


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 – Indonesia**
- **A(H5N1) avian influenza – None**
- **“INSIDE” events: none**
- **“OUTSIDE” events:**
 - **Ebola, Uganda**
 - **Beriberi, Côte d’Ivoire**

Location: Indonesia	Event: A(H5N1) – Human	<u>Comments</u>
<ul style="list-style-type: none"> • On 13th May 2011, the Indonesian health authorities reported 1 new case of A(H5N1) human infection, in West Jakarta district, Jakarta province (cf. map 1). • The case was a 8 years old girl: <ul style="list-style-type: none"> ○ Onset of symptoms on 1st April 2011 ○ Hospitalised on 8th April 2011 ○ She died on 11th April 2011 ○ Contacts with contaminated poultry have been documented. • In Indonesia, the last human case was reported on 1st April 2011 in Yogyakarta province, Java Island (cf. eWEB n°159). • This is the 177th case reported by the national health authorities to WHO, and the 6th case since the beginning of 2011. 	<p style="text-align: center;">Map 1. Jakarta province, Indonesia</p> 	<ul style="list-style-type: none"> • A(H5N1) is enzootic in the whole country. • Indonesia is also the country reporting most A(H5N1) human infections in the world. • 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.

Location: World	Event: A(H5N1) – Epizootic	<u>Comments</u>
<p>No new affected area has been reported this week.</p>		

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

Location: Uganda	Event: Ebola	<u>Comments</u>
<ul style="list-style-type: none"> On 9th May 2011, one isolated case of Ebola has been reported in Uganda, in the province of Luwero, North Kampala (map 2). The case is a 12 years old girl: <ul style="list-style-type: none"> Onset of symptoms on 1st May 2011 She died on 6th May 2011 The diagnosis has been confirmed by PCR on 9th May 2011, and revealed the presence of the "Sudan" strain. 20 to 30 close contacts are monitored on a daily basis. To date, investigations haven't allowed identifying the origin of the contamination. A US-CDC team has joined Ugandan teams for investigation. 		<ul style="list-style-type: none"> Ebola circulates sporadically in Uganda and in some tropical Sub-Saharan countries. This is the first reported case in the country since the last major epidemic reported in December 2007. At that time, a new strain was identified: Ebola Bundibugyo. In past outbreaks, case fatality rates for Ebola infections have ranged from 50% to nearly 90%, varying according to the strains; incubation period is considered to range from 2 to 21 days. Considering that the incubation period is not yet over, the situation is monitored carefully, especially due to the fact that the case is located nearby Kampala capital and on a major road to Sudan (cf. map 2).

Map 2. Uganda, Luwero district



Location: Côte d'Ivoire	Event: Beriberi	<u>Comments</u>
<ul style="list-style-type: none"> Since 17th May 2011, the Ivorian media mentioned an unspecified outbreak, leading to a dozen of cases and deaths in Abobo district, North Abidjan (cf. map 3). The cause of this outbreak has been identified: Médecins Sans Frontières (MSF) teams confirmed a Beriberi epidemic with at least 356 cases (with flaccid paralysis of lower limbs) and 5 deaths since 15th April 2011. 		<ul style="list-style-type: none"> Beriberi is a disease caused by a deficiency in Vitamin B1 which leads to heart failure and serious neurological disorder. Beriberi is a neglected pathology and usually affects population living in very precarious conditions such as camps of refugees or prisoners, or in war situations. The risks concern only very precarious population, and this epidemic reflects the very poor nutrition level of the affected population.

Map 3. Abobo district, North Abidjan, Côte d'Ivoire

