

# Boletín Regional de Epidemiología de Campo (BREC)

## Programa de Entrenamiento en Epidemiología de Campo de Centroamérica (CA FETP) participa en 64a. Conferencia del Servicio de Inteligencia Epidemiológica (EIS) en Atlanta, Georgia, USA.

Volumen 11, No. 05  
Mayo 2016

**Contenido:** Pág.

Programa de Entrenamiento en Epidemiología de Campo de Centroamérica (CA FETP) participa en 64a. Conferencia del Servicio de Inteligencia Epidemiológica (EIS) en Atlanta, Georgia. 9

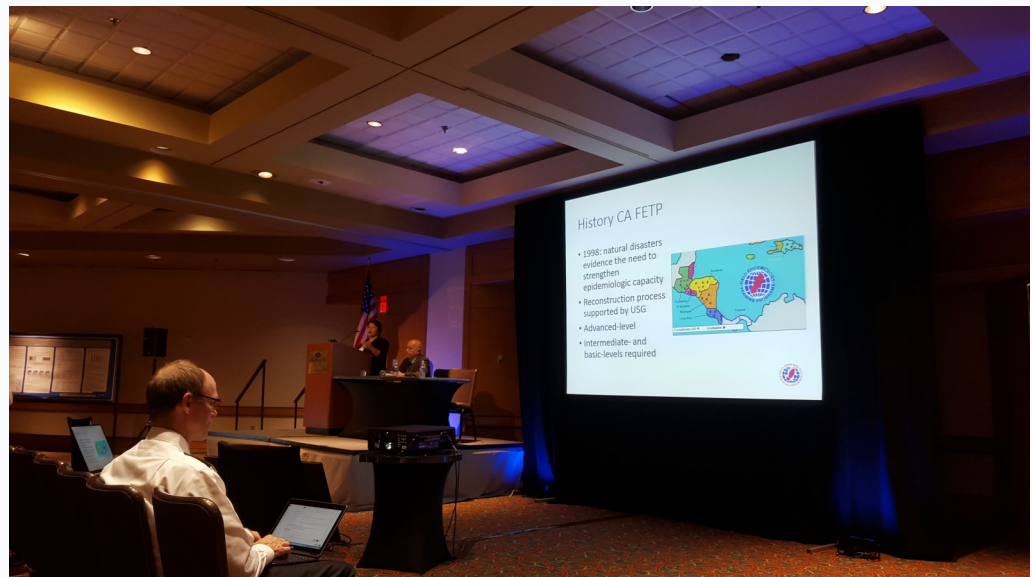
Methicillin-Resistant Staphylococcus aureus Surveillance, Belize 2011 – 2015 10

**Comité editorial**

- \* Reina Turcios-Ruiz, Directora de la Oficina Regional de los Centros para Control y Prevención de Enfermedades (CDC-CAR)
- \* David Saúl Rodríguez-Araujo, Coordinador del Proyecto de Formación de Epidemiología de Campo, Secretaría Ejecutiva del Consejo de Ministros de Salud de Centroamérica y República Dominicana (SE-COMISCA)
- \* Anaité Díaz, Directora del Departamento de Epidemiología, Universidad del Valle de Guatemala

*Editorial*

*Dr. David S. Rodríguez, Coordinador de FETP en SECOMISCA*



El Programa de Entrenamiento en Epidemiología de Campo de Centroamérica (CA FETP) participó en la Conferencia Científica del Servicio de Inteligencia Epidemiológica (EIS) que se realizó en Atlanta, Georgia, Estados Unidos, del 1 al 7 de mayo de 2016.

En reunión con los responsables del FETP en CDC se gestionaron fondos adicionales para apoyar entrenamientos, proyectos epidemiológicos, investigación de brotes, análisis y evaluaciones de sistemas de vigi-

lancia de Arbovirosis en los países de Centroamérica y República Dominicana. Estos proyectos serán realizados por estudiantes y egresados del FETP como parte de la respuesta a la emergencia por el brote de Zika.

Asimismo, se colaboró y compartió la experiencia del CA FETP como un programa exitoso con los FETP de África aglutinados en AFENET, estableciéndose nexos de cooperación técnica bilateral.

## Methicillin-Resistant *Staphylococcus aureus* Surveillance, Belize 2011 – 2015

*Informado por:* Margaret Arana, Intermediate Level FETP, Karl Heusner Memorial Hospital Authority (KHMHA).

**Background:** Methicillin-resistant *Staphylococcus aureus* (MRSA) is a major concern world-wide due to limited treatment options and prolonged hospitalization. Currently, Multi-drug Resistant Organism (MDRO) Surveillance is set up at Karl Heusner Memorial Hospital Authority (KHMHA) since 2011. How representative of the population is this considering KHMHA serves both as the regional and national referral hospital for the country remains to be answered. On this accord, a surveillance system patterned off KHMHA's was applied to data set dating January 2011 to December 2015 to identify cases of MDRO infections/colonization countrywide. The country's health system comprises a network of health facilities providing healthcare to the country's population of 368,310. The objective is to describe the occurrence of MRSA country wide and prepare an Antibiogram to guide antimicrobials prescription practices, also awarding the opportunity to determine if KHMHA's results are representative of the country's profile.

**Methods:** A descriptive study on MRSA was done from data collected January 1, 2011 to December 31, 2015 from laboratory results report from facilities countrywide. Cases were identified as *Staphylococcus aureus* isolates labelled Methicillin-

resistant or resistance to Oxacillin or Cefoxitin. Rates were calculated using mid-year population estimates. Proportions of MRSA cases by facility, year and specimen type was done and an Antibiogram developed.

**Results:** 579 screened *Staphylococcus aureus* isolates were identified, 360 (62%) were Methicillin-resistant. The current MRSA rate stands at 23.3 per 100,000 population. Wound samples accounted for 300 (52%) isolates; 211 (57%) were Methicillin-resistant strains. All facilities had 50% or more Methicillin-resistant strains.

The Antibiogram was created presenting percentages of isolates' sensitivity to a recommended list of antibiotics. MRSA had high sensitivity to Linezolid (100%); Vancomycin and Rifampin (97%) and Trimethoprim/Sulphamethoxalol (91%).

**Conclusions:** While there are still treatment options available for MRSA, the judicious use of antibiotics is imperative to prevent further antibiotic resistance. With improved and effective surveillance, we can provide pertinent information to aid clinicians in prescribing antimicrobials and guide in the development of the antibiotic policy and the national drug formulary.

**Key words:** Multi-drug Resistant Organism, Methicillin-resistant *Staphylococcus aureus*, Antibiogram