

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°157

- **A(H5N1) Human influenza – Egypt**
- **A(H5N1) Avian influenza – no new events**

- **“INSIDE” Events:**
 - **Diphtheria: France**

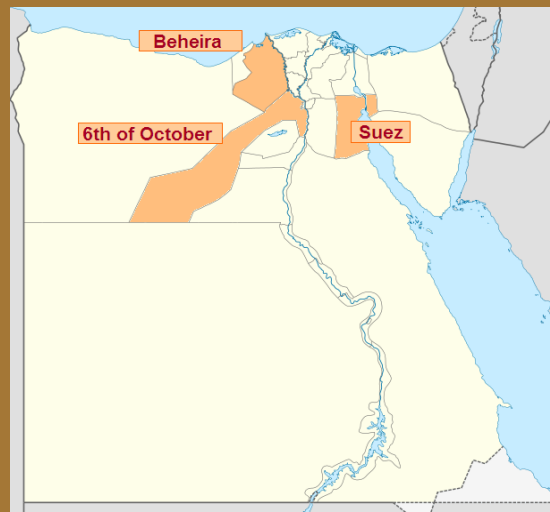
- **“OUTSIDE” events:**
 - **Cholera: Cameroon**
 - **Measles: France, Europe and EpiSouth countries**

Location: Egypt	Event: A(H5N1) – Human	<u>Comments</u>
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EGYPT

- On 20th March 2011, the Egyptian Ministry of Health reported 4 new cases of A(H5N1) human infections:
 - 1 case was located in Suez governorate. The case died.
 - 2 cases were located in Beheira governorate: the cases recovered.
 - 1 case in the 6th of October governorate.
- To date, no more information is available about these cases.
- In Egypt, the last human case was reported on 12th March 2011 in Beheira and Ismailia Governorate ([cf. eWEB n°156](#))
- Since the 1st case of bird flu in Egypt, the case count is 134 cases including 45 deaths.

Map 1. Beheira, Suez and 6th of October governorates, Egypt



Location: World	Event: A(H5N1) – Epizootic	<u>Comments</u>
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This week, no new affected area has been reported.

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

Area: France

Event: Diphtheria

Comments

- On 14th March 2011, a diphtheria case due to *Corynebacterium diphtheriae*, a disease now exceptional in France, was reported by the French health authorities:
 - The case is located in Carcassonne area (Languedoc-Roussillon region, cf. map 2),
 - The patient recovered.
 - Close contacts with the patient were identified and analyses are on going; as precaution measures, a preventive antibiotic treatment and a booster vaccination were proposed.
- Diphtheria is now extremely rare in France due to widespread immunization.
- In France, the *Institut de Veille Sanitaire* (InVS, French Institute for Public Health Surveillance) reported only five cases of diphtheria due to *C. diphtheriae* since 1989.

Diphtheria due to *Corynebacterium diphtheriae* is a highly contagious and potentially life-threatening bacterial disease which leads to a respiratory or cutaneous diphtheria.

This bacterium is transmitted from person to person through close contact.

Map 2. Carcassonne, Languedoc-Roussillon region, France.



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

Area: Cameroon

Event: Cholera

Comments

- From May 2010 to 21st March 2011, Cameroon has been experiencing its largest cholera outbreak since 1971.
 - Since mid-February 2011, the health authorities in Cameroon reported a cholera epidemic in the Centre region: 162 cases including 14 deaths (CFR 8.6%). 84% of the cases were located in **Yaoundé**, country capital.
 - To date, 8 of 10 regions have been affected (cf. map 3). The cumulative number of reported cases in the country is approximately 12 800, including 742 deaths:
 - From May to December **2010**, Nord and Extreme-Nord were the most affected regions (92% of the cases reported in 2010, with a CFR of 6.1%).
 - From January to 21st March **2011**, the West has been the most affected area with half of the reported cases (CFR: 4.1%) located in the Littoral region (where the economic capital Douala is located).
- In Douala, the cholera epidemic has been evolving for several months. To date, 120 to 130 cases are reported each week.

