

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 – Vietnam**
- **“OUTSIDE” Events:**
 - **Monkey pox – Democratic Republic of Congo**
 - **Yellow Fever – Cameroon**
- **“INSIDE” Events: none**
- **World – Pandemic A/H1N1/2009**

Area: World	Event: A(H5N1) – human	<u>Comments</u>
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No human cases reported this week

Area: Vietnam	Event: A(H5N1) – Epizootic	<u>Comments</u>
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- On 30 September 2009, the Ca Mau Department of Animal Health reported an A(H5N1) avian influenza outbreak among domestic ducks in Thoi Binh district, Ca Mau province (South Vietnam, see map 1).
- The ducks had received a first vaccination dose at the beginning of September.
- Control measures were implemented.


Map 1: Ca Mau province, Vietnam



- The last avian outbreak in Ca Mau province was notified in February 2009.
- To date, available information does not indicate a change in the transmission of the virus.

REPORT OF NEW HEALTH EVENTS OCCURING OUTSIDE THE EPISOUTH AREA

Area: Democratic Republic of Congo (DRC)	Event: Monkey pox	Comments
<ul style="list-style-type: none"> • Since the 21st epidemiological week 2009, DRC health authorities have reported around 40 suspect cases of monkey pox and 1 confirmed case in Maniema province, East of DRC (see map 2). <ul style="list-style-type: none"> ✓ Cases were reported in Lubutu territory (Northern Maniema province), 300 kms away from the province capital Kindu. ✓ No deaths were reported. • WHO has confirmed the outbreak on 30 September 2009. • Investigations are currently ongoing in order to specify the reservoir and the mode of transmission involved. <p>Map 2. Maniema Province, DRC</p> 	<ul style="list-style-type: none"> • Since 2000, the number of Monkey Pox epidemics reported in Africa has increased especially in DRC and Congo Republic (see e-Web n°10, n°64 and thematic Monkey Pox note). This increase could be linked to the interruption of the smallpox vaccination which provided cross protection against Monkey pox. • The occurrence of an epidemic in a forest area with a low population density is not an unexpected event. • Prior to the occurrence of cases in Maniema, cases had been reported in Equateur and Bandundu provinces in May 2009 (North West of RDC). This could suggest widespread virus circulation in wildlife. • At this stage, the risk of international spread of the virus remains limited. 	

Area: Cameroon	Event: Yellow fever	Comments
<ul style="list-style-type: none"> • On 8 September 2009, Cameroon's MOH declared a case of yellow fever (confirmed by Pasteur Institute in Dakar). • Infection occurred in a 61 years old man: <ul style="list-style-type: none"> ✓ Resident of a rural area (Buea District, South West province) ✓ With no vaccination against yellow fever • 51 suspect cases are being investigated. A campaign of mass immunization will be launched in October 2009 in the 2 districts of Buea and Mbongue (around 165 000 inh.). <p>Map 3. Buea district, Cameroon</p> 	<ul style="list-style-type: none"> • Yellow fever is endemic in rural and jungle areas in Africa. Occasionally, the number of yellow fever cases exceeds the epidemic level. Outbreaks have been reported in urban areas (Ngaoundere, Cameroon, in 1994). • The district of Buea was not known to be endemic for yellow fever. • Further cases could appear in this region, including in neighbouring Nigeria. The situation should be followed up thoroughly. • Yellow fever vaccine is mandatory for travelling to Cameroon. 	

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

Area: World

Event: Pandemic A/H1N1/2009

EpiSouth region

Considering that many countries have ceased individual case counting, the total number of confirmed cases of Pandemic A/H1N1/2009 is no longer representative of the evolution of the outbreak. The number of deaths reflects the severity of the A/H1N1/2009 pandemic. **As of 06 October 2009**, a total of **90 deaths** among biologically confirmed A/H1N1/2009 cases have been reported in the **EpiSouth region**.

- Since **1st September 2009**, a total of 39 new deaths have been reported in 1 month. The majority of them have been notified by **Spain (21)**, **Israel (9)**, **France (4)** and **Italy (3)**.
 - In Mainland **France**, from 28 September to 04 October 2009, the incidence of influenza-like illness estimated by sentinel surveillance was 217/100 000 inh which is above the epidemic threshold of 102 cases/100 000 inh. The estimate of influenza A(H1N1) 2009 consultations was 40000 for week 40.
 - For **week 39**, **Spain** observed an increase in influenza activity. The global incidence for influenza-like illness (ILI) was estimated to 78 /100,000 inh and exceeded the epidemic threshold.
- In the 3 **North African countries (Algeria, Morocco and Tunisia)**, the situation is stable. Since the beginning of the epidemic, 307 confirmed cases have been reported. To date, no deaths have been recorded.
 - This week, an international WHO regional committee (56th session) on A(H1N1)v pandemic gathering all Eastern Mediterranean countries was held in **Morocco (Fes)**.
 - In **Tunisia**, the total number of laboratory confirmed cases is 91. The median age is 21 year old. Among those 91 cases, 47 were autochthonous cases and 44 were imported mainly from France and Spain. Since 26 September 2009, limited community transmission has been observed: the majority of local transmission occurred in schools.
- In **Balkan countries**, the influenza activity remains low to moderate. **Romania** observed an increase in influenza-like illness.

