

The objective of the bulletin is to report new heath 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 <u>(InVS)</u> is issuing an <u>online</u> 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 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 shown or concerning their borders.

INDEX e-WEB n°148

- A(H5N1) Human influenza Egypt
- A(H5N1) Avian influenza Myanmar (Burma)
- "INSIDE" Events: none
- "OUTSIDE" events:
 - Monkey Pox RD Congo
 - Yellow fever and dengue Côte d'Ivoire

Location: Egypt	Event: A(H5N1) – Human	<u>Comments</u>
 On 18th January 2011, the Egg A(H5N1) human infection. 	 The available information does not indicate a change in the epidemiology of the virus in Egypt. 	
 The 121st case is: A 1,5 year-old child from Alexandria governorate (cf. map1). The child was hospitalised for high fever, cough, convulsion The child was treated by tamiflu and is in stable condition Exposure to infected domestic birds was documented. 		Map 1. Alexandria governorate, Egypt

- In Egypt, the last human case was reported on 10th January 2011 in Giza Governorate (cf. <u>eWEB n°147)</u>.
- Since the 1st case of bird flu in Egypt, the case count is 121 cases including 40 deaths.



Location: (Bu

Myanmar (Burma)

Event: A(H5N1) – Epizootic

Comments

Map 2. Rakhine state, Myanmar.

- On 18th January 2011, the authorities of Myanmar reported to <u>OIE</u> an outbreak of an A(H5N1) avian influenza virus in 8 poultry farm located in the Rakhine state (cf. map 2).
- In Myanmar, the last A(H5N1) epizootic was reported on 5th February 2010 in poultry in Rangoon division (cf. <u>eWEB n°99</u>).
- To date, only 1 human avian influenza case has been reported in Myanmar (2007).

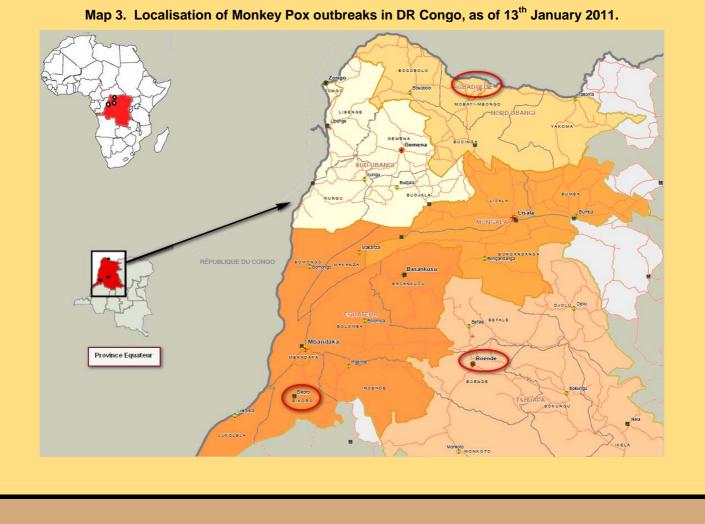


REPORT OF NEW HEALTH EVENTS OCCURRING OUTSIDE THE EPISOUTH AREA (Not occurring in one or several EpiSouth countries)

	Area: DR Congo	Event:	Monkey Pox	<u>Comments</u>	
•	Since November 2010, is ongoing in the Den (DRC) in the Equateur country. At least 114 cases reported by health cer Ubangi, 80 km from N province). Other suspected cas districts of Equateur, Ubangi district (Gbadol	nocratic F province including nters in th Ibandaka es were Tshuapa	Republic of Congo , north-west of the g 5 deaths were he district of South (the capital of the reported in the a and the North-	 Since the 70's, outbreaks of monkey pox are regularly documented in the DRC and neighbouring Republic o Congo. Since the early 2000s, the number of reported outbreaks is increasing, especially since the interruption of the smallpox vaccination that provided cross-protection against the Monkey pox. In Equateur Province, outbreaks have been reported regularly in 2001, 2002 and 2009 (cf. eWEB n° 9, n°22 and n° 87). 	of d e d
B	Background on "small po The reservoir consists in primates. The person transmission currently important The clinic is similar to s	mainly of on, initially	considered rare, is	 The occurrence of cases in forest areas with a low population density is not unexpected. Due to the occurrence of cases close to urban centers - especially in the town of Gbadolite and border areas - the risk of exportation of cases to neighbouring countries (Congo and Central African Republic) and 	s s g

differential diagnosis possible) and the lethality is

estimated between 1 to 10% (in Africa).



REPORT OF NEW HEALTH EVENTS OCCURRING <u>OUTSIDE</u> THE EPISOUTH AREA (Not occurring in one or several EpiSouth countries)

Area: Côte Event: Yellow fever + d'Ivoire Event: dengue	<u>Comments</u>
 On 29 July 2010, the Ivorian Ministry of Health reported an outbreak of hemorrhagic fever mainly in Abidjan and Grand Bassam (located on the coast, east of Abidjan) occurring since May 2010. The diagnosis of dengue and yellow fever (YF) has been reported. Afterwards, tests carried out at Pasteur Institute in Abidjan (IPA) confirmed the co-circulation of 3 flaviviruses: yellow fever, Dengue (DEN 2 and DEN 3). On 5 December 2010, the Ivorian health authorities reported: 635 suspected YF cases including 26 deaths in 17 health districts (including 7 in Abidjan and 10 inside the country) since early 2010. Targeted vaccination campaigns in Grand Bassam, Abidjan and Seguela districts. During the week 48, 21 suspected cases including 11 deaths were reported in the center of the country: Katiola, Seguela, Beoumi & Mankono departments (see Map 3). 	 Yellow fever is endemic in West Africa. Sporadic cases are regularly reported across Côte d'Ivoire. YF virus is spread by different cycles of infection: urban, sylvatic and intermediate. The recent data confirms the geographical spread of the YF epidemic in the center of Côte d'Ivoire. This increase occurs in rural areas. The virus circulation in intermediate areas may involve risk of expansion in urban areas (cf. Yellow fever thematic note), largely because of the proximity of Bouake. The co-circulation of different flaviviruses is not unexpected but complicates diagnosis and surveillance. In 2008, during an outbreak in Abidjan, the concomitant circulation of YF and dengue serotypes was also detected. Vaccination campaigns have been planned but not yet implemented due to the current political situation.



Map 3. Localisation of areas affected by the yellow fever in Côte d'Ivoire in 2010.