

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°230

- A(H5N1) Human influenza – Indonesia
- A(H5N1) Avian influenza – none
- “INSIDE” events: Malaria – Greece
West Nile – Tunisia
CCHF – Kosovo
Lyme disease – Kosovo
- “OUTSIDE” events: none

Location: Indonesia

Event: A(H5N1) – Human

Comments

- On 10th August 2012, the Indonesian Ministry of Health reported to WHO one new human case of A(H5N1) in Yogyakarta province (cf. map 1), on Java Island.
- The case was:
 - A 35 year old male;
 - with onset of symptoms on 24th July 2012;
 - He was hospitalised on 27th July 2012 and died on 30th July 2012.
- Close contact with poultry has been documented.
- The last A(H5N1) human case in Indonesia was reported on 6th July 2012 (cf. [eWEB n°225](#)).
- To date, a total of 191 human cases including 159 deaths has been reported.

Map 1. The Special Region of Yogyakarta, Java Island, Indonesia



Location: World

Event: A(H5N1) –Epizootic

Comments

No new event has been reported this week

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

Location: Greece

Event: Malaria

Comments

- On 10th August 2012, the Hellenic Centre for Disease Control and Prevention ([HCDCP](#)) reported 5 additional autochthonous cases of *P. Vivax* malaria in Greece (cf. map 2).
- For 2012, a total of 6 cases of *P.Vivax* malaria were reported in the country:
 - 3 cases were reported in East Attica province. The first autochthonous malaria case was reported on 18th June 2012 (cf. map 3).
 - 3 cases were reported in Evrotas municipality, Laconia prefecture.
- On 18th June 2012, HCDCP reported the first case of *P. vivax* malaria infected in 2012 (cf. [eWEB n°224](#)).
- Note: another case reported on 3rd April 2012 in Evrotas was likely to have been infected during 2011 outbreak. Therefore it is not counted in these six 2012 cases.

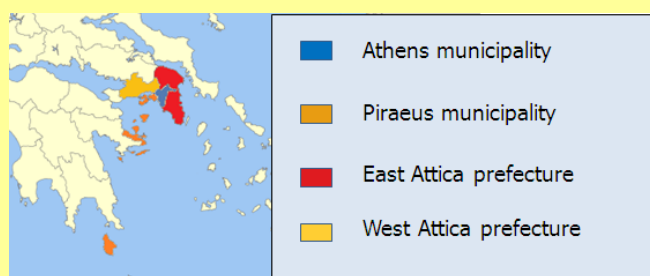
Map 2. *P