Global trends (outside the EpiSouth region)

- As of 05 October 2009, **4 494 deaths** related to A/H1N1/2009 have been reported **worldwide**. **47%** occurred in **South America**, **20%** in **North America** and **16%** in **Asia**. **212** were recorded during **week 40**.
- The analysis of the various epidemiological and laboratory indicators since 29 September 2009 reflects the following trends:
 - **Europe (non EpiSouth):** from week 39 to week 40 (21-27 September), the evolution of influenza activity varied widely between countries. Belgium, Ireland, the UK and Russia reported an increasing trend in influenza activity, exceeding the epidemic threshold. Estonia, Hungary, Latvia and Slovakia also reported a rise although influenza activity remains low. Germany, Denmark, Italy, the Netherlands and Portugal reported a stable epidemiological situation. Influenza-like illnesses in Norway and Sweden decreased but remain above epidemic threshold. **7 new deaths** were reported: **1 in Belgium**, **1 in Germany**, **2 in Ireland** and **3 in the UK**.
 - Among **non-EpiSouth countries** of the **Middle-East**, the total number of deaths reported to WHO-EMRO, as of 06 October, is **91** versus 37 on 1 September. This represents a 3-fold increase within a month. Among the 54 new deaths reported in September, half were notified by **Saudi Arabia (16 deaths)** and **Oman (15)**.
 - The countries reporting the highest number of new cases in September were: **Saudi Arabia (2,119 cases)**, **Oman (1,165)** and **Kuwait (1,035)**.
 - **Saudi Arabian** health authorities declared that they would not ban any participation to the **Hajj pilgrimage** this year, regardless of the A(H1N1)v vaccination status of attendees. Also, during the Omra pilgrimage (Ramadan, 2009) only 26 cases related to the pilgrimage were registered. All patients recovered.

- **On the American continent**, the situation varies widely between regions. In the US, influenza virus circulation is on the rise, and exceeds epidemic thresholds in 27 of 51 states. In Canada, compared to the previous week, the epidemic is stable but remains above epidemic thresholds (except for British Columbia where circulation is more intense).

In **Central America**, the epidemic decreases in **Costa-Rica, Guatemala, Honduras** and **Panama**. On the other hand, after a recent decrease, the epidemic increased in **El Salvador** between 20 and 26 September.

In **South America**, influenza A(H1N1) activity is low. The epidemic activity continues to drop in several countries (**Argentina, Bolivia, Brazil, Chile, Paraguay, and Venezuela**). The situation is stable in the remaining countries.

In the **Caribbean**, influenza activity ranges from low to moderate but is on the rise in **Barbados** and **Cuba**. Both countries have reported their first A(H1N1) 2009 related deaths.

- In **Asia**, recent data indicated that the A(H1N1) 2009 pandemic continues to progress across Japan, with influenza activity exceeding that of the previous year. The situation is stable in **Thailand, Singapore** as well as for other countries of **South Asia**. Transmission increases steeply in **Hong-Kong**. Available information from **continental China** and **India** do not allow to describe the outbreak. Of 80 deaths newly notified during week 40, 63 had occurred in **India** and 1 (1st) death in Cambodia.
- **Pacific region:** As of 29 September, 19 of 22 **countries and territories of the Pacific** had declared cases of A(H1N1) 2009. Consultation rates for influenza-like illness are decreasing in 12 **countries and territories** but are on the rise in **Cook Islands, Salomon islands** and **Guam**. In **Australia** and **New-Zealand**, the drop in the epidemic continues. In **New Zealand**, consultations rates for influenza-like illness are above the rates of the previous 2 years for the same period of the year. 7 new deaths were declared in week 40 (5 in **Australia**, 1 in **New Zealand** and a first death in **Salomon islands**).
- In **Sub-Saharan Africa**, as of 30 September 2009, 23 countries had declared cases of A(H1N1) 2009. Data available for **South Africa** suggest the end of the epidemic wave. In week 40, 25 new deaths were reported in **South Africa** (84 in total).