

The objective of the bulletin is to report new health events occurring outside and inside EpiSouth area that have potential implications on EpiSouth population. It does not aim to provide an exhaustive review of international alerts. Since 2006, The French public health Institute (InVS) is issuing an [online](#) epidemic intelligence bulletin (Bulletin hebdomadaire International - BHI). In order to limit duplication and to make this already verified information available to a larger audience, information relating to health events of interest for EpiSouth population are translated and integrated in the relevant e-web sections. Despite all verifications, WP6 team would not be responsible for potential errors. The recipient is responsible for the cautious use of this information. Neither the European Commission nor any person acting on behalf of the Commission is liable for the use that may be made of the information contained in this report. Data maps and commentary used in this document do not imply any opinion of EpiSouth countries or its partners on the legal status of the countries and territories shown or concerning their borders.

INDEX e-WEB n°61

- **A(H5N1) Human influenza – Egypt**
- **A(H5N1) Avian influenza – Vietnam / China**
- **“OUTSIDE” Events:**
 - **World – Novel influenza A(H1N1)**
 - **India – Japanese Encephalitis**
 - **Chad – Yellow fever**
- **“INSIDE” Events: None (other than A[H5N1] and A[H1N1])**

Area:	Event:	A(H5N1) – Human	<u>Comments</u>
<p>The Egyptian health authorities reported 4 new influenza A(H5N1) human cases :</p> <ul style="list-style-type: none"> • A 5 y.o. girl from Sohag Governorate (see Map 1). <ul style="list-style-type: none"> ✓ She presented symptoms on May 7th, 2009; ✓ She was hospitalised on May 9th • A 4 y.o. boy from al-Sharqia Governorate (see Map 1). <ul style="list-style-type: none"> ✓ He presented symptoms on May 10th, 2009; ✓ He was hospitalised on May 11th • A 3 y.o. boy from Qalyubia Governorate (see Map 1). <ul style="list-style-type: none"> ✓ He presented symptoms on May 12th, 2009; ✓ He was hospitalised on May 15th • The 3 above cases were treated by oseltamivir and to date they are in good and stable condition. All were exposed to sick or dead poultry prior to disease onset • A 4 y.o. girl from al-Dakahlia Governorate (see Map 1). <ul style="list-style-type: none"> ✓ She presented symptoms on May 9th, 2009; ✓ She was hospitalised on May 17th; ✓ She died on May 18th; ✓ No exposure to sick or dead poultry prior to disease onset has been documented yet; investigations are ongoing. • To date and since April 2006, Egypt has reported 72 cases including 27 deaths. 			<ul style="list-style-type: none"> • Available data do not substantiate a change in the assessment of the global epidemiological situation. <p>Map 1. Sohag, al-Sharqia, Qalyubia, and al-Dakahlia Governorates, Egypt</p>

Area: Vietnam / China Event: A(H5N1) – Epizootic

Comments

Vietnam

- A(H5N1) avian influenza outbreaks were reported this week in Dong Thap and Vinh Long provinces (See Map 2).
- The last outbreaks were reported in August 2008 (Dong Thap province) and May 2008 (Vinh Long province).

China

- A(H5N1) avian influenza outbreak was reported this week in Qinghai province among wild birds (See map 3).
- The last avian outbreak in Qinghai province was notified in May 2006.
- The Qinghai province, and specifically the lake Qinghai is a major stop for the migratory birds.
- In May 2005 a similar outbreak occurred in the Qinghai lake area. This epizootic was certainly at the origin of the westward spread of the outbreak that eventually affected Central Asia, Europe and the Middle East during the following winter (2005-2006).
- Therefore, the situation has to be carefully monitored.

Map 3 : Qinghai province, China



Map 2: Dong Thap and Vinh Long provinces, Vietnam



***REPORT of NEW HEALTH EVENTS OCCURING OUTSIDE THE EPISOUTH AREA
(not occurring in one or several EpiSouth countries)***

Area: World Event: A(H1N1) Novel influenza

Comments

- Since April 24th 2009, health authorities of several countries have reported human influenza cases due to a new strain, called [A\(H1N1\) Novel influenza virus](#),
- This virus is different from seasonal human A(H1N1) virus, which is responsible of seasonal influenza outbreaks and circulates widely in the world.
- Table 2 and Map 6 summarise the Novel influenza situation as of May 19, 2009 at 11:00 AM.

