of ova or adults in surgical material. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Mebendazole 200 to 400 mg PO tid X 10 days. OR Thiabendazole 25 mg/kg TID (max 3g/d) X 3d. Surgery for complications |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Mimics acute appendicitis, including presence of a right lower quadrant mass Eosinophilia (uncommon in appendicitis) is prominent Patient may recall recent ingestion of slugs or vegetation (contaminated by slugs) |
| Synonyms | <i>Angiostrongylus costaricensis</i> , <i>Parastrongylus costaricensis</i> . ICD9: 128.9 ICD10: B81.3 |

Angiostrongyliasis - abdominal in Honduras

13 cases were reported in 1985.

Animal bite-associated infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Pasteurella multocida</i> , and other zoonotic bite pathogens |
| Reservoir | Cat, Dog, Marsupial, Other mammal, Rarely bird |
| Vector | None |
| Vehicle | Bite (cat in 60%, dog in 30%), No obvious source in 10% |
| Incubation Period | 3h - 3d |
| Diagnostic Tests | Gram stain/culture. Hold specimen for 2 weeks to discount Capnocytophaga & other genera. |
| Typical Adult Therapy | Penicillin, a Tetracycline or Cefuroxime . Dosage and duration appropriate for nature and severity of infection |
| Typical Pediatric Therapy | Penicillin or Cefuroxime . Dosage and duration appropriate for nature and severity of infection |
| Clinical Hints | Infection of cat- dog- or other bite wound; however, as many as 10% do not recall the bite Symptoms appear within 3 to 72 hours Systemic infection (meninges, bone, lungs, joints, etc) may occur. |
| Synonyms | Bacteroides pyogenes, Bacteroides tectus, Bergeyella zoohelcum, Bisgaard's taxon 16, Capnocytophaga canimorsus, Capnocytophaga cynodegmi, CDC EF-4, CDC NO-1, Corynebacterium kutscheri, Corynebacterium canis, Corynebacterium freiburgense, Fusobacterium canifelinum, Halomonas venusta, Kingella potus, Moraxella canis, Mycobacterium vulneris, Neisseria animaloris, Neisseria canis, Neisseria weaveri, Neisseria zoodegmatis, Pasteurella caballi, Pasteurella canis, Pasteurella dagmatis, Pasteurella multocida, Pasteurella stomatis, Psychrobacter immobilis, Staphylococcus intermedius, Vibrio harveyi. ICD9: 027.2 ICD10: A28.0 |

Anisakiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Nematoda. Secernentea: <i>Anisakis simplex</i> and <i>Pseudoterranova decipiens</i> |
| Reservoir | Marine mammals Fish |
| Vector | None |
| Vehicle | Undercooked fish |
| Incubation Period | Hours - 14d |
| Diagnostic Tests | Endoscopic identification of larvae. |
| Typical Adult Therapy | Endoscopic removal of larvae; surgery for complications |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Follows ingestion of undercooked fish (e.g., sushi), squid or octopus. May present as - a generalized allergic reaction, or - acute and chronic abdominal pain, often with "peritoneal signs" or hematemesis |
| Synonyms | Anasakis, Bolbosoma, Cod worm disease, Contracecum, Eustrongylides, Herring worm disease, Hysterothylacium, Pseudoterranova, Whaleworm. ICD9: 127.1 ICD10: B81.0 |

Anthrax

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Bacillus anthracis</i> An aerobic gram positive bacillus |
| Reservoir | Soil, Goat, Cattle, Sheep, Water, Horse |
| Vector | Fly (rare) |
| Vehicle | Hair, Wool, Hides, Bone products, Air, Meat, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d-7d; 1-12 cutaneous, 1-7 GI; 1-43 pulmonary |
| Diagnostic Tests | Bacteriological culture. Alert laboratory that organism may be present. Serology and rapid tests by Ref. Centers. |
| Typical Adult Therapy | Isolation (secretions). Ciprofloxacin (or Penicillin if susceptible). If systemic infection, add Meropenem (or Imipenem) + Linezolid (or Rifampin or Clindamycin) Dosage/route/duration as per severity If inhalational anthrax, add Raxibacumab |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Anthrax vaccine |
| Clinical Hints | Acquired from contact with large mammals or their products (meat, wool, hides, bone). Anthrax may present at dermal, pulmonary, gastrointestinal or other forms depending of site of inoculation. - Edematous skin ulcer covered by black eschar - satellite vesicles may be present - Fulminant gastroenteritis or pneumonia - Necrotizing stomatitis - Hemorrhagic meningitis. |
| Synonyms | Antrace, Antrax, Antraz, Carbunco, Carbunculo, La fievre charbonneuse, Malcharbon, Malignant pustule, Miltbrann, Miltvuur, Milzbrand, Mjaltbrand, Siberian plague, Siberian ulcer, Splenic fever, Wool-sorter's disease. ICD9: 022 ICD10: A22 |

Anthrax in Honduras

Anthrax, cases: None reported between 2002 and 2003

Seven outbreaks of bovine anthrax (30 cases) were reported in 1994.

Ascariasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Ascaris lumbricoides</i> |
| Reservoir | Human, Dog |
| Vector | None |
| Vehicle | Vegetables, Fly |
| Incubation Period | 10d - 14d (range 7d - >200d) |
| Diagnostic Tests | Stool microscopy. |
| Typical Adult Therapy | Albendazole 400 mg X 1 dose OR Mebendazole 100 mg BID X 3d |
| Typical Pediatric Therapy | Albendazole 200 mg PO single dose OR Mebendazole 100 mg BID X 3 d (> age 2). |
| Clinical Hints | Highest rates among children and in areas of crowding and poor sanitation Acute illness characterized by cough, wheezing and eosinophilia Adult worms are associated with abdominal pain (occasionally obstruction), pancreatic or biliary disease Passage of a roundworm longer than 5 cm is virtually pathognomonic |
| Synonyms | Ascaris, <i>Ascaris lumbricoides</i> , Askariasis. ICD9: 127.0 ICD10: B77 |

Ascariasis in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|---------------------|------|--|
| 2011 | children | 30.3 | 30.3% of rural school children ¹ |
| 2011 | children | 20 | 20% of rural school-age children ² |
| 2014* | children | 22.3 | 22.3% of 3rd to 5th grade school children ³ |
| 1998 | general population | 45 | 45% of the rural population ⁴ |
| 2004* | patients - HIV/AIDS | 24 | ⁵ |

* indicates publication year (not necessarily year of survey)

Prevalence rates exceed 20% in 47.8% of municipalities (1930 to 2012) ⁶

References

1. [Parasit Vectors 2014 Aug 04;7:354.](#)
2. [PLoS Negl Trop Dis 2013 ;7\(8\):e2378.](#)
3. [PLoS Negl Trop Dis 2014 Oct ;8\(10\):e3248.](#)
4. [Mem Inst Oswaldo Cruz 2001 Apr ;96\(3\):303-14.](#)
5. [Mem Inst Oswaldo Cruz 2004 Nov ;99\(7\):773-8.](#)
6. [PLoS Negl Trop Dis 2014 ;8\(1\):e2653.](#)

Aspergillosis

| | |
|----------------------------------|---|
| Agent | FUNGUS. Ascomycota, Euascomycetes, Eurotiales: <i>Aspergillus</i> . A hyaline hyphomycete |
| Reservoir | Compost, Hay, Cereal, Soil |
| Vector | None |
| Vehicle | Air, Respiratory or pharyngeal acquisition |
| Incubation Period | 3d - 21d |
| Diagnostic Tests | Fungal culture. Biopsy. Nasal culture or serologic testing may be useful in select cases. |
| Typical Adult Therapy | Voriconazole 6 mg/kg IV Q12h, day 1; follow with 4 mg/kg IV OR Amphotericin B - if invasive, rapidly increase to max dose 0.6 mg/kg/d and to total 2.5g. OR Itraconazole |
| Typical Pediatric Therapy | Voriconazole 3 to 9 mg/kg IV Q12h OR Amphotericin B - if invasive, rapidly increase to max dose 0.6 mg/kg/d X 6w. OR Itraconazole |
| Clinical Hints | Pulmonary "fungus ball" or adult-onset asthma Pulmonary consolidation or infected "pulmonary infarct" in the setting of immune suppression (e.g., AIDS, leukemia, etc) May progress to widespread hematogenous dissemination if not treated promptly. |
| Synonyms | Aspergillose, Aspergillus. ICD9: 117.3 ICD10: B44 |

Bacillary angiomatosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Bartonella henselae</i> or <i>Bartonella quintana</i> . <i>Rickettsia</i> -like bacteria |
| Reservoir | Human, Tick, Cat |
| Vector | Cat flea, Tick (Ixodid) |
| Vehicle | None |
| Incubation Period | Unknown |
| Diagnostic Tests | Histology with special stains. Specialized culture techniques. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Clarithromycin 500 mg BID X 3 months Alternatives Azithromycin 250 mg QD Ciprofloxacin 500 mg BID OR Doxycycline 100 mg BID Erythromycin 500 mg po QID |
| Typical Pediatric Therapy | Clarithromycin 7.5 mg/kg PO BID X 8 months. OR Gentamicin 2 mg/kg IMq12h |
| Clinical Hints | Hemangiomas papules and nodules of skin, spleen, liver (peliosis hepatis), bone or other tissues Virtually all cases occur in the setting of AIDS or other immune deficiency Rare instances are reported following tick bite in immune-competent individuals. |
| Synonyms | Bacillary peliosis, Peliosis hepatis. ICD9: 757.32,083.8 ICD10: K76.4,A44.0 |

Bacillus cereus food poisoning

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Bacillus cereus</i> (toxin). An aerobic gram-positive bacillus |
| Reservoir | Soil, Processed & dried foods |
| Vector | None |
| Vehicle | Food |
| Incubation Period | 2h - 9h (range 1h - 24h) |
| Diagnostic Tests | No practical test available. Isolation of organism from suspect food. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Usually follows ingestion of rice or other vegetables Vomiting within 1 to 6 hours and/or diarrhea within 6 to 24 hours Fecal leukocytes are not seen |
| Synonyms | Bacillus cytotoxicus. ICD9: 005.89 ICD10: A05.4 |

Bacterial vaginosis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Gardnerella vaginalis</i> (facultative gram-negative bacillus), <i>Mobiluncus curtisii</i> , <i>Mobiluncus mulieris</i> , <i>Prevotella</i> , et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual contact, Normal flora in 14% (girls) to 70% (women) |
| Incubation Period | Unknown |
| Diagnostic Tests | Identification of "clue cells" or positive KOH test in vaginal discharge. Culture. |
| Typical Adult Therapy | Metronidazole 500 mg BID X 7d OR Tinidazole 2 g PO daily X 3d OR Clindamycin 300 mg BID X 7d + intravaginal Clindamycin or Metronidazole ? Also treat sexual partner |
| Typical Pediatric Therapy | Metronidazole 7.5 mg/kg BID X 7d |
| Clinical Hints | Thin vaginal discharge - "fishy" odor when mixed with KOH Mild to moderate pruritis Urethritis may be present in sexual partner. |
| Synonyms | Gardnerella, Gardnerella vaginalis, Mobiluncus. ICD9: 041.89,616,10,099.8 ICD10: N76.1 |

Balantidiasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Ciliate (Ciliophora), Litostomatea: <i>Balantidium coli</i> |
| Reservoir | Pig, Non-human primate, Rodent |
| Vector | None |
| Vehicle | Water, Food |
| Incubation Period | 1d - 7d (range 1d - 60d) |
| Diagnostic Tests | Microscopy of stool or colonic aspirates. |
| Typical Adult Therapy | Tetracycline 500 mg QID X 10d. OR Metronidazole 750 mg TID X 5d. OR Iodoquinol 650 mg TID X 20d |
| Typical Pediatric Therapy | Age >= 8 years: Tetracycline 10 mg/kg QID (max 2g/d) X 10d. Age <8 yrs, Metronidazole 15 mg/kg TID X 5d; or Iodoquinol 13 mg/kg TID X 20d |
| Clinical Hints | The disease is most common in pig-raising areas Dysentery, often with vomiting Mimics intestinal amebiasis Symptoms may persist for one to four weeks, and may recur. |
| Synonyms | Balantidiose, Balantidiosis, Balantidium coli, Balantidosis, Balindosis, Ciliary dysentery. ICD9: 007.0 ICD10: A07.0 |

Bartonellosis - cat borne

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Afipia felis</i> , <i>Bartonella henselae</i> , <i>Bartonella clarridgeiae</i> , <i>Bartonella grahamii</i> , et al. A facultative gram-negative coccobacillus |
| Reservoir | Cat, Possibly tick |
| Vector | Cat flea (<i>Ctenocephalides</i>) |
| Vehicle | Cat scratch, Plant matter (thorn, etc) |
| Incubation Period | 3d - 14d |
| Diagnostic Tests | Visualization of organisms on Warthin Starry stain. Culture. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Aspiration of nodes as necessary. Azithromycin 500 mg day 1, then 250 daily X 4 days Alternatives: Clarithromycin , Ciprofloxacin , Sulfamethoxazole/trimethoprim |
| Typical Pediatric Therapy | Aspiration of nodes as necessary. Azithromycin 10 mg/kg day 1, then 5 mg/kg daily X 4 days |
| Clinical Hints | Tender suppurative regional adenopathy following a cat scratch (usually kitten) Fever present in 25% Systemic infection (liver, brain, endocardium, bone, etc) occasionally encountered Most cases resolve within 6 weeks. |
| Synonyms | <i>Afipia felis</i> , <i>Bartonella clarridgeiae</i> , <i>Bartonella grahamii</i> , <i>Bartonella henselae</i> , <i>Bartonella koehlerae</i> , Cat scratch disease, Debre's syndrome, Foshay-Mollaret cat-scratch fever, Katszenkratz-Krankheit, Petzetakis' syndrome, SENLAT. ICD9: 078.3 ICD10: A28.1 |

Bartonellosis - other systemic

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Bartonella quintana</i> , <i>B. koehlerae</i> , <i>B. elizabethae</i> , <i>B. tamiae</i> , <i>B. washoensis</i> , etc A fastidious gram-negative coccobacillus |
| Reservoir | Human, Louse, Rat Cat Dog Sheep |
| Vector | Louse (<i>Pediculus</i>) Flea (<i>Ctenocephalides</i> , <i>Pulex</i>), Mite (<i>Dermanyssus</i>) |
| Vehicle | Wound or eye contact with secretions/louse feces |
| Incubation Period | 9d - 25d (range 4d - 35d) |
| Diagnostic Tests | Serology. Culture. Nucleic acid amplification. |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 3 to 5 days (if endocarditis, add Gentamicin 3 mg/kg daily X 28 days) Alternatives: Clarithromycin , Azithromycin , Gentamicin , Fluoroquinolone (Levofloxacin , Trovaflaxacin , Pefloxacin , Sparfloxacin or Moxifloxacin) |
| Typical Pediatric Therapy | Erythromycin 10 mg/kg PO QID X 3 to 5 days. OR Gentamicin 2 mg/kg IM q12h. Alternatives: Clarithromycin , Azithromycin |
| Clinical Hints | Often associated with poor hygiene and crowding Headache, myalgias, shin pain, macular rash and splenomegaly Endocarditis and bacteremia in some cases Relapse is common |
| Synonyms | <i>Bartonella alsatica</i> , <i>Bartonella bovis</i> , <i>Bartonella capreoli</i> , <i>Bartonella doshiae</i> , <i>Bartonella elizabethae</i> , <i>Bartonella melophagi</i> , <i>Bartonella quintana</i> , <i>Bartonella rochalimae</i> , <i>Bartonella schoenbuchensis</i> , <i>Bartonella tamiae</i> , <i>Bartonella tribocorum</i> , <i>Bartonella vinsonii</i> , <i>Bartonella vinsonii berkhoffii</i> , <i>Bartonella volans</i> , <i>Bartonella washoensis</i> , Candidatus <i>Bartonella mayotimonensis</i> , Candidatus <i>Bartonella merieuxii</i> , Candidatus <i>Bartonella rochalimae</i> , Five day fever, His-Werner disease, Meuse fever, Quintan fever, Quintana fever, Shank fever, Shin fever, Shinbone fever, Trench fever, Volhynian fever. ICD9: 083.1 ICD10: A44.0,A44.8,A79.0 |

Blastocystis hominis infection

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Chromista, Bigyra, Blastocystea: <i>Blastocystis hominis</i> . (taxonomic status remains uncertain) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Fecal-oral, Water |
| Incubation Period | Unknown |
| Diagnostic Tests | Stool microscopy. Nucleic acid amplification. |
| Typical Adult Therapy | Nitazoxanide 500 mg BID X 3 d. OR Metronidazole 750 mg TID X 10d. OR Iodoquinol 650 mg TID X 20 d. OR Sulfamethoxazole / Trimethoprim |
| Typical Pediatric Therapy | Nitazoxanide - Age 1 to 3 years: 5 ml (100 mg) PO Q12h X 3 days - Age 4 to 11 years: 10 mg (200 mg) PO Q12h X 3 days; OR Metronidazole 15 mg/kg/d X 10d. Sulfamethoxazole / Trimethoprim |
| Clinical Hints | The precise role of this organism in disease is controversial Diarrhea and flatulence, usually without fever The illness is similar to giardiasis Increased risk among immune-suppressed patients; |
| Synonyms | Apoi, Blastocystiose, Blastocystis hominis, Zierdt-Garavelli disease. ICD9: 007.8 ICD10: A07.8 |

Blastocystis hominis infection in Honduras

Blastocystis hominis was the most common parasite acquired by U.S. military personnel serving in Honduras (2004 publication). ¹

References

1. [Mil Med 2004 Nov ;169\(11\):903-8.](#)

Borna virus encephalitis

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA Mononegavirales Bornavirus |
| Reservoir | Squirrel, Horse, Sheep |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Metagenomic analysis of brain tissue and cerebrospinal fluid Culture on specialized cell lines Serology |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | May follow animal (horse, squirrel) contact Borna virus infection is generally subclinical Manifested in some cases by mood disorders or possibly schizophrenia Overt and fatal encephalitis has been reported, with fever, gait disturbance and ocular palsy |
| Synonyms | Borna disease, Heated head disease, Sad horse disease, Staggering disease of cats, Variegated squirrel 1 bornavirus, VSBV-1. ICD9: 323.9 ICD10: A83.9 |

| Botulism | |
|---------------------------|--|
| Agent | BACTERIUM. <i>Clostridium botulinum</i> . An anaerobic gram-positive bacillus |
| Reservoir | Soil, Animal, Fish |
| Vector | None |
| Vehicle | Food, Soil (contamination of wound or injected drug) |
| Incubation Period | 1d - 2d |
| Diagnostic Tests | Electrophysiologic (EMG) pattern. Isolation of organism from food (occ. from infant stomach). Mouse toxin assay |
| Typical Adult Therapy | Heptavalent (types A-G) or trivalent (types A, B, E) antitoxin (following test dose) 10 ml in 100 ml saline over 30 min Additional 10 ml at 2 and 4 hours if necessary. Respiratory support |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Botulism antitoxin |
| Clinical Hints | Clinical manifestations similar to those of atropine poisoning: dysarthria, diplopia, dilated pupils, dry mouth, constipation, flaccid paralysis, etc Onset approximately 36 hrs after ingestion of poorly-preserved food Botulism may follow contaminated injection (ie, illicit drug) or other wound Infant botulism associated with infant formula containing honey contaminated by bacterial spores |
| Synonyms | Botulisme, Botulismo, Botulismus, Kerner's disease. ICD9: 005.1 ICD10: A05.1 |

Brain abscess

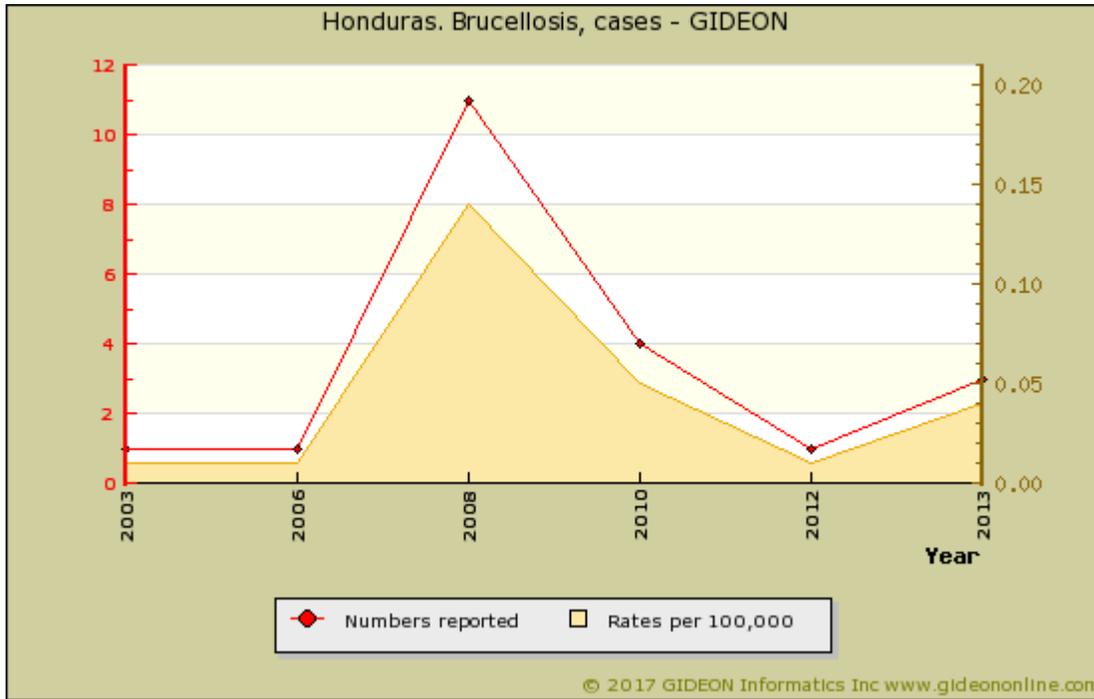
| | |
|----------------------------------|--|
| Agent | BACTERIUM OR FUNGUS. Mixed oral anaerobes / streptococci, <i>Staphylococcus aureus</i> (from endocarditis), etc. |
| Reservoir | Human |
| Vector | None |
| Vehicle | None |
| Incubation Period | Variable |
| Diagnostic Tests | Imaging techniques (CT, scan, etc). |
| Typical Adult Therapy | Antibiotic(s) appropriate to likely pathogens + drainage Typical empiric therapy: Intravenous Ceftriaxone 2 gm + Metronidazole 15 mg/kg, Q12h |
| Typical Pediatric Therapy | Typical empiric therapy: Intravenous Ceftriaxone 50 mg/kg + Metronidazole 15 mg/kg IV, Q12h |
| Clinical Hints | Headache, vomiting and focal neurological signs Often associated with chronic sinusitis or otitis media, pleural or heart valve infection Patients are often afebrile. |
| Synonyms | Ascesso cerebrale, Cerebral abscess. ICD9: 324.0 ICD10: G06.0 |

Brucellosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Brucella abortus</i> , <i>Brucella melitensis</i> , <i>Brucella suis</i> , <i>Brucella canis</i> An aerobic gram-negative bacillus |
| Reservoir | Pig, Cattle, Sheep, Goat, Dog, Coyote, Caribou |
| Vector | None |
| Vehicle | Food, Air, Dairy products, Animal excretions, Breastfeeding |
| Incubation Period | 10d - 14d (range 5d - 60d) |
| Diagnostic Tests | Culture of blood or bone marrow. Serology. Note: Alert laboratory to possibility of Brucella. |
| Typical Adult Therapy | Doxycycline 100 mg BID + Rifampin 600 mg BID X 6 weeks. Alternatives Tetracycline + Gentamicin |
| Typical Pediatric Therapy | Rifampin 20 mg/kg/day (maximum 600 mg) plus: >age 8 years: Doxycycline 2 mg/kg BID PO X 6w age < 8 years Sulfamethoxazole/trimethoprim 4/20 mg/kg BID X 4 to 6w Add Gentamicin if severe |
| Clinical Hints | Prolonged fever, hepatosplenomegaly, lymphadenopathy, arthritis, osteomyelitis or chronic multisystem infection Follows ingestion of unpasteurized dairy products, contact with farm animals or meat processing |
| Synonyms | Bang's disease, Bangsche Krankheit, Brucella, Brucellemia, Brucelliasis, Brucellose, Brucellosen, Brucellosi, Brucelose, Brucelosis, Cyprus fever, Febris melitensis, Febris sudoralis, Febris undulans, Fievre caprine, Gibraltar fever, Goat fever, Malta fever, Maltafieber, Melitococcosis, Neapolitan fever, Rock fever, Typhomalarial fever, Undulant fever. ICD9: 023 ICD10: A23 |

Brucellosis in Honduras

Human disease in this country is due to *Brucella abortus* and *B. suis*.



Graph: Honduras. Brucellosis, cases

Notable outbreaks

| Years | Region | Population | Notes |
|-------|---------------------|------------|-------------------|
| 2013 | Northwestern Region | cattle | 1 |

References

1. ProMED <promedmail.org> archive: 20130911.1936137

Bunyaviridae infections - misc.

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Bunyaviridae, Orthobunyavirus. Over 30 strains have been associated with human disease (see Synonyms) |
| Reservoir | Rat, Bird, Marsupial, Chipmunk, Cattle, Sheep, Horse, Bat |
| Vector | Mosquito (exceptions: Shuni is transmitted by culicoid flies; Bhanja, Tamdy, Wanowrie and Zirqa by ticks) |
| Vehicle | None |
| Incubation Period | 3d - 12d |
| Diagnostic Tests | Serology and virus isolation. Nucleic acid amplification. Biosafety level 2 or 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Abrupt onset of fever, chills, headache; photophobia, rash arthralgia or myalgia Vomiting, diarrhea or cough may be present Meningitis or myocarditis may occur with Bwamba virus Illness resolves within two-to-seven days |
| Synonyms | Avalon, Bangui, Batai, Bhanja, Bunyamwera, Bwamba, Cache Valley, Calovo, Catu, Fort Sherman, Garissa, Germiston, Guama, Hartland virus, Ilesha, Ingwavuma, Issyk-Kul, Kairi, Lumbo, Ngari, Northway, Nyando, Pongola, Shokwe, Shuni, Tacaiuma, Tamdy, Tataguine, Tensaw, Wanowrie, Wyeomyia, Zirqa. ICD9: 066.3 ICD10: A93.8 |

Campylobacteriosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Campylobacter jejuni</i> subsp <i>jejuni</i> , et al A microaerophilic gram-negative bacillus |
| Reservoir | Human, Mammal, Bird |
| Vector | None |
| Vehicle | Water, Food |
| Incubation Period | 2d - 4d (range 1d - 10d) |
| Diagnostic Tests | Stool (rarely blood, CSF) culture. Nucleic acid amplification. Alert laboratory when these organisms are suspected. |
| Typical Adult Therapy | Stool precautions. Azithromycin 500 mg QD X 3 days Alternatives Erythromycin , Fluoroquinolone (Ciprofloxacin , Levofloxacin , Trovafloxacin , Pefloxacin , Sparfloxacin or Moxifloxacin), Gentamicin |
| Typical Pediatric Therapy | Stool precautions. Azithromycin 10 mg/kg QD X 3 days Alternatives - Erythromycin , Gentamicin |
| Clinical Hints | Febrile diarrhea or dysentery Vomiting or bloody stool often noted Severe abdominal pain may mimic appendicitis Disease is most common among children and lasts for one-to-four days |
| Synonyms | Campylobacter. ICD9: 008.43 ICD10: A04.5 |

Candidiasis

| | |
|----------------------------------|--|
| Agent | FUNGUS - Yeast. Ascomycota, Hemiascomycetes, Saccharomycetales. <i>Candida albicans</i> , and other species. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Contact, Catheter |
| Incubation Period | Variable |
| Diagnostic Tests | Culture. Serology and assays for cell-specific antigens are performed in some centers, |
| Typical Adult Therapy | Topical, oral, systemic antifungal agent depending on clinical presentation and species (in Drugs module, scroll through upper left box) |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Dermal erythema with satellite pustules "Cheesy" mucosal discharge Candidemia in the setting of intravenous catheter or endocarditis Severe, widespread or intractable disease should suggest the possibility of underlying diabetes, AIDS or other form of immune suppression. |
| Synonyms | Candida, Candida-Mykosen, Candidiase, Candidiasi, Candidose, Monilia, Moniliasis, Salmonella, Thrush. ICD9: 112 ICD10: B37 |

Chancroid

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Haemophilus ducreyi</i> . A facultative gram-negative bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual contact |
| Incubation Period | 3d - 10d (2d - 21d) |
| Diagnostic Tests | Culture (inform laboratory when this diagnosis is suspected). Fluorescent staining under development |
| Typical Adult Therapy | Azithromycin 1.0 g PO X 1 dose. OR Ceftriaxone 250 mg IM X 1 dose. OR Ciprofloxacin 500 mg PO BID X 3 days OR Erythromycin 500 mg PO TID X 7d. |
| Typical Pediatric Therapy | Azithromycin 12 mg/kg PO X 1 dose OR Erythromycin 10 mg/kg PO TID X 7d. OR Ceftriaxone 10 mg/kg IM X 1 |
| Clinical Hints | Soft, painful and tender chancre on erythematous base Regional lymphadenopathy - generally unilateral and painful Onset three-to-ten days following sexual exposure |
| Synonyms | Blot sjanker, Chancre mou, Chancro blando, Haemophilus ducreyi, Nkumunye, Soft chancre, Ulcera mole, Ulcus molle, Weeke sjanker, Weicher Schanker. ICD9: 099.0 ICD10: A57 |

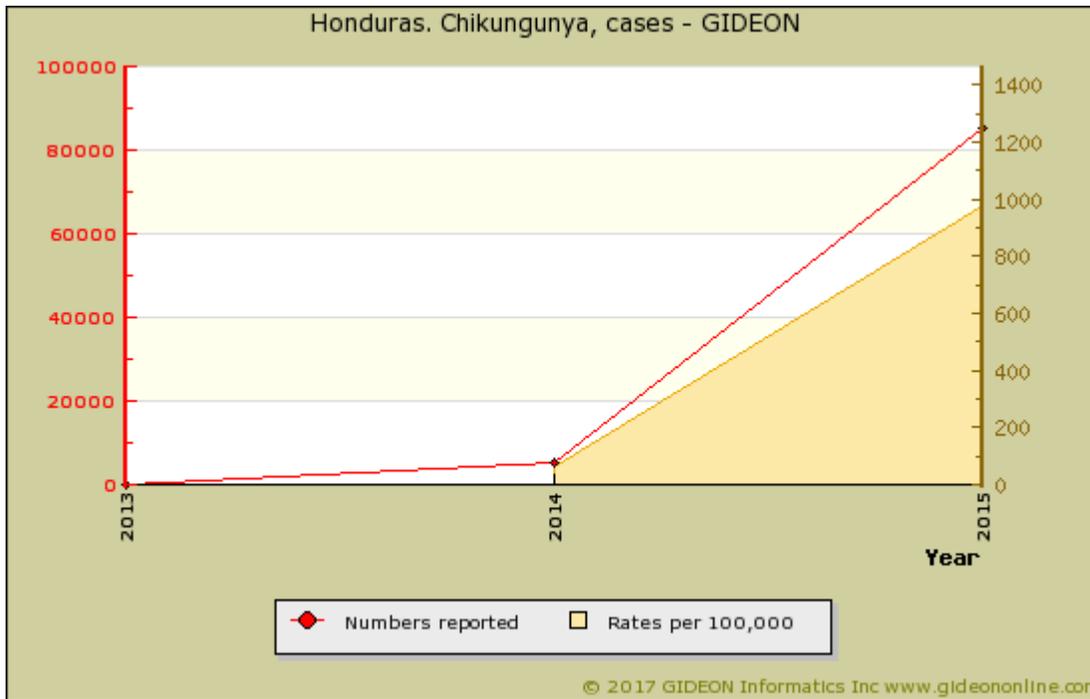
Chandipura and Vesicular stomatitis viruses

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Mononegavirales Rhabdoviridae, Vesiculovirus: Chandipura virus Vesicular stomatitis virus |
| Reservoir | Horse, Cattle, Pig |
| Vector | Sandfly |
| Vehicle | Aerosol from animal, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | 2d - 6d (range 1d - 8d) |
| Diagnostic Tests | Viral culture (blood). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Vesicular stomatitis: - Myalgia, headache, conjunctivitis, oral and digital - Often follows animal contact - Infection resolves within one week - No fatality or residua Chandipura virus: - Fever, myalgia, arthralgia, vomiting and diarrhea - Severe encephalitis, often in the setting of outbreaks - Reported case-fatality rate is 47% |
| Synonyms | Alagoas, Calchaqui, Chandipura, Cocal, Epidemic stroke, Indiana, Isfahan, LeDantec, Ledantevirus, Piry, Vesicular stomatitis. ICD9: 066.8 ICD10: A93.8 |

Chikungunya

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Togaviridae, Alphavirus: Chikungunya virus. Related Semliki Forest and Me Tri viruses are found in Africa & Asia |
| Reservoir | Non-human primate |
| Vector | Mosquito (<i>Aedes</i> spp.; <i>Ae. fuscifer-taylori</i> group in Africa) |
| Vehicle | None |
| Incubation Period | 2d - 12d |
| Diagnostic Tests | Viral culture (blood). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Abrupt onset of fever, leukopenia, myalgia and prominent bilateral joint pain A maculopapular rash appears on 2nd to 5th days in greater than 50% of cases Fever resolves within 7 days, but joint pain may persist for months |
| Synonyms | Buggy Creek, Getah, Kidenga pepo, Knuckle fever, Me Tri, Semliki Forest. ICD9: 062.8,066.3 ICD10: A92.1 |

Chikungunya in Honduras



Graph: Honduras. Chikungunya, cases

Notable outbreaks

| Years | Cases | Deaths | Notes |
|-------|--------|--------|--|
| 2014 | 5,343 | | 5,338 suspect autochthonous and 5 imported cases 1 2 3 4 5 6 7 8 9 |
| 2015 | 82,003 | 1 | 82,003 case numbers to October) 10 11 12 13 14 15 16 17 18 |
| 2016 | 14,325 | 0 | Cases to September 19 20 21 22 23 24 |

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Chlamydia infections, misc.

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Chlamydiaceae, Chlamydiae , <i>Chlamydia trachomatis</i> ; <i>Simkania negevensis</i> ; <i>Waddlia chondrophila</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual contact |
| Incubation Period | 5d - 10d |
| Diagnostic Tests | Microscopy and immunomicroscopy of secretions. Serology. Tissue culture. Nucleic acid amplification. |
| Typical Adult Therapy | Doxycycline 100 mg BID X 7d. OR Azithromycin 1g as single dose OR Levofloxacin 500 mg daily X 7 days OR Ofloxacin 300 mg BID X 7 days |
| Typical Pediatric Therapy | Weight <45 kg: Erythromycin 12.5 mg/kg QID X 14d Weight >=45 kg, but age <8 years: Azithromycin 1 g as single dose Age >= 8 years: Azithromycin 1 g as single dose OR Doxycycline 100 mg BID X 7 d |
| Clinical Hints | Thin, scant penile discharge Cervicitis, with overt pelvic inflammatory disease in some cases Conjunctivitis or neonatal pneumonia Concurrent gonorrhea may be present. |
| Synonyms | Bedsonia, Chlamydia suis, Chlamydia trachomatis, Chlamydia-Urethritis, Chlamydia-Zervicitis, Chlamydia-philae, Inclusion blennorrhoea, Non-gonococcal urethritis, Nonspecific urethritis, Parachlamydia, Parachlamydia acanthamoebae, Prachlamydia, Protochlamydia, Protochlamydia naegleriophila, Rhabdochlamydia, Simkania negevensis, Waddlia chondrophila. ICD9: 099.41,099.5 ICD10: A56,A55 |

Chlamydia infections, misc. in Honduras

Prevalence surveys

| Years | Region | Study Group | % | Notes |
|-------|-------------|--------------------|-----|--|
| 2009* | | indigenous peoples | 6.8 | 6.8% of Garifuna people (urine specimens) ¹ |
| 1991* | Tegucigalpa | sex workers | 25 | ² |
| 2006 | | sex workers | 6.1 | 6.1% of urban CSW ³ |
| 2008 | | sex workers | 3.3 | ⁴ |
| 2005* | Tegucigalpa | students | 6 | ⁵ |

* indicates publication year (not necessarily year of survey)

References

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Chlamydophila pneumoniae infection

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Chlamydiaceae, Chlamydiae , <i>Chlamydophila (Chlamydia) pneumoniae</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 7d - 28d |
| Diagnostic Tests | Direct fluorescence of sputum. Serology and culture in specialized laboratories. Nucleic acid amplification. |
| Typical Adult Therapy | Respiratory isolation. Azithromycin 500 mg day 1, then 0.25 g daily X 4 days OR Levofloxacin 750 mg po BID X 7d. OR Alternatives: Doxycycline 100 mg BID X 7d. Erythromycin 500 mg QID X 10d. Clarithromycin 0.5 g BID X 7d |
| Typical Pediatric Therapy | Respiratory isolation Azithromycin 10 mg/kg PO day 1; 5 mg/kg PO days 2 to 5 |
| Clinical Hints | Atypical pneumonia, often associated with pharyngitis and myalgia Consider this diagnosis when Mycoplasma, Legionella and influenza are discounted. |
| Synonyms | Chlamydia pneumoniae, Chlamydia TWAR, Chlamydophila pneumoniae, TWAR. ICD9: 078.88 ICD10: J16.0 |

Cholecystitis and cholangitis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Escherichia coli</i> , <i>Klebsiella pneumoniae</i> , enterococci, et al. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Roentgenograms/imaging (cholecystogram, ultrasound, CT, etc). |
| Typical Adult Therapy | Antibiotics and surgical intervention as required |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, chills and right upper quadrant abdominal pain; Often "female, fat and forty" May be associated with gallstones or pancreatitis, or present as "fever of unknown origin" |
| Synonyms | Acute cholecystitis, Angiocholite, Ascending cholangitis, Cholangitis, Cholecystite, Cholecystitis, Cholezystitis, Colangite, Colangitis, Colecistite, Gall bladder. ICD9: 575.0,576.1 ICD10: K81,K83.0 |

| Cholera | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Vibrio cholerae</i> A facultative gram-negative bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Water, Fecal-oral, Seafood (oyster, ceviche), Vegetables, Fly |
| Incubation Period | 1d - 5d (range 9h - 6d) |
| Diagnostic Tests | Stool culture. Advise laboratory when this organism is suspected. |
| Typical Adult Therapy | Stool precautions. Doxycycline 100 mg BID X 5d, or Fluoroquinolone (Levofloxacin , Trovafloracin , Pefloxacin , Sparfloxacin or Moxifloxacin), or Azithromycin Fluids (g/l): NaCl 3.5, NaHCO3 2.5, KCl 1.5, glucose 20 |
| Typical Pediatric Therapy | Stool precautions. Age >=8 years: Doxycycline 2 mg/kg BID X 5d. Age <8 years: Sulfamethoxazole / Trimethoprim Fluids (g/l): NaCl 3.5, NaHCO3 2.5, KCl 1.5, glucose 20 |
| Vaccines | Cholera - injectable vaccine Cholera - oral vaccine |
| Clinical Hints | Massive, painless diarrhea and dehydration Occasionally vomiting Apathy or altered consciousness are common Rapid progression to acidosis, electrolyte imbalance and shock Fever is uncommon. |
| Synonyms | Colera, Kolera. ICD9: 001 ICD10: A00 |

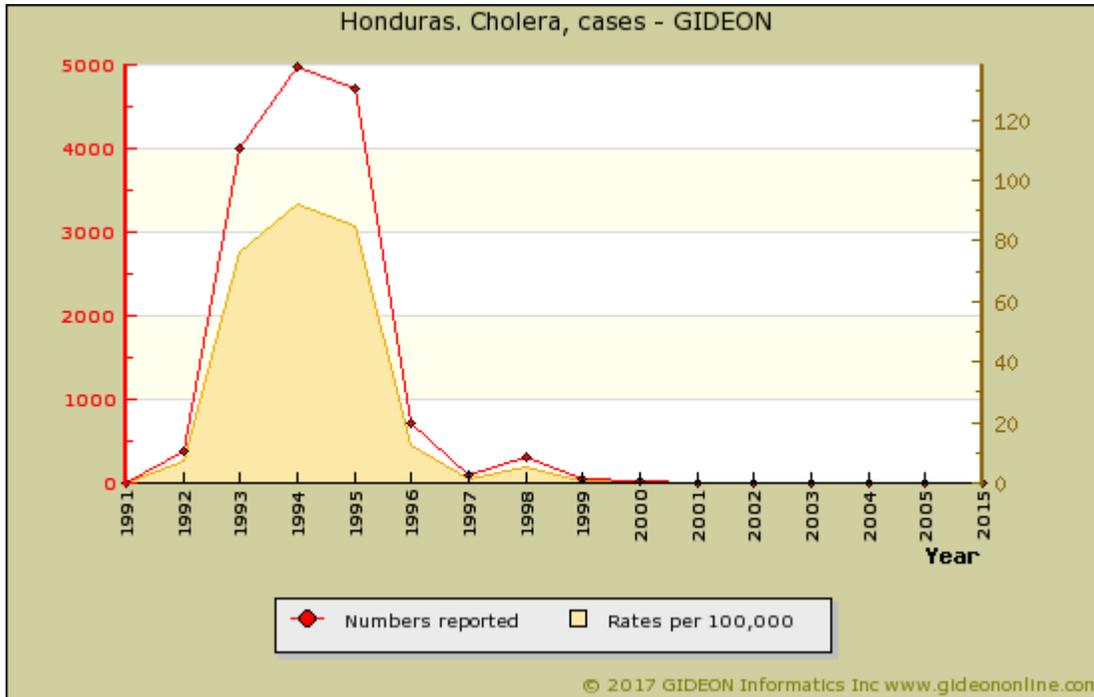
Cholera in Honduras

In recent years cholera has been reported from: [1](#) [2](#)

Camayagua State
Choluteca Department
Cortes Department
El Paraiso Department
Francisco Morazan
Gracias a Dios Department:
 La Mosquita
Omoa State
Santa Barbara Department
Valle Department
Yoro Department

Honduras was removed from the WHO "Infected areas list" as of June 2001.

Non-01 strains may be present



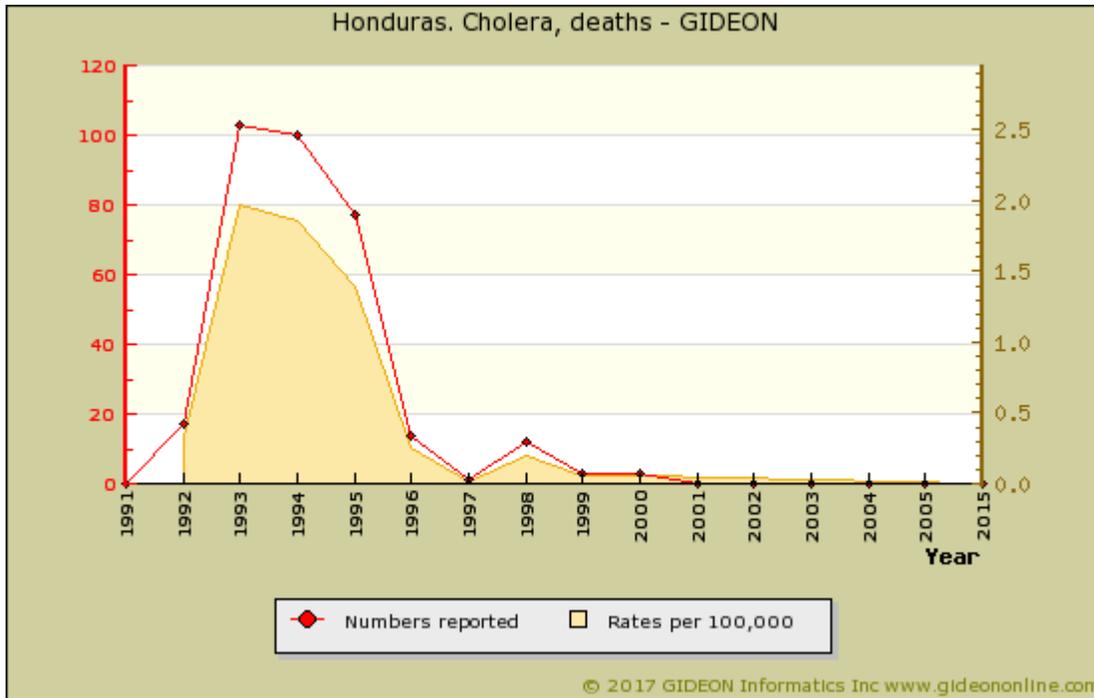
Graph: Honduras. Cholera, cases

Notes:

Individual years:

1998 - Included 289 in La Mosquita (Gracias a Dios Department).

1999 - 56 cases were reported to WHO (most in La Mosquita area); however, 127 cases were reported by the Honduran Health Ministry.



Graph: Honduras. Cholera, deaths

Notable outbreaks

| Years | Region | Cases | Deaths | Notes |
|-------|-------------------------|-------|--------|-------------------|
| 1998 | Gracias a Dios Province | 189 | 7 | 3 |

References

1. [Wkly Epidemiol Rec 2002 Mar 8;77\(10\):78-80.](#)
2. [Wkly Epidemiol Rec 2002 Aug 2;77\(31\):267-8.](#)
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Chromomycosis

| | |
|----------------------------------|--|
| Agent | FUNGUS. Ascomycota, Euascomycetes, Chaetothyriales. Dematiaceous molds: <i>Phialophora</i> , <i>Cladiophialophora</i> , <i>Fonsecaea</i> , <i>Rhinocladiella</i> |
| Reservoir | Wood, Soil, Vegetation |
| Vector | None |
| Vehicle | Minor trauma |
| Incubation Period | 14d - 90d |
| Diagnostic Tests | Biopsy and fungal culture. |
| Typical Adult Therapy | Itraconazole 100 mg PO QID X (up to) 18 m. OR (for late disease) Flucytosine 25 mg/kg QID X 4m. OR Posaconazole 400 mg PO BID Terbinafine has been used in some cases. Local heat; excision as necessary |
| Typical Pediatric Therapy | Itraconazole 1 mg/kg PO BID X (up to) 18 m. OR Ketoconazole (if age >2) 5 mg/kg/d X 3 to 6m. Local heat; excision as necessary |
| Clinical Hints | Violaceous, verrucous, slowly-growing papule(s) or nodules Most commonly on lower extremities Usually follows direct contact with plant matter in tropical regions |
| Synonyms | Chromoblastomycosis, Chromomykose, Phoma insulana, Veronaea, Verrucous dermatitis. ICD9: 117.2 ICD10: B43.0 |

Chronic meningococemia

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Neisseria meningitidis</i> An aerobic gram-negative coccus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Infected secretions |
| Incubation Period | Unknown |
| Diagnostic Tests | Blood culture. Test patient for complement component deficiency. |
| Typical Adult Therapy | Intravenous Penicillin G 20 million units daily X 7 days |
| Typical Pediatric Therapy | Intravenous Penicillin G 200,000 units daily X 7 days |
| Clinical Hints | Recurrent episodes of low-grade fever, rash, arthralgia and arthritis May persist for months Rash is distal and prominent near joints and may be maculopapular, petechial or pustular In some cases, associated with complement component-deficiency |
| Synonyms | Meningococemia, chronic. ICD9: 036.2 ICD10: A39.3 |

Clostridial food poisoning

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Clostridium perfringens</i> An anaerobic gram-positive bacillus |
| Reservoir | Soil, Human, Pig, Cattle, Fish, Poultry |
| Vector | None |
| Vehicle | Food |
| Incubation Period | 8h - 14h (range 5h - 24h) |
| Diagnostic Tests | Laboratory diagnosis is usually not practical. Attempt culture of food for <i>C. perfringens</i> . |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Abdominal pain and watery diarrhea Usually no fever or vomiting Onset 8 to 14 hours after ingestion of meat, fish or gravy Fecal leukocytes not seen Most cases resolve within 24 hours. |
| Synonyms | |

Clostridial myonecrosis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Clostridium perfringens</i> An anaerobic gram-positive bacillus |
| Reservoir | Soil, Human |
| Vector | None |
| Vehicle | Soil, Trauma |
| Incubation Period | 6h - 3d |
| Diagnostic Tests | Gram stain of exudate. Wound and blood cultures. Presence of gas in tissue (not specific). |
| Typical Adult Therapy | Prompt, aggressive debridement. Penicillin G 3 million units IV Q3h + Clindamycin 900 mg IV Q8h. Hyperbaric oxygen |
| Typical Pediatric Therapy | Prompt, aggressive debridement. Penicillin G 50,000 units/kg IV Q3h + Clindamycin 10 mg/kg IV Q6h. Hyperbaric oxygen |
| Vaccine | Gas gangrene antitoxin |
| Clinical Hints | Rapidly progressive tender and foul-smelling infection of muscle Local gas present - crepitus or visible on X-ray Hypotension, intravascular hemolysis and obtundation |
| Synonyms | Anaerobic myonecrosis, Clostridial gangrene, Gas gangrene. ICD9: 040.0 ICD10: A48.0 |

Clostridium difficile colitis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Clostridium difficile</i> An anaerobic gram-positive bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Assay of stool for C. difficile toxin. |
| Typical Adult Therapy | Metronidazole 500 mg PO TID X 10d. OR Vancomycin 125 mg (oral preparation) QID X 10d OR Fidaxomicin 200 mg PO BID X 10d Fecal transplantation (PO or by enema) has been effective in some cases. |
| Typical Pediatric Therapy | Vancomycin 2 mg/kg (oral preparation) QID X 10d |
| Clinical Hints | Fever, leukocytosis and abdominal pain Mucoïd or bloody diarrhea during or following antibiotic therapy Fecal leucocytes are seen Suspect this diagnosis even when mild diarrhea follows antibiotic intake |
| Synonyms | Klebsiella oxytoca colitis, Pseudomembranous colitis. ICD9: 008.45 ICD10: A04.7 |

Coccidioidomycosis

| | |
|----------------------------------|--|
| Agent | FUNGUS. Ascomycota, Euascomyces, Onygenales: <i>Coccidioides immitis</i> (also <i>Coccidioides posadasii</i>) A dimorphic fungus |
| Reservoir | Soil |
| Vector | None |
| Vehicle | Air, Respiratory or pharyngeal acquisition |
| Incubation Period | 10d - 14d (range 7d - 28d) |
| Diagnostic Tests | Culture of sputum, CSF, biopsy etc for fungi. Nucleic acid amplification. |
| Typical Adult Therapy | (Non-meningitic) Fluconazole 500 mg PO daily. OR Itraconazole 200 mg PO BID X 1y. OR Amphotericin B 0.4 mg/kg/d X 6w, then 0.8 mg/kg qod |
| Typical Pediatric Therapy | (Non-meningitic) Fluconazole 8 mg/kg/day PO or IV OR Ketoconazole 5 mg/kg/d X 1y, OR Amphotericin B 0.4 mg/kg/d X 6w, then 0.8 mg/kg qod |
| Clinical Hints | Cough, chest pain and myalgia Eosinophilia, erythema nodosum or headache in many cases Extrapulmonary infection (bone, skin, genitourinary, etc) is occasionally encountered |
| Synonyms | California disease, <i>Coccidioides immitis</i> , <i>Coccidioides posadasii</i> , Coccidioidomykose, Desert rheumatism, Posada's disease, Valley fever. ICD9: 114 ICD10: B38 |

Coccidioidomycosis in Honduras

The disease is common in the Comayagua Valley. ¹

References

1. Bol Oficina Sanit Panam 1950 Nov ;29(11):1135-8.

Common cold

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Picornaviridae. Rhinoviruses, Coronavirus, et al. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d - 3d |
| Diagnostic Tests | Viral culture and serology are available, but not practical. |
| Typical Adult Therapy | Supportive; Pleconaril under investigation |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Nasal obstruction or discharge, cough and sore throat are common Fever above 38 C is common in children, but unusual in adults Illness typically persists for one week, occasionally two |
| Synonyms | Acute coryza, Raffreddore. ICD9: 079,460 ICD10: J00 |

Conjunctivitis - inclusion

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Chlamydiae , <i>Chlamydia trachomatis</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Infected secretions, Sexual contact, Water (swimming pools) |
| Incubation Period | 5d - 12d |
| Diagnostic Tests | Demonstration of chlamydiae on direct fluorescence or culture of exudate. |
| Typical Adult Therapy | Secretion precautions. Topical Erythromycin . Erythromycin 250 mg PO QID. X 14 days OR Doxycycline 100 mg PO BID X 14 days |
| Typical Pediatric Therapy | Secretion precautions. Topical Erythromycin . Azithromycin 1 g PO as single dose. Alternative If age >8 years, Doxycycline 100 mg PO BID X 7 days. |
| Clinical Hints | Ocular foreign body sensation, photophobia and discharge Illness can persist for months, to as long as 2 years; |
| Synonyms | Inclusion conjunctivitis, Paratrachoma. ICD9: 077.0 ICD10: P39.1,A74.0 |

Conjunctivitis - viral

| | |
|----------------------------------|---|
| Agent | VIRUS. Picornavirus, Adenovirus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Contact |
| Incubation Period | 1d - 3d |
| Diagnostic Tests | Viral isolation is available but rarely practical. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Watery discharge, generalized conjunctival injection and mild pruritus May be associated with an upper respiratory infection. |
| Synonyms | Apollo conjunctivitis, Apollo eye, Congiuntivite virale, Hemorrhagic conjunctivitis, Viral conjunctivitis. ICD9: 077.1,077.2,077.3,077.4,077.8,372.0 ICD10: B30,B30.3,H10 |

Cryptococcosis

| | |
|----------------------------------|--|
| Agent | FUNGUS - Yeast. Basidiomycota, Hymenomycetes, Sporidiales: <i>Cryptococcus neoformans</i> and other species |
| Reservoir | Pigeon, Soil |
| Vector | None |
| Vehicle | Air, Respiratory or pharyngeal acquisition |
| Incubation Period | Variable |
| Diagnostic Tests | Fungal culture and stains. Latex test for fungal antigen in CSF and serum. Nucleic acid amplification. |
| Typical Adult Therapy | Amphotericin B 0.3 mg/kg/d X 6w (+/- Flucytosine); then 0.8 mg/kg qod X 8w. OR Fluconazole 200 mg/d |
| Typical Pediatric Therapy | Amphotericin B 0.3 mg/kg/d X 6w (+/- Flucytosine); then 0.8 mg/kg qod X 8w. OR Fluconazole 3 mg/kg/d |
| Clinical Hints | Chronic lymphocytic meningitis or pneumonia in an immune-suppressed patient Meningitis may be subclinical, or "wax and wane" Nuchal rigidity is absent or minimal; Bone, skin, adrenals, liver, prostate and other sites may be infected hematogenously |
| Synonyms | Busse-Buschke disease, Cryptococcus, European blastomycosis, Torulosis. ICD9: 117.5,321.0 ICD10: B45 |

Cryptosporidiosis

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Apicomplexa, Eimeriida: <i>Cryptosporidium hominis</i> and <i>C. parvum</i> (rarely <i>C. muris</i> , <i>C. felis</i> , <i>C. meleagridis</i> , et al). |
| Reservoir | Mammal (over 150 species) |
| Vector | None |
| Vehicle | Water, Feces, Oysters, Fly |
| Incubation Period | 5d - 10d (range 2d - 14d) |
| Diagnostic Tests | Stool/duodenal aspirate for acid-fast, direct fluorescence staining, or antigen assay. Nucleic acid amplification |
| Typical Adult Therapy | Stool precautions. Nitazoxanide 500 mg PO BID X 3 days |
| Typical Pediatric Therapy | Stool precautions. Nitazoxanide : 1 to 3 years: 100 mg PO BID X 3 days 4 to 11 years: 200 mg PO BID X 3 days >12 years: 500 mg PO BID X 3 days |
| Clinical Hints | Watery diarrhea, vomiting, abdominal pain Self-limited disease in healthy subjects Immunosuppressed (e.g., AIDS) patient experience a chronic and wasting illness, which may be associated with pulmonary disease |
| Synonyms | <i>Cryptosporidium</i> , <i>Cryptosporidium andersoni</i> , <i>Cryptosporidium chipmunk</i> genotype, <i>Cryptosporidium cunulicus</i> , <i>Cryptosporidium fayeri</i> , <i>Cryptosporidium felis</i> , <i>Cryptosporidium hedgehog</i> genotype, <i>Cryptosporidium hominis</i> , <i>Cryptosporidium meleagridis</i> , <i>Cryptosporidium parvum</i> , <i>Cryptosporidium pestis</i> , <i>Cryptosporidium suis</i> , <i>Cryptosporidium tyzzeri</i> , <i>Cryptosporidium ubiquitum</i> , <i>Cryptosporidium viatorum</i> , Kryptosporidiose. ICD9: 007.4 ICD10: A07.2 |

Cryptosporidiosis in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|-------------|-----|---|
| 1991* | children | 6.7 | 6.7% of rural children with diarrhea ¹ |

* indicates publication year (not necessarily year of survey)

References

1. [Trans R Soc Trop Med Hyg 1991 Jan-Feb;85\(1\):70-3.](#)

Cutaneous larva migrans

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Ancylostoma braziliense</i> , <i>A. caninum</i> , <i>Bunostomum phlebotomum</i> , <i>Strongyloides myopotami</i> |
| Reservoir | Cat, Dog, Cattle |
| Vector | None |
| Vehicle | Soil, Contact |
| Incubation Period | 2d - 3d (range 1d - 30d) |
| Diagnostic Tests | Biopsy is usually not helpful. |
| Typical Adult Therapy | Albendazole 200 mg BID X 3d OR Ivermectin 200 micrograms/kg as single dose. OR Thiabendazole topical, and oral 25 mg/kg BID X 5d (max 3g). |
| Typical Pediatric Therapy | Albendazole 2.5 mg/kg BID X 3d OR Ivermectin 200 micrograms/kg once OR Thiabendazole topical, and oral 25 mg/kg BID X 5d (max 3g). |
| Clinical Hints | Erythematous, serpiginous, intensely pruritic and advancing lesion(s) or bullae Usually involves the feet Follows contact with moist sand or beach May recur or persist for months. |
| Synonyms | Creeping eruption, Pelodera, Plumber's itch. ICD9: 126.2,126.8,126.9 ICD10: B76.9 |

Cyclosporiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Protozoa. Apicomplexa, Eimeriida: <i>Cyclospora cayetanensis</i> |
| Reservoir | Human, Non-human primate |
| Vector | None |
| Vehicle | Water, Vegetables |
| Incubation Period | 1d - 11d |
| Diagnostic Tests | Identification of organism in stool smear. Cold acid fast stains and ultraviolet microscopy may be helpful. |
| Typical Adult Therapy | Sulfamethoxazole / Trimethoprim 800/160 mg BID X 7d Ciprofloxacin 500 mg PO BID X 7 d (followed by 200 mg TIW X 2 w) has been used in sulfa-allergic patients |
| Typical Pediatric Therapy | Sulfamethoxazole / Trimethoprim 10/2 mg/kg BID X 7d |
| Clinical Hints | Watery diarrhea (average 6 stools daily) Abdominal pain, nausea, anorexia and fatigue May persist for up to 6 weeks (longer in AIDS patients) Most cases follow ingestion of contaminated water in underdeveloped countries Large outbreaks have been associated with ingestion of contaminated fruit |
| Synonyms | Cryptosporidium muris, Cyanobacterium-like agent, Cyclospora. ICD9: 007.5 ICD10: A07.8 |

Cyclosporiasis in Honduras

83.3% of cases are diagnosed during May to August (2002 to 2011) ¹

Prevalence surveys

| Years | Study Group | % | Notes |
|-------------|-------------|-----|---|
| 2002 - 2011 | patients | 1.3 | 1.3% of patients consulting at a University hospital ² |

References

1. [BMC Infect Dis 2016 Feb 04;16:66.](#)
2. [BMC Infect Dis 2016 Feb 04;16:66.](#)

Cysticercosis

| | |
|----------------------------------|---|
| Agent | PARASITE - Platyhelminthes, Cestoda. Cyclophyllidea, Taeniidae: <i>Taenia solium</i> |
| Reservoir | Pig, Human |
| Vector | None |
| Vehicle | Soil (contaminated by pigs), Fecal-oral, Fly |
| Incubation Period | 3m - 3y |
| Diagnostic Tests | Serology (blood or CSF) and identification of parasite in biopsy material. |
| Typical Adult Therapy | Albendazole 400 mg PO BID X 30d. OR Praziquantel 30 mg/kg TID X 14d (15 to 30d for neurocysticercosis). Combination of Albendazole + Praziquantel may be superior for neurocysticercosis. Surgery as indicated Add corticosteroids if brain involved. |
| Typical Pediatric Therapy | Albendazole 15 mg/kg PO BID X 30d. OR Praziquantel 30 mg/kg TID X 14d (15 to 30d for neurocysticercosis). Combination of Albendazole + Praziquantel may be superior for neurocysticercosis. Surgery as indicated Add corticosteroids if brain involved. |
| Clinical Hints | Cerebral, ocular or subcutaneous mass Usually no eosinophilia Calcifications noted on X-ray examination Associated with regions where pork is eaten 25% to 50% of patients have concurrent tapeworm infestation |
| Synonyms | <i>Taenia crassiceps</i> , <i>Taenia martis</i> . ICD9: 123.1 ICD10: B69 |

Cysticercosis in Honduras

Cysticercosis is present in 0.16% of hospital patients, and 2.9% of neurosurgical patients.

