

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 – Côte d'Ivoire**
- **"OUTSIDE" Events:**
 - **Sub-saharan Africa – cholera**
- **"INSIDE" Events: none**
- **World – Pandemic A/H1N1/2009**

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

Area: Côte d'Ivoire	Event: A(H5N1) – Epizootic	Comments
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- On 12 October 2009, agricultural authorities reported an outbreak of A(H5N1) avian influenza.
 - ✓ 30 non migratory wild birds (crows) were found dead in Cocody district in Abidjan.
 - ✓ Highly pathogenic A(H5N1) virus was confirmed in 9 of them.
 - ✓ Control measures have been implemented.
- To date, no human cases related to this outbreak have been reported.

- The last avian influenza outbreaks reported in Côte d'Ivoire occurred in 2006:
 - ✓ March 2006 : in the lagoons region (South East)
 - ✓ June and July 2006: in San Pedro region (South West)
- The last avian outbreak reported in Western Africa occurred in 2008.
- Suspect deaths in wild birds are not systematically investigated in Western Africa, especially in rural areas. Therefore, some avian influenza outbreaks may be undetected.
- Concerning the ongoing outbreak in Côte d'Ivoire, the virus has been detected in a city in non migratory wild birds. It is likely that the virus circulation extends well beyond the urban area of Abidjan.
- Considering the risk of further spread to nearby poultry farms, the situation will be followed up thoroughly.

Map 1. Abidjan, Côte d'Ivoire



REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE THE EPISOUTH REGION

Area: Sub Saharan Africa **Event:** Cholera **Comments**

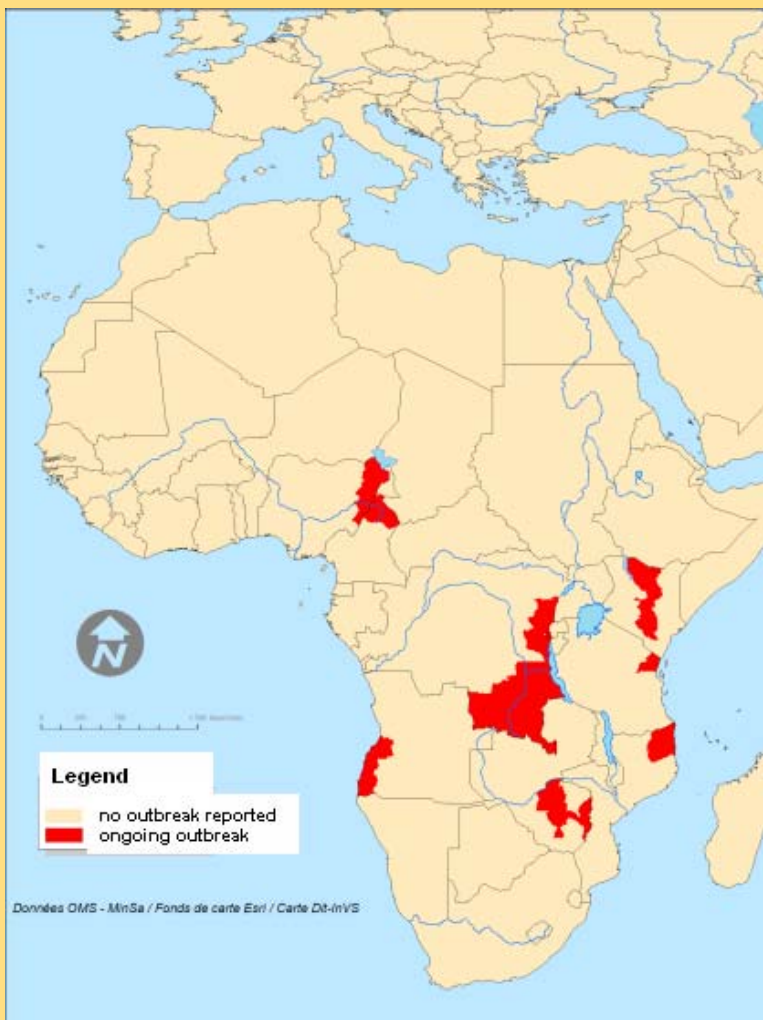
• From August to October 2009, cholera outbreaks were reported among many African countries (table 1 and map 2).

Table 1: Cholera outbreaks in Africa, August to September 2009* (Source : Global task force on cholera control, WHO Afro)

Country	Number of cases	Number of deaths	Time of onset	CFR
Angola	1756	59	2009	3.3 %
Burundi	52	0	13/09/09 – 20/09/09	-
Cameroon	76	15	1/09/09 – 5/10/09	19.7%
Kenya	97	4	14/09/09 – 21/09/09	Garbatulla: 6.6 % Laisamis: 2.9 %
Mozambique	179	2	7 /09/09 – 4 /10/09	1.11 %
Nigeria	1455	118	1/08/09 – 24/09/09	Adawa state: 7.9 % Borno state: 8.9 %
DRC	1051	8	14 /09/09- 27/09/09	Kivu: 1.08 % Katanga: 0.28 %
Rwanda	39	0	7/09/09- 27/09/09	-
Tanzania	2428	50	16/08/09 – 6/10/09	2.1 %
Zimbabwe	30	0	7/09/09 – 2 /10/09	-

* except for Angola (data from January to October)

Map 2: Ongoing cholera outbreaks in Africa. Situation as of 7 October 2009 (Source: WHO, InVS)



- Cholera outbreaks are regularly described in those African countries, and are not unexpected.
- The occurrence of cholera outbreaks is associated to water and sanitation issues (access to drinking water) and to health system capacities to respond to outbreaks.

