

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.

INDEX e-WEB n°145

- A(H5N1) Human influenza – Egypt
- A(H5N1) Avian influenza – Japan / Hong Kong
- “INSIDE” Events: None
- “OUTSIDE” Events:
 - Yellow fever – Uganda
 - Plague – Tanzania
 - Influenza UK

Location: Egypt	Event: A(H5N1) – Human	<u>Comments</u>
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- On 23 December 2010, the Egyptian Ministry of Health reported a new A(H5N1) human infection. It has been reported to WHO on 29 December 2010.
- The case is:
 - ✓ An 11 year-old girl from Luxor governorate.
 - ✓ She developed symptoms on 18 December.
 - ✓ She died on 23 December at hospital.
 - ✓ No information is available regarding poultry exposure.
- Since the 1st case of bird flu in Egypt, the case count is 115 cases including 38 deaths.
- In Egypt, the last human case was reported on 15th December 2010 in Beheira Governorate (cf. [eWEB n°144](#)).

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

Location: Japan	Event: A(H5N1) – epizootie	<u>Comments</u>
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- On 23 December 2010 the Japanese authorities reported the detection of A(H5N1) highly pathogenic avian influenza virus in a dead crane in the town of Izumi, Kagoshima prefecture.
- In Japan, the last A(H5N1) epizootic was reported on 21st December 2010 in Toyama prefecture (cf. [eWEB n°144](#)).

- Since early December, Japanese health authorities regularly reported avian influenza outbreaks in chickens from farms or from wild birds in different regions of Japan.
- The occurrence of cases reported in Japan is not unexpected given the transparency of the authorities, efficiency of the detection system and confirmation of cases. Japan is situated on the migration routes of birds from central and northern Asia at this time of year.

Location:	Hong Kong	Event:	A(H5N1) – epizootie	<u>Comments</u>
<ul style="list-style-type: none"> On 24 December 2010, Agriculture and Fishery Ministry in Hong Kong has confirmed a case of influenza A(H5N1) in a dead chicken at Sha Lo Wan in Lantau Island, southwest of the archipelago. 			<ul style="list-style-type: none"> Last A(H5N1) epizootie in Hong Kong was in April 2010 (wild birds). Last A(H5N1) human case was reported in November 2010 but had previously travelled to continental China. 	

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

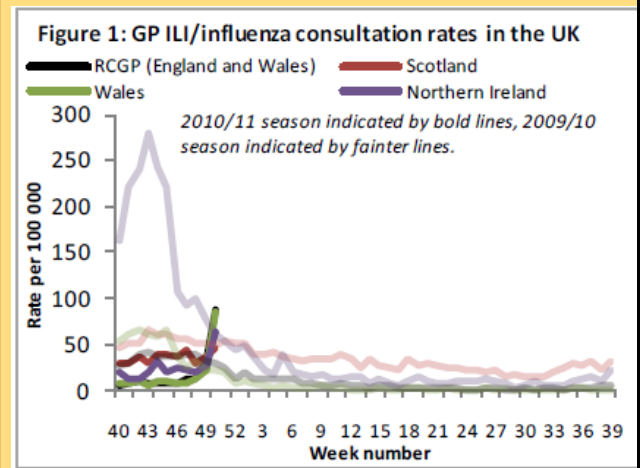
Area:	Uganda	Event:	Yellow fever	<u>Comments</u>
<ul style="list-style-type: none"> Since late October 2010, an epidemic of unknown aetiology has affected 178 people and caused 45 deaths in north-eastern Uganda. Patients mainly presented hemorrhagic syndromes; the main hemorrhagic fevers (Ebola, Marburg, CCHF ...) were excluded. The unconfirmed diagnosis of plague reported by the media was ruled out. Recent analysis by the CDC-U.S allowed the diagnosis of yellow fever (strains similar to those circulating in East Africa). Due to the lack of specificity of clinical signs and the case definition used, it is likely that all suspected cases are not only yellow fever cases (common in this kind of outbreak of unknown aetiology). 			<ul style="list-style-type: none"> In Africa, there are three types of yellow fever transmission: sylvatic, intermediate and urban. The occurrence of an epidemic in the intermediate zone can lead to a dramatic extension in urban areas. Affected districts (9), especially Abim, Agago, Kitgum, Pader, Gulu, Lira and Kaabong, are intermediate transmission areas, not sylvatic (cf. map 1 below). Uganda has not reported yellow fever outbreak since the 70's. 	

Area:	Tanzania	Event:	Plague	<u>Comments</u>
<ul style="list-style-type: none"> Since early December 2010, the Tanzanian health authorities reported an outbreak of bubonic plague in the Manyara region (central), close to national parks (cf. map 2 below). At least 7 people were affected and no deaths have been reported. 			<ul style="list-style-type: none"> This Manyara region is endemic for plague; Mbulu District reported plague outbreaks last year and in 2007 (72 suspected cases including 9 deaths between January and June 2007, Manyara Region). The situation will be monitored carefully as it is tourist season and this place is a touristic area. 	

