

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, WPG 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°101

- **A(H5N1) Human influenza – Egypt, Vietnam**
- **A(H5N1) Avian influenza – Bangladesh, Bhutan**
- **“OUTSIDE” Events:**
 - **Meningitis – West Africa**
- **“INSIDE” Events: none**

Location: Egypt

Event: A(H5N1) – Human

Comments

- On 19 February 2010, Egyptian health authorities reported 3 new cases of human A(H5N1) avian influenza infection:
 - ✓ Case n° 100, originated from Daqahliya governorate (cf. map 1);
 - ✓ Case n°101, a 13 year old boy from Kafr El-Sheikh governorate;
 - ✓ Case n° 102, a 30 y-old female from Kafr El-Sheikh governorate;
 - ✓ Contacts with sick or dead poultry were not documented for the 3 cases.
- Since April 2006, Egypt has reported a total of 102 confirmed human cases of avian influenza A(H5N1), 30 have been fatal.

Map 1. Daqahliya and Kafr El-Sheikh governorates, Egypt.



- **Avian influenza foci among poultry are present in both Egypt and Vietnam.**
- **The occurrence of human cases of avian A(H5N1) in these 2 countries does not constitute an unexpected event.**
- **To date, the available information does not indicate a change in the epidemiology of the virus in either country.**

Map 2. Khanh Hoa province, Vietnam.



Location: Vietnam

Event: A(H5N1) – Human

- On 23 February 2010, the Vietnamese Ministry of Health reported one A(H5N1) human case infection:
 - ✓ A 3 year old girl from the Khanh Hoa province (centre of the country, cf. map 2).
 - ✓ Symptomatic on 27 January 2010.
 - ✓ Hospitalised on 28 January 2010.
 - ✓ Contact with sick or dead poultry was not documented.

Location: Bangladesh, Bhutan

Event: A(H5N1) – Epizootic

Comments

Bangladesh

- From 9 and 21 February 2010, Bangladeshi health authorities reported 6 A(H5N1) epizooties in poultry in the district of Cox's Bazar (Chittagong province), South-East country, border to Myanmar (cf. map3).

Bhutan

- On 23rd January 2010, health authorities of Bhutan reported to OIE a cluster of highly pathogenic A(H5N1) in birds in the Chukha district (cf. map 3).
- This epizooty is the 1st A(H5N1) outbreak occurring and ever reported in the country.

Map 3. Chittagong province, Bangladesh – Chukha district, Bhutan.



- The last epizootic reported in Bangladesh occurred in January 2010 (cf. [eWEB n°97](#)).

- Available information does not suggest any changes in the epidemiology and transmission of the virus.

