

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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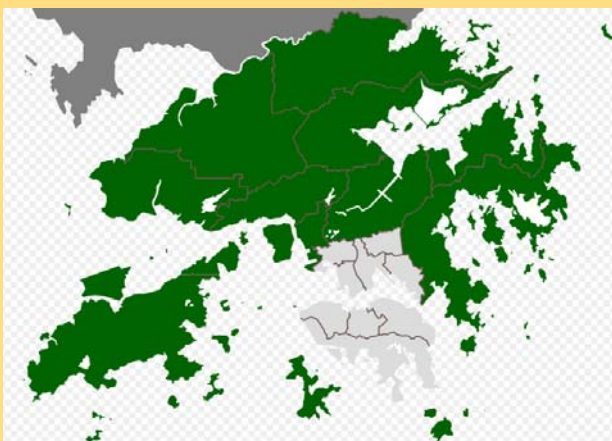
Location: World	Event: A(H5N1) – Human	<u>Comments</u>
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No influenza A(H5N1) human case reported this week.

Location: Hong-Kong	Event: A(H5N1) – Epizootic	<u>Comments</u>
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- On 4 January 2010, Hong Kong health authorities reported an A(H5N1) infection in a dead wild bird on 29 December 2009 in the natural reserve of Pat Sin Leng, in the North Eastern New Territories of Hong-Kong.

Map 1. Hong-Kong new territories.



- A(H5N1) has repeatedly been identified in bird species in Hong Kong, relying on a high quality surveillance system.
- The last poultry outbreak in Hong Kong occurred in December 2008, but wild birds were found dead in 2009.
- Since 1997, no human cases have been reported.

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

Area: WORLD	Event: A(H5N1) – Epizootic	<u>Comments</u>
<p>Avian Influenza A(H5N1) (cf. map 2)</p> <ul style="list-style-type: none"> • Circulation of Avian Influenza virus A(H5N1) is on going on the three continents affected since the epidemic starts in 2003: Asia , Europe and Africa. • However, in 2009 only 10 countries notified avian influenza A(H5N1) outbreaks versus 21 countries in 2008. Nepal is the only country who notified avian influenza A(H5N1) outbreaks for the first time in 2009 (cf. eWEB n°42). ✓ In Asia : Bangladesh, China, Cambodia, India, Indonesia, Laos, Mongolia, Nepal and Vietnam. ✓ In Europe avian influenza A(H5N1) outbreaks were described in Germany and Russia. In Russia the virus was found in wild birds around Moscow city. ✓ In Africa, Egypt was the only country to report avian influenza A(H5N1) outbreaks. 		<ul style="list-style-type: none"> • Since 2008, Indonesia and Egypt are considered as enzootic without any obligation to report new avian flu outbreaks to OIE. • In the majority of countries affected, avian flu outbreaks occurred in livestock in the absence of adequate surveillance of wild birds (cf. map 2). • Persistence of avian influenza A(H5N1) among wild birds cannot be excluded and could lead to possible reintroduction of virus.

Area: WORLD	Event:	<u>Comments</u>
<p>Human A(H5N1) avian influenza (cf. map 2 and 3)</p> <ul style="list-style-type: none"> • Since the beginning of the outbreak in November 2003, 467 confirmed A(H5N1) human cases have been reported to WHO in 15 countries, of which 282 have been fatal (case fatality rate (CFR) 60%). • From 1st January to 31st December 2009, 72 A(H5N1) avian influenza cases including 32 deaths (CFR 44 %) were reported by 5 countries (Cambodia, China, Egypt, Indonesia and Vietnam . • For the same period in 2008, 6 countries reported cases. (cf. eWEB n°42). • Since 2008, the annual number of reported cases increased (cf. figure 1). • In 2009 the CFR seems to be lower than in 2008. However, CFR largely varies according to countries. Some countries reported more cases than deaths, this could be linked to a better surveillance system and/or a improved cases management. 		<ul style="list-style-type: none"> • In inter-tropical areas A(H5N1)transmission occur year long. • The seasonality is more important in the Northern hemisphere, the transmission is more intense during the cold season (cf figure 1. • The increase in reported human cases during this period has to be put in regards to the increase of animal outbreaks (conditions more favourable to virus survival)

