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Sargassum seaweed on Caribbean islands: an international public health concern

An unexplained invasion of Sargassum seaweed has been taking place on the coasts of Caribbean countries in recent years. Areas affected by the seaweed invasion include Barbados, Guadeloupe, Martinique, Puerto Rico, Saint Lucia, and Saint Martin.^{1,2} The presence of this brown algae represents not only an environmental and economic disaster but a real threat to human health. After 48 h on the seashore, large amounts of toxic gas are produced through matter decomposition, including hydrogen sulphide and ammonia.³ The effects on humans of exposure to high concentrations of hydrogen sulphide have been described^{4–6} and are of mounting severity with increasing concentration, leading to potentially fatal hypoxic pulmonary, neurological, and cardiovascular lesions. Although less documented, subchronic and chronic exposures can cause conjunctival and upper airway irritation, headaches, vestibular

syndrome, memory loss, and modification of learning abilities. In the absence of any available specific treatment, management of hydrogen sulphide intoxication relies on supportive care, and prevention relies on individual protection.

Between January and August, 2018, doctors in Guadeloupe reported more than 3341 cases, and doctors in Martinique reported more than 8061 cases of acute exposure,⁷ among which three patients were admitted to intensive care. The number of consultations related to the effects of chronic exposure is also increasing in the local population. To mitigate this emerging airborne poisoning outbreak, the French Government has already promised €10 million to supply equipment that can be used to remove the seaweed within 48 h, to monitor hydrogen sulphide concentrations on the affected shores, to train doctors, and to assign experts in toxicology in affected areas. Despite this commendable first effort by the French Government, a mitigation plan to address this enigmatic Sargassum invasion should urgently be discussed at an international level to boost marine research,

pool resources, and consolidate local political priorities.

We declare no competing interests. Written on behalf of the Research Group on Sargassum in Martinique.

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- 1 Langin K. Seaweed masses assault Caribbean islands. *Science* 2018; **360**: 1158.
- 2 Agence nationale de sécurité sanitaire alimentation, environnement, travail (ANSES). Guidelines Mars 2017: expositions aux émanations d'algues sargasses en décomposition aux Antilles et en Guyane. 2017. <https://www.anses.fr/fr/system/files/AIR2015SA0225Ra.pdf> (accessed Aug 3, 2018).
- 3 Haut conseil de la santé publique. Relatif à la définition de mesures de gestion concernant l'exposition des populations Antillaises à l'ammoniac et du sulfure d'hydrogène (H₂S) issus de la décomposition d'algues Sargasses. 2018. <https://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=671> (accessed Aug 3, 2018).
- 4 Haut conseil de la santé publique. Seuils d'intervention et mesures de gestion pour prévenir les effets sur la santé des populations exposées à l'hydrogène sulfure provenant d'algues brunes échouées sur les côtes de La Martinique et de La Guadeloupe. 2012. <https://www.hcsp.fr/Explore.cgi/Telecharger?...hcspa20120322> (accessed Aug 3, 2018).
- 5 Querellou E, Jaffrelot M, Savary D, Savry C, Perfus JP. Fatal outcome of an hydrogen sulfide poisoning. *Ann Fr Anesth Reanim* 2005; **24**: 1302–04.
- 6 Institut national de l'environnement industriel et des risques. Document de synthèse relatif à une Barrière Technique de Sécurité (B.T.S.) DéTECTEUR fixe de gaz sulfure d'hydrogène (H₂S) Version 2. 2016. https://www.ineris.fr/sites/ineris.fr/files/contribution/Documents/DRA-16-156884A-09050A_H2S_V2_envoyé.pdf (accessed Aug 3, 2018).
- 7 Bilan de surveillance sanitaire réseau sargasses – ANTILLES Semaine 2018-34 (du 20 au 26 août 2018). Santé publique France, French national public health agency, Regional unit (Cire) Antilles Guyane, France. 2018. <https://www.santepubliquefrance.fr> (accessed Aug 3, 2018).



Figure: Sargassum on a beach in Le Diamant, Martinique

Credit: Dabor Resiere

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