

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 – Egypt
- A(H5N1) Avian influenza – none
- “OUTSIDE” Events:
 - Côte d'Ivoire – Dengue fever
 - Senegal – Yellow fever
- “INSIDE” Events: none
- World – Pandemic A/H1N1/2009

Location: Egypt

Event: A(H5N1) – Human

Comments

- On 17 November 2009, Egyptian health authorities reported **1 new confirmed case of avian influenza A(H5N1)**:
- A 21 years-old male from Alexandria Governorate (map 1.):
 - ✓ presented symptoms on 11 November,
 - ✓ was hospitalised on 15 November and received oseltamivir,
 - ✓ is in a stable condition.
- The patient reported having slaughtered sick poultry (and other close contact with poultry).
- Since April 2006, Egypt has reported 88 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, Egyptian health authorities have reported 37 cases. 30 of 37 cases occurred during the first half of the year. 8 cases had been reported for in 2008, 25 in 2007 and 18 in 2006 (cf [A\(H5N1\) avian influenza situation in Egypt, 28 May 2009](#), (in French).
- To date, the available information does not indicate a change in the epidemiology of the virus.

Location: World

Event: A(H5N1) – Epizootic

Comments

No avian influenza outbreaks reported this week

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

Location: Côte d'Ivoire
(Ivory Coast)

Event: Yellow fever

Comments

- On 16 November 2009, health authorities of Côte d'Ivoire reported cases of yellow fever in the surroundings of Odienné city, in the region of Denguélé (cf. map 2).
 - ✓ 10 cases were confirmed, including 6 deaths,
 - ✓ Investigations are ongoing.
- According to health authorities, an immunisation campaign has started in the affected areas.
- Since the beginning of 2009, the Ministry of Health of Côte d'Ivoire has reported 332 suspect cases of yellow fever, including 11 fatalities. Those cases were detected through the existing syndromic surveillance system and therefore are not necessarily laboratory confirmed.

Map 2. Odienné, Denguélé region, Côte d'Ivoire.



- Yellow fever virus is endemic in West Africa. Sporadic cases are regularly reported across Côte d'Ivoire.
- Previous outbreaks were reported:
 - ✓ in 2001 (most recent large outbreak of yellow fever in Côte d'Ivoire): 280 cases, including 22 deaths (in Abidjan: 55 cases and 7 deaths).
 - ✓ in 2005: 3 cases, including 1 death.
 - ✓ in 2006: 2 cases (cf. [BHI n° 57](#)).
 - ✓ in 2008: 5 cases (Cf. e-WEB n°9).
- According to WHO, around 200 000 cases of yellow fever (30 000 deaths) are reported every year globally. 80% are reported in Sub-Saharan Africa.
- Yellow fever virus is spread by different cycles of infection: urban, sylvatic and intermediate cycles. The establishment of urban transmission (vector *Aedes aegypti*) can lead to the occurrence of major epidemics (cf. [Yellow fever thematic note](#)).
- Yellow fever vaccine is mandatory for travellers to Côte d'Ivoire.

- Since the beginning of October 2009, health authorities of Senegal, have reported 60 cases of dengue fever:
 - ✓ Most affected areas were Dakar (the capital), M'Bour (South of Dakar) and Louga (North-East of Dakar) (cf. map 3.),
 - ✓ dengue DEN-3 was identified,
 - ✓ further investigations are ongoing.
- In October 2009, 3 cases of dengue, imported from Senegal were reported by the laboratory surveillance system in Paris (Region).
- Since September 2009, 2 cases of DEN-3 imported from Senegal were diagnosed in France and Italy.
- To date, no fatalities or severe forms following dengue infection have been reported.
- Authorities have launched an awareness campaign and vector control measures in the area of Dakar to prevent the establishment of an urban cycle.

Map 3. Dakar, Louga and M'Bour city (region of Thiès), Senegal.



- Circulation of dengue virus has been described previously in Senegal. Its transmission is mainly sylvatic and epizootic. Human cases are sporadic.
- No large outbreak has been described to date in Senegal.
- This is the first report of DEN-3 virus circulation in Senegal. Other serotypes had been described: DEN-2, DEN-4.
- DEN-3 virus circulation has previously been documented in other African countries. An epidemic of DEN-3 dengue currently affects Cape Verde (cf [BHI n°216](#)).
- Although at this stage an underestimation of the number of dengue cases is possible, the situation in Senegal is not worrisome.

