


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:	Event:	Comments
<p>Cambodia</p>	<p>A(H5N1) – Human</p>	<p>Map 1. Prey Veng province, Cambodia.</p>  <ul style="list-style-type: none"> • On 23rd and 24th February 2011, the Cambodian Ministry of Health reported 2 confirmed human A(H5N1) in Prey Veng province, in a village located 30 km away from the Vietnamese border (cf. map 1). • The case n°1 was: <ul style="list-style-type: none"> - a 19 years old woman (mother) - onset of symptoms on 5th February - hospitalized on 9th February 2011 - she died on 12th February 2011 • The case N°2 was: <ul style="list-style-type: none"> - a 11 months old boy (the son of the case n°1) - onset of symptoms on 5th February - he died on 15th February 2011 • These 2 cases originate from the North West of the country (Banteay Meanchay) and came in Prey Veng to visit relatives. • Mass poultry death was reported in the Prey Veng house few days prior to cases’ onset of symptoms. • Further epidemiological investigations are ongoing in both Prey Veng village and Banteay Meanchay (where funerals took place). • In Cambodia, the last A(H5N1) human case was reported to WHO on 9th February 2011 (cf. eWEB n° 151).

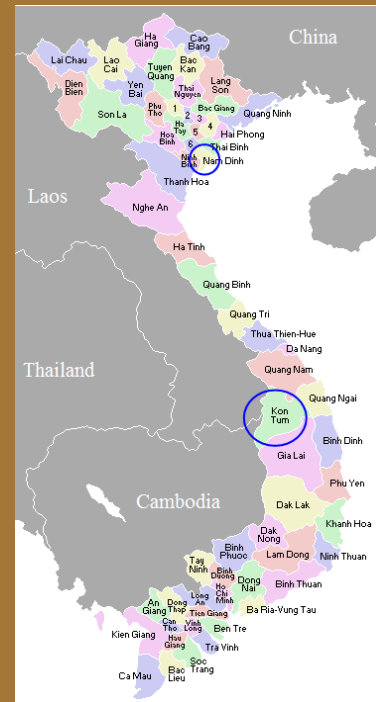
Location: Vietnam

Event: A(H5N1) – Epizootic

Comments

- On 17th February 2011, the Ministry of Agriculture and Rural Development reported 2 A(H5N1) avian influenza outbreaks in domestic birds, in Kon Tum (centre) and Nam Dinh (north) provinces (cf. map 2).
- The last A(H5N1) epizootic in the country was reported last week, in Lang Son province (north) (cf. [eWEB n°152](#)).
- In Vietnam, the last A(H5N1) human case was reported to WHO in April 2010 (cf. [eWEB n° 108](#)).

Map 2. Kon Tum and Nam Dinh provinces



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

Area: Turkey

Event: Diphtheria

Comments

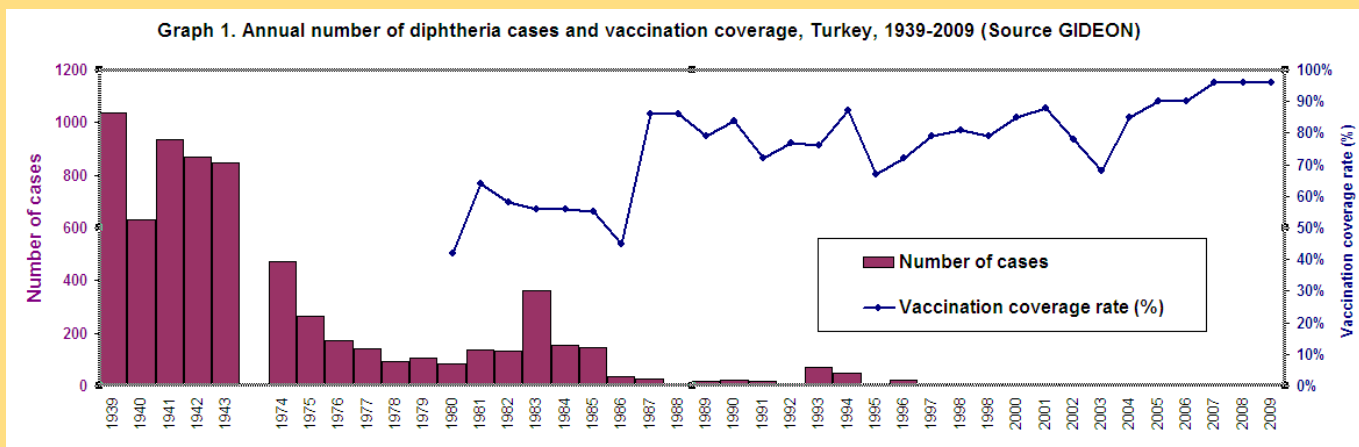
- The Turkish Ministry of Health reported a case of diphtheria in a 35 years old female at the Ankara Etlik Hospital, in the capital of the country.
 - ✓ The case reported sore throat symptoms and the clinical diagnosis stated a membranous tonsillo-pharyngitis.
 - ✓ She died on 30th January 2011 of a myocarditis.
- 149 clinical samples were taken from contacts. Five asymptomatic carriers were identified by laboratory investigation. One positive sample was from the diphtheria case' daughter and the others were from the school of diphtheria case' daughter.
- All people in contact with the case received protective treatment.
- The last diphtheria case in the country was reported in 2003.

- The possible infection source has not been identified, especially whether the case was imported or autochthonous.
- Detection of sporadic diphtheria cases is regularly reported in countries where the disease has been controlled, mostly in relation with importation from still endemic countries.
- Since 2007, more than 95% of the population in Turkey and in Ankara itself is vaccinated against diphtheria (cf. graph 1). Therefore the establishment of limited local cycle of transmission appears very unlikely.

Map 4. Ankara, Turkey



Graph 1. Annual number of diphtheria cases and vaccination coverage, Turkey, 1939-2009.



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

Location:	Event:	Cholera	Comments
Côte d'Ivoire	Cholera	<ul style="list-style-type: none"> Since 19th January 2011, a cholera outbreak affects Abidjan, the capital of Côte d'Ivoire (cf. eWEB n°150). The cholera outbreak started in Adjamé (poor neighbourhoods in the north of Abidjan) and then has spread to two other adjacent municipalities: Attécoubé and Yopougon (cf. map 5). On 16th February 2011, over 400 cases including 11 deaths were officially reported: <ul style="list-style-type: none"> 50 cases including 8 deaths in Adjamé, over 300 cases and 2 deaths in Attécoubé, 32 cases including one death in Yopougon. To date, more information about control measures implemented by the authorities is not available. 	<ul style="list-style-type: none"> Cholera is endemic in Côte d'Ivoire. The occurrence of cholera cases in Abidjan is not unexpected especially in deprived districts with low water and sanitation accesses. In addition, the local political troubles make difficult the implementation of prevention measures. An extension of the epidemic to other municipalities of Abidjan, to other areas in the country or to neighboring countries, can not be excluded.

Map 5. Localisation of Abidjan municipalities where cholera cases have been reported.