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

Area: Guinea

Event: Yellow fever

Comments

- On 5th January 2010, the MoH of Guinea reported 1 a human case of Yellow fever in the district of Maninka (prefecture of Mandiana, East of Guinea bordering Côte d'Ivoire, cf map2). The case was confirmed by the Dakar Pasteur Institute.
- 6 additional suspect cases have also been reported in another district from the same prefecture.
- A mass immunization campaign has started in surrounding affected areas.
- Mid November 2009, Cote d'Ivoire health authorities have also declared a Yellow fever outbreak with 37 suspect cases and 21 deaths near Odienné, in the Denguélé region.

Map 4: Guinea



- The Yellow Fever is endemic in West Africa and sporadic cases are regularly reported.
- According to WHO, around 200 000 yellow fever cases (30 000 deaths) are reported each year worldwide, of which about 80% in sub-Saharan Africa.
- Thus, in Africa, the occurrence of cases in rural areas is not unexpected.
- There are three types of transmission: sylvatic, intermediate and urban. The major risk posed by Yellow Fever epidemics lays with the establishment of an urban cycle of transmission (see [thematic note on Yellow Fever](#)).
- Yellow fever vaccination is mandatory prior to travel to Guinea.

Area: China

Event: Melamine-contaminated milk

Comments

- On 1st January 2010, a dairy factory was closed in Shanghai by local food safety authorities following routine quality control inspections.
- Results showed the presence of melamine, in powder milk for adults. 8 contaminated batches were found (4 of powder milk and 4 of condensed milk).
- No information is available regarding neither the size of the batches nor the levels of melamine. Local sources report that products were recalled
- Melamine is a toxic industrial chemical used to simulate higher protein content.
- Since the 2008 melamine contaminated milk related outbreak (that resulted in over 300 000 lithiasis cases among children), no cases of urinary lithiasis linked to milk consumption have been reported in China (cf [thematic note on melamine contaminated milk in China](#)).

- This factory (Shanghai Panda Dairy Co.) belongs to a group of 22 companies previously involved in the 2008 outbreak. It was temporarily closed until food safety and hygiene standards were met.
- According to Chinese health authorities, the current contaminated batches belong to batches that were illegally spared since 2008 and thus do not constitute a new fraudulent event.
- This incident comes after another recent identification of contaminated milk in the province of Shanxi, last month (cf [e-WEB n°91](#)).
- As pointed out at this occasion, the discovery of batches traced back to 2008, suggests that not all contaminated stocks were destroyed.

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

Area: World

Event: Pandemic A/H1N1/2009

EpiSouth region

As of 04 January 2010, a total of 1 948 deaths among biologically confirmed A/H1N1/2009 cases have been reported in the EpiSouth region.

A total of 173 new A(H1N1)2009 related deaths were reported since 28 December 2009:

5 in Algeria, 3 in Bosnia and Herzegovina, 1 in Croatia,, 40 in Egypt, 26 in Mainland France, 11 in Greece, 10 in Israel, 5 in Italy, 4 in Kosovo, 8 in Morocco, 6 in Palestine, 14 in Romania, 8 in Serbia, 17 in Syria, 15 in Spain.

In week 52, influenza activity was:

