

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°102

- **A(H5N1) Human influenza – Egypt, Vietnam**
- **“OUTSIDE” Events:**
 - **Yellow fever – Cameroon**
- **“INSIDE” Events: none**

Location: Egypt

Event: A(H5N1) – Human

Comments

- Egyptian health authorities reported 2 new cases of human A(H5N1) avian influenza this week, in the Qalyubia governorate (map 1):

The **103rd** case was a 14 months old boy,

- ✓ with unknown date of onset of symptoms.
- ✓ he was hospitalised and received oseltamivir treatment.
- ✓ his situation is stable.
- ✓ No information is available at this stage regarding contact with sick poultry.

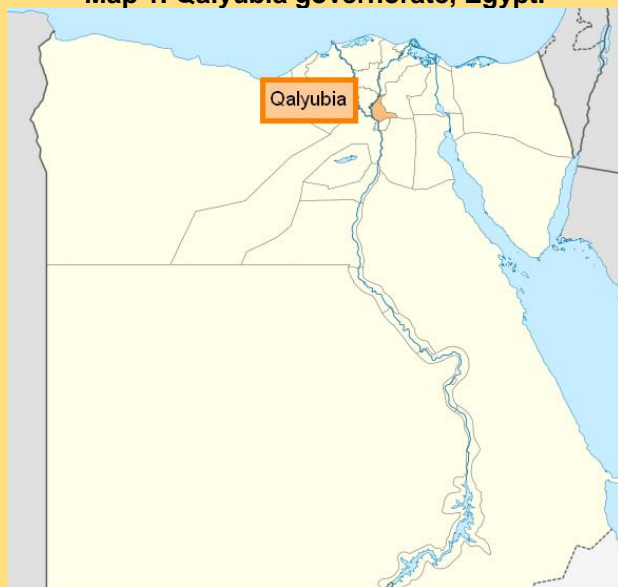
The **104th** case is a 53 yrs old man,

- ✓ He was hospitalised on 23 February and received oseltamivir treatment.
- ✓ He had had contact with sick poultry.

- Since April 2006, 30 of the 104 confirmed human cases of avian influenza A(H5N1) reported in Egypt have been fatal.

- Avian influenza A(H5N1) is enzootic in Egypt. Thus, the occurrence of human cases of avian A(H5N1) is not unexpected.
- Since the beginning of 2010, 14 human cases of A(H5N1) including 3 deaths have been recorded.

Map 1. Qalyubia governorate, Egypt.



Location: Vietnam

Event: A(H5N1) – Human

- The Vietnamese Ministry of Health reported 2 cases of highly pathogenic A(H5N1) human infection this week:

A 38 yrs old female from Tien Giang (in the South-east of Vietnam);

- ✓ She presented symptoms on 13 February 2010.
- ✓ She was hospitalised on 21 February,
- ✓ and died on 23 February.
- ✓ She had had contact with sick poultry.

A 17 yrs old female from the province of Tuyen Quang (in the North of Vietnam):

- ✓ She presented symptoms on 19 Feb. 2010.
- ✓ She was hospitalised on 27 Feb.
- ✓ She had had contact with sick poultry.

- Since the beginning of 2010, 3 human cases of A(H5N1) avian influenza including 1 death have been reported in Vietnam. This raises the death toll to 58 since the end of 2003.

- Clusters are regularly reported in Vietnam. Thus, the occurrence of the present 2 cases is not unexpected.

- To date, the available information does not indicate a change in the epidemiology of the virus in either country.

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

Location: Cameroon **Event:** Yellow fever

Comments

- On 17 February 2010, the ministry of health of Cameroon reported 3 cases of yellow fever confirmed by Pasteur institute in Dakar.
- The **index case** was a 28 years old male, from the village of Bandrefan, in the district of Bandjoun (map 2):
 - ✓ He presented symptoms at the end of December 2009 and died on 07 January 2010.
 - ✓ He had no history of yellow fever vaccination.
- The **2nd case** was a 19 yrs old male, from the same village:
 - ✓ He was hospitalised on 20 January 2010 and died on 23 January.
- The **3rd case** was a 40 yrs old male from a neighbouring district (Foumbot).
 - ✓ The case was identified retrospectively in December 2009.
 - ✓ He died on in October 2009,
- Tests performed on samples from 77 persons who had been in contact with the 3rd case were all negative.

- Yellow fever is endemic in rural and jungle areas in Africa.
- In Africa, there are 3 cycles of infection for the yellow fever virus: urban, sylvatic and intermediate cycles. The occurrence of an outbreak in an area of intermediate transmission can be of concern if it spreads further to urban areas. The establishment of urban transmission (vector *Aedes aegypti*) can lead to the occurrence of major epidemics (cf. [Yellow fever thematic note](#)).
- Outbreaks have been reported in urban areas in Cameroon:
 - ✓ in Ngaoudere in 1994 and more recently
 - ✓ in Buea district in September 2009, cf [e-WEB n°81](#)). Following this last outbreak, a large vaccination campaign had been carried out in the exposed areas.
- The 2 districts currently reporting cases correspond to areas of an intermediate cycle of transmission. No cases of yellow fever had been previously reported in these areas. These districts had not been targeted by the vaccination campaign in 2009. Moreover, with variability in clinical presentation, surveillance limitations and limitations of access to health care, the existence of a larger number of cases cannot be excluded.
- A vaccination campaign has been launched following the detection of the present cases targeting a population of 254 355 inhabitants.
- Vaccination is mandatory for travelling to Cameroon.

Map 2. Bandrefan village and affected districts, Cameroon.

