



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, Indonesia**
– Egypt overview from 2006 to 2011
- **A(H5N1) Avian influenza – no new events**
- **“INSIDE” and “OUTSIDE” events: none**

Indonesia , Location: Egypt	Event: A(H5N1) – Human	<u>Comments</u>
<p>INDONESIA</p> <ul style="list-style-type: none"> • On 1st April 2011, the Indonesian health authorities reported to WHO one new A(H5N1) human case, in Yogyakarta province, Java island (cf. map 1). • The case was: <ul style="list-style-type: none"> ○ A 28 years old woman ○ Onset of symptoms on 1st March 2011 ○ She was hospitalized on 6th March and died on 14th March 2011. ○ Close contacts with poultry were documented. • This case is the 176th case reported by the national health authorities to WHO, and the 5th case since the beginning of 2011. • The last case was reported on 25th March 2011 (cf. eWEB n° 158). 		<p>Map 1. Yogyakarta, Indonesia</p>  <ul style="list-style-type: none"> • A(H5N1) is enzootic in Indonesia. • In Indonesia, suspected A(H5N1) cases are regularly reported by various non official sources. In this respect, it is likely that the number of cases is under reported by national authorities.

EGYPT	Event: A(H5N1) – Epizootic	<u>Comments</u>
<ul style="list-style-type: none"> • On 31st March 2011, the Egyptian Ministry of Health reported 3 new cases of A(H5N1) human infections: <ul style="list-style-type: none"> ○ 1 in Menofia governorate, still hospitalised. ○ 1 in Beheira governorate, still hospitalised. ○ 1 in Fayoum governorate, (cf. map 2). • To date, no more information is available about these new cases. • In Egypt, the last human cases were reported on 25th March 2011 in Beheira, Alexandria and Kafr El Sheikh governorates (cf. eWEB n°158). • Since the 1st case of bird flu in Egypt which occurred in 2006, the case count is 140 cases including 45 deaths. 		<p>Map 2. Menofia, Beheira, Fayoum governorates, Egypt</p> 

Location: world	Event: A(H5N1) – Epizootic	<u>Comments</u>
<p>This week, no new affected area has been reported.</p>		

Geographical distribution:

- **In the world**, Egypt is the second country after Indonesia reporting the highest number of A(H5N1) human infections, with 140 of the overall 546 cases reported to date (26%).
- Egypt was considered as a new epicentre of the human A(H5N1) epidemic in 2009 and 2010.
- The case fatality rate (CFR) is lower (33%) than in other countries: e.g. Indonesia (82%), Thailand (68%) and Vietnam (50%).
- **In Egypt**, among the 29 governorates, 23 have reported cases (cf. map 3).
- According to the Egyptian MoH, half of the cases occurred in the Northern part of the country:
 - 14 cases in Menofia,
 - 13 in Kafr El Sheikh,
 - 12 in Dakhalia and 12 in Qaliobia,
 - 10 in Beheira and 10 in Gharbia.
- There were only 5 cases from Cairo; most of the deaths (48%) were reported in the capital city (cf. map 3), which is probably due to the concentration of most of the public health services including hospitals and laboratories.

Seasonality:

- From March 2006 to March 2011, the 1st quarter of the year (Jan-Mar) tends to concentrate most of the cases, except for 2009 for which it was the 2nd quarter (cf. figures 1 and 3).

Sex and age distribution:

- Of the 136 cases for which detailed information was available, **59% were female** (n=80) and 41% were male (n=56).
- This could be correlated with the social distribution of the domestic activities between male and female: women would be more frequently in contact with poultry.
- CFR among women was higher than among male: 45% versus 16% respectively.
- The majority of cases among female are aged between 0 and 34 years, with a **CFR higher than 60% for 15-34 years age group**, cf. figure 2.
- For male, 55% of the cases are **young boys under 4 years old**, cf. figure 2.

A(H5N1) viral surveillance

- Some experts ([Ghazi Kayali et al.](#)) studied changes in circulating viruses. They reported a new sublineage named “*Egypt-G*” that emerged in 2009 and was less severe in 2009, year during which mortality in poultry and humans was lower compared to 2006, 2007 and 2010.

Figure 1. Cumulative number of A(H5N1) cases from 2006 to 2011, per month, in Egypt.