Cysticercosis accounts for 37% of symptomatic epilepsy (Salama). ¹

As many as 25% of the population are seropositive (22% in rural Tegucigalpa; 15% in urban Tegucigalpa). ²

References

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2. *Acta Trop* 1998 May ;69(2):141-9.

Cytomegalovirus infection

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Betaherpesvirinae: Human herpesvirus 5 (Cytomegalovirus) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet (respiratory), Urine, Dairy products, Tears, Stool, Sexual, contact (rare), Transplacental, Breastfeeding |
| Incubation Period | 3w - 5w (range 2w - 12w) |
| Diagnostic Tests | Viral culture (blood, CSF, urine, tissue). Serology. Direct viral microscopy. Nucleic acid amplification |
| Typical Adult Therapy | (Most cases self-limited). Ganciclovir 5 mg/kg q12h IV X 2 to 3w. OR Foscarnet 90 mg/kg Q12h IV OR Cidofovir 5 mg/kg IV weekly |
| Typical Pediatric Therapy | (Most cases self-limited) Ganciclovir 5 mg/kg q12h IV X 2 to 3w |
| Vaccine | Cytomegalovirus immunoglobulin |
| Clinical Hints | Heterophile-negative "mononucleosis" Mild pharyngitis, without exudate Variable degree of lymphadenopathy and splenomegaly Retinitis in AIDS patients Pneumonia in setting of immune suppression Congenital infection characterized by multisystem disease in newborns |
| Synonyms | Cytomegalovirus, Zytomegalie. ICD9: 078.5 ICD10: B25 |

Dengue

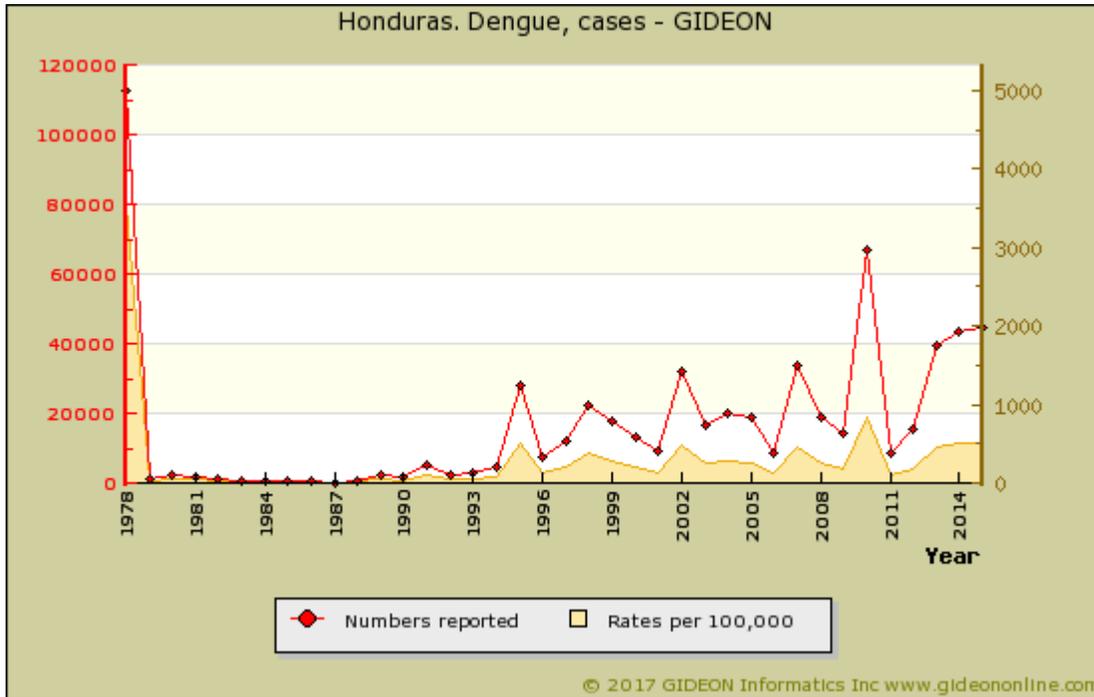
| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Flaviviridae, Flavivirus: Dengue virus |
| Reservoir | Human, Mosquito, Monkey (in Malaysia and Africa) |
| Vector | Mosquito - <i>Stegomyia (Aedes) aegypti</i> , <i>S. albopictus</i> , <i>S. polynesiensis</i> , <i>S. scutellaris</i> |
| Vehicle | Blood, Breastfeeding |
| Incubation Period | 5d - 8d (range 2d - 15d) |
| Diagnostic Tests | Viral isolation (blood). Serology. Nucleic acid amplification. Biosafety level 2. |
| Typical Adult Therapy | Supportive; IV fluids to maintain blood pressure and reverse hemoconcentration |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Dengue vaccine |
| Clinical Hints | Headache, myalgia, arthralgia Relative bradycardia, leukopenia and macular rash Severe dengue (DHF or dengue-shock syndrome) defined as dengue with thrombocytopenia, hemoconcentration and hypotension. |
| Synonyms | Bouquet fever, Break-bone fever, Dandy fever, Date fever, Dengue Fieber, Duengero, Giraffe fever, Petechial fever, Polka fever. ICD9: 061 ICD10: A90,A91 |

Dengue in Honduras

Time and Place:

Dengue was first reported in Honduras in 1977.

- The disease is most common during August to November, among women and in the North and Central areas of the country.



Graph: Honduras. Dengue, cases

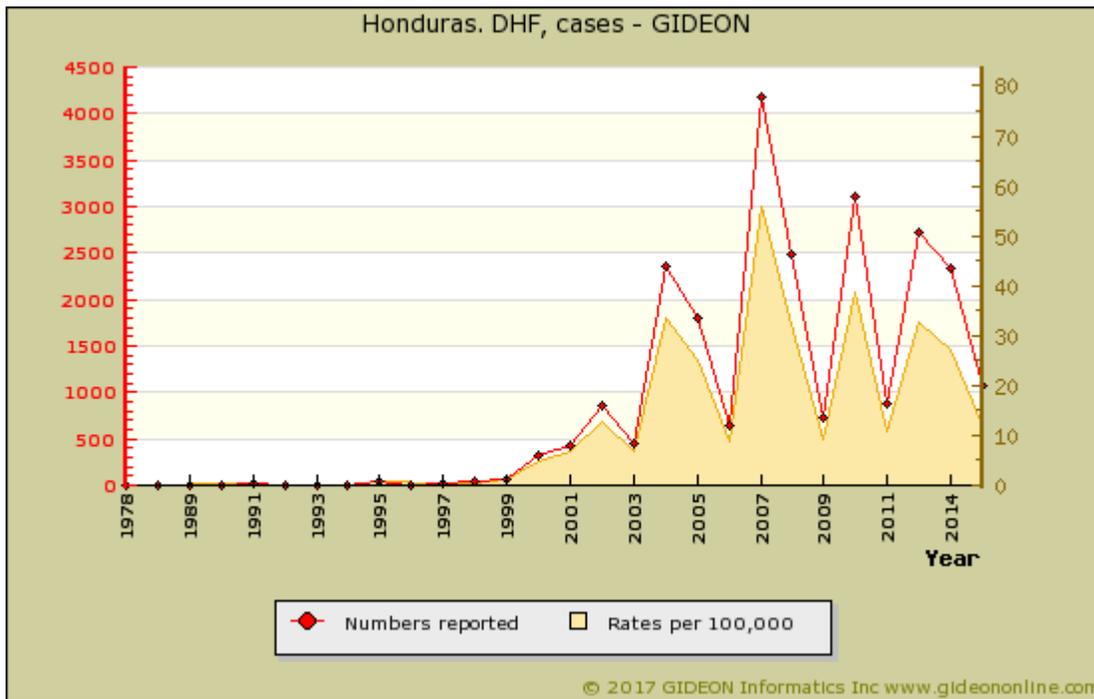
Notes:

Individual years:

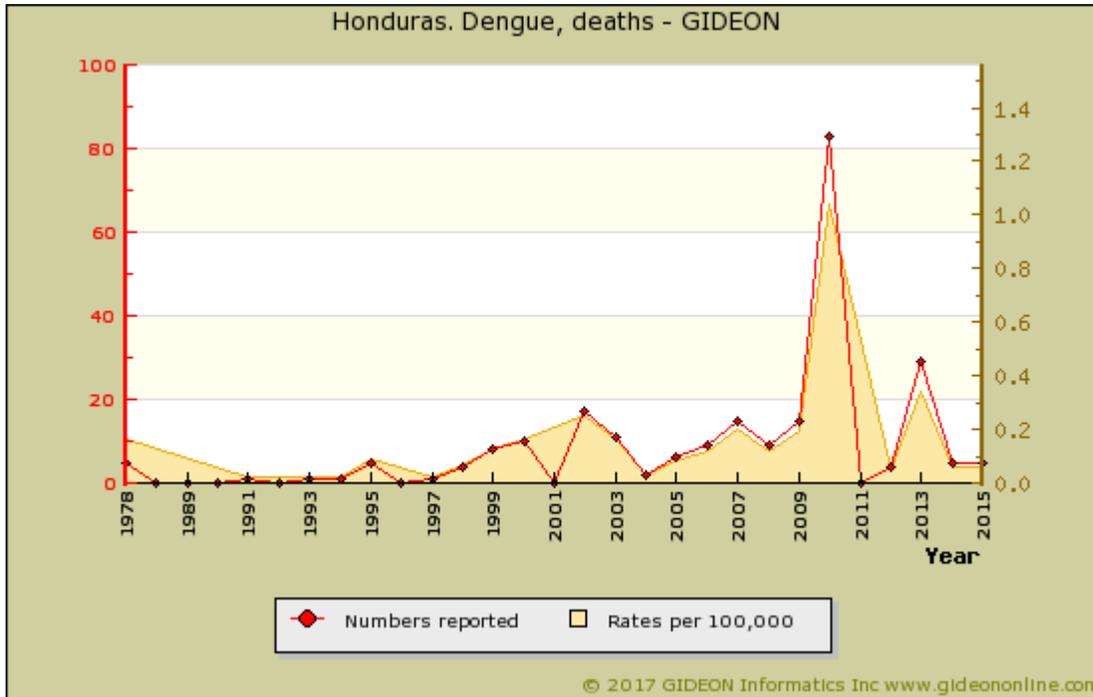
1987 - 261 cases were officially reported, but approximately 9,500 cases were registered during an outbreak in Choluteca that year.

2000 - Most cases in Tegulcigalpa, Juticalpa and Comayagua.

2002 - Most cases in Francisco, Morazan, La Paz, Cortes, Olancho, Comayagua, Choluteca, El Paraiso, Yoro, Santa Barbara and Copan.



Graph: Honduras. DHF, cases



Graph: Honduras. Dengue, deaths

Prevalence surveys

| Years | Study Group | % | Notes |
|-------------|--------------|-----|---|
| 2004 - 2005 | blood donors | 0.3 | 0.30% of donated blood units ¹ |

Vectors:

- Intensive *Stegomyia (Aedes) aegypti* eradication campaigns were conducted during the 1950's. Reinfestation was documented in 1968.
- The presence of *Aedes albopictus* was confirmed in Honduras in 1995. ²

Notable outbreaks

| Years | Cases | Deaths | Notes |
|-------|---------|--------|--|
| 1978 | 112,492 | | Included the country's first cases (5) of DHF ³ |
| 2010 | 66,646 | 81 | 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 |
| 2011 | 680 | | 22 |
| 2012 | 15,419 | 2 | 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 |
| 2013 | 37,666 | 27 | 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 |
| 2014 | 42,902 | | 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 |
| 2015 | 44,834 | 5 | 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 |
| 2016 | 20,034 | 2 | Cases to September 110 111 112 113 114 115 116 117 |

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Dermatophytosis

| | |
|----------------------------------|---|
| Agent | FUNGUS. Ascomycota, Euascomyces, Onygenales: <i>Epidermophyton</i> , <i>Microsporum</i> , <i>Trichophyton</i> , <i>Trichosporon</i> spp., <i>Arthroderma</i> , et al |
| Reservoir | Human, Dog, Cat, Rabbit, Marsupial, Other mammal |
| Vector | None |
| Vehicle | Contaminated soil/flooring, Animal Contact |
| Incubation Period | 2w - 38w |
| Diagnostic Tests | Fungal culture and microscopy of skin, hair or nails. Nucleic acid amplification. |
| Typical Adult Therapy | Skin - topical Clotrimazole, Miconazole , etc. Hair/nails - Terbinafine , Griseofulvin , Itraconazole or Fluconazole PO |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Erythematous, circinate, scaling or dyschromic lesions of skin, hair or nails Pruritus, secondary infection or regional lymphadenopathy may be present |
| Synonyms | Arthroderma, DermatOMICOSE, DermatomyCOSE, DermatomyCOsIS, DermatomyKOSE, DermatomyKOSEN, Emericella, Favus, Granuloma trichophyticum, Gruby's disease, Kodamaea, Leukonychia trichophytica, Microsporum, Natrassia, Onychocola, Onychomycosis, Pityriasis versicolor, Ringworm, Saint Aignan's disease, Scopulariopsis, Scytalidium, Tinea, Tinea barbae, Tinea capitis, Tinea corporis, Tinea cruris, Tinea favosa, Tinea imbricata, Tinea manum, Tinea pedis, Tinea unguinum, Tokelau ringworm, Triadelphia pulvinata, Trichomycosis, Trichophytosis, Trichophytosis gladiatorum. ICD9: 110,111 ICD10: B35,B36 |

Dientamoeba fragilis infection

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Metamonada, Parabasala, Trichomonadea. Flagellate: <i>Dientamoeba fragilis</i> |
| Reservoir | Human, Gorilla, Pig |
| Vector | None |
| Vehicle | Fecal-oral (ingestion of pinworm ova) |
| Incubation Period | 8d - 25d |
| Diagnostic Tests | Identification of trophozoites in stool. Nucleic acid amplification. Alert laboratory if this diagnosis is suspected. |
| Typical Adult Therapy | Stool precautions. Iodoquinol 650 mg PO TID X 20d. OR Tetracycline 500 mg QID X 10d. OR Paromomycin 10 mg/kg TID X 7d OR Metronidazole 750 mg PO TID X 10d |
| Typical Pediatric Therapy | Stool precautions. Iodoquinol 13 mg/kg PO TID X 20d. OR (age >8) Tetracycline 10 mg/kg QID X 10d OR Paromomycin 10 mg/kg TID X 7d OR Metronidazole 15 mg/kg PO TID X 10d |
| Clinical Hints | Abdominal pain with watery or mucous diarrhea Eosinophilia may be present Concurrent enterobiasis (pinworm) is common Infestation may persist for more than one year |
| Synonyms | |

Dientamoeba fragilis infection in Honduras

Dientamoeba fragilis has been identified in children with diarrhea. ¹

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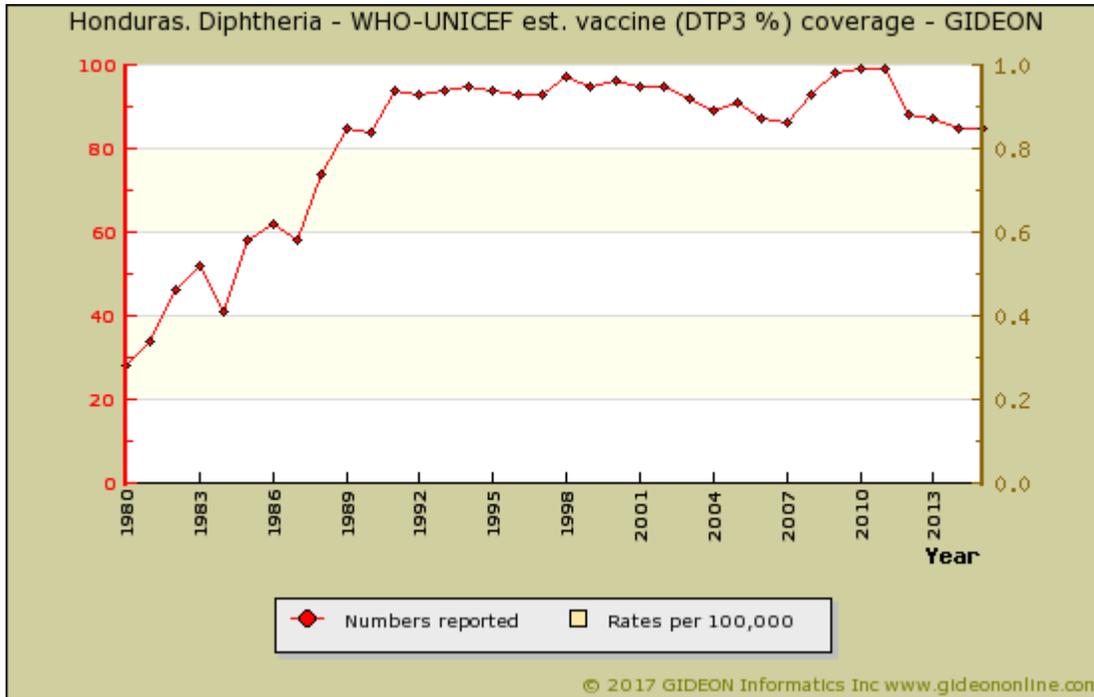
Diphtheria

| | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Corynebacterium diphtheriae</i> A facultative gram-positive bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Contact, Dairy products, Clothing |
| Incubation Period | 2d - 5d (range 1d - 10d) |
| Diagnostic Tests | Culture on special media. Advise laboratory when this diagnosis is suspected. |
| Typical Adult Therapy | Respiratory isolation. Equine antitoxin 20,000 to 80,000 units IM. (first perform scratch test) Erythromycin 500 mg QID (or Penicillin preparation) X 14d |
| Typical Pediatric Therapy | Respiratory isolation. Equine antitoxin 1,000 units/kg IM. (first perform scratch test) Erythromycin 10 mg/kg QID (or penicillin preparation) X 14d |
| Vaccines | Diphtheria antitoxin Diphtheria vaccine DTP vaccine DT vaccine DTaP vaccine Td vaccine |
| Clinical Hints | Pharyngeal membrane with cervical edema and lymphadenopathy "Punched out" skin ulcers with membrane Myocarditis or neuropathy (foot/wrist drop) may appear weeks following initial infection |
| Synonyms | <i>Corynebacterium diphtheriae</i> , Difteri, Difteria, Difterie, Difterite, Diphtherie. ICD9: 032 ICD10: A36 |

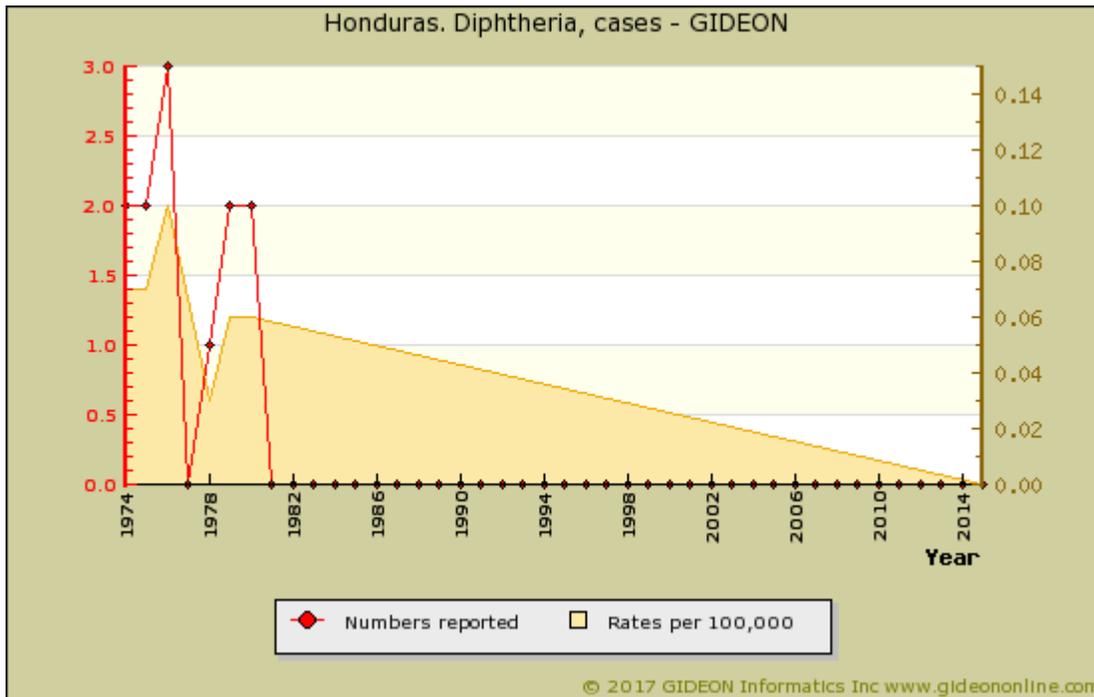
Diphtheria in Honduras

Vaccine Schedule:

- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



Graph: Honduras. Diphtheria - WHO-UNICEF est. vaccine (DTP3 %) coverage



Graph: Honduras. Diphtheria, cases

Notes:

Individual years:

1999 - One case of "diphtheria under the age of 5" was reported to the Honduran Health Ministry.

Diphyllobothriasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Platyhelminthes, Cestoda. Pseudophyllidea, Diphylobothriidae: <i>Diphyllobothrium latum</i> , et al |
| Reservoir | Human, Dog, Bear, Fish-eating mammal |
| Vector | None |
| Vehicle | Fresh-water fish - notably (for <i>D. latum</i>) perch, burbot and pike |
| Incubation Period | 4w - 6w (range 2w - 2y) |
| Diagnostic Tests | Identification of ova or proglottids in feces. |
| Typical Adult Therapy | Praziquantel 10 mg/kg PO as single dose OR Niclosamide 2 g PO once |
| Typical Pediatric Therapy | Praziquantel 10 mg/kg PO as single dose OR Niclosamide 50 mg/kg PO once |
| Clinical Hints | Abdominal pain, diarrhea and flatulence Vitamin B12 deficiency is noted in 0.02% of patients Rare instances of intestinal obstruction have been described Worm may survive for decades in the human intestine |
| Synonyms | Adenocephalus pacificus, Bandwurm [Diphyllobothrium], Bothriocephalus acheilognathi, Bothriocephalus latus, Broad fish tapeworm, Diphyllobothrium cordatum, Diphyllobothrium dalliae, Diphyllobothrium dendriticum, Diphyllobothrium klebanovskii, Diphyllobothrium latum, Diphyllobothrium nihonkaiense, Diphyllobothrium stemmacephalum, Diphyllobothrium ursi, Diplogonoporiasis, Fish tapeworm. ICD9: 123.4 ICD10: B70.0 |

Dipylidiasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Platyhelminthes, Cestoda. Cyclophyllidea, Dipylidiidae: <i>Dipylidium caninum</i> |
| Reservoir | Dog, Cat |
| Vector | None |
| Vehicle | Ingested flea (<i>Ctenocephalides</i> spp.) |
| Incubation Period | 21d - 28d |
| Diagnostic Tests | Identification of proglottids in feces. |
| Typical Adult Therapy | Praziquantel 10 mg/kg PO as single dose OR Niclosamide 2 g PO once |
| Typical Pediatric Therapy | Praziquantel 10 mg/kg PO as single dose OR Niclosamide 50 mg/kg PO once |
| Clinical Hints | Diarrhea, abdominal distention and restlessness (in children) Eosinophilia present in some cases Proglottids may migrate out of the anus |
| Synonyms | Cucumber tapeworm, <i>Dipylidium caninum</i> , Dog tapeworm, Double-pored dog tapeworm. ICD9: 123.8 ICD10: B71.1 |

Dirofilariasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Nematoda. Secernentea: <i>Dirofilaria (Nochtiella) immitis</i> (pulmonary); <i>D. tenuis</i> & <i>D. repens</i> (subcutaneous infection) & <i>D. ursi</i> |
| Reservoir | Mammal, Dog, Wild carnivore (<i>D. tenuis</i> in raccoons; <i>D. ursi</i> in bears) |
| Vector | Mosquito |
| Vehicle | None |
| Incubation Period | 60d - 90d |
| Diagnostic Tests | Identification of parasite in tissue. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Not available; excision is often diagnostic and curative |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Most patients are asymptomatic Cough and chest pain in some cases Solitary pulmonary coin lesion seen on imaging Multiple tender subcutaneous nodules may be present Eosinophilia is usually absent |
| Synonyms | Candidatus <i>Dirofilaria hongkongensis</i> , Dirofilariosis, Dirofiliaria, Dog heartworm, <i>Filaria conjunctivae</i> , Loaina. ICD9: 125.6 ICD10: B74.8 |

Eastern equine encephalitis

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Togaviridae, Alphavirus: Eastern equine encephalitis virus |
| Reservoir | Wild bird, Horse, Cattle, Pig |
| Vector | Mosquito (<i>Aedes</i> , <i>Culiseta</i>) |
| Vehicle | None |
| Incubation Period | 7d - 10d (range 5d - 15d) |
| Diagnostic Tests | Viral culture (brain tissue, CSF, serum). Serology. Nucleic acid amplification. Biosafety level 2. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Eastern equine encephalitis vaccine |
| Clinical Hints | infection is most common during summer in temperate areas. Headache, fever, seizures, coma and leukocytosis Neurological sequelae in 40% Case-fatality rates may approach 70% |
| Synonyms | EEE, Madariaga virus. ICD9: 062.2 ICD10: A83.2 |

Echinococcosis - unilocular

| | |
|----------------------------------|---|
| Agent | PARASITE - Platyhelminthes, Cestoda. Cyclophyllidea, Taeniidae: <i>Echinococcus granulosus</i> , <i>Echinococcus canadensis</i> |
| Reservoir | Dog, Wolf, Dingo, Sheep, Horse, Pig |
| Vector | None |
| Vehicle | Soil, Dog feces, Fly |
| Incubation Period | 1y - 20y |
| Diagnostic Tests | Serology. Identification of parasite in surgical specimens. |
| Typical Adult Therapy | Albendazole 400 mg BID X 28d. Repeat X 3, with 2 week hiatus between cycles. Praziquantel has been used preoperatively to sterilize cyst. Follow by surgery as indicated. PAIR (puncture-aspiration-injection-reaspiration) is also used |
| Typical Pediatric Therapy | Albendazole 10 mg/kg/day X 28d. Repeat X 3, with 2 week hiatus between cycles. Praziquantel has been used preoperatively to sterilize cyst. Follow by surgery as indicated. PAIR (puncture-aspiration-injection-reaspiration) also used |
| Clinical Hints | Calcified hepatic cyst or mass lesions in lungs and other organs Brain and lung involvement are common in pediatric cases |
| Synonyms | <i>Echinococcus canadensis</i> , <i>Echinococcus granulosus</i> , <i>Echinococcus orteppi</i> , Hydatid cyst, Unilocular echinococcosis. ICD9: 122.0,122.1,122.2,122.3,122.4 ICD10: B67.0,B67.1,B67.2,B67.3,B67.4 |

Ehrlichiosis - human monocytic

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Anaplasmataceae <i>Ehrlichia chaffeensis</i> <i>Ehrlichia canis</i> <i>Neoehrlichia mikurensis</i> , et al. Intracellular <i>Rickettsia</i> -like bacteria |
| Reservoir | Dog, Tick, Deer, Coyote |
| Vector | Tick (<i>Dermacentor variabilis</i> or <i>Amblyomma americanum</i>) |
| Vehicle | None |
| Incubation Period | 7d - 21d |
| Diagnostic Tests | Intramonocytic inclusions seen in blood smear. Serology. Nucleic acid amplification. Cell culture (HL60 cells). |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 7 to 14 days OR Rifampin 600 mg daily |
| Typical Pediatric Therapy | Above age 8 years: Doxycycline 2 mg/kg PO BID X 7 to 14 days. OR Rifampin 10 mg/kg/day PO |
| Clinical Hints | Headache, myalgia and vomiting 1 to 2 weeks following tick bite Arthralgia or macular rash may be present; Leukopenia, thrombocytopenia or hepatic dysfunction are common Inclusions may be visible in monocytes |
| Synonyms | Candidatus <i>Neoehrlichia mikurensis</i> , <i>Cowdria ruminantium</i> , <i>Ehrlichia canis</i> , <i>Ehrlichia chaffeensis</i> , <i>Ehrlichia muris</i> , <i>Ehrlichia runinantium</i> , <i>Ehrlichia</i> sp. Panola Mountain, Human monocytic ehrlichiosis, Human monocytotropic ehrlichiosis, <i>Neoehrlichia mikurensis</i> , Panola Mountain Ehrlichia. ICD9: 082.41 ICD10: B28.8 |

Endocarditis - infectious

| | |
|----------------------------------|---|
| Agent | BACTERIUM OR FUNGUS. viridans streptococci, <i>Staphylococcus aureus</i> , enterococci, <i>Candida albicans</i> , et al. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Blood culture, clinical findings, ultrasonography of heart valves. |
| Typical Adult Therapy | Bactericidal antibiotic appropriate to species |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Consider in any patient with prolonged and unexplained fever, Multisystem disease and a preexisting cardiac valvular lesion may be present Manifestations include skin lesions, hematuria, neurological symptoms, single or multiple abscesses or bone, brain, lung (etc) |
| Synonyms | Bacterial endocarditis, Endocardite, Endocarditis, Endokarditis, Fungal endocarditis, Infectious endocarditis, S.B.E.. ICD9: 421 ICD10: I33 |

Enterobiasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Enterobius vermicularis</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Fecal-oral, Air, Clothing, Sexual contact |
| Incubation Period | 14d - 42d |
| Diagnostic Tests | Apply scotch tape to anal verge in a.m. & paste onto glass slide for microscopy. |
| Typical Adult Therapy | Albendazole 400 mg PO as single dose - repeat in 2w. OR Mebendazole 100 mg PO as single dose - repeat in 2w. OR Pyrantel pamoate 11 mg/kg (max 1g) PO as single dose; or |
| Typical Pediatric Therapy | Mebendazole 100 mg PO as single dose (>age 2) - repeat in 2w. OR Pyrantel pamoate 11 mg/kg (max 1g) PO X 1 |
| Clinical Hints | Nocturnal anal pruritus Occasionally presents with vaginitis or abdominal pain Eosinophilia is rarely, if ever, encountered |
| Synonyms | Enterobio, Enterobius vermicularis, Oxyuriasis, Oxyuris, Pinworm, Seatworm. ICD9: 127.4 ICD10: B80 |

Enterovirus infection

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Picornaviridae: Coxsackievirus, ECHO virus, Enterovirus, Parechovirus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Fecal-oral, Breastfeeding, Respiratory or pharyngeal acquisition |
| Incubation Period | 2d-7d |
| Diagnostic Tests | Viral culture (stool, pharynx, CSF). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive. Pleconaril 200 to 400 mg PO TID X 7d has been used for severe infections |
| Typical Pediatric Therapy | Supportive. Pleconaril 5 mg/kg PO BID has been used for severe infections |
| Clinical Hints | Summer-to-autumn sore throat Specific forms present with conjunctivitis, chest pain, macular or vesicular rash, meningitis, myopericarditis, etc. |
| Synonyms | Boston exanthem [Caxsackie. A 16], Coxsackie, Coxsackievirus, ECHO, Echovirus, Enteroviruses, Hand, foot and mouth disease, Hand-foot-and-mouth disease, Herpangina [Coxsackievirus A], HEV 68, HPeVs, Human Enterovirus 68, Human Parechovirus, Ljungan virus, Myocarditis, enteroviral, Parechovirus, Pericarditis, enteroviral. ICD9: 049,079.2,008.67,074.0,074.8,074.3,070.4,078.89 ICD10: A88.0,A87.0,B08.4,B08.5,B08.8,B30.3,B34.1 |

Epidural abscess

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Staphylococcus aureus</i> , facultative gram negative bacilli, etc |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Imaging (CT scan, MRI). Gram-stain and culture of blood or pus. |
| Typical Adult Therapy | Intravenous antibiotic(s) appropriate to identified or suspected pathogens. Drainage as indicated |
| Typical Pediatric Therapy | Intravenous antibiotic(s) appropriate to identified or suspected pathogen. Drainage as indicated |
| Clinical Hints | Frontal bone abscess; or spinal cord compression with signs of infection Often in setting of injecting drug abuse or preexisting staphylococcal infection |
| Synonyms | |

Erysipelas or cellulitis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Erysipelas: <i>Streptococcus pyogenes</i> Cellulitis: <i>Staphylococcus aureus</i> , <i>Streptococcus pyogenes</i> , occasionally others |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | 1d - 7d |
| Diagnostic Tests | Clinical diagnosis is usually sufficient. Aspiration of lesion for smear and culture may be helpful in some cases. |
| Typical Adult Therapy | Antibiotic directed at likely pathogens (Group A Streptococcus and Staphylococcus aureus) |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Erysipelas is well-circumscribed, tender, edematous (peau d'orange), warm and painful Cellulitis is less painful, flat and without a distinct border |
| Synonyms | Cellulite, Cellulitis, Celulite, Celulitis, Erisipela, Erysipelas, St. Anthony's fire (erysipelas), St. Francis' fire (erysipelas), Zellulitis. ICD9: 035,681,682 ICD10: A46,L03 |

Erysipeloid

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Erysipelothrix rhusiopathiae</i> A facultative gram-positive bacillus |
| Reservoir | Mammal, Bird, Fish |
| Vector | None |
| Vehicle | Contact with meat (mammal, poultry or fish) |
| Incubation Period | 1d - 4d |
| Diagnostic Tests | Culture. |
| Typical Adult Therapy | Oral therapy for 10 days: Penicillin V, Ampicillin, third-generation cephalosporin, Fluoroquinolone (Levofloxacin, Trovafloxacin, Pefloxacin, Sparfloxacin or Moxifloxacin), Erythromycin, Clindamycin or Tetracycline are generally adequate |
| Typical Pediatric Therapy | Oral therapy for 10 days: Penicillin V, Ampicillin, third-generation cephalosporin or Erythromycin, Clindamycin are generally adequate |
| Clinical Hints | Typically follows contact with raw animal or fish products Annular erythema or "target lesion" on hand Fever is present in only 10% of cases. Local pain and swelling, without discharge |
| Synonyms | Erysipelothrix rhusiopathiae, Rutlauf. ICD9: 027.1 ICD10: A26 |

Erythrasma

| | |
|---------------------------|--|
| Agent | BACTERIUM. <i>Corynebacterium minutissimum</i> A facultative gram-positive bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Unknown |
| Diagnostic Tests | Coral fluorescence of skin lesion under Wood's lamp. Culture (alert lab regarding diagnosis). |
| Typical Adult Therapy | Erythromycin 250 mg PO QID X 14d. Topical Clindamycin 2% and topical Fusidic acid have also been used |
| Typical Pediatric Therapy | Erythromycin 10 mg/kg PO QID X 14d. Topical Clindamycin 2% and topical Fusidic acid have also been used |
| Clinical Hints | Pruritic, scaling, slowly-progressive red-brown patch Usually affects the groin - occasionally in toe webs Common in obese or diabetic males Coral fluorescence under Wood's light. |
| Synonyms | <i>Corynebacterium minutissimum</i> , Eritrasma. ICD9: 039.0 ICD10: L08.1 |

Escherichia coli diarrhea

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Escherichia coli</i> A facultative gram-negative bacillus |
| Reservoir | Human, Mammal |
| Vector | None |
| Vehicle | Food, Water, Fecal-oral |
| Incubation Period | 1d - 3d (range 12h - 10d) |
| Diagnostic Tests | Stool culture. Request characterization of E. coli isolates. |
| Typical Adult Therapy | Supportive therapy. If EHEC, avoid anti-motility drugs and antimicrobial agents. Plasma exchange may be effective in HUS Note that antimicrobial agents may increase risk for hemolytic-uremic syndrome when used in cases of E. coli O157:H7 infection |
| Typical Pediatric Therapy | Supportive therapy. If EHEC, avoid anti-motility drugs and antimicrobial agents. Plasma exchange may be effective in HUS Note that antimicrobial agents may increase risk for hemolytic-uremic syndrome when used in cases of E. coli O157:H7 infection |
| Clinical Hints | Watery diarrhea or dysentery Common among travelers and infants Hemorrhagic colitis and hemolytic uremic syndrome are associated with type O157, and occasionally other strains |
| Synonyms | DAEC (Diffusely Adherent E. coli), E. coli diarrhea, EAEC (Enteroadherent E. coli), EAggEC (Enteraggregative E. coli), EHEC (Enterohemorrhagic E. coli), EIEC (Enteroinvasive E. coli), EPEC (Enteropathogenic E. coli), Escherichia albertii, ETEC (Enterotoxigenic E. coli), Hamolytisch-uramisches Syndrom, Hemolytic Uremic Syndrome, HUS. ICD9: 008.0 ICD10: A04.0,A04.1,A04.2,A04.3,A04.4 |

| Fascioliasis | |
|---------------------------|---|
| Agent | PARASITE - Platyhelminthes, Trematoda. Echinostomatida, Fasciolidae: <i>Fasciola hepatica</i> or <i>Fasciola gigantica</i> |
| Reservoir | Sheep, Cattle, Snail (<i>Lymnaea</i> , <i>Galba</i> , <i>Fossaria</i>) |
| Vector | None |
| Vehicle | Food, Aquatic plants, Watercress (<i>Nasturtium officinale</i>) |
| Incubation Period | 2w - 3m |
| Diagnostic Tests | Identification of ova in stool or duodenal aspirates (adult parasite in tissue). Serology. PCR. CT scan. |
| Typical Adult Therapy | Triclabendazole 10 mg/kg PO X 2 doses. OR Bithionol 50 mg/kg every other day X 10 doses OR Nitazoxanide 500 mg PO BID X 7d |
| Typical Pediatric Therapy | Triclabendazole 10 mg/kg PO X 2 doses. OR Bithionol 50 mg/kg every other day X 10 doses OR Nitazoxanide : Age 1 to 3y 100 mg BID X 7 d Age 4 to 11y 200 mg BID X 7d |
| Clinical Hints | Fever, hepatomegaly, cholangitis, jaundice and eosinophilia Urticaria occasionally observed during the acute illness Parasite may survive more than 10 years in the biliary tract |
| Synonyms | Eurytrema, <i>Fasciola gigantica</i> , <i>Fasciola hepatica</i> , Hepatic distomiasis, Lederegelbefall, Sheep liver fluke. ICD9: 121.3 ICD10: B663. |

Fungal infection - invasive

| | |
|----------------------------------|--|
| Agent | FUNGUS. Various (major syndromes such as Candidiasis, Blastomycosis, etc are discussed separately in this module) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous, Respiratory or pharyngeal acquisition |
| Incubation Period | Variable |
| Diagnostic Tests | Culture of blood, urine, biopsy material. Serum antigen or antibody assay in some cases. |
| Typical Adult Therapy | Antifungal agent(s) directed at known or likely pathogen |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | A fungal etiology should be suspected in any patient with evidence of severe local or multisystem infection, particularly in the setting of immune suppression. |
| Synonyms | Acremonium, Acrophialophora, Adiaspiromycosis, Allescheriasis, Alternaria, Arthrographis kalrae, Athopsis, Aureobasidium, Bipolaris, Blastobotrys proliferans, Chaetomium, Chrysosporium, Cladophialophora, Cladosporium, Curvularia, Cyphellophora, Dactylaria, Debaryomyces, Dreschlera, Emmonsia, Exophiala, Exserohilum, Fonsecaea, Fungal meningitis, Fungal sepsis, Fusarium, Geosmithia, Geosmithia argillacea, Geotrichosis, Graphium, Hansenula, Haplomycosis, Hendersonula, Humicola, Hyalophycomycosis, Kluyveromyces, Lasiodiplodia, Lasiodiplodia, Lecythophora, Magnusiomyces, Malassezia furfur, Monascus, Monosporiosis, Mycoentrospora, Neocosmospora vasinfecta, Neosartorya hiratsukae, Neosartorya udagawae, Ochroconis, Oidiodendron, Paecilomyces, Paraconiothyrium, Pestalotiopsis, Phaeoacremonium, Phaeohyphomycosis, Phialemoniopsis, Phialophora, Phoma, Pichia, Pseudallescheria, Pseudallescheriasis, Pseudochaetosphaeronema martinelli, Purpureocillium, Pyrenochaeta, Ramichloridium, Rhinocladiella, Rhytidhysterium, Saccharomyces, Saprochaete, Sarcopodium, Sarocladium, Scedosporium, Septicemia - fungal, Taeniolella, Thielavia, Trichoderma, Truncatella, Ulocladium, Veronacea, Verruconis, Wallema. ICD9: 117.6,117.8,117.9,118 ICD10: B43.1,B43.2,B43.8,B48.2,B48.3,B48.7,B48.8 |

Gastroenteritis - viral

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA Calicivirus (Norwalk, Hawaii, Sapporo, Snow Mountain, Norovirus); Torovirus; or Astrovirus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Food, Water, Shellfish, Vegetables |
| Incubation Period | Norwalk 1d - 2d; Astrovirus 3d - 4d |
| Diagnostic Tests | Demonstration of virus (electron microscopy or stool antigen analysis). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Stool precautions; supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Vomiting (less common with Astrovirus) and abdominal pain Loose, watery diarrhea lasting 1 to 3 days Fecal leucocytes not present Fever in 50%; and headache or myalgia in some cases. |
| Synonyms | Aichi, Astroviridae, Astrovirus, Bufavirus, Calicivirus gastroenteritis, Chiba, Cosavirus, Cyclovirus, Diarrhea, Gastroenterite virale, Hawaii agent gastroenteritis, Klassevirus, Mexico virus, Mini-reovirus, Minireovirus, Norovirus gastroenteritis, Norwalk agent gastroenteritis, Norwalk-like, Parkville virus gastroenteritis, Picobirnavirus, Recovirus, Roskilde disease, Saffold Cardiovirus, Salivirus, Salivirus, Sapovirus, Sapporo, Sapporo-like, Snow Mountain, SRSV gastroenteritis, STL polyomavirus, STLPyV, Toronto virus, Torovirus, Tusavirus, Vinterkraksjuka, Viral gastroenteritis, Winter vomiting disease. ICD9: 008.8,008.69,008.62,008.63,008.64,008.65,008.66,008.67 ICD10: A08.1,A08.2,A08.3,A08.4 |

GB virus C infection

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Flaviviridae, Pegivirus GB virus C (Hepatitis G virus) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Blood, Vertical transmission, Sexual contact suspected |
| Incubation Period | Unknown |
| Diagnostic Tests | Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive. Alpha interferon has been shown to ? transiently eliminate the carrier state |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Acute or chronic hepatitis acquired from blood (needles, etc) Clinically milder than hepatitis C Most cases limited elevation of hepatic enzyme levels, without jaundice Viremia has been documented for as long as 10 years |
| Synonyms | Epatite G, GBV-C, Hepatitis G, Hepatitis GB, HPgV, HPgV-2, Human Pegivirus. ICD9: 070,59 ICD10: B17.8 |

GB virus C infection in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|-------------|------|--|
| 1998* | various | 2-20 | 2% of university students, 20% of multi-transfused patients and 12% of hemophiliacs ¹ |

* indicates publication year (not necessarily year of survey)

References

1. J Clin Microbiol 1998 Jan ;36(1):255-7.

Gianotti-Crosti syndrome

| | |
|----------------------------------|---|
| Agent | UNKNOWN |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Clinical features and skin biopsy findings. |
| Typical Adult Therapy | None |
| Typical Pediatric Therapy | None |
| Clinical Hints | History of recent viral illness or vaccination Generalized skin eruption involving the extremities, face and buttocks Lymphadenopathy of the axillae and inguinal region Anicteric hepatitis may occur Illness resolves in 15 to 42 days Rare outbreaks have been reported |
| Synonyms | Acrodermatitis papulosa infantilis, Papular acrodermititis of childhood, Papulovesicular acrolocated syndrome. ICD9: 693.0 ICD10: L27.8 |

Giardiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Protozoa. Sarcocystidophora, Metamonada, Treponadea. Flagellate: <i>Giardia lamblia</i> (<i>G. intestinalis</i> , <i>G. duodenalis</i>) |
| Reservoir | Human, Beaver, Muskrat, Dog, Cat, Carnivores, Sheep, Goat, Horse, Cattle |
| Vector | None |
| Vehicle | Food, Water, Fecal-oral, Fly |
| Incubation Period | 1w - 3w (range 3d - 6w) |
| Diagnostic Tests | String test (gelatin capsule containing string). Stool microscopy or antigen assay. Nucleic acid amplification. |
| Typical Adult Therapy | Tinidazole 2 g PO X1. OR Nitazoxanide 500 mg PO BID X 3d Alternatives: Metronidazole 250 mg PO TID X 5d. OR Furazolidone 100 mg PO QID X 7d. OR Paromomycin 10 mg/kg PO TID X 7d OR Quinacrine 100 mg PO TID X 5d |
| Typical Pediatric Therapy | Tinidazole 50 mg PO X 1 (maximum 2g). OR Nitazoxanide : Age 1 to 3y 100 mg BID X 7 d Age 4 to 11y 200 mg BID X 7d Alternatives: Metronidazole 5 mg/kg PO TID X 5d. OR Furazolidone 1.5 mg/kg QID X 7d |
| Clinical Hints | Foul smelling, bulky diarrhea, nausea and flatulence Upper abdominal pain is common Illness may "wax and wane" Weight loss and low-grade fever are common Severe or intractable infection may suggest underlying IgA deficiency |
| Synonyms | Beaver fever, <i>Giardia duodenalis</i> , <i>Giardia intestinalis</i> , <i>Giardia lamblia</i> , Lambliosis. ICD9: 007.1 ICD10: A07.1 |

Giardiasis in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|-------------|----|--|
| 1991* | children | 61 | 61% of rural children - accounting for 29% of childhood diarrhea in this population ¹ |

* indicates publication year (not necessarily year of survey)

References

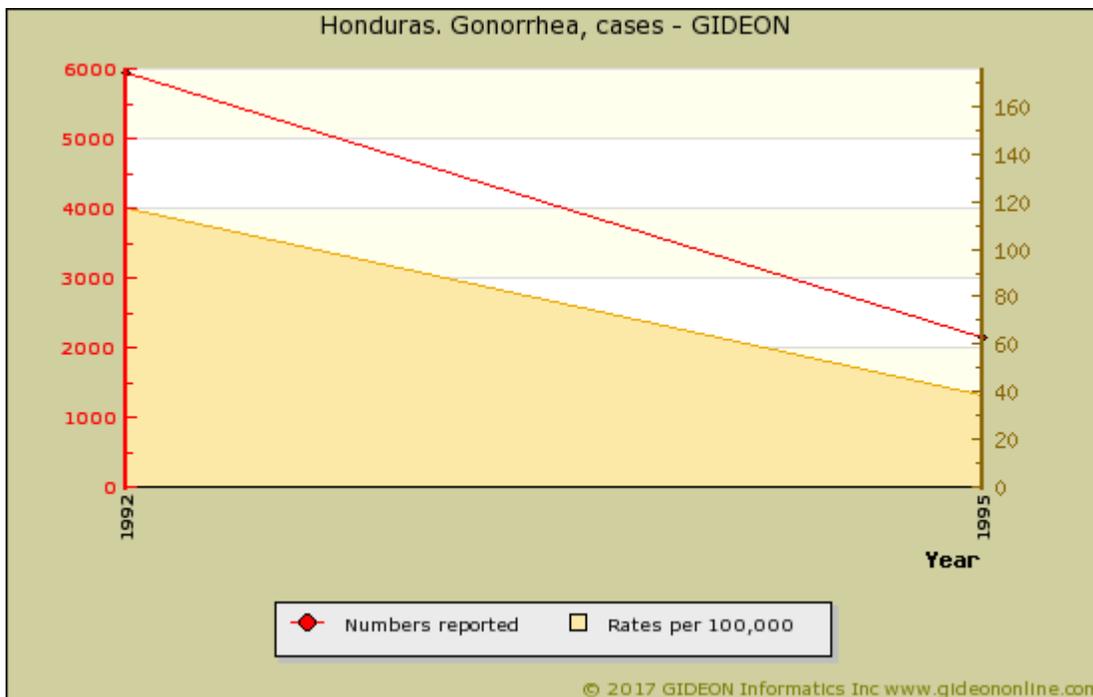
1. *Trans R Soc Trop Med Hyg* 1991 Jan-Feb;85(1):70-3.

Gonococcal infection

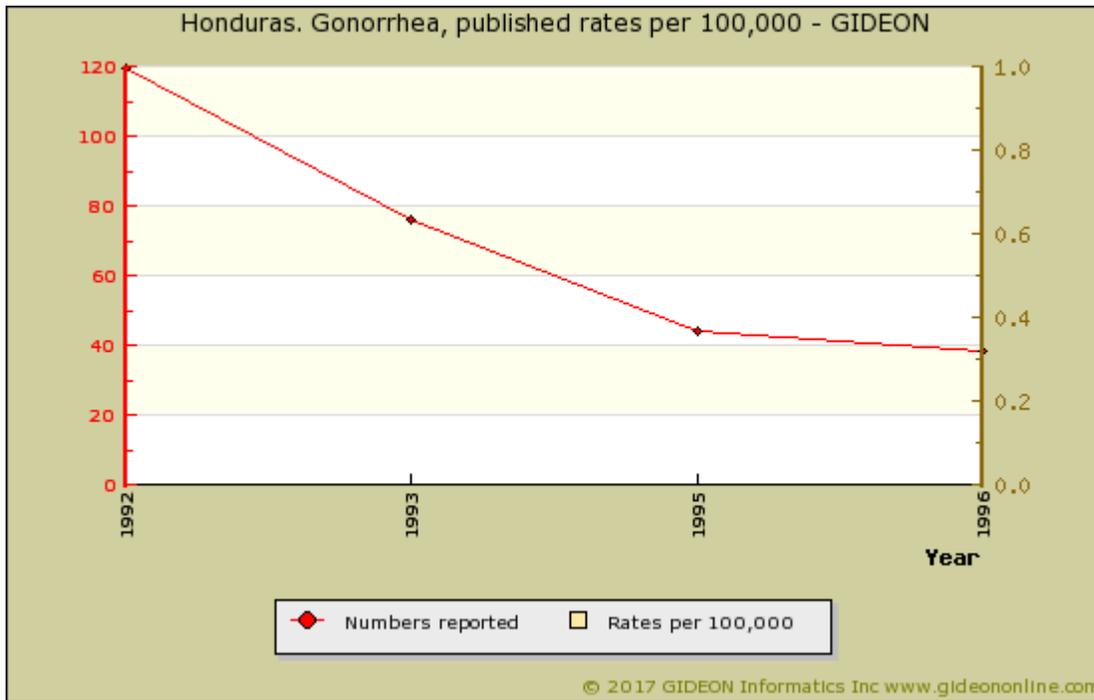
| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Neisseria gonorrhoeae</i> An aerobic gram-negative coccus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual, contact, Childbirth, Exudates, Respiratory or pharyngeal acquisition |
| Incubation Period | 2d - 7d |
| Diagnostic Tests | Smear (male), culture. Consult laboratory for proper acquisition & transport. Nucleic acid amplification. |
| Typical Adult Therapy | Ceftriaxone 250 mg IM X 1. PLUS Azithromycin 1 g PO as single dose. |
| Typical Pediatric Therapy | Weight <=45 kg: Ceftriaxone 25 - 50 mg/kg IM or IV X 1 (max. 125 mg IM) Weight >45 kg: as for adult. PLUS Azithromycin |
| Clinical Hints | Copious urethral discharge (male) or cervicitis beginning 2 to 7 days after sexual exposure Pelvic inflammatory disease Systemic disease associated with fever, painful pustules and suppurative arthritis (primarily encountered in postmenstrual females) |
| Synonyms | Blennorrhagie, Blenorrhagia, Gonococemia, Gonore, Gonorre, Gonorrea, Gonorrhoea, Gonorrhoe, Gonorrhoe, Gonorrhoe, Infeccion gonococica, Infeccoes gonococicas, Neisseria gonorrhoeae. ICD9: 098 ICD10: A54 |

Gonococcal infection in Honduras

Gonorrhoea is the fifth most common communicable disease in Honduras.



