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EpiSouth
Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

InVS Institut de Veille Sanitaire – Département International & Tropical
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Location: World	**Event: A(H5N1) – Human**	**Comments**
No human cases reported this week		

Location: World	**Event: A(H5N1) – Epizootic**	**Comments**
No avian influenza outbreaks reported this week		

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

Location: Israel **Event: Mumps** **Comments**

- Since September 2009, around 150 cases of mumps have been reported to the Israeli ministry of health (index case imported from the US).
- This number represents about 20 times the usual reported incidence for this 3-month period.
- Although most of the reported cases have been in Jerusalem District yeshivot (religious academies) -- teenage and young adult males, cases were also reported in other areas.
- Many patients reported being immunized in the past, but only about 30% of them could present vaccination documentation.
- All children born in Israel since 1987 should have received 2 doses of measles-mumps-rubella vaccine, and the Ministry of Health policy is offering catch-up doses to susceptible contacts.

- Mumps contracted in adult life is more dangerous due to possible complications (meningitis, epididymitis,..).
- The outbreak in Israel is similar to an outbreak ongoing in the US, in which many of the patients claim they received mumps vaccine doses appropriate for their age.

Location: Italy **Event: Rabies**

- On 17 November 2009, rabies was confirmed in a dog in the municipality of Lozzo di Cadore (Veneto).
  - ✓ To date 6 cases of rabies have been confirmed in the Veneto region distributed as follows:
    - Lozzo di Cadore (1 dog), Longarone (1 fox), Forno di Zoldo (1 fox), Domegge di Cadore (1 badger), Pieve di Cadore (1 fox), Valle di Cadore (1 fox).
- Public health measures undertaken at this stage include:
  - ✓ immunization against rabies for dogs and pets that need to be moved (e.g. for expositions),
  - ✓ oral immunization of foxes,
  - ✓ increased collection and disposal of dead animals, in particular those found in forest areas,
  - ✓ training of people at risk of exposure to the disease due to their profession,
  - ✓ dissemination of information to the general public,
  - ✓ encourage alerting veterinary services if unusual behaviour in animals is observed.
- Health authorities communicated that doctors should report to local health unit all patients seen bitten by animals to activate in case of need of rabies prophylaxis and isolate the biting animal for observation.

Comments

- After 25 years with no reporting of rabies in the region, Veneto reports confirmed animal cases (in dogs and wild animals).
- An outbreak of animal rabies was reported in the Friuli Venezia Giulia region (North East Italy) in October 2008. The last case of animal rabies (a fox) prior to this outbreak was recorded in 1995 also in the Friuli Venezia region.

Map 1. Veneto and Fruli Venezia Giulia, Italy.

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

Location: World **Event: Pandemic A/H1N1/2009**

EpiSouth region

As of 23 November 2009, a total of **498 deaths** among biologically confirmed A/H1N1/2009 cases have been reported in the **EpiSouth region** (Mediterranean and the Balkans). **116 new deaths** were reported since 17 November 2009:

- A 1st death in **FYRO Macedonia**, another 1st death in **Romania** ,1 new death in **Egypt,** 22 in **France**, 3 in **Greece,** 16 in **Italy**, 1 in **Kosovo,** 2 in **Palestine,** 7 in **Serbia**, 42 in **Spain** and 20 in **Turkey.**

For week 46, **influenza activity** was

- very high in **Italy**
- High in **Bulgaria**, **Serbia**, and **Turkey**.
- Medium in: **Albania, Croatia, France, Greece, Israel, Malta, Romania, Slovenia** and **Spain.**
- Increasing in **Tunisia**.

- For week 47 (16 to 22 November 2009), A(H1N1)2009 influenza virus circulation intensifies in **Mainland France**. Consultations for influenza-like illness have significantly increased across all regions except Paris and its suburbs. French sentinel surveillance recorded a 72% increase in the estimate for consultations for acute respiratory infections related to A/H1N1/2009 (730 000 consultations in week 47 versus 409 000 in week 46). Visits to emergency rooms have also increased in week 47. 22 new deaths were reported in **Mainland France** since 17 November 2009. 6 of 68 A/H1N1/2009 deaths that occurred since the beginning of the pandemic did not present underlying conditions. The great majority of all influenza viruses isolated in recent weeks have been A/H1N1/2009. A 1st case of resistance to oseltamivir treatment was detected in **Mainland France**. Considering the increase in virus circulation and the review of international data available, this case of resistance is not unexpected.
- In **Italy** for week 46, the sentinel surveillance system of community health physicians (Influnet) reported an incidence rate for influenza-like illness of 12.53/ 1 000 inh. The 5-14 yrs old age group was the most affected, with an incidence of 40.78/ 1 000. The total estimated number of cases for week 46 was 752 000. As of 18 November, 62 A/H1N1/2009 related deaths had been recorded. 1,955 of 2,550 (77%) samples collected during week 45 were positive for influenza viruses. Of those, 1,933 (98.9%) were positive for pandemic Influenza A/H1N1/2009.
- Health services are strained in **Albania** due to pandemic A/H1N1/2009.
- The impact on health infrastructure is decreasing in **Serbia.**
- As of 21 November 2009, **Tunisia** reported 471 confirmed cases. Tunisia has changed the case definition for A(H1N1)2009 and stopped systematic biological confirmation. Only severe hospitalised cases will be subject to laboratory confirmation from now on. The country that had been little affected so far by the A(H1N1)2009 pandemic has entered the epidemic phase. An increase in influenza clusters especially in schools is observed. The number of new confirmed cases for week 46 has reached its maximum since the beginning of the pandemic. The epidemic experiences a sharp increase from week 44 (with 35 new confirmed cases) to week 47 (with over 100 cases).
- In **Israel**, the countrywide increase in influenza-like illness in the community continued during week 45. It concerned mainly the 2-18 years old (note that in this age group rates were similar to those usually observed in mid-winter). A slight increase was observed in rates of pneumonia in the community among 2-18 years old only. In parallel, an increase was observed in the number of visits to paediatric and adult visits to emergency rooms. Bed occupancy in paediatric and internal medicine departments, rates of artificial ventilation and hospital mortality from all causes are in accordance with expected rates for the season. The increase in the percentage of positive specimens for A/H1N1/2009 continued (approximately 70%).