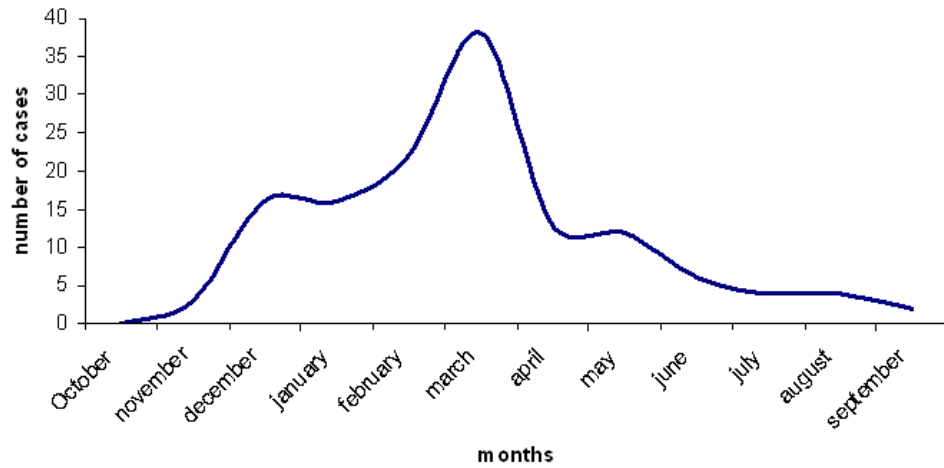


Figure 2. Cumulative A(H5N1) human cases and deaths, by sex and age group, in Egypt, from March 2006 to March 2011.

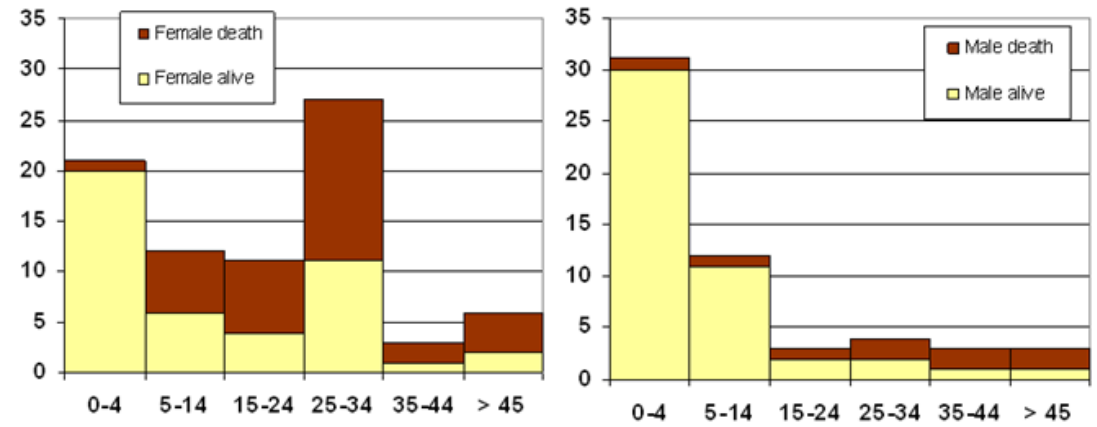
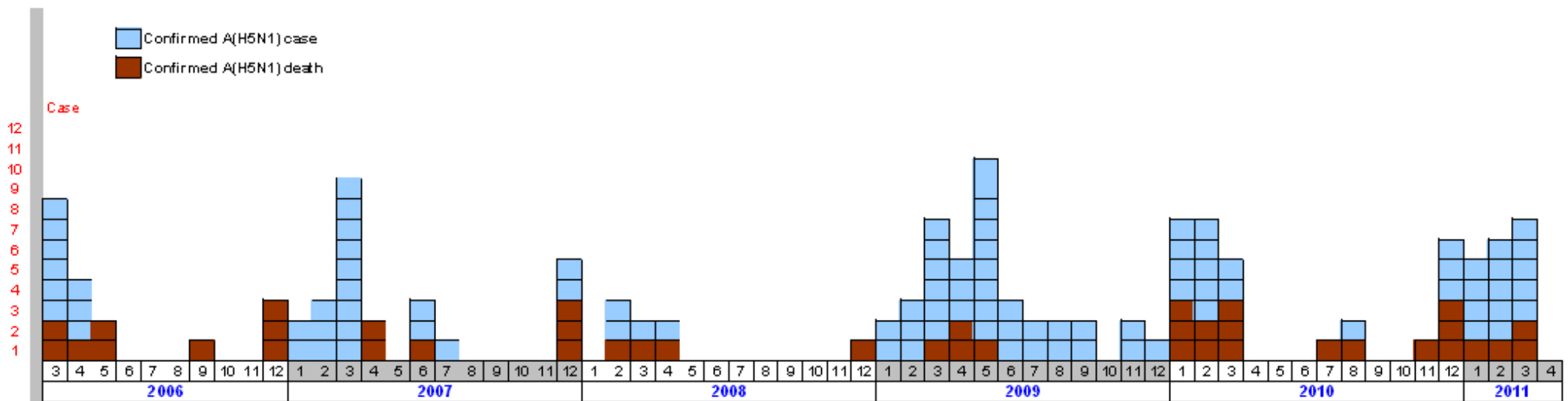


Figure 3. Epidemic curve: A(H5N1) human confirmed infections and deaths, by date of onset of symptom or hospitalisation*, from March 2006 to March 2011, Egypt.



* When the symptom onset date was not available, the date of hospitalisation has been considered.

Source: Egyptian MoH and EpiSouth data.

Map 3: Cumulative number of confirmed A(H5N1) human cases and deaths, per governorate in Egypt, from March 2006 to 31st March 2011.