Graph: Honduras. Gonorrhoea, cases



Graph: Honduras. Gonorrhea, published rates per 100,000

Prevalence surveys

| Years | Region | Study Group | % | Notes |
|-------|-------------|--------------------|-----|---|
| 2009* | | indigenous peoples | 1.1 | 1.1% of Garifuna people (urine specimens) ¹ |
| 1991* | Tegucigalpa | sex workers | 34 | 25% of CSW in Tegucigalpa have gonorrhea, 31% <i>Chlamydia</i> , and 9% both ² |

* indicates publication year (not necessarily year of survey)

References

1. J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.
2. Int J STD AIDS 1991 May-Jun;2(3):195-9.

Granuloma inguinale

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Klebsiella granulomatis</i> (formerly <i>Calymmatobacterium granulomatis</i>) A gram-negative bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual, contact, Direct contact |
| Incubation Period | 7d - 30d (range 3d - 1 year) |
| Diagnostic Tests | Identification of organism in stained smears. Culture in specialized laboratories (HEp-2 cells). |
| Typical Adult Therapy | Azithromycin 1 g weekly X 3 w. Alternatives: Doxycycline 100 mg BID PO X 3w. Sulfamethoxazole / Trimethoprim 800/160 mg BID X 3w Erythromycin 500 mg QID X 3w. |
| Typical Pediatric Therapy | Azithromycin 10 mg / kg po day 1; then 250 mg / kg daily days 2 to 5 Alternatives: Sulfamethoxazole / Trimethoprim , Erythromycin or Doxycycline |
| Clinical Hints | Slowly expanding, ulcerating skin nodule with friable base Usually painless May be complicated by edema or secondary infection Rarely spreads to bone or joints |
| Synonyms | <i>Calymmatobacterium granulomatis</i> , Donovanosis, Granuloma genitoinguinale, Granuloma inguinale tropicum, Granuloma venereum, Sixth venereal disease. ICD9: 099.2 ICD10: A58 |

Hepatitis A

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Picornaviridae, Hepatovirus: Hepatitis A virus |
| Reservoir | Human, Non-human primate |
| Vector | None |
| Vehicle | Fecal-oral, Food, Water, Milk, Fly, Breastfeeding |
| Incubation Period | 21d - 30d (range 14d - 60d) |
| Diagnostic Tests | Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Stool precautions; supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Hepatitis A vaccine Hepatitis A + Hepatitis B vaccine Immune globulin |
| Clinical Hints | Vomiting, anorexia, dark urine, light stools and jaundice Rash and arthritis occasionally encountered Fulminant disease, encephalopathy and fatal infections are rare Case-fatality rate 0.15% to 2.7%, depending on age |
| Synonyms | Botkin's disease, Epatite A, HAV, Hepatite per virus A, Infectious hepatitis, Sosuga. ICD9: 070.0 ICD10: B15.0, B15.9 |

Hepatitis A in Honduras

Notable outbreaks

| Years | Region | Setting | Cases | Population | Notes |
|-------|-------------|---------|-------|------------|-------------------|
| 2012 | Tegucigalpa | school | 16 | students | 1 |

References

1. ProMED <promedmail.org> archive: 20120828.1268317

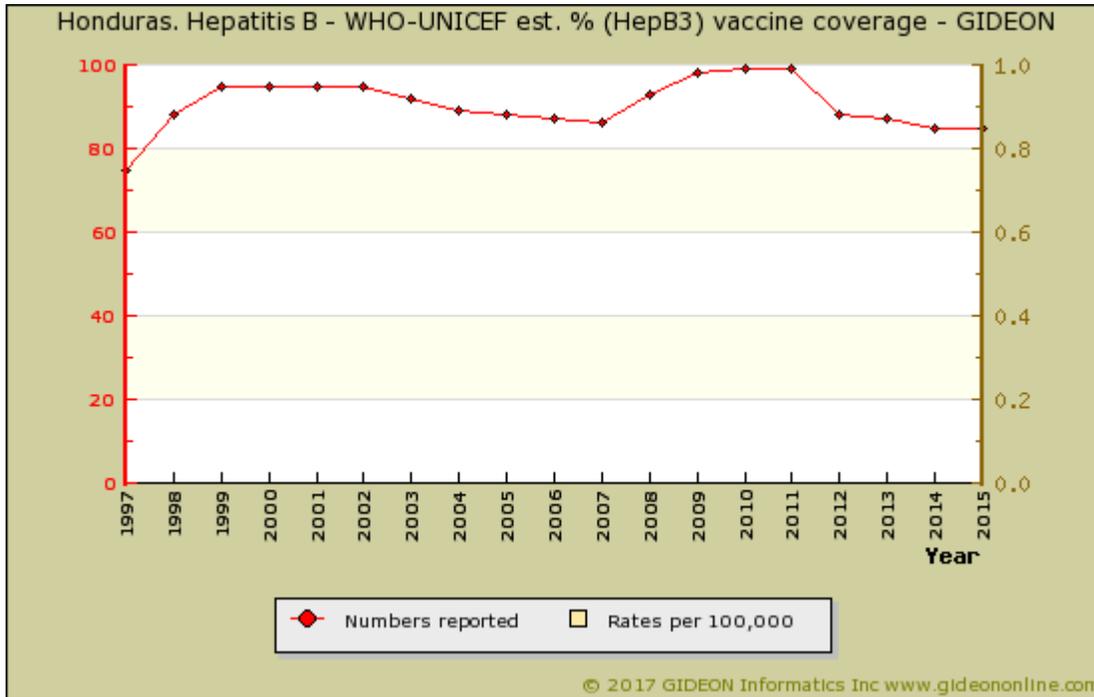
Hepatitis B

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Hepadnaviridae, Orthohepadnavirus: Hepatitis B virus |
| Reservoir | Human Non-human primate |
| Vector | None |
| Vehicle | Blood, Infected secretions, Sexual contact, Transplacental |
| Incubation Period | 2m - 3m (range 1m - 13m) |
| Diagnostic Tests | Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Needle precautions. For chronic infection: Peginterferon alfa-2a or Peginterferon alfa-2b OR Entecavir OR Tenofovir |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Hepatitis A + Hepatitis B vaccine Hepatitis B + Haemoph. influenzae vaccine Hepatitis B immune globulin Hepatitis B vaccine |
| Clinical Hints | Vomiting and jaundice Rash or arthritis occasionally noted Fulminant and fatal infections are encountered Risk group (drug abuse, blood products, sexual transmission) Hepatic cirrhosis or hepatoma may follow years after acute illness |
| Synonyms | Epatite B, HBV, Hepatite per virus B, Serum hepatitis. ICD9: 070.1 ICD10: B16.2,B16.9, B16.1 |

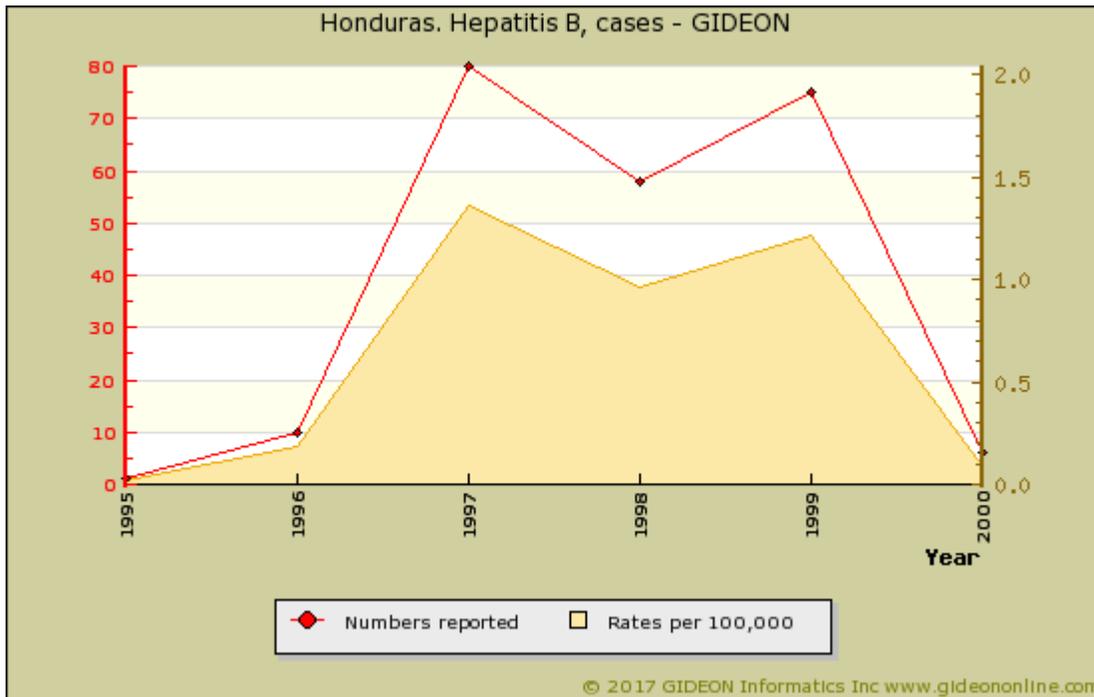
Hepatitis B in Honduras

Vaccine Schedule:

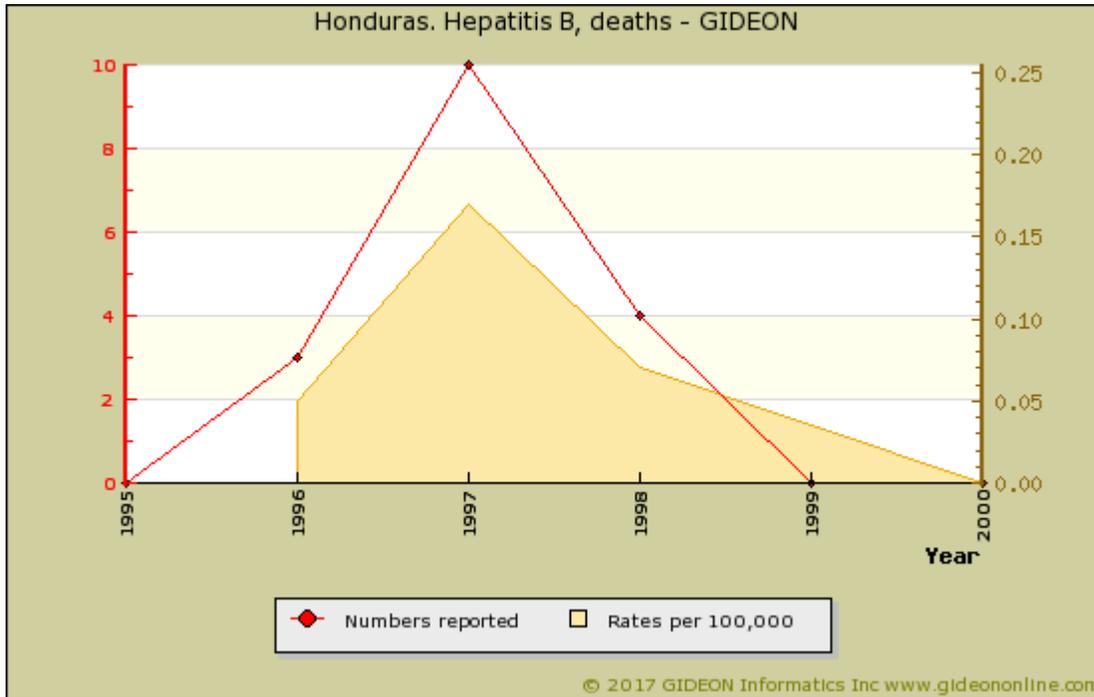
- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



Graph: Honduras. Hepatitis B - WHO-UNICEF est. % (HepB3) vaccine coverage



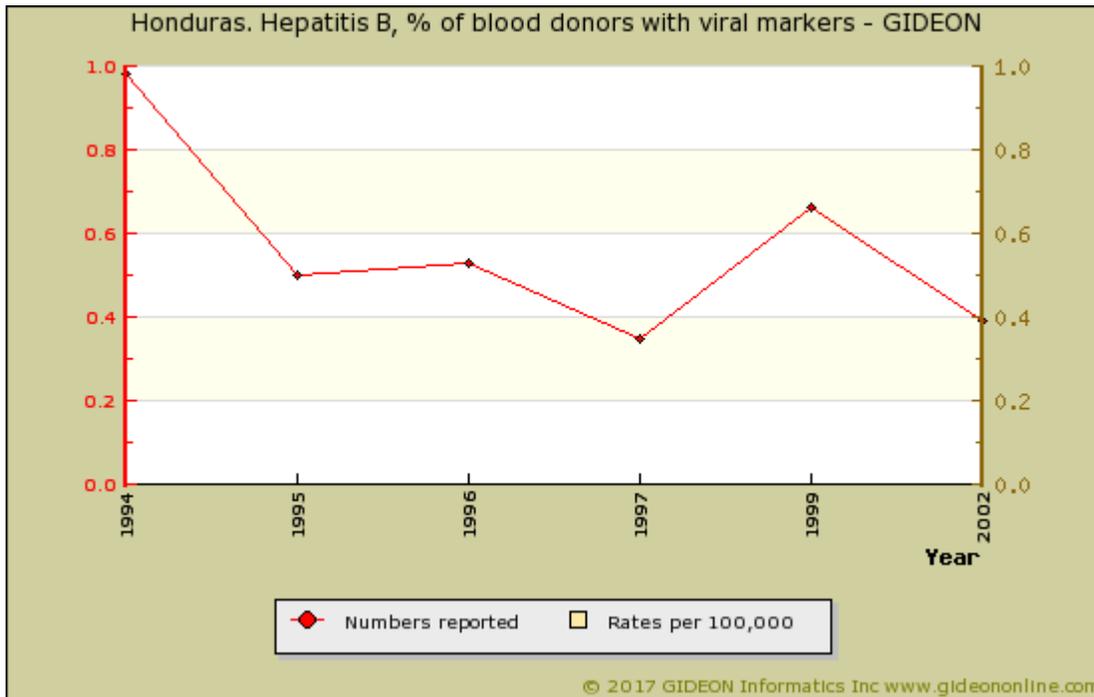
Graph: Honduras. Hepatitis B, cases



Graph: Honduras. Hepatitis B, deaths

HBsAg-positivity surveys

| Years | Study Group | % | Notes |
|-------------|--------------|------|-------------------------------|
| | adults | 3 | 3% of adults |
| 1993 | blood donors | 0.27 | 0.27% of blood donors in 1993 |
| 2000 - 2001 | blood donors | 0.41 | 0.41% during 2000 to 2001 |



Graph: Honduras. Hepatitis B, % of blood donors with viral markers

Notes:

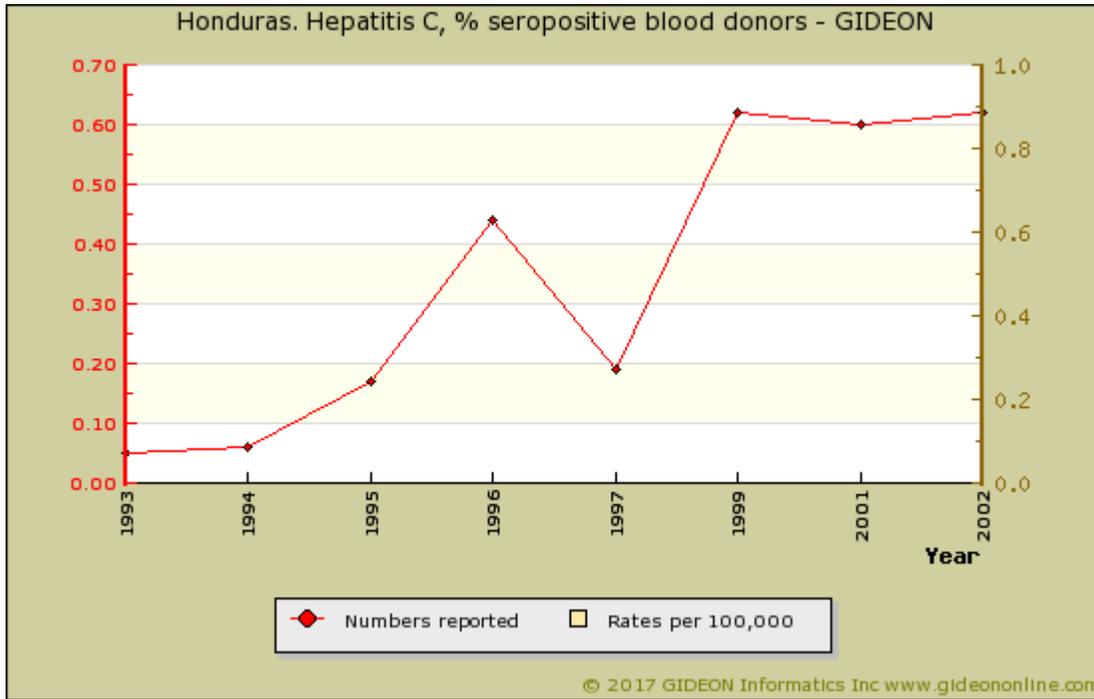
1. Nine cases of transfusion-acquired infection were estimated for 1993.

Hepatitis C

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Flaviviridae, Hepacivirus: Hepatitis C virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Blood, Sexual contact, Transplacental |
| Incubation Period | 5w - 10w (range 3w - 16w) |
| Diagnostic Tests | Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Needle precautions. For chronic infection: Ledipasvir / Sofusbuvir OR Ombitasvir-Paritaprevir-Ritonavir + Dasabuvir + Ribavirin OR Sofusbuvir + Simeprevir + Ribavirin (Regimen / Duration dependent on viral genotype) |
| Typical Pediatric Therapy | Agents recommended for adult disease are not currently licensed for use in children Peginterferon alfa-2b 3 MU/m2 SC x1 weekly AND Ribavirin 15mg/kg |
| Clinical Hints | Vomiting and jaundice May be history of transfusion or injection within preceding 1 to 4 months Chronic hepatitis and fulminant infections are encountered Hepatic cirrhosis or hepatoma may follow years after acute illness |
| Synonyms | Epatite C, HCV, Hepatite per virus C, Non-A, non-B parenteral hepatitis. ICD9: 070.2,070.3,070.44,070.51,070.54,070.7 ICD10: B17.1 |

Hepatitis C in Honduras

The nationwide carriage rate in 1997 was estimated at 0.09%.



Graph: Honduras. Hepatitis C, % seropositive blood donors

Ten cases of transfusion-acquired infection were estimated for 1993. ¹

References

1. [Emerg Infect Dis 1998 Jan-Mar;4\(1\):5-11.](#)

Hepatitis D

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Deltavirus: Hepatitis D virus - a 'satellite' virus which is encountered as infection with a co-virus (Hepatitis B) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Infected secretions, Blood, Sexual contact |
| Incubation Period | 4w - 8w (range 2w - 20w) |
| Diagnostic Tests | Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Needle precautions; supportive Interferon alfa 2-a has been used. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Vomiting and jaundice Biphasic course often noted Occurs as a coinfection or superinfection of hepatitis B May be chronic or fulminant (prognosis of combined hepatitis B and delta is worse than reported for hepatitis B alone). |
| Synonyms | Epatite D, Hepatitis delta. ICD9: 070.41,070.52 ICD10: B17.0 |

Hepatitis E

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Caliciviridae: Hepatitis E virus |
| Reservoir | Human, Rodent, Pig |
| Vector | None |
| Vehicle | Fecal-oral, Water, Shellfish, Blood, Meat |
| Incubation Period | 30d - 40d (range 10d - 70d) |
| Diagnostic Tests | Identification of virus by immune electron microscopy (stool). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Stool precautions; supportive Ribavirin has been used successfully in high-risk patients. |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Hepatitis E vaccine |
| Clinical Hints | Clinically similar to hepatitis A Chronic residua are rare Severe or fatal if acquired during pregnancy (10% to 24% case-fatality rate). |
| Synonyms | Epatite E, Non-A, non-B enteric hepatitis. ICD9: 070.43,070.53 ICD10: B17.2 |

Hepatitis E in Honduras

Seroprevalence surveys

| Years | Study Group | % | Notes |
|-------|--------------------|---|---|
| 1998* | military personnel | 6 | 6% of United Nations peacekeepers (1998 publication) ¹ |

* indicates publication year (not necessarily year of survey)

References

1. [Am J Trop Med Hyg 1998 Jun ;58\(6\):731-6.](#)

Herpes B infection

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Alphaherpesviridae, Simplexvirus: Cercopithecine herpesvirus 1 (Herpes B virus) |
| Reservoir | Monkey (<i>Macaca species</i> and <i>Cynomolgus</i>) |
| Vector | None |
| Vehicle | Contact or bite, Respiratory or pharyngeal acquisition |
| Incubation Period | 10d - 20d (range 2d - 60d) |
| Diagnostic Tests | Viral culture (skin exudates). Nucleic acid amplification. Biosafety level 4. |
| Typical Adult Therapy | Therapy: Acyclovir 12 mg/kg IV q8h. OR Ganciclovir 5 mg/kg IV q12h. Follow with prolonged Acyclovir 800 mg PO 5X daily. Postexposure prophylaxis: Valacyclovir 1g PO q8h X 14 days. OR Acyclovir 800 mg PO X 5 X 14 days |
| Typical Pediatric Therapy | Acyclovir or Ganciclovir as for adult. |
| Clinical Hints | Skin vesicles, lymphadenopathy, myalgia, singultus, major neurological signs Usually onset within one month of contact with monkey Case-fatality rates exceed 80% Permanent neurological residua are common |
| Synonyms | Cercopithecine herpesvirus 1, Herpes B, Herpesvirus simiae, Macacine herpesvirus 1. ICD9: 078.89 ICD10: B00.4 |

Herpes simplex encephalitis

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Alphaherpesvirinae, Simplexvirus: Human herpesvirus (usually type I) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Infected secretions, Sexual contact |
| Incubation Period | Unknown |
| Diagnostic Tests | Viral culture CSF usually negative. CT brain. Compare CSF/blood antibody levels. Nucleic acid amplification. |
| Typical Adult Therapy | Acyclovir 10 mg/kg IV Q8h |
| Typical Pediatric Therapy | Acyclovir 10 mg/kg IV Q8h |
| Clinical Hints | Rapidly-progressive severe encephalitis Exanthem not evident in most cases Often unilateral, with temporal and parietal lobe predominance Permanent residua and high case-fatality rate in untreated cases |
| Synonyms | |

Herpes simplex infection

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Alphaherpesvirinae, Simplexvirus: Human herpesvirus I and II |
| Reservoir | Human |
| Vector | None |
| Vehicle | Infected secretions, Sexual contact, Breastfeeding, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d - 14d |
| Diagnostic Tests | Viral culture or microscopy of lesions. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Famciclovir 250 mg PO TID X 7d. OR Valacyclovir 1 g PO BID X 7d OR Acyclovir 400 mg PO X 3 per day X 7d Dosage and duration may vary for first vs. recurrent vs. suppressive regimens. |
| Typical Pediatric Therapy | Acyclovir 10 mg/kg PO QID X 7 d |
| Clinical Hints | Recurring localized crops of painful vesicles on a red base Regional adenopathy often present May follow a prodrome of neuropathy or hyperesthesia |
| Synonyms | Herpes gladiatorum, Herpes rugbiorum, Herpes simplex, Scrum pox. ICD9: 054.0,054.1,054.2,054.4,054.5,054.6,054.7,054.8,054.9 ICD10: A60,B00 |

Herpes simplex infection in Honduras

Seroprevalence surveys

| Years | Study Group | % | Notes |
|-------|--------------------|------|---|
| 2009* | indigenous peoples | 51.1 | 51.1% of Garifuna people (HSV-2, 2009 publication) ¹ |

* indicates publication year (not necessarily year of survey)

References

1. [J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.](#)

Herpes zoster

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Alphaherpesvirinae: Varicella-zoster virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Direct contact |
| Incubation Period | Unknown |
| Diagnostic Tests | Viral culture (vesicles). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Acyclovir 800 mg PO X 5 daily X 7 to 10d. OR Famciclovir 500 PO TID. OR Valacyclovir 1 g PO TID |
| Typical Pediatric Therapy | Acyclovir 20 mg/kg PO QID X 7 to 10d |
| Vaccine | Herpes zoster vaccine |
| Clinical Hints | Patients usually above age 50 Unilateral dermatomal pain, tenderness and paresthesia Rash appears after 3 to 5 days - macular, erythematous lesions which evolve into vesicles Trunk and chest wall most commonly involved, but other areas possible Recurrence is common |
| Synonyms | Fuocodi Saint'Antonio, Shingles, Zona, Zoster. ICD9: 053 ICD10: B02 |

Histoplasmosis

| | |
|---------------------------|--|
| Agent | FUNGUS. Ascomycota, Euascomycetes, Onygenales: <i>Histoplasma capsulatum</i> var. <i>capsulatum</i> A dimorphic fungus |
| Reservoir | Soil, Caves, Chicken roosts, Bat |
| Vector | None |
| Vehicle | Air, Respiratory or pharyngeal acquisition |
| Incubation Period | 10d - 14d (range 5d - 25d) |
| Diagnostic Tests | Fungal culture. Serologic tests less helpful. Antigen tests currently under study. Nucleic acid amplification. |
| Typical Adult Therapy | Itraconazole 200 mg daily X 9m For severe or immunocompromised patients: Liposomal Amphotericin B 3 to 5 mg/kg/d X 2w, followed by Itraconazole as above |
| Typical Pediatric Therapy | Itraconazole 2 mg/kg daily X 9 m. For severe or immunocompromised patients: Liposomal Amphotericin B 3 to 5 mg/kg/d X 2w, followed by Itraconazole as above |
| Clinical Hints | Fever, cough, myalgia, pulmonary infiltrates and calcifying hilar lymphadenopathy Chronic multisystem infection is often encountered. |
| Synonyms | Darling's disease, <i>Histoplasma capsulatum</i> , Histoplasmosis, Ohio River Valley Fever, Ohio Valley disease, Reticuloendothelial cytomycosis. ICD9: 115.0 ICD10: B39.0,B39.1,B39.2,B39.3,B39.4 |

Histoplasmosis in Honduras

Sporadic case reports of histoplasmosis are encountered. ¹

References

1. [Ned Tijdschr Geneeskd 1995 Jul 15;139\(28\):1454-6.](#)

HIV infection - initial illness

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Retroviridae, Lentivirinae: Human Immunodeficiency Virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Blood, Semen, Sexual contact, Transplacental, Breastfeeding |
| Incubation Period | 1w - 6w |
| Diagnostic Tests | HIV antibody (ELISA, Western blot). HIV or HIV antigen assays. Nucleic acid amplification. |
| Typical Adult Therapy | Antiretroviral therapy - most experts will initiate treatment even if no symptoms + normal CD4 count. |
| Typical Pediatric Therapy | Antiretroviral therapy - most experts will initiate treatment even if no symptoms + normal CD4 count. |
| Clinical Hints | Fever, diarrhea, sore throat and a mononucleosis-like illness Most common among "high risk" patients (illicit drug use, commercial sex work, men who have sex with men, etc). |
| Synonyms | HIV, HIV infection, HTLV-III infection. ICD9: 042 ICD10: B20,B21,B22,B23,B24 |

HIV infection - initial illness in Honduras

Data and background information regarding HIV infection are included in the note for **HIV/AIDS**

References

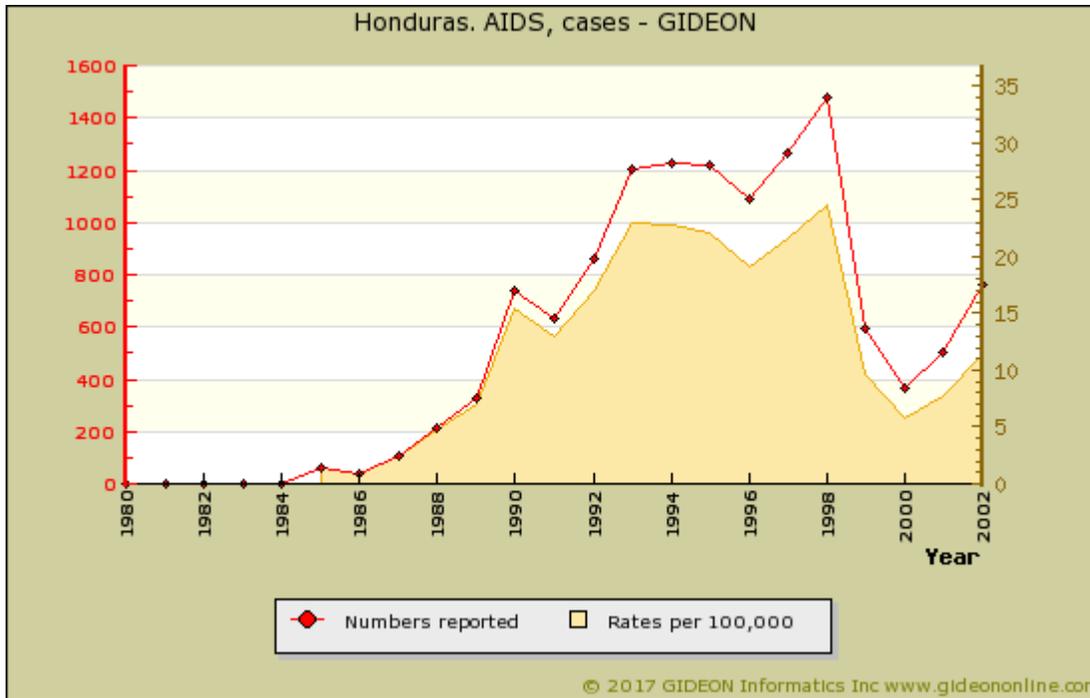
1. [Emerg Infect Dis 1998 Jan-Mar;4\(1\):5-11.](#)
2. [J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.](#)
3. [Int J STD AIDS 1991 Mar-Apr;2\(2\):110-3.](#)
4. [PMID 17667337](#)
5. [J Acquir Immune Defic Syndr 2007 Sep 01;46\(1\):101-11.](#)

HIV/AIDS

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Retroviridae, Lentivirinae: Human Immunodeficiency Virus, HIV |
| Reservoir | Human |
| Vector | None |
| Vehicle | Blood, Semen, Sexual, Transplacental, Breastfeeding |
| Incubation Period | 2m - 10y (50% within 10y) |
| Diagnostic Tests | HIV antibody (ELISA, Western blot). Nucleic acid amplification. Tests for HIV antigen & viral load as indicated. |
| Typical Adult Therapy | Nucleoside/-nucleotide reverse transcriptase inhibitor + A Non-nucleoside reverse transcriptase inhibitor OR a Protease Inhibitor OR a Strand-transfer integrase inhibitor |
| Typical Pediatric Therapy | Regimens vary - in general: 2 Non-nucleoside reverse transcriptase inhibitors + Ritonavir / Lopinavir OR Nevirapine OR Atazanavir |
| Clinical Hints | Most often associated with drug abuse, blood products, men who have sex with men, hemophilia Severe and multiple episodes of infection (herpes simplex, moniliasis, candidiasis, etc) Chronic cough, diarrhea, weight loss, lymphadenopathy, retinitis, encephalitis or Kaposi's sarcoma |
| Synonyms | AIDS, ARC, Gay cancer, GRID, HIV-1, HIV-2, HIV-AIDS, SIDA, Slim disease. ICD9: 042 ICD10: B20,B21,B22,B23,B24 |

HIV/AIDS in Honduras

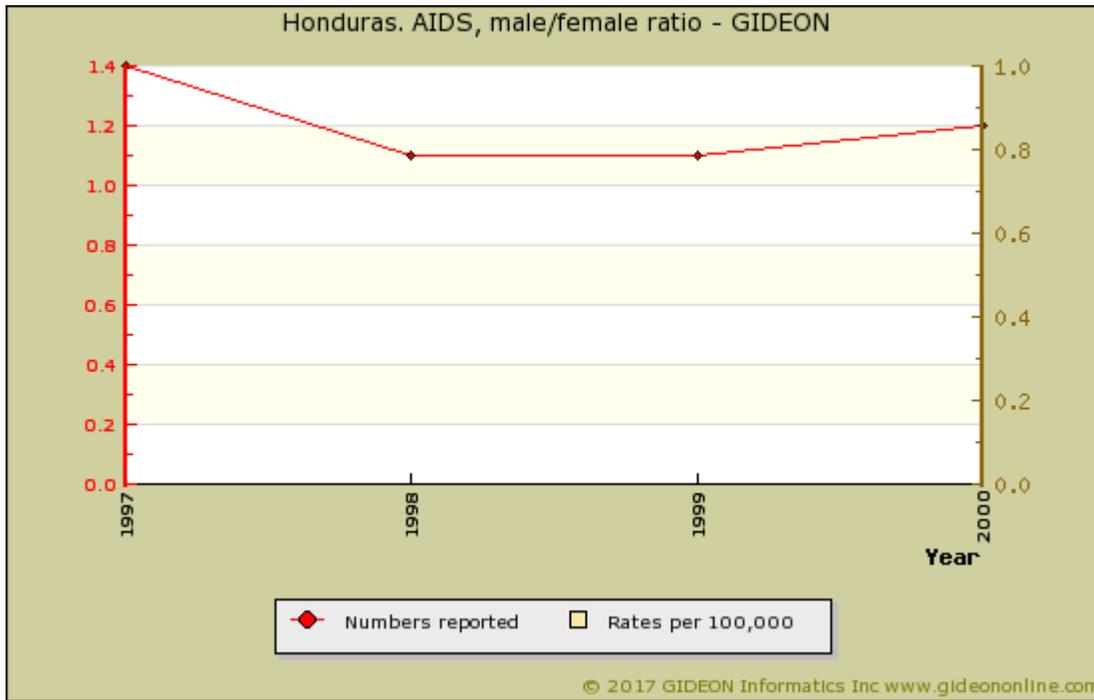
The first cases of AIDS were reported in 1985.



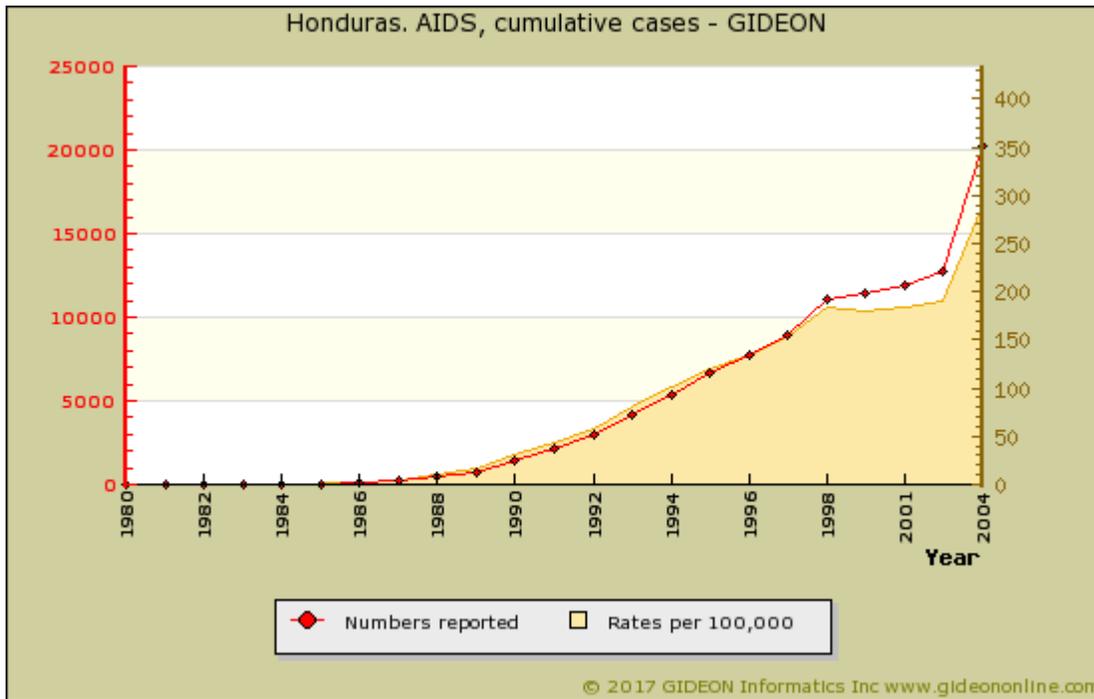
Graph: Honduras. AIDS, cases

Notes:

1. Honduras accounts for approximately 50% of AIDS cases in Central American.



Graph: Honduras. AIDS, male/female ratio



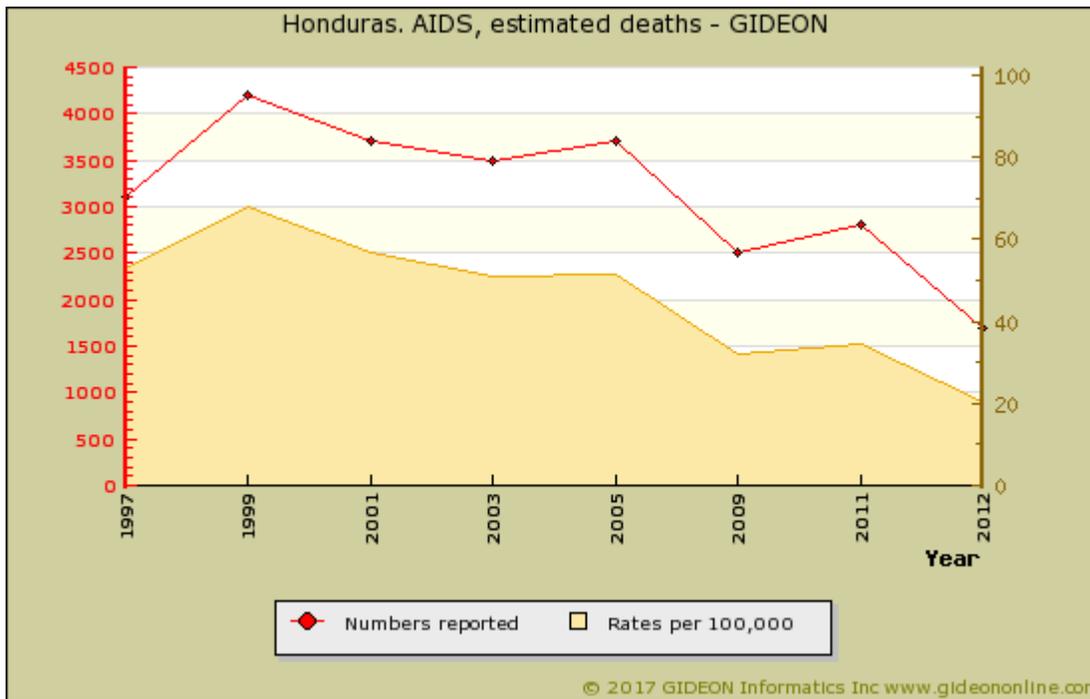
Graph: Honduras. AIDS, cumulative cases

Notes:

1. The true number of AIDS cases to December 1997 was estimated at 16,000.
2. The true number of AIDS cases to June 2004 was estimated at 30,000.

Demography and risk factors:

- Cases reported to January 1998: 86% ages 15 to 49; 42% males; 80% heterosexual; 11% men who have sex with men; 8% mother to infant.
- Cases reported during 1996 to 1997: 85% ages 15 to 49; 63% males. During 1995 to 1997: 74% heterosexual; 13% men who have sex with men; 0% IDU; 1% transfusion/hemophilia; 12% mother to infant.
- Cases during 1997 to 2000: 86% ages 15 to 49; 55% males; 72% heterosexual; 18% men who have sex with men; 0% IDU; 0% transfusion/hemophilia; 7% mother to infant.

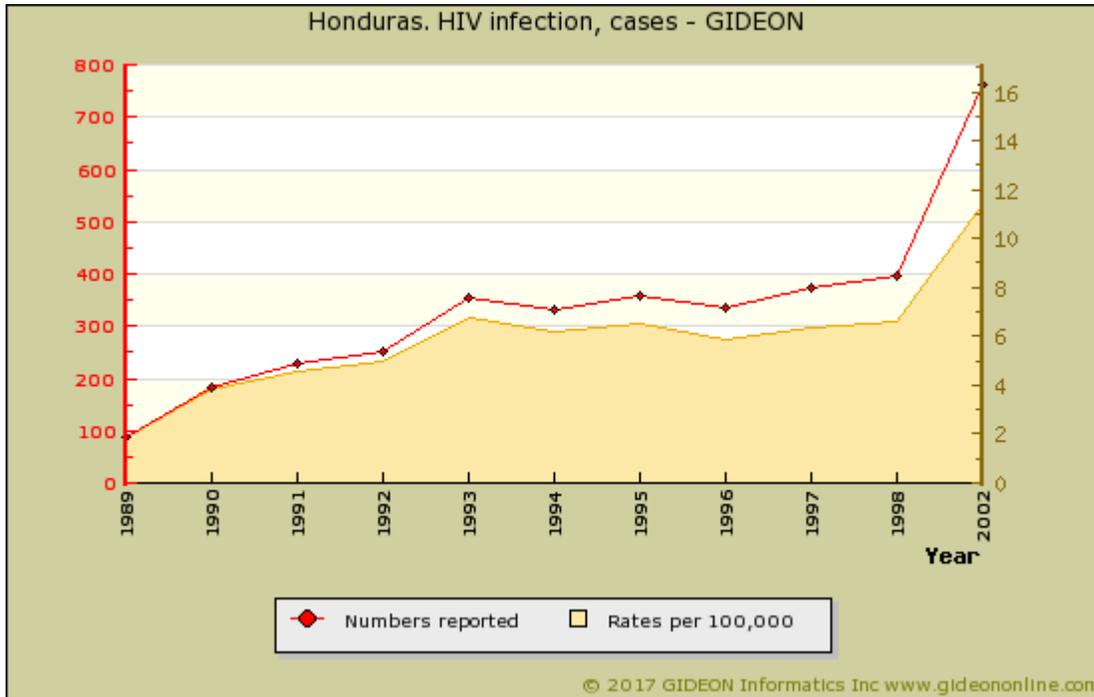


Graph: Honduras. AIDS, estimated deaths

Notes:

1. 1,081 AIDS deaths were officially reported to December 2000.
2. The true number of AIDS deaths to December 1997 is estimated at 15,000.
3. 1,041 AIDS deaths were reported to 1996.
4. 19,000 AIDS orphans were estimated to December 1999; 14,000 in 2001.

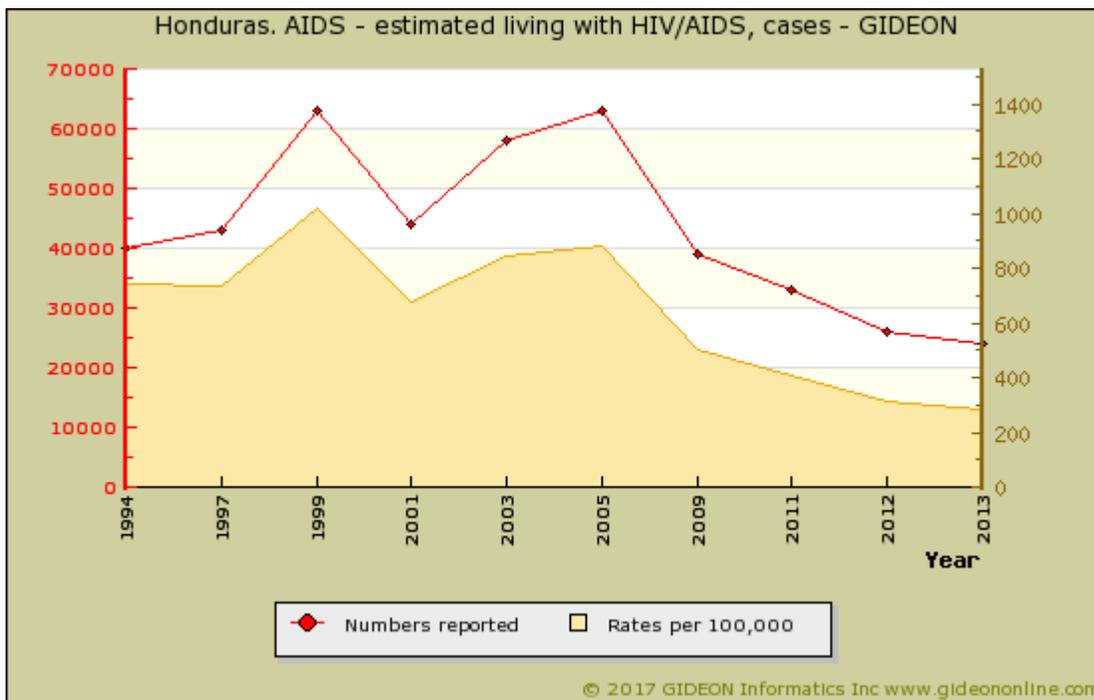
55.6% of cases are reported from San Pedro Sula and 15.9% from Tegucigalpa.



Graph: Honduras. HIV infection, cases

Notes:

1. A total of 11,789 seropositives were reported to December 2000.

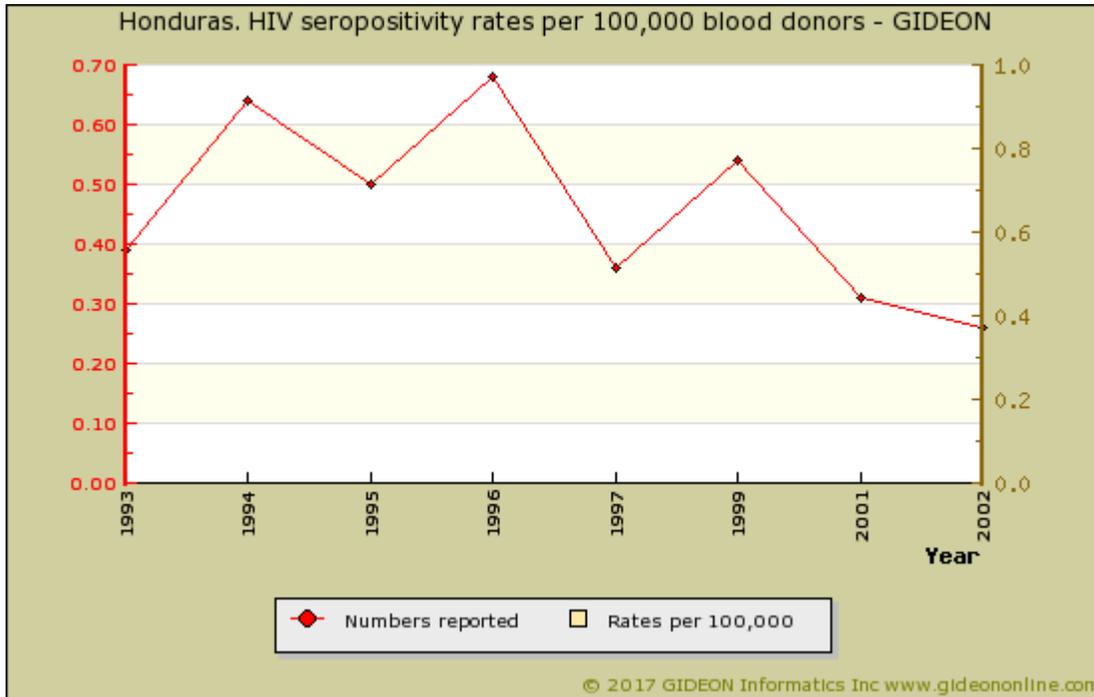


Graph: Honduras. AIDS - estimated living with HIV/AIDS, cases

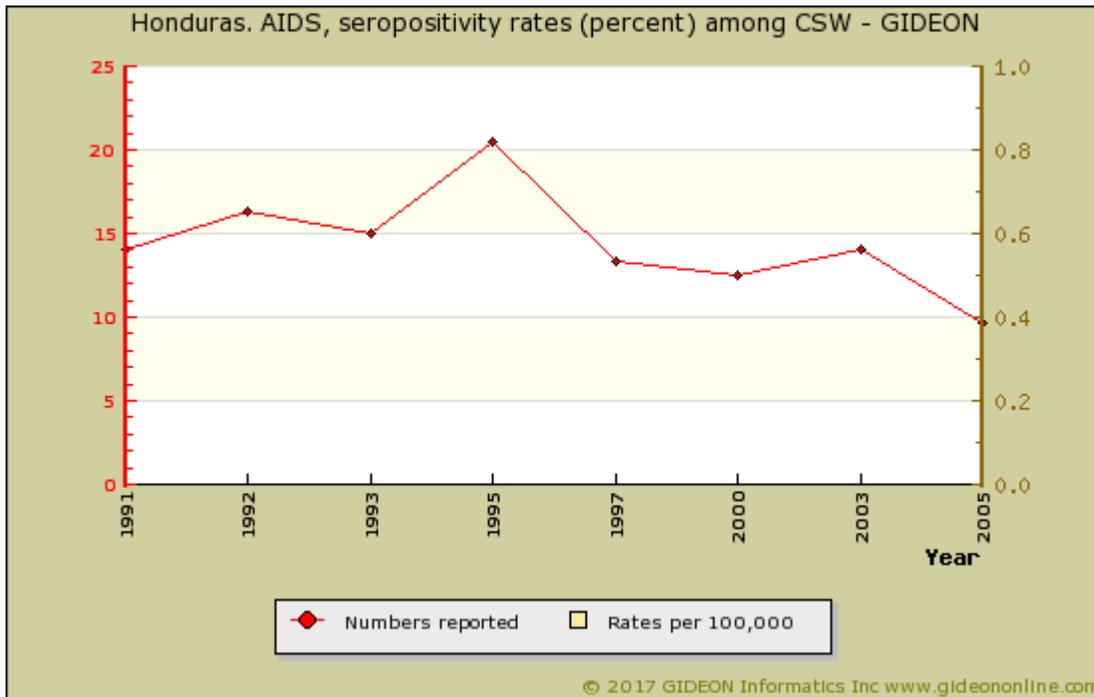
Notes:

1. Figure for 1997 represented 1.46% of adults ages 15 to 49; 1.6% in 2001; 1.8% in 2003

The risk for HIV infection through blood transfusion was 9 per 10,000 in 1993. ¹



Graph: Honduras. HIV seropositivity rates per 100,000 blood donors



Graph: Honduras. AIDS, seropositivity rates (percent) among CSW

Seroprevalence surveys

| Years | Region | Study Group | % | Notes |
|-------|--------|--------------------|------|--------------------------------------|
| 2008 | | general population | 0.68 | |
| 2009* | | general population | 4.5 | 4.5% of Garifuna people ² |
| 2001 | | MSM | 8.2 | |
| 2005 | | MSM | 13 | |

| Years | Region | Study Group | % | Notes |
|-------|--------------------|-------------------------|---------|--|
| 2006 | Tegulcigalpa | MSM | 6.6 | |
| 2001 | | patients - tuberculosis | 8 | |
| 1993 | multiple locations | pregnant women | 0.3-2.5 | 0.3% (Tegulcigalpa) to 2.5% (San Pedro Sula) |
| 1995 | | pregnant women | 4.1 | urban pregnant women |
| 1998 | | pregnant women | 3 | rural pregnant women |
| 1998 | | pregnant women | 2.9 | urban pregnant women |
| 1998 | | prisoners | 7 | |
| 1991* | | sex workers | 4 | ³ |
| 2000 | | sex workers | 12.5 | |
| 2005 | | sex workers | 9.7 | |
| 2006 | | sex workers | 2.3 | |
| 2007* | | sex workers | 9.6 | ⁴ |
| 2007* | | sex workers | 9.6 | ⁵ |

* indicates publication year (not necessarily year of survey)

46% of syphilitic men who have sex with men are HIV-positive (2002 to 2003).

References

1. Emerg Infect Dis 1998 Jan-Mar;4(1):5-11.
2. J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.
3. Int J STD AIDS 1991 Mar-Apr;2(2):110-3.
4. J Acquir Immune Defic Syndr 2007 Sep 01;46(1):101-11.
5. J Acquir Immune Defic Syndr 2007 Sep 01;46(1):101-11.

