

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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INDEX e-WEB n°206

- **A(H5N1) Avian influenza – None**
- **A(H5N1) Human influenza – Egypt**
- **“INSIDE” events: Invasive meningococcal infections – France (ex-Senegal)**
- **“OUTSIDE” events: none**

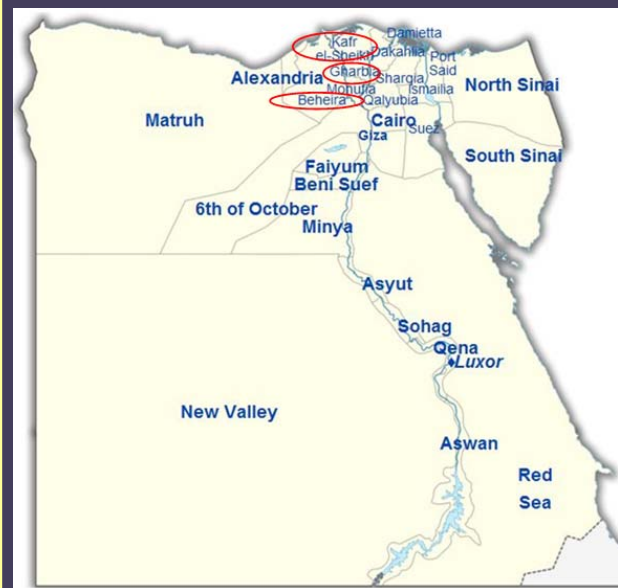
| Location: World | Event: A(H5N1) – Epizootic | Comments |
|-----------------|----------------------------|----------|
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No epizooties reported this week

| Location: Egypt | Event: A(H5N1) – Human | Comments |
|-----------------|------------------------|----------|
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- On 22nd and 24th February 2012, the Egyptian Ministry of Health notified to [WHO](#) tree new human cases of A(H5N1) infection:
- The 1st case is:
 - a 1 year old girl from Gharbeia governorate;
 - Onset of symptoms on 14th February 2012;
 - She received treatment on 15th February 2012 and she recovered;
- The 2nd case is:
 - a 32 years old man from Behira governorate;
 - Onset of symptoms on 16th February 2012;
 - He was hospitalised on 21st February and died on 28th February 2012;
- The 3rd case is:
 - a 37 years old female from Kafr Elshikh governorate;
 - Onset of symptoms on 18th February 2012;
 - She hospitalised on 23rd February and died on 26th February 2012;
- For the 3 cases, exposure to sick poultry was documented.
- The last A(H5N1) human cases in Egypt were reported on 22nd February 2012 (cf. [eWEB n° 205](#)) in Menofia governorate.
- To date, 163 A(H5N1) human cases have been reported in Egypt, including 57 deaths.

Map 1. Gharbeia, Beheira, Kafr El sheikh Governorates, Egypt.



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

| | | |
|----------------------------------|--|----------|
| France Location: (ex-Senegal) | Event: Invasive meningococcal infections | Comments |
|----------------------------------|--|----------|

SENEGAL

- On February 24th, the French National laboratory had biologically confirmed 2 cases of invasive meningococcal infections (IMI) due to Nm W135 in 2 French citizens returning from a travel in Senegal.
 - Both cases travelled in Mbour region (located in the South of Dakar, cf map 2) and returned to France respectively on 12 and 19 February 2012.
 - None of the cases were immunised against meningococcal meningitis.
 - No other epidemiological have been found
- Since the beginning of the year, the division of epidemiology of the Senegalese MoH has registered across the country : 18 suspect meningitis cases among which 6 were biologically confirmed as Mn W135 (cf. figure 1).
- Although, the number of reported suspected meningitis cases in increasing for the past 2 weeks, incidence remains below epidemic threshold across the country
- Serotype Mn W135 has not been detected in Senegal during the 3 previous years.
- Senegal has not been affected by major meningitis outbreaks for decades

Other West African countries

- In the whole meningitis belt (Sahelian area), meningitis transmission increases during the dry windy season (January to April).
- During week 06-12,
 - 411 cases including 37 deaths (CFR=11%) were reported by 8 of the 14 countries participating to the WHO meningitis control project.
 - Since the beginning of the season epidemic thresholds have been reached in some districts of Benin, Côte d'Ivoire and Chad.
 - High proportion of NmW135 have been reported in Burkina Faso, Ghana and Côte d'Ivoire.
- In 2008 - 2009, MnA was the predominant serotype in the meningitis belt.
- In 2010-211 Mn W135 became the predominant serotype (cf. figure 2).
- In 2010 et en 2011 in Burkina Faso, where meningitis surveillance system is the most performing, serotype MnX represented respectively 4,4% et 17,6% of detected pathogens . No vaccine is available for the serotype MnX.

Map 2. Mbour region, Senegal.



Figure 1. Number of suspect and confirmed cases of cerebrospinal meningitis, week 1 to 7, 2012, Senegal.

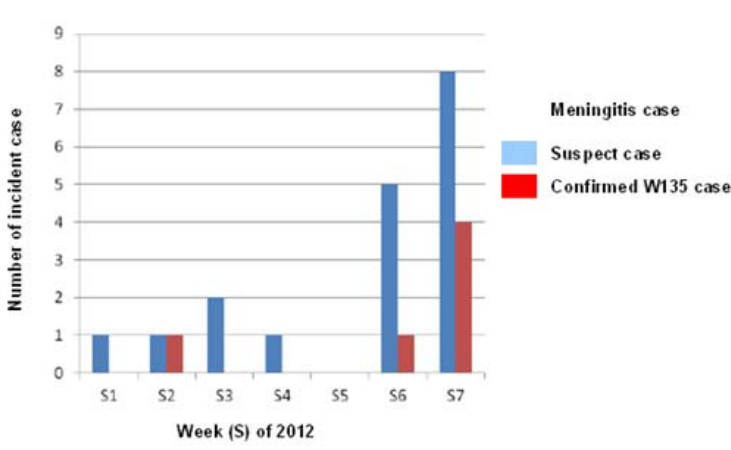


Figure 2. Meningococcal serotypes in biologically confirmed cases, West Africa, 2008-2011.