- Each country has its own case definition. Moreover, within one country, the case definition may change overtime. These two elements have to be considered in the interpretation of the number of reported cases.
- [Updates](#) are uploaded every day on EpiSouth's website, with new available elements.

Area: India

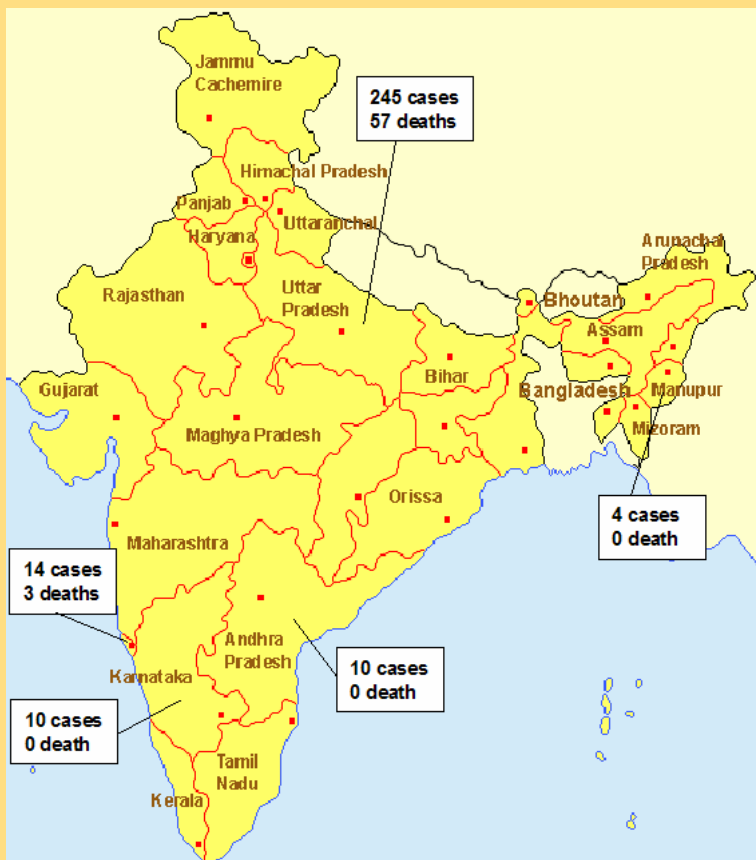
Event:

Japanese encephalitis

Comments

- From January 01, 2009 to May 5, 2009, Indian health authorities reported 283 Japanese encephalitis (JE) cases among which 60 deaths (case fatality rate: 21 %) in India.
- In the Uttar Pradesh state, 254 JE cases (deaths: 47, CFR: 23 %) have been reported for the same period (See Map 4).
- The Uttar Pradesh state use to report the highest number of JE cases every year (See Table 1).
- The highest transmission period in the Northern regions occurs between July and December.
- However, we observe this year an increase in the number cases earlier than usual (before the monsoon).

Map 4. Cases of Japanese encephalitis in India, from 2009/01/01 to 2009/05/01
(source: MoH, India)



- The occurrence of JE cases in that region is not unexpected.
- Nevertheless, the occurrence of such cases during this period may presage a large-scaled seasonal outbreak.
- JE vaccine is recommended for travellers going to areas at risk for JE (from West Pakistan to the East Philippines), especially during the transmission season.

Table 1. Cases of JE cases from 2003 to 2009/05/01, India

	Uttar Pradesh			India	
	Cases (% India)	Death	FR	Cases	Death
2003	1124 (44 %)	237	21 %	2568	707
2004	1030 (60 %)	228	22 %	1714	367
2005	6061 (90%)	1500	25 %	6727	1682
2006	2320 (82%)	528	23 %	2842	658
2007	3024 (75 %)	645	21 %	4024	963
2008	3012 (78 %)	537	18 %	3838	684
2009	245 (87 %)	57	23 %	283	60

Area: Chad

Event: Yellow fever

Comments

- On 10th May 2009, WHO notified a case of yellow fever in the district of Iriba, located 50 km from the Sudanese border, in central-eastern Chad (see Map 5).
- The transmission pattern is still unknown (no forestry activities and no travel have been reported).
- Many refugee camps (n=12) are located in Chad in an isolated area along the Sudanese border.