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

Area: World

Event: Pandemic A/H1N1/2009

EpiSouth region

- **As of 17 November 2009**, a total of **382 deaths** among biologically confirmed A/H1N1/2009 cases have been reported in the **EpiSouth region**.
 - **138 new deaths** were reported since 10 November 2009: 1 in **Bosnia and Herzegovina (1st)**, 4 in **Croatia**, 3 in **Egypt**, 9 in **Israel**, 15 in **France**, 25 in **Italy**, 4 in **Jordan**, 1 in **Kosovo (1st)**, 1 in **Morocco (1st)**, 4 in **Palestine**, 4 in **Serbia**, 15 in **Syria** 2, in **Tunisia (1st)** and 50 in **Turkey**.
- Influenza activity is globally on the rise across **Southern Europe** and the **Balkans**.
 - For week 45, influenza activity was very high in **Bulgaria**, high in **Croatia, Serbia** and **Turkey**. It was medium in **Greece, Romania, Slovenia** and **Spain**.
 - In Mainland **France**, and for week 46, consultation rates for influenza-like illness continued to increase with 351 cases/100 000 inhabitants. This rate has been above the epidemic threshold (145 000/100 000 inh.) for 10 consecutive weeks. The number of consultations for acute respiratory infections related to A/H1N1/2009 has been increasing for 6 weeks. A/H1N1/2009 influenza virus is the main influenza virus circulating.
 - The number of cases of A/H1N1/2009 (clinical case definition) continues to increase in **Italy**. The estimate for week 45 was 736 000 cases versus 540 000 for week 44 and 250 000 for week 43. A/H1N1/2009 remains the predominant circulating influenza strain.
 - **Bosnia and Herzegovina** reported its first death from influenza A/H1N1/2009. The victim was a 40-year old male from the city of Mostar (in the south). He died at the hospital following A/H1N1/2009 related complications.
 - **Kosovo** reported its first A/H1N1/2009 confirmed death. The victim was a 31-year-old male admitted to a hospital in Pristina with acute fever.
- As of 17 November 2009, **Palestine** had confirmed a total of 1028 cases of A/H1N1/2009 (128 new confirmed cases since 10 November), including 7 fatalities. **Israel** reported widespread, medium influenza activity for week 45.
- **Morocco** reported its first death on 13 November 2009 from influenza A/H1N1 in Oujda (North-east). The victim was 23 years old, admitted to the hospital with pneumonic disease. Community transmission of A/H1N1/2009 influenza virus has been established in **Tunisia**. The country experiences an increasing epidemic trend since the beginning of November.
 - During the first week of November, **Tunisia** recorded the highest number of confirmed A/H1N1/2009 cases since the beginning of the pandemic (44; 24% of the total).
 - **Tunisia** reported its first 2 deaths from influenza A/H1N1/2009 during week 46, aged 37 and 40 yrs. Both had serious underlying conditions.

Global trends (outside the EpiSouth region)

- As of 17 November 2009, **7 092 deaths** related to A/H1N1/2009 have been reported worldwide (including EpiSouth countries).

The analysis of the various epidemiological and laboratory indicators since 10 November 2009 reflects the following trends:

- Influenza activity remains high and significantly above seasonal epidemic thresholds in **Northern Europe (Iceland, Ireland, Norway and Sweden)** and **Eastern Europe (Poland)**. It is increasing in the remaining **non-EpiSouth European countries** except for countries affected early by the epidemic (**Iceland, the UK, and Ireland**). The latter countries experience a decrease in influenza activity but still remain above seasonal thresholds.
- In **Belarus** and **Russia**, influenza activity ranges from high to very high depending on the region.

WHO reports that the epidemiological situation recently observed in **Ukraine**, does not differ much from that observed in other countries, more specifically in terms of severity. Moreover, it does not reflect changes in virus transmission and virulence. High influenza activity continues in the country, above the epidemic threshold for most regions except in the southern and western parts of the country.

- **Non-EpiSouth countries** of the **Middle-East** notified **34 new deaths** during week 46: 1 in **Bahrain**, 25 in **Iran**, 2 in **Iraq**, 4 in **Kuwait** and 2 in **Oman**. To date, **222** A/H1N1/2009 related deaths have been reported among non-EpiSouth countries of the region. **Saudi Arabia** records a significant increase in the number of A/H1N1/2009 cases. In **Iran**, 100 schools were shut down in one province (Zanjan) to stop the spread of the A/H1N1/2009 virus.
- In the **US**, the proportion of consultations for influenza-like illness decreased in 9 of 10 regions but remains above seasonal epidemic thresholds. Hospitalisation rates continue to increase especially among the 0-4 years old. In the past week, excess paediatric deaths attributable to influenza reached 35. 26 were associated with the A/H1N1/2009 virus.
Canada continues to report an increase in influenza activity for the 5th consecutive week across all regions and territories, especially in schools. Consultations rates for influenza have exceeded those observed in the peak period of the first wave.

In **Central America**, influenza activity continues to decrease. Influenza transmission varies among **Caribbean** countries. It increases in **Dominican Republic**.

- In **Asia**, the situation is heterogeneous. Countries for which the winter season has begun and where A/H1N1/2009 influenza virus has been established (**Japan, Mainland China**) currently experience an intense circulation of the virus. The situation is stable in countries or areas of the Southern part of Asia. Nevertheless, the latter countries are preparing for a second wave (**Thailand, Malaysia, Singapore, and Hong-Kong**). Other countries, such as **India** and **Sri Lanka** experience sustained community transmission.
- To date, in **Sub-Saharan Africa**, 23 countries have reported cases and 4 reported A/H1N1/2009 fatalities. A/H1N1/2009 cases and deaths *reporting* remain low in the region except for **South Africa**.
- In the **Pacific**, influenza activity continues to decrease in most islands including in Australia and New-Zealand.