

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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Location: Indonesia

Event: A(H5N1) – Human

Comments

Cambodia

- On 04 May 2010, the ministry of health reported to WHO a new confirmed human case of A(H5N1) influenza infection:
 - A 27 years old male from Prey Veng province (cf. map 1)
 - He presented symptoms on 13 April 2010,
 - He was hospitalised on 16 April and died on 17 April,
 - He prepared and consumed sick poultry in the 7 days before onset of symptoms.
- Since 2005, Cambodia reported to WHO 10 laboratory confirmed cases including 8 deaths.

- This is the 1st human A(H5N1) infection reported in 2010.

Map 1: Prey Veng province, Cambodia



Indonesia

- On 06 May 2010, the ministry of health of Indonesia reported to WHO 2 new confirmed cases of human A(H5N1) infections.
- A 45 years old female from East Java province (cf. map 2):
 - She developed symptoms on 22 February 2010 and recovered
 - She had contact with dead chickens
- A 4 years old female from Riau province (cf. map 2):
 - She developed symptoms on 19 April,
 - She was hospitalised on 22 April and died on 28 April,
 - Contact with sick/dead poultry is under investigation
- Since the beginning of 2003, 165 cases including 136 deaths have been reported to WHO.

Map 2: East Java and Riau provinces, Indonesia



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

Location: Cambodia	Event: A(H5N1) – Epizootic	<u>Comments</u>
<ul style="list-style-type: none"> The Cambodian health authorities reported to OIE a A(H5N1) avian influenza outbreak in poultry in the Prey Veng province (South-East of the country, cf. map 1). 		<ul style="list-style-type: none"> The last epizootics in Cambodia was reported In Takeo province in February 2010 The occurrence of A(H5N1) avian influenza is not unexpected. Available information do 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)**

Area: Sub-Saharan Africa	Event: Meningitis	<u>Comments</u>
<ul style="list-style-type: none"> In week 14 (2010) 14 695 cases including 1 650 deaths (case fatality rate CFR = 11.2%) were reported by the 14 countries included in the WHO reinforced Meningitis surveillance programme. Compared with 2009, the 2010 seasonal outbreak is of lower scope. In 2009, in week 13, 49 209 cases and 2 767 deaths (CFR =5.6%) were reported. However, this outbreak presents special characteristics (cf. table 1; figure 1 and 2): <ul style="list-style-type: none"> ✓ The predominance of the <i>Neisseria meningitidis</i> W 135 (Nm W135) serotype in Niger and Ghana and its notable presence in Chad (where the <i>Nm A</i> is still predominant). ✓ The re-emergence, since the week 13 (2010) of <i>Nm X</i> in Burkina Faso, where it is predominant in 2 districts in the West of the country. 		<ul style="list-style-type: none"> In Africa, all serotypes have been described to circulate with variable yearly and geographical patterns. In recent years, the Nm W 135 was more frequent in Eastern Africa. In 2010, it seems to expand more in West African countries. <i>Nm X</i> was discovered in the 1960 with a worldwide distribution and was responsible for rare meningitis cases in Africa. This serotype has re-emerge in Africa in last decade and more specifically in Niger during an outbreak in 2006 (from January to June) where 51% of confirmed cases were of <i>Nm X</i> serotype. There is no vaccine for the serotype X.

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

Location: Sub-Saharan Africa Event: Meningitis

Table 1: Cumulative case of biological confirmed meningitis in Sub-Saharan Africa*:
from week 1 to 14 - 2010. (Source : WHO/DIT)

Figure 1: Meningitis attack rate by district in Sub-Saharan African countries. Week 1 à 14 – 2010. Source (WHO/ MoH)

