

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.

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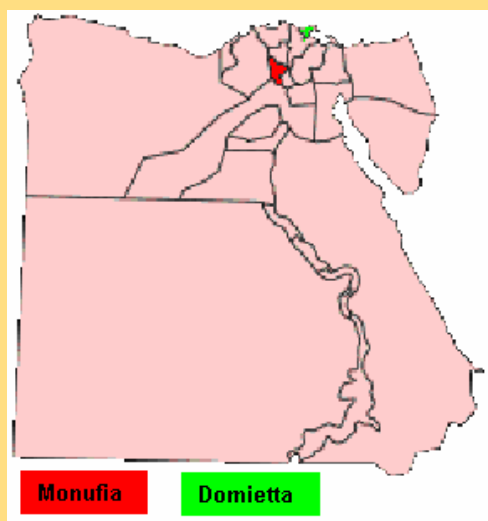
Area: Egypt

Event: A(H5N1) – Human

Comments

- On 31 August 2009, Egyptian health authorities reported **2 new confirmed cases of avian influenza A(H5N1)**:
- A 2 year-old female from Monufia Governorate:
 - ✓ presented symptoms on 23 August 2009
 - ✓ was hospitalised on 26 August 2009, received oseltamivir treatment
 - ✓ is in a stable condition
- A 14 year-old female from Damietta Governorate:
 - ✓ presented symptoms on 21 August
 - ✓ was hospitalised on 23 August, received oseltamivir treatment
 - ✓ is in a stable condition.
- Investigations indicated that both cases had close contact with dead and/or sick poultry.
- Since April 2006, Egypt has reported 85 confirmed human cases of avian influenza A(H5N1), 27 have been fatal.

Map 1: Monufia and Domietta Governorates, Egypt.



- The occurrence of human cases of A(H5N1) in Egypt is not an unexpected event.
- From 01/01/2009 to date, the Egyptian health authorities have reported 38 cases, versus 8 cases for the whole year 2008, 25 in 2007 and 18 in 2006 (cf [A\(H5N1\) avian influenza situation in Egypt, 28 May 2009](#), available in French only).
- To date, the available information does not indicate a change in the epidemiological characteristics of the virus.

Area: World

Event: A(H5N1) – Epizootic

Comments

No avian influenza outbreak reported this week.

REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE THE EPISOUTH AREA (not occurring in one or several EpiSouth countries)

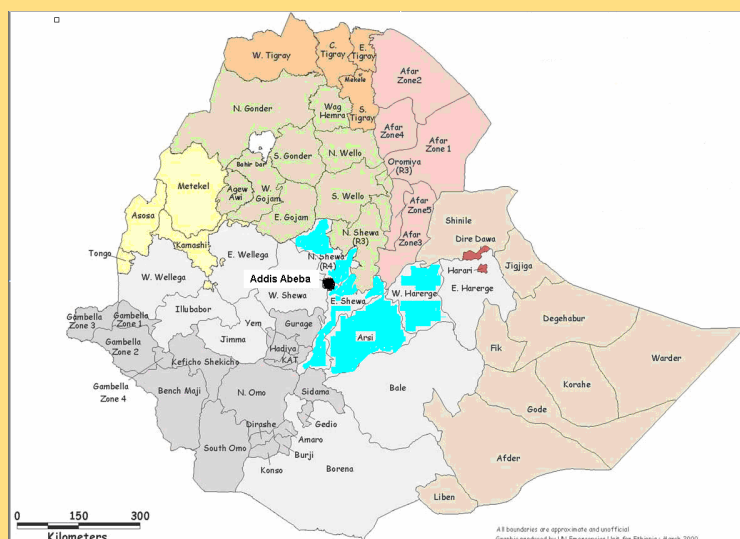
Area: Ethiopia

Event: Cholera

Comments

- On 31 August 2009, Ethiopian health authorities reported an epidemic of acute watery diarrhea, suspecting cholera:
 - ✓ more than 5000 people were ill within the past 2 weeks
 - ✓ the disease was reported in 31 districts
 - ✓ 34 died including 7 in the capital Addis Ababa
- NGO sources had already reported a cholera outbreak at the beginning of August 2009:
 - ✓ It affected several zones of the Oromia region (the largest Ethiopian State in population and area, cf map 2).
 - ✓ 1700 suspect cases of cholera and 28 deaths were recorded in a single zone (West Arsi).

Map 2. Areas affected by the cholera outbreak, Ethiopia, August 2009
(affected areas in blue, Oromia region in light grey)



- Outbreaks of cholera have occurred repeatedly in Africa since the beginning of 2009, with a major epidemic affecting Zimbabwe (around 100 000 cases and 4300 deaths over 2008-2009).
- The occurrence of cholera in Ethiopia is not an unexpected event.
- Considering the rapid evolution of this epidemic, its geographical extent and its spread to the capital and further touristy areas, the situation will be receive careful attention.

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

Area: Romania

Event: West Nile virus

Comments

- On 17 August 2009, the national reference laboratory of Cantacuzino institute reported the first case of West Nile meningitis since 2008:
 - ✓ A male aged 52 years old, resident of Cetate, in the Dolj district in the South-west of Romania, neighbouring the Danube river (cf map 3.).
 - ✓ hospitalised in Craiova from 4 to 13 August 2009 (patient recovered).
 - ✓ fisherman, mentioned not using any physical or chemical protection against mosquitoes.
- Health authorities of the Dolj district recommended excluding blood donors from Cetate, for a period of one month.
- No evidence of dead or ill birds was found in the area.