Hookworm

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Necator americanus</i> , <i>Ancylostoma duodenale</i> , <i>A. ceylonicum</i> (in Kolkata and the Philippines) |
| Reservoir | Human, Non-human primates |
| Vector | None |
| Vehicle | Soil, Contact |
| Incubation Period | 7d - 2y |
| Diagnostic Tests | Examination of stool for ova. |
| Typical Adult Therapy | Albendazole 400 mg X 1 dose. OR Mebendazole 100 mg BID X 3d. OR Pyrantel pamoate 11 mg/kg (max 3g) X 3d |
| Typical Pediatric Therapy | Albendazole 200 mg PO single dose OR Mebendazole 100 mg BID X 3 d (> age 2). |
| Clinical Hints | Pruritic papules, usually on feet Later cough and wheezing Abdominal pain and progressive iron-deficiency anemia Eosinophilia is common Dyspnea and peripheral edema in heavy infections |
| Synonyms | Anchilostoma, Ancylostoma ceylanicum, Ancylostoma duodenale, Ancylostomiasis, Anquilostomiasis, Cyclodontostomum, Eosinophilis enteritis, Hakenwurmer-Befall, Miner's anemia, Necator americanus, Necator gorillae, Necatoriasis, Uncinariasis. ICD9: 126.0,126.1 ICD10: B76.0,B76.1,B76.8 |

Hookworm in Honduras

Prevalence surveys

| Years | Region | Study Group | % | Notes |
|-------------|-------------|---------------------|------|--|
| 2011 | | children | 15.9 | 15.9% of rural school children (2011) ¹ |
| 2011 | | children | 16 | 16% of rural school-age children (2011) ² |
| 2014* | | children | 0.9 | 0.9% of 3rd to 5th grade school children (2014 publication) ³ |
| 2009 - 2011 | Tegucigalpa | patients | 5 | 5% of patients at a hospital in Tegucigalpa (2009 to 2011) ⁴ |
| 2004* | | patients - HIV/AIDS | 12 | 12% of HIV-positive patients (2004 publication) ⁵ |

* indicates publication year (not necessarily year of survey)

Prevalence rates exceed 20% in 7.2% of municipalities (1930 to 2012) ⁶

References

1. [Parasit Vectors 2014 Aug 04;7:354.](#)
2. [PLoS Negl Trop Dis 2013 ;7\(8\):e2378.](#)
3. [PLoS Negl Trop Dis 2014 Oct ;8\(10\):e3248.](#)
4. [BMC Infect Dis 2016 Feb 29;16:98.](#)
5. [Mem Inst Oswaldo Cruz 2004 Nov ;99\(7\):773-8.](#)
6. [PLoS Negl Trop Dis 2014 ;8\(1\):e2653.](#)

HTLV Infections

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA Retroviridae. Deltaretrovirus Human T-lymphotrophic virus I to IV (disease limited to I and II) |
| Reservoir | Human Non-human primate |
| Vector | None |
| Vehicle | Blood, Needles, Semen, Sexualcontact, Transplacental, Breastfeeding, Meat (bush-meat) |
| Incubation Period | Variable |
| Diagnostic Tests | Serology Nucleic acid amplification |
| Typical Adult Therapy | Specific therapy not available. Advanced symptomatic disease has been treated with combinations of Zidovudine and Interferon, Cyclosporine, or anti-neoplastic agents |
| Typical Pediatric Therapy | As of adult |
| Clinical Hints | Overt disease is evident in only 1% to 5% of infections Increased susceptibility to pyodermas, sepsis, bronchiectasis Keratoconjunctivitis sicca or uveitis Late development of tropical spastic paraparesis or T-cell leukemia/lymphoma |
| Synonyms | Adult T-cell leukemia / lymphoma, HTLV-1, HTLV-1/2, HTLV-2, HTLV-4, HTLV-I, HTLV-I/II, HTLV-II, HTLV-IV, Human T-cell lymphotropic virus, Human T-lymphotropic virus, Primate T-lymphotropic virus, PTLV-1, Tropical spastic paraparesis. ICD9: 204.0,208.9 ICD10: C83,C88,G04.1 |

HTLV Infections in Honduras

Seroprevalence surveys

| Years | Study Group | % | Notes |
|-------|--------------------|---------|---|
| 1995* | general population | 0.5-8.1 | 8.1% of non-mestizo and 0.5% of mestizo communities along the Atlantic coast (1995 publication) 1 |

* indicates publication year (not necessarily year of survey)

References

1. [J Clin Microbiol 1995 Nov ;33\(11\):2999-3003.](#)

Human herpesvirus 6 infection

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Betaherpesvirinae, Roseolovirus: Herpesvirus 6 (Herpesvirus 7 is also implicated) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | 10d - 15d |
| Diagnostic Tests | Viral isolation and serologic tests rarely indicated. Nucleic acid amplification has been used |
| Typical Adult Therapy | Supportive Gancyclovir has been used in unusual and severe cases. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | High fever followed by sudden defervescence and fleeting rash Most patients are below the age of 2 years Note that only 10% to 20% of Herpesvirus 6 infections are associated with a rash |
| Synonyms | Dreitagefieber, Exanthem criticum, Exanthem subitum, Herpesvirus 6, HHV-6, Pseudorubella, Roseola, Roseola infantilis, Roseola subitum, Sixth disease, Zahorsky's disease. ICD9: 057.8 ICD10: B08.2 |

Hymenolepis diminuta infection

| | |
|----------------------------------|---|
| Agent | PARASITE - Platyhelminthes, Cestoda. Cyclophyllidea, Hymenolepididae: <i>Hymenolepis diminuta</i> |
| Reservoir | Rodent, Various insects |
| Vector | None |
| Vehicle | Arthropod ingestion |
| Incubation Period | 2w - 4w |
| Diagnostic Tests | Identification of ova in stool |
| Typical Adult Therapy | Praziquantel 25 mg/kg as single dose. OR Niclosamide 2g, then 1g/d X 6d |
| Typical Pediatric Therapy | Praziquantel 25 mg/kg as single dose. OR Niclosamide 1g, then 0.5g/d X 6d (1.5g, then 1g for weight >34kg) |
| Clinical Hints | Nausea, abdominal pain and diarrhea Eosinophilia may be present Primarily a disease of children, in rodent-infested areas Infestation resolves spontaneously within 2 months |
| Synonyms | Hymenolepis diminuta, Mathevotaenia, Rat tapeworm. ICD9: 123.6 ICD10: B71.0 |

Hymenolepis nana infection

| | |
|----------------------------------|---|
| Agent | PARASITE - Platyhelminthes, Cestoda. Cyclophyllidea, Hymenolepididae: <i>Hymenolepis (Rodentolepis) nana</i> |
| Reservoir | Human, Rodent (hamster) |
| Vector | None |
| Vehicle | Food, Water, Fecal-oral |
| Incubation Period | 2w - 4w |
| Diagnostic Tests | Identification of ova in stool |
| Typical Adult Therapy | Praziquantel 25 mg/kg once. OR Nitazoxanide 500 mg daily for 3 days OR Niclosamide 2g/d X 1, then 1g/d X 6d |
| Typical Pediatric Therapy | Praziquantel 25 mg/kg once. OR Nitazoxanide 100 mg (age 1 to 3 years) to 200 mg (age 4 to 11 years) BID X 3d OR Niclosamide 1g/d X 1, then 0.5g/d X 6d (1.5g, then 1g for weight >34kg) |
| Clinical Hints | Nausea, abdominal pain, diarrhea, irritability and weight loss Eosinophilia may be present Condition is maintained by autoinfection (worm reproduces within the intestinal lumen) |
| Synonyms | Dwarf tapeworm, <i>Hymenolepis nana</i> , <i>Rodentolepis microstoma</i> , <i>Rodentolepis nana</i> , <i>Rodentolepsiasis</i> , <i>Vampirolepis nana</i> . ICD9: 123.6 ICD10: B71.0 |

Hymenolepis nana infection in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|-------------|---|--|
| 1991* | children | 8 | 8% of rural children with diarrhea (1991 publication) ¹ |

* indicates publication year (not necessarily year of survey)

References

1. [Trans R Soc Trop Med Hyg 1991 Jan-Feb;85\(1\):70-3.](#)

Ilheus and Bussuquara

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Flaviviridae, Flavivirus. Ilheus virus and Bussuquara virus |
| Reservoir | Wild bird |
| Vector | Mosquito (<i>Aedes</i> , <i>Culex</i> , <i>Coquillettidia</i> , <i>Haemagogus</i> , <i>Psorophora</i> , <i>Sabethes</i> , <i>Trichoprosopon</i> and <i>Wyeomyia</i> spp.) |
| Vehicle | None |
| Incubation Period | Unknown |
| Diagnostic Tests | Viral culture (blood). Serology. Biosafety level 4. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, headache, arthralgia and myalgia Encephalitis occasionally encountered No fatalities or complications reported to date |
| Synonyms | Bussuquara, Cacipacore, Ilheus. ICD9: 062.8 ICD10: A83.8 |

Infection of wound, puncture, IV line, etc

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Staphylococcus aureus</i> , streptococci, facultative or aerobic gram negative bacilli, anaerobes, et al |
| Reservoir | Human, Soil, Water, Air (spores), Various animals and plants |
| Vector | None |
| Vehicle | Trauma, Water, Medications, Bandages, Autoinoculation |
| Incubation Period | Variable |
| Diagnostic Tests | Smear and culture of catheter, material from wound. |
| Typical Adult Therapy | Drainage, remove catheter, debridement and antibiotics appropriate to infecting species |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Source (ie, venous line, postoperative, marine, animal bite) may suggest species Onset within 24 hrs = group A <i>Streptococcus</i> or <i>Cl. perfringens</i> 2 to 7 days = <i>S. aureus</i> More than 7 days = gram negative bacilli Foul odor = anaerobic bacteria |
| Synonyms | Intravenous catheter infection, Line infection, Surgical wound infection, Wound infection. ICD9: 686.9,451 ICD10: T79.3,I80.0, Y95 |

Infectious mononucleosis or EBV infection

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae. Gammaherpesvirinae, Lymphocryptovirus: Human herpesvirus 4 (Epstein Barr virus) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Saliva, Blood transfusion, Breastfeeding, Respiratory or pharyngeal acquisition |
| Incubation Period | 28d - 42d |
| Diagnostic Tests | Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Exudative pharyngitis Symmetrical cervical lymphadenopathy, splenomegaly and hepatic dysfunction Atypical lymphocytes and positive serology appear after 10 to 14 days Acute illness resolves in 2 to 3 weeks, but malaise and weakness may persist for months |
| Synonyms | EBV, EBV, Epstein-Barr, Febbre ghiandolare, Filatov's disease, Glandular fever, Infectious mononucleosis, Monocytic angina, Mononucleose, Mononucleosi, Mononucleosis - infectious, Mononukleose, Pfeiffer's disease. ICD9: 075 ICD10: B27.0 |

Influenza

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Orthomyxoviridae, Orthomyxovirus: Influenza virus |
| Reservoir | Human, Ferret, Bird, Pig |
| Vector | None |
| Vehicle | Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d - 3d |
| Diagnostic Tests | Viral culture (respiratory secretions). Serology. Nucleic acid amplification techniques are available. |
| Typical Adult Therapy | Respiratory precautions. Influenza A or B: Oseltamivir 75 mg PO BID X 5d OR Zanamavir 10 mg BID X 5 days |
| Typical Pediatric Therapy | Respiratory precautions. Influenza A or B: Oseltamivir 2 mg/kg (max 75 mg) PO BID X 5d OR Zanamavir (age > 5 years) 10 mg BID X 5 days |
| Vaccines | Influenza - inactivated vaccine Influenza - live vaccine |
| Clinical Hints | Myalgia, headache, cough and fever Pharyngitis and conjunctivitis often present Usually encountered in the setting of an outbreak Leucocytosis, chest pain and lobar infiltrate herald bacterial (pneumococcal or staphylococcal) pneumonia |
| Synonyms | Asian flu, Aviaire influenza, Avian flu, Avian influenza, Bird flu, Epidemic catarrh, Grippe, H10N8, H1N1, H2N2, H3N2, H5N1, H7N9, Hong Kong flu, LPAI, Spanish influenza, Swine flu, Swine influenza. ICD9: 487 ICD10: J09,J10,J11 |

Influenza in Honduras

GIDEON does not follow routine country reports on human Influenza, since the scope and nature of these data are often diffuse, sporadic or inconsistent. See the "Worldwide" note for material regarding pandemic influenza, influenza vaccine, avian influenza in humans and other relevant subjects.

Notable outbreaks

| Years | Deaths | Pathogen | Notes |
|-------------|--------|----------|---|
| 2009 - 2010 | 18 | H1N1 | An outbreak was reported. For comprehensive analyses of the H1N1 pdm09 pandemic see the Worldwide note. |

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Intestinal spirochetosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Brachyspira pilosicoli</i> and <i>B. aalborgi</i> Anaerobic gram-negative spirochetes |
| Reservoir | Human, Fowl, Pig |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Unknown |
| Diagnostic Tests | Spirochetes resemble "brush border" on bowel biopsy; identification of <i>Brachyspira</i> by PCR |
| Typical Adult Therapy | Metronidazole appears to be effective in some cases. |
| Typical Pediatric Therapy | As for adult. |
| Clinical Hints | Chronic diarrhea and abdominal pain in the absence of other identifiable etiology |
| Synonyms | Human intestinal spirochetosis. ICD9: 009.1 ICD10: A04.8 |

Intra-abdominal abscess

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Mixed anaerobic / aerobic, staphylococci, <i>Neisseria gonorrhoeae</i> , <i>Chlamydia trachomatis</i> , etc |
| Reservoir | Human |
| Vector | None |
| Vehicle | None |
| Incubation Period | Variable |
| Diagnostic Tests | Various imaging techniques (CT, Gallium scan, ultrasound, etc). |
| Typical Adult Therapy | Percutaneous or open drainage + antibiotics directed at known or suspected pathogen(s) |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, chills and localizing pain (e.g., chest pain in subphrenic abscess) Setting of prior surgery, biliary or colonic disease, appendicitis, vaginal discharge (PID) FUO, subdiaphragmatic gas or limited diaphragmatic motion may be present |
| Synonyms | Abscess - Abdominal, Acute appendicitis, Appendicitis, Intraabdominal abscess, Intraperitoneal abscess, P.I.D., Pancreatic abscess, Pelvic abscess, Pelvic inflammatory disease, Pylephlebitis, Subhepatic abscess, Subphrenic abscess, Suppurative pancreatitis, Tuboovarian abscess. ICD9: 614,577.0 ICD10: K35,N73,K75.1,K85 |

Intracranial venous thrombosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Oral anaerobes, streptococci, et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Culture (blood, CSF if indicated). Ophthalmoscopy. Roentgenographic studies of skull & sinuses. |
| Typical Adult Therapy | Antibiotic(s) directed at known or suspected pathogens |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Headache, seizures and fever Cranial nerve dysfunction may be present Usually occurs in the setting of ongoing facial, otic or sinus infection |
| Synonyms | Cavernous sinus thrombosis, Cerebral sinus thrombosis, Cortical vein thrombosis, Internal cerebral vein thrombosis, Straight sinus thrombosis, Superior sinus thrombosis, Transverse sinus thrombosis. ICD9: 325 ICD10: G08 |

Isosporiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Protozoa. Apicomplexa, Eimeriida: <i>Isospora (Cystoisospora) belli</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Food, Liquids, Fecal-oral, Sexual (homosexual) contact |
| Incubation Period | 7d - 10d |
| Diagnostic Tests | Microscopy of stool or duodenal contents. Advise laboratory when this organism is suspected. |
| Typical Adult Therapy | Sulfamethoxazole / Trimethoprim 800/160 mg BID X 10 days - Then BID X 3 weeks (may be indefinite in AIDS patient) Increase dosage / duration in immune-suppressed patients Pyrimethamine 50 to 75 mg per day + leucovorin if allergic to sulfa |
| Typical Pediatric Therapy | Sulfamethoxazole / Trimethoprim 25/5 mg/kg BID X 10 days - Then BID X 3 weeks |
| Clinical Hints | Myalgia, watery diarrhea, nausea and leukocytosis Eosinophilia may be present Illness is prolonged and severe in AIDS patients |
| Synonyms | Cystoisospora belli, Isospora belli. ICD9: 007.2 ICD10: A07.3 |

Kawasaki disease

| | |
|----------------------------------|--|
| Agent | UNKNOWN |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Diagnosis is based on clinical criteria only. |
| Typical Adult Therapy | Intravenous gamma globulin 2.0 g/kg over 10 to 12h X 1 dose. Plus aspirin 100 mg/kg/day X 14d (or until defervescence) - then 5 to 10 mg/kg/day until normal ESR Infliximab 5 mg/kg has been successful in some studies. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Disease is most common among children Fever, conjunctivitis, stomatitis and an erythematous rash which desquamates Occasionally complicated by coronary artery occlusion Case-fatality rates of 1% to 4% are reported |
| Synonyms | Kawasaki's disease, Mucocutaneous lymph node syndrome. ICD9: 446.1 ICD10: M30.3 |

Kikuchi's disease and Kimura disease

| | |
|---------------------------|--|
| Agent | UNKNOWN |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Biopsy. |
| Typical Adult Therapy | Supportive Hydroxychloroquine and corticosteroids have been successful for Kikuchi's disease in some cases. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Most patients of Asian origin Kikuchi disease: - Prolonged (1 to 12 months) cervical lymphadenopathy (rubbery, non-matted - may be tender) - Fever (40%), weight loss, 'sweats', leukopenia Kimura disease: - Similar to Kikuchi disease - Salivary gland involvement, glomerulitis, painless subcutaneous masses and eosinophilia suggest Kimura disease - May be misdiagnosed as filariasis |
| Synonyms | Angiolymphoid hyperplasia, Angiolymphoid hyperplasia-eosinophilia, Eosinophilic follicular lymphadenitis, Histiocytic necrotizing lymphadenitis, Kikuchi's disease, Kikuchi-Fujimoto disease, Kimura disease. ICD9: 289.3 ICD10: I89.8 |

Kingella infection

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|----------------------------------|--|
| Agent | BACTERIUM. <i>Kingella kingae</i> , et al A facultative gram-negative coccobacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Unknown |
| Diagnostic Tests | Culture of blood, joint fluid, CSF, etc. Alert laboratory if these organisms are suspected. |
| Typical Adult Therapy | Penicillin G or Penicillin V usually effective - dosage per severity/site |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Most infections have been in young children. A relatively rare cause of septic arthritis, endocarditis, meningitis and other infections |
| Synonyms | |

Laryngotracheobronchitis

| | |
|----------------------------------|--|
| Agent | VIRUS OR BACTERIUM. Parainfluenza virus, Influenza virus, <i>Mycoplasma</i> , et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 3d - 8d |
| Diagnostic Tests | Viral culture (respiratory secretions). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Most cases are in young children Usually encountered in the setting of bronchiolitis, laryngitis or croup following a minor upper respiratory infection |
| Synonyms | Bronchitis, Croup, Laringitis, Laryngite, Laryngitis, Laryngotracheitis. ICD9: 464,466 ICD10: J04,J05,J20,J21 |

Legionellosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Legionella pneumophila</i> , et al An aerobic gram-negative bacillus |
| Reservoir | Water |
| Vector | None |
| Vehicle | Water, Aerosols, Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 5- 6d (range 2-12d); Pontiac fever = 1-2d |
| Diagnostic Tests | Serology. Culture. Urine antigen (certain types). Nucleic acid amplification. Alert lab if organism suspected. |
| Typical Adult Therapy | Fluoroquinolone (Levofloxacin , Trovafloxacin , Pefloxacin , Sparfloxacin or Moxifloxacin). OR Azithromycin . OR Erythromycin + Rifampin OR Clarithromycin |
| Typical Pediatric Therapy | Azithromycin . OR Erythromycin + Rifampin OR Clarithromycin |
| Clinical Hints | Respiratory illness with extrapulmonary manifestations (diarrhea, confusion, renal or hepatic dysfunction, relative bradycardia, etc.) Most cases reported during summer in temperate areas Case-fatality rates of 5% to 25% are reported |
| Synonyms | Doença dos legionarios, Legionarsjuka, Legionarssjuka, Legionella, Legionellose, Legionellosi, Legionnaire's disease, Pontiac fever. ICD9: 482.84 ICD10: A48.1,A48.2 |

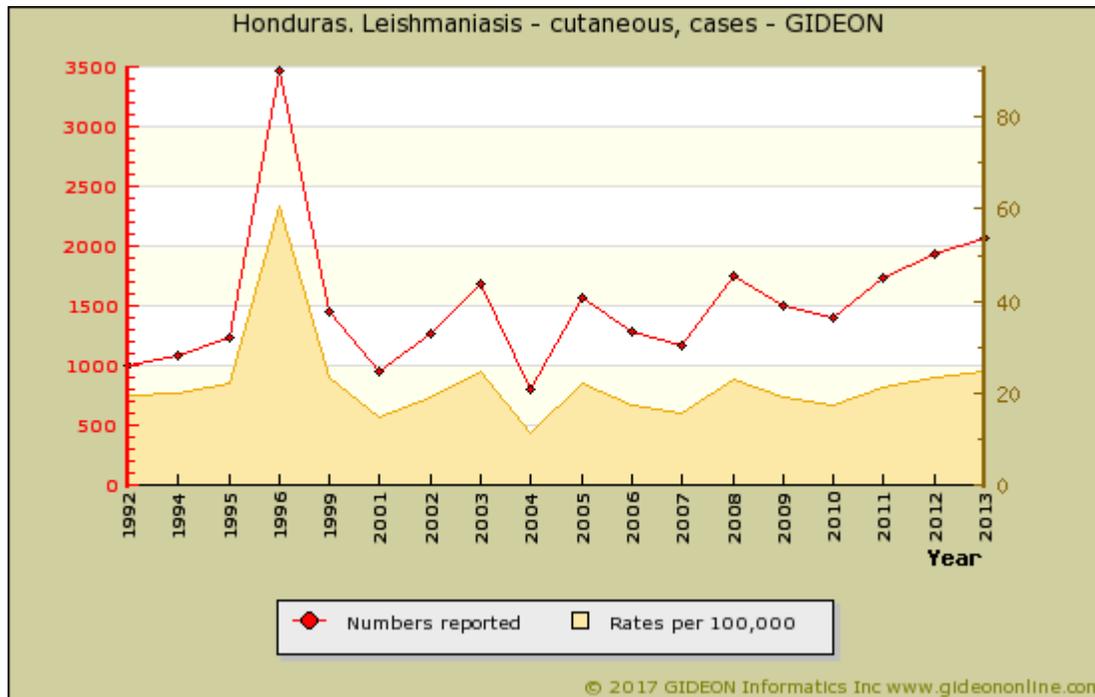
Leishmaniasis - cutaneous

| | |
|---------------------------|--|
| Agent | PARASITE - Protozoa. Euglenozoa, Kinetoplastea. Flagellate: <i>Leishmania tropica</i> , et al |
| Reservoir | Human, Hyrax, Rodent, Marsupial, Dog, Sloth, Anteater, Armadillo, Bat |
| Vector | Sandfly (<i>Phlebotomus</i> for Old-world; <i>Lutzomyia</i> or <i>Psychodopygus</i> for New-world) |
| Vehicle | None |
| Incubation Period | 2w - 8w (range 1w - months) |
| Diagnostic Tests | Identification of organism on smear or specialized culture. Nucleic acid amplification |
| Typical Adult Therapy | Pentavalent antimonials 20 mg/kg/d IV or IM X 21d & / or topical paromomycin . Alternatives: <i>L. major</i> - Fluconazole or Azithromycin , PO <i>L. mexicana</i> or <i>L. panamensis</i> - Ketoconazole , PO <i>L. braziliensis</i> - Azithromycin , PO |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Chronic ulcerating skin nodule May be painless (<i>Leishmania tropica</i>) or painful (<i>L. major</i>) Diffuse infection or regional lymphadenopathy are occasionally encountered |
| Synonyms | Aleppo button, Antep boil, Baghdad boil, Bay sore, Bejuco, Biskra boil, Boessie-Yassi, Bolho, Boschyaws, Bosjaws, Bush yaws, Busi-yasi, Chiclero ulcer, Cutaneous leishmaniasis, Delhi ulcer, Domal, El-Mohtafura, Forest yaws, Gafsa boil, Granuloma endemicum, Hashara, Jericho boil, Kaal Daana, Kandahar sore, <i>Leishmania enriettii</i> , <i>Leishmania major</i> , <i>Leishmania martiniquensis</i> , <i>Leishmania tropica</i> , <i>Leishmania waltoni</i> , Leishmaniasis, Leishmaniose: Kutane, Leishmaniosi cutanea, Lepra de montana, Liana, Okhet, One-year boil, Oriental sore, Pendjeh sore, Pian bois, Saldana, Ulcera de Bejuco, Urfa boil, Uta, Yatevi, Year boil. ICD9: 085.1,085.2,085.3,085.4 ICD10: B55.1 |

Leishmaniasis - cutaneous in Honduras

Time and Place:

- Leishmaniasis is most common in El Paraiso, Olancho, Santa Barbara and Yoro.



Graph: Honduras. Leishmaniasis - cutaneous, cases

Notes:

- 1,159 cases per year were reported during 2006 to 2008 (true number estimated at 3,200 to 5,300 per year).¹
Individual years:
1995 - 70% from Olancho Department.
1996 - 1,678 ulcerated cutaneous and 1,781 non-ulcerated cutaneous.
2015 - Over 200 cases were reported in Cortes Department.²

Infecting species:

- The predominant species is *Leishmania panamensis*; however, sporadic cases are due to *L. braziliensis*, *L. mexicana* and *Leishmania chagasi/infantum*.^{3 4}

Vectors:

- The local vector is *Lutzomyia longipalpis*.⁵

References

1. PLoS One 2012 ;7(5):e35671.
2. ProMED <promedmail.org> archive: 20151003.3688613
3. Exp Parasitol 2005 Apr ;109(4):209-19.
4. Exp Parasitol 1997 Mar ;85(3):264-73.
5. Ann Trop Med Parasitol 1998 Dec ;92(8):869-76.

Leishmaniasis - mucocutaneous

| | |
|---------------------------|--|
| Agent | PARASITE - Protozoa. Euglenozoa, Kinetoplastea. Flagellate: <i>Leishmania braziliensis</i> , et al |
| Reservoir | Rodent, Human, Sloth, Marsupial |
| Vector | Sandfly (<i>Lutzomyia</i> or <i>Psychodopygus</i>) |
| Vehicle | None |
| Incubation Period | 2w - 8w (range 1w - 6m) |
| Diagnostic Tests | Microscopy (culture in specialized laboratories). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Pentavalent antimonials (Stibogluconate) 20 mg/kg/d IV/IM X 28d. OR Amphotericin B 0.5 mg/kg/d X 4 to 8w High dose (8 mg/kg/day) Fluconazole has been used against <i>Leishmania braziliensis</i> |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Skin ulceration or nasopharyngitis associated with purulent, mucoid exudate The process may extend to underlying soft tissues Metastatic lesions often involve the palate and pharynx |
| Synonyms | Agla, Espundia, Mucocutaneous leishmaniasis. ICD9: 085.5 ICD10: B55.2 |

Leishmaniasis - mucocutaneous in Honduras

The disease is most common in Olancho, El Paraiso, Santa Barbara and Yoro.

238 cases were reported in 1996.

1,454 cases of "leishmaniasis" (? all forms) were reported in 1999.

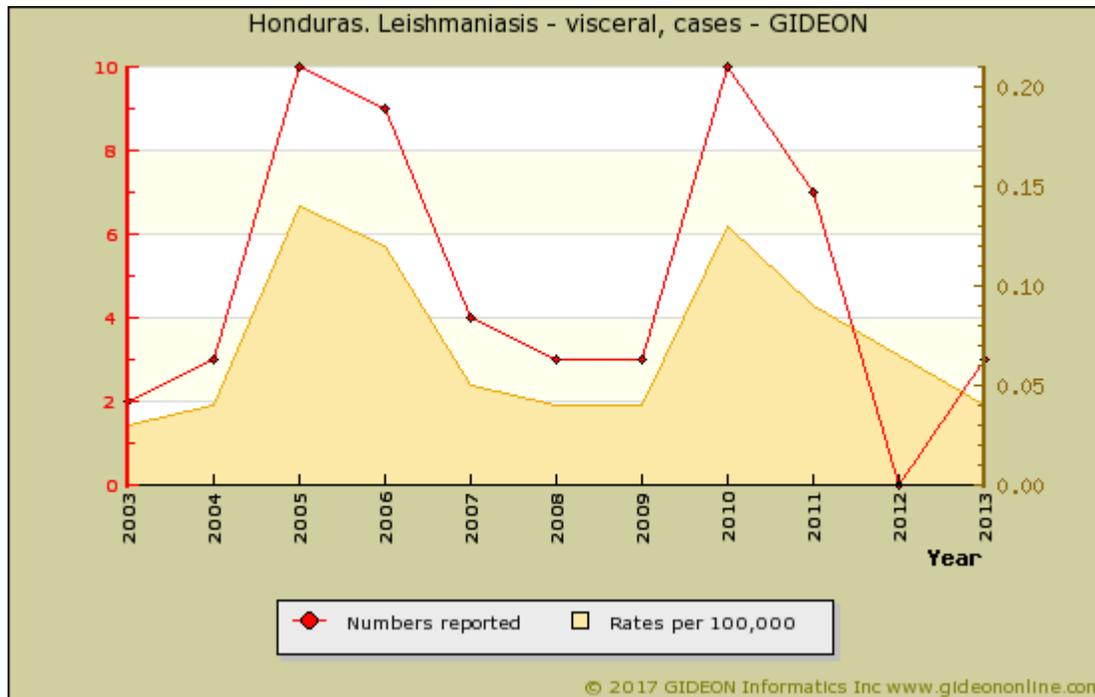
Leishmaniasis - visceral

| | |
|---------------------------|--|
| Agent | PARASITE - Protozoa. Euglenozoa, Kinetoplastea. Flagellate: <i>Leishmania donovani</i> , <i>L. infantum</i> , <i>L. cruzi</i> ; rarely, <i>L. tropica</i> |
| Reservoir | Human, Rodent, Dog, Fox, Hares |
| Vector | Sandfly (<i>Phlebotomus</i> for Old-world; <i>Lutzomyia</i> for New-world) |
| Vehicle | Blood |
| Incubation Period | 2m - 6m (10d - 12m) |
| Diagnostic Tests | Smear / culture of bone marrow, splenic aspirate, lymph nodes. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Pentavalent antimonials (Stibogluconate) 20 mg/kg/d X 28d. OR Amphotericin B 1 mg/kg/QOD X 8w (or lipid complex 3 mg/kg/d X 5d) OR Paromomycin 11 mg/kg IM QD X 21 days OR Miltefosine 50 to 150 mg PO daily X 4 to 6 weeks. |
| Typical Pediatric Therapy | Pentavalent antimonials (Stibogluconate) 20 mg/kg/d X 28d. OR Amphotericin B 1 mg/kg/QOD X 8w (or lipid complex 3 mg/kg/d X 5d) OR Paromomycin 11 mg/kg IM QD X 21 days OR Miltefosine 2.5 mg/kg daily (maximum 150 mg) X 28d |
| Clinical Hints | Chronic fever, weight loss, diaphoresis, hepatosplenomegaly, lymphadenopathy and pancytopenia Grey pigmentation (Kala Azar = "black disease") may appear late in severe illness Case-fatality rates vary from 5% (treated) to 90% (untreated) |
| Synonyms | Burdwan fever, Cachectic fever, Dum Dum fever, Kala azar, <i>Leishmania donovani</i> , <i>Leishmania infantum</i> , <i>Leishmania siamensis</i> , <i>Leishmania tarentolae</i> , Leishmaniose: Viszerale, Leishmaniosi viscerale, Ponos, Visceral leishmaniasis. ICD9: 085.0 ICD10: B55.0 |

Leishmaniasis - visceral in Honduras**Time and Place:**

Most cases of visceral leishmaniasis are reported from the southern region, in Choluteca, Valle and El Paraiso Departments. ¹

- 210 proven cases were reported from the southern region during 1974 to 1990; 169 nationwide in 1996.
- 53 proven cases and 16 suspected cases were reported during 1975 to 1983 - including 16 in 1978 and 4 in 1982. ²
- 6 cases per year were reported during 2004 to 2008 (true number estimated at 7 to 10 per year). ³
- 1,454 cases of "leishmaniasis" (? all forms) were reported in 1999.



Graph: Honduras. Leishmaniasis - visceral, cases

Local disease is due to *Leishmania chagasi*.⁴

- *L. chagasi* causes both cutaneous and visceral disease in Honduras.^{5 6}

The local vector is *Lutzomyia longipalpis*.⁷

References

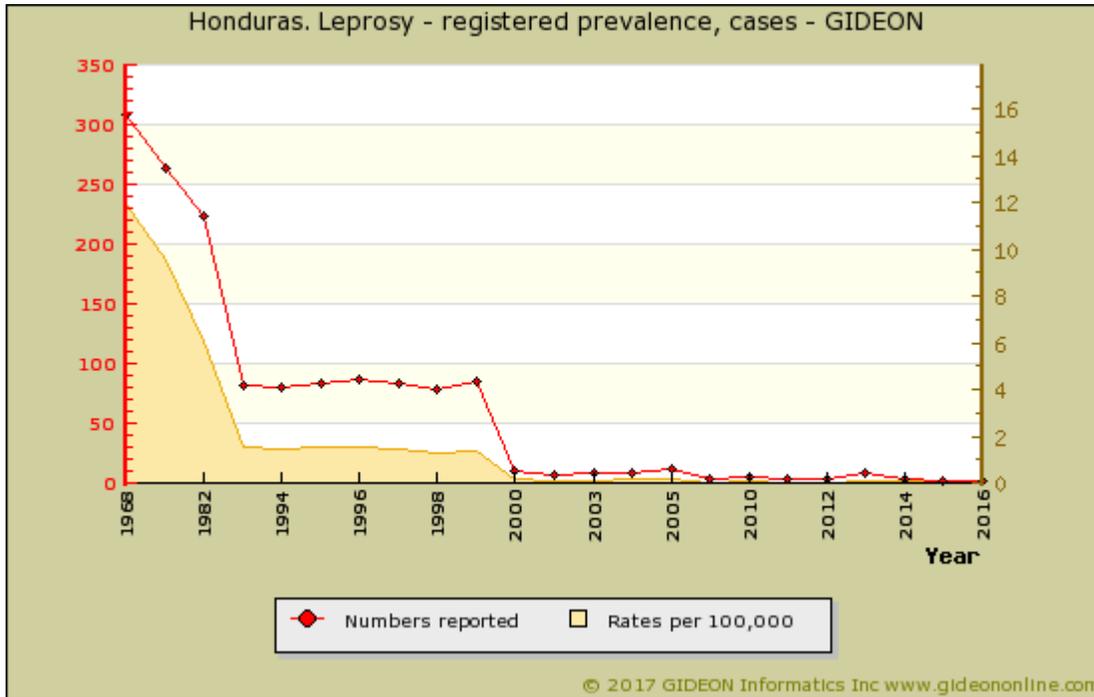
1. ProMED <promedmail.org> archive: 20151003.3688613
2. Am J Trop Med Hyg 1985 Nov ;34(6):1069-75.
3. PLoS One 2012 ;7(5):e35671.
4. Exp Parasitol 2005 Apr ;109(4):209-19.
5. Exp Parasitol 1997 Mar ;85(3):264-73.
6. Lancet 1991 Jan 12;337(8733):67-70.
7. Ann Trop Med Parasitol 1996 Oct ;90(5):533-41.

Leprosy

| | |
|---------------------------|--|
| Agent | BACTERIUM. <i>Mycobacterium leprae</i> <i>Mycobacterium lepromatosis</i> An acid-fast bacillus |
| Reservoir | Human, Armadillo, Squirrel |
| Vector | None |
| Vehicle | Secretions |
| Incubation Period | 3y - 5y (range 3m - 40y) |
| Diagnostic Tests | Visualization of organisms in exudate, scrapings or biopsy. Nucleic acid amplification. |
| Typical Adult Therapy | Multibacillary: One year therapy Dapsone 100 mg + Clofazimine 50 mg daily; and, Rifampin 600 mg + Clofazimine 300 mg once monthly Paucibacillary: Six month therapy Dapsone 100 mg daily; and Rifampin 600 mg once monthly |
| Typical Pediatric Therapy | Multibacillary: One year therapy Dapsone 1 to 2 mg/kg + Clofazimine 1 mg/kg daily; and, Rifampin 10 mg/kg + Clofazimine 1 mg/kg once monthly Paucibacillary: Six month therapy Dapsone 1 to 2 mg/kg daily; and Rifampin 10 mg/kg once monthly |
| Clinical Hints | Anesthetic, circinate hypopigmented skin lesions and thickened peripheral nerves (tuberculoid leprosy) Diffuse, destructive papulonodular infection (lepromatous leprosy) Combined/intermediate forms are encountered |
| Synonyms | Aussatz, Doence de Hansen, Hansen's disease, Lebbra, Lepra, <i>Mycobacterium leprae</i> , <i>Mycobacterium lepromatosis</i> . ICD9: 030 ICD10: A30 |

Leprosy in Honduras

Highest prevalence rates of leprosy are found in Choluteca and Valle Departments.



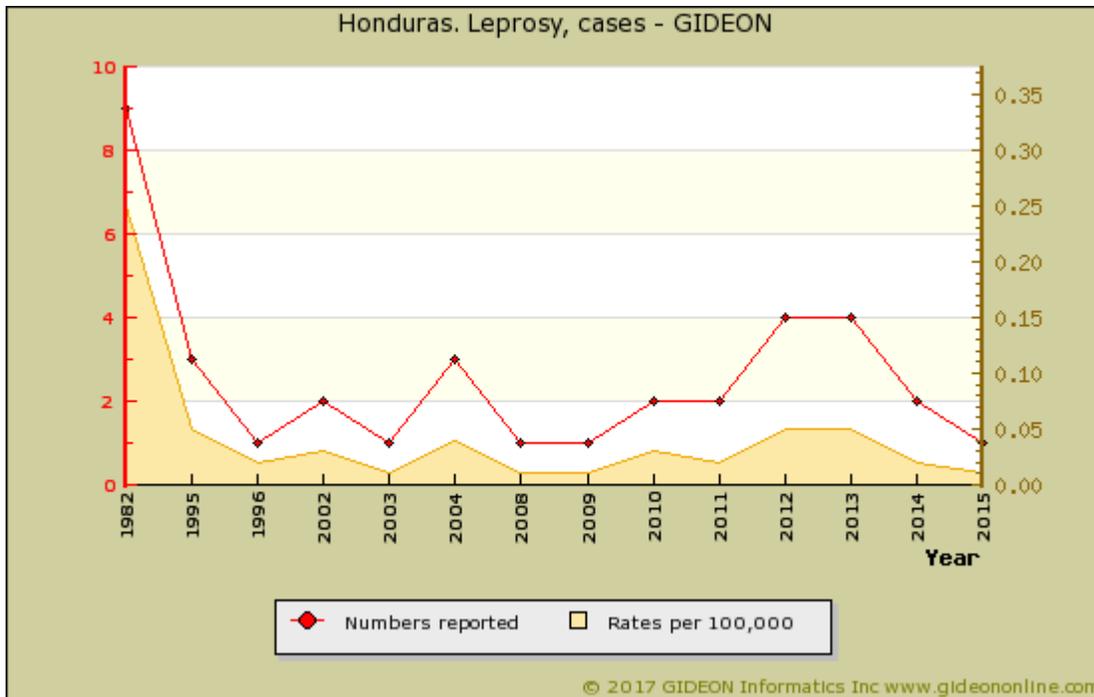
Graph: Honduras. Leprosy - registered prevalence, cases

Notes:

Individual years:

1974 - True number estimated at 526 cases.

1982 - True number estimated at 446 cases (10 per 100,000).

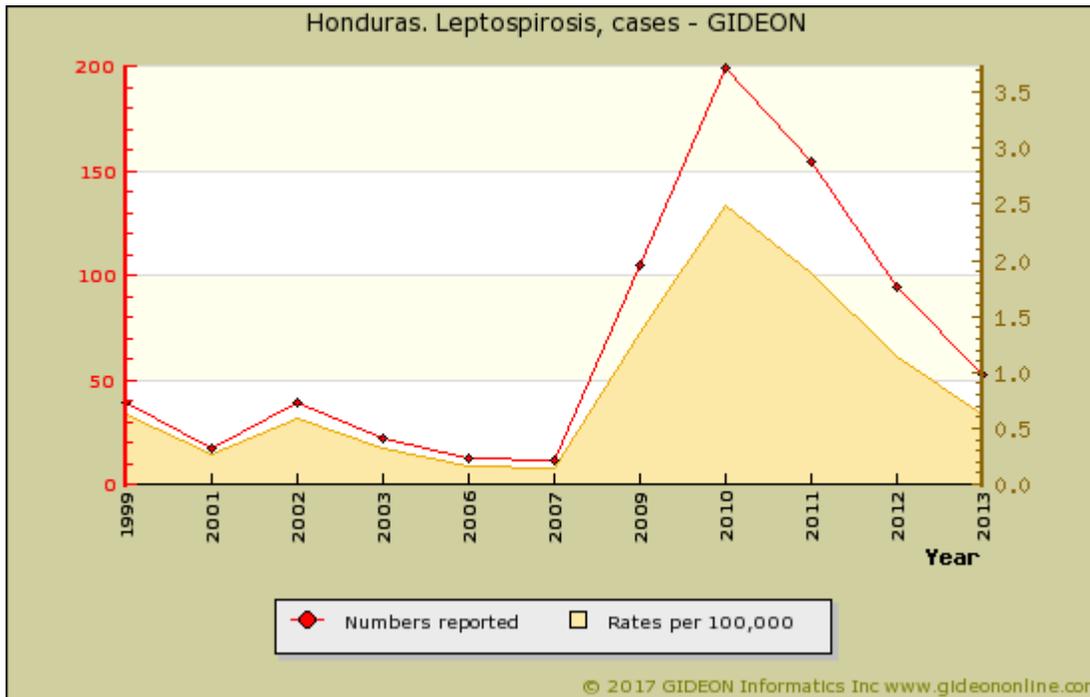


Graph: Honduras. Leprosy, cases

Leptospirosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Leptospira interrogans</i> , et al. An aerobic non-gram staining spirochete |
| Reservoir | Cattle, Dog, Horse, Deer, Rodent, Fox, Marine mammal, Cat, Marsupial, Frog |
| Vector | None |
| Vehicle | Water, Soil, Urine contact, Breastfeeding |
| Incubation Period | 7d - 12d (range 2d - 26d) |
| Diagnostic Tests | Culture on specialized media. Dark field microscopy of urine, CSF. Serology. |
| Typical Adult Therapy | Penicillin 1.5 million units Q6h iv OR Doxycycline 100 mg BID X 5 to 7d OR Ceftriaxone 1g IV daily |
| Typical Pediatric Therapy | Penicillin G 50,000u/kg q6h iv X 5 to 7d Age >= 8y: Doxycycline 2.2 mg/kg BID X 5 to 7d may also be used |
| Clinical Hints | "Sterile" meningitis, nephritis, hepatitis, myositis and conjunctivitis Often follows recent skin contact with fresh water in rural or rodent-infested areas Case-fatality rates of 5% to 40% are reported |
| Synonyms | Andaman hemorrhagic fever, Canefield fever, Canicola fever, Field fever, Fish handler's disease, Fort Bragg fever, Japanese autumnal fever, Leptospira, Leptospirose, Leptospirosen, Leptospirosi, Mud fever, Pre-tibial fever, Rat fever, Rice field fever, Swamp fever, Swineherd disease, Weil's disease. ICD9: 100 ICD10: A27 |

Leptospirosis in Honduras



Graph: Honduras. Leptospirosis, cases

Notable outbreaks

| Years | Region | Setting | Cases | Deaths | Source | Notes |
|-------|-----------------|----------|-------|--------|--------|---|
| 1998 | | flooding | 68 | 4 | water | Outbreak followed a hurricane. ¹ |
| 2011* | Southern Region | | 5 | | | |

* indicates publication year (not necessarily year of outbreak)

References

1. [MEDICC Rev 2008 Jul ;10\(3\):38-42.](#)

Listeriosis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Listeria monocytogenes</i> A facultative gram-positive bacillus |
| Reservoir | Mammal, Human, Bird, Soil, Water |
| Vector | None |
| Vehicle | Transplacental, Dairy products (eg, soft cheeses), Infected secretions, Vegetables, Poultry, Water |
| Incubation Period | 3d - 21d (60d post-ingestion) |
| Diagnostic Tests | Culture of blood or CSF. |
| Typical Adult Therapy | Ampicillin 2g IV q6h X 2w (higher dosage in meningitis) + Gentamicin . Sulfamethoxazole / Trimethoprim recommended for Penicillin-allergic patients |
| Typical Pediatric Therapy | Ampicillin 50 mg/kg IV Q6h X 2w (higher dosage in meningitis). Sulfamethoxazole / Trimethoprim recommended for Penicillin-allergic patients |
| Clinical Hints | Meningitis or sepsis, often in immune-suppressed patients (lymphoma, AIDS, etc) Gastroenteritis - may follow ingestion of "over-the-counter" foods Neonatal septicemia occasionally encountered |
| Synonyms | Listeria monocytogenes, Listeriose, Listeriosi. ICD9: 027.0 ICD10: A32 |

Liver abscess - bacterial

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Various species from portal (Bacteroides, mixed aerobe-anaerobe) or biliary (<i>Escherichia coli</i> , etc) source |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Ultrasonography, CT or radionucleotide scan. If amoebic abscess suspected, perform Entamoeba serology |
| Typical Adult Therapy | Intravenous antibiotic(s) directed at likely or suspected pathogens. Percutaneous or open drainage |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Tender liver and prolonged fever in a patient with history of diverticulosis, cholecystitis, appendicitis, etc Clinically similar to amoebic abscess, but often multiple. |
| Synonyms | Ascesso fegato, Bacterial liver abscess, Hepatic abscess - bacterial, Liver abscess. ICD9: 572.0 ICD10: K75.0 |

Lymphocytic choriomeningitis

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Arenaviridae, Arenavirus: Lymphocytic choriomeningitis virus |
| Reservoir | House mouse, Guinea pig, Hamster, Monkey |
| Vector | None |
| Vehicle | Urine, Saliva, Feces, Food, Dust, Respiratory or pharyngeal acquisition |
| Incubation Period | 8d - 12d (range 6d - 14d) |
| Diagnostic Tests | Viral culture (blood, throat, CSF). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Headache, myalgia, meningitis and encephalitis Photophobia or pharyngitis may be present Preceding exposure to rodents Infection resolves within 2 weeks, however convalescence may require an additional 2 months. |
| Synonyms | |

Lymphogranuloma venereum

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Chlamydiaceae, <i>Chlamydiae</i> , <i>Chlamydia trachomatis</i> , types L1, L2, L3 |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual contact |
| Incubation Period | 7d - 12d (range 3d - 30d) |
| Diagnostic Tests | Serology. Culture of pus performed in specialized laboratories. |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 3w. OR Erythromycin 500 mg QID X 3w OR Azithromycin 1g po weekly X 3w |
| Typical Pediatric Therapy | Age < 8 years: Erythromycin 10 mg/kg PO QID X 2 to 4w. Age >= 8 years: Doxycycline 2 mg/kg PO BID X 2 to 4w |
| Clinical Hints | Genital nodule or vesicle with large, suppurating regional nodes Generalized lymphadenopathy or proctitis may be present Late complications include genital edema, rectal strictures and perianal abscesses |
| Synonyms | Bubonulus, Durand-Nicolas-Favre disease, Linfogranuloma venereo, Lymphogranuloma inguinale, Lymphopathia venereum, Maladie de Nicolas et Favre, Tropical bubo, Venereal bubo, Venerisk lymphogranulom. ICD9: 099.1 ICD10: A55 |

| Malaria | |
|---------------------------|--|
| Agent | PARASITE - Protozoa. Apicomplexa, Haemosporida: <i>Plasmodium</i> spp. |
| Reservoir | Human Primate (<i>Plasmodium knowlesi</i>) |
| Vector | Mosquito (Anopheles) |
| Vehicle | Blood |
| Incubation Period | 7d -30d |
| Diagnostic Tests | Examination of blood smear. Serology, antigen & microscopic techniques. Nucleic acid amplification. |
| Typical Adult Therapy | Resistant falcip: Lumefantrine / Artemether OR Quinine + Doxycycline or Clindamycin OR Atovaquone / Proguanil OR Artesunate IV (severe malaria) If sens., Chloroquine 1g, then 500 mg 6, 24 & 48 hrs. If <i>P. ovale</i> or <i>P. vivax</i> - follow with Primaquine |
| Typical Pediatric Therapy | Resistant falcip: Lumefantrine / Artemether OR Quinine + Clindamycin OR Atovaquone / Proguanil OR Artesunate (>age 8) IV (severe malaria) If sens., Chloroquine 10 mg/kg, then 5 mg/kg 6, 24, & 48 hrs. If <i>P. ovale</i> or <i>P. vivax</i> - follow with Primaquine |
| Clinical Hints | Fever, headache, rigors ("shaking chills"), vomiting, myalgia, diaphoresis and hemolytic anemia Fever pattern (every other or every third day) and splenomegaly may be present Clinical disease may relapse after 7 (<i>ovale</i> and <i>vivax</i>) to 40 (<i>malariae</i>) years |
| Synonyms | Ague, Bilius remittent fever, Chagres fever, Estiautumnal fever, Marsh fever, Marsh fever, Paludism, Paludismo, Plasmodium brasilianum, Plasmodium falciparum, Plasmodium knowlesi, Plasmodium malariae, Plasmodium ovale, Plasmodium vivax. ICD9: 084 ICD10: B50,B51,B52,B53,B54 |

Chloroquine resistant falciparum malaria endemic to 80 countries. Chloroquine-sensitive malaria endemic to 28 countries.

Malaria in Honduras

Time and Place:

Risk exists year-round.

Malaria is endemic to 91% of land area, but not found in urban centers.

- Most cases are reported from Yoro, Choluteca, Colon, Cortes, El Paraiso, Gracias a Dios, Atlantida and Valle Departments.
- There is no risk in Tegucigalpa and San Pedro Sula.
- Risk exists in Roatan and other Bay Islands.

Infecting species:

Chloroquine-resistant *P. falciparum* is **NOT** reported. [1](#) [2](#) [3](#)

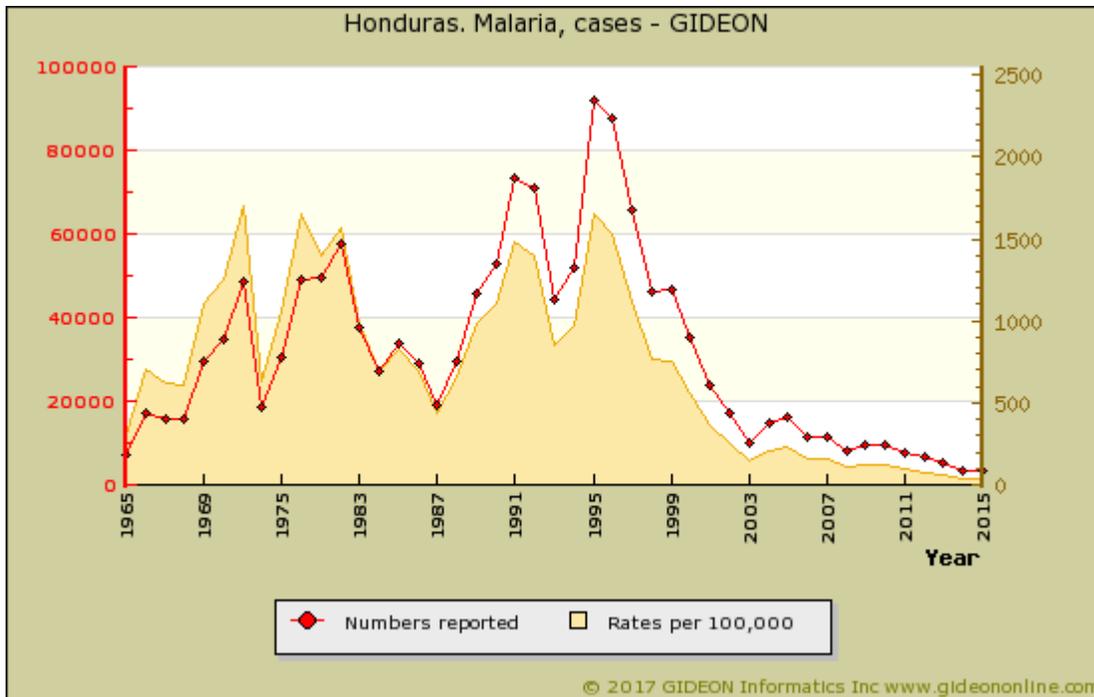
- As of 1997, an increasing percentage of rural cases (Colon region) has been ascribed to *P. falciparum*. [4](#)



Graph: Honduras. Malaria - P. falciparum, % of total

The age-specific mortality rate is approximately 0.5 per 100,000 per year.

Females ages 15 to 19 accounted for 51% to 62% of all cases during 1993 to 1995.



Graph: Honduras. Malaria, cases

Notes:

Individual years:

2000 - Included 13,795 in Tegulcigalpa.

2005 - Included 385 cases in San Esteban Municipality. ⁵

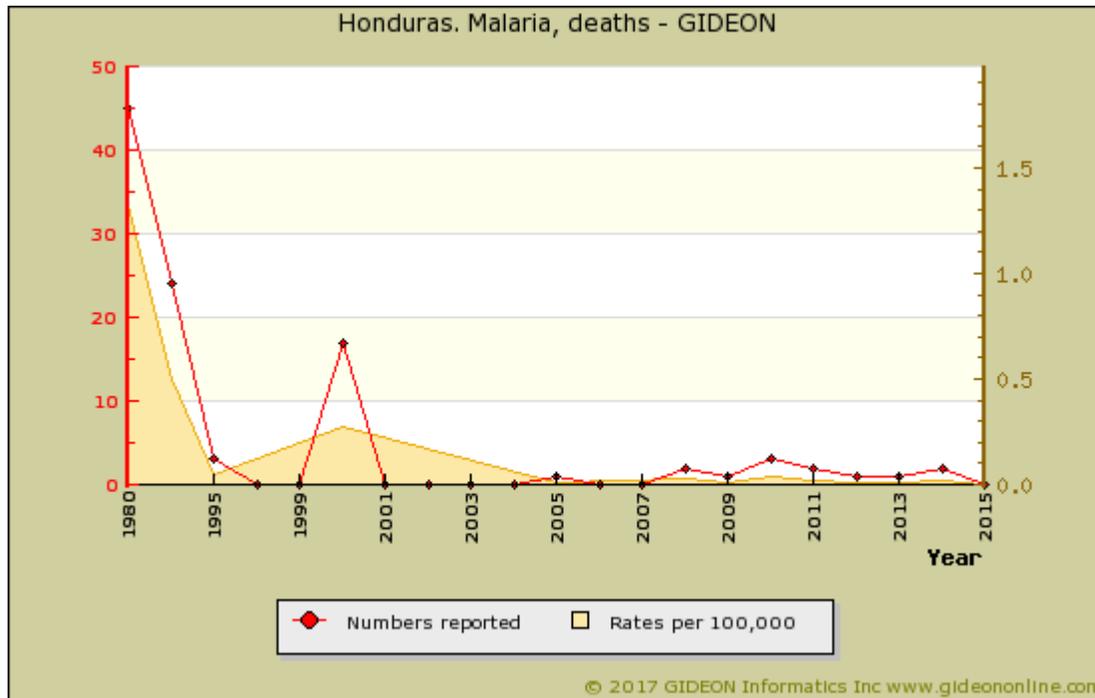
2010 - Gracias a Dios, Colon, Olancho, and Islas de la Bahia Departments accounted for 80% of cases.

2012 - Increasing incidence was reported in Colon Province. ⁶

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|-------------|-----|---|
| 2014* | children | 0.2 | 0.2% of 3rd to 5th grade school children (<i>P. vivax</i> , 2014 publication) ⁷ |

* indicates publication year (not necessarily year of survey)



Graph: Honduras. Malaria, deaths

Notes:

1. Figures for 1980, 1990, 2000 and 2010 are based on estimates of true mortality. ⁸ Since these estimates are significantly higher than official Health Ministry reports for other years during this period, resultant graphs will suggest unusual fluctuation in trends.

Vectors:

- The principal vectors are *Anopheles darlingi* in the north; *An. albimanus* ⁹ and *An. pseudopunctipennis* in the south.

