

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 – Cambodia, Indonesia
- A(H5N1) Avian influenza – None
- “INSIDE” events:
  - Tularaemia - France, Hungary
- “OUTSIDE” events: None

Location: Cambodia,  
Indonesia

Event: A(H5N1) – Human

Comments

### CAMBODIA

- On 21<sup>st</sup> April 2011, the Cambodian Ministry of Health reported 1 new case of A(H5N1) human infections in Prey Veng province (cf. map 1).
- The case is a 5 years old girl:
  - Onset of symptoms on 11<sup>th</sup> April 2011
  - She was hospitalised on 13<sup>th</sup> April and died on 16<sup>th</sup> April.
  - The presence of dead poultry in the village has been documented.
- In Cambodia, the last human cases were reported on 11<sup>th</sup> April 2011 in Kampong Cham province, Prey Veng's neighbouring province (cf. [eWEB n°160](#)).
- The case is the 15<sup>th</sup> case and 13<sup>th</sup> death reported by the national health authorities to WHO.

Map 1. Prey Veng, Cambodia



### INDONESIA

- On 22<sup>nd</sup> April 2011, the Indonesian health authorities reported 1 new case of A(H5N1) in Bekasi province, West Java (cf. map 2).
- The case was reported with the following information:
  - Onset of symptoms on 2<sup>nd</sup> March 2011
  - Hospitalised on 2<sup>nd</sup> March 2011, and recovered
  - Exposition to contaminated birds has not been documented
- In Indonesia, the last human case was reported on April 2011 to WHO, in Java Island ([eWEB n°159](#)).
- This case is the 177th case reported by the national health authorities and the 6th case since the beginning of 2011.

Map 2. Bekasi, West Java, Indonesia



Location: World

Event: A(H5N1) – Epizootic

Comments

No new affected area has been reported this week.

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

Area:	France, Hungary	Event:	Tularaemia	<u>Comments</u>
	<ul style="list-style-type: none"> <li>• In <b>France</b>, in January 2011, a case of tularaemia probably imported from Turkey was notified to the <a href="#">French Public Health Institute</a> (InVS).               <ul style="list-style-type: none"> <li>○ The case was a young man who stayed in Kayseri (180 km south from Yozgat) in November 2010. The case had direct contacts with sheep; no other at-risk exposures were found.</li> <li>○ This is the first documented case imported from Turkey.</li> </ul> </li> <li>▪ In <b>Hungary</b>, the <a href="#">Institute of Public Health (ANTSZ) reported</a> an increase (3 times higher) in the number of Tularaemia cases in 2011: 15 cases compared with 5 cases in 2010 for the same period.</li> <li>▪ Between 2005 and 2009, the median number of reported tularaemia cases was 9.</li> </ul>			<ul style="list-style-type: none"> <li>• Tularaemia (rabbit fever) is a rare and primarily rural disease which may be transmitted by ingestion, inhalation, or by direct skin contact with rabbits, other rodents and by blood-sucking arthropods.</li> <li>• Tularaemia is known to appear only in northern hemisphere. It most frequently occurred in Scandinavia, America, Russia and Japan. Recent cases of tularaemia have also been increasingly reported from other countries such as Turkey and Balkans countries.</li> <li>• The incubation period is about 3-5 days, but may vary between 1 to 21 days, and symptoms vary based on the mode of infection.</li> <li>• Infections by <i>F. tularensis</i> can cause more severe diseases leading to 5-60% CFR in untreated patients.</li> <li>• Since <i>F. tularensis</i> is extremely virulent organism and is difficult to culture on standard media, laboratory diagnosis is mainly based on the serological assays or on clinical diagnosis.</li> <li>• The exportation of Tularaemia cases from endemic areas to other neighbouring countries cannot be excluded.</li> </ul>