

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: World

Event: A(H5N1) – Human

Comments

No human cases reported this week

Location: Rep. Korea

Event: A(H5N1) – Epizootic

Comments

- The available information does not indicate a change in the epidemiology of the virus.

Map 1. Chungcheongman-do, Rep. of Korea.



- On 12<sup>th</sup> December 2010, the Korean Ministry of Health reported to [OIE](#) the detection of a A(H5N1) highly pathogenic avian influenza virus in 2 wild birds (eagle owls), in the Chungcheongman-do province (cf. map 1).
- In the Rep. of Korea, the last A(H5N1) epizootic was reported on 8<sup>th</sup> December 2010 in the Cholla-Bukdo province (cf. [eWEB n°142](#)).
- South Korea was the [1<sup>st</sup> country](#) to officially notify A(H5N1) outbreak in poultry in December 2003 in the Chungchong-bukto province.

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

Area:	Germany ex-Libya	Event:	Malaria	Comments
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- GeoSentinel, the global surveillance program of the International Society of Travel Medicine (ISTM) based in Germany reported a *Plasmodium falciparum* malaria case in a German traveller who returned from Libya.
- The case is a professional tour guide who returned to Germany on 27 November 2010 from a 20-day tour to Libya where she arrived on 7 November 2010:
  - ✓ After flying into Djerba in Tunisia, she travelled overland for the next 20 days visiting Sabratha, Ghadames, Akakuks mountains, Waw an Namus and the Mandara lakes (cf. map 2).
  - ✓ She became ill on 24 Nov 2010 (fever).
  - ✓ She had no underlying illnesses and has never had malaria before.
  - ✓ Blood has been sent to CDC Atlanta for genotyping the parasite in order to investigate potential link with another known isolate or case.
- Past history travel: she travelled to Turkey in September and Mali in February 2010, she visited Senegal and Niger in 2009 but she had no illnesses during or after any of those trips.
- Given the typical incubation period for *P. falciparum* in a non-immune host, it is most likely that this case was acquired in Libya. Acquisition in Turkey or in the other countries she had visited is less likely to be epidemiologically linked.

- Libya is free of malaria since 1973 (no autochthonous cases) but has reported imported cases (8-37 cases annually) from African countries and Libyan travellers to those countries.
- Malaria is rare in desert regions and the natural climate of Libya protects it from transmission. However the re-emergence of the parasite is possible.
- At least 7 species of competent Anopheles are present in various parts of Libya. Malaria epidemics have occurred in the past in the Fezzan region (South west of the country).
- To date, consequences for neighbouring EpiSouth countries are limited due to the absence of evidence of an active cycle transmission.

**Map 2. Libya.**



**Map 3. Countries or areas at risk of malaria a transmission, 2009. (source: WHO)**

