

*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, WPA 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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<ul style="list-style-type: none"> <li>▪ A(H5N1) Human influenza –none</li> <li>▪ A(H5N1) Avian influenza – none</li> <li>▪ “OUTSIDE” Events: <ul style="list-style-type: none"> <li>▪ World – Pandemic A/H1N1/2009</li> <li>▪ Totally Drug resistant Tuberculosis (TDR-TB) - Iran</li> </ul> </li> <li>▪ “INSIDE” Events: <ul style="list-style-type: none"> <li>▪ None</li> </ul> </li> </ul>		
Area: World	Event: A(H5N1) – Human	<u>Comments</u>
No avian influenza outbreak reported this week.		
Area: World	Event: A(H5N1) – Epizootic	<u>Comments</u>
No avian influenza outbreak reported this week.		

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

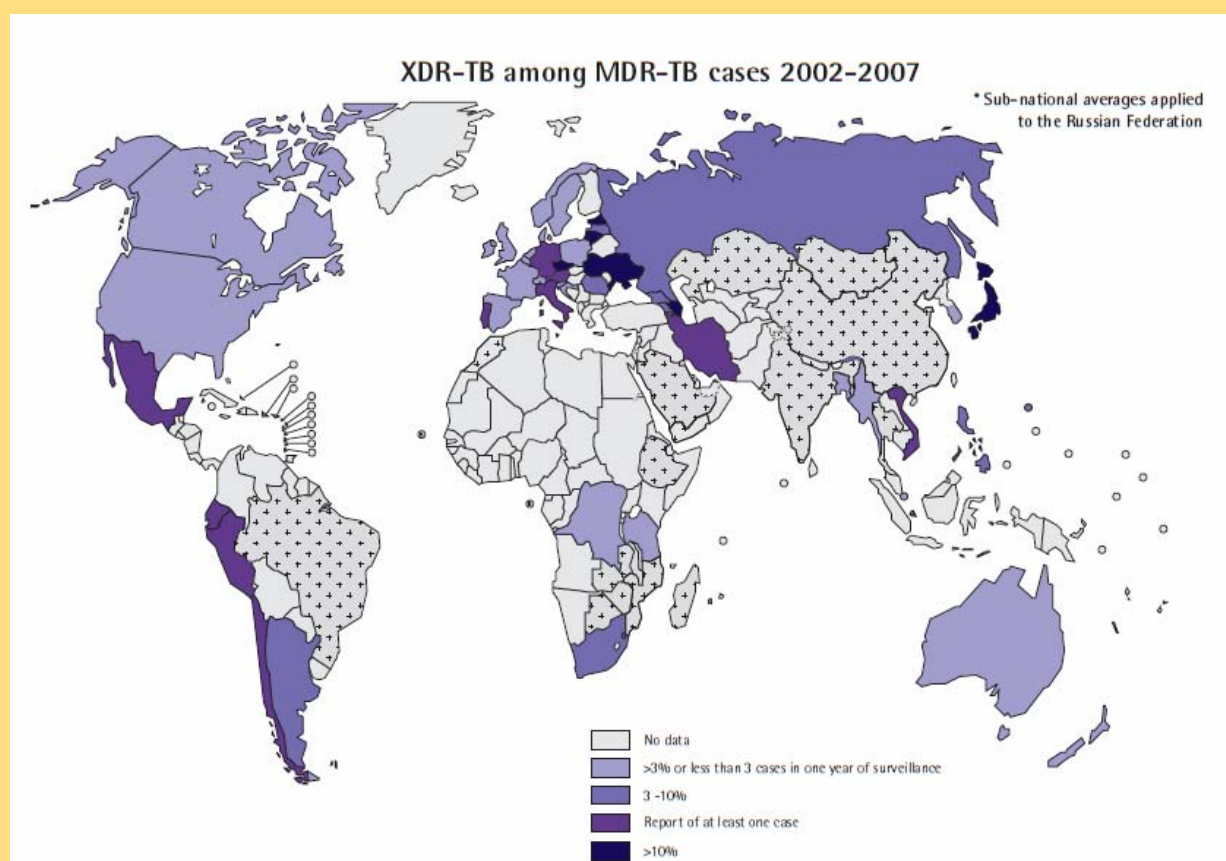
Area: Iran      Event: Totally drug resistant tuberculosis

Comments

- In a recent [study](#), Iranian experts documented the emergence of a totally drug-resistant (TDR-TB) or “super extensively drug-resistant strains” (resistant to all second line drugs).
- All TDR-TB strains were isolated from multi-drug resistant patients, (n=146).
- Of 146 MDR-TB cases:
  - ✓ 15 were TDR strains (10.3%) and 8 were XDR (extensively drug resistant) strains (5.4%). The remaining patients were either susceptible (67%) or had other resistant patterns (20%).
  - ✓ 57% were Iranian. Others were of foreign origin: 31% Afghans, 9% Azerbaijanis and 5% Iraqis.
  - ✓ All patients were treated with second line drugs. In all, smear and culture remained positive after a median treatment of 18 months.
- XDR-TB was reported in Iran in 2007, in patients with MDR-TB referred to the National Research Institute of Tuberculosis and Lung diseases (in Tehran) for treatment from 2003 to 2005:
  - ✓ Of 113 MDR-TB cases tested, 12 were XDR-TB
  - ✓ All 12 cases belonged to 2 clusters: a family cluster (4 cases) and cluster of close contacts (8 cases).