- Cholera is endemic in Cameroon.
- The occurrence of cholera outbreaks is frequently associated to poor access to clean water.
- This cholera epidemic occurs in Cameroon, but outbreaks are also reported in other countries in West Africa and Central Africa, including Ghana, Cote d'Ivoire and the DR Congo.
- Considering population movements between the two main cities of Cameroon and EpiSouth countries, the situation will be followed carefully.

Map 3. Cameroon regions.



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

Area: France

Event: Measles

Comments

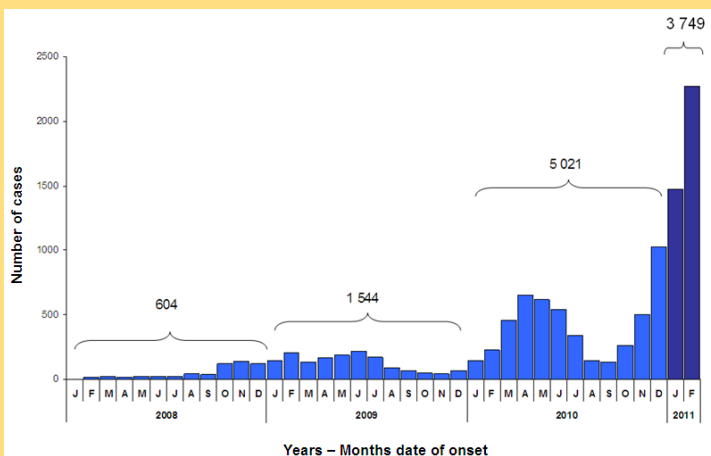
- Since October 2010, a third wave of measles epidemic has started.
- From 1st January 2008 to date, more than 10 500 cases in total have been reported in France to the *Institut de Veille Sanitaire*, with **35% of them in January and February 2011** (cf. Figure 1):
- Since October 2010, the epidemic affects mostly the south of France. In January 2011, more than half of the reported cases were located in the Rhône-Alpes region (border with Switzerland and Italy, cf. map 4).
- In 2010, about 96% of the reported cases were not vaccinated or received only one dose of vaccine. 38% of measles cases were reported in the age group 20 years old and more.
- Among the 20-30 years old cases, 22% received only one dose of vaccine: this led to recommending a two-dose vaccine for all people born since 1980 (cf. [BEH n°10-11](#)).

- In France, a national elimination programme has been implemented in 2005 with a twofold objective:
 - 95% vaccination coverage at 2 years old
 - incidence of less than 0,1 cases/ 100 000 inhabitants
- The spread of the disease is due to insufficient and heterogeneous vaccination coverage in France, leading to an accumulation of susceptible people in the country over the last years ([cf. INVS Measles press release](#)).
- Despite an improvement of the vaccination coverage against measles for the 24 months old in France, vaccination coverage was still insufficient in 2007 (90%) and below the 2005 national plan target (95%), ([cf. INVS Measles press release](#)).
- In comparison to 2009, data show that the incidence rate in 2010 is:
 - 3 times higher in the less than 1 month old
 - 5 times higher in the over 20 years old

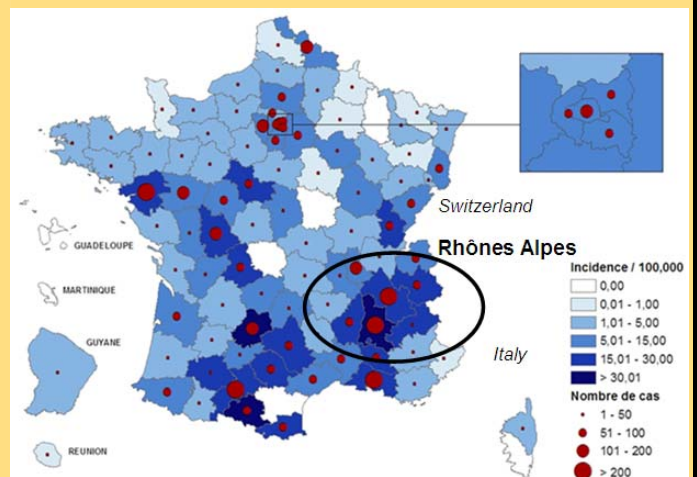
Complications (neurological or pulmonary especially) are more frequent and severe within these two age group populations ([cf. INVS Measles press release](#)).

