

# Epidemiological Update

## Acute Hemorrhagic Conjunctivitis

23 October 2009

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As the season of increased transmission of hemorrhagic conjunctivitis in tropical countries begins, the Pan American Health Organization / World Health Organization (PAHO/WHO) emphasizes the need to strengthen surveillance and implement recommendations that help control the spread of the disease.

### 1. Hemorrhagic conjunctivitis situation in the Region

Acute hemorrhagic conjunctivitis (AHC) is more frequent in coastal areas of tropical countries with high temperatures and humidity. During the rainy season, incidence is higher. In the Americas, AHC occurs in Central America and the Caribbean between September and December. Currently, Cuba and Honduras are reporting outbreaks.

### 2. Factors influencing the incidence rate and increase determinants

- Climate: AHC incidence is greater during the rainy season.
- Age: While AHC affects populations of any age, youths and the elderly are the most affected.
- Overcrowding and close coexistence. Incidence is higher in sites such as schools, boarding schools, military units, sports centers, and hospitals.
- Neglect of hygienic standards.
- Movement of travelers within areas that present the epidemic.

### What is Acute Hemorrhagic Conjunctivitis?

It is a highly transmissible viral disease characterized by subconjunctival hemorrhage that has a spontaneous resolution in 5 to 7 days. It produces sudden inflammation of the eyelids, congestion, redness, and eye pain.

There are two known causative agents: Enterovirus 70 (most prevalent) and Coxsackie A24.

The incubation period is from 12 to 72 hours; it has powerful capacity to spread when transmitted by direct or indirect contact with ocular secretions and through saliva microdrops. Usually, patients transmit the infection during the acute phase of the disease (at most 5 days).

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Technical Surveillance Report - Acute Epidemic Hemorrhagic Conjunctivitis in Cuba. Vol. 9, No. 1 January - February, 2004 ISSN. 1028-4338. Available at: <http://www.sld.cu/galerias/pdf/sitios/vigilancia/rtv0104.pdf>

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### 3. Recommendations

a) Surveillance and epidemiological investigation measures:

- Reinforce monitoring for the timely detection of outbreaks, to adequately orient control measures.
- Immediately notify health authorities about the detection of an outbreak.
- Investigate contacts and sources of infection; determine if there has been a common source of infection.
- Strengthen laboratory capacity for confirmation of diagnosis.
- Disseminate information and recommendations to alert health care workers.

b) Immediate organizational, preventive, contact control, and environmental measures:

- Organize diagnosis and case management services.
- Medical assessment of suspected cases to confirm the diagnosis.
- Ensure adherence to asepsis and antisepsis standards in health care establishments.
- Ensure the cleaning of conjunctival exudates.
- Promote hand washing as well as meticulous cleaning and handling of any object that may come into contact with eye or respiratory secretions.
- Conduct health education campaigns for cases and contacts in order to avoid overcrowding and promote hygienic measures; instruct on the need to avoid touching eyes with hands or any object, and to frequently wash hands. Patients should not share any utensils and personal belongings with the rest of their families.
- Properly chlorinate pools.

For health care workers:

- Always wear gloves and gowns for patient care and use personal protective measures.
- Wash hands after attending to an individual with probable or laboratory-confirmed AHC.
- Disinfect furniture and medical equipment to avoid contamination of other patients and / or staff.

c) Patient control measures:

- ACH is a self-limiting disease; therefore, it does not require specific antiviral treatment.
- Its management is symptomatic and should be limited to general measures, such as cold compresses and artificial tears with vasoconstrictors.
- Antimicrobial agents should not be indicated, unless there is an aggregated microbial infection. The effectiveness of antivirals has also not been demonstrated.
- Steroidal anti-inflammatory medications should not be used as they significantly increase viral replication. Eye drops containing antibiotics should not be used.
- Isolation should be used to limit contact with cases during the active period of the disease; take precautions regarding exudates and secretions. Restrict contact with cases while the disease is active.