Map 5 : Iriba, Chad



- Up to date no cases of yellow fever had been reported in Chad.
- Yellow fever is endemo-epidemic in the African inter-tropical countries and outbreaks are regularly described.
- Human cases of yellow fever have been reported in the Central African Republic close to the Sudanese border in 2008 ([see E-web n°9](#))
- The identification of human jungle yellow fever cases in these countries is not unexpected. The major risk with yellow fever lies in the onset of an urban transmission cycle and/or transmission in densely populated areas (e.g. refugee camps).
- Given the severity of the disease, its epidemic potential and the socio-political context (population movements, refugee camps) the situation must be carefully monitored.
- Immunisation against yellow fever is strongly recommended before any trip in an endemic inter-tropical region.

REPORT of NEW HEALTH EVENTS OCCURRING INSIDE THE EPISOUTH AREA
(Occurring in one or several EpiSouth countries)

No events reported this week

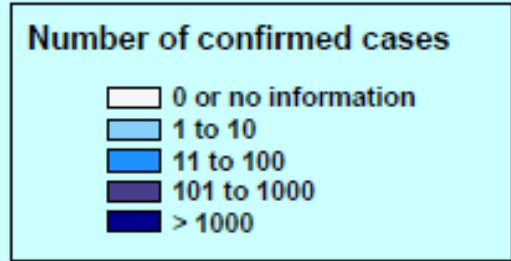
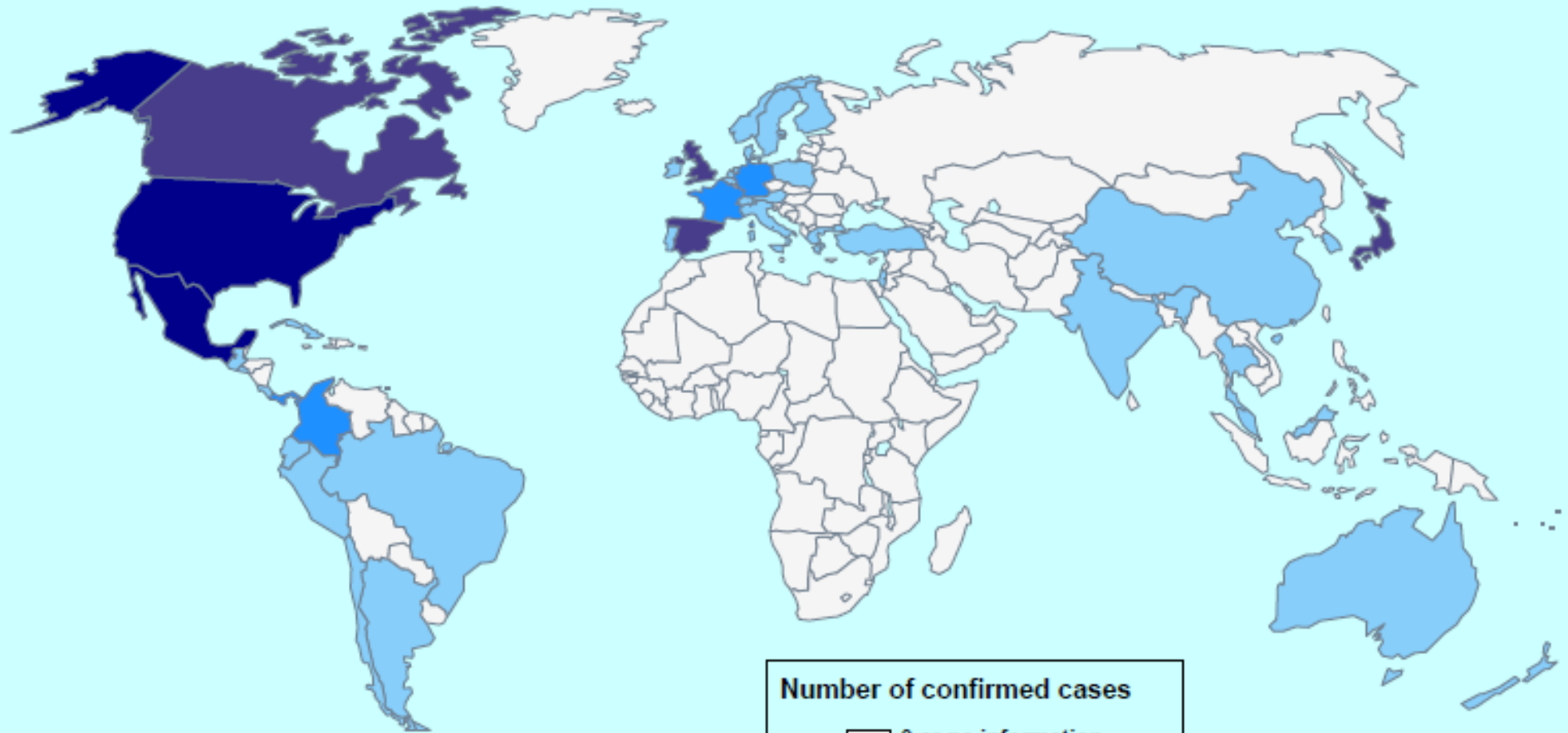
Table 2. Confirmed cases of Novel A(H1N1) virus in the World as of May 19, 2009, 11:00 am

