

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 – Cambodia
- “INSIDE” Events: none
- “OUTSIDE” events:
  - Imported cholera – ex-Dominican Republic
  - Nipah virus – Bangladesh

Location: Egypt, Cambodia

Event: A(H5N1) – Human

Comments

### EGYPT

- On 8<sup>th</sup> February 2011, the Egyptian Ministry of Health reported a 123<sup>rd</sup> and 124<sup>th</sup> case of A(H5N1) human infections:
  - To date, no more information is available about the case n°123.
  - The case n°124 is a 43 years old agriculture worker from Menoufia governorate (cf. map 1)
  - He was hospitalised two days after symptoms onset.
- In Egypt, the last human case was reported on 26<sup>th</sup> January 2011 in Gharbia Governorate (cf. eWEB n°149)
- Since the 1<sup>st</sup> case of bird flu in Egypt, the case count is 124 cases including 41 deaths.

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

Map 1. Menoufia governorate, Egypt



### CAMBODIA

- On 9<sup>th</sup> February 2011, the Cambodian Ministry of Health reported a new A(H5N1) human infection. The case is:
  - A 5 years old girl, from Phnom Penh province (cf. map 2), who developed symptoms on 29<sup>th</sup> January 2011
  - She was hospitalised on 3<sup>rd</sup> February and died on 4<sup>th</sup> February
  - Exposure to sick poultry was documented
- In Cambodia, the last human case was reported in May 2010 (cf. eWEB n°111). Since 2005, among the 11 A(H5N1) human cases reported in the country, 9 have been fatal.

Map 2. Phnom Penh and Kandal, Cambodia



Location: Cambodia

Event: A(H5N1) – Epizootic

- On 07<sup>th</sup> February 2011, the Cambodian health authorities reported to OIE an A(H5N1) avian influenza outbreak in domestic birds in the Kandal province (South of the country, cf. map 2).
- In Cambodia, the last A(H5N1) epizootic was reported in April 2010 in Prey Veng province (cf. eWEB n°111).
- This avian influenza outbreak is located in the South-East of Phnom Penh where a human A(H5N1) was reported also this week.

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

Area:	Venezuela, Spain USA, Mexico	Event:	Cholera (imported cases)  <u>Comments</u>
	<ul style="list-style-type: none"> <li>• In mid-November 2010, Haiti started exporting cholera cases the in Dominican Republic (<a href="#">cf. eWEB N°140</a>).</li> <li>• Since then, several cases exported from the Dominican Republic have been confirmed or suspected in 4 countries: Venezuela, Spain, USA and Mexico.</li> <li>• The contamination source is common for the cases belonging to the 4 different countries. All cases have been contaminated by food (undercooked lobster) during a wedding ceremony gathering around 400 persons, which took place in the eastern region. The lobsters could come from a Dominican Republic city, located at the border with Haiti.</li> <li>• In <b>Venezuela</b>, between 26<sup>th</sup> January and 9<sup>th</sup> February 2011:               <ul style="list-style-type: none"> <li>○ 245 susceptible cases of cholera were identified.</li> <li>○ Among the 89 with compatible cholera symptoms, 28 have been hospitalized and 61 were treated on an ambulatory basis.</li> <li>○ On total, 58 samples have been analysed, and 38 cholera cases got confirmed.</li> </ul> </li> <li>• In <b>Spain</b>, one suspected case of cholera has been detected. The onset of symptoms dated 25<sup>th</sup> January 2011. Laboratory results were negative for <i>Vibrio cholerae</i>. However samples were collected after initiating antibiotic treatment.</li> <li>• In <b>Boston</b> (USA), a 30 year-old male suspected case was identified at the Massachusetts General Hospital on 24<sup>th</sup> January 2011. The first biological analysis results were likely to confirm a cholera case. Further analyses are still under investigation.</li> <li>• In <b>New York</b> (USA), 3 cases of cholera have been reported on 4<sup>th</sup> February 2011.</li> <li>• In <b>Mexico</b>, a non specified number of suspected cholera cases are under investigation in 3 different states (Mexico, Guerrero, Baja) and to date, no cases has officially been confirmed.</li> </ul>		<ul style="list-style-type: none"> <li>• In the <u>Dominican Republic</u>, as of 29<sup>th</sup> January 2011, the national health authorities reported:               <ul style="list-style-type: none"> <li>○ 1266 suspected cases</li> <li>○ 336 confirmed cases</li> </ul> </li> <li>• As of 29<sup>th</sup> December 2010, 50% of the confirmed cases were autochthonous.</li> <li>• Due to better sanitation and health care services quality, only 3 deaths were reported which indicates a low lethality (0,2%),</li> <li>• In <u>Haiti</u>, from the beginning of the epidemic to 30<sup>th</sup> January 2011, 217 000 cases including 4 120 deaths have been reported.</li> <li>• Given the magnitude of the epidemic in Haiti, the presence of the <i>vibrio</i> in the costal sea is not unexpected.</li> <li>• Given the sanitary conditions and health systems in Venezuela, Spain, Mexico and in the USA, the settlement of a cholera transmission cycle in these countries is unlikely.</li> </ul>

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

Area: Bangladesh	Event: Nipah virus	Comments
<ul style="list-style-type: none"> <li>On 4<sup>th</sup> February 2011, 24 cases including 17 deaths related to Nipah virus infections were reported in Bangladesh, in the Lalmonirhat district, in the Rangpur division (North of the country, cf. map 3.).</li> <li>Further investigations are ongoing and experts have been sent to implement control measures.</li> <li>Since 2006, a hospital based Nipah surveillance system has been implemented in 10 districts which already reported outbreaks.</li> <li>The last outbreak in Bangladesh was reported in January 2010 (cf. <a href="#">eWEB n°97</a>) in the Dhaka province.</li> </ul>		<ul style="list-style-type: none"> <li>In Bangladesh, the Nipah Virus was isolated for the 1<sup>st</sup> time in 2001 in the Khulna district (West of the country).</li> <li>Outbreaks of Nipah virus have repeatedly been described in Bangladesh and India (cf <a href="#">note Nipah in India and Bangladesh</a>).</li> <li>From 2001 to 2010, 9 Nipah outbreaks were reported in the country with 152 confirmed cases including 113 deaths (case fatality rate: 74%).</li> <li>The occurrence of a Nipah outbreak in Bangladesh is not unexpected at this time of year. The period of transmission of the virus evolves between December and May, during which many tropical fruit trees are bearing fruits.</li> <li>Considering the main mode of transmission, food borne (e.g. juice contaminated by bats faeces) and human-to-human, an increase in the number of cases can not be excluded.</li> <li>Due to the proximity with the Indian border, an extension is possible. The situation must be carefully monitored.</li> </ul>

**Map 3. Lalmonirhat, Bangladesh.**