Map 3: Dolj and Braila districts and Danube river, Romania.



- Active surveillance of human and animal cases of West Nile Virus infections exists in South Romania since 1997.
- 3 human cases were confirmed from 1997 to 2008 (cf [e-web 32](#)), in the district of Braila and in Bucharest (map 4).
- Several environmental factors are believed to favour the multiplication of the mosquito vector (*Culex* spp):
 - Climate conditions: high temperature and humidity from May to September
 - Presence of a natural reservoir (Danube river)
 - Presence of wild migratory birds and horses.
- The occurrence of a West Nile human infection in this region and at this time of the year does not represent an unexpected event.

Area: World

Event: Pandemic A/H1N1/2009

EpiSouth

As of 01 September 2009, the total number of **confirmed cases of Pandemic A/H1N1/2009** reported in the **EpiSouth region** was **12 357 cases** and **45 deaths**. All 26 EpiSouth countries have reported cases.

- Since 25 August 2009, **8 new deaths** have been notified: 5 in **Spain** (21 in total), 2 in **Israel** (15 in total) and 1 in **Syria** (2nd death). The epidemic continues to spread in the region, particularly in Greece and Egypt, recording more than 200 additional cases this week, followed by Italy (100 new cases).
- **Spain** reported a consultation rate of 41.2/100 000 inhabitants for influenza-like illness for the week 16-22 August 2009 (versus 38.0/100 000 the week before). This rate seems to stabilise across the country except in the North (Basque country, Cantabria, Asturias), Valencia and Extremadura where a slight increase was noted. 81% of circulating influenza strains corresponded to pandemic A/H1N1/2009.
- For week 35 (24-30 August), **France** estimated a consultation rate for influenza-like illness of 57/100 000 inh. This rate exceeded historical maxima since 1984. The calculated excess of 30 000 ILI consultations resulted in an estimate of 6000 A/H1N1/2009 cases for w.
- **Map 4** illustrates the number of confirmed A/H1N1/2009 cases for countries where case counting is still performed; the presence of community transmission for countries where it has been established, and the number of deaths among EpiSouth countries, as of 01 September 2009 at 05:00 PM.
 - ✓ Evidence for community transmission, whether limited or widespread, has been clearly established in some countries. Many of these countries have moved from case-based to population-based surveillance to track the magnitude of the epidemic. Thus, case counts for those are no longer represented on the map (countries in grey).
 - ✓ For the remaining countries, including those with sporadic cases or suspicion of community transmission, the number of cases is still shown on the map (red dots).
 - ✓ It is worth noting that the countries have implemented different surveillance approaches (including different cases definitions and reporting systems) over the course of the pandemic, which calls for a cautious interpretation of the data.

Global trends (excluding EpiSouth)

As of 01 September 2009, **3 049 deaths** related to pandemic A/H1N1/2009 have been recorded **worldwide**.

The analysis of the various epidemiological and laboratory indicators available reflects the following trends:

- **Europe** (non-EpiSouth): The epidemic continues to spread in the North (Germany Norway, Sweden) and South (Portugal). Estimates of cases of A/H1N1/2009 in **England** and **Wales** continue to decrease: consultation rates for influenza-like illness dropped from 21/100,000 inh. (week 10-16 August) to 17/100,000 inh. (17-23 August). Sweden reported its first A/H1N1/2009 related death.
- In **the Middle East**, the epidemic is globally stable. Among non-EpiSouth countries, **Kuwait** and **Oman** have reported the highest number of new cases (more than 400 each) since 25 August 2009. **Bahrain, Iraq, Qatar** and **Yemen** reported their first A/H1N1/2009 related death. Further fatalities were recorded in neighbouring countries (Kuwait 2 additional deaths (5 in total), Saudi Arabia 3 (19 in total), United Arab Emirates (2 in total). To date, a total of **37 deaths** have been reported (non-EpiSouth countries).

Both **Kuwait** and **Oman** have delayed schools reopening (1-2 months). **Iran** has banned Umrah (pilgrimage to Mecca) during Ramadan.
- **North America**: the overall decreasing trend for virus circulation continues in Mexico, and Canada. However, in the US, despite the decline observed in most states, an increase is recorded in the South Western states.
- **South and Central America**: 4 countries reported an increasing epidemic trend (Bolivia, Ecuador, Venezuela and Haiti). In all 4 and among the 16 remaining countries, the outbreak activity remains high particularly in Argentina, Brazil, Chile, Colombia and Uruguay.
- **Asia**: A/H1N1/2009 circulation intensifies, particularly in Hong-Kong, Japan, Singapore, Thailand and India. The majority of deaths were reported by Thailand (119), India (93) and Malaysia (72).
- **Sub-Saharan Africa**: the epidemic affects 21 countries. South Africa reported 25 deaths since the beginning of the epidemic. Note that only 41% of African countries have capacity for influenza laboratory diagnosis.
- **Oceania**: In **New-Zealand and Australia**, the epidemic has slowed down considerably. It continues to spread among the various Pacific Island States.

Map 4. Distribution of A/H1N1/2009 in the EpiSouth region, as of 01 August 2009, 05:00 PM.

(sources: ECDC, WHO, MoH, EpiSouth)