Country	A(H1N1) confirmed cases		Secondary case linked to an imported case (CSI) Secondary case no linked to an imported case (CSSL)
	Total	Death	
Mexico	3,648	72	Active community circulation
USA**	5,123	6	Evidence of active community circulation. Deaths (3 in Texas, 1 in Arizona, 1 Washington State, 1 NYC)
Canada	520	1	CSI (Ontario, Nova Scotia)
Argentina	1	0	
Brazil	8	0	3 imported from Mexico, 2 from Florida, 2 CSI
Chile	5	0	1 imported from Dominican Republic
Cuba	3	0	Imported from Mexico
Colombia	11	0	7 imported including 4 from Florida, 3CSI
Costa Rica	9	1	
Dominican Rep.	-	-	Exported cases in Chile and Peru
Ecuador	1	0	Imported from Florida, USA
El Salvador	4	0	1 Familial CSI
Guatemala	3	0	
Panama	59	0	
Peru	3	0	Imported from New-York, imported from Dominican Republic
Total Americas	9,398	80	
Austria	1	0	
Belgium	5	0	2 imported from USA, 3 CSI
Denmark	1	0	Imported from New York
Finland	2	0	Imported from Mexico
France	16	0	All Imported
Germany	14	0	4 CSI
Greece	1	0	Imported from USA
Ireland	1	0	
Italy	9	0	2 Familial CSI + 1 imported from NY
Netherlands	3	0	
Norway	2	0	2 imported from Mexico
Poland	2	0	Imported from NY
Portugal	1	0	
Switzerland	1	0	
Sweden	3	0	3 imported from USA
Spain	103	0	30 CSI
United-Kingdom	103	0	33 imported, 58 CSI and 1 CSSL + 3 CSSL suspicion in Scotland
Total Europe	267	0	
China (Hong Kong)	3	0	1 imported from Mexico, 1 from USA
China (Mainland)	4	0	4 imported from USA, 1 from Canada
India	1	0	Imported from NY, USA
Japan	176	0	4 imported from Canada, 3 CSI. Evidence of community transmission in Osaka / Kobe.
Malaysia	2	0	Imported from USA
South Korea	4	0	Familial CSI
Thailand	2	0	
Total Asia	192	0	
Total Africa	0	0	(No confirmed cases, to date)
Israel	7	0	
Turkey	2	0	2 imported from USA
Total Middle-East	9	0	
Australia	1	0	Imported from USA
New Zealand	9	0	At least 1 case imported from USA (California)
Total Oceania	10	0	
Total World	9,876	80	

* According to case definition and national official declaration

** Probable and confirmed cases reported.

Geographic distribution of confirmed A(H1N1) influenza cases, worldwide, 19/05/2009, 11:00 am



Data from PHI – MoH – WHO / Map InVS-DIT / Philcarto