- According to HPA, the weekly ILI consultation rates are above baseline levels in England (87/100,000) and Wales (86 /100,000), but remain below baseline in Scotland (46 / 100,000) and Northern Ireland (65 / 100,000). The highest rates, were observed in the 5-14 year and 1-4 year In England and in the 15-44 year group in Wales.
- **Proportion of samples positive for influenza in England (Datamart System ; collection of data in community laboratories in several cities of England):**
 - ✓ Among 2648 samples tested during week 50, 39% were positive for influenza
 - ✓ Among positive for influenza, 77% were positive for A (H1N1)2009 & 23% for influenza B.
- **Severe Cases:**
 - ✓ Until December 19, 2010, 62 hospitalised cases with a confirmed diagnosis of influenza A (H1N1) 2009 were enrolled in MOSAIC study (from hospitals in London and Liverpool). The average age of cases was 36 years; 27 were female including 8 (30%) pregnant. Asthma and obesity were found as risk factors for severe forms
 - ✓ According to Department of Health, as at 23 December 2010, there were 460 patients with confirmed or suspected influenza in critical care beds in England – 13.6 % of available critical care beds nationally. Of those, 26 were under 5 years, 17 were between 5 and 15 years, 366 between 16 and 64 and 51 were aged 65 and over.
- **Deaths from week 36 to 22 December 2010, 27 fatal cases have been verified by HPA as related to influenza infection in the UK. Of these verified fatal cases:**
 - ✓ 24 were associated to A (H1N1) 2009 and 3 to influenza B infection;
 - ✓ Median age of death: 33 years (all were under 65 years and 9 under 18 years);
 - ✓ 46% (12/26) belonged to a group at risk;
 - ✓ Majority of fatal cases was not immunised (neither with trivalent seasonal vaccine nor with pandemic vaccine last year).
 - ✓ For the record throughout 2009-2010 influenza season (up to 15 April 2010), the total number of A (H1N1) reported deaths across the UK was 474 among whose 62% presented a risk factor.
- **Virological characteristics**
 - ✓ There was no significant change in strain A (H1N1) 2009;
 - ✓ Among 405 influenza A (H1N1) 2009 tested since week 40, 3 had H275Y mutation that confers resistance to oseltamivir.
- **Vaccination coverage, At week 50, the proportion of the English population vaccinated by the vaccine 2010/11 was estimated at:**
 - ✓ 68.5% for people aged over 65 years.
 - ✓ 43% for in a risk group.

- The weekly ILI consultation rates are increasing across the UK (cf. fig. 1) and influenza activity is already higher than that seasonal epidemics observed during the last decade (except pandemic phase) (cf. fig. 2).
- Circulating influenza virus strains are mostly A(H1N1)2009 and influenza B.
- Influenza A(H1N1)2009 remains similar to that circulated during the pandemic;
- Those under 65 are most affected.
- Over 50% of severe cases showed no known risk factors.
- Risk factors (hospitalization, death) remain the same as those observed in 2009-2010 (obesity, asthma, pregnancy ...).

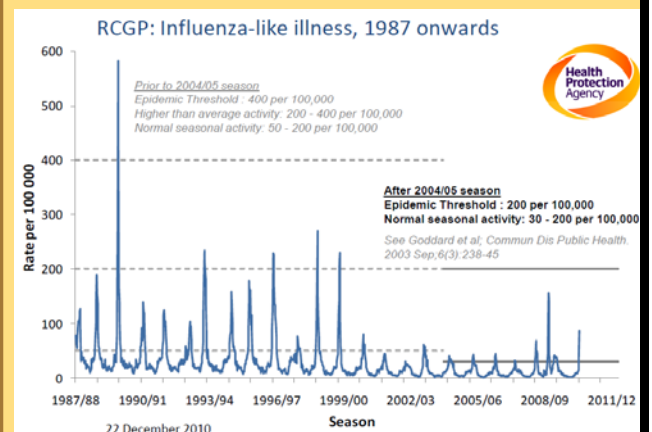
Figure 1 : GP ILI/influenza consultation rates, UK



Source :

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1284475022603.

Figure 2 : Influenza-like illness, UK, 1987-2010



Source :

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1284475022603.

REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE THE EPISOUTH AREA
(occurring in one or several EpiSouth countries)

Location: **Uganda** Map 1 Yellow fever outbreak, Uganda, Nov. – Dec. 2010.

Location: **Tanzania** Map 2 Manyara region, plague, December 2010

