



EpiSouth Weekly Epi Bulletin – N°78 September 9th, 2009 – September 15th, 2009



Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

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) Human influenza –none
- A(H5N1) Avian influenza – none
- “OUTSIDE” Events:
 - West Africa – Heavy Floods
- “INSIDE” Events:
 - Italy – West Nile
- “OUTSIDE” and “INSIDE” Events:
 - World – Pandemic A/H1N1/2009

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: West Africa

Event: Heavy Floods

Comments

- Since July 2009, hundreds of thousands of people in at least 10 West African countries have been affected by heavy floods (see Map 1).

**Map 1. West Africa – Floods location. As of 01 September 2009
(source : OCHA)**



- The observations of the World Meteorological Organisation indicate an early stage of an El Niño event and forecast a consolidation over the coming months (the remaining months of the year and the first quarter of 2010).
- According to many studies, the occurrence of El Niño increases outbreaks intensity.
- As there is an increased risk of outbreaks, especially waterborne and vector borne diseases, the situation will receive careful attention.

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

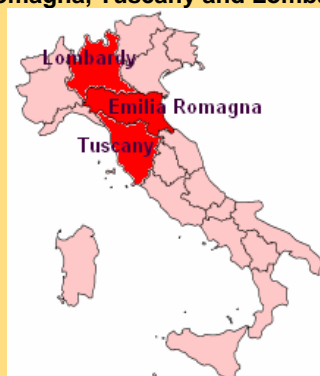
Area: Italy

Event: West Nile

Comments

- At the beginning of September 2009, health authorities reported 6 human cases of West Nile virus infection.
 - ✓ All 6 cases were reported in the Emilia Romagna region (cf map 2);
 - ✓ Death occurred in 1 of the 6 cases, a male aged 71 years.
- Moreover, 13 equine cases were reported in the Emilia Romagna, Tuscany and Lombardy regions (see map 2), of which 4 were reported between 8 and 16 September.

Map 2 : Emilia Romagna, Tuscany and Lombardy regions, Italy



- In Italy, equine cases have regularly been reported since 1998. Human cases were documented for the first time in 2008.
- West Nile virus is known to circulate in Central Europe and Mediterranean countries. Indeed, several outbreaks have been documented in the area since 1950 ([cf note](#)).
- At this time of the year, bird migration could lead to the occurrence of new cases in other regions. Therefore, the situation will be followed up thoroughly.

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

Area: World

Event: Pandemic A/H1N1/2009

EpiSouth region

As of 15 September 2009, the total number of **confirmed cases of Pandemic A/H1N1/2009** reported in the **EpiSouth region** was **13,394 cases** and **62 deaths**.

- Since 08 September 2009, **the epidemic is stable in the EpiSouth region**. 4 more A/H1N1/2009 related deaths were notified: 1 in Metropolitan **France** (4th), 1 in **Lebanon** (2nd death) and 2 in **Spain** (25 in total).

In the **Middle East** and **North Africa**, among countries that still count individual cases, numbers reported remain limited, ranging from 50 (Tunisia, Algeria) to 210 (Jordan), except for Egypt that counts 879 cases.

In **Israel**, rates of influenza-like illness are stabilizing, both in the community and in hospitals.

In Metropolitan **France**, virus circulation intensifies. The consultation rate for influenza-like illness estimated by sentinel surveillance for week 7-13 September 2009 increased from 83/100,000 to 164/100,000 inh, exceeding the epidemic threshold. The number of clustered cases also increased significantly, whereby 42 clusters were reported during week 37, mainly affecting schools.

In **Italy**, the epidemic seems stable since week 33. As of 14 September 2009, 2186 cases of A/H1N1/2009 had been confirmed. Nevertheless, since 27 July 2009, Italy had stopped systematic laboratory confirmation of all cases. Physicians are requested to notify cases meeting a clinical case definition. As of 06 September, **6961 cases** had been notified. Virological confirmation is performed at random for virological surveillance.

The latest data available for **Spain** (week 36), show a stabilisation across the country except in Castilla La Mancha where an increase in influenza activity was recorded and the Basque country where a decline was observed. For that week, the consultation rate for influenza illness was 52/100,000 inh. (below epidemic threshold) versus 54/100,000 inh. the week before.

- **Map 3** 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 15 September 2009 at 11 am.

Global trends (outside the EpiSouth region)

- As of 15 September 2009, **3,492 deaths** related to pandemic A/H1N1/2009 were reported **worldwide**. Since the beginning of the epidemic, 9 countries have reported more than 100 A/H1N1/2009 related deaths (657 in **Brazil**, 593 in the **US**, 512 in **Argentina**, 211 in **Mexico**, 169 in **Australia**, 155 in **India**, 142 in **Thailand**, 132 in **Chile** and 109 in **Peru**).

The analysis of the various epidemiological and laboratory indicators since 08 September 2009 reflects the following trends:

- **Europe** (non-EpiSouth): The epidemic continues to decline in the **UK** where 6 new fatalities were recorded. Consultations for influenza-like illness are still on the rise in **Ireland** and **Scotland**, although still below epidemic threshold. In **Germany**, **Belgium** and **Switzerland**, the incidence of influenza-like illness is stable. **Sweden** reports a 2 fold increase in consultations for influenza-like illness. The number of confirmed cases reported is increasing among **Baltic** and **Eastern European** countries.
- Among **non-EpiSouth** countries of the **Middle East**, 10 A/H1N1/2009 related deaths were reported since 08 September: 3 in **Oman**, 5 in **Saudi Arabia** and 2 in the **United Arab Emirates**. To date, a total of **60 deaths** have been reported in the region.

- **North America:** In the **US**, several surveillance sources reflect an increase in influenza activity for week 36. Epidemic thresholds are exceeded, especially in south eastern regions of the US. In **Canada**, influenza activity is below the seasonal epidemic threshold and continues to decrease globally.
- In **temperate regions of the southern hemisphere (Chile, Argentina)**, the A/H1N1/2009 epidemic wave seems to come to an end.
- In **Central America**, a fall in respiratory disease trends is observed.
- In **South America**, between 30 August and 5 September, 2 countries reported an increase in influenza-like illness (**Bolivia**, and **Venezuela**). In **Brazil**, a decline in rates of consultations for influenza-like illness is observed, including in tropical regions most recently hit by the pandemic. Globally, those rates are below epidemic threshold.
- In **Asia**, during week 36, the A/H1N1/2009 epidemic continued to increase in **India, Bangladesh** and **Nepal**. **Chinese** authorities reported a significant increase in the number of cases of A/H1N1/2009. In **Japan**, the epidemic spreads further across the country. Of 50 new fatalities recorded during week 37, 24 occurred in **India** and 12 in **Thailand**.
- In **Sub-Saharan Africa**: the A/H1N1/2009 pandemic affects 23 countries, Malawi being the latest country to report cases. 3 countries reported their first fatality (**Madagascar, Namibia** and **Surinam**). 8 more A/H1N1/2009 related deaths were recorded in **South Africa** during week 37 (47 in total).
- **Oceania:** As of 8 September 2009, consultations for influenza-like illness had decreased in 12 of 19 Pacific archipelagos notifying cases of A/H1N1/2009. 10 new deaths were reported in the region during week 37, including 8 in **Australia** (total 169) and 2 in **New Caledonia**.

Map 3. Distribution of A/H1N1/2009 in the EpiSouth region, as of 15 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.

