


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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- A(H5N1) Avian influenza – Laos
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- “INSIDE” Events: none

Location: World	Event: A(H5N1) – Human	<u>Comments</u>
No human cases reported this week		

Location: Laos	Event: A(H5N1) – Epizootic	<u>Comments</u>
<ul style="list-style-type: none"> <li>• On 14 may 2010, Laotian health authorities reported to the OIE a new outbreak of A(H5N1) influenza in poultry in the province of Xaythany, district of Vientiane prefecture (cf.map 1).</li> <li>• Investigations are ongoing to determine the origin of the epizootic.</li> <li>• According to local health authorities, control measures have been implemented: culling, farm disinfection, mobility restriction and zoning.</li> </ul>		
<p><b>Map 1.</b> Vientiane prefecture, Laos.</p> 		<ul style="list-style-type: none"> <li>• The last epizootic of A(H5N1) in Laos was reported in April 2009 (cf. <a href="#">e-WEB n°49</a>).</li> <li>• To date, the available information does not indicate a change in the epidemiology of the virus.</li> </ul>

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

**Location:** Namibia

**Event:** Rift Valley fever

**Comments**

- On 14 May 2010, Namibian health authorities reported an epizootic of rift valley fever to the OIE in the province of Hardap (centre of the country, cf. map 2), near the south African border.
- To date, no human cases have been reported.
- According to health authorities, control measures have been implemented including quarantine, vector-control, vaccination, mobility restrictions within the country.

**Map.2.** Hardap region, Namibia.



- The last epizootic of rift valley fever in Namibia was reported in 1985.
- An outbreak of rift valley fever currently affects South Africa. As of 3 May 2010, 166 persons had been affected by rift valley fever. The epizootic spread in 5 of the 9 South African provinces: the Free State, Northern Cape, Eastern Cape, Western Cape and North-Western Provinces.
- Due to the proximity of South Africa (the bordering Northern Cape Province), a geographical extension of this epizootic into Namibia, which presents a similar ecosystem, is probable.

**Location:** Russia  
ex-Tajikistan

**Event:** Poliomyelitis

**Comments**

- On 14 May, Russian health authorities reported 2 cases of poliomyelitis imported from Tajikistan:
  - 2 young girls aged 9 months,
  - the 1<sup>st</sup> patient asymptomatic, hospitalised in Moscow,
  - the 2<sup>nd</sup> symptomatic hospitalised in Irkutsk (in the south).
- The current outbreak in Tajikistan has affected 278 persons and caused among them 13 deaths (cf. [e-WEB n°110](#)).

- Considering poliomyelitis is often asymptomatic, a greater circulation of the virus in Russia cannot be excluded.
- The last outbreak in Russia was reported in 1996-1997.
- Despite the existence of vulnerable/susceptible groups in Europe, vaccine coverage for poliomyelitis remains high in Western Europe. Therefore, the risk of introduction of a transmission cycle of the virus in this region is low. This hypothesis is further supported by the availability treatment and adequate provision of drinking water.
- The occurrence of sporadic cases cannot be excluded.