- high and decreasing in **Serbia**,
 - high in **Algeria, Tunisia** and **Egypt**,
 - medium and decreasing in **Croatia, France, Israel** and **Romania**,
 - low and decreasing in **Bulgaria**,
 - medium and stable in **Turkey**,
 - low and stable in **Cyprus**.
- In **Algeria**, for the month of November 2009, the cumulative number of A(H1N1)2009 cases estimated was 70.000 cases. Analyses for the month of December are ongoing but health authorities report it is likely to exceed 100 000 cases.
- In **Tunisia**, sentinel surveillance for influenza-like illness and laboratory surveillance provided an estimate of 35 497 cases of A(H1N1)2009 for week 52, versus 36 692 in week 51. After 6-weeks of increase, the epidemic started to decline in week 51. The cumulative number of A(H1N1)2009 cases from 2 November to 20 December 2009 is estimated to 143 281, representing 1.4% of the population.
- In **Israel**, morbidity in the community due to influenza-like illness continued to decline in week 52. An increase was observed in morbidity due to acute upper respiratory infections, in all age groups. Visits to adult emergency rooms for pneumonia and acute upper respiratory infection increased, while visits to paediatric emergency rooms decreased. Hospital mortality rates (all causes) are within the range of seasonal values. A(H1N1)2009 is still the predominant strain among influenza viruses identified.
- In **Montenegro**, after a sustained increase in recent weeks, in week 52, the number of influenza-like illness is declining (1 759 cases versus 2 729 cases the previous week). The decrease was also observed for acute respiratory infections (3 928 cases in week 52 versus 4 462 in week 51).
- In **Italy**, in week 52, the sentinel surveillance system of community health physicians (Influnet) reported that the decrease in the incidence of influenza-like illness continued for the 5th consecutive week: 122/100 000 in week 52 compared with 179/100 000 inh. in week 51. The estimated number of cases in the Italian population in week 52 was 73 000 corresponding to the estimation recorded at the beginning of surveillance
- In **Spain**, the decrease observed in recent weeks continues, with a consultation rate of 41/100 000 inh. in week 50. A(H1N1)2009 is still the predominant influenza strain among isolates. Spanish health authorities will cease regular weekly updates as a continuous and marked decrease in the epidemic has been observed for several weeks.
- In **Mainland France**, the decreasing trend observed since week 48 continues and the influenza-like consultations rate is getting close to the epidemiological threshold.
- In **week 53** (28 Dec -02 January), the sentinel surveillance systems reported 307 000 consultations for acute respiratory infections related to A(H1N1) influenza, compared to 406 000 in week 52.
 - The decrease previously reported in visits to emergency departments, in severe cases and deaths continues.
 - As of 5 January, a total of **224 deaths** occurred in **France** including 35 among patients without known risk factor.
 - In week 52, the A(H1N1)2009 virus accounted for the great majority of influenza viruses isolated. One new case of resistance to oseltamivir was reported since the last update.

Global trends (outside the EpiSouth region)

- As of 04 January 2010, **13 277 A/H1N1/2009 deaths** have been reported worldwide (including EpiSouth countries).
- Since 28 December 2009, the following trends have been observed:
- **Europe (non-EpiSouth countries):**
Central and Eastern Europe are currently the most active areas of A(H1N1)2009 influenza transmission. A high intensity of respiratory diseases activity with concurrent circulation of A(H1N1)2009 was recorded in Poland, Ukraine, and the Urals Region of the Russian Federation. In Western Europe, influenza transmission persists and widespread, but overall the outbreak seems to have peaked.
- In the **Middle-East** (excluding EpiSouth countries)
 - Since 28 December **37 new deaths** were reported: 1 in **Iraq**, 27 in **Saudi Arabia**, 4 in **Sudan** and 3 in **Yemen**.
 - To date, **425 A/H1N1/2009 related deaths** have been reported among **non-EpiSouth countries** of the region.
 - In **Iran, Iraq, Oman, and Afghanistan** peak seems to have been reached in December. However, active transmission continues and levels of respiratory disease activity have not yet returned to baseline levels.
- In **North America**, influenza transmission remains widespread but has declined substantially in all countries.
- In **Central Asia**, limited data suggest that influenza circulation remains active, but transmission may have recently peaked in some places. In **East Asia**, influenza transmission remains active but appears to be declining overall.
- In the tropical regions of **Central and South America** and the **Caribbean**, influenza transmission remains geographically widespread but is globally declining or remains unchanged.
- In the temperate regions of the **Southern Hemisphere**, sporadic cases continued to be reported without evidence of sustained community transmission.
- In **Sub-Saharan Africa** and in **Madagascar**, limited available information does not indicate high influenza activity.

Summary of A(H1N1) related deaths reported in 2009: from week 27 (April 2009) to week 53 (December 2009), per week, in the EpiSouth region.

