INDEX e-WEB n°238

- A(H5N1) Avian & Human influenza – None
- “INSIDE” events: West Nile – Tunisia
- “OUTSIDE” events: Dengue - Portugal

Rift Valley Fever – Mauritania

TYPHIM Vi® recall - World

Location: World
Event: A(H5N1) – Epizootic & Human

No new event has been reported this week

REPORT OF NEW HEALTH EVENTS OCCURRING INSIDE THE EPI SOUTH AREA

(Occurring in one or several EpiSouth countries)

Location: Tunisia
Event: West Nile

- On 5\textsuperscript{th} October 2012, the Ministry of Health in Tunisia reported to EpiSouth 8 new human confirmed cases of West Nile virus among patients hospitalised from 9\textsuperscript{th} to 28\textsuperscript{th} September 2012.
- To date, a total of 15 confirmed WNV cases in human has been reported in 2012, including (cf. map 1):
  - 2 cases in Monastir governorate (Ksar Helal and Zarmedine)
  - 5 cases in Kebili (North Kebili, Kebili and Souk Lahad)
  - 8 cases including 1 death in a 69 years old man in Gabes governorate (El Menara, Gabes, Mareth and Zarat)
- Another probable case from Jendouba was positive for West Nile, but this case presented underlying pathologies including zona and immunodepression, which could question de diagnosis. Further investigations are in process for this case.
- The last WNV human cases reported in Tunisia dated from 18\textsuperscript{th} September 2012 (cf. ewEB n° 235).

- Since 2010, Tunisia is reporting West Nile virus cases (cf. Note on 2010 & 2011 seasons WNV circulation).
  - In 2010, 3 cases were reported (Jendouba and Tataouine)
  - In 2011, 3 cases were reported (Kebili, cf. ewEB n° 189)
  - In 2012, 15 cases were reported (Monastir, Kebili and Gabes governorates)
- The increasing number of reported cases in 2012 compared to 2010 and 2011 in addition to the geographical extension to new areas is likely to indicate a stronger WNV dynamic in Tunisia this year.

Map 1. Governorates infected by WNV in Tunisia, by year, as of 5\textsuperscript{th} October 2012 (confirmed cases only)
**Location:** Portugal  
**Event:** Dengue  
**Comments**

- On 10th October 2012, the Portuguese health authorities reported 18 confirmed dengue cases and 191 suspect cases in the autonomous region of Madeira, Portugal (cf. map 1).
- Laboratory results confirmed that the outbreak was due to DEN-1 serotype.
- The autochthonous qualification was confirmed for the two first reported confirmed cases (cf. eWEB n° 237).
- Cases were mainly reported in municipalities of Funchal, Camara de Lobos and Santa Cruz (in Canico and Santa Cruz, cf. map 2).
- It is the first time that autochthonous dengue cases have been reported in Madeira autonomous region.
- Health authorities closely follow the situation and specific measures have been implemented, including recommendations for travellers.
- The occurrence of an autochthonous cycle of transmission of dengue in Madeira archipelago indicates that a possible establishment of dengue circulation in the Mediterranean region cannot be excluded.
- Sporadic cases of dengue were already reported in the past years in several EpiSouth countries, such as Croatia (cf. eWEB n° 133), France (cf. eWEB n° 131) and Egypt (cf. eWEB n°116).

---

**Map 2. Madeira autonomous region, Portugal**

---

<table>
<thead>
<tr>
<th>Location: Mauritania</th>
<th>Event: Rift Valley Fever</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mauritania and Senegal are located in the Western Africa area endemic for RVF (cf. map 3). Mauritania is neighbouring Algeria and Morocco.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The last epizootics and human cases reported in Mauritania dated from 2010 in Adrar (30 human cases including 17 deaths were reported in 2010, cf. eWEB n°142).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In Mauritania, sentinel animal surveillance is in place; nevertheless this surveillance is not exhaustive and a low and very localized circulation might not be detected.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Situation needs to be followed carefully, especially due to the upcoming Eid religious celebration (end of October), during which flock is being slaughtered.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
On 4th October 2012, Sanofi Pasteur announced that it is recalling several batches of its typhoid fever vaccine, TYPHIM Vi®, due to concerns that the doses may not provide the intended protection against the disease.

There is no safety concern for individuals who have received a TYPHIM Vi® vaccine dose from a recalled batch.

Individuals who received a TYPHIM Vi® vaccination from a recalled batch may have received less than the intended amount of antigen. Sanofi Pasteur does not recommend revaccination earlier than otherwise indicated.

For information, the recall may lead to a typhoid vaccine shortage.

TYPHIM Vi® is indicated for immunization against S. typhi which causes typhoid fever.

Middle-East, Balkan and Southern Mediterranean countries are considered as medium risk areas for typhoid fever (incidence between 10 and 100/100 000 per year, cf. map 4).

Nonetheless, epidemiological data per country needs to be carefully interpreted given that typhoid is not considered as disease for which notification is compulsory for all countries.