- Measles epidemic cross border extension from France to neighbouring countries in Europe can not be excluded: several cases imported from France (Rhônes-Alpes) were reported in Geneva ([cf. Eurosurveillance](#)).

Figure 1. Number of measles cases by month and year, from 2008 to February 2011, France.
(source: INVS)



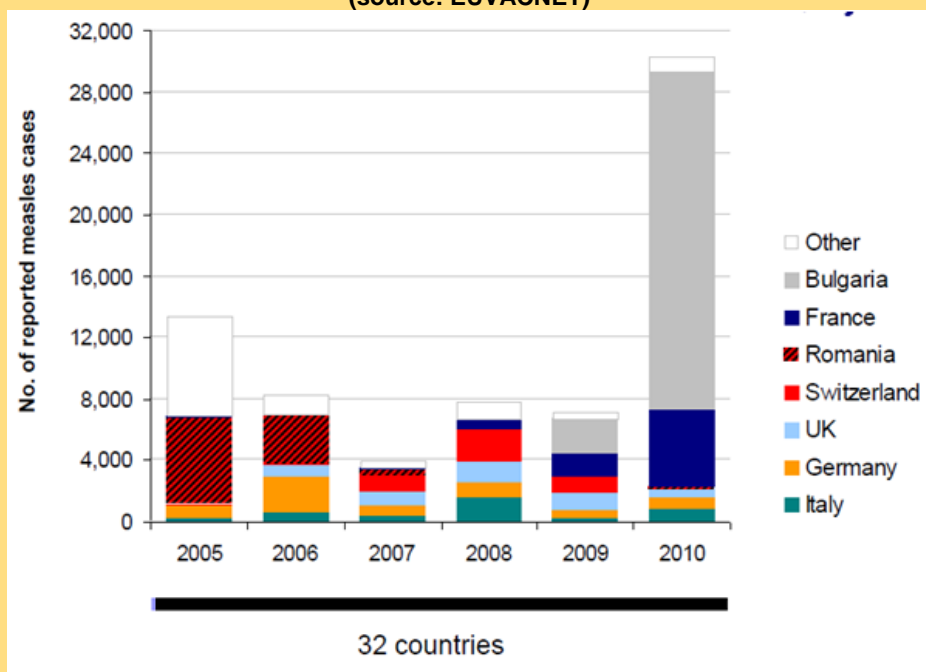
Map 4. Number of cases and incidence rate (/100 000) by department in 2010, France
(source: INVS)



- In 2007-2011, measles outbreaks were also reported in other western European countries. In **Italy, Greece, Macedonia** and **Bulgaria**, incidence was higher than 10 per million in 2010 (cf. map 5 and [eWEB n°121](#)).
- In **Bulgaria**, since 2009, a measles outbreak is going on with about 24 000 cases including 24 deaths reported to WHO ([eWEB n°121](#)), of which 20 000 cases were reported in 2010 (cf. figure 2).
- In **Turkey**, measles cases have also been reported in 2011, with some of the cases linked to the outbreak in Bulgaria (genotype D4).
- In **Serbia**, from the beginning of the year to 18th March 2011, 172 cases of measles were reported in the country, including 142 (83%) in Jablanica district ([Institute of Public Health of Serbia "Dr. Milan Jovanovic"](#)). 43% of the cases were not vaccinated, and 49% of them were reported with an unknown vaccination status. The most affected age groups were the 0- 4 years old (34%) and 5-19 years old (27%).

- An accumulation of susceptible within the different European countries over the last years allowed a sustained transmission.
- Population is considered protected with a two-dose vaccine coverage of 95% or more.
- Genotyping of outbreaks has helped identifying importation and transmission patterns.
- According to [Euvacnet](#) data, the major measles exporters worldwide are European countries, and especially France, Bulgaria, Italy and Spain.
- The exportation of cases into the Middle East and North Africa countries cannot be excluded, and could contribute in maintaining the transmission of the disease.

Figure 2. Number of reported measles cases, 2005-10, 32 EU countries. (source: EUVACNET)



Map 5. Measles Incidence (per million) and outbreaks, 2010 and 2011, WHO European Region (source: WHO)