- In the **EpiSouth region**, as of the 28 December 2009, a total of **1 775 A(H1N1)** related deaths for was reported (cf. figure 2)
- The 1st A(H1N1)2009 related death in the EpiSouth region was reported in Spain (on 29 June 2009);
- In the **Middle-East** Egypt was the first country to report death on 19th July 2009 (also the first fatality of the African continent): This death occurred among a pilgrim returning from the Umra pilgrimage (Mecca).
- Until the week 44, most cases and deaths were reported in EpiSouth EU countries During the 1st wave, the region which reported the highest number of death was Europe: data illustrated).
- From the week 45, the pandemic had spread to all 4 EpiSouth regions, hence resulting in a sharp increase of both cases and deaths (see figure 2)

Figure 2: Number of A(H1N1) related death, per week of reporting, in the 4 EpiSouth regions, from April to December 2009.

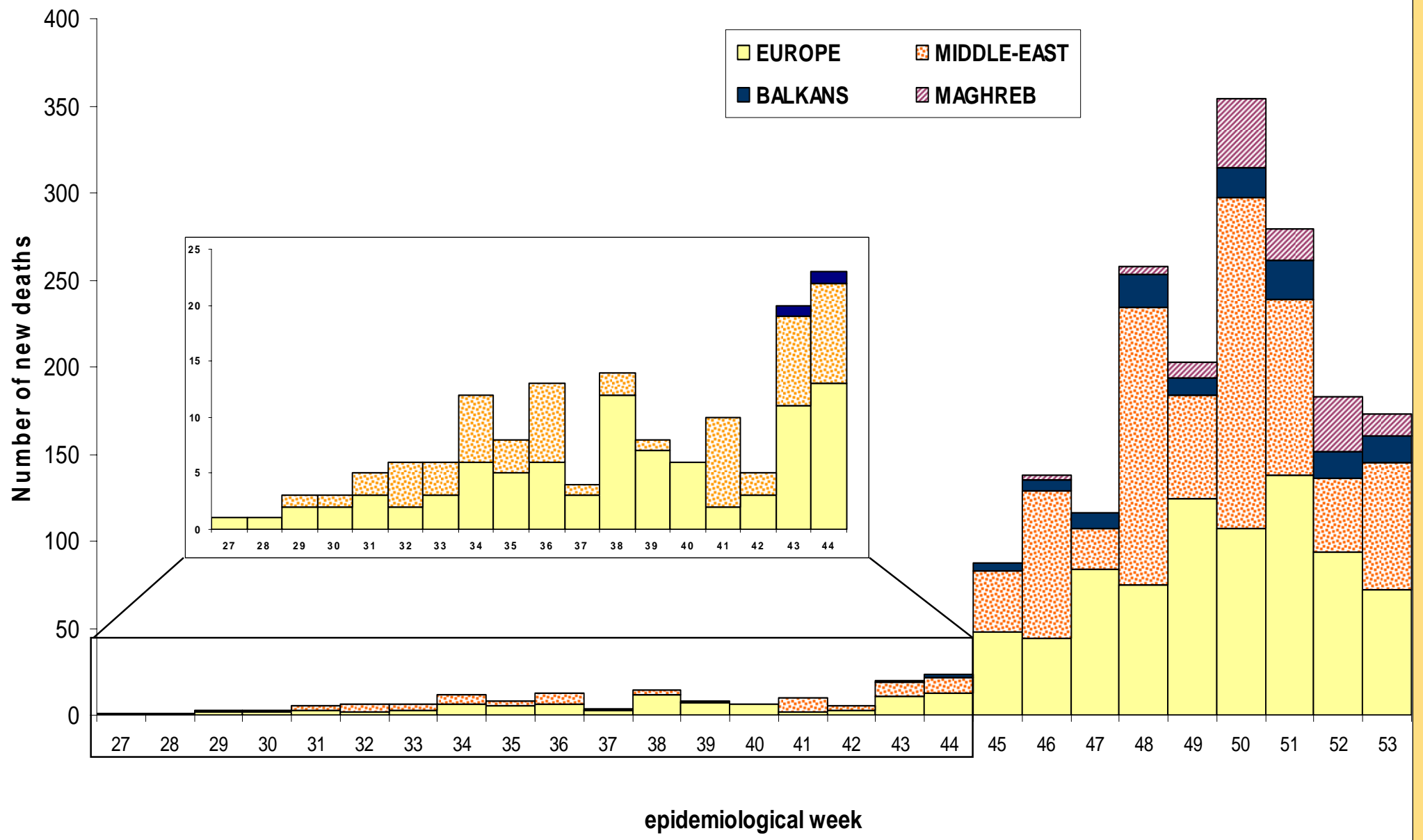
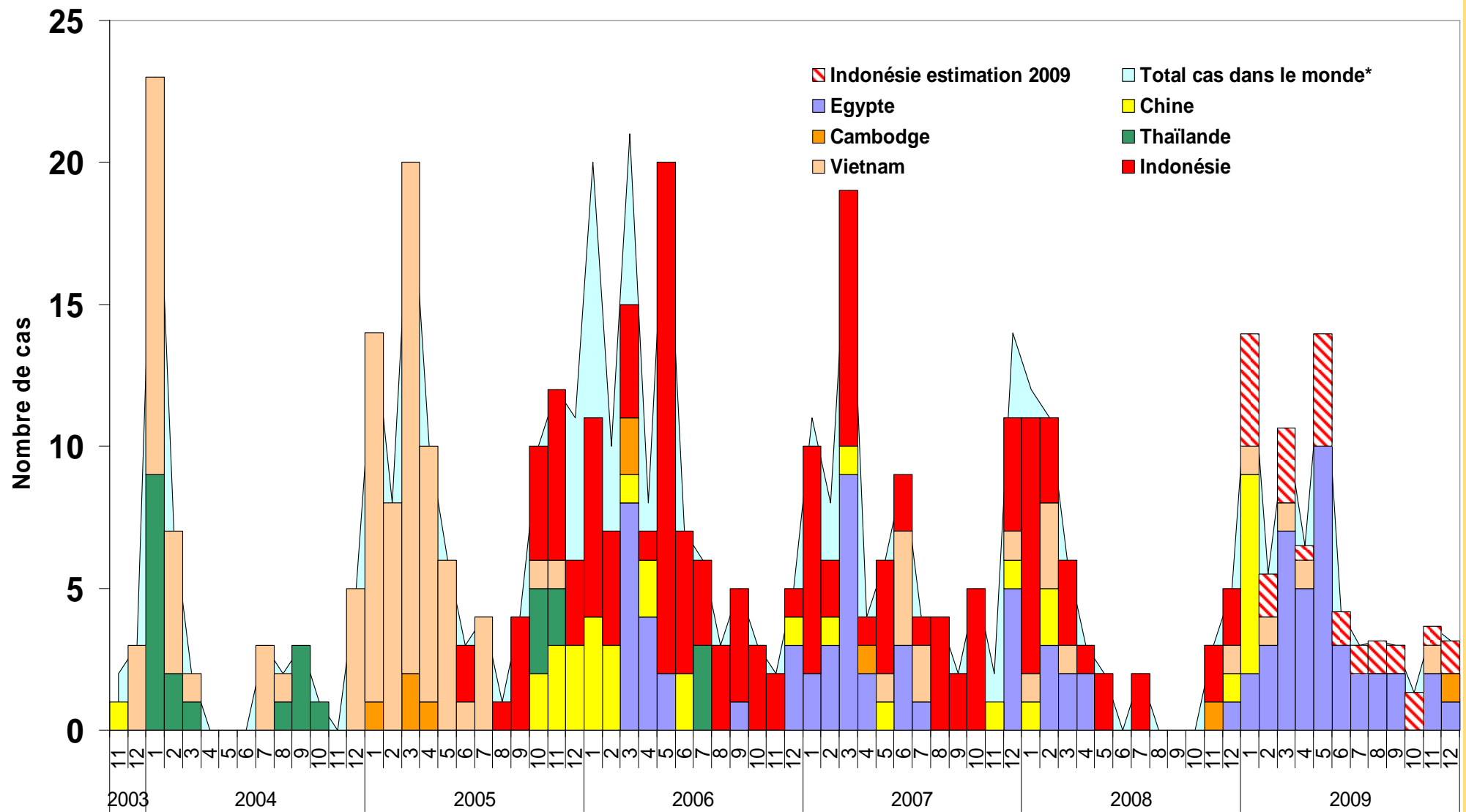
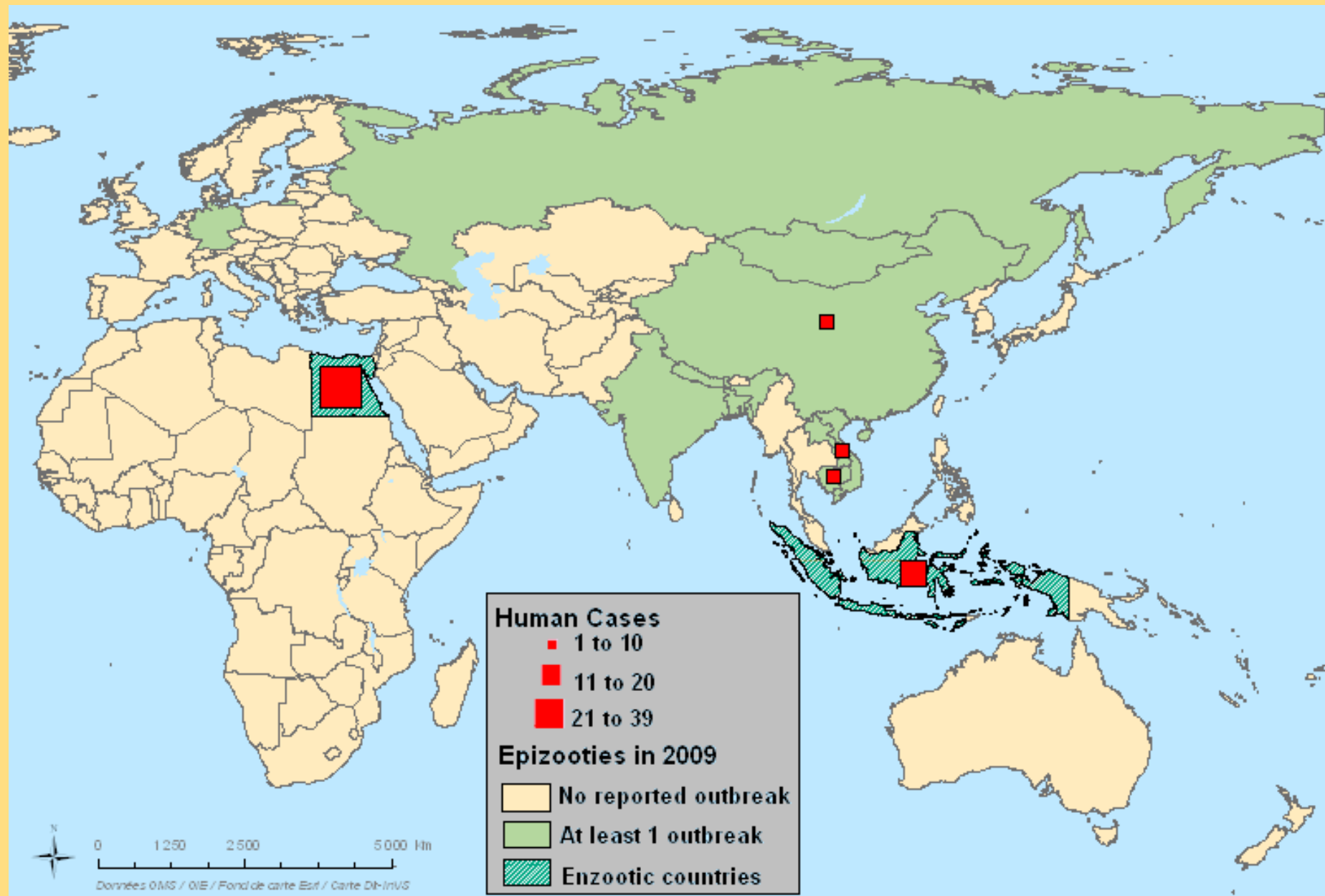


Figure 1: Number of human A(H5N1) avian influenza cases per country from November 2003 to December 2009.



- Indonesia all cases that occurred in 2009 (n=20) were reported to WHO as a batch. For the current figure, the 2009 monthly cases were estimated based on the monthly average observed for the period 2004 – 2008
- Countries that reported less than 5 cases are only included in the total cases.

Map 2: Human A(H5N1) cases notified to WHO, from November 2003 to December 31st 2009.



Map 3: Reported epizootic outbreaks and A(H5N1) human cases notified to WHO, from November 2003 to December 31st 2009.

