EpiSouth Weekly Epi Bulletin – N°77
September 2nd, 2009 – September 10th, 2009

EpiSouth
Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

InVS Institut de Veille Sanitaire – Département International & Tropical
European Commission

INDEX e-WEB n°77

Area: Egypt	Event: A(H5N1) – Human	Comments
No human cases of A (H5N1) reported this week.		

Area: World	Event: A(H5N1) – Epizootic	Comments
No avian influenza outbreak reported this week.		

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

Area: Sierra Leone	Event: Polio	Comments

- On 2 September 2009, health authorities of the district of Kambia (North of Sierra Leone, cf. map 1) reported a case of poliomyelitis (wild type 1).
- This is the first case reported since 2000 (34 cases in 2000, none were wild type virus) and the first case of wild type virus since 1999 (2/14 cases described were wild type.).
- The Ministry of Health in collaboration with WHO and other partners are planning a mass vaccination campaign for September 2009.

Map 1. District of Kambia in Sierra Leone *(in red).*

- Poliomyelitis is endemic in Nigeria. The remaining West African countries report sporadic cases every year.
- Since the beginning of 2009, a general increase in the incidence of poliomyelitis is observed in Africa. Indeed, countries (Guinea, Kenya, Liberia, and Uganda) that had not reported poliomyelitis cases in recent years, notified cases in 2009.
- Considering the risk of further spread of the wild type poliomyelitis virus in the region, the situation will be followed up thoroughly.

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

Area: Egypt **Event: Brucella meningitis** **Comments**

- On August 2009, a case report describing the 1st *Brucella* meningitis case in Egypt was published.
- The case was a 21 year old Egyptian male:
  - ✓ He presented fever, headache, vomiting, weight loss and anorexia;
  - ✓ developed neck stiffness and diplopia;
  - ✓ was admitted to the Abbassia Fever Hospital in Cairo.
- The patient received several treatments without clinical improvement until the final diagnosis was made on cerebrospinal fluid culture after 11 days. The patient recovered.
- This 1st case report of *Brucella* meningitis in Egypt illustrates many of the difficulties in diagnosing lymphocytic bacterial meningitis, most commonly attributable to tuberculosis. In this particular case, delay in diagnosis was due to the atypical localization of Brucella.

- **Brucellosis is endemic in the Mediterranean and Middle-East regions.**
- **Although *Brucella* infection is common in Egypt, this is the first case of *Brucella* meningitis described. The exact incidence of *Brucella* spp. infection is unknown.**
- **A cross-sectional study in one of the Governorate Egyptian (Fayoum) found an incidence of 18 per 100,000 persons per year for *Brucella* infections.**

Area: World **Event: Pandemic A/H1N1/2009**

EpiSouth region

As of 08 September 2009, the total number of **confirmed cases of Pandemic A/H1N1/2009** reported in the **EpiSouth region** was **12 663 cases** and **58 deaths**. All 26 EpiSouth countries have reported cases.

- Since 01 September 2009, **13 new deaths** have been notified: 1 in **Egypt** (2nd death), 1 in Metropolitan **France** (3rd), 1 in **Greece** (2nd death), 6 in **Israel** (21 in total)**,** 1 in **Italy** (1st death), 1 in **Malta** (2nd death), and 2 in **Spain** (23 in total).

  The epidemic is stable among EpiSouth **North African** and **Middle Eastern** countries. Among countries that still count cases, the highest numbers of additional A/H1N1/2009 cases notified since 01 September were recorded in **Italy** (156), and **Egypt** (61). WHO reported an increasing trend in respiratory diseases in **Romania.** A similar increase is observed in southern Europe.

  For week 23-29 August 2009, **Spain** reported a consultation rate of **53.6/100,000 inh.** for influenza-like illness below the epidemic threshold (64.1/100,000 for week 35). However, Catalonia and the Basque country have exceeded the epidemic threshold. Pandemic A/H1N1/2009 still accounts for the majority of circulating influenza strains in Spain.

  Metropolitan **France** experiences an increase in A/H1N1/2009 virus circulation. For week 36, the consultation rate for influenza-like illness was **83/100,000 inh**. compared with 57/100 000 inh. the previous week. This rate is slightly above the epidemic threshold for week 36 (80/100,000 inh.). The corresponding estimate for the weekly number of A/H1N1/2009 cases in France was **6000 cases**. Nevertheless, this estimate does not include disease presentation with fever below 39°C and may therefore underestimate the number of A/H1N1/2009 cases. Another available indicator that may reflect the situation more accurately is the number of acute respiratory infections recorded by another sentinel system. This source estimates that some **25,000** new cases of A/H1N1/2009 may have arisen in week 36. Between 31 August and 06 September, **10 clusters** of cases were reported (161 in total since the beginning of the epidemic).