References

1. Malar J 2011 ;10:376.
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3. Mem Inst Oswaldo Cruz 2014 Jul ;109(4):492-3.
4. Rev Panam Salud Publica 1998 Jul ;4(1):40-2.
5. Rev Panam Salud Publica 2009 Mar ;25(3):213-7.
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8. Lancet 2012 Feb 4;379(9814):413-31.
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Malignant otitis externa

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Pseudomonas aeruginosa</i> : aerobic gram-negative bacillus (virtually all cases) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Culture of otic exudate and biopsy material. Careful roentgenographic and neurological examinations. |
| Typical Adult Therapy | Early debridement Ciprofloxacin 400 mg iv Q8h Alternatives: Imipenem , Meropenem , Ceftazidime , Cefepime Early debridement |
| Typical Pediatric Therapy | Early debridement Imipenem : Age 0 to 7 days: 25 mg/kg IV Q12h Age 8 to 28 days: 25 mg/kg IV Q8h Age >28 days: 15 to 25 mg/kg IV Q6h (maximum 2 g/day) Alternatives: Meropenem , Ceftazidime , Cefepime |
| Clinical Hints | Otic pain, swelling and discharge Infection of bony and cartilaginous ear canal Over 80% of patients are diabetics over age 50 Cranial nerve (usually VII) signs in 50% Case-fatality rate > 55%. |
| Synonyms | |

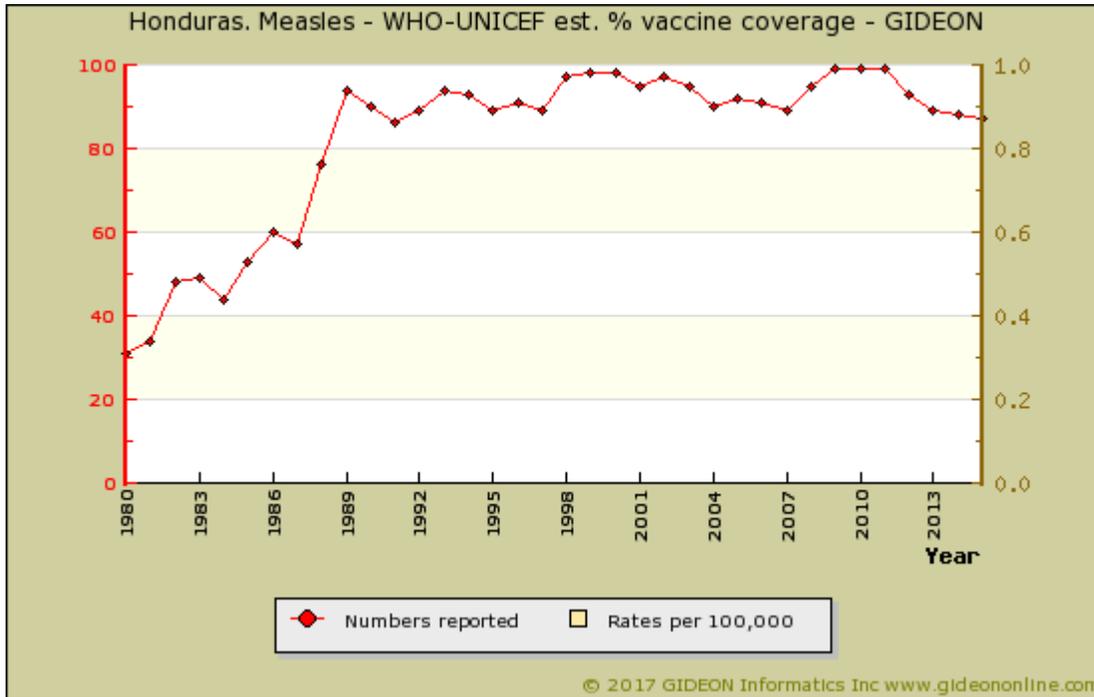
Measles

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Mononegavirales Paramyxoviridae, Paramyxovirinae, Morbillivirus: Measles virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 8d - 14d |
| Diagnostic Tests | Viral culture (difficult and rarely indicated). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Respiratory isolation; supportive. Ribavirin 20 to 35 mg/kg/day X 7 days has been used for severe adult infection |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Measles vaccine Measles-Mumps-Rubella vaccine Measles-Rubella vaccine |
| Clinical Hints | Coryza, fever, headache, conjunctivitis, photophobia and a maculopapular rash after 3 to 5 days Koplik's spots (bluish-grey lesions on buccal mucosa, opposite second molars) often precede rash Encephalitis or viral pneumonia occasionally encountered |
| Synonyms | Masern, Massling, Mazelen, Meslinger, Morbilli, Morbillo, Rubeola, Rugeole, Sarampion, Sarampo. ICD9: 055 ICD10: B05 |

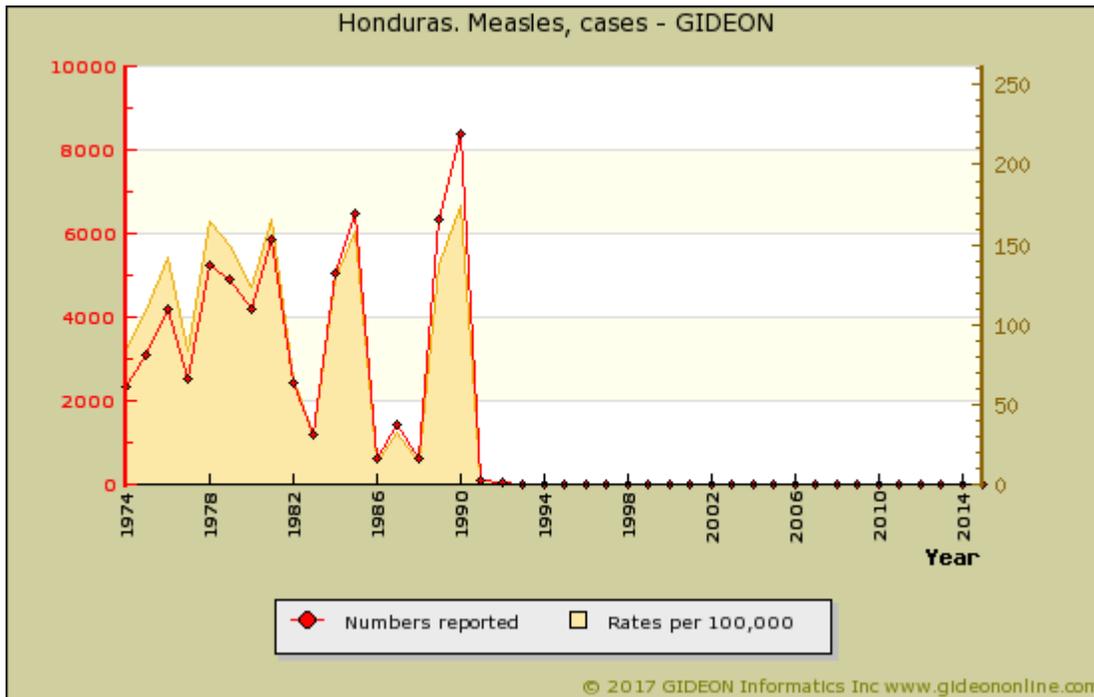
Measles in Honduras

Vaccine Schedule:

- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



Graph: Honduras. Measles - WHO-UNICEF est. % vaccine coverage



Graph: Honduras. Measles, cases

Notes:

1. During the 1990's, the age-specific mortality rate for ages 5 to 9 years was 6.5 per 100,000 per year.

Notable outbreaks

| Years | Region | Setting | Cases | Notes |
|-------|-----------------|---------------------|-------|--|
| 1981 | foreign country | American university | 20 | Outbreak (20 cases) in an American university was traced to two index patients who had returned from Honduras ¹ |

References

1. [Am J Public Health 1985 Apr ;75\(4\):397-8.](#)

| Melioidosis | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Burkholderia pseudomallei</i> An aerobic gram-negative bacillus |
| Reservoir | Soil, Water, Sheep, Goat, Horse, Pig, Rodent, Monkey, Marsupial |
| Vector | None |
| Vehicle | Water (contact, ingestion, aerosol), Breastfeeding, Sexual contact, Respiratory or pharyngeal acquisition |
| Incubation Period | 3d - 21d (range 2d - 1y) |
| Diagnostic Tests | Culture of blood, sputum, tissue. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Ceftazidime or Meropenem or Imipenem IV X at least 14 days May be combined with Sulfamethoxazole / Trimethoprim PO Follow with Sulfamethoxazole / Trimethoprim +/- Doxycycline X at least 3 months. |
| Typical Pediatric Therapy | Ceftazidime or Meropenem or Imipenem IV X at least 14 days May be combined with Sulfamethoxazole / Trimethoprim PO Follow with Sulfamethoxazole / Trimethoprim X at least 3 months. |
| Clinical Hints | May present as: - lymphangitis with septicemia - fever, cough and chest pain - diarrhea Bone, central nervous system, liver and parotid infection are occasionally encountered Case-fatality rate 10% to over 50% (septicemic form) |
| Synonyms | <i>Burkholderia pseudomallei</i> , <i>Burkholderia thailandensis</i> , Melioidose, Nightcliff Gardeners' Disease, Whitmore disease. ICD9: 025 ICD10: A24.1,A24.2,A24.3,A24.4 |

Melioidosis in Honduras

2005 - Two cases of melioidosis imported from Honduras were reported in the United States. ¹

References

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Meningitis - aseptic (viral)

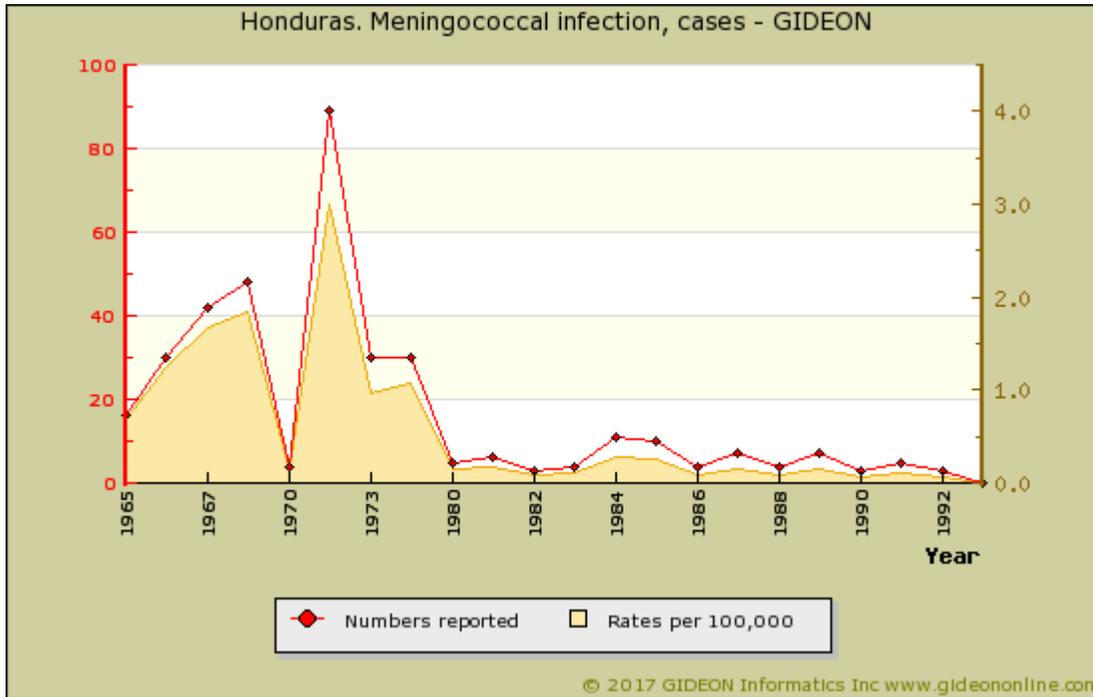
| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Picornaviridae, enteroviruses |
| Reservoir | Human |
| Vector | None |
| Vehicle | Fecal-oral, Droplet |
| Incubation Period | Variable |
| Diagnostic Tests | Viral isolation (stool, CSF, throat). Serology. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Lymphocytic meningitis, with normal CSF glucose level Often follows sore throat Typically occurs during late summer and early autumn in temperate regions |
| Synonyms | Aseptic meningitis, Encephalitis - viral, Meningite virale, Meningitis, viral, Meningo-encefalite virale, Viral encephalitis, Viral meningitis. ICD9: 047,048,049,320.2 ICD10: A87,G03.0 |

Meningitis - bacterial

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Neisseria meningitidis</i> , <i>Streptococcus pneumoniae</i> , <i>Haemophilus influenzae</i> , et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Secretions |
| Incubation Period | Variable |
| Diagnostic Tests | CSF microscopy and culture. Blood culture. Note: Antigen detection is non-specific and rarely useful. |
| Typical Adult Therapy | Bactericidal agent(s) appropriate to known or suspected pathogen + dexamethasone |
| Typical Pediatric Therapy | As for adult |
| Vaccines | H. influenzae (HbOC-DTP or -DTaP) vaccine Haemophilus influenzae (HbOC) vaccine Haemophilus influenzae (PRP-D) vaccine Haemophilus influenzae (PRP-OMP) vaccine Haemophilus influenzae (PRP-T) vaccine Meningococcal vaccine Hepatitis B + Haemoph. influenzae vaccine |
| Clinical Hints | Headache, stiff neck, obtundation, high fever and leukocytosis Macular or petechial rash and preceding sore throat suggest meningococcal infection |
| Synonyms | Bacterial meningitis, Enfermedad Meningococica, Haemophilus influenzae, Haemophilus influenzaes, HIB meningitis, HIBs, Infections a meningocoque, Meningite batterica, Meningite meningococcica, Meningococcal, Meningokokken Erkr., Meningokokkose. ICD9: 036.0,320 ICD10: A39,G00,G01,G02 |

Meningitis - bacterial in Honduras

28 cases of bacterial meningitis were reported for children below age 6 during 1981 to 1985: 28% *Haemophilus influenzae*, 36% pneumococcal, 0 meningococcal.

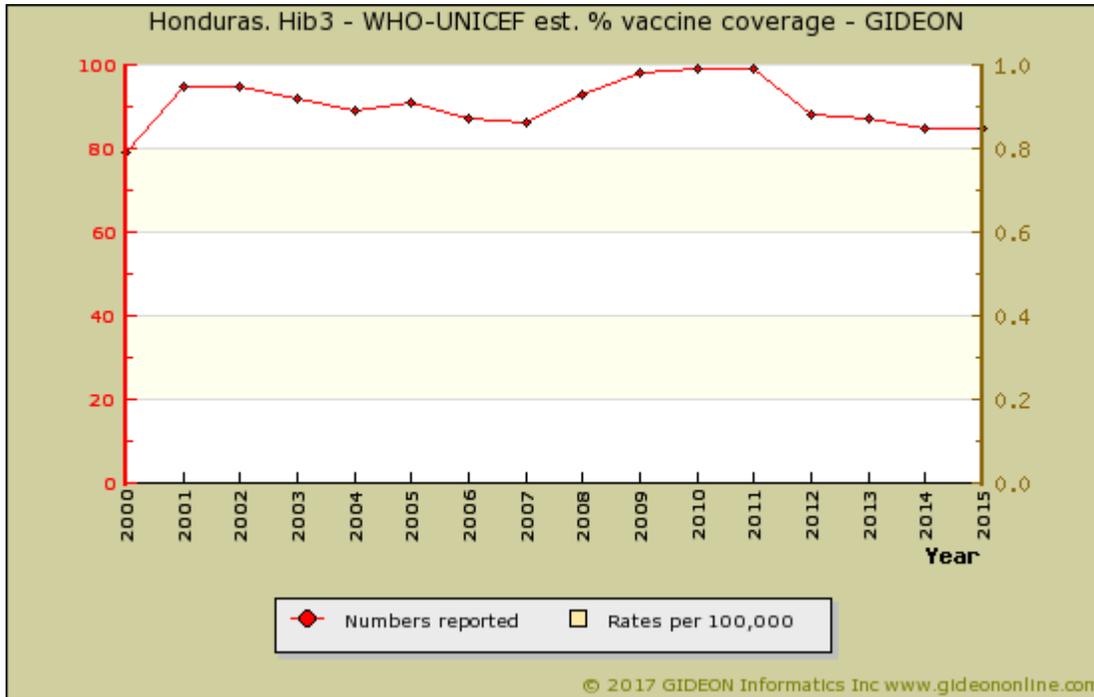


Graph: Honduras. Meningococcal infection, cases

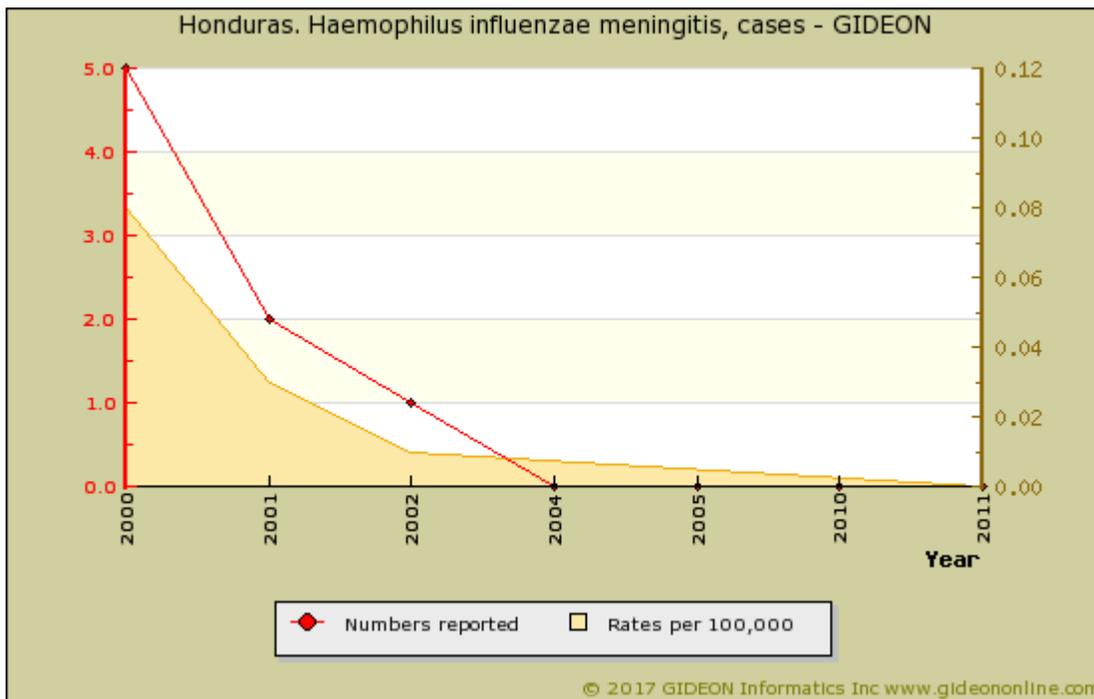
Vaccine Schedule:

- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated

Routine vaccination against *Haemophilus influenzae* was initiated in 1999. ¹



Graph: Honduras. Hib3 - WHO-UNICEF est. % vaccine coverage



Graph: Honduras. Haemophilus influenzae meningitis, cases

References

1. MMWR Morb Mortal Wkly Rep 2008 Feb 15;57(6):148-51.

Microsporidiosis

| | |
|----------------------------------|--|
| Agent | FUNGUS. Microsporidia: Enterocytozoon, <i>Encephalitozoon (Septata)</i> , <i>Vittaforma (Nosema)</i> , <i>Pleistophora</i> , <i>Trachipleistophora</i> , et al. |
| Reservoir | Rabbit, Rodent, Carnivore, Non-human primate, Fish, Dog, Bird |
| Vector | None |
| Vehicle | Fecal-oral |
| Incubation Period | Unknown |
| Diagnostic Tests | Microscopy of duodenal aspirates. Inform laboratory if this organism is suspected. Nucleic acid amplification. |
| Typical Adult Therapy | Albendazole 400 mg PO BID X 3 weeks. Add Fumagillin for ocular <i>S. intestinalis</i> may respond to Albendazole and Fumagillin Nitazoxanide has been used for <i>E. bienewisi</i> . |
| Typical Pediatric Therapy | Albendazole 200 mg PO BID X 3 weeks. Add Fumagillin for ocular <i>S. intestinalis</i> may respond to Albendazole and Fumagillin Nitazoxanide has been used for <i>E. bienewisi</i> . |
| Clinical Hints | Self-limited diarrhea, traveler's diarrhea or asymptomatic carriage Immunocompromised patients present with chronic diarrhea, cholangitis, cholecystitis, sinusitis or pneumonia Ocular microsporidiosis is associated with keratoconjunctivitis Hepatitis or myositis are reported in some cases |
| Synonyms | Anncaliia, Brachiola, Encephalitozoon, Enterocytozoon, Microsporidium, Nosema, Pleistophora, Trachipleistophora, Tubulinosema, Vittaforma. ICD9: 136.8 ICD10: A07.8 |

Molluscum contagiosum

| | |
|----------------------------------|--|
| Agent | VIRUS - DNA. Poxviridae. Molluscipoxvirus. Molluscum contagiosum virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Contact, Sexual contact, Vertical transmission |
| Incubation Period | 2-7 w (range 14 to 180d) |
| Diagnostic Tests | Histology of excised material. Nucleic acid amplification |
| Typical Adult Therapy | Topical therapy; excision |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | One or more raised, flesh-colored skin lesions with depressed center Lesions persist for 6 to 12 weeks Disseminated and indolent forms encountered, particularly in immune-suppressed patients |
| Synonyms | Water warts. ICD9: 078.0 ICD10: B08.1 |

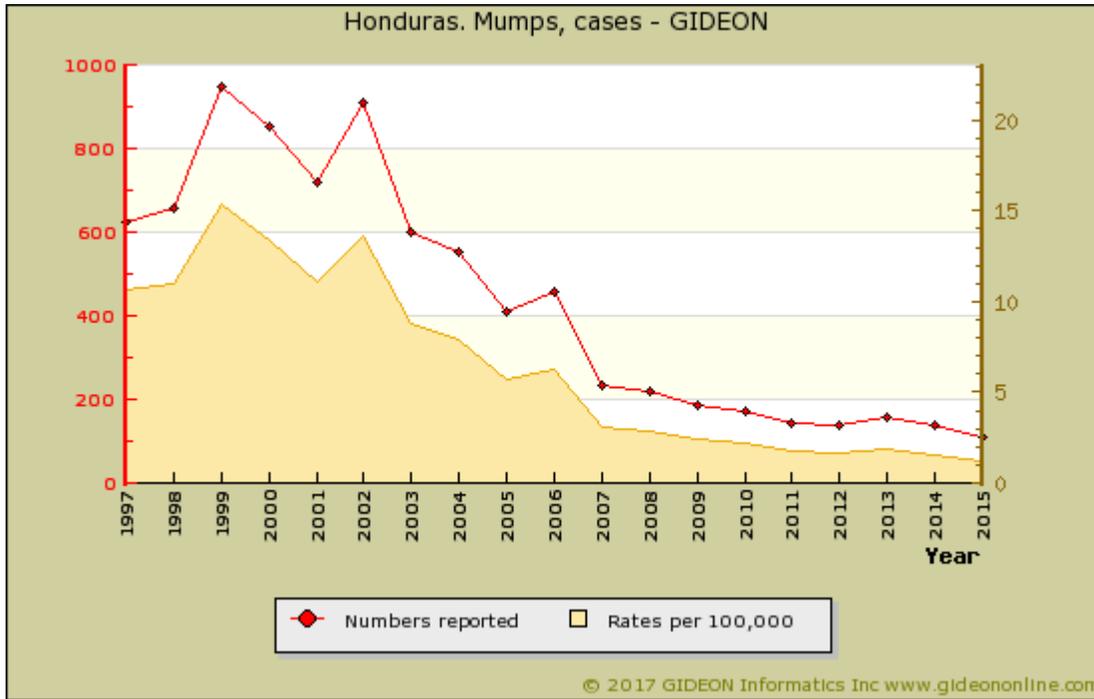
Mumps

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Mononegavirales Paramyxoviridae, Paramyxovirinae, Rubulavirus: Mumps virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Aerosol, Respiratory or pharyngeal acquisition |
| Incubation Period | 14d - 24d (range 12d - 24d) |
| Diagnostic Tests | Viral culture (saliva, urine, CSF) indicated only in complicated cases. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Respiratory isolation; supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Measles-Mumps-Rubella vaccine Mumps vaccine Rubella - Mumps vaccine |
| Clinical Hints | Fever and parotitis Orchitis (20% of post-pubertal males), meningitis (clinically apparent in 1% to 10%), oophoritis, or encephalitis (0.1%) Most cases resolve within 1 to 2 weeks |
| Synonyms | Bof, Epidemic parotitis, Fiebre urliana, Infectious parotitis, Kusma, Oreillons, Paperas, Parotidite epidemica, Parotiditis, Parotite epidemica, Passjuka. ICD9: 072 ICD10: B26 |

Mumps in Honduras

Vaccine Schedule:

- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



Graph: Honduras. Mumps, cases

Myalgic encephalomyelitis

| | |
|----------------------------------|--|
| Agent | UNKNOWN |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Clinical diagnosis; ie, discount other diseases. |
| Typical Adult Therapy | Supportive; ? immune modulators (experimental) |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Unexplained depression, fatigue, cognitive disorders and sleep disturbance Recurrent bouts of pharyngitis and adenopathy Rheumatological symptoms and fever persist more than six months |
| Synonyms | Chronic fatigue syndrome, Systemic exercise intolerance disease. ICD9: 780.71 ICD10: G93.3 |

Mycetoma

| | |
|----------------------------------|---|
| Agent | BACTERIUM OR FUNGUS. <i>Nocardia</i> spp, <i>Madurella mycetomatis</i> , <i>Actinomadura pelletieri</i> , <i>Streptomyces somaliensis</i> , et al |
| Reservoir | Soil, Vegetation |
| Vector | None |
| Vehicle | Contact, Wound, Soil |
| Incubation Period | 2w - 2y |
| Diagnostic Tests | Bacterial and fungal culture of material from lesion. |
| Typical Adult Therapy | Antimicrobial or antifungal agent as determined by culture. Excision as indicated |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Painless, chronic, draining, fistulous subcutaneous nodule - usually involving lower extremity Osteolytic lesions may be noted on x-ray Usually no fever Most patients are males age 20 to 40 (ie, occupational exposure). |
| Synonyms | Coelomycetes, Curvularia lunata, Cyphellophora, Diaporthe, Emarellaia, Fusarium subglutinans, Gloniopsis, Lasiodiplodia, Leptosphaeria tompkinsii, Madura foot, Madura-Fuss, Madurella, Medicopsis, Mycetom, Paraconiothyrium, Peyronellaea, Pleurostomophora, White grain eumycetoma. ICD9: 039.4,117.4 ICD10: B47 |

Mycetoma in Honduras

Ten to fifteen cases were registered each year during the 1980's.

Mycobacteriosis - M. marinum

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Actinomycetes, <i>Mycobacterium marinum</i> An aerobic acid-fast bacillus |
| Reservoir | Fresh and salt water (swimming pools, aquaria), Fish (ornamental, salmon, sturgeon, bass) |
| Vector | None |
| Vehicle | Water (per areas of minor skin trauma), Contact |
| Incubation Period | 5d - 270d (median 21d) |
| Diagnostic Tests | Mycobacterial culture from lesion. Alert laboratory when this organism is suspected. |
| Typical Adult Therapy | Clarithromycin 500 mg BID X 3m Or Rifampicin 600 mg/day + Ethambutol 20 mg/kg/day X 6w. OR Minocycline 100 mg /day X 3m |
| Typical Pediatric Therapy | Sulfamethoxazole/trimethoprim 5 mg-25 mg/kg BID X 6w. Alternative Minocycline (Age >= 8) |
| Clinical Hints | Violaceous papule, ulcer, plaque, psoriaform lesion Onset weeks after exposure to swimming pool, aquarium, other water source Commonly involves the elbow, knee, hand or foot |
| Synonyms | Aquarium granuloma, Fish fanciers' finger syndrome, Fish tank granuloma, Mariner's TB, Mycobacterium balnei, Mycobacterium marinum, Mycobacterium scrofulaceum, Spam, Swimming pool granuloma. ICD9: 031.1 ICD10: A31.1 |

Mycobacteriosis - M. scrofulaceum

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Actinomycetes, <i>Mycobacterium scrofulaceum</i> An aerobic acid-fast bacillus |
| Reservoir | Water (lakes, rivers), Soil, Raw milk, Plant material |
| Vector | None |
| Vehicle | Water, Soil, Areas of minor trauma, Contact |
| Incubation Period | Unknown |
| Diagnostic Tests | Culture of tissue or aspirates. |
| Typical Adult Therapy | Excision. Drugs (<i>Isoniazid</i> - <i>Rifampin</i> - <i>streptomycin</i> - <i>Cycloserine</i>) are rarely indicated |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Painless lymphadenopathy, most commonly unilateral and submandibular In contrast, true tuberculosis involves the lower neck and produces a strongly positive tuberculin reaction and/or suggestive chest X ray The condition is most common during early childhood. |
| Synonyms | |

Mycobacteriosis - miscellaneous nontuberculous

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Actinomycetes, <i>Mycobacterium</i> spp. - over 130 species as of 2016 An aerobic acid-fast bacillus |
| Reservoir | Water, Soil, Fish, Mammal, Bird |
| Vector | None |
| Vehicle | Air, Water, Milk (<i>M. bovis</i>), Contact, Ingestion, Trauma, Respiratory or pharyngeal acquisition |
| Incubation Period | Variable |
| Diagnostic Tests | Microscopy & culture of tissue, secretions, blood. Nucleic acid amplification. Inform laboratory if suspected |
| Typical Adult Therapy | Drug, route and duration appropriate to clinical setting and species (in Therapy module, scroll through upper left box) |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Pneumonia, or chronic granulomatous infection of various tissues Systemic disease may complicate immune suppression <i>Mycobacterium avium-intracellulare</i> infection characterized by aggressive course and resistance to most antimycobacterial drugs |
| Synonyms | <i>Mycobacterium abscessus</i> , <i>Mycobacterium avium</i> , <i>Mycobacterium avium-intracellulare</i> , <i>Mycobacterium chimaera</i> , <i>Mycobacterium franklinii</i> , <i>Mycobacterium immunogenum</i> , <i>Mycobacterium jacussii</i> , <i>Mycobacterium kyorinense</i> , <i>Mycobacterium xenopi</i> , <i>Segniliparus</i> . ICD9: 031.9,031.2 ICD10: A31.0,A31.1,A31.8 |

Mycoplasma (miscellaneous) infection

| | |
|---------------------------|--|
| Agent | BACTERIUM. Mycoplasmatales <i>Mycoplasma genitalium</i> , <i>Mycoplasma hominis</i> , <i>Mycoplasma fermentans</i> , <i>Mycoplasma penetrans</i> , <i>Mycoplasma parvum</i> , <i>Ureaplasma urealyticum</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Secretion, Sexual contact, Respiratory or pharyngeal acquisition |
| Incubation Period | Unknown |
| Diagnostic Tests | Culture (urine, pharynx). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 7 days OR Azithromycin 500 mg PO, then 250 mg PO X 4 days OR Levofloxacin 500 mg daily X 7 days OR Ofloxacin 300 mg BID X 7 days |
| Typical Pediatric Therapy | Erythromycin 10 mg/kg PO QID X 2w |
| Clinical Hints | Urethritis, vaginitis, neonatal pneumonia Rarely stillbirth, prematurity or infertility |
| Synonyms | Acholeplasma laidlawii, Epirythrozoön, Hemotrophic Mycoplasma, Mycoplasma amphoriforme, Mycoplasma buccale, Mycoplasma faucium, Mycoplasma felis, Mycoplasma fermentans, Mycoplasma genitalium, Mycoplasma hominis, Mycoplasma lipophilum, Mycoplasma orale, Mycoplasma penetrans, Mycoplasma pirum, Mycoplasma primum, Mycoplasma salivarium, Mycoplasma spermatophilum, T Mycoplasmas, T strains, Ureaplasma parvum, Ureaplasma urealyticum. ICD9: 041.81 ICD10: A49.3 |

Mycoplasma (miscellaneous) infection in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|-------------|-----|---|
| 2009* | specimens | 7.1 | 7.1% (<i>Mycoplasma genitalium</i>) of urine specimens from Garifuna people (2009 publication) ¹ |

* indicates publication year (not necessarily year of survey)

References

1. J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.

Mycoplasma pneumoniae infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Mollicutes. <i>Mycoplasma pneumoniae</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 6d - 23d |
| Diagnostic Tests | Culture (sputum, throat). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Erythromycin 500 mg PO BID X 2w. OR Azithromycin 1 g, followed by 500 mg PO daily X 5 days. OR Doxycycline 100 mg PO BID OR Levofloxacin 750 mg PO X 5d |
| Typical Pediatric Therapy | Azithromycin 10 mg/kg PO day 1; 5 mg/kg PO days 2 to 5 OR Erythromycin 10 mg/kg PO QID X 2w |
| Clinical Hints | Coryza, "hacking" cough and subsegmental pulmonary infiltrate Bullous otitis media is often present Most patients below age 30 Cold agglutinins are neither sensitive nor specific for infection, and appear only during second week. |
| Synonyms | Mycoplasma pneumoniae, Primary atypical pneumonia. ICD9: 041.81,483.0 ICD10: B96.0 |

Myiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Insecta (Diptera) larvae |
| Reservoir | Mammal |
| Vector | Arthropod |
| Vehicle | Fly eggs deposited by biting arthropod |
| Incubation Period | 1w - 3m |
| Diagnostic Tests | Identification of extracted maggot. |
| Typical Adult Therapy | Removal of maggot |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fly larvae seen in various body regions Pruritic or painful draining nodule Fever and eosinophilia may be present Instances of brain, eye, middle ear and other deep infestations are described. |
| Synonyms | Calliphora, Chrysomya, Chrysomyia, Cochliomyia, Cordylobia, Cuterebrosis, Dermatobia, Eristalis, Furuncular myiasis, Gasterophilus, Hypoderma, Lucilia, Lund's fly, Maggot infestation, Megaselia, Musca, Muscina, Oedemagena, Oestrus larvae, Ophthalmomyiasis, Parasarcophaga, Psychoda, Rectal myiasis, Sarcophaga, Screw worm, Telmatoscopus, Urinary myiasis, Vaginal myiasis, Wohlfarthia. ICD9: 134.0 ICD10: B87 |

Necrotizing skin/soft tissue infx.

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Streptococcus pyogenes, Clostridium perfringens</i> , mixed anaerobic and/or gram-negative bacilli |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Clinical features. Smear and culture (including anaerobic culture) of exudate. |
| Typical Adult Therapy | Debridement and parenteral antibiotics directed by smear and culture results. Hyperbaric oxygen in more severe infections |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | At least 7 distinct syndromes are described Local pain and swelling, skin discoloration or edema Gas formation, foul odor and variable degrees of systemic toxicity. |
| Synonyms | Anaerobic cellulitis, Chancrum oris, Clostridial cellulitis, Clostridium novyi, Fasciitis, Fournier's gangrene, Gangrenous cellulitis, Gangrenous stomatitis, Invasive group A strep. Infections, Meleney's synergistic gangrene, Necrotizing fasciitis, Noma, Streptococcal fasciitis, Synergistic necrotizing cellulitis. ICD9: 686.8,528.1 ICD10: M72.6,A69.0 |

Neutropenic typhlitis

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|----------------------------------|---|
| Agent | BACTERIUM. <i>Clostridium septicum</i> (occasionally <i>Clostridium tertium</i> , <i>Clostridium sporogenes</i> , <i>Clostridium sordellii</i> or <i>Clostridium tertium</i>) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Unknown |
| Diagnostic Tests | Typical findings in the setting of neutropenia. Ultrasonography may be helpful. |
| Typical Adult Therapy | Broad spectrum antimicrobial coverage, which should include clostridia and <i>Pseudomonas aeruginosa</i> ; ie Piperacillin / Tazobactam (or Imipenem or Meropenem) OR Cefepime + Metronidazole Role of surgery is controversial |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, abdominal pain, diarrhea (occasionally bloody) and right lower quadrant signs in a neutropenic (leukemic, etc) patient; Infection may spread hematogenously to the extremities Case-fatality rate is 50% to 75%. |
| Synonyms | Neutropenic enterocolitis. ICD9: 540.0 ICD10: A04.8 |

Nocardiosis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Actinomycetes, <i>Nocardia</i> spp. An aerobic gram positive bacillus (acid-fast using special technique) |
| Reservoir | Soil |
| Vector | None |
| Vehicle | Air, Dust, Wound, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | Days to weeks |
| Diagnostic Tests | Culture and gram stain of exudates, sputa, tissue specimens. Advise laboratory when <i>Nocardia</i> suspected. |
| Typical Adult Therapy | Lymphadenitis or skin / soft tissue: Sulfamethoxazole / Trimethoprim OR Minocycline Pneumonia: Sulfamethoxazole / Trimethoprim + Imipenem ; OR Imipenem + Amikacin Brain abscess: Sulfamethoxazole / Trimethoprim + Imipenem ; OR Linezolid + Meropenem |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Pneumonia, lung abscess, brain abscess, or other chronic suppurative infection Often occurs in the setting of immune suppression. |
| Synonyms | <i>Nocardia</i> , Nocardiose. ICD9: 039 ICD10: A43 |

Onchocerciasis - zoonotic

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Onchocerca lupi</i> , et. al. |
| Reservoir | Cattle, Horse, Deer, Boar, Dog, Wolf |
| Vector | Black fly (<i>Simulium</i> spp.) |
| Vehicle | None |
| Incubation Period | Unknown |
| Diagnostic Tests | Ideentification of excised worm |
| Typical Adult Therapy | Excision |
| Typical Pediatric Therapy | As of adult |
| Clinical Hints | Subcutaneous or subconjunctival nodule, or eye-worm; may be history of animal contact |
| Synonyms | Dipetalonema arbuta, Dipetalonema sprenti, Onchocerca cervicalis, Onchocerca dewittei, Onchocerca guttarosa, Onchocerca jakutensis, Onchocerca lupi, Onchocerca reticulata, Pelecitus. ICD9: 123.8 ICD10: B71.1. |

Orbital and eye infection

| | |
|----------------------------------|---|
| Agent | BACTERIUM OR FUNGUS. <i>Streptococcus pyogenes</i> , oral anaerobes, <i>Aspergillus</i> spp., facultative gram-negative bacilli, et al |
| Reservoir | Endogenous, Introduced flora (trauma, surgery) |
| Vector | None |
| Vehicle | Trauma, Surgery, Contiguous (sinusitis), Hematogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Imaging techniques (CT or MRI). Culture of aspirates or surgical material. |
| Typical Adult Therapy | Local and systemic antimicrobial agents appropriate for species and severity |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Proptosis, chemosis, extraocular palsy, or hypopyon Associated with sinusitis, bacteremia, eye trauma or surgery Infection may involve the eye (endophthalmitis); periosteum (periorbital infection); orbit (orbital cellulitis); or multiple structures (panophthalmitis). |
| Synonyms | Bacterial keratitis, Ceratite, Cheratite, Endophthalmitis, Eye infection, Keratite, Keratitis, Orbital infection, Panophthalmitis, Queratitis. ICD9: 360.0 ICD10: H05.0 |

Orf

| | |
|----------------------------------|--|
| Agent | VIRUS - DNA. Poxviridae, Parapoxvirus: Orf virus |
| Reservoir | Sheep, Goat, Reindeer, Musk ox |
| Vector | None |
| Vehicle | Contact, Secretions, Fomite, Cat-scratch |
| Incubation Period | 3d - 6d (range 2d - 7d) |
| Diagnostic Tests | Viral culture (skin lesion or exudate). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Skin pustule or ulcer following contact with sheep or goats Most lesions are limited to finger or hand Heals without scarring within 6 weeks |
| Synonyms | Contagious ecthyma, Contagious pustular dermatitis, Ecthyma contagiosum, Ovine pustular dermatitis, Scabby mouth. ICD9: 078.89 ICD10: B08.0 |

Ornithosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Chlamydiaceae, Chlamydiae , <i>Chlamydophila (Chlamydia) psittaci</i> |
| Reservoir | Parakeet, Parrot, Pigeon, Turkey, Duck, Cat, Sheep, Goat, Cattle, Dog |
| Vector | None |
| Vehicle | Bird droppings, Dust, Air, Aerosol from cat, Respiratory or pharyngeal acquisition |
| Incubation Period | 7d - 14d (range 4d - 28d) |
| Diagnostic Tests | Serology. Culture (available in special laboratories) rarely indicated. |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 10d. Alternatives: Azithromycin 1 g, then 0.5 g daily X 4 days. Clarithromycin 0.5 g BID Erythromycin 500 mg PO QID X 10d. Levofloxacin 750 mg PO X 7 days |
| Typical Pediatric Therapy | Azithromycin 10 mg/kg PO day 1; 5 mg/kg PO days 2 to 5 OR Erythromycin 10 mg/kg QID X 10d Alternative (Age >=8 years): Doxycycline 100 mg PO BID X 10d. |
| Clinical Hints | Headache, myalgia and pneumonia, often with relative bradycardia Hepatomegaly or splenomegaly common Onset 1 to 4 weeks following contact with pigeons, psittacine birds or domestic fowl Case-fatality rate without treatment is 20%. |
| Synonyms | <i>Chlamydophila abortus</i> , <i>Chlamydophila psittaci</i> , Ornitose, Papegojsjuka, Parrot fever, Psitacosis, Psittacosis, Psittakose. ICD9: 073 ICD10: A70 |

Osteomyelitis

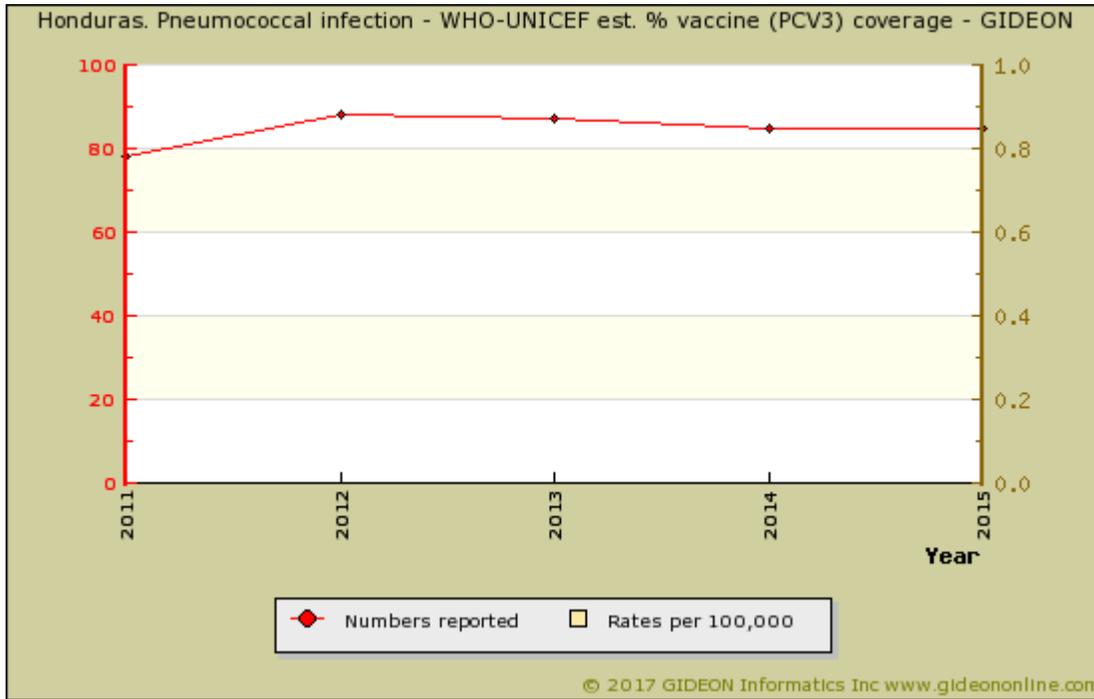
| | |
|----------------------------------|--|
| Agent | BACTERIUM OR FUNGUS. <i>Staphylococcus aureus</i> , facultative gram-negative bacilli, <i>Candida albicans</i> , etc |
| Reservoir | Endogenous |
| Vector | None |
| Vehicle | Trauma, Surgery, Hematogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Radiography, including bone scan. Culture of biopsy material. |
| Typical Adult Therapy | Systemic antimicrobial agent(s) appropriate to known or suspected pathogen. Surgery as indicated |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Limb pain or gait disturbance, often associated with obscure fever May be preceded by infection of skin, soft tissues or joint; or result from bacteremia X-ray changes are not apparent for at least 10 days in acute infection |
| Synonyms | Osteomyelitis, Osteomyelitis, Osteomyelitis, Paravertebral abscess. ICD9: 015,730.9 ICD10: M86 |

Otitis media

| | |
|----------------------------------|---|
| Agent | BACTERIUM OR VIRUS. <i>Haemophilus influenzae</i> & <i>Streptococcus pneumoniae</i> in most acute cases; RSV, Parainfluenza, et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | None |
| Incubation Period | Variable |
| Diagnostic Tests | Clinical findings. Culture of middle ear fluid if available. |
| Typical Adult Therapy | If evidence of bacterial infection (severe otalgia >48 hours / fever >39 C): Amoxicillin / Clavulanate 1000/62.5 mg BID X 3 days Alternatives: Cefdinir , Cefpodoxime proxetil , Cefprozil, fluoroquinolone |
| Typical Pediatric Therapy | If evidence of bacterial infection (severe otalgia >48 hours / fever >39 C): Amoxicillin / Clavulanate 45/3.2 mg/kg BID X 3 days |
| Vaccine | Pneumococcal conjugate vaccine |
| Clinical Hints | Acute bacterial otitis media often represents the final stage in a complex of anatomic, allergic or viral disorders of the upper airways Recurrent or resistant infections may require surgical intervention. |
| Synonyms | Otitis media aguda. ICD9: 382.0 ICD10: H65,H66 |

Otitis media in Honduras**Vaccine Schedule:**

BCG - birth
DT - 4,6,18 months; 4 years risk groups
DTwP - 18 months; 4 years
DTwPHibHepB - 2,4,6 months
HepB - birth 1st contact, +1, +6 months for risk groups
HPV - 11 years
IPV - 2,4,6 months (risk groups)
MMR - 12 months
OPV - 2,4,6,18 months
Pneumo conj - 2,4,6 months
Rotavirus - 2,4 months
Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



Graph: Honduras. Pneumococcal infection - WHO-UNICEF est. % vaccine (PCV3) coverage

Paragonimiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Platyhelminthes, Trematoda. <i>Paragonimus westermani</i> , <i>P. heterotremus</i> , <i>P. skrjabini</i> , <i>P. miyazakii</i> , <i>P. africanus</i> , et al. |
| Reservoir | Human, Dog, Cat, Pig, Wild carnivore, Deer, Snail (<i>Semisulcospira</i> , <i>Thiara</i> , etc) |
| Vector | None |
| Vehicle | Fresh-water crab (at least 8 species), Crayfish (<i>Cambaroides</i>), raw meat (venison) |
| Incubation Period | 6w - 6m |
| Diagnostic Tests | Identification of ova in sputum or stool. Serologic and skin tests are available. |
| Typical Adult Therapy | Praziquantel 25 mg/kg TID X 2d. OR Bithionol 40 mg/kg every other day X 10 doses. OR Triclabendazole 10 mg/kg/d X 2 |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Pulmonary infection with bloody or "rusty" sputum Meningitis or seizures Eosinophilia Subcutaneous nodules in some cases Parasite may survive for decades in the human host |
| Synonyms | Alaria, Endemic hemoptysis, Lung fluke, Oriental lung fluke, Paragonimus, Poikilorchis, Pulmonary distomiasis. ICD9: 121.2 ICD10: B66.4 |

Paragonimiasis in Honduras

Two cases of human infection were reported in Honduras prior to 1983. ¹

References

1. [Am J Trop Med Hyg 1983 Mar ;32\(2\):376-8.](#)

Parainfluenza virus infection

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Paramyxoviridae: Respirovirus - Human Parainfluenza virus 1 and 3. Rubulavirus - Human Parainfluenza virus 2 and 4. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Respiratory or pharyngeal acquisition |
| Incubation Period | 3d - 8d |
| Diagnostic Tests | Viral culture (respiratory secretions). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Upper respiratory infection - often croup or laryngitis Most common during infancy Older children develop a "cold-like" illness Complicated by pneumonia in 7% to 17% of cases |
| Synonyms | Parainfluenza, Sendai. ICD9: 078.89,480.2 ICD10: J12.2 |

Parainfluenza virus infection in Honduras

Prevalence surveys

| Years | Region | Study Group | % | Notes |
|-------------|-------------|-------------|------|---|
| 2010 - 2011 | | children | 13.3 | 13.3% of rural children below age 5 years, with respiratory symptoms (2010 to 2011) ¹ |
| 2006 - 2009 | El Salvador | specimens | 3.2 | 3.2% of pharyngeal swabs from inpatients and outpatients in El Salvador, Honduras and Nicaragua (2006 to 2009) ² |

References

1. [Pediatr Infect Dis J 2012 Nov ;31\(11\):1113-8.](#)
2. [Influenza Other Respir Viruses 2011 Mar ;5\(2\):123-34.](#)

Parvovirus B19 infection

| | |
|----------------------------------|--|
| Agent | VIRUS - DNA. Parvoviridae, Parvovirinae: Erythrovirus B19 |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Breastfeeding, Respiratory or pharyngeal acquisition |
| Incubation Period | 4d - 14d (range 3d - 21d) |
| Diagnostic Tests | Serology. Nucleic acid amplification (testing should be reserved for the rare instance of complicated infection). |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Erythema infectiosum (erythema of cheeks; lacelike or morbilliform rash on extremities) Febrile polyarthralgia Bone marrow aplasia/hypoplasia may be present |
| Synonyms | Duke's disease, Erythema infantum febrile, Erythema infectiosum, Erythema simplex marginatum, Erythrovirus B19, Erythrovirus B19, Fifth disease, Fourth disease, Funfte Krankheit, Parascarlatina, Parvovirus 4, Parvovirus B19, Sticker's disease. ICD9: 057.0 ICD10: B08.3 |

Pediculosis

| | |
|----------------------------------|--|
| Agent | PARASITE - Insecta. Anoplura: <i>Pediculus humanus</i> , <i>Phthirus pubis</i> . |
| Reservoir | Human |
| Vector | Louse |
| Vehicle | Contact |
| Incubation Period | 7d |
| Diagnostic Tests | Identification of adults and "nits." |
| Typical Adult Therapy | Permethrin 1%; or malathion 0.5%; or lindane OR Ivermectin 200 mcg/kg PO |
| Typical Pediatric Therapy | Permethrin 1%; or malathion 0.5%; or lindane OR Ivermectin 200 mcg/kg PO (> 15 kg body weight) |
| Clinical Hints | Pruritus in the setting of poor personal hygiene Adult insects or nits may be visible The body louse (<i>Pediculus humanus</i> var. <i>corporis</i> ; rarely not the head louse) transmits such diseases as epidemic typhus, trench fever and relapsing fever |
| Synonyms | Crab louse, Lausebefall, Pediculose, Pediculus capitus, Pediculus corporis, Pedikulose, Phthirus pubis, Pidocci. ICD9: 132 ICD10: B85 |

Pentastomiasis - Linguatula

| | |
|----------------------------------|--|
| Agent | PARASITE - Pentastomid worm. <i>Linguatula serrata</i> |
| Reservoir | Herbivore |
| Vector | None |
| Vehicle | Meat (liver or lymph nodes of sheep/goat) |
| Incubation Period | Unknown |
| Diagnostic Tests | Identification of larvae in nasal discharge. |
| Typical Adult Therapy | No specific therapy available |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Pharyngeal or otic itching Cough, rhinitis or nasopharyngitis which follows ingestion of undercooked liver. |
| Synonyms | Linguatula, Marrara syndrome. ICD9: 128.8 ICD10: B83.8 |

Pericarditis - bacterial

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Streptococcus pneumoniae</i> , <i>Staphylococcus aureus</i> , et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Ultrasonography and cardiac imaging techniques. Culture of pericardial fluid (include mycobacterial culture). |
| Typical Adult Therapy | Antimicrobial agent(s) appropriate to known or anticipated pathogen. Drainage as indicated |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, chest pain and dyspnea Patients are acutely ill and have overt signs such as venous distention Enlarged cardiac "shadow"; concurrent pneumonia or upper respiratory infection may be present The case-fatality rate is 20%. |
| Synonyms | Bacterial pericarditis, Pericardite. ICD9: 074.23,074.2,115.03,420 ICD10: I30 |

Perinephric abscess

| | |
|----------------------------------|---|
| Agent | BACTERIUM OR FUNGUS. <i>Escherichia coli</i> , other facultative gram negative bacilli, <i>Candida albicans</i> , et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | None |
| Incubation Period | Variable |
| Diagnostic Tests | Urine and blood culture. Renal imaging (CT, etc). |
| Typical Adult Therapy | Antimicrobial agent(s) appropriate to known or anticipated pathogen. Surgery as indicated |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Unexplained fever, leukocytosis and flank pain Patients are typically over age 50, and often diabetic Consider in the patient with nonresponsive "pyelonephritis" or a renal mass |
| Synonyms | |

Perirectal abscess

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Various (often mixed anaerobic and aerobic flora) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Culture of drainage material. |
| Typical Adult Therapy | Surgical drainage and antibiotics effective against fecal flora |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Anal or perianal pain with fever and a tender mass Granulocytopenic patients commonly develop small, soft and less overt abscesses - often due to <i>Pseudomonas aeruginosa</i> . |
| Synonyms | |

Peritonitis - bacterial

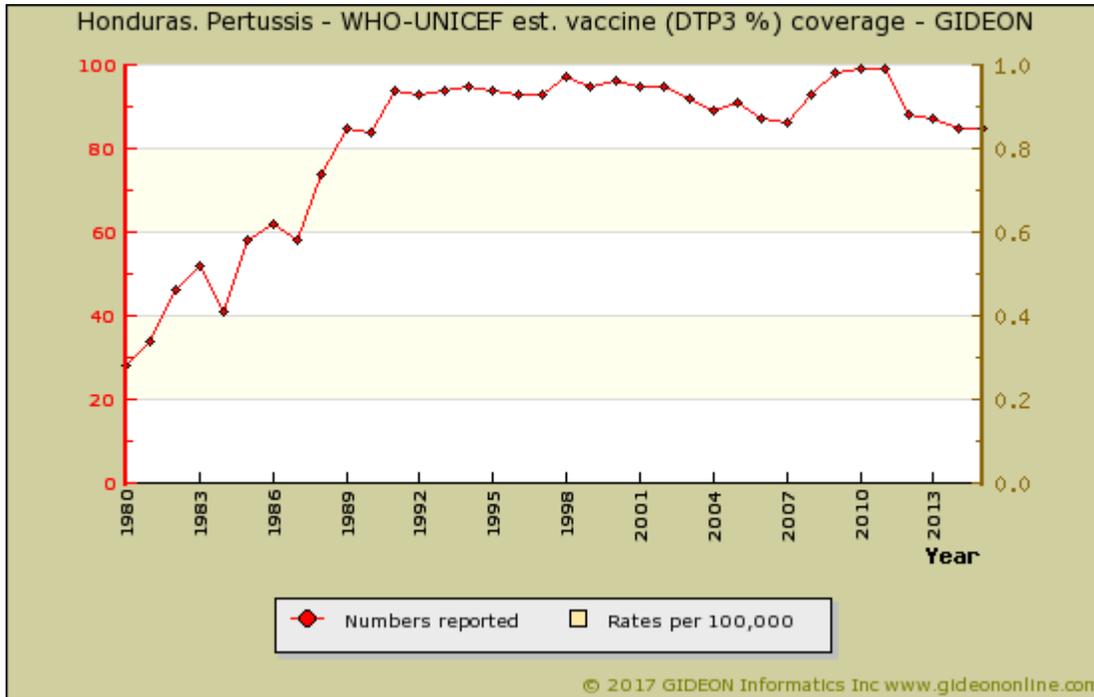
| | |
|----------------------------------|---|
| Agent | BACTERIUM. Various (often mixed anaerobic and aerobic flora) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Culture of blood and peritoneal fluid. Peritoneal fluid cell count may also be useful. |
| Typical Adult Therapy | Antimicrobial agent(s) appropriate to known or anticipated pathogens. Surgery as indicated |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Abdominal pain and tenderness Vomiting, absent bowel sounds, guarding and rebound Diarrhea may be present in children Underlying visceral infection or perforation, trauma, hepatic cirrhosis (spontaneous peritonitis) etc. |
| Synonyms | Acute peritonitis, Bacterial peritonitis, Peritonite. ICD9: 567 ICD10: K65 |

| Pertussis | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Bordetella pertussis</i> An aerobic gram-negative coccobacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Infected secretions, Respiratory or pharyngeal acquisition |
| Incubation Period | 7d - 10d (range 5d - 21d) |
| Diagnostic Tests | Culture & direct fluorescence (nasopharynx). Alert laboratory when suspected. Serology. |
| Typical Adult Therapy | Respiratory precautions. Azithromycin 500 mg po X 1, then 250 mg daily X 4 days OR Clarithromycin 500 mg po BID X 7 days OR Sulfamethoxazole / Trimethoprim |
| Typical Pediatric Therapy | Respiratory precautions: Azithromycin 10mg /kg po daily for 5 days OR Clarithromycin 15/mg/kg BID X 7 days OR Sulfamethoxazole / Trimethoprim |
| Vaccines | DTaP vaccine DTP vaccine |
| Clinical Hints | Coryza, paroxysmal cough May be associated with pneumonia or otitis Prominent lymphocytosis Most often diagnosed in young children, but may present as indolent cough in adults Epistaxis and subconjunctival hemorrhage often noted Seizures (below age 2) The case-fatality rate is 0.5%. |
| Synonyms | <i>Bordetella holmesii</i> , <i>Bordetella parapertussis</i> , <i>Bordetella pertussis</i> , Coqueluche, Keuchhusten, Kikhosta, Kikhoste, Kinkhoest, Parapertussis, Pertosse, Syndrome coqueluchoide, Tos convulsa, Tos farina, Tosse convulsa, Tussis convulsa, Whooping cough. ICD9: 033 ICD10: A37 |

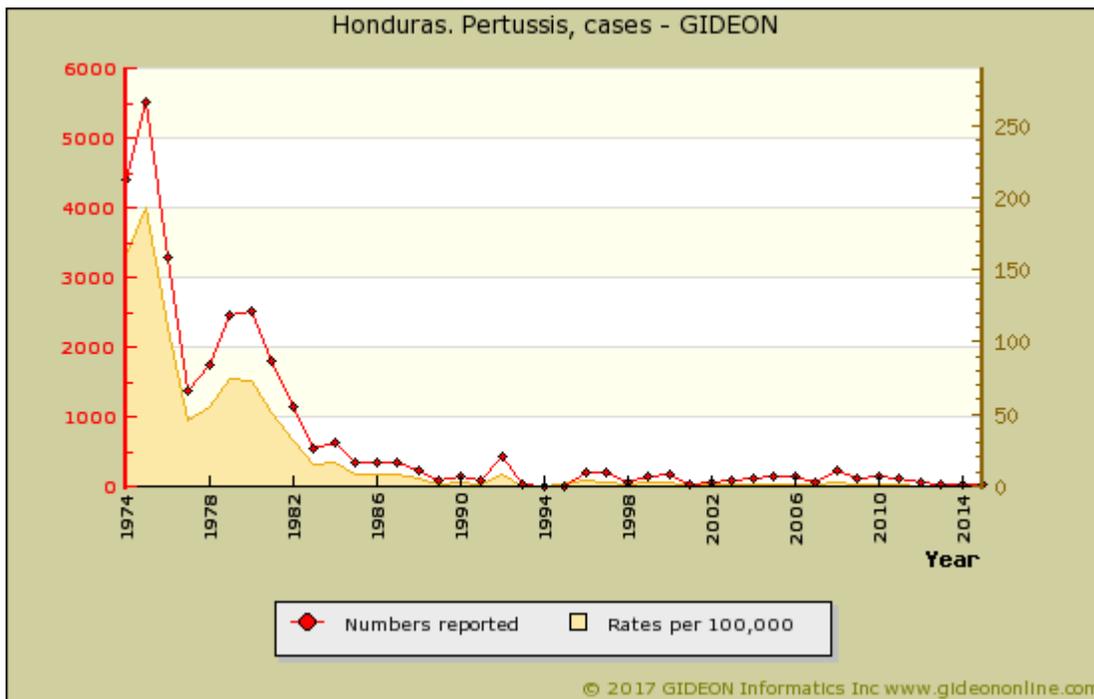
Pertussis in Honduras

Vaccine Schedule:

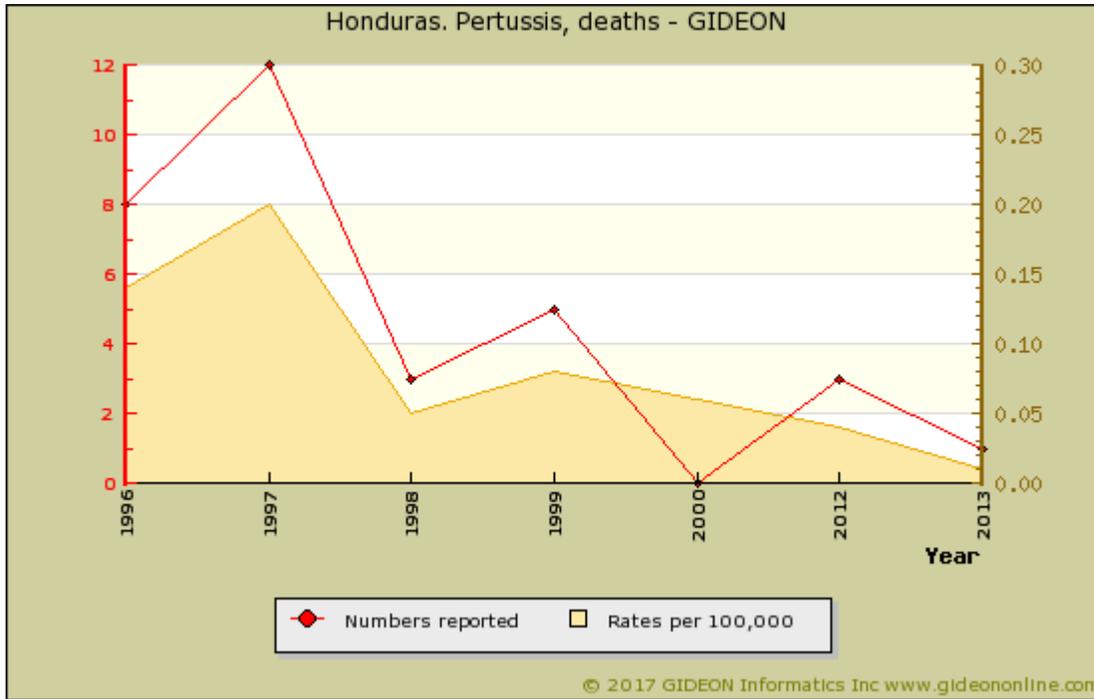
BCG - birth
 DT - 4,6,18 months; 4 years risk groups
 DTwP - 18 months; 4 years
 DTwPHibHepB - 2,4,6 months
 HepB - birth 1st contact, +1, +6 months for risk groups
 HPV - 11 years
 IPV - 2,4,6 months (risk groups)
 MMR - 12 months
 OPV - 2,4,6,18 months
 Pneumo conj - 2,4,6 months
 Rotavirus - 2,4 months
 Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



Graph: Honduras. Pertussis - WHO-UNICEF est. vaccine (DTP3 %) coverage



Graph: Honduras. Pertussis, cases



Graph: Honduras. Pertussis, deaths

Pharyngeal and cervical space infx.