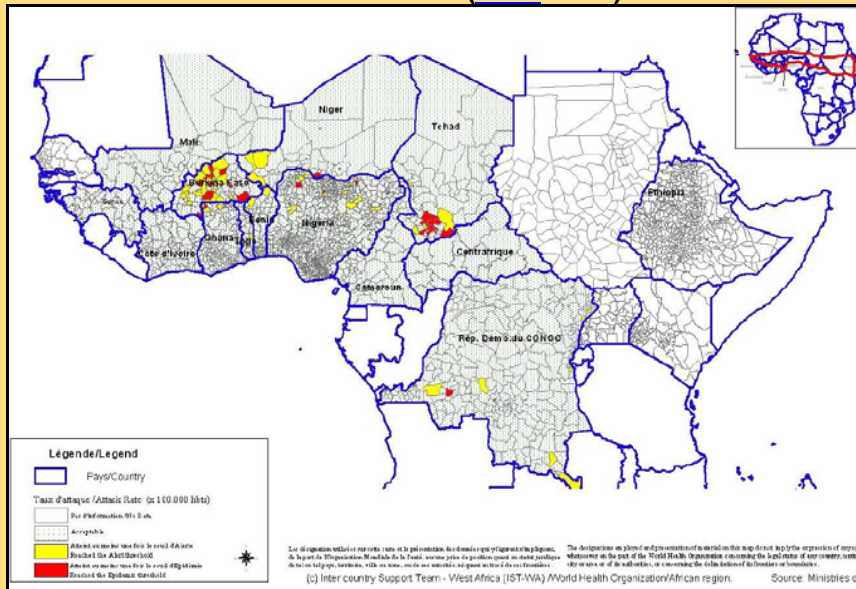
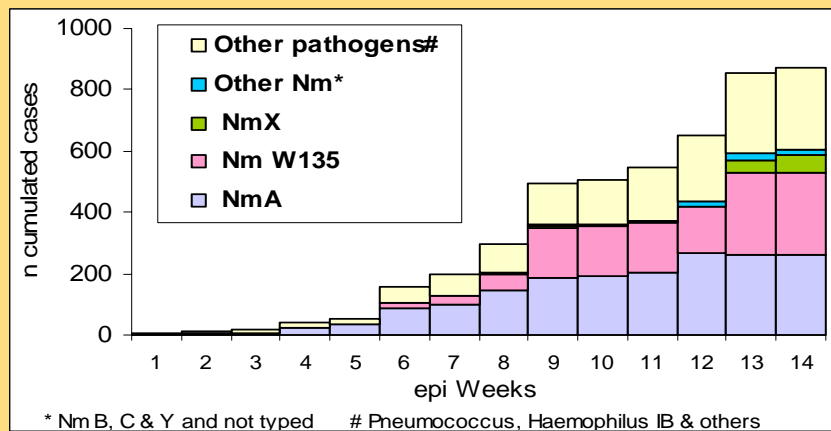


Figure 2: Biologically confirmed meningitis cases by pathogens in 14 Sub-Saharan countries, week 1 to 14 – 2010. Source : (WHO/DIT)



*Benin, Burkina Faso, Cameroun, Centre Africa, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Mali, Niger, Nigeria, RD Congo, Chad, Togo

Week	Case	Confirm ed case ¹	NmA		Nm W135		NmX		Other Nm*		Other pathogens#	
			n	%	n	%	n	%	n	%	n	%
1	167	4	0	(0%)	0	(0%)	0	(0%)	0	(0%)	4	(100%)
2	457	14	4	(29%)	0	(0%)	0	(0%)	0	(0%)	10	(71%)
3	784	16	5	(31%)	0	(0%)	0	(0%)	0	(0%)	11	(69%)
4	1 596	41	21	(51%)	0	(0%)	0	(0%)	0	(0%)	20	(49%)
5	2 298	55	32	(58%)	0	(0%)	0	(0%)	0	(0%)	23	(42%)
6	3 419	155	89	(57%)	14	(9%)	0	(0%)	1	(1%)	51	(33%)
7	4 399	200	101	(51%)	25	(13%)	0	(0%)	2	(1%)	72	(36%)
8	5 738	295	145	(49%)	52	(18%)	0	(0%)	7	(2%)	91	(31%)
9	7 046	492	188	(38%)	163	(33%)	1	(0%)	8	(2%)	132	(27%)
10	7 946	506	190	(38%)	163	(32%)	1	(0%)	9	(2%)	143	(28%)
11	9 679	547	201	(37%)	163	(30%)	1	(0%)	9	(2%)	173	(32%)
12	10 972	652	266	(41%)	153	(23%)	2	(0%)	17	(3%)	214	(33%)
13	12 435	855	263	(31%)	266	(31%)	43	(5%)	21	(2%)	262	(31%)
14	14 695	875	263	(30%)	267	(31%)	55	(6%)	21	(2%)	269	(31%)

¹ PCR, latex or culture biologically confirmed case

Pneumococcus (26% of biologically confirmed cases), Haemophilus IB (3%)

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

Location: Spain **Event:** Measles

Comments

The Ministry of Health reported an outbreak of measles in the municipality of Jumilla (Murcia). Around 70 cases were recorded since the last week of February 2010. All of them (except 4) were citizens of Bulgarian and Romanian origins with a history of uncompleted vaccination.

- The first case was reported in the second half of February 2010 in the town of Jumilla:
 - ✓ The index case is a Roma girl who had been in contact with an infected person from Bulgaria.
- Ministry has reviewed the MMR immunisation schedule of in the area,.

Map 3. Jumilla in the North of Murcia region, Spain.



- These measles cases were a matter of concern for the regional administration, since the disease had been virtually eradicated in the Autonomous Community and had not been recorded in recent years except for a single case of a citizen of North Africa from Andalusia in 2001 whose infection did not spread.