- **Egyptian health authorities** have discounted the rumor of a co-infection with the avian influenza virus in patient infected with A/H1N1/2009 returning from the Umrah pilgrimage in Saudi Arabia. The patient was in fact co-infected with seasonal flu.

- **Map 2** 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 08 September 2009 at 11 am.

Global trends (outside the EpiSouth region)

- As of 01 September 2009, **3,402 deaths** related to pandemic A/H1N1/2009 were reported **worldwide**. Epidemics of influenza-like syndromes are evolving differently across the world. However, **A/H1N1/2009** remains the **predominant virus** circulating in both the northern and southern hemispheres. On average, and for week 34 (17-23 August 2009), A/H1N1/2009 accounted for 61% of circulating influenza strains worldwide. Half of the additional deaths notified since 01 August 2009, occurred in **South America** (173); 1/5 in **Asia** (72).

  The analysis of the various epidemiological and laboratory indicators since 01 August 2009, reflects the following trends:

- **Europe** (non-EpiSouth): After Sweden, **Norway** and **Denmark** reported this week their first A/H1N1/2009 fatalities. The **UK** reported 5 additional deaths (70 in total). Estimates of cases of H1N1 for **England** and **Ireland** continue to drop (24-30 August 2009) while consultations rates for influenza-like illness in **Scotland** are on the rise since 10 August 2009. In **Germany,** the number of cases increased by 9% between weeks 34 and 35. All regions are affected. **Austria** reports geographically widespread influenza activity. Rates of common colds and influenza have exceeded epidemic threshold levels in several regions of **Russia**.
- As the number of cases exceeded 2000 on 21 August, 2009, **Portugal** stopped systematic investigation of A/H1N1/2009 cases. Authorities are considering other sources of information for estimating cases.

- In the rest of the **Middle East** (**non-EpiSouth** countries), the epidemic continues to progress with the highest numbers recorded in **Saudi Arabia** (2034 additional cases), **Oman** (478) and **Kuwait** (373). More A/H1N1/2009 related deaths were reported since 01 September in **Iran**, **Oman**, **Saudi Arabia** and the **United Arab Emirates**. **Djibouti** became the latest country in the Region to report cases of A/H1N1/2009. To date, a total of **50 deaths** have been reported.
- **North America:** the overall decreasing trend for virus circulation continues in **Canada** while the epidemic remains globally stable in **Mexico** and in the **US**. Regional increases have been detected in the South-eastern US and the states of Yucatan and Chiapas in Mexico.
- In **Central America** and the **Caribbean,** a decrease in influenza activity is reported.
- **In South America,** 173 additional deaths were notified in week 36. Of those, 100 were reported by **Brazil. To date,** Brazil concentrates the highest number of deaths worldwide (657) since the beginning of the epidemic. 4 countries reported an increase in influenza-like illness (**Bolivia, Ecuador, Paraguay** and **Venezuela**) for week 35.
- In **Asia,** A/H1N1/2009 circulation continues to progress in **Continental China, Hong-Kong** and **Taiwan**. On the other hand, a decrease in influenza activity is observed in **Thailand** and **Brunei**. **Japan reports an** early start of the annual influenza season with around 150,000 new cases of influenza-like illness per week. The majority of cases tested were positive for A/H1N1/2009. Co-circulation of other influenza viruses seems low. The majority of A/H1N1/2009 related deaths since 01 August 2009 were reported by the **Philippines** (20), **India** (18) and **Thailand** (11). The countries recording the highest numbers of fatalities since the beginning of the epidemic were **India, Malaysia and Thailand**.
- In **Sub-Saharan Africa**: the epidemic affects 22 countries. Mauritius health authorities notified 3 new deaths since 01 September 2009 (8 in total). **South Africa**, reports sustained influenza activity and 2 additional deaths (27 in total).
- **Oceania**: Although many countries in temperate regions of the southern hemisphere have passed the peak of their winter influenza epidemic, sustained influenza activity continues to be reported in the southern and western parts of **Australia**. The latter reported 11 new deaths since 01 August 2009. Virus circulation among the **Pacific Island States** continues.

Map 4. Distribution of A/H1N1/2009 in the EpiSouth region, as of 08 September 2009, 11 am.

(sources: ECDC, WHO, MoH, EpiSouth)

- 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.