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 in countries with active community transmission. The number of deaths reflects the severity of the A/H1N1/2009 pandemic. **As of 20 October 2009**, a total of **105 deaths** among biologically confirmed A/H1N1/2009 cases have been reported in the **EpiSouth region**.

- 5 new deaths were registered since 13 October: 1 in **Jordan**, 1 in **Israel**, 1 in **France** and 2 in **Spain**.
 - **Italy** reports 1211 new cases of A/H1N1/2009 (clinical definition) for week 41 (total as of 11 October = 13238).
 - In Mainland **France**, for week 42 (11-18 October), the incidence of influenza-like illness estimated by sentinel surveillance remains stable (159 cases per 100 000 inh) and above the epidemic threshold (114/100 000 inh.). The percentage of samples positive for A/H1N1/2009 is increasing, especially in Ile de France region, but remains globally low (9 %). The estimate of influenza A/H1N1/2009 consultations is increasing (107 000 for week 42) and the number of hospitalised cases as well. During week 41, A/H1N1/2009 represented the great majority of circulating influenza viruses.
 - For week 41, **Spain** reports stable influenza activity. The global incidence for influenza-like illness (ILI) estimated is 98,6 cases/100.000 inh. (versus 95/100 000 the week before) corresponding to some 44 000 new cases.
 - For week 41, **Albania** reports a medium influenza activity, with an increasing trend. **Turkey** reports a medium and stable influenza activity. **Bulgaria** and **Romania** report a low influenza activity, currently below epidemic thresholds but with an increasing trend. **Serbia** and **Slovenia** report a stable and low influenza activity. **Croatia** reports a low influenza activity, with a decreasing trend.
 - In EpiSouth **North African countries (Algeria, Morocco, Tunisia)** the situation is stable. Since the beginning of the epidemic, 309 confirmed cases have been reported. To date, no deaths have been recorded.
 - In **Jordan**, a twofold increase in the number of confirmed cases was reported.
 - In **Palestine**, health authorities have confirmed active community transmission.
 - In **Israel**, the decline observed in acute respiratory infections in recent weeks continues.

Global trends (outside the EpiSouth region)

- As of 20 October 2009, **4 804 deaths** related to A/H1N1/2009 have been reported **worldwide** (including EpiSouth region).

The analysis of the various epidemiological and laboratory indicators since 14 October 2009 reflects the following trends:

- **Europe (non EpiSouth): 20 new deaths** were reported during week 41. Influenza activity is increasing in the **United-Kingdom**, exceeding epidemic thresholds in **Wales, Scotland** and **Northern Ireland**. Influenza transmission is more intense in the **Republic of Ireland** and in **Luxembourg**, but also in **Belgium**, in the **Netherlands** and in **Norway**, exceeding the seasonal rates.

In **Russia**, influenza activity is weak and varies among regions, exceeding epidemic thresholds in some cities.

- **Non-EpiSouth countries** of the **Middle-East** recorded 7 new deaths during week 41: 3 in **Iran**, 1 in **Kuweit**, 1 in **Irak** and 2 in **Yemen**. To date, 109 A/H1N1/2009 related deaths have been reported in those countries.

- Differences are observed among countries of the **American continent**:
 - In **Mexico**: influenza activity is intense and continues to increase. The situation varies among the states, affecting mainly Distrito Federal, Chiapas, Yucatan, Nuevo Leon, Jalisco, San Luis Potosi and Tamaulipas.
 - In the **United-States**: influenza activity continues to increase, exceeding seasonal rates in most states. In north-eastern States, the situation is stable or declining, and remains below seasonal rates.
 - In **Canada**: influenza activity continues to increase for the 4th consecutive week, affecting mainly British Columbia and Northern territories. In most other regions (mainly eastern regions), the activity remains below seasonal rates.
 - In **Central America**: influenza activity is weak to moderate, except in **Salvador** where the epidemic is increasing.
 - In **South America**: the epidemic is of weak intensity and overall decreasing, except in Colombia, where influenza activity is increasing.
 - In some of the **Caribbean** islands for which data are available, influenza activity is still high and continues to increase. The number of deaths is increasing in **Cuba**, the **Bahamas**, **Jamaica**, and **Trinidad and Tobago**.
- In **Asia**, influenza activity varies widely between countries. In **Hong-Kong**, the epidemic continues to decrease. In **Japan**, transmission is increasing, over the epidemic threshold. In **continental China**, A/H1N1/2009 circulation is increasing and spreading to middle-sized cities in Central and Western China. No data are available for **India**.
- In most of **Pacific countries and territories**, cases are reported sporadically. In **Australia** and **New Zealand**, ILI consultations rates are similar or below those observed during the same period in the previous years.
- The number of reported cases in **Sub-Saharan countries** remains very low. Influenza activity in **South Africa** is similar to previous years. Some sporadic cases of A/H1N1/2009 are reported.