- In the Eastern Mediterranean region, the [situation of second-line drug resistance is not known](#). Only Iran reported the existence of XDR-TB.
- The isolation of TDR-TB strains in MDR-TB cases is of major concern as patients remain untreatable.
- Considering the high risk associated with XDR-TB strains (see map 2), the emergence of a new form of resistance such as the TDR-TB represents a threat to TB eradication.

**Map 1: XDR-TB among MDR-TB cases, world, 2002-2007.**  
Source: [WHO](#)



## REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE and INSIDE THE EPISOUTH AREA

Area: World

Event: Pandemic A/H1N1/2009

### EpiSouth

As of 25 August 2009, the total number of **confirmed cases of Pandemic A/H1N1/2009** reported in the **EpiSouth region is 11,809 cases and 37 deaths**. All 26 EpiSouth countries have reported cases.

- Since 18 August 2009, **11 new deaths** have been notified: 4 in **Spain** (16 in total), 5 in **Israel** (13 in total), **1 in Greece** (1<sup>st</sup> death) and 1 in **Syria** (1<sup>st</sup> death).
- **Spanish** health authorities reported a consultation rate of 37.7/100 000 inhabitants for influenza-like illness for the week 8-15 August 2009. The epidemic intensifies in the Basque country, Cantabria, Valencia and Andalusia. It remains stable in the remaining Autonomous Regions.
- In **Israel**, for the epidemiological week 33, the increase in influenza-like illness was more moderate compared to the previous 2 weeks. Visits to emergency departments for acute respiratory infections decreased although those were still higher than expected in the summer season.
- **Map 1** illustrates the number of confirmed A/H1N1/2009 cases for countries where case counting is still performed; the presence of community transmission for countries where it has been established, and the number of deaths among EpiSouth countries, as of 26 August 2009 at 05:00 PM.
  - ✓ Evidence for community transmission, whether limited or widespread, has been clearly established in some countries. Many of these countries have moved from case-based to population-based surveillance to track the magnitude of the epidemic. Thus, case counts for those are no longer represented on the map (countries in grey).
  - ✓ For the remaining countries, including those with sporadic cases or suspicion of community transmission, the number of cases is still shown on the map (red dots).
  - ✓ It is worth noting that the countries have implemented different surveillance approaches (including different cases definitions and reporting systems) over the course of the pandemic, which calls for a cautious interpretation of the data.

### Global trends

At the global level, the **number of deaths** reported since 18 August 2009, increased by 398 **(+19%)**. 248 of them occurred in South America and 57 in North America. The analysis of the various epidemiological and laboratory indicators available reflects the following trends:

- **Europe** (non-EpiSouth): The majority of cases currently reported occurred in **Germany** and the **UK**. Estimates of cases of A/H1N1/2009 in **England** and **Wales** confirm the recent declining trend observed. Consultation rates for influenza-like illness dropped to 21.2/100 000 inh. (30.9/100 000 inh. the previous week). The decrease concerned all regions and age categories. This rate is below the epidemic threshold for seasonal flu in the UK.
- In **the Middle East**, the epidemic continues to progress. 28 deaths have been reported in the Middle East. To date and among non-EpiSouth countries, Iran reported its 1<sup>st</sup> A/H1N1/2009 related death, Kuwait reported 3, Oman 5 and Saudi Arabia 16 deaths respectively.
- **North America**: the overall decreasing trend for virus circulation continues in Mexico, the US and Canada. However, an intense influenza activity is still recorded in certain regions of Mexico (Chiapas, Yucatan and Mexico City) and the US (Alaska and Maine).
- **South and Central America**: 5 countries reported intense epidemic activity (Argentina, Costa Rica, Salvador, Guatemala and Paraguay). In Brazil, the Southern states are the most affected (Parana, Southern Rio Grande, Sao Paulo). The epidemic progresses in Haiti, Bolivia and Honduras. Trinidad and Tobago reports widespread community transmission.
- **Asia**: A/H1N1/2009 continues to spread intensely in Thailand, India, and Indonesia. The outbreak reached Bangladesh.
- **Sub-Saharan Africa**: the epidemic affects 16 countries including South Africa reporting the highest numbers of cases (5118) and 15 deaths. It spreads to the India Ocean, reaching Mauritius where health authorities estimate influenza-like illness to exceed 25 000 cases. 5 deaths were notified in Mauritius.
- **Oceania**: the epidemic continues to spread among the various Pacific Island States, particularly in Palau, Guam and Tuvalu. New Caledonia and French Polynesia reported 5 and 3 A/H1N1/2009 deaths respectively.



Map 1. Distribution of A/H1N1/2009 in the EpiSouth region, as of 26/08/09 at 05:00 PM.

(sources: ECDC, WHO, MoH, EpiSouth)

