

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°79

- A(H5N1) Human influenza –Egypt
- A(H5N1) Avian influenza – none
- “OUTSIDE” Events:
 - Georgia – Crimean-Congo Hemorrhagic Fever (CCHF)
 - USA – Dengue
- “INSIDE” Events:
 - none
- “OUTSIDE” and “INSIDE” Events:
 - World – Pandemic A/H1N1/2009

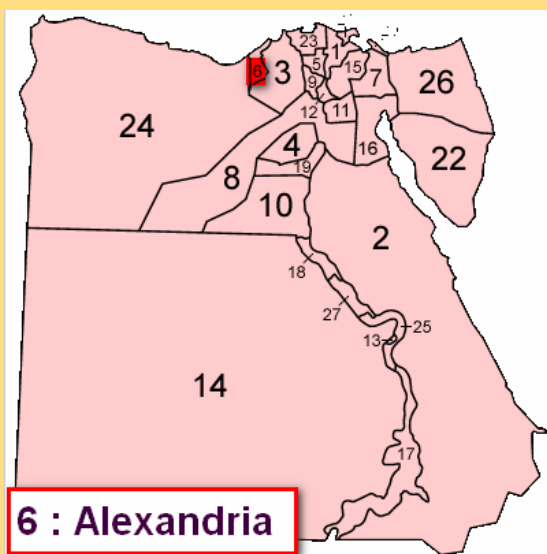
Area: Egypt

Event: A(H5N1) – Human

Comments

- On 21 September 2009, Egyptian health authorities reported **1 new confirmed case of avian influenza A(H5N1)**:
- A 13 year-old male from Alexandria Governorate:
 - ✓ presented symptoms on 13 September,
 - ✓ was hospitalised on 14 September and received oseltamivir,
 - ✓ is in a stable condition.
- Investigations indicated that both cases had close contact with dead and/or sick poultry.
- Since April 2006, Egypt has reported 86 confirmed human cases of avian influenza A(H5N1), 27 have been fatal.

Map 1: Alexandria Governorate, Egypt.



- The occurrence of human cases of A(H5N1) in Egypt does not represent an unexpected event.
- From 01 January 2009 to date, the Egyptian health authorities have reported 36 cases, versus 8 cases for the entire year 2008, 25 in 2007 and 18 in 2006 (cf [A\(H5N1\) avian influenza situation in Egypt, 28 May 2009](#), (in French). 30 of 36 cases reported in 2009 occurred during the first half of the year.
- To date, the available information does not indicate a change in the epidemiological characteristics of the virus.

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)

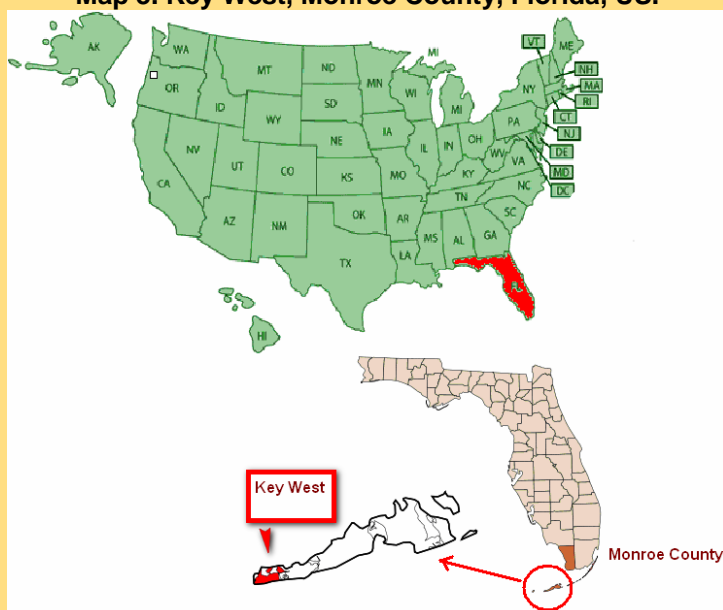
Area: Florida, US

Event: Dengue

Comments

- On 17 September 2009, Florida health authorities reported an autochthonous confirmed case of dengue in the city of Key West, Monroe County (cf Map 3).
- Another 2 cases were identified (pending confirmation).
- No autochthonous cases of dengue had been reported in the past decades in the State of Florida.
- Epidemiological and entomological investigations are ongoing to identify the origin of transmission. Authorities are carrying out active case search and implementing anti-vectorial measures.

Map 3. Key West, Monroe County, Florida, US.



- Competent mosquito vectors, *Aedes aegypti* and *Ae. albopictus*, are present in Florida.
- Cases of dengue are imported annually into Florida among travellers returning from endemic regions (Caribbean, South and Central America, Asia).
- Regular importation of cases and the presence of the competent vector suggest that local transmission could occur.
- Autochthonous cases of dengue have previously been reported in the US: in Texas (1985-2000) and in Hawaii from (2001-2002).

Area: Georgia

Event: Crimean-Congo Hemorrhagic Fever (CCHF)

Comments

- On 19 September 2009, health authorities reported the first confirmed case of CCHF in humans in Georgia.
- The patient is a resident of the suburbs of the capital Tbilisi, hospitalised and in a critical condition.

Map 3. Tbilisi, Georgia



- CCHF is enzootic in the Balkans, Turkey, southern Russia, central Asia and several countries of the Middle East, Sub-Saharan Africa and the west of China. Human cases of CCHF have previously been documented in all of these regions ([cf. note](#)).
- Georgia is located in a geographical area where circulation of the CCHF virus and occurrence of human cases are not unexpected events.
- Nevertheless, the evolution of the situation will be followed up.

