

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.

INDEX e-WEB n°149

- **A(H5N1) Human influenza – Egypt**
- **A(H5N1) Avian influenza – South Korea, Japan**
- **“INSIDE” Events: none**
- **“OUTSIDE” events:**
 - **Acute Flaccid Paralysis (AFP) – Haiti**
 - **Crimean Congo Hemorrhagic Fever (CCHF) – India**

Location: Egypt

Event: A(H5N1) – Human

Comments

- On 26th January 2011, the Egyptian Ministry of Health reported a new A(H5N1) human infection.
- The 122nd case is:
 - A 7 year-old child from Gharbia governorate (cf. map1)
 - The child is hospitalised, he was treated by tamiflu and is in stable condition
 - Exposure to sick/dying poultry was documented.
- In Egypt, the last human case was reported on 18th January 2011 in Alexandria Governorate ([cf. eWEB n°148](#))
- Since the 1st case of bird flu in Egypt, the case count is 122 cases including 40 deaths.

- The available information does not indicate a change in the epidemiology of the virus in Egypt.

Map 1. Gharbia governorate, Egypt



Location: South Korea

Event: A(H5N1) – Epizootic

Comments

- On 19th January 2011, the South Korean authorities reported to [FAO](#) an A(H5N1) avian influenza outbreak in 2 poultry farms located in the Gyeonggi-do province, where the capital Seoul is located (cf. map 2).
- In South Korea, the last A(H5N1) epizootics were reported on 29th December 2010 in poultries in Chungcheongnam-do and Jeolla provinces ([cf. eWEB n°146](#)).
- To date, no human avian influenza case has been reported in South Korea.

Map 2. Gyeonggi-do province, South Korea



Location: Japan

Event: A(H5N1) – Epizootic

Comments

- On 23rd January 2011, the Japanese health authorities reported to [FAO](#) an A(H5N1) avian influenza outbreak in wild birds located in the Tohoku region, located at the North East of Honshu island (cf. map 3).
- In addition, an other highly pathogenic A(H5) avian influenza outbreak was reported in poultry farms in the Kyushu-Okonawa area, at the south of the island (the neuraminidase inhibition assays are on going).
- In Japan, the last A(H5N1) epizootic were reported on 21st December 2010 in captive wild birds (zoo) in Hokuriki region ([cf. eWEB n°144](#)).
- To date, no human avian influenza case has been reported in Japan.

Map 3. Tohoku region, Japan.



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

Area: Haiti

Event: Acute Flaccid Paralysis (AFP)

Comments

- Between mid-November and end of December 2010, a cluster of 7 AFP cases including 4 deaths have been reported in Port-de-Paix, North of Haiti (cf. map 4).
- Among the 7 cases, 5 are male.
- Neurological signs appeared within 24 to 72 hours following the end of the cholera treatment. They included hypotonia followed by a bilateral ascending flaccid paralysis, reaching the respiratory muscles.
- A WHO investigation is on going in the area to determine whether the etiology is toxic (due to drugs, chemicals,...) or infectious (poliovirus or other enteroviruses,...).
- In the frame of the WHO polio eradication initiative, the formal exclusion of a polio diagnosis is necessary in front of an AFP.

- In 1994, the American continent was certified Polio-free (last case in 1991).
- In 2000-2001, an outbreak caused by poliovirus type 1 vaccine strains was documented in the Dominican Republic and Haiti, with 21 confirmed cases (13 and 8 cases respectively).
- To date, according to the available information (high lethality, bilateral signs...) a polio infection seems unlikely. The situation is nonetheless followed carefully. Écouter Lire phonétiquement

Map 4. Port de Paix, Haïti.



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

Area: India **Event:** Crimean-Congo fever **Comments**

- On 18th January 2011, Indian health authorities reported 5 Crimean-Congo Hemorrhagic fever (CCHF) infections in the Gujarat State (West of the country), at the border with Pakistan (cf. map 5).
- Among the 5 CCHF cases:
 - 3 died: the index case and 2 health care workers;
 - 2 others are still under treatment: the index case's husband and additional health care worker.
- Active case finding has been set up in hospitals and at community level. Surveillance in domestic animals has been implemented too.
- To date, no additional cases have been detected.

- CCHF virus is present in many countries (cf. map 6).
- Available data showed that CCHF was circulating with particular intensity in 2008 in Turkey, Islamic Republic of Iran, several Balkan countries and Eastern Asia [cf. EpiSouth CCHF thematic note](#). In Pakistan, cases are regularly reported.
- In 1973, in India, seroepidemiological studies found evidence of CCHF virus in humans and domestic animals in several states in the South of the country.
- The recently reported cases are the first CCHF biologically confirmed cases ever reported in India.
- The occurrence of death among health care workers prompted the CCHF biological confirmation.
- In India, there is no CCHF specific surveillance therefore this disease is probably underestimated.
- Given the proximity with Pakistan, the ecosystem similarities with neighbouring countries and the presence of the vector in India, the occurrence of confirmed CCHF sporadic cases is not an unexpected event.

Map 5. Gujarat state, India.



Map 6. Crimean-Congo haemorrhagic fever distribution in the world, WHO, 2008.