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Streptococcus pyogenes</i> , mixed oral anaerobes, etc. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Careful examination of region and X-ray (or CT scan). Smear and culture of pus if available. |
| Typical Adult Therapy | Surgical drainage and parenteral antibiotics effective against oral flora |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, painful swelling and displacement of the tongue, fauces and other intraoral structures; Dysphagia, dyspnea or jugular phlebitis may ensue in more virulent infections. |
| Synonyms | Cervical space infection, descending necrotizing mediastinitis, Lemmier's syndrome, Ludwig's angina, Post-anginal septicemia, Quinsy. ICD9: 682.0,682.1 ICD10: J36,J39.0,J39.1 |

Pharyngitis - bacterial

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Most often <i>Streptococcus pyogenes</i> ; <i>Streptococcus</i> groups B, C, F and G are occasionally isolated |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Rarely food, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d - 5d |
| Diagnostic Tests | Throat swab for culture or antigen detection (group A Streptococcus) ASLO titer may not indicate current infection |
| Typical Adult Therapy | Penicillin G or Penicillin V or other antistreptococcal antibiotic to maintain serum level for 10 days |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Purulent pharyngitis and cervical lymphadenopathy usually indicate streptococcal etiology Viruses (mononucleosis, Enteroviruses) and other bacteria (gonorrhea, diphtheria) should also be considered |
| Synonyms | Acute pharyngitis, Bacterial pharyngitis, Mal di gola batterica, Oral thrush, Streptococcal pharyngitis, Tonsillitis - bacterial, Vincent's angina. ICD9: 034.0,462 ICD10: J02,J03 |

Philophthalmosis

| | |
|----------------------------------|---|
| Agent | PARASITE - Platyhelminthes, Trematoda. <i>Philophthalmus gralli</i> , <i>Ph. lucipetus</i> , <i>Ph. lacrimosus</i> |
| Reservoir | Snail |
| Vector | None |
| Vehicle | Aquatic plants |
| Incubation Period | Unknown Less than 24 hours in birds |
| Diagnostic Tests | Identification of excised worm |
| Typical Adult Therapy | Removal of worm |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Conjunctivitis, lacrimation and the presence of an adult worm in the conjunctival sac |
| Synonyms | Oriental avian eye fluke, Oriental eye fluke, Philophthalmus. ICD9: 121.8 ICD10: b66.8 |

Pityriasis rosea

| | |
|----------------------------------|---|
| Agent | UNKNOWN. Human herpesvirus 7 has been implicated |
| Reservoir | Unknown |
| Vector | Unknown |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Clinical features. |
| Typical Adult Therapy | Supportive; ultraviolet B exposure is suggested Acyclovir 400 mg PO TID X 7 days has been used in severe cases |
| Typical Pediatric Therapy | Supportive; ultraviolet B exposure is suggested |
| Clinical Hints | Herald patch followed by crops of pruritic, salmon-colored macules and papules Systemic symptoms are rare Illness resolves after 3 to 8 weeks |
| Synonyms | |

Plesiomonas infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Plesiomonas shigelloides</i> A facultative gram-negative bacillus |
| Reservoir | Fish Animal, Soil, Reptile, Bird |
| Vector | None |
| Vehicle | Water, Food |
| Incubation Period | 1d - 2d |
| Diagnostic Tests | Stool culture - alert laboratory when this organism is suspected. Nucleic acid amplification. |
| Typical Adult Therapy | Stool precautions. Ciprofloxacin 400 mg IV or 750 mg PO, BID Alternatives: Sulfamethoxazole / Trimethoprim, Amoxicillin / Clavulanate, Ceftriaxone |
| Typical Pediatric Therapy | Stool precautions. Sulfamethoxazole / Trimethoprim, Amoxicillin / Clavulanate, Ceftriaxone |
| Clinical Hints | Fever, abdominal pain, vomiting and severe diarrhea Symptoms often persist for 2 to 4 weeks In many cases, follows ingestion of shellfish or recent travel to developing countries |
| Synonyms | Plesiomonas shigelloides. ICD9: 008.8 ICD10: A04.8 |

Pleurodynia

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Picornaviridae: Coxsackievirus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Fecal-oral, Fomite, Respiratory or pharyngeal acquisition |
| Incubation Period | 3d - 5d |
| Diagnostic Tests | Viral culture (throat, stool). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | A late summer illness in temperate regions Sore throat followed by pleuritic chest pain Pain is often recurrent and appears in "waves" - local pressure on affected area may elicit the pain Usually resolves within one week. |
| Synonyms | Balme disease, Bamble disease, Bamie disease, Bornholm disease, Devil's grip, Drangedal disease, Epidemic benign dry pleurisy, Epidemic myalgia, Sylvest's disease. ICD9: 074.1 ICD10: B33.0 |

Pneumocystis pneumonia

| | |
|----------------------------------|--|
| Agent | FUNGUS. Ascomycota, Archiascomycetes, Pneumocystidales: <i>Pneumocystis jiroveci</i> (now distinct from <i>Pneumocystis carinii</i>) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Respiratory or pharyngeal acquisition |
| Incubation Period | 4d - 8w |
| Diagnostic Tests | Identification of organisms in induced sputum, bronchial washings, tissue. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Therapy: Sulfamethoxazole / Trimethoprim 25 mg/5 mg/kg QID X 14d. OR Pentamidine 4 mg/kg/d X 14d. OR Dapsone + Trimethoprim . OR Atovaquone OR Primaquine + Clindamycin Prophylaxis - similar, but at altered dosage. Dapsone also used. |
| Typical Pediatric Therapy | Therapy: Sulfamethoxazole / Trimethoprim 25 mg/5 mg/kg QID X 14d. OR Pentamidine 4 mg/kg/d X 14d. OR Dapsone + Trimethoprim . OR Atovaquone OR Primaquine + Clindamycin Prophylaxis - similar, but at altered dosage. |
| Clinical Hints | Dyspnea, hypoxia and interstitial pneumonia Usually encountered in the setting of severe immune suppression (AIDS, leukemia, etc) Roentgenographic findings (typically bilateral alveolar pattern) may appear only after several days of illness |
| Synonyms | PCP, <i>Pneumocystis carinii</i> , <i>Pneumocystis jiroveci</i> . ICD9: 136.3 ICD10: B59 |

Pneumonia - bacterial

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Streptococcus pneumoniae</i> , <i>Klebsiella pneumoniae</i> ssp <i>pneumoniae</i> , other aerobic and facultative gram negative bacilli, etc. |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Endogenous, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d - 3d |
| Diagnostic Tests | Culture of sputum, blood. Analyze ("grade") sputum cytology to assess significance of culture. |
| Typical Adult Therapy | Antimicrobial agent(s) appropriate to known or suspected pathogen |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Pneumococcal vaccine |
| Clinical Hints | Rigors, pleuritic pain, hemoptysis, lobar infiltrate and leukocytosis Empyema and lung abscess suggest etiology other than pneumococcus Foul sputum with mixed flora may herald anaerobic (aspiration) pneumonia |
| Synonyms | Bacterial pneumonia, Empiema, Empeem, Empyem, Empyema, Empyeme, Lung abscess, Neumonia, Pleurisy, Pneumococcal infection - invasive, Pneumococcal pneumonia, Polmonite batterica, Streptococcus pneumoniae, Streptococcus pneumoniae - invasive. ICD9: 481,482,483,484 ICD10: J13,J14,J15,J17,J18,J85,J86 |

Poliomyelitis and acute flaccid paralysis

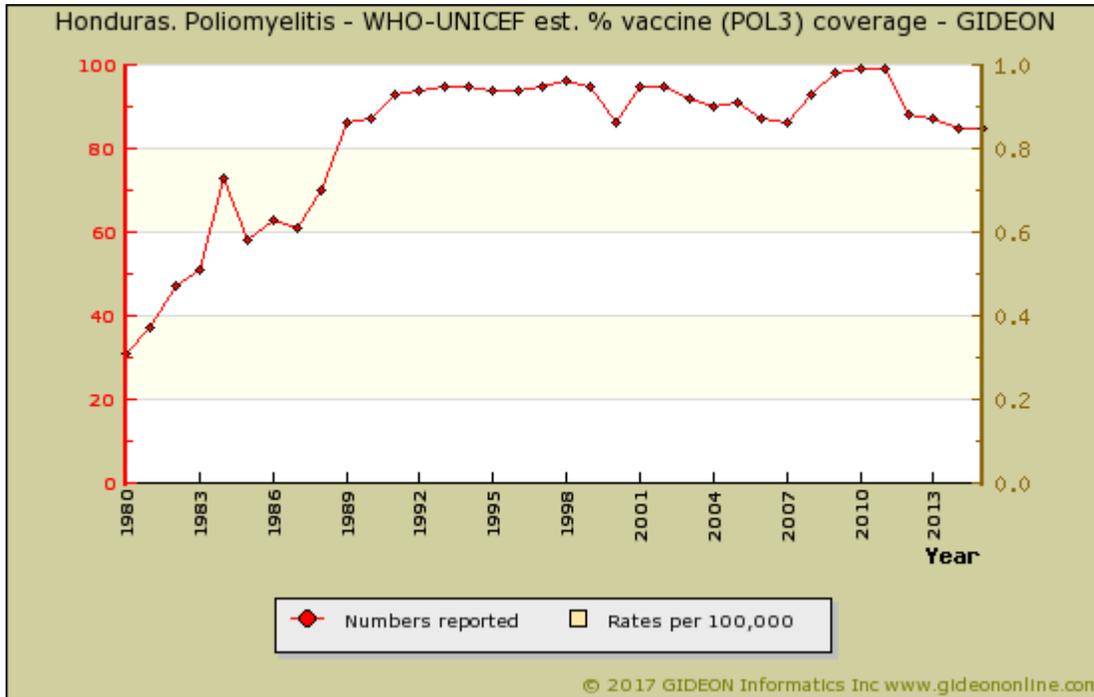
| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Picornaviridae, Picornavirus: Polio virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Fecal-oral, Dairy products, Food, Water, Fly, Respiratory or pharyngeal acquisition |
| Incubation Period | 7d - 14d (range 3d - 35d) |
| Diagnostic Tests | Viral culture (pharynx, stool). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Stool precautions; supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Poliomyelitis - injectable vaccine Poliomyelitis - oral vaccine |
| Clinical Hints | Sore throat, headache, vomiting and myalgia followed by flaccid paralysis Meningeal involvement in 1% of cases - paralysis in only 0.1% Paralysis tends to be more extensive in adult patients |
| Synonyms | Acute flaccid paralysis, Heine-Medin disease, Infantile paralysis, Kinderlahmung, Kinderverlamming, Paralisi infantile, Paralysis flaccida, Paralysis flacida aguda, PFA (Paralysis Flacidas Agudas), Polio, Poliomyelite, Poliomyelitt. ICD9: 045 ICD10: A80 |

Although Poliomyelitis and acute flaccid paralysis is not endemic to Honduras, imported, expatriate or other presentations of the disease have been associated with this country.

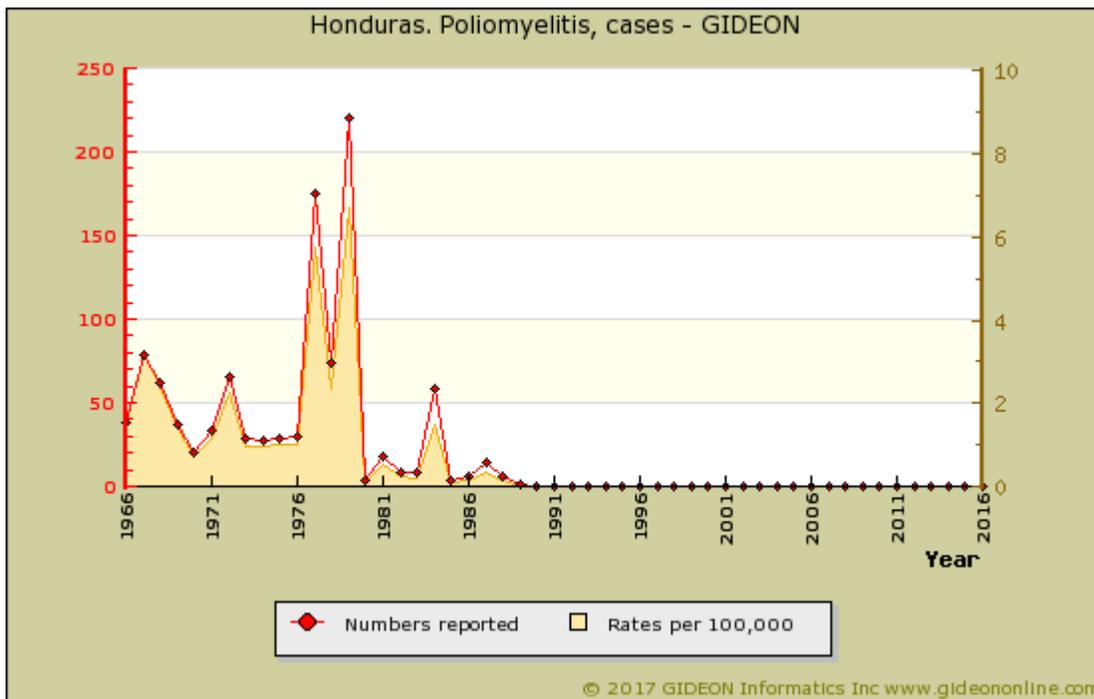
Poliomyelitis and acute flaccid paralysis in Honduras

Vaccine Schedule:

BCG - birth
 DT - 4,6,18 months; 4 years risk groups
 DTwP - 18 months; 4 years
 DTwPHibHepB - 2,4,6 months
 HepB - birth 1st contact, +1, +6 months for risk groups
 HPV - 11 years
 IPV - 2,4,6 months (risk groups)
 MMR - 12 months
 OPV - 2,4,6,18 months
 Pneumo conj - 2,4,6 months
 Rotavirus - 2,4 months
 Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



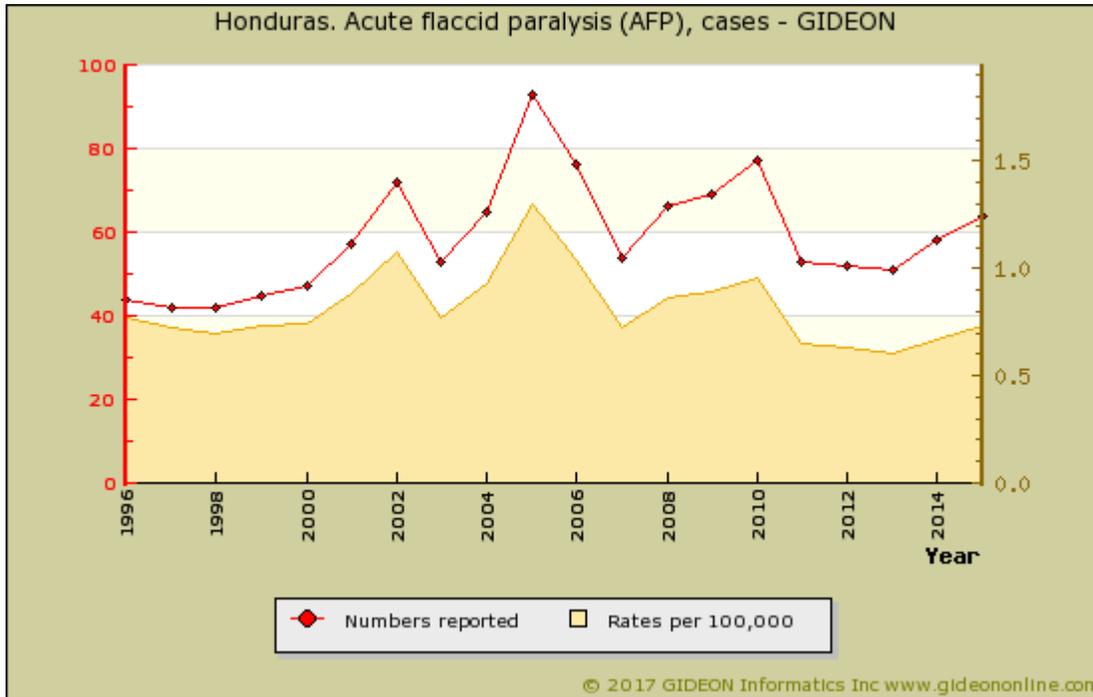
Graph: Honduras. Poliomyelitis - WHO-UNICEF est. % vaccine (POL3) coverage



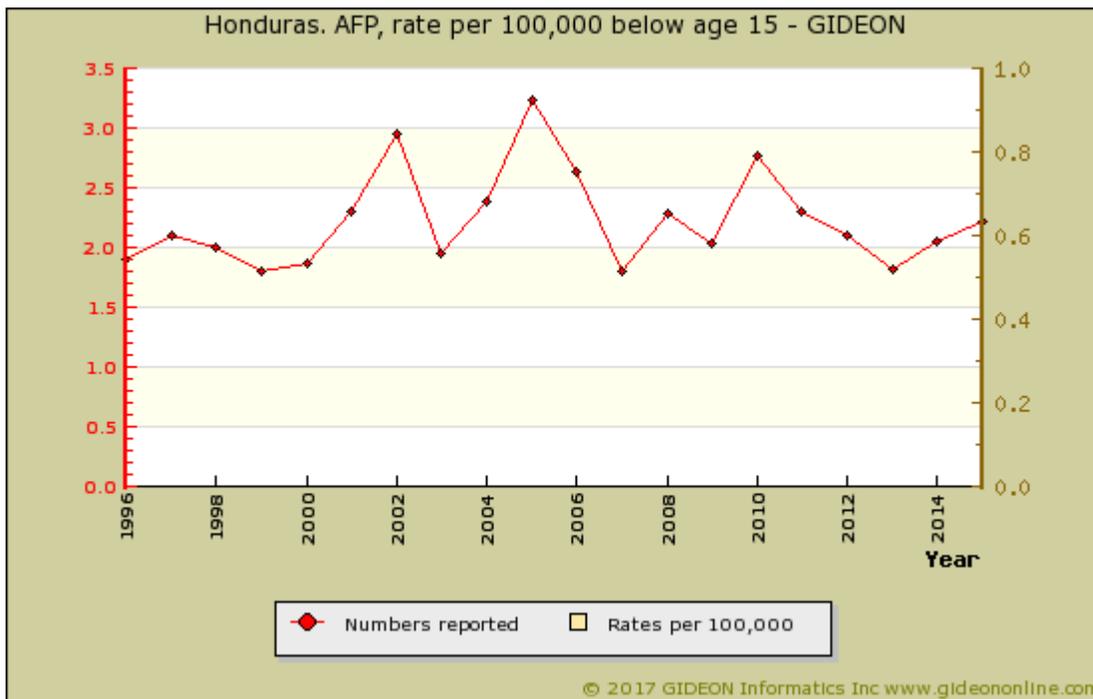
Graph: Honduras. Poliomyelitis, cases

Notes:

1. Natural disease was declared eradicated as of 1991.



Graph: Honduras. Acute flaccid paralysis (AFP), cases



Graph: Honduras. AFP, rate per 100,000 below age 15

Notable outbreaks

| Years | Cases | Notes |
|-------|-----------------|--|
| 1967* | | Outbreak reported - additional details unavailable. ¹ |
| 1984 | 58 ² | |

* indicates publication year (not necessarily year of outbreak)

References

1. Bol Oficina Sanit Panam 1967 Jul ;63(1):31-5.
2. EPI Newsl 1985 Feb ;7(1):1-4.

Protothecosis and chlorellosis

| | |
|----------------------------------|--|
| Agent | ALGA. <i>Prototheca wickerhamii</i> ; rarely <i>Pr. zopfii</i> , <i>Pr. cutis</i> Achloric algae Chlorella spp. contain chloroplasts |
| Reservoir | Rare animal pathogens (cat, dog, cattle wild mammals). |
| Vector | None |
| Vehicle | Water, Sewage, Food, Skin trauma |
| Incubation Period | Unknown |
| Diagnostic Tests | Culture on fungal media. Biopsy. Nucleic acid amplification. |
| Typical Adult Therapy | Surgical excision. There are anecdotal reports of successful therapy with Amphotericin B , Ketoconazole and Itraconazole (latter 200 mg/day X 2 months) or voriconazole |
| Typical Pediatric Therapy | As for adult (Itraconazole 2 mg/kg/day X 2 months) |
| Clinical Hints | May follow immune suppression or skin trauma Dermal papules, plaques, eczematoid or ulcerated lesions Olecranon bursitis is common Systemic infection reported in some cases |
| Synonyms | Chlorellosis, Prototheca, Protothecosis. ICD9: 136.8 ICD10: B99 |

Pseudocowpox

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Poxviridae, Parapoxvirus: Pseudocowpox virus |
| Reservoir | Cattle |
| Vector | None |
| Vehicle | Contact |
| Incubation Period | 5d - 14d |
| Diagnostic Tests | Viral culture (skin lesion or exudate). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Umbilicated nodule on the hand following contact with cattle Mild regional lymphadenopathy. |
| Synonyms | Bovine papular stomatitis, Farmyard pox, Milker's nodule, Noduli mulgentinum, Paravaccinia, Sealpox. ICD9: 051.1 ICD10: B08.0 |

Pyodermas (impetigo, abscess, etc)

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Various (<i>Staphylococcus aureus</i> & <i>Streptococcus pyogenes</i> predominate) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous, Secretions, Contact, Trauma |
| Incubation Period | Variable |
| Diagnostic Tests | Clinical diagnosis usually sufficient. Aspiration of lesion for smear and culture may be helpful in some cases. |
| Typical Adult Therapy | Antibiotic directed at likely pathogens (Group A Streptococcus and Staphylococcus aureus) |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Impetigo characterized by vesicles which progress to pustules ("honey-colored pus") Highly contagious May be complicated by acute glomerulonephritis |
| Synonyms | Acne vulgaris, Carbonchio, Carbuncle, Follicolite, Follicolite, Folliculite, Folliculitis, Follikulitis, Foroncolosi, Forunculose, Forunculosi, Furunculosis, Furunkulose, Furunulose, Hydradenitis, Impetigine, Impetigo, Paronychia, Pyoderma. ICD9: 680,684,686 ICD10: L01,L02,L08.0,L73.2 |

Pyomyositis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Usually <i>Staphylococcus aureus</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Ultrasonography or CT scan. |
| Typical Adult Therapy | Antibiotic directed at confirmed or suspected pathogen (usually <i>Staphylococcus aureus</i>); drainage |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Pain, swelling and "woody" induration of a large muscle (usually lower limb or trunk) Associated with fever and leukocytosis Often follows trauma to the involved region Lymphadenopathy uncommon; leucocytosis in most cases. |
| Synonyms | Tropical pyomyositis. ICD9: 040.81 ICD10: M60.0 |

Q-fever

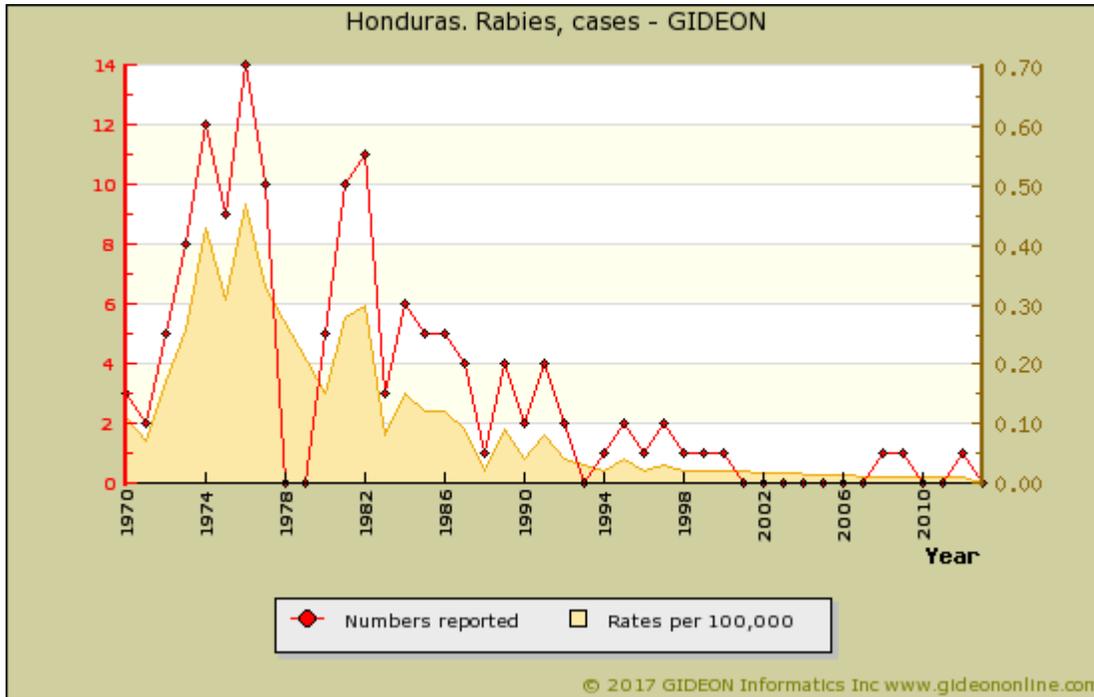
| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Coxiella burnetii</i> Intracellular organism related to Rickettsiae |
| Reservoir | Cattle, Sheep, Goat, Bird, Fish, Rodent, Rabbit, Tick, Bandicoot, Marsupial, Dog, Cat |
| Vector | None |
| Vehicle | Air, Dust, Secretions, Dairy products, Respiratory or pharyngeal acquisition |
| Incubation Period | 18d - 21d (range 4d - 40d) |
| Diagnostic Tests | Serology. Culture possible in specialized laboratories. Nucleic acid amplification. |
| Typical Adult Therapy | Doxycycline 100 mg BID X 2w OR Fluoroquinolone Add Hydroxychloroquine 600 mg per day if endocarditis |
| Typical Pediatric Therapy | Age < 8 years: Erythromycin 10 mg/kg QID X 2 weeks Age >= 8 years: Doxycycline 100 mg BID X 2 weeks |
| Vaccine | Q fever vaccine |
| Clinical Hints | Headache, myalgia, cough and hepatic dysfunction Hepatosplenomegaly, "F.U.O." and endocarditis are encountered Proximity to farming or animals during 2 to 4 weeks preceding illness Most infections resolve in 1 to 2 weeks Reported case-fatality rate is 1.5% |
| Synonyms | Balkan grippe, Candidatus <i>Coxiella massiliensis</i> , <i>Coxiella burnetii</i> , Febbre australiana, Febre Q, Nine Mile fever, Q-Fieber, Q-koorts, Query fever, Red River fever. ICD9: 083.0 ICD10: A78 |

Rabies

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Rhabdoviridae, Mononegavirales, Lyssavirus: Rabies virus. Other human Lyssaviruses = Mokola, Duvenhage, European Bat (EBL) |
| Reservoir | Dog, Fox, Skunk, Jackal, Wolf, Cat, Raccoon, Mongoose, Bat, Rodent, Rabbit |
| Vector | None |
| Vehicle | Saliva, Bite, Transplants, Air (bat aerosol), Respiratory or pharyngeal acquisition |
| Incubation Period | 1m - 3m (range 4d to 19 years !) |
| Diagnostic Tests | Viral culture & direct immunofluorescence of saliva, CSF, corneal smears. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Strict isolation; supportive. The Milwaukee protocol (prolonged deep sedation and support) has been successful in some cases. See Vaccines module for pre- and post-exposure schedules |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Rabies vaccine Rabies immune globulin |
| Clinical Hints | Follows animal bite (rarely lick) - often after months Agitation, confusion, seizures, painful spasms of respiratory muscles Progressive paralysis, coma and death Case-fatality rate exceeds 99.9% |
| Synonyms | Aravan, Australian bat lyssavirus, Ballina, BBLV, Bokeloh bat lyssavirus, Duvenhage, EBL, European bat Lyssavirus, Hondsdolheid, Hydrophobia, Ikoma lyssavirus, Irkut, Khujand, Lyssa, Mokola, Pteropus lyssavirus, Rabia, Rage, Raiva, Saint Hubert's disease, Shimoni bat virus, Tollwut, West Caucasian bat, Wutkrankheit. ICD9: 071 ICD10: A82 |

Rabies in Honduras

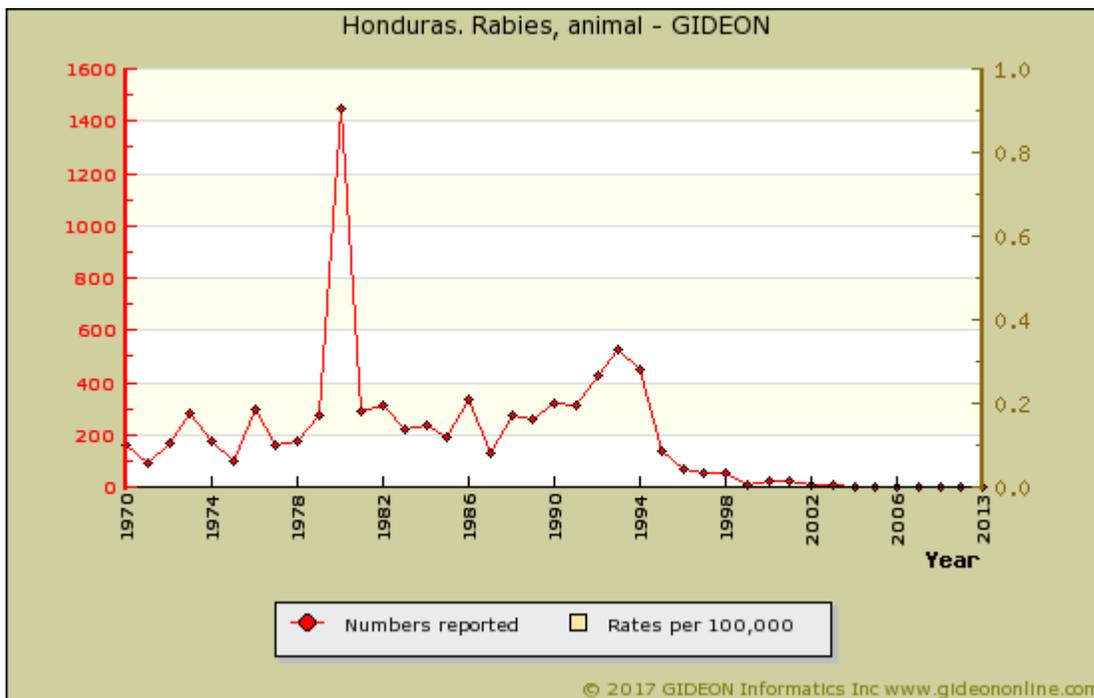
Most cases of human rabies are acquired from dogs or bats.



Graph: Honduras. Rabies, cases

Notes:

1. The average annual incidence of human rabies during 1970 to 1979 was 4 cases; 7.0 during 1980 to 1984; 3.8 during 1984 to 1989; 1 during 1990 to 1994.
 2. 1,055 postexposure treatment courses were administered in 1988; 802 in 1989; 2,456 in 2001.
- Individual years:
- 1992 - Both from Tegulcigalpa metropolitan area.
 - 1994 - In the southern region; from a dog.
 - 1995 - In the Metropolitan area.
 - 1999 - Acquired from a bat. ¹



Graph: Honduras. Rabies, animal

Notes:

1. No rabid bats were reported in 1990; 0 in 1991; 0 during 1998 to 2007.



Graph: Honduras. Rabies, dog

References

1. ProMED <promedmail.org> archive: 19990523.0852

Rat bite fever - spirillary

| | |
|---------------------------|--|
| Agent | BACTERIUM. <i>Spirillum minus</i> An aerobic gram-negative spirochete |
| Reservoir | Rat, Mouse, Cat |
| Vector | None |
| Vehicle | Bite |
| Incubation Period | 7d - 21d (range 5d - 40d) |
| Diagnostic Tests | Dark-field exam of wound. Animal inoculation. |
| Typical Adult Therapy | Amoxicillin / Clavulanate 875 / 125 mg PO BID X 7d. OR Procaine Penicillin G 600,000u IM q12h X 7d. OR Doxycycline 200 mg BID X 7d |
| Typical Pediatric Therapy | Amoxicillin / Clavulanate 10 mg/kg PO BID X 7d OR Procaine Penicillin G 25,000u/kg IM q12h X 7d |
| Clinical Hints | Lymphadenopathy, myalgia, maculopapular rash and recurrent fever Symptoms begin 1 to 3 weeks after rat bite Infection resolves after 3 to 6 days The case-fatality rate is 6% |
| Synonyms | Sodoku, Spirillosis, Spirillum minor, Spirillum minus. ICD9: 026.0 ICD10: A25.0 |

Rat bite fever - streptobacillary

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Streptobacillus moniliformis</i> A facultative gram-negative bacillus |
| Reservoir | Rat, Squirrel, Weasel, Turkey |
| Vector | None |
| Vehicle | Secretions, Bite, Dairy products |
| Incubation Period | 3d - 10d (range 1d - 22d) |
| Diagnostic Tests | Culture of blood or joint fluid. Nucleic acid amplification. |
| Typical Adult Therapy | Amoxicillin / Clavulanate 875 /1 25 mg PO BID X 7d. OR Doxycycline 100 mg PO BID X 7d |
| Typical Pediatric Therapy | Amoxicillin / Clavulanate 10 mg/kg TID X 7d. OR (if age>8 years) Doxycycline 2 mg/kg PO BID X 7 days (maximum 200 mg/day) |
| Clinical Hints | Headache, myalgia, maculopapular rash and arthralgia or arthritis History of a rat bite during the preceding 1 to 3 weeks in most cases Infection has also been acquired from contaminated milk The case-fatality rate is 10%. |
| Synonyms | Haverhill fever, Streptobacillosis, <i>Streptobacillus moniliformis</i> . ICD9: 026.1 ICD10: A25.1 |

Respiratory syncytial virus infection

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Paramyxoviridae, Pneumovirinae: Human respiratory syncytial virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Infected secretions (hands), Respiratory or pharyngeal acquisition |
| Incubation Period | 2d - 8d |
| Diagnostic Tests | Viral culture or DFA (nasal and other respiratory secretions). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Ribavirin aerosol 20 mg/ml for 12h/d X 3 to 5d (severe infections). Effectiveness not proven |
| Typical Pediatric Therapy | As for adult |
| Vaccine | RSV immune globulin |
| Clinical Hints | Rhinorrhea, cough, wheezing, bronchiolitis and respiratory distress Most cases occur during infancy |
| Synonyms | Chimpanzee coryza agent, Respiratory syncytial virus, RSV. ICD9: 079.6,480.1 ICD10: B97.4,J12.1 |

Respiratory syncytial virus infection in Honduras

Prevalence surveys

| Years | Region | Study Group | % | Notes |
|-------------|--------------------|-------------|-----|--|
| 1991 - 1992 | multiple locations | children | 32 | 32% of hospitalized children below age 3 years with respiratory symptoms (Honduras and El Salvador, 1991 to 1992) ¹ |
| 2010 - 2011 | | children | 7.5 | 7.5% of rural children below age 5 years, with respiratory symptoms (2010 to 2011) ² |
| 2006 - 2009 | multiple locations | patients | 6.9 | 6.9% of pharyngeal swabs from inpatients and outpatients in El Salvador, Honduras and Nicaragua (2006 to 2009) ³ |

References

1. [Am J Trop Med Hyg 1996 Mar ;54\(3\):260-4.](#)
2. [Pediatr Infect Dis J 2012 Nov ;31\(11\):1113-8.](#)
3. [Influenza Other Respir Viruses 2011 Mar ;5\(2\):123-34.](#)

Respiratory viruses - miscellaneous

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA and DNA Paramyxoviridae: Mononegavirales Human Metapneumovirus Coronaviridae: New Haven Coronavirus, HKU1 Parvovirinae: Human Bocavirus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet, Secretions (on hands), Respiratory or pharyngeal acquisition |
| Incubation Period | Unknown |
| Diagnostic Tests | Viral culture. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | NA |
| Typical Pediatric Therapy | NA |
| Clinical Hints | Rhinorrhea, cough, wheezing, bronchiolitis and respiratory distress Age distribution and prominence of specific signs / symptoms vary somewhat among the specific viruses in this category |
| Synonyms | Acanthamoeba polyphaga mimivirus, Bat reovirus, Bocavirus, Bradford coccus, Cardiovirus, Coronavirus HKU1, Coronavirus NL63, Encephalomyocarditis Virus, HCoV-HKU1, HCoV-NL63, HK23629/07, HKU1, HRV-A, HRV-B, HRV-C, Human Bocavirus, Human Coronavirus NL63, Human CoV 229E, Human CoV OC43, Human metapneumovirus, Human rhinovirus, Kampar, Karolinska Institutet virus, KI virus, Melaka, Metapneumovirus, Mimivirus, New Haven coronavirus, Pulau, Rhinovirus, Small Anellovirus, Tioman virus, Torque tenovirus, Torquetenovirus, Washington University virus, WU polyomavirus, WU virus. ICD9: 079.89 ICD10: B34.2,J12.8 |

Respiratory viruses - miscellaneous in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------------|-------------|---------|--|
| 2010 - 2011 | children | 7.5-8.1 | human metapneumovirus (hMPV) was found in 8.1% of rural children below age 5 years, with respiratory symptoms, and RSV in 7.5% (2010 to 2011) ¹ |
| 2010 - 2011 | children | 13.3 | Parainfluenza virus was found in 13.3% of rural children below age 5 years, with respiratory symptoms ² |

References

1. *Pediatr Infect Dis J* 2012 Nov ;31(11):1113-8.
2. *Pediatr Infect Dis J* 2012 Nov ;31(11):1113-8.

Reye's syndrome

| | |
|----------------------------------|--|
| Agent | UNKNOWN |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown |
| Diagnostic Tests | Clinical diagnosis. |
| Typical Adult Therapy | Electrolyte & glucose management, ? enemas, ? dialysis |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Vomiting, lethargy, coma, seizures, hepatomegaly, hypoglycemia and elevated blood ammonia concentration Patients are usually anicteric Follows viral infection; aspirin ingestion is often implicated. |
| Synonyms | Reye syndrome. ICD9: 331.81 ICD10: G93.7 |

Rheumatic fever

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Streptococcus pyogenes</i> A facultative gram-positive coccus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Droplet |
| Incubation Period | 1w - 5w |
| Diagnostic Tests | Clinical diagnosis. |
| Typical Adult Therapy | Supportive; salicylates |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Migratory arthritis, fever, carditis, chorea, subcutaneous nodules, erythema marginatum and leukocytosis In most cases, illness follows overt pharyngitis after 1 to 5 weeks An attack of rheumatic fever will persist for approximately 3 months. |
| Synonyms | Febbre reumatica. ICD9: 390,391 ICD10: I00,I01,I02 |

Rhinoscleroma and ozena

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Klebsiella pneumoniae</i> ssp <i>ozaenae</i> and <i>Klebsiella pneumoniae</i> ssp <i>rhinoscleromatis</i> Facultative gram-negative bacilli |
| Reservoir | Human |
| Vector | None |
| Vehicle | Secretions, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | Unknown |
| Diagnostic Tests | Culture. Biopsy. Nucleic acid amplification. Advise laboratory when this diagnosis is suspected. |
| Typical Adult Therapy | Rhinoscleroma: Streptomycin , often with systemic or topical Rifampin - for 3 to 6 weeks; fluoroquinolones also appear to be effective. Ozena: Ciprofloxacin or Sulfamethoxazole/trimethoprim for 3 months |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Rhinoscleroma: - Chronic fetid nasal discharge - A crusting mass may develop in the nose - Infection may extend to the larynx, trachea of paranasal sinuses Ozena: - Chronic rhinitis progressing to atrophy of the nasal mucosa - Extension to the larynx and systemic infection have been reported |
| Synonyms | <i>Klebsiella pneumoniae</i> ssp <i>ozaenae</i> , Ozena, Rhinoscleroma. ICD9: 040.1 ICD10: J31.0 |

Rhinosporidiosis

| | |
|---------------------------|--|
| Agent | PROTOCTISTA <i>Rhinosporidium seeberi</i> (may in fact be <i>Microcystis</i> , a cyanobacterium) |
| Reservoir | Water, Soil, Vegetation |
| Vector | None |
| Vehicle | Aerosol from soil or water, Respiratory or pharyngeal acquisition |
| Incubation Period | 2w - 6m |
| Diagnostic Tests | Histology of resected material (organism does not grow in-vitro). |
| Typical Adult Therapy | Excision Dapsone has been used in cases of disseminated disease, in some cases combined with cycloserine and ketoconazole |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Friable, painless vascular masses of nose, conjunctivae and larynx Recurrence is common. |
| Synonyms | Rhinosporidium seeberi. ICD9: 117.0 ICD10: B48.1 |

Rhodococcus equi infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Rhodococcus equi</i> An aerobic gram-positive coccobacillus |
| Reservoir | Farm animal, Farm soil |
| Vector | None |
| Vehicle | Inhalation, Contact, Ingestion |
| Incubation Period | Unknown |
| Diagnostic Tests | Culture of blood, body fluids and secretions. Advise laboratory when these organisms are suspected. |
| Typical Adult Therapy | Two drugs from the following, administered for two months: Levofloxacin , Rifampin , Azithromycin , Ciprofloxacin , Imipenem , Vancomycin |
| Typical Pediatric Therapy | Two drugs from the following, administered for two months: Levofloxacin , Rifampin , Azithromycin , Imipenem , Vancomycin |
| Clinical Hints | Most often presents as pleuropulmonary infection in an immune-suppressed patient 40% of patients recall recent contact with farm or farm animals |
| Synonyms | Rhodococcus. ICD9: 027.9 ICD10: A92.8 |

Rickettsia felis infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Rickettsia felis</i> |
| Reservoir | Opossum (<i>Didelphis marsupialis</i>), Flying squirrel, Raccoon, Cat, Flea, Dog |
| Vector | Flea (<i>Ctenocephalides felis</i> , <i>Pulex irritans</i>) |
| Vehicle | None |
| Incubation Period | Unknown |
| Diagnostic Tests | Serology (IFA). Nucleic acid amplification. Note that Weil-Felix reaction may be positive (OX-19). |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 3 to 5d. OR Chloramphenicol 500 mg PO QID X 3 to 5d |
| Typical Pediatric Therapy | Doxycycline 2 mg/kg PO BID X 3 to 5d (maximum 200 mg/day). OR Chloramphenicol 10 mg/kg PO QID X 3 to 5d |
| Clinical Hints | Disease mimics endemic typhus Fever, headache and myalgia Macular rash present in 20% to 50% of patients, and is most prominent on the trunk and abdomen History of recent contact with opossum or other small mammal |
| Synonyms | California pseudotyphus, Cat flea typhus, ELB agent. ICD9: 081.1 ICD10: A79.8 |

Rotavirus infection

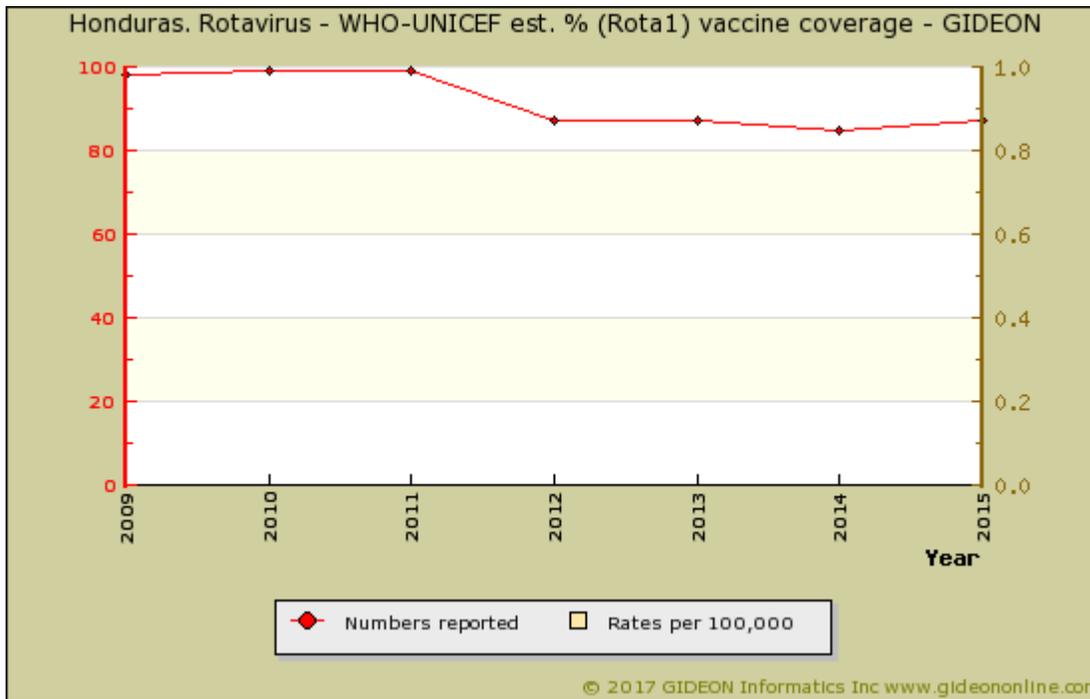
| | |
|---------------------------|---|
| Agent | VIRUS - RNA. Reoviridae: Rotavirus |
| Reservoir | Human, Pig |
| Vector | None |
| Vehicle | Fecal-oral, Water |
| Incubation Period | 2.0 d (range 12h - 3d) |
| Diagnostic Tests | Stool assay for viral antigen. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Stool precautions; supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Rotavirus vaccine |
| Clinical Hints | Vomiting, diarrhea and mild fever The illness lasts approximately 1 week, and is most severe in infancy Fatal cases are associated with dehydration and electrolyte imbalance |
| Synonyms | Rotavirus. ICD9: 008.61 ICD10: A08.0 |

Rotavirus infection in Honduras

Vaccine Schedule:

BCG - birth
 DT - 4,6,18 months; 4 years risk groups
 DTwP - 18 months; 4 years
 DTwPHibHepB - 2,4,6 months
 HepB - birth 1st contact, +1, +6 months for risk groups
 HPV - 11 years
 IPV - 2,4,6 months (risk groups)
 MMR - 12 months
 OPV - 2,4,6,18 months
 Pneumo conj - 2,4,6 months
 Rotavirus - 2,4 months
 Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated

Routine vaccination against Rotavirus was introduced in 2009. ¹



Graph: Honduras. Rotavirus - WHO-UNICEF est. % (Rota1) vaccine coverage

Rotavirus is estimated to account for 66,600 outpatient visits each year, with 1,888 hospitalizations and 70 in-hospital deaths among children below age 5 years. ²

Prevalence surveys

| Years | Study Group | % | Notes |
|-------------|-------------|-------|--|
| 2000 - 2004 | children | 30-53 | 30% of outpatient and 53% of inpatient diarrhea among children below age 5 years (estimated, 2000 to 2004) |
| 2005 | children | 6.5 | 6.5% of hospitalizations for diarrhea among children below age 5 years (2005) |
| 2006 | children | 44 | 44% of pediatric hospitalizations for diarrhea in 2006 ³ |
| 2010 | children | 35 | 35% of pediatric hospitalizations for diarrhea in 2010 ⁴ |

References

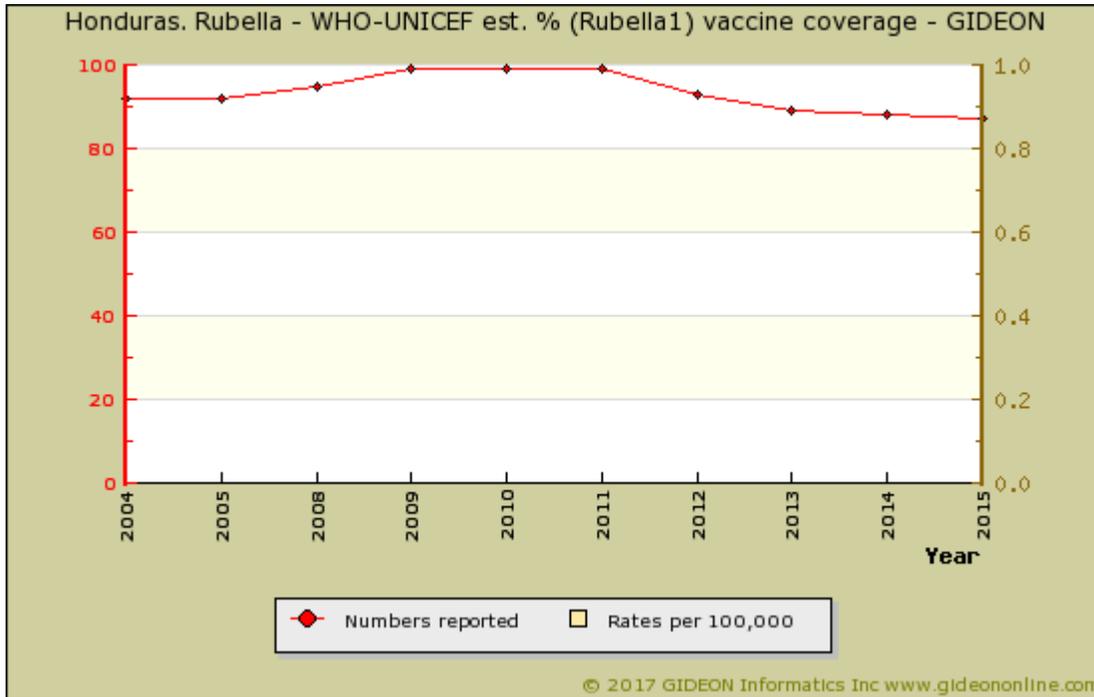
1. MMWR Morb Mortal Wkly Rep 2011 Dec 2;60(47):1611-4.
2. Rev Panam Salud Publica 2006 Dec ;20(6):377-84.
3. MMWR Morb Mortal Wkly Rep 2011 Dec 2;60(47):1611-4.
4. MMWR Morb Mortal Wkly Rep 2011 Dec 2;60(47):1611-4.

| Rubella | |
|---------------------------|---|
| Agent | VIRUS - RNA. Togaviridae: Rubivirus, Rubella virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Contact, Air, Transplacental, Breastfeeding, Respiratory or pharyngeal acquisition |
| Incubation Period | 16d - 18d (range 14d - 23d) |
| Diagnostic Tests | Viral culture (throat, urine). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Respiratory precautions. Supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccines | Rubella vaccine Rubella - Mumps vaccine Measles-Mumps-Rubella vaccine Measles-Rubella vaccine |
| Clinical Hints | Maculopapular rash following a one-day prodrome of coryza and headache Post auricular lymphadenopathy Arthralgia and arthritis are encountered in adults Severe thrombocytopenia or encephalitis may follow acute infection Congenital rubella characterized by hearing loss, congenital heart disease, cataracts, mental retardation and other abnormalities |
| Synonyms | Epidemic roseola, German measles, Roda hund, Rode hond, Rode hunder, Rodehond, Rosolia, Roteln, Rubeola [Spanish], Three-day measles. ICD9: 056 ICD10: B06 |