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

Location: West Africa

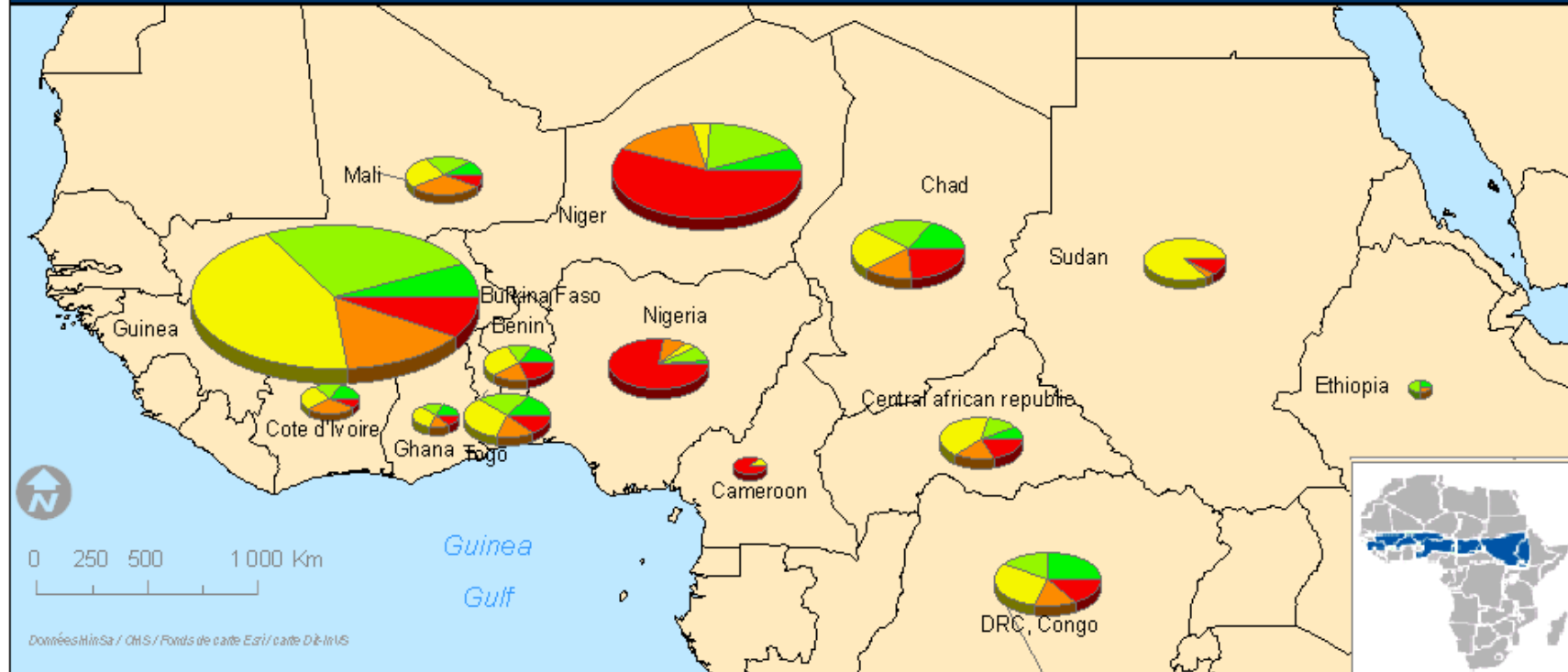
Event: Meningitis

Comments

- From January 04th to February 07th 2010, the latest available data reported 2 298 meningitis cases (299 deaths, case fatality rate (CFR) 13%) in 12 out of 14 countries of the WHO meningitis monitoring network.
 - ✓ **Burkina Faso** reported the highest number of cases: 949 cases (146 deaths, CFR 15.4%). In week 5, 2 districts reached the epidemic threshold and 3 others the alert threshold.
 - ✓ **Nigeria** reported 256 cases (27 deaths, CFR 10.5%). In week 5, 2 districts have reached the epidemic threshold.
 - ✓ **Togo** reported 108 cases (25 deaths CFR 23.1 %). In week 5, only 1 district reached the alert threshold.
 - ✓ **Chad**: According to the Ministry of health, 507 cases (56 deaths, CFR 11%) have been reported since the beginning of the year.
- N. meningitidis* A is still predominant in the countries affected by the epidemic.
- During the same period in 2009, 6 676 meningitis cases (581 deaths, CFR 8.7 %) were notified in 11 West African countries, among which Nigeria, Niger and Burkina Faso were the most affected areas (cf. [eWEB 50](#)).

- Meningococcal meningitis is endemic in the “Meningitis belt” from Senegal to Ethiopia. 350 to 400 millions people live in the 21 at risk countries.
- From December to June, dry climatic conditions, with sandy winds (e.g. Harmattan), increase the risk of infection.
- In the “Meningitis belt” the increase of cases is a yearly recurrent phenomenon at this period.
- WHO recommended the vaccination to each person (aged from 2 to 29 years old) resident in endemic and neighbouring areas.

Meningococcal disease cases, death & estimated incidence per 100 000 inh., meningitis belt countries, 2005-2009 (source OMS & UN).



Legend

Year's fraction of country's cumulative incidence, 2005-2009 per 100 000 h.

- Year 2005
- Year 2006
- Year 2007
- Year 2008
- Year 2009

Table : MD cases, death & estimated incidence per 100 000 inh., meningitis belt countries, 2005-2009 (source OMS & UN).

	2005			2006			2007			2008			2009			Total 2005-2009		
	n	Inc.*	Death	n	Inc.	Death	n	Inc.	Death	n	Inc.	Death	n	Inc.	Décès	n	Inc.	Death
Benin	302	3,95	77	316	4,02	67	502	6,21	107	414	4,85	55	377	4,29	53	1911	23,35	304
Burkina Faso	3626	26,98	746	19134	137,63	1674	26878	187,61	1923	10401	68,14	1067	4447	28,24	585	64486	448,31	4928
Cameroon	ND*	ND	ND	35	0,20	11	107	0,59	7	ND	ND	ND	964	5,11	118	ND	ND	ND
Cote d'Ivoire	527	3,05	100	636	3,72	105	760	4,22	190	1117	5,42	181	294	1,38	46	3344	17,75	441
Ethiopia	562	0,77	57	1109	1,48	32	36	0,05	1	612	0,74	18	114	0,13	20	2483	3,10	110
Ghana	421	1,92	93	469	2,09	107	816	3,56	135	468	2,00	89	298	1,21	55	2462	10,75	390
Guinea	ND	ND	ND	194	1,90	17	ND	ND	ND	263	2,68	58	81	0,81	8	ND	ND	ND
Mali	454	3,98	23	1039	8,87	75	953	7,94	47	1538	12,48	85	309	2,44	27	4293	35,70	172
Niger	1404	11,54	162	4465	35,65	325	1051	8,15	106	3757	28,31	246	13405	87,58	555	24082	181,99	1148
Nigeria	657	0,51	48	5731	4,35	437	2764	2,05	242	6835	4,67	492	56047	37,56	2477	72084	52,11	3204
DR Congo	8882	14,62	1071	6155	9,82	882	9542	14,51	1090	6125	9,21	685	4842	7,05	514	35546	54,79	3557
Central African Republic	128	3,02	28	223	5,18	40	659	15,08	152	345	7,76	89	289	6,41	48	1644	37,59	268
Sudan*	ND	ND	ND	1935	3,24	145	12010	30,50	674	423	1,05	27	1476	3,59	53	ND	ND	ND
Chad	1015	10,51	130	1432	14,40	158	1206	12,20	105	1093	10,81	148	1460	14,13	152	6206	62,15	545
Togo	393	6,17	46	578	10,42	37	723	12,68	65	413	7,05	63	289	4,80	36	2336	40,94	184
Total	18311	4,23	2581	42861	9,67	4112	58007	12,81	4844	33804	7,08	3276	84672	17,24	4747	237655	51,72	16284

* Inc: estimated incidence of suspected cases per 100 000 inhabitants; Cumulated incidence to 2005-2009. * ND: not documented, missing data; * Sudan: incomplete data.