A(H1N1)2009 epidemiological situation at Hajj, Saudi Arabia:

Saudi health authorities reported on 21st November, the 1st A(H1N1)2009 confirmed deaths among hajj pilgrims (pilgrimage started on 24 November 2009).

- The victims were from **India, Morocco, Nigeria** and **Sudan**.
- 2 were males, 2 females. 3 were aged over 70 yrs old and 1 was 17 yrs old. All had underlying conditions (cancer, respiratory illness). 3 died in **Medina** and 1 in **Mecca**.
- None of the fatalities had received vaccination against A(H1N1)2009.
- 70 other pilgrims had been diagnosed with A(H1N1) influenza and all recovered upon treatment.

cf ***thematic note on: "Hajj 2009: a mass gathering in the context of pandemic A(H1N1)2009 influenza"***

Global trends (outside the EpiSouth region)

- As of 23 November 2009, **7 860 deaths** related to A/H1N1/2009 have been reported worldwide (including EpiSouth countries).

The analysis of the various epidemiological and laboratory indicators since 17 November 2009 reflects the following trends:

- **Europe (non-EpiSouth countries)**: Influenza activity remains high and above seasonal epidemic thresholds in **Northern** and **Eastern Europe.** The epidemic in **Belgium, Ireland, Iceland, and the UK** seem to have passed its peak period. Hospitalisations including admissions to intensive care units increased in **Ireland**, **Norway**, **the Netherlands, Portugal** and **the UK**.

Euroflu (the European influenza network) reports an overall positivity rate of 45 % for influenza viruses for week 46 versus 43 % in week 45 (EpiSouth and non-EpiSouth Europe). A/H1N1/ 2009 represents 96% of samples positive for influenza viruses. In Norway, viral mutations were detected in 2 deceased patients and 1 hospitalised patient. A study including 70 patients does not support the hypothesis of further circulation of this strain in the population. At this stage, this mutation does not seem to result in resistance to antiviral treatments nor in loss of vaccine effectiveness. In week 47, 31 new deaths were recorded among non-EpiSouth European countries (specifically in the UK).

- In **Ukraine**, preliminary laboratory results for 34 samples tested at WHO reference laboratories, showed the absence of significant mutations of the A/H1N1/2009 virus. Similarity to the strain used to develop the current vaccine has also been confirmed. Influenza activity in the country remains high. However, the incidence of acute respiratory infections is declining compared to the previous week. In **Moldavia** influenza activity is very high. Health infrastructure is strained due to the large numbers seeking medical care. In **Russia**, influenza activity is stable with intense, widespread circulation of A/H1N1/2009 influenza virus.

- In the **Middle-East** (excluding EpiSouth countries)
  - 65 new deaths were notified since 17 November: 42 deaths in **Iran**, 1 in **Iraq**, 2 in **Qatar**, 15 in **Saudi Arabia** and 5 in **Yemen**.
  - To date, 287 A/H1N1/2009 related deaths have been reported among **non-EpiSouth countries** of the region.
  - Note that **Yemen** was the first country in the Eastern Mediterranean Region to report **oseltamivir-resistant pandemic (H1N1) 2009 virus** (in October 2009). The pattern of resistance found in the oseltamivir resistant isolate collected in Yemen was the same reported in other WHO regions. The case was sporadic and not epidemiologically linked to other cases (cf description of 1st oseltamivir resistance in WHO-EMRO region.).

- For week 47, consultations for influenza-like illness in the **US** decreased in all states except New York and Nebraska. Despite the decrease, they remain above seasonal epidemic thresholds. Health authorities reported 4 cases of **resistance to oseltamivir** in patients hospitalised in haematology unit in North Carolina (October-November 2009).
  In **Canada**, influenza activity continues to increase sharply. Rates of consultations for influenza have exceeded those observed during the peak of the 1st wave and previous influenza seasons. They are particularly high among 5-19 yrs old. Hospitalisations and deaths have increased significantly (89 new deaths in week 47).
  In **Mexico**, numbers of cases and A/H1N1/2009 deaths increased (91 new deaths in week 47). The largest increases were observed in Mexico DF and San Luis Potosi.

- In the **Caribbean,** influenza activity is high in many countries but has been declining overall in recent weeks. **Central American** countries report decreasing influenza activity.
  Most **South American** countries noted stable or diminishing influenza activity except **Colombia**, and **Peru** that both reported increases.

- In **Asia**, the epidemic progresses in **Mainland China**, especially in regions entering the winter season.
  Viral circulation starts to decrease in **Japan** for the 1st time since April 2009. More southern countries show a stable situation (**Thailand, Malaysia,** and **Singapore**). Other countries report limited and low virus circulation of A/H1N1/2009 (**India, Sri Lanka**).

- In **Sub-Saharan Africa**, according to data available the situation is stable, with evidence of influenza activity in **West Africa** and **Madagascar**.

- In the **Pacific region**, influenza activity remains low in most countries including **Australia** and **New-Zealand**.