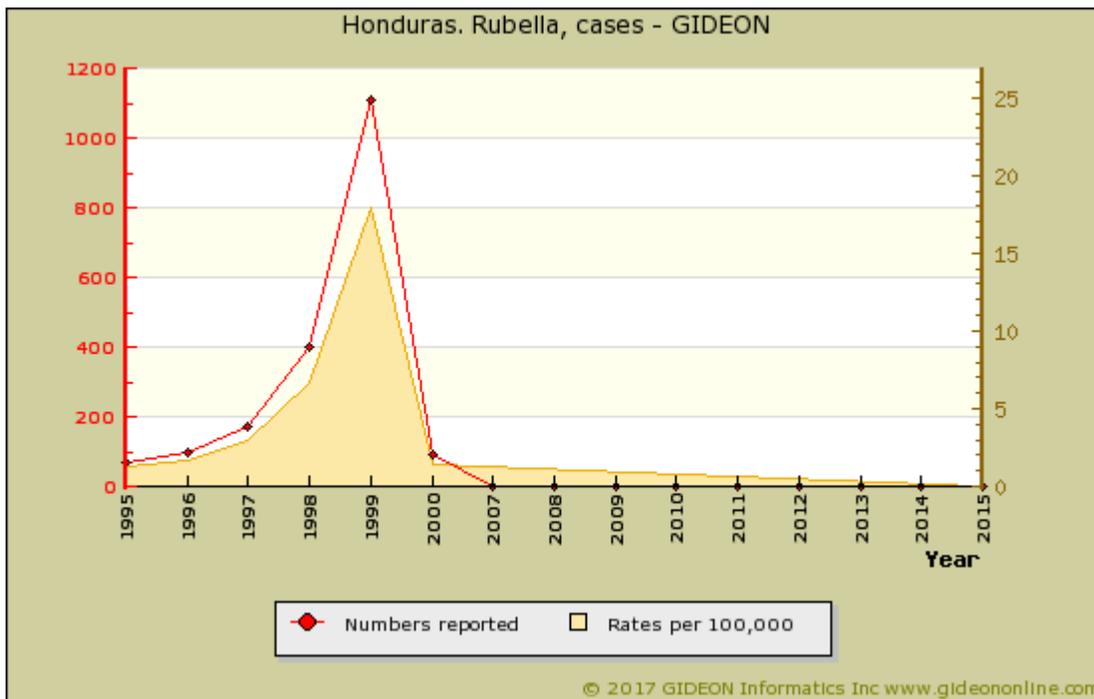
Rubella in Honduras

Vaccine Schedule:

BCG - birth
DT - 4,6,18 months; 4 years risk groups
DTwP - 18 months; 4 years
DTwPHibHepB - 2,4,6 months
HepB - birth 1st contact, +1, +6 months for risk groups
HPV - 11 years
IPV - 2,4,6 months (risk groups)
MMR - 12 months
OPV - 2,4,6,18 months
Pneumo conj - 2,4,6 months
Rotavirus - 2,4 months
Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



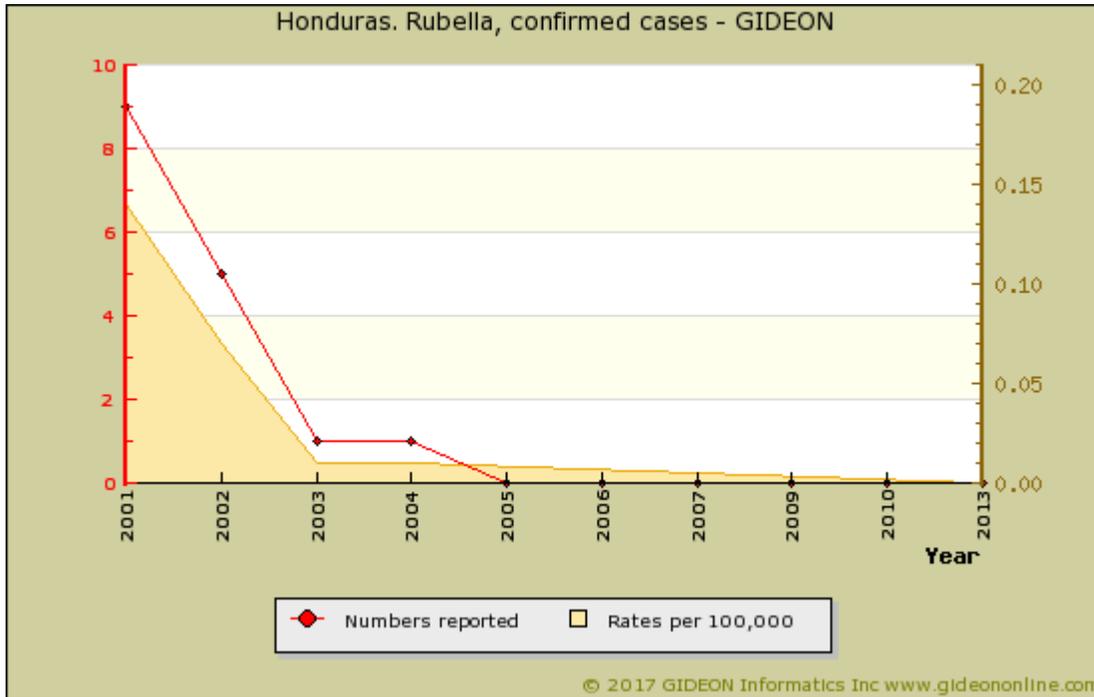
Graph: Honduras. Rubella - WHO-UNICEF est. % (Rubella1) vaccine coverage



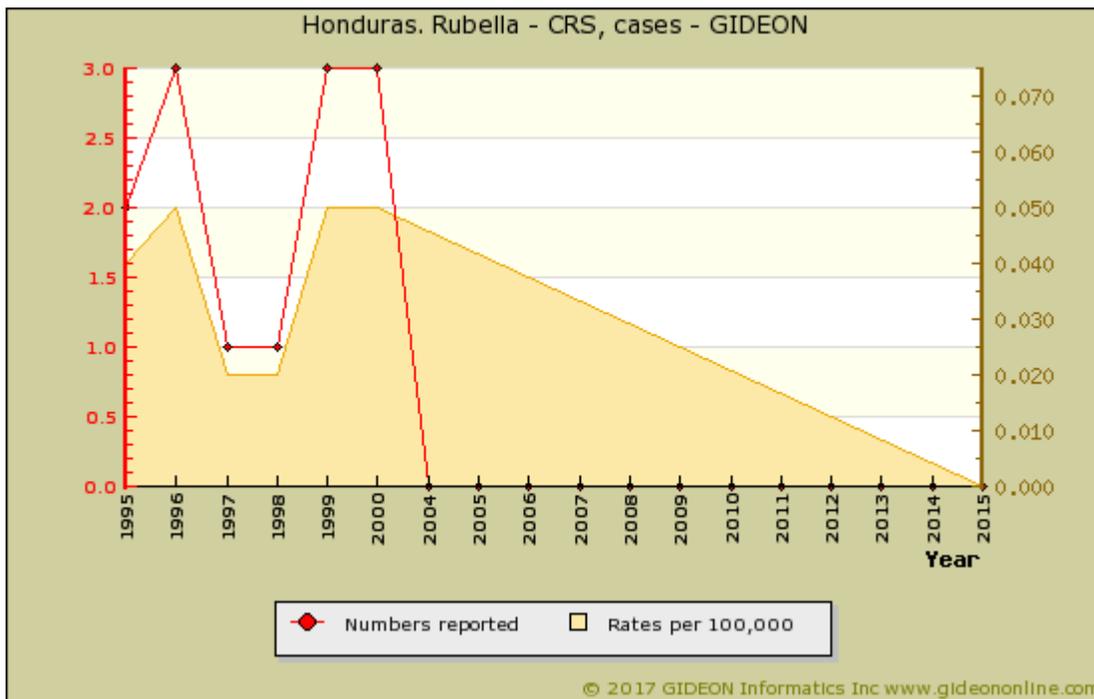
Graph: Honduras. Rubella, cases

Notes:

1. No deaths were ascribed to rubella or congenital rubella during 1995 to 2000.



Graph: Honduras. Rubella, confirmed cases



Graph: Honduras. Rubella - CRS, cases

Notes:

1. Review of CRS surveillance in Honduras - see reference ¹

References

1. J Infect Dis 2011 Sep 01;204 Suppl 2:S637-41.

Salmonellosis

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Salmonella</i> A facultative gram-negative bacillus |
| Reservoir | Mammal, Bird, Reptile |
| Vector | None |
| Vehicle | Food, Milk, Eggs, Poultry Shellfish, Meat, Vegetables, Fruit, Fecal-oral Breastfeeding, Fly |
| Incubation Period | 12h - 36h (range 6h - 5d) |
| Diagnostic Tests | Culture (stool, blood, infected tissue). Serology. |
| Typical Adult Therapy | Stool precautions. Therapy not indicated for uncomplicated diarrhea; if necessary, treat per antibiogram |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, chills and watery diarrhea 12 to 24 hours after ingestion of eggs, meat, poultry Fecal leucocytes present Fever resolves in 2 days; but diarrhea may persist for up to 7 days (occasionally weeks) |
| Synonyms | Salmonellosen, Salmonellosi. ICD9: 003 ICD10: A02 |

Salmonellosis in Honduras

Notable outbreaks

| Years | Region | Setting | Cases | Source | Pathogen | Notes |
|-------|-----------------|---------------------|-------|-------------------|------------|---|
| 2005 | Atlantida | political gathering | 600 | poultry - chicken | | 1 |
| 2008 | foreign country | | 59 | fruit - melon | lichtfield | Outbreak in 16 American states (50 cases) and Canada (9 cases) caused by contaminated melon from Honduras 2 |

References

1. ProMED <promedmail.org> archive: 20050928.2850
2. ProMED <promedmail.org> archive: 20080323.1098

Sarcocystosis

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Coccidea, Eimeriida: <i>Sarcocystis bovihominis</i> or <i>S. suihominis</i> |
| Reservoir | Cattle, Pig |
| Vector | None |
| Vehicle | Meat, Water |
| Incubation Period | 9d - 39d |
| Diagnostic Tests | Identification of cysts in stool. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Diarrhea and abdominal pain of varying severity Muscle pain and eosinophilia occasionally encountered |
| Synonyms | Isospora hominis, Kudoa, Sarcocystiasis, Sarcocystis, Sarcosporidiosis. ICD9: 136.5 ICD10: A07.8 |

Scabies

| | |
|----------------------------------|--|
| Agent | PARASITE - Arthropod. Arachnid, Acarina (Mite), Sarcoptidae: <i>Sarcoptes (Acarus) scabiei</i> |
| Reservoir | Human |
| Vector | Mite |
| Vehicle | Contact, Sexual contact |
| Incubation Period | 3d - 42d |
| Diagnostic Tests | Identification of mites in skin scrapings. |
| Typical Adult Therapy | Permethrin 5%. OR Lindane. OR Crotamiton 10% OR Ivermectin 150 to 200 ug/kg PO as single dose |
| Typical Pediatric Therapy | Permethrin 5%. OR Lindane. OR Crotamiton 10% OR Ivermectin 200 mcg/kg PO (> 15 kg body weight) |
| Clinical Hints | Intensely pruritic papules, vesicles and burrows Lesions prominent at interdigital webs, wrists, elbows, axillae, perineal region, buttocks and penis Pruritus is most intense at night Severe psoriaform infestation (Norwegian scabies) may affect debilitated patients |
| Synonyms | Cheyletiella, Cheyletiella infestation, Escabiose, Escabiosis, Histiostomatid mites, Kratze, Mange, Ornithonyssus, Pyemotes, Sarcoptes scabiei, Sarna, Scabbia, Skabies, Tropical rat mite. ICD9: 133 ICD10: B86 |

Scarlet fever

| | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Streptococcus pyogenes</i> A facultative gram-positive coccus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Secretions, Food, Respiratory or pharyngeal acquisition |
| Incubation Period | 1d - 4d |
| Diagnostic Tests | Typical clinical features associated with group A streptococcal pharyngitis. |
| Typical Adult Therapy | Benzathine Penicillin G 1.2 million units IM as single dose |
| Typical Pediatric Therapy | Benzathine Penicillin G : Weight <14kg: 300,000 units IM Weight 14 to 28kg: 600,000 units IM Weight >28kg: 1.2 million units IM |
| Clinical Hints | Overt pharyngitis followed within 24 to 48 hrs by a florid desquamative erythematous rash |
| Synonyms | Escarlatina, Lanhousha, Scarlattina, Scharlach. ICD9: 034.1 ICD10: A38 |

Septic arthritis

| | |
|----------------------------------|---|
| Agent | BACTERIUM or FUNGUS. Gram positive cocci most common; gram negative bacilli, gonococci, mycobacteria , fungi, et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Smear and culture of joint fluid. Cytological and chemical analysis of joint fluid also useful. |
| Typical Adult Therapy | Antimicrobial agent(s) directed at known or likely pathogen |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever (60% to 80%) associated with swelling, erythema and tenderness Usually involves a single joint, most commonly knee; elbow or ankle in child Mean fluid leukocyte count in acute bacterial forms is 50,000 per cu mm |
| Synonyms | |

Septicemia - bacterial

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Escherichia coli</i> , <i>Staphylococcus aureus</i> , facultative gram negative bacilli, et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Culture of blood and sepsis source. |
| Typical Adult Therapy | Antimicrobial agent(s) directed at known or likely pathogen |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, rigors, leukocytosis, tachypnea, mental changes Hypotension, acidosis and bleeding diathesis herald septic shock Additional signs (eg, urinary infection, phlebitis, etc) may point to the source of infection |
| Synonyms | Sepsis, Septicaemia, Septicemia, Septicemie, Septikemie, Setticeimia. ICD9: 036.2,036.3,038 ICD10: A40,A41 |

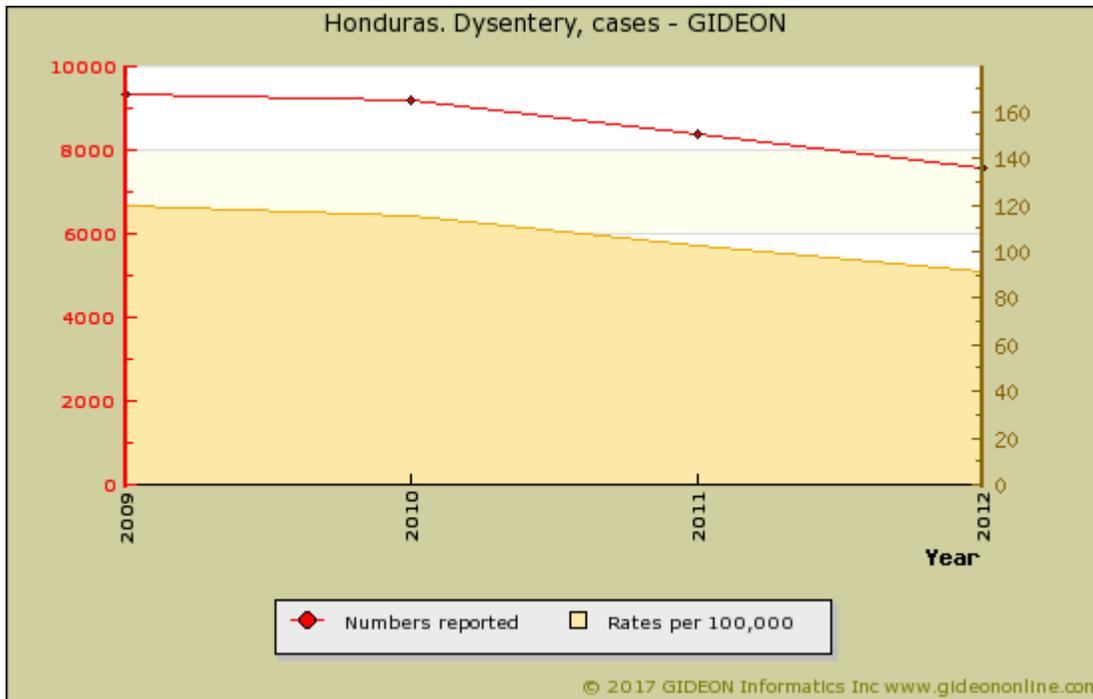
Septicemia - bacterial in Honduras

Mortality rates of 2.0 per 100,000 per year are reported.

Shigellosis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Shigella sonnei</i> , <i>Shigella flexneri</i> , <i>Shigella boydii</i> or <i>Shigella dysenteriae</i> A facultative gram-negative bacillus |
| Reservoir | Human, Non-human primate |
| Vector | None |
| Vehicle | Fecal-oral, Water, Dairy products, Fomite, Fly, Vegetables |
| Incubation Period | 48h - 72h (range 7h - 1w) |
| Diagnostic Tests | Stool culture. |
| Typical Adult Therapy | Stool precautions. Choice of antimicrobial agent based on regional susceptibility patterns. Continue treatment for five days |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Watery or bloody diarrhea, tenesmus, abdominal pain and headache Colonic hyperemia and abundant fecal leucocytes are present Usually resolves in 3 days, but may persist for up to 14 Reported case fatality rate is 1% - severity and mortality highest with <i>Shigella dysenteriae</i> infection |
| Synonyms | Bacillaire dysenterie, Bacillary dysentery, Dissenteria batterica, Dysentery bacillaris, Leptospiroenerkrankung, Ruhr, Shigella, Shigellose, Shigelose, Ubertragbare Ruhr. ICD9: 004 ICD10: A03 |

Shigellosis in Honduras



Graph: Honduras. Dysentery, cases

Sinusitis

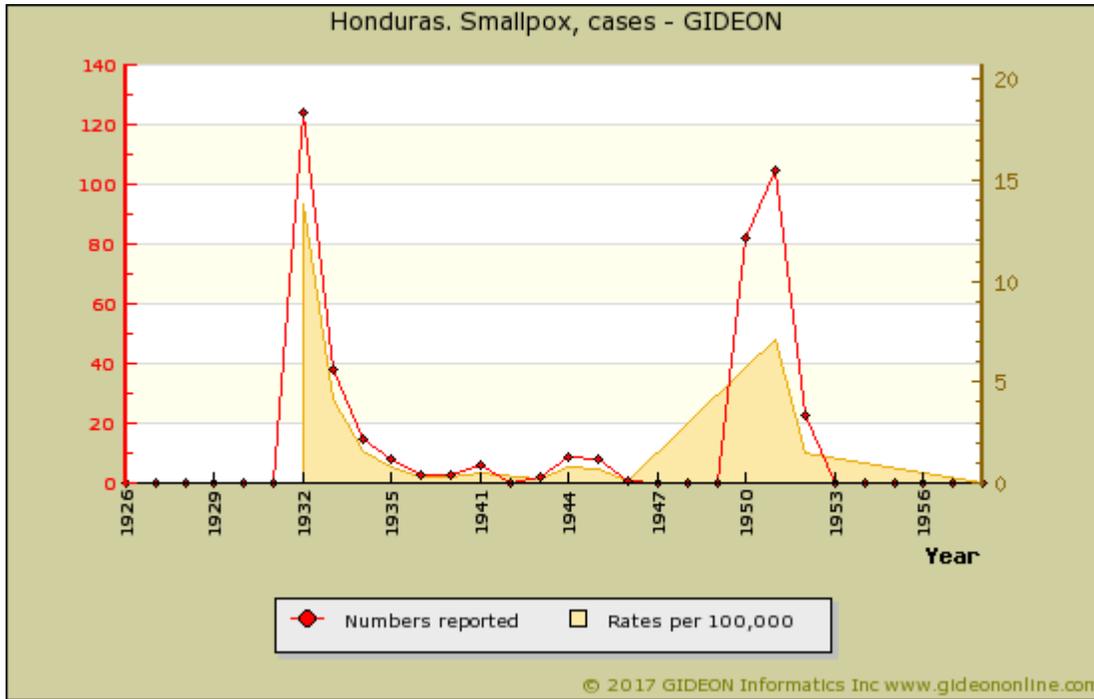
| | |
|----------------------------------|--|
| Agent | BACTERIUM. Various (<i>Haemophilus influenzae</i> & <i>Streptococcus pneumoniae</i> in most acute cases) |
| Reservoir | Human |
| Vector | None |
| Vehicle | None |
| Incubation Period | Variable |
| Diagnostic Tests | Imaging techniques. Culture of sinus drainage. |
| Typical Adult Therapy | Amoxicillin / Clavulanate 2000 / 125 mg BID X 7 days Drainage as indicated Alternatives: Levofloxacin , Clindamycin, Cefuroxime , Cefdinir |
| Typical Pediatric Therapy | Amoxicillin / Clavulanate 90 / 6.4 mg/kg BID X 7 days Drainage as indicated Alternatives: Clindamycin, Cefuroxime , Cefdinir |
| Clinical Hints | Sinusitis often follows upper respiration infections Headache, fever and local tenderness are common The precise presentation varies with patient age and anatomic localization |
| Synonyms | Acute sinusitis, Mastoidite, Mastoiditis, Rhinosinusitis, Sinusite. ICD9: 473.9,383.0,461 ICD10: H70,J01 |

| Smallpox | |
|---------------------------|---|
| Agent | VIRUS - DNA. Poxviridae, Orthopoxvirus: Variola virus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Contact, Secretions, Fomite, Respiratory or pharyngeal acquisition |
| Incubation Period | 7d - 17d |
| Diagnostic Tests | Culture and electron microscopy of skin lesions. Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Isolation Tecovirimat 400 to 600 mg PO once daily X 14 days Cidofovir is effective in vitro |
| Typical Pediatric Therapy | Isolation Pediatric dosage of Tecovirimat not established |
| Vaccine | Smallpox vaccine |
| Clinical Hints | Fever, myalgia, headache with pustular or hemorrhagic rash Disease resolves in 2 to 3 weeks Reported case-fatality rate is 25% for severe form (variola major) and 1% for minor form; The last naturally-acquired case was reported in Somalia in 1977 |
| Synonyms | Alastrim, Eczema vaccinatum, Kopper, Smallpox, Vailo, Variola, Variola minor, Varioloid. ICD9: 050 ICD10: B03 |

Not currently endemic to any country.

Although Smallpox is not endemic to Honduras, imported, expatriate or other presentations of the disease have been associated with this country.

Smallpox in Honduras



Graph: Honduras. Smallpox, cases

Indigenous transmission ended in 1935, reappeared and ended again in 1952.

Sporotrichosis

| | |
|----------------------------------|--|
| Agent | FUNGUS. Ascomycota, Euascomycetes, Ophiostomatales: <i>Sporothrix schenckii</i> , <i>S. brasiliensis</i> and <i>S. globosa</i> A dimorphic dematiaceous fungus |
| Reservoir | Soil, Vegetation, Wood |
| Vector | None |
| Vehicle | Trauma, Contact, Air, Respiratory or pharyngeal acquisition |
| Incubation Period | 1w - 3m |
| Diagnostic Tests | Fungal culture. Serologic tests available in some centers. |
| Typical Adult Therapy | Itraconazole 100 to 200 mg PO daily X 3 to 6 months. OR Fluconazole 400 mg PO daily X 6 months. OR Potassium iodide 1 to 5 ml PO TID X 3 to 6 months |
| Typical Pediatric Therapy | Itraconazole 2 mg/kg PO daily X 3 to 6 months. OR Fluconazole 3 mg/kg PO daily X 6 months. |
| Clinical Hints | Draining nodules which appear along the course of lymphatics Acquired from contact with flowers, thorns, trees or other plant material Eye, brain, testis, bone and other tissues may be involved |
| Synonyms | Rose gardener's disease, Schenck's disease, <i>Sporothrix brasiliensis</i> , <i>Sporothrix chiensis</i> , <i>Sporothrix globosa</i> , <i>Sporothrix mexicana</i> , <i>Sporothrix schenckii</i> , Sporotrichose. ICD9: 117.1 ICD10: B42 |

Spotted fevers - New World

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Rickettsia rickettsii</i> <i>Rickettsia parkeri</i> and <i>Rickettsia amblyommii</i> associated with similar illness |
| Reservoir | Tick, Dog, Rodent |
| Vector | Tick (<i>Dermacentor</i> , <i>Amblyomma</i>) |
| Vehicle | None |
| Incubation Period | 5d - 7d (range 2d - 14d) |
| Diagnostic Tests | Serology. Direct immunofluorescence or culture of skin lesions. Nucleic acid amplification. |
| Typical Adult Therapy | Doxycycline 100 mg PO BID X 7d. OR Chloramphenicol 500 mg PO QID X7d |
| Typical Pediatric Therapy | Doxycycline 2 mg/kg PO BID X 7d (maximum 200 mg/day). OR Chloramphenicol 10 mg/kg PO QID X 7d |
| Clinical Hints | Headache, myalgia, vomiting and a maculopapular or petechial rash (primarily involving the extremities); May be history of a tick bite or dog contact during the preceding 1 to 2 weeks Rash is absent in 5% Reported case-fatality rate (untreated) is 25% |
| Synonyms | American spotted fever, Bullis fever, Febre maculosa brasileira, Fiebre manchada, Lone star fever, <i>Rickettsia</i> 364D, <i>Rickettsia amblyommii</i> , <i>Rickettsia canadensis</i> , <i>Rickettsia montanensis</i> , <i>Rickettsia parkeri</i> , <i>Rickettsia philippi</i> , <i>Rickettsia rickettsii</i> , <i>Rickettsia texiana</i> , <i>Rickettsiae</i> , RMSF, Rocky Mountain spotted fever, Sao Paulo fever, Tidewater spotted fever, Tobia fever. ICD9: 082.0,082.8 ICD10: A77.0 |

Spotted fevers - New World in Honduras

2009 (publication year) - A traveler from the United States acquired presumed rickettsial spotted fever while in Honduras. ¹

References

1. [Emerg Infect Dis 2009 Aug ;15\(8\):1321-3.](#)

St. Louis encephalitis

| | |
|----------------------------------|--|
| Agent | VIRUS - RNA. Flaviviridae, Flavivirus: St. Louis encephalitis virus |
| Reservoir | Bird, Mammal |
| Vector | Mosquito (<i>Culex pipiens</i> , <i>Cx. tarsalis</i> , <i>Cx. nigripalpus</i> , <i>Cx. restuans</i> , <i>Cx. salinarius</i> , <i>Aedes</i> , <i>Sabethes</i>) |
| Vehicle | None |
| Incubation Period | 4d - 21d |
| Diagnostic Tests | Viral culture (blood, brain tissue, CSF). Serology. Nucleic acid amplification. Biosafety level 2. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Headache, meningitis, encephalitis Sore throat, myalgia, vomiting and photophobia Most cases encountered during late summer Infection resolves in 5 to 10 days Case-fatality rate is 8% (over 25% above age 65). |
| Synonyms | American encephalitis, Modoc, Rio Bravo, SLE. ICD9: 062.3 ICD10: A83.3 |

Staphylococcal food poisoning

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Staphylococcus aureus</i> exotoxins |
| Reservoir | Human (nares, hands), Cattle (udder), Dog/Cat (nasopharyngeal) |
| Vector | None |
| Vehicle | Food (creams, gravies, sauces) |
| Incubation Period | 2h - 4h (range 30 min - 9h) |
| Diagnostic Tests | Identification of bacterium in food. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | 'Explosive" diarrhea and vomiting Usually no fever No fecal leucocytes Onset 1 to 6 hours after food Resolves within 1 to 2 days Fatality is rarely reported |
| Synonyms | Staphylococcus aureus food poisoning. ICD9: 005.0 ICD10: A05.0 |

Staphylococcal scalded skin syndrome

| | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Staphylococcus aureus</i> phage group 2 A facultative gram-positive coccus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Contact, Secretions |
| Incubation Period | 1d - 4d |
| Diagnostic Tests | Typical clinical features; Recovery of <i>S. aureus</i> from localized wound or blood ; skin biopsy may be helpful |
| Typical Adult Therapy | Fluid replacement (as for burn) ; Intravenous Nafcillin or Oxacillin , in addition to application of anti-staphylococcal drug to local source infection; Vancomycin if MRSA Clindamycin used to interfere with toxin production. |
| Typical Pediatric Therapy | Fluid replacement (as for thermal burn) ; Intravenous Nafcillin or Oxacillin , in addition to application of anti-staphylococcal drug to local source infection; Vancomycin if MRSA |
| Clinical Hints | Acute, generalized exfoliative dermatitis which occurs primarily in infants and young children A pre-existing localized skin infection is present in most cases |
| Synonyms | Lyell disease, Ritter disease, Ritter von Ritterschein disease, Scalded skin syndrome, SSSS. ICD9: 695.81 ICD10: L00 |

Streptococcus suis infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Streptococcus suis</i> I and <i>Streptococcus suis</i> II A facultative gram-positive coccus |
| Reservoir | Pig |
| Vector | None |
| Vehicle | Air, Secretions, Meat, Wound, Contact |
| Incubation Period | Unknown. Probably hours to few days |
| Diagnostic Tests | Culture of blood, tissue, body fluids |
| Typical Adult Therapy | Systemic antibiotic. Usually susceptible in vitro to Penicillin, Amoxicillin , Chloramphenicol and Gentamicin |
| Typical Pediatric Therapy | Systemic antibiotic |
| Clinical Hints | Severe multisystem disease, hemorrhagic diatheses, deafness or meningitis Disease appears hours to a few days after contact with pigs or pig products |
| Synonyms | Streptococcus suis. ICD9: 027.8 ICD10: A48.8 |

Strongyloidiasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Strongyloides stercoralis</i> (<i>Strongyloides fulleborni</i> is occasionally implicated in systemic disease) |
| Reservoir | Human, Dog, Monkey (for <i>Strongyloides fulleborni</i>) |
| Vector | None |
| Vehicle | Skin contact, Soil, Feces, Autoinfection, Sexual contact |
| Incubation Period | 14d - 30d |
| Diagnostic Tests | Identification of larvae (or ova, for <i>Strongyloides fulleborni</i>) in stool or duodenal aspirate. Serology. |
| Typical Adult Therapy | Ivermectin 200 micrograms/kg/d PO daily X 2d OR Thiabendazole 25 mg/kg BID (max 3g) X 2d OR Albendazole 400 mg/d X 3d (7 days for hyperinfection syndrome) |
| Typical Pediatric Therapy | Ivermectin 200 micrograms/kg/d PO daily X 2d OR Thiabendazole 25 mg/kg BID (max 3g) X 2d. OR Albendazole 200 mg/d X 3d (7 days for hyperinfection syndrome) |
| Clinical Hints | Diarrhea, gluteal or perineal pruritus and rash Eosinophilia often present Widespread dissemination encountered among immune-suppressed patients (case-fatality rate for this complication = 80%) |
| Synonyms | Anguilluliasis, Anguillulosis, Cochin China gastroenteritis, Diploscapter, Halicephalobus, Larva currens, Leptodera intestinals, Leptodera stercoralis, Lungworm, Metastrongylus, Micronema, Pseudo-rhabdis stercoralis, Rhabditis stercoralis, Rhabdonema intestinale, Rhabdonema stercoralis, Strongyloides fulleborni, Strongyloides stercoralis, Strongyloidose, Threadworm, Turbatrix. ICD9: 127.2 ICD10: B78 |

Strongyloidiasis in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|---------------------|-----|--|
| 1991* | children | 2.6 | 2.6% of rural children with diarrhea (1991 publication) ¹ |
| 2004* | patients - HIV/AIDS | 7.5 | 7.5% of HIV-positive patients (2004 publication) ² |

* indicates publication year (not necessarily year of survey)

References

1. [Trans R Soc Trop Med Hyg 1991 Jan-Feb;85\(1\):70-3.](#)
2. [Mem Inst Oswaldo Cruz 2004 Nov ;99\(7\):773-8.](#)

Subdural empyema

| | |
|---------------------------|--|
| Agent | BACTERIUM. <i>Haemophilus influenzae</i> , oral anaerobes, streptococci, et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Imaging techniques (CT scan, etc). |
| Typical Adult Therapy | Antimicrobial agent(s) directed at known or likely pathogen |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, severe headache, vomiting, signs of meningeal irritation and increased cerebrospinal fluid pressure May follow head trauma, meningitis, otitis or sinusitis Case-fatality rates vary from 15% (patient alert) to 60% (comatose) |
| Synonyms | |

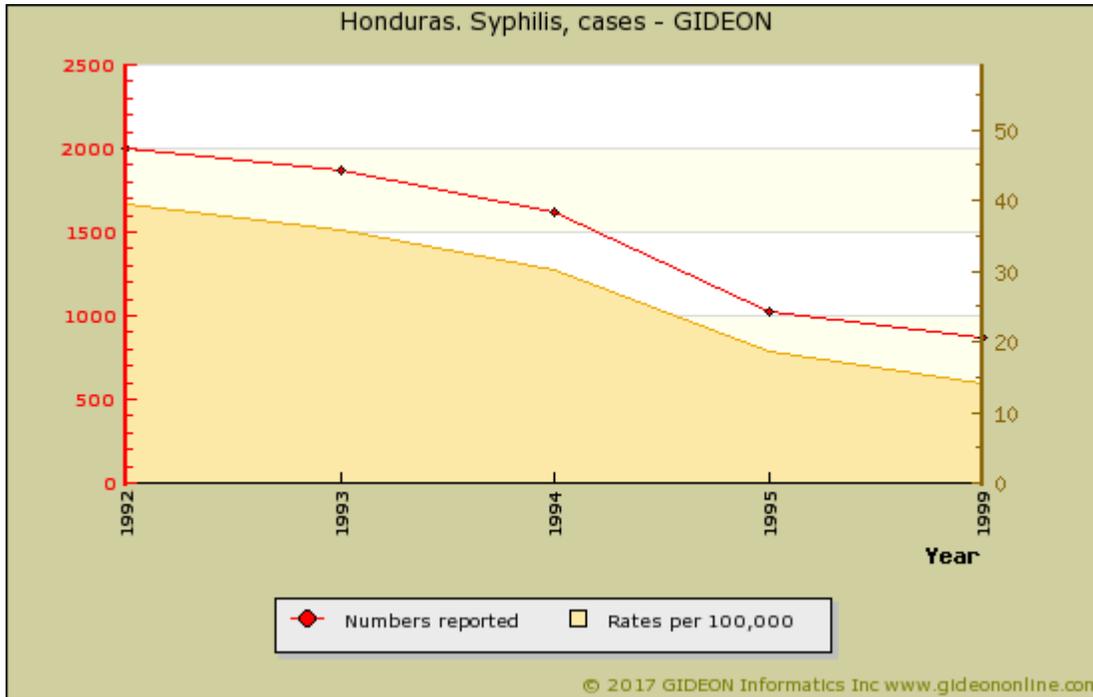
Suppurative parotitis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Most commonly <i>Staphylococcus aureus</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Unknown |
| Diagnostic Tests | Clinical features (local swelling and purulent discharge from salivary ducts). Stain and culture of discharge. |
| Typical Adult Therapy | Surgical drainage and aggressive parenteral antistaphylococcal therapy |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Consider in patient with unexplained fever in the setting of malnutrition, dehydration and obtundation Local swelling and discharge of pus from salivary duct |
| Synonyms | Parotitis, bacterial. ICD9: 527.2 ICD10: K11.3 |

Syphilis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Treponema pallidum</i> subsp. <i>pallidum</i> A microaerophilic gram-negative spirochete |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual contact, Secretions, Respiratory or pharyngeal acquisition |
| Incubation Period | 2w - 4w (range 10d - >8w) |
| Diagnostic Tests | Dark field microscopy (chancre). VDRL confirmed by antitreponemal test (FTA, MHTP). Nucleic acid amplification. |
| Typical Adult Therapy | Primary, secondary or early (< 1 year) latent: Benzathine Penicillin G 2.4 million units IM Other stages: Repeat dosage at one and two weeks Alternatives: Tetracycline , Ceftriaxone |
| Typical Pediatric Therapy | Primary, secondary or early (< 1 year) latent: Benzathine Penicillin G : Weight <14 kg: 600,000u IM Weight 14 to 28 kg: 1,200,000u IM Other stages: Repeat dosage at one and two weeks |
| Clinical Hints | Firm, painless chancre (primary syphilis) Fever, papulosquamous rash and multisystem infection (secondary syphilis) Late necrotic lesions of brain, aorta, bone or other organs (tertiary syphilis) |
| Synonyms | Canton rash, Chinese ulcer, Christian disease, French disease, German sickness, Harde sjanker, Lues, Neopolitan itch, Polish sickness, Sifilide, Sifilis, Spanish pockes, Syphilis, Treponema pallidum. ICD9: 090,091,092,093,094,095,096,097 ICD10: A50,A51,A52,A53 |

Syphilis in Honduras



Graph: Honduras. Syphilis, cases

Notes:

1. Syphilis is the tenth most common communicable disease in Honduras.

Five cases of congenital syphilis were reported in 1997.

- The rate of congenital syphilis was 1,200 per 100,000 in 2002. ¹

Seroprevalence surveys

| Years | Study Group | % | Notes |
|-------|--------------------|-----|---|
| 2009* | general population | 2.4 | 2.4% of Garifuna people (2009 publication) ² |
| 1995 | pregnant women | 1.3 | 1.3% of pregnant women (1995) |
| 2004 | pregnant women | 3.5 | 3.5% of pregnant women (PAHO statistic) (2004) |
| 1991 | sex workers | 17 | 17% of CSW (1991) ³ |
| 2006 | sex workers | 2.3 | 2.3% of urban CSW in 2006 ⁴ |
| 2008 | sex workers | 0 | 0.0% of urban CSW in 2008 ⁵ |

* indicates publication year (not necessarily year of survey)

46% of syphilitic men who have sex with men are HIV-positive (2002 to 2003).

References

1. Rev Panam Salud Publica 2004 Sep ;16(3):211-7.
 2. J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.
 3. Int J STD AIDS 1991 Mar-Apr;2(2):110-3.
 4. Int J STD AIDS 2012 Feb ;23(2):88-93.
 5. Int J STD AIDS 2012 Feb ;23(2):88-93.

Taeniasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Platyhelminthes, Cestoda. Cyclophyllidea, Taeniidae: <i>Taenia solium</i> & <i>T. saginata</i> (other species occasionally encountered) |
| Reservoir | Cattle, Pig |
| Vector | None |
| Vehicle | Meat |
| Incubation Period | 6w - 14w |
| Diagnostic Tests | Identification of ova or proglottids in feces. |
| Typical Adult Therapy | Praziquantel 10 mg/kg PO as single dose OR Niclosamide 2 g PO once |
| Typical Pediatric Therapy | Praziquantel 10 mg/kg PO as single dose OR Niclosamide 50 mg/kg PO once |
| Clinical Hints | Vomiting and weight loss Often symptomatic or first recognized due to passage of proglottids Parasite may survive for over 25 years in the human intestine |
| Synonyms | Bandwurm [Taenia], Drepanidotaenia, Gordiid worm, Hair snake, Mesocestoides, Raillietina, Taenia asiatica, Taenia longihamatus, Taenia saginata, Taenia saginata asiatica, Taenia solium, Taenia taeniaformis, Taeniarhynchiasis, Tapeworm (pork or beef), Tenia. ICD9: 123.0,123.2 ICD10: B68 |

Taeniasis in Honduras

Taenia solium accounts for 74.5% of *Taenia* infections.

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|--------------------|---------|---|
| 1991 | general population | 1.4-6.2 | 1.4% to 6.2% of the southern rural population (1991) ¹ |
| 1995 | general population | 1.5 | 1.5% of the rural population (1995) ² |

Seroprevalence surveys

| Years | Region | Study Group | % | Notes |
|-------|-------------|--------------------|-------|---|
| 1998* | Tegucigalpa | general population | 15-22 | 22% of persons from rural Tegucigalpa, and 15% from urban Tegucigalpa (<i>Taenia solium</i> , 1998 publication) ³ |
| 1998* | Salama | pigs | 27.1 | 27.1% of pigs in Salama (1998 publication) ⁴ |

* indicates publication year (not necessarily year of survey)

References

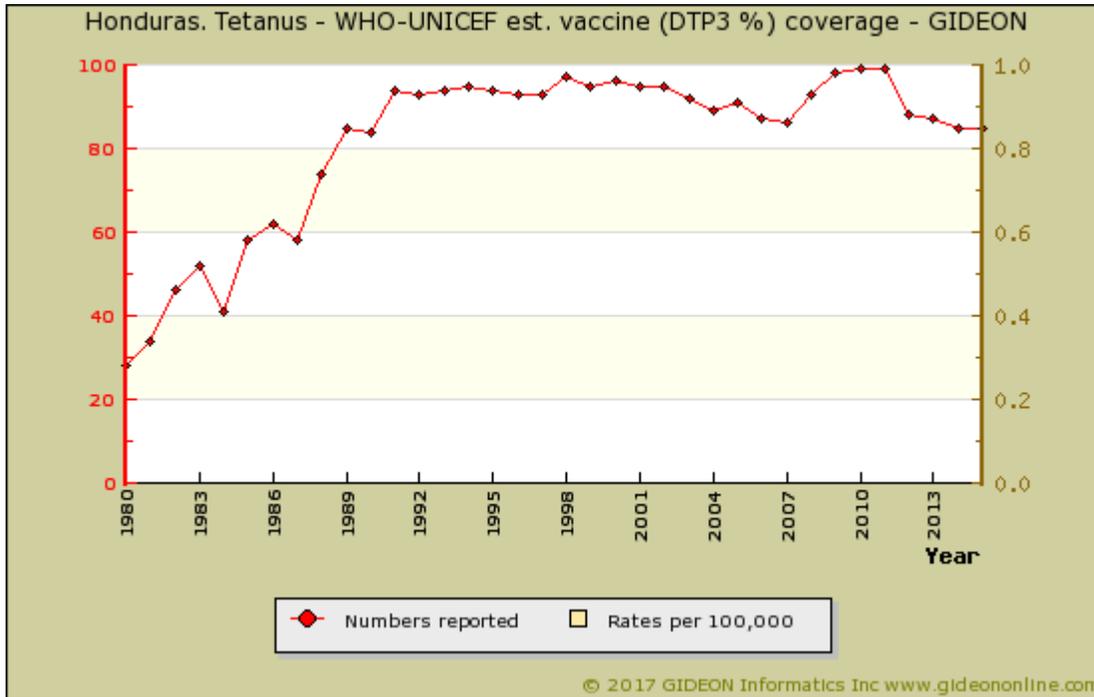
1. [Trans R Soc Trop Med Hyg 1991 Jul-Aug;85\(4\):531-4.](#)
2. [Ann Trop Med Parasitol 1997 Mar ;91\(2\):163-71.](#)
3. [Acta Trop 1998 May ;69\(2\):141-9.](#)
4. [Vet Parasitol 1998 Aug 14;78\(3\):233-8.](#)

| Tetanus | |
|---------------------------|---|
| Agent | BACTERIUM. <i>Clostridium tetani</i> An anaerobic gram-positive bacillus |
| Reservoir | Animal feces, Soil |
| Vector | None |
| Vehicle | Trauma |
| Incubation Period | 6d - 8d (range 1d - 90d) |
| Diagnostic Tests | Isolation of <i>C. tetani</i> from wound is rarely helpful. Serology (specimen taken before administration of antitoxin). |
| Typical Adult Therapy | Human antitoxin (see Vaccine module). Metronidazole (2 g daily) or Penicillin G (24 million u daily) or Doxycycline (200 mg daily). Diazepam (30 to 240 mg daily). Tracheostomy, hyperalimentation |
| Typical Pediatric Therapy | Human antitoxin (see Vaccine module). Metronidazole (30 mg/kg daily); or Penicillin G (300,000 units/kilo daily). Diazepam. Tracheostomy, hyperalimentation |
| Vaccines | DT vaccine DTaP vaccine DTP vaccine Td vaccine Tetanus immune globulin Tetanus vaccine |
| Clinical Hints | Trismus, facial spasm, opisthotonus, tachycardia and recurrent tonic spasms of skeletal muscle Sensorium is clear Disease may persist for 4 to 6 weeks Case fatality rates of 10% to 40% are reported |
| Synonyms | Lockjaw, Starrkrampf, Stelkrampf, Tetano, Tetanos. ICD9: 037,771.3 ICD10: A33,A34,A35 |

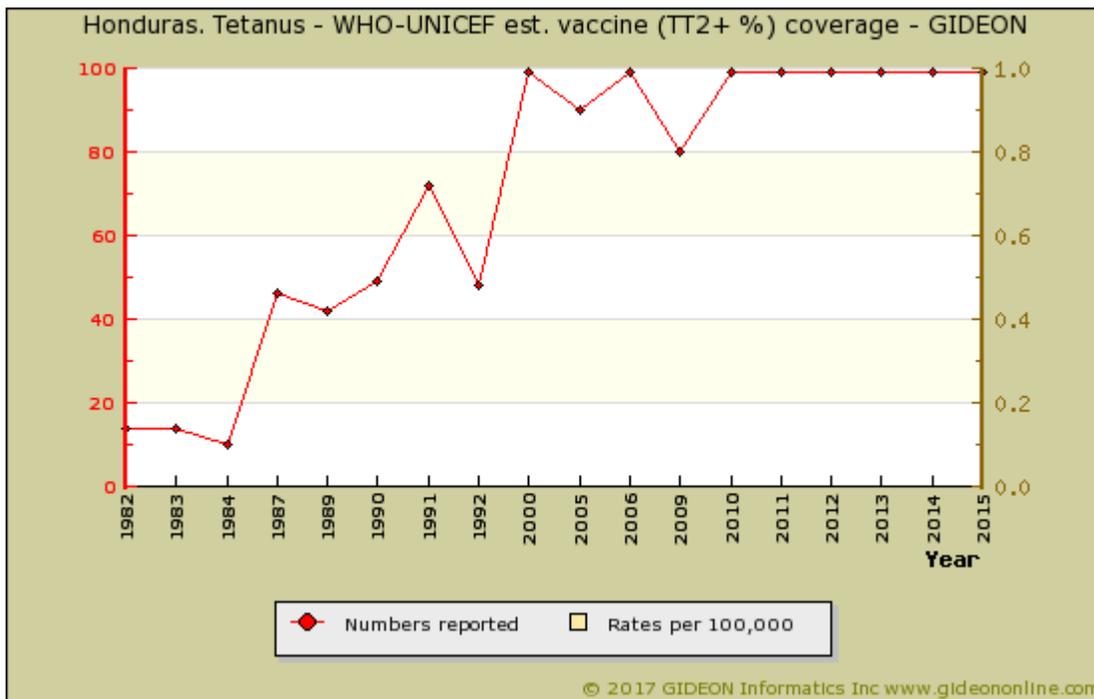
Tetanus in Honduras

Vaccine Schedule:

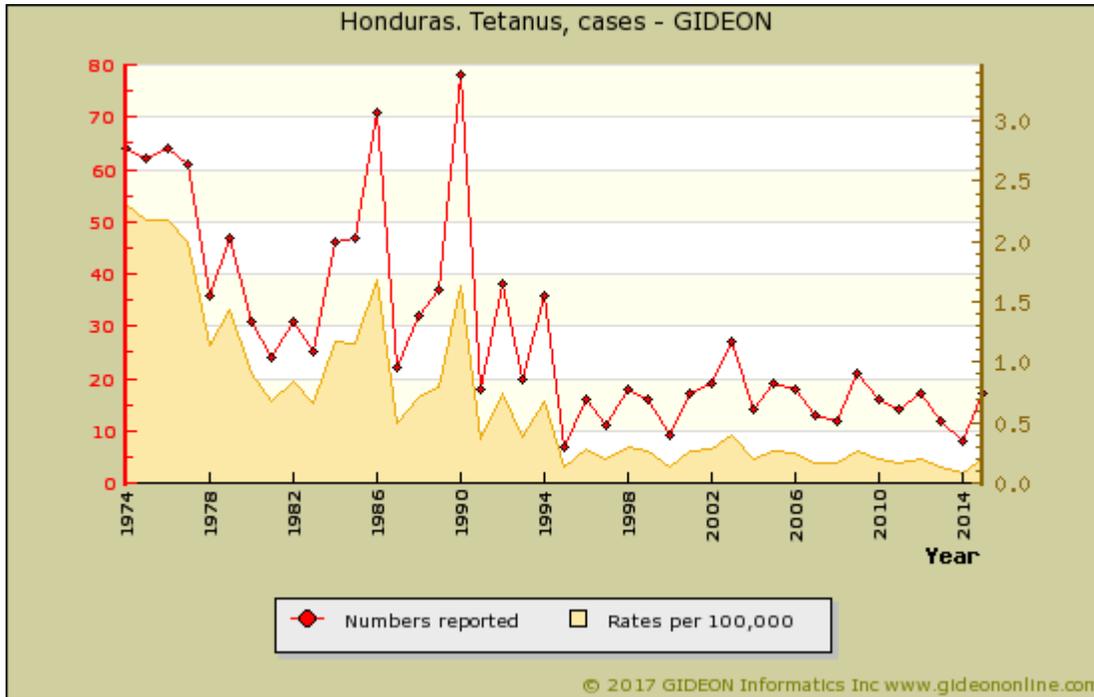
BCG - birth
 DT - 4,6,18 months; 4 years risk groups
 DTwP - 18 months; 4 years
 DTwPHibHepB - 2,4,6 months
 HepB - birth 1st contact, +1, +6 months for risk groups
 HPV - 11 years
 IPV - 2,4,6 months (risk groups)
 MMR - 12 months
 OPV - 2,4,6,18 months
 Pneumo conj - 2,4,6 months
 Rotavirus - 2,4 months
 Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



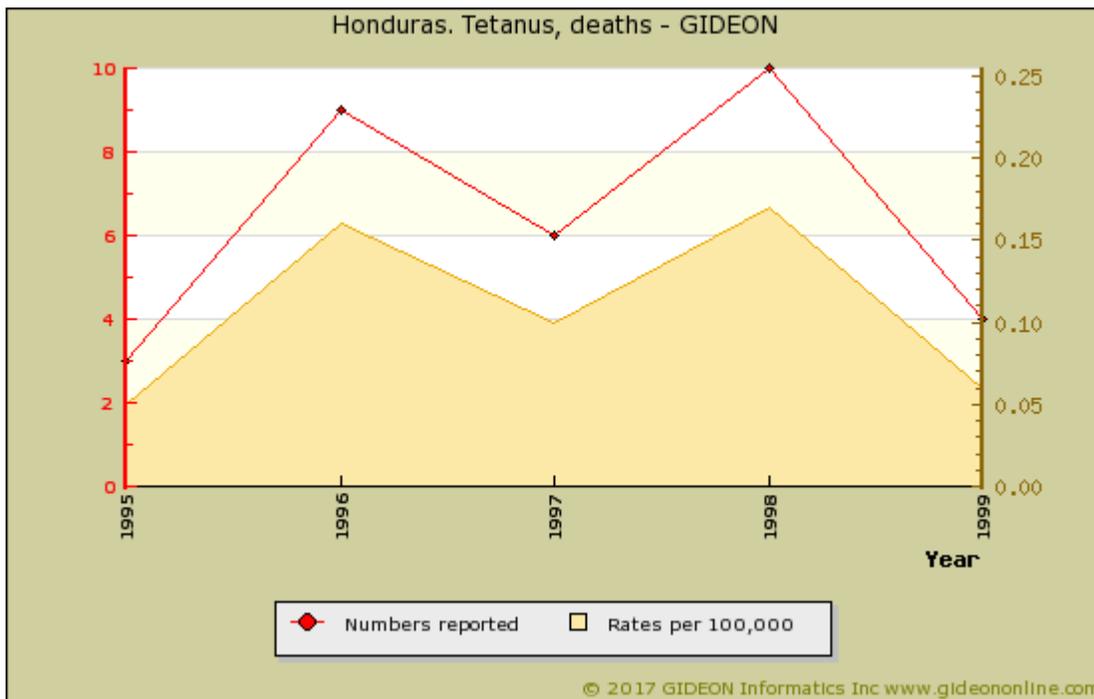
Graph: Honduras. Tetanus - WHO-UNICEF est. vaccine (DTP3 %) coverage



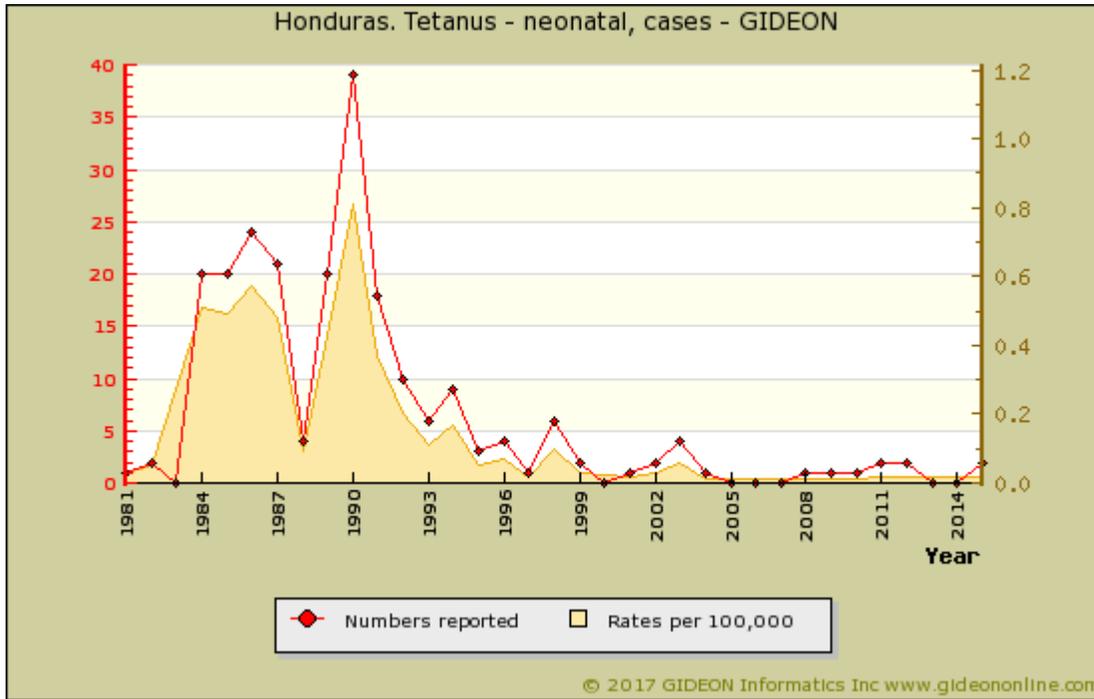
Graph: Honduras. Tetanus - WHO-UNICEF est. vaccine (TT2+ %) coverage



Graph: Honduras. Tetanus, cases



Graph: Honduras. Tetanus, deaths



Graph: Honduras. Tetanus - neonatal, cases

Notes:

- Individual years:
- 1995 - All fatal.
- 1996 - All fatal.
- 1997 - One fatal.
- 1998 - Three fatal.
- 1999 - One fatal.

Thelaziasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Nematoda. Secernentea: <i>Thelazia callipaeda</i> (rarely <i>T. californiensis</i>) |
| Reservoir | Dog, Rabbit, Deer, Cat |
| Vector | Fly (<i>Musca</i> and <i>Fannia</i> species) |
| Vehicle | None |
| Incubation Period | not known |
| Diagnostic Tests | Identification of parasite. |
| Typical Adult Therapy | Extraction of parasite |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Conjunctivitis and lacrimation associated with the sensation of an ocular foreign body |
| Synonyms | Conjunctival spirurosis, Oriental eye worm, Rictularia, <i>Thelazia californiensis</i> , <i>Thelazia callipaeda</i> . ICD9: 372.15 ICD10: B83.8 |

Toxic shock syndrome

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Staphylococcus aureus</i> , <i>Streptococcus pyogenes</i> , et al - (toxins) Facultative gram-positive cocci |
| Reservoir | Human |
| Vector | None |
| Vehicle | Tampon (Bandage, etc) |
| Incubation Period | Unknown |
| Diagnostic Tests | Isolation of toxigenic <i>Staphylococcus aureus</i> . Toxin assay available in specialized laboratories. |
| Typical Adult Therapy | The role of topical (eg, vaginal) and systemic antistaphylococcal antibiotics is unclear; however, most authorities suggest intravenous administration of an anti-staphylococcal (anti-MRSA, anti-streptococcal as indicated) antibiotic. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever (>38.9), hypotension (<90 mm Hg) and dermal erythema with desquamation Respiratory, cardiac or other disease present Most cases associated with "super absorbent" tampon use or staphylococcal wound infection Case-fatality rates of 5% to 10% are reported |
| Synonyms | Streptococcal toxic shock syndrome, TSS. ICD9: 040.82 ICD10: A48.3 |

Toxocariasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Nematoda. Secernentea: <i>Toxocara cati</i> and <i>T. canis</i> |
| Reservoir | Cat, Dog, Mouse |
| Vector | None |
| Vehicle | Soil ingestion |
| Incubation Period | 1w - 2y |
| Diagnostic Tests | Identification of larvae in tissue. Serology. |
| Typical Adult Therapy | Albendazole 400 mg BID X 5d. OR Mebendazole 100 to 200 mg PO bid X 5 days Add corticosteroids if eye, brain, heart or lung involvement is present. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Cough, myalgia, seizures and urticaria Hepatomegaly, pulmonary infiltrates or retrobulbar lesions may be present Marked eosinophilia is common Symptoms resolve after several weeks, but eosinophilia may persist for years |
| Synonyms | <i>Ascaris suum</i> , <i>Toxocara canis</i> , <i>Toxocara cati</i> , Toxocarose, Toxocarosis, Visceral larva migrans. ICD9: 128.0 ICD10: B83.0 |

Toxoplasmosis

| | |
|----------------------------------|---|
| Agent | PARASITE - Protozoa. Apicomplexa, Eimeriida: <i>Toxoplasma gondii</i> |
| Reservoir | Rodent, Pig, Cattle, Sheep, Chicken, Bird, Cat, Marsupial |
| Vector | None |
| Vehicle | Transplacental, Meat, Soil ingestion, Water , Milk, Filth flies |
| Incubation Period | 1w - 3w (range 5d - 21d) |
| Diagnostic Tests | Serology. Cultivation or identification of organisms per specialized laboratories. Nucleic acid amplification. |
| Typical Adult Therapy | Pyrimethamine 25 mg/d + Sulfonamides 100 mg/kg (max 6g)/d X 4w - give with folic acid. Alternatives: Clindamycin , Azithromycin , Dapsone . Spiramycin (in pregnancy) 4g/d X 4w |
| Typical Pediatric Therapy | Pyrimethamine 2 mg/kg/d X 3d, then 1 mg/kg/d + Sulfonamides 100 mg/kg/d X 4w - give with folic acid. Alternatives: Clindamycin , Azithromycin , Dapsone . |
| Clinical Hints | Fever, lymphadenopathy, hepatic dysfunction or chorioretinitis Cerebral cysts often encountered in patients with AIDS Congenital hydrocephalus associated with mental retardation, seizures or blindness. |
| Synonyms | Toxoplasma, Toxoplasrose, Toxoplasmosi. ICD9: 130 ICD10: B58 |

Trachoma

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Chlamydia trachomatis</i> , type A |
| Reservoir | Human |
| Vector | Fly |
| Vehicle | Secretions, Contact, Fly, Fomite |
| Incubation Period | 5d - 12d |
| Diagnostic Tests | Culture or direct immunofluorescence of secretions. Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Azithromycin 1 g po as single dose. OR Doxycycline 100 mg/day PO X 21 days. Also administer topical Tetracycline |
| Typical Pediatric Therapy | Azithromycin 20 mg/kg as single dose. Also administer topical Tetracycline |
| Clinical Hints | Keratoconjunctivitis with palpebral scarring and pannus formation 0.5% of infections result in blindness |
| Synonyms | Egyptian ophthalmia, Granular conjunctivitis, Kornerkrankheit, Trachom, Tracoma. ICD9: 076 ICD10: A71 |

Trichinosis

| | |
|----------------------------------|---|
| Agent | PARASITE - Nematoda. <i>Trichinella spiralis</i> (occasionally <i>T. nativa</i> , <i>T. britovi</i> , <i>T. pseudospiralis</i> , <i>T. nelsoni</i> , et al) |
| Reservoir | Wild carnivore, Omnivore, Marine mammal |
| Vector | None |
| Vehicle | Meat |
| Incubation Period | 10d - 20d (range 1w - 10w) |
| Diagnostic Tests | Identification of larvae in tissue. Serology. |
| Typical Adult Therapy | Albendazole 400 mg PO BID X 14d. OR Mebendazole 200 to 400 mg PO tid X 3 days, then 400 to 500 mg PO. tid X 10 days. Give with prednisone 50 mg PO daily X 3 to 5 days (then 'taper' dosage) |
| Typical Pediatric Therapy | Albendazole 7 mg/kg BID X 14 d. OR Mebendazole 200 to 400 mg PO tid X 3 days, then 400 to 500 mg PO. tid X 10 days. Give with prednisone 50 mg PO daily X 3 to 5 days (then 'taper' dosage) |
| Clinical Hints | Early diarrhea and vomiting Subsequent myalgia, facial edema and eosinophilia Onset 1 to 4 weeks following ingestion of undercooked meat (usually pork) Symptoms may persist for two months Reported case-fatality rate for symptomatic infection is 2% |
| Synonyms | Haycocknema, Trichinellose, Trichinellosis, Trichinose, Trikinose, Triquiniase, Triquonosis. ICD9: 124 ICD10: B75 |

Trichinosis in Honduras

Trichinosis, cases: None reported between 2000 and 2003

Trichomoniasis

| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Metamonada, Parabasala, Trichomonadea. Flagellate: <i>Trichomonas vaginalis</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Sexual contact |
| Incubation Period | 4d - 28d |
| Diagnostic Tests | Microscopy of vaginal discharge. ELISA, culture, antigen detection tests available. Nucleic acid amplification. |
| Typical Adult Therapy | Metronidazole or Tinidazole 2g PO as single dose to both sexual partners |
| Typical Pediatric Therapy | Metronidazole 5 mg/kg PO TID X 7d. OR Tinidazole 50 mg/kg PO X 1 (maximum 2 grams) |
| Clinical Hints | Vaginal pruritus, erythema and thin or frothy discharge Mild urethritis may be present in male or female |
| Synonyms | Pentatrichomonas, Tetratrichomonas, Trichomonaden, Trichomonas, Trichomonas vaginalis, Tricomoniasis, Tritrichomonas. ICD9: 131 ICD10: A59 |

Trichomoniasis in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|--------------------|------|--|
| 2009* | general population | 10.5 | 10.5% Garifuna people (urine specimens, 2009 publication) ¹ |

* indicates publication year (not necessarily year of survey)

References

1. [J Acquir Immune Defic Syndr 2009 May 01;51 Suppl 1:S26-34.](#)

Trichuriasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Nematoda. <i>Trichuris trichiura</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Soil ingestion, Sexual contact, Flies |
| Incubation Period | 2m - 2y |
| Diagnostic Tests | Stool microscopy or visualization of adult worms (adults are approximately 3 cm long). |
| Typical Adult Therapy | Mebendazole 100 mg PO BID X 3d. OR Albendazole 400 mg PO daily X 3 to 7 days OR Ivermectin 200 mg/kg PO daily X 3 days |
| Typical Pediatric Therapy | Albendazole 200 mg PO single dose OR Mebendazole 100 mg BID X 3 d (> age 2). OR Ivermectin 200 mg/kg PO daily X 3 days |
| Clinical Hints | Abdominal pain, bloody diarrhea Rectal prolapse or intestinal obstruction are occasionally encountered The parasite may survive for as long as five years in the human host |
| Synonyms | Trichocephaliasis, <i>Trichuris trichiura</i> , Tricuriasis, Whipworm. ICD9: 127.3 ICD10: B79 |

Trichuriasis in Honduras

Prevalence surveys

| Years | Study Group | % | Notes |
|-------|---------------------|------|---|
| 2011 | children | 67 | 67% of rural school-age children (2011) ¹ |
| 2011 | children | 66.9 | 66.9% of rural school children (2011) ² |
| 2014* | children | 34 | 34% of 3rd to 5th grade school children (2014 publication) ³ |
| 1998 | general population | 38 | 38% of the rural population (1998) ⁴ |
| 2004* | patients - HIV/AIDS | 44.3 | 44.3% of HIV-positive patients (2004 publication) ⁵ |

* indicates publication year (not necessarily year of survey)

Prevalence rates exceed 20% in 68% of municipalities (1930 to 2012) ⁶

References

1. PLoS Negl Trop Dis 2013 ;7(8):e2378.
2. Parasit Vectors 2014 Aug 04;7:354.
3. PLoS Negl Trop Dis 2014 Oct ;8(10):e3248.
4. Mem Inst Oswaldo Cruz 2001 Apr ;96(3):303-14.
5. Mem Inst Oswaldo Cruz 2004 Nov ;99(7):773-8.
6. PLoS Negl Trop Dis 2014 ;8(1):e2653.

Tropical phagedenic ulcer

| | |
|----------------------------------|---|
| Agent | BACTERIUM Mixed infection by <i>Fusobacterium</i> species and <i>Borrelia</i> |
| Reservoir | Human |
| Vector | None |
| Vehicle | Direct inoculation (skin trauma) |
| Incubation Period | Unknown |
| Diagnostic Tests | Wound smear suggestive of fusobacterial infection. |
| Typical Adult Therapy | Systemic Penicillin G . Excision/debridement as necessary |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | A deep, painful, foul-smelling ulcer (usually of the leg) with undermined edges May be complicated by secondary infection |
| Synonyms | Acute phagadenic ulcer, Aden ulcer, Delagoa sore, Malabar ulcer, Naga sore, Rhodesian sore, Tropical sloughing phagedaena. ICD9: 682.7 ICD10: A69.8,L97 |

Tropical sprue

| | |
|----------------------------------|--|
| Agent | UNKNOWN |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | Unknown |
| Incubation Period | Unknown - probably at least 6 months |
| Diagnostic Tests | Typical functional, roentgenographic and histological changes in bowel. Prompt response to therapy. |
| Typical Adult Therapy | Tetracycline 250 mg PO QID + folate 5 mg PO daily. Administer for 6 months |
| Typical Pediatric Therapy | Nonabsorbable sulfa drug + folate. Administer for 6 months |
| Clinical Hints | Chronic (months to years) diarrhea, bloating, weight loss and anemia Occasional early fever, glossitis, neuropathy, dermatitis, nausea Malabsorption of fats, protein and minerals |
| Synonyms | Hill diarrhea, Postinfectious tropical malabsorption. ICD9: 579.1 ICD10: K90.1 |

Trypanosomiasis - American

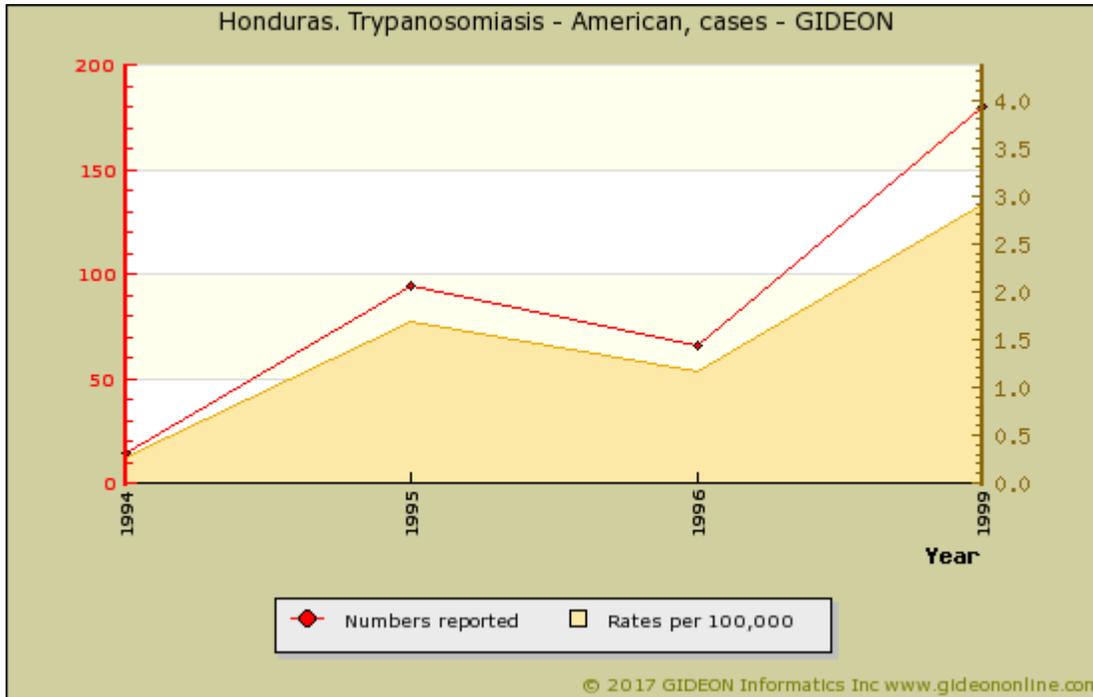
| | |
|----------------------------------|--|
| Agent | PARASITE - Protozoa. Euglenozoa, Kinetoplastidea. Flagellate: <i>Trypanosoma cruzi</i> |
| Reservoir | Human, Dog, Cat, Pig, Guinea pig, Armadillo, Rat, Fox, Opossum, Raccoon, Bat, Mouse, Monkey, Rabbit |
| Vector | Triatome bug (<i>Panstrongylus</i> , <i>Rhodnius</i> and <i>Triatoma</i> spp.) |
| Vehicle | Blood, Water, Food (fruit contaminated with insect secretions) |
| Incubation Period | 5d - 14d (acute illness) |
| Diagnostic Tests | Identification of protozoa in blood or tissue. Serology. Xenodiagnosis. PCR (more sensitive than serology) |
| Typical Adult Therapy | Nifurtimox 2 mg/kg PO QID X 3m. OR Benznidazole 3 to 5 mg/kg/d X 30 to 120d |
| Typical Pediatric Therapy | Nifurtimox: Age 1 to 10 years: 5 mg/kg PO QID X 3m Age 11 to 16 years: 3.5 mg/kg PO QID X 3m (age 11 to 16y) OR Benznidazole 3.75 mg/kg PO BID X 2m; or |
| Clinical Hints | Unilateral periorbital swelling (Romana's sign) with lymphadenopathy, hepatosplenomegaly and encephalitis Later cardiomyopathy, megaesophagus and megacolon 20% of patients progress to chronic stage Overall case-fatality rate is 10% |
| Synonyms | American trypanosomiasis, Chagas' disease, Chagas-Cruz disease, Chagas-Krankheit, <i>Trypanosoma cruzi</i> , <i>Trypanosoma rangeli</i> , Trypanosomiasis, amerikanische. ICD9: 086.0,086.1,086.2 ICD10: B57 |

Trypanosomiasis - American in Honduras

Time and Place:

Highest rates of trypanosomiasis are registered in the western, eastern and southern regions.

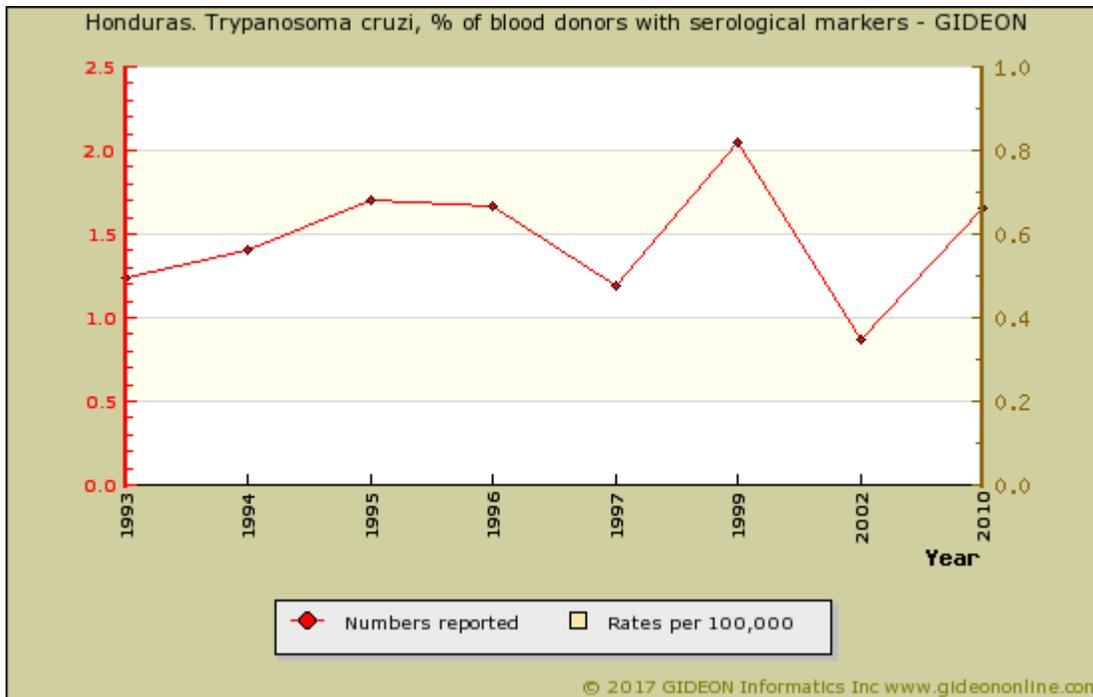
- As many as 300,000 (6% of the population) are infested - 65,000 of these in "the late stages of the disease" as of January 1997. ¹
- In 2010, 73,333 prevalent cases were estimated (0.917 per 100 population; 14,667 with cardiomyopathy) ; 1.650% of blood donors, 933 new vectorial cases (0.0110 per 100 population) and 257 congenital cases (0.126 per 100 live births) were estimated for 2010. The population at risk was estimated at 1,171,133. ²



Graph: Honduras. Trypanosomiasis - American, cases

Notes:

1. Clinical cases only.
2. 11,490 new cases were estimated for 1990.



Graph: Honduras. *Trypanosoma cruzi*, % of blood donors with serological markers

Notes:

1. 1.6% of blood in blood banks are infected (1993).
2. 26 cases of transfusion-acquired infection were estimated for 1993. ³ The chance of acquiring trypanosomiasis was estimated at 13.02 per 10,000 transfusions.

Seroprevalence surveys

| Years | Region | Study Group | % | Notes |
|-------------|--------|-------------|-----------|---|
| 1999 - 2002 | Yoro | children | 0.93 | 0.93% of children below age 12 years, in Yoro (1999 to 2002) ^{4 5} |
| 2003 - 2007 | | children | 0.46-4.89 | 0.46% / 4.89% of children ages 5 years / 5 to 15 years during 2003 to 2007 |
| 2008 - 2010 | | children | 0.1-0.6 | 0.1% age 5, 0.6% ages 5 to 15 years (2008 to 2010) |

Vectors:

- The local vectors are *Rhodnius prolixus* (mountainous rural areas extending from the Guatemalan border to those of El Salvador and Nicaragua); and *Triatoma dimidiata* (throughout the country in both rural and urban areas). ⁶
- 35% of *R. prolixus* and 45% of *T. dimidiata* are infested.

References

1. ProMED <promedmail.org> archive: 19970111.0046
2. Wkly Epidemiol Rec 2015 Feb 6;90(6):33-43.
3. Mem Inst Oswaldo Cruz 1999 ;94 Suppl 1:93-101.
4. PLoS Negl Trop Dis 2009 Jul 07;3(7):e488.
5. Mem Inst Oswaldo Cruz 2009 Nov ;104(7):986-91.
6. Medicina (B Aires) 1999 ;59 Suppl 2:117-9.

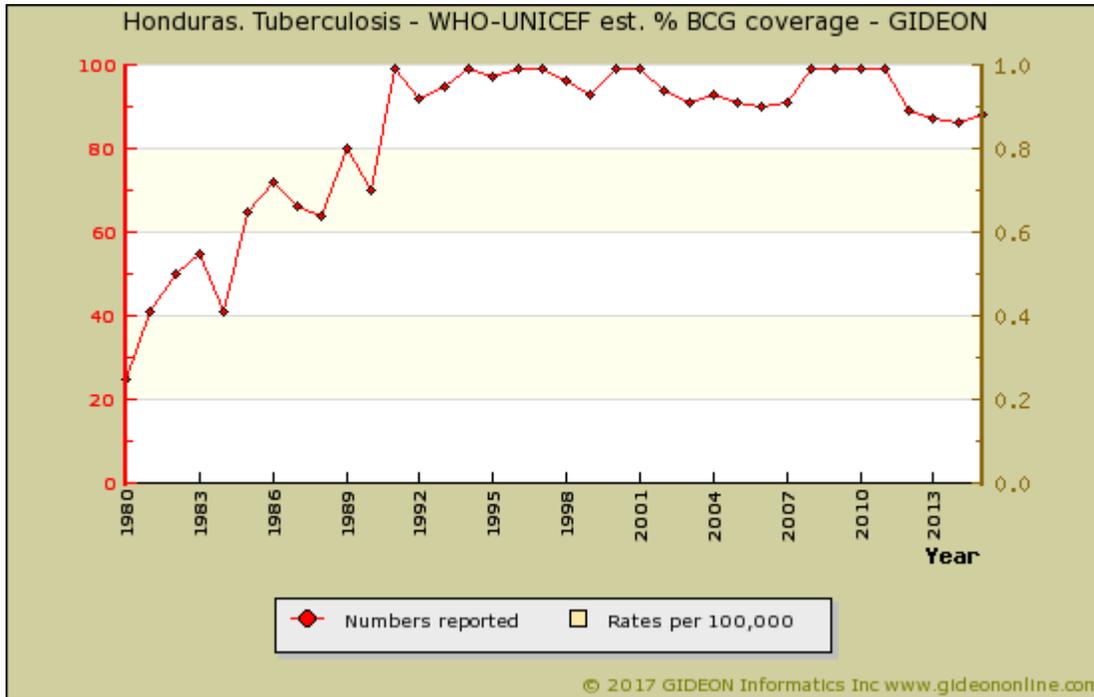
Tuberculosis

| | |
|----------------------------------|--|
| Agent | BACTERIUM. Actinomycetes, <i>Mycobacterium tuberculosis</i> An aerobic acid-fast bacillus |
| Reservoir | Human, Cattle |
| Vector | None |
| Vehicle | Air, Dairy products, Respiratory or pharyngeal acquisition |
| Incubation Period | 4w - 12w (primary infection) |
| Diagnostic Tests | Microscopy. Culture. Nucleic acid amplification. Inform laboratory when this diagnosis is suspected. |
| Typical Adult Therapy | Respiratory isolation. Typical pulmonary infection is treated with 6 months of Isoniazid , Rifampin & Pyrazinamide |
| Typical Pediatric Therapy | As for adult |
| Vaccine | BCG vaccine |
| Clinical Hints | Cough, "night sweats" and weight loss Often presents as prolonged fever (FUO) or infection of bone, meninges, kidneys or other organs Most infections represent reactivation of old foci in lungs, brain, bone, kidneys etc |
| Synonyms | Consumption, Mycobacterium africanum, Mycobacterium bovis, Mycobacterium caprae, Mycobacterium orygis, Mycobacterium tuberculosis, Oryx bacillus, Phthisis, TB, TB meningitis, Tuberculose, Tuberculose miliar, Tuberculosi, Tuberculous meningitis, Tuberkulose, White plague. ICD9: 010,012,013,014,015,016,017,018 ICD10: A15,A16,A17,A18,A19 |

Tuberculosis in Honduras

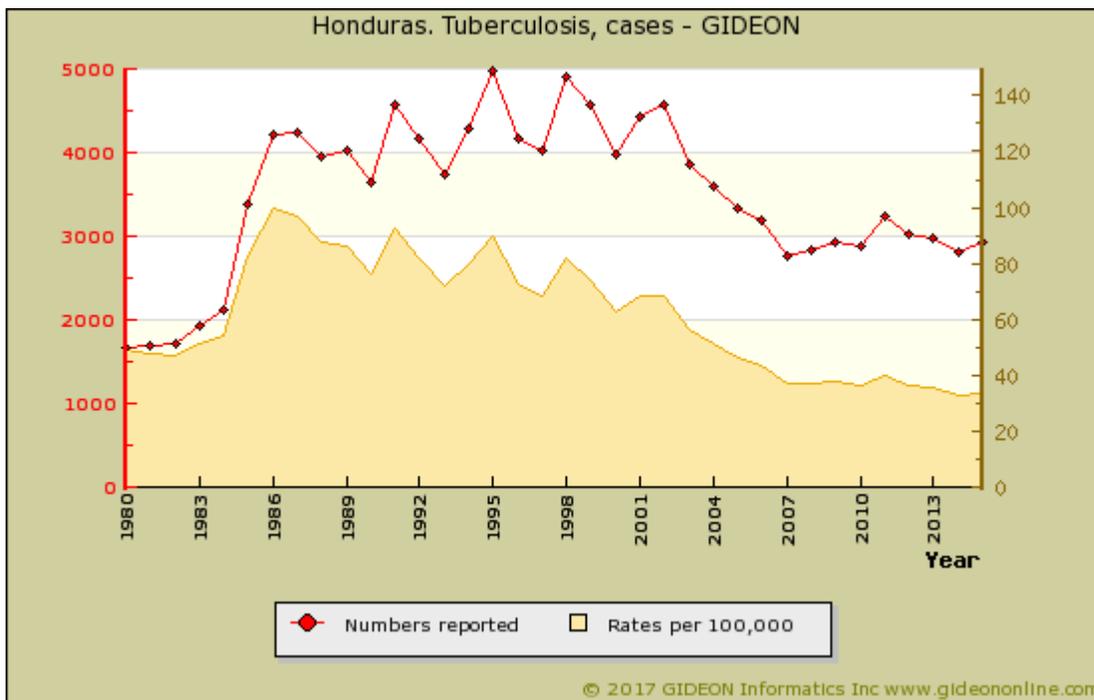
Vaccine Schedule:

- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated

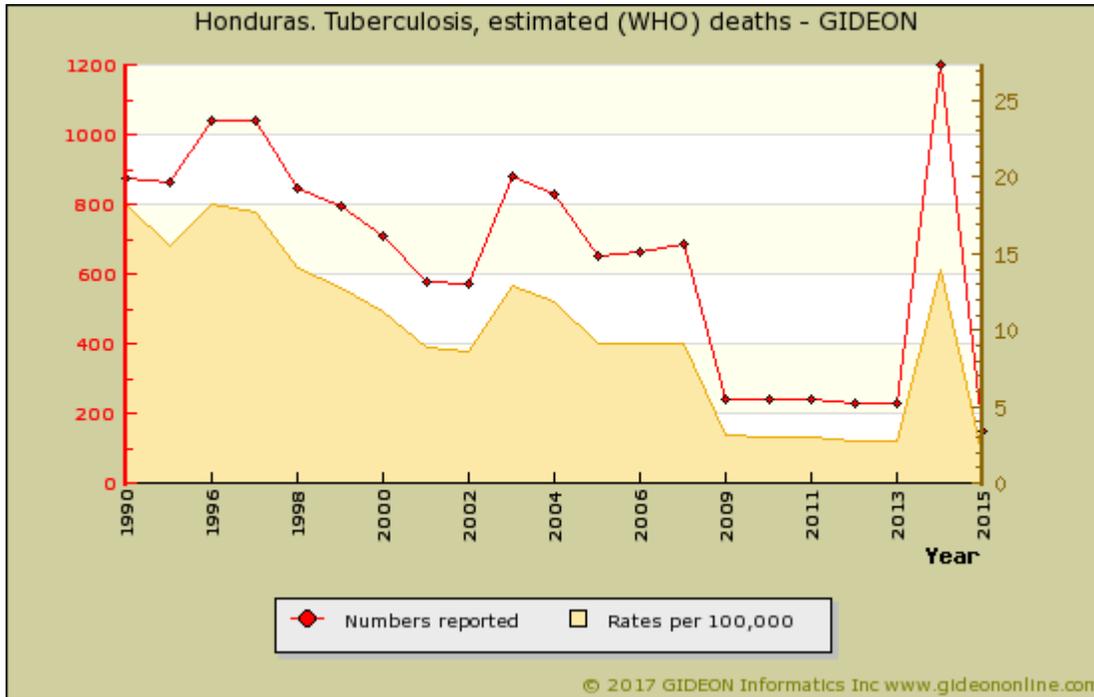


Graph: Honduras. Tuberculosis - WHO-UNICEF est. % BCG coverage

Highest incidence is reported from the center and northeast.



Graph: Honduras. Tuberculosis, cases



Graph: Honduras. Tuberculosis, estimated (WHO) deaths

Notes:

- 1. The mortality rate for tuberculosis was 4.9 per 100,000 in 1992; 5.0 per 100,000 in 1996.
- 2. 134 tuberculosis deaths were reported in 1999.

In 2001, 8% of tuberculosis patients were HIV positive.

15% of *Mycobacterium tuberculosis* isolates (1997) are resistant to isoniazid; 15% to rifampin. ¹

Notable outbreaks

| Years | Region | Population | Notes |
|-------|---------------------|------------|--------------|
| 2013 | Northwestern Region | cattle | ² |

References

- 1. Chest 1997 Jan ;111(1):148-53.
- 2. ProMED <promedmail.org> archive: 20130911.1936137

Tungiasis

| | |
|----------------------------------|---|
| Agent | PARASITE - Insecta Siphonaptera (Flea), Tungidae: <i>Tunga penetrans</i> and <i>T. trimamillata</i> ("sand fleas") |
| Reservoir | Pig, Dog, Various other mammals |
| Vector | None |
| Vehicle | Contact |
| Incubation Period | 8d - 12d |
| Diagnostic Tests | Identification of parasite. |
| Typical Adult Therapy | Extraction of parasite Ivermectin has been advocated in some publications. |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Painful papule or nodule, usually on the feet - may be multiple Onset 1 to 2 weeks after walking on dry soil Secondary infections and tetanus are reported |
| Synonyms | Bicho de pe, Chica, Chigger, Chigoe flea, Jigger, Nigua, Puce-chique, Tu, <i>Tunga penetrans</i> , <i>Tunga trimamillata</i> , Tungosis. ICD9: 134.1 ICD10: B88.1 |

Typhoid and enteric fever

| | |
|----------------------------------|--|
| Agent | BACTERIUM. <i>Salmonella</i> serotype Typhi (certain other <i>Salmonella</i> species cause 'paratyphoid' fever) A facultative gram-negative bacillus |
| Reservoir | Human |
| Vector | None |
| Vehicle | Fecal-oral, Food, Fly, Water |
| Incubation Period | 15d - 21d (range 5d - 34d) |
| Diagnostic Tests | Culture (blood, urine, sputum culture). Stool usually negative unless late, untreated infection. Serology. |
| Typical Adult Therapy | Ceftriaxone 2 g IV q12h to q 24h X 5 to 7d. OR Azithromycin 1 gram PO on day 1; then 500 mg days 2 to 7. Fluoroquinolones resistance common - not recommended for empiric therapy. Add corticosteroids if evidence of shock or decreased mental status. |
| Typical Pediatric Therapy | Ceftriaxone 50 to 80 mg/kg IV daily X 5 to 7d. OR Azithromycin 15 mg/kg PO on day 1; then 7.5 mg/kg on days 2 to 7. |
| Vaccines | Typhoid - injectable vaccine Typhoid - oral vaccine |
| Clinical Hints | Transient diarrhea followed by fever, splenomegaly and obtundation Rose spots (during second week of illness), leukopenia and relative bradycardia are common Intestinal perforation or hemorrhage may occur in third to fourth week of illness Case-fatality rates are 0.8% (treated) to 15% (untreated) |
| Synonyms | Abdominal typhus, Abdominaltyphus, Buiktyphus, Enteric fever, Febbre tifoide, Febbre tifoidea, Fiebre tifoidea, Paratifoidea, Paratyfus, Paratyphoid, <i>Salmonella</i> serotype Typhi, Tyfoïd, Typhoid, Typhoïde. ICD9: 002 ICD10: A01 |

Typhoid and enteric fever in Honduras

129 cases of typhoid (24 fatal) were reported in 1944; 115 (21 fatal) in 1945

Notable outbreaks

| Years | Region | Cases | Source | Notes |
|-------------|-----------------|-------|--------|--|
| 1998 - 1999 | foreign country | 16 | fruit | Outbreak (16 cases or more) in the United States was ascribed to frozen mamey (a tropical fruit) imported from Honduras and Guatemala. 1 2 3 |

References

- [J Infect Dis 2002 Jul 15;186\(2\):234-9.](#)
- [Clin Infect Dis 2012 Jul ;55\(1\):61-6.](#)
- [ProMED <promedmail.org> archive: 19990222.0236](#)

Typhus - endemic

| | |
|----------------------------------|---|
| Agent | BACTERIUM. <i>Rickettsia typhi</i> |
| Reservoir | Rat |
| Vector | Flea (<i>Xenopsylla</i> or <i>Nosopsyllus</i> spp.) |
| Vehicle | None |
| Incubation Period | 10d - 12d (range 4d - 18d) |
| Diagnostic Tests | Serology. Identification of rickettsiae in smear or culture of skin lesions. Nucleic acid amplification. |
| Typical Adult Therapy | Doxycycline 100 mg BID X 7d |
| Typical Pediatric Therapy | Doxycycline 2 mg/kg BID X 7d (maximum 200 mg/day); or Chloramphenicol 12.5 mg/kg QID X 7d |
| Clinical Hints | Fever, headache and myalgia Truncal maculopapular rash (present in 60%) appears on days 3 to 5 and persists for 4 to 8 days Fever resolves after 12 to 16 days Case fatality rate (untreated) is 2%. |
| Synonyms | Endemic typhus, Murine typhus, <i>Rickettsia typhi</i> , Ship typhus, Tifo murino, Tifus pulgas, Vlektyphus. ICD9: 081.0 ICD10: A75.2 |

Urinary tract infection

| | |
|----------------------------------|---|
| Agent | BACTERIUM OR FUNGUS. <i>Escherichia coli</i> , other facultative gram negative bacilli, enterococci, et al |
| Reservoir | Human |
| Vector | None |
| Vehicle | Endogenous |
| Incubation Period | Variable |
| Diagnostic Tests | Urine culture and leucocyte count. |
| Typical Adult Therapy | Antimicrobial agent(s) directed at known or likely pathogen |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Fever, dysuria, frequency, flank pain and vomiting Infection in children or men - and infection which relapses in women - may warrant radiological studies to rule out underlying obstruction or calculus |
| Synonyms | Cistite, Cistitis, Cystite, Cystitis, Pielite, Pielitis, Pielonefrite, Pielonefritis, Prostatite, Pyelitis, Pyelonephrite, Pyelonephritis, Trigonitis, Tubulointerstitial nephritis, Urethritis, Uretrite, Zystitis. ICD9: 791.9,136.9,599.0,590,601.0 ICD10: N10,N30,N41 |

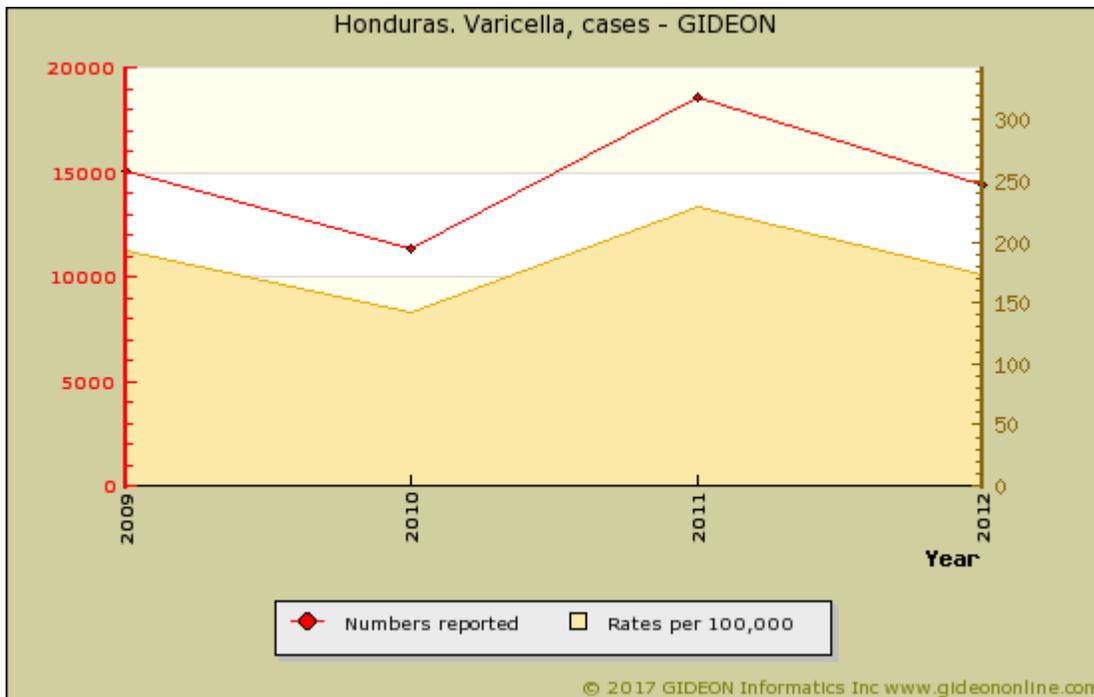
Vaccinia and cowpox

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Poxviridae, Orthopoxvirus. Cowpox virus |
| Reservoir | Cattle, Cat Rodent |
| Vector | None |
| Vehicle | Cattle, Cat |
| Incubation Period | 2d - 4d |
| Diagnostic Tests | Viral isolation from skin exudate or biopsy. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Secretion precautions; supportive. In severe cases, Tecovirimat , 400 to 600 mg PO OD X 14 d. |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Vaccinia immune globulin |
| Clinical Hints | Vesicles or pustules (usually on hand) progressing to crusts Painful regional lymphadenopathy Follows contact with infected animals or smallpox vaccination (largely abandoned); see Buffalopox (India note). |
| Synonyms | Akhmeta poxvirus, Aracatuba, Buffalopox, Camelpox, Cantagalo, Cowpox, Passatempo, Vaccinia, Vaiolo. ICD9: 051.0 ICD10: B08.0 |

Varicella

| | |
|----------------------------------|---|
| Agent | VIRUS - DNA. Herpesviridae, Alphaherpesvirinae: Human Herpesvirus 3 (Varicella-zoster virus) |
| Reservoir | Human |
| Vector | None |
| Vehicle | Air, Contact, Breastfeeding, Respiratory or pharyngeal acquisition |
| Incubation Period | 2w - 3w |
| Diagnostic Tests | Viral culture (vesicles). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Respiratory isolation. Severe/complicated cases: Acyclovir 10 to 12 mg/kg IV q8h X 7d Adolescent / young adult: 800 mg PO X 5 per day X 7 d. Alternatives: Valacyclovir 1 g PO TID; or Famciclovir 500 mg PO TID |
| Typical Pediatric Therapy | Respiratory isolation. Acyclovir (severe/complicated cases) 150 mg/sq m IV q8h X 7d |
| Vaccines | Varicella vaccine Varicella-Zoster immune globulin |
| Clinical Hints | Cough and fever followed by a pruritic papulovesicular rash after 1 to 2 days Pneumonia is often encountered Case fatality rate is 4.3 per 100,000 cases (7% in immune-suppressed patients) |
| Synonyms | Chickenpox, Lechina, Skoldkopper, Vannkopper, Varicela, Varizellen, Vattenkopper, Waterpokken, Windpocken. ICD9: 052 ICD10: B01 |

Varicella in Honduras



Graph: Honduras. Varicella, cases

Venezuelan equine encephalitis

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Togaviridae, Alphavirus: Venezuelan equine encephalitis virus |
| Reservoir | Rodent, Horse |
| Vector | Mosquito (<i>Culex</i> spp, <i>Aedes taeniorhynchus</i> , <i>Psorophora confinnis</i> , <i>Anopheles</i>) spp) |
| Vehicle | None |
| Incubation Period | 2d - 5d (range 1d - 6d) |
| Diagnostic Tests | Viral culture (throat, blood, brain tissue). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Western equine encephalitis vaccine |
| Clinical Hints | Fever, myalgia, arthralgia, vomiting, conjunctivitis and encephalitis Encephalitis is more common and more severe among children Case-fatality rate is 20%. |
| Synonyms | Everglades, Mucambo, Peste loca, Pixuna, Rio Negro, Tonate. ICD9: 066.2 ICD10: A92.2 |

Venezuelan equine encephalitis in Honduras

Venezuelan equine encephalitis virus was first described in Honduras during the 1960's. ¹

Equine infection is reported from Copan, El Paraiso, Comayagua and Octopegue departments. ²

Equine cases were reported in 2001.

Notable outbreaks

| Years | Region | Cases | Population | Notes |
|-------|-----------------|-------|------------|-------------------|
| 1998 | | 25 | | 3 |
| 2003 | El Paraiso | 20 | | 4 |
| 2014 | Southern Region | | equines | 5 |

References

1. Am J Trop Med Hyg 1970 Jul ;19(4):703-11.
2. ProMED <promedmail.org> archive: 20020320.3775
3. ProMED <promedmail.org> archive: 19980811.1573
4. ProMED <promedmail.org> archive: 20030226.0483
5. ProMED <promedmail.org> archive: 20140226.2300802

Vibrio parahaemolyticus infection

| | |
|----------------------------------|--|
| Agent | BACTERIUM <i>Vibrio parahaemolyticus</i> A facultative gram-negative bacillus |
| Reservoir | Marine water, Seafood, Fish |
| Vector | None |
| Vehicle | Seafood |
| Incubation Period | 10h - 20h (range 2h - 4d) |
| Diagnostic Tests | Stool culture - alert laboratory when this organism is suspected. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | Vomiting and explosive diarrhea Onset 4 to 24 hours following ingestion of seafood (often steamed crabs) Diarrhea may persist for 7 to 10 days Case fatality rate is 0.1% |
| Synonyms | Vibrio parahaemolyticus. ICD9: 005.4 ICD10: A05.3 |

Whipple's disease

| | |
|----------------------------------|---|
| Agent | BACTERIUM. Actinomycetes, <i>Tropheryma whipplei</i> A gram positive bacillus |
| Reservoir | Unknown |
| Vector | None |
| Vehicle | None |
| Incubation Period | Unknown |
| Diagnostic Tests | Identification of inclusions in lamina propria (other tissues). Tissue culture. Nucleic acid amplification. |
| Typical Adult Therapy | Ceftriaxone 2.0 g IV daily X 14 days. OR Penicillin G 12 million u + Streptomycin 1 g daily X 14d. Then, Sulfamethoxazole / Trimethoprim X 1 year OR: Doxycycline 100 mg PO BID + Hydroxychloroquine X 1 year, followed by Doxycycline for life |
| Typical Pediatric Therapy | Disease is rarely, if ever, encountered in children |
| Clinical Hints | Chronic multisystem disorder characterized by weight loss, diarrhea, abdominal and joint pain Dermal hyperpigmentation, fever and lymphadenopathy are often present <i>Tropheryma whipplei</i> has recently been recovered from the blood of patients with fever, headache or cough. |
| Synonyms | Intestinal lipodystrophy, Lipophagic granulomatosis, Mesenteric chyladenectasis, Steatorrhea arthropericarditica, <i>Tropheryma whipplei</i> . ICD9: 040.2 ICD10: K90.8 |

Yellow fever

| | |
|----------------------------------|---|
| Agent | VIRUS - RNA. Flaviviridae, Flavivirus: Yellow fever virus |
| Reservoir | Human, Mosquito, Monkey, Marsupial |
| Vector | Mosquito (<i>Stegomyia (Aedes)</i> , <i>Haemagogus</i> , <i>Sabethes</i>) |
| Vehicle | None |
| Incubation Period | 3d - 6d (range 2.5d - 14d) |
| Diagnostic Tests | Viral culture (blood, liver). Serology. Nucleic acid amplification. Biosafety level 3. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Vaccine | Yellow fever vaccine |
| Clinical Hints | Headache, backache, vomiting, myalgias, jaundice and hemorrhagic diathesis Relative bradycardia and leukopenia are present Illness is often biphasic Case fatality rate is 10% to 60%, within 7 days of onset |
| Synonyms | Bulan fever, Febbre gialla, Febre amarela, Fever of Fernando Po, Fever of the blight of Benin, Fiebre amarilla, Fievre jaune, Gelbfieber, Gele koorts, Gul feber, Gula febern, Inflammatory fever, Kendal's disease, Magdalena fever, Maladie de Siam, Pest of Havana, Stranger's fever. ICD9: 060 ICD10: A95 |

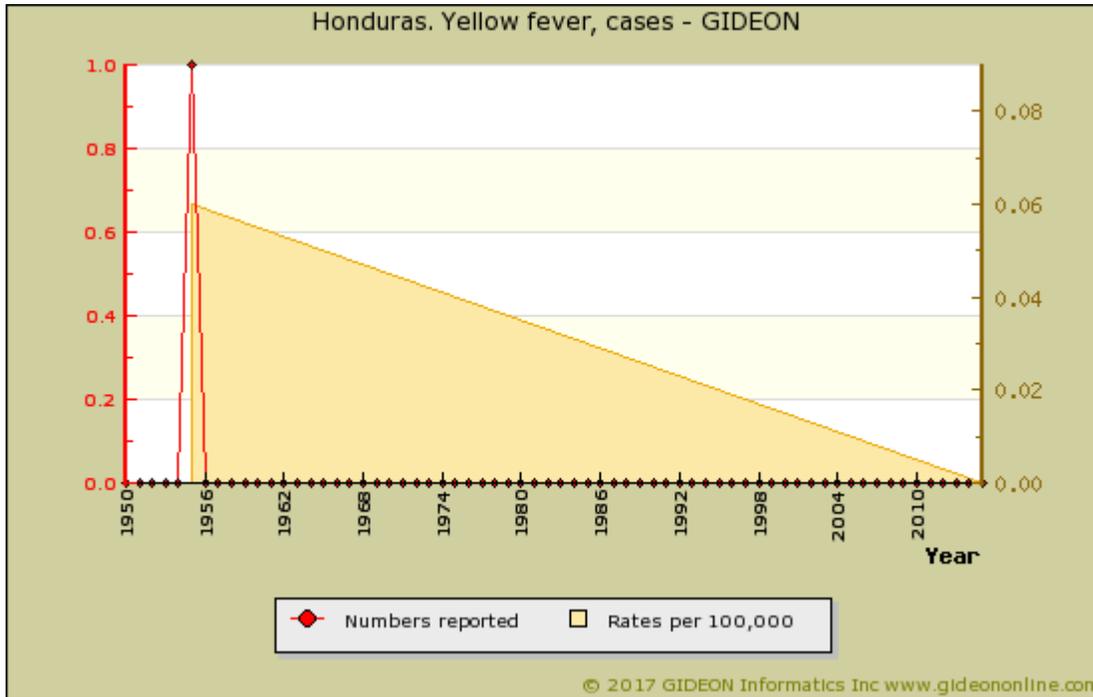
Although Yellow fever is not endemic to Honduras, imported, expatriate or other presentations of the disease have been associated with this country.

Yellow fever in Honduras

Time and Place:

Epidemics of yellow fever were reported in 1803 and 1850.

- 50 fatal cases were recorded in Puerto Cortes in 1905, and the epidemic later to spread to San Pedro, resulting in 621 cases.
- A sylvan yellow fever epizootic was reported on the north coast in 1954. ¹



Graph: Honduras. Yellow fever, cases

Proof of vaccination **IS** required for travelers ≥ 1 year of age arriving from a country with risk of YFV transmission and for travelers who have been in transit >12 hours in an airport located in a country with risk of YFV transmission. This requirement includes Sao Tome and Principe, and excludes Panama, South Sudan, and Trinidad and Tobago. This country considers the certificate of YF vaccination to be valid for life if applied 10 days before traveling.

References

1. [Am J Trop Med Hyg 1955 Jul ;4\(4\):665-74.](#)

Yersiniosis

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|----------------------------------|--|
| Agent | BACTERIUM. <i>Yersinia enterocolitica</i> and <i>Yersinia pseudotuberculosis</i> A facultative gram-negative bacillus |
| Reservoir | Pig, Rodent, Rabbit, Sheep, Goat, Cattle, Horse, Dog, Cat, Bat |
| Vector | None |
| Vehicle | Food, Water, Meat, Dairy products, Vegetables, Fecal-oral, Blood |
| Incubation Period | 4d - 7d (range 1d - 11d) |
| Diagnostic Tests | Culture stool, blood. Alert laboratory when these organisms are suspected. |
| Typical Adult Therapy | Stool precautions; diarrhea is self-limited. If severe disease - Ciprofloxacin 500 mg BID X 5 to 7d. OR Sulfamethoxazole / Trimethoprim |
| Typical Pediatric Therapy | Stool precautions; diarrhea is self-limited. If severe disease - Sulfamethoxazole / Trimethoprim 20 mg-4 mg/kg BID X 5 to 7d |
| Clinical Hints | Fever, diarrhea, and right lower quadrant pain Fecal leucocytes present May be associated with rheumatologic manifestations such as erythema multiforme, Reiter's syndrome and chronic arthritis |
| Synonyms | Far East scarlet-like fever, FESLF, <i>Yersinia enterocolitica</i> , <i>Yersinia pseudotuberculosis</i> , Yersiniose. ICD9: 008.44 ICD10: A04.6,A28.2 |

Zika

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|----------------------------------|---|
| Agent | VIRUS - RNA. Flaviviridae, Flavivirus: Zika virus |
| Reservoir | Human, Mosquito, Monkey |
| Vector | Mosquito (<i>Aedes</i> spp) |
| Vehicle | Sexual contact, Saliva, Blood transfusion |
| Incubation Period | 5d - 8d (range 2d - 15d) |
| Diagnostic Tests | Viral isolation (blood). Serology. Nucleic acid amplification. |
| Typical Adult Therapy | Supportive |
| Typical Pediatric Therapy | As for adult |
| Clinical Hints | A mild dengue-like illness with conjunctivitis and a pruritic maculopapular rash that starts on the face and spreads to the rest of the body; Joint pain is common Myalgia, retroorbital pain and leg edema may occur May be associated with Guillain-Barre syndrome and congenital neurological defects |
| Synonyms | Zika fever. ICD9: 078.89 ICD10: A92.8 |

Zika in Honduras

2015 - 40 cases of Zika virus infection were reported. ^{1 2}

2016 - One case of microcephaly or other CNS malformation associated with Zika virus infection was reported to September 1. ³

Vectors:

- Intensive *Stegomyia (Aedes) aegypti* eradication campaigns were conducted during the 1950's. Reinfestation was documented in 1968.
- The presence of *Aedes albopictus* was confirmed in Honduras in 1995. ⁴

Notable outbreaks

| Years | Cases | Notes |
|-------------|--------|---|
| 2016 - 2017 | 31,936 | Case numbers to January 12, 2017. Includes 2 cases of congenital syndrome. ^{5 6 7 8 9 10 11 12 13} |

References

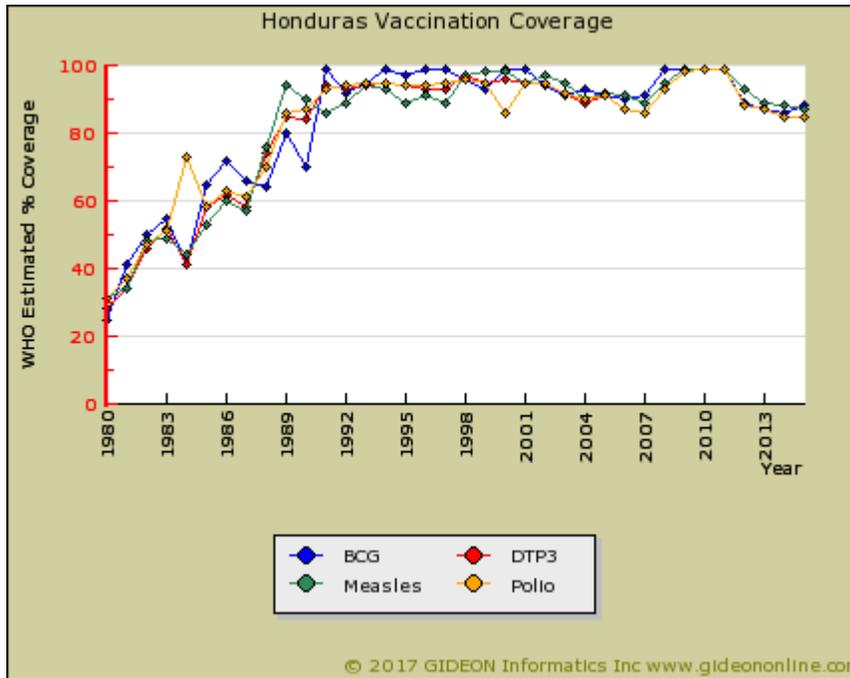
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Zygomycosis

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|----------------------------------|--|
| Agent | FUNGUS. Zygomycota, Zygomycetes, Mucorales: <i>Mucor</i> spp., <i>Rhizopus</i> spp., <i>Lichtheimia</i> (formerly <i>Absidia</i>) spp, <i>Saksenaea</i> spp, et al |
| Reservoir | Saprophytes |
| Vector | None |
| Vehicle | Air, Bandages, Contact, Respiratory or pharyngeal acquisition |
| Incubation Period | Variable |
| Diagnostic Tests | Fungal smear and culture. |
| Typical Adult Therapy | Amphotericin B to maximum dose 0.8 mg/kg/d; and to total dose of 3g. Excision as indicated |
| Typical Pediatric Therapy | Amphotericin B max dose 0.8 mg/kg/d; and to total dose of 40 mg/kg. Excision as indicated |
| Clinical Hints | Periorbital pain, sinusitis, and palatal, nasal or cerebral infarcts Occurs in the setting of preexisting acidosis (diabetes, uremia) Pulmonary infection may complicate leukemia |
| Synonyms | Absidia, Actinomucor, Apophysomyces, Cokeromyces, Cunninghamella, Hormographiella, Lichtheimia, Lichtheimia, Mucor, Mucormycosis, Mycocladus, Phycomycosis, Rhizomucor, Rhizopus, Saksenaea, Syncephalastrum. ICD9: 117.7 ICD10: B46 |

Vaccine Schedule and coverage for Honduras

- BCG - birth
- DT - 4,6,18 months; 4 years risk groups
- DTwP - 18 months; 4 years
- DTwPHibHepB - 2,4,6 months
- HepB - birth 1st contact, +1, +6 months for risk groups
- HPV - 11 years
- IPV - 2,4,6 months (risk groups)
- MMR - 12 months
- OPV - 2,4,6,18 months
- Pneumo conj - 2,4,6 months
- Rotavirus - 2,4 months
- Td - 11, 21 years and 3 doses for pregnant women not yet vaccinated



A given generic vaccine may have multiple designations in this list due to variations in terminology used by individual countries. Vaccination policies evolve rapidly in response to changes in disease occurrence and the introduction of new vaccines. Every effort has been made to update these lists accordingly.

Vaccine Abbreviations

- aP - Attenuated pertussis
- ap - Attenuated pertussis
- BCG - Bacillus Calmette Guerin
- CBAW - Childbearing age women
- D - Diphtheria
- HCW - Health-care workers
- Hep - Hepatitis B
- HEP - Hepatitis B
- HepA - Hepatitis A
- HepB - Hepatitis B
- Hib - Haemophilus influenzae type B
- HPV - Human papillomavirus
- IPV - Injectable polio vaccine
- MenACWY - Meningococcus types A,C,Y and W
- MenC-conj - Meningococcus type C conjugate
- MR - Measles, Rubella
- MMR - Measles, Mumps, Rubella
- MMRV - Measles, Mumps, Rubella, Varicella
- NA - Details not available
- OPV - Oral polio vaccine
- P - Pertussis
- Pneumo - Pneumococcal vaccine

Pneumo conj - Pneumococcal conjugate
Pneumo ps - Pneumococcal polysaccharide
T - Tetanus
TBE - Tick-borne encephalitis
Td - Tetanus lower dose diphtheria
TT - Tetanus toxoid
wP - Whole-cell pertussis
YF - Yellow fever
Zoster - Herpes zoster

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