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

Area: World

Event: Pandemic A/H1N1/2009

EpiSouth region

As of 22 September 2009, the total number of **confirmed cases of Pandemic A/H1N1/2009** reported in the **EpiSouth region** was **13,826 cases** and **76 deaths**.

- Since 15 September 2009, no significant changes in the evolution of the **A/H1N1/2009 epidemic** have been observed for the EpiSouth region. **14 new deaths** were notified: 1 in **Croatia** (1st death), 2 in Mainland **France**, 1 in **Greece**, 2 in **Israel**, 1 in **Malta**, and 7 in **Spain**.
- In Mainland **France**, the increase in influenza-like illness and acute respiratory infections observed in previous weeks continues. Nevertheless, the contribution of A/H1N1/2009 virus to this increase cannot be clearly quantified due to the probable co-circulation of other respiratory viruses and a media sensibilisation for health seeking. For week 38, the incidence estimated by sentinel surveillance was 262/100 000 inh., above the epidemic threshold of 90 cases/100 000 inh. Comparison with previous years (week 38), estimated an excess of 151 000 consultations for influenza-like illness.

For week 37, **Italian** health authorities estimated over 1000 new cases of H1N1 (clinical case definition). As of 13 September 2009, 2 384 of 8 133 cases notified have been confirmed for A/H1N1/2009.

For week 37, **Spain** reported a stable influenza situation across the country. The global consultation rate for influenza-like illness remains below the epidemic threshold (42 /100,000 inh. compared with 52/100,000 inh. the previous week). Only the Basque country and Asturias have exceeded their epidemic thresholds.

For week 37, The European influenza sentinel surveillance network *Euroflu* reports an overall low to moderate influenza activity in the **Balkans** and an increase in acute respiratory infections in **Slovenia**.

Seasonal influenza data are not readily available for most North African and Middle Eastern countries. **Israel** reports an increase in consultations for influenza-like illness above the epidemic threshold. On the other hand, numerous school closures upon detection of cases of A/H1N1/2009 in **Egypt**, **Jordan** and **Palestine** seem to indicate that circulation of the virus is ongoing.

- **Map 4** 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 22 September 2009 at 11 am*.

Global trends (outside the EpiSouth region)

- As of 22 September 2009, **3,957 deaths** related to pandemic A/H1N1/2009 have been 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 15 September 2009 reflects the following trends:

- **Europe** (non-EpiSouth): In week 37, an increase in overall influenza activity is observed for the **UK**, **Norway**, **Sweden** and **the Netherlands**. All of these countries, besides the UK, have exceeded ILI epidemic threshold for this time of the year. On the other hand, **Belgium** and **Switzerland** report stable rates of influenza-like illness. **Germany**, **Russia** and **Ukraine** have reported an increase in acute respiratory infections. The number of confirmed cases of A/H1N1/2009 is globally stable in **Germany**, although an increase was observed among school children. Since 15 September, 5 new fatalities were recorded: the first death in **Luxembourg**, 2 in the **UK**, 2 in the **Netherlands** and 1 in **Norway**. In week 37, Portugal recorded 2105 cases of influenza-like illness compared with 2390 in week 36.
- Among **non-EpiSouth** countries of the **Middle East**, 10 A/H1N1/2009 related deaths were reported since 15 September: 2 in **Kuwait**, 2 in **Iran**, 5 in **Oman**, 1 in **Qatar**. To date, a total of **70 deaths** have been reported in the region.

- **American continent:** In week 37, an increasing trend in acute respiratory infections is observed for **Honduras**, the **US**, **Mexico** and **Peru**. In **Mexico**, influenza activity is on the rise. Over 3000 cases of A/H1N1/2009 have been notified since 15 September 2009. The epidemic, predominant in the south-eastern regions, spreads further to the north-eastern states. In the **US**, authorities report an increase in the South, in south-eastern states and in some north-eastern states, exceeding the epidemic thresholds.

In the remaining countries of the American continent, influenza activity begins to decrease in **Bolivia**, and continues to drop in **Costa Rica**, **El Salvador**, **Panama**, **Venezuela**, **Argentina** and **Brazil**. Despite a sustained decrease in influenza activity over the past 5 weeks, **Brazil** remains the country reporting the highest cumulative number of deaths worldwide (899, 22% of A/H1N1/2009 fatalities).

- In **Asia**, in week 37, the A/H1N1/2009 epidemic continues to increase in **Nepal** but drops in **Sri Lanka**. Of 82 additional deaths in week 38, 62 were notified by **India**, 11 by **Thailand**. Since the beginning of the epidemic, **Hong-Kong** and **Macao** have declared 16 A/H1N1/2009 related deaths. **Continental China** has not reported any fatalities yet.
- **Oceania:** As of 16 September 2009, consultations for influenza-like illness are decreasing in 13 of 19 archipelagos of the Pacific Islands notifying cases of A/H1N1/2009. On the other hand, influenza-like illness consultations are on the rise in the **Cook Islands**. In **Australia**, the decreasing trend is sustained, including in regions most recently hit by the pandemic. 3 new deaths were reported in week 38 by **Australia**, reaching a death toll of 172 for this country.
- In **Sub-Saharan Africa**: for week 38, 23 countries notified cases of A/H1N1/2009 and 19 new deaths were recorded (66 in total). In **Madagascar**, consultations for influenza-like illness increased in week 36. In **South Africa**, A/H1N1/2009 influenza activity has been decreasing since week 36.

Map 4. Distribution of A/H1N1/2009 in the EpiSouth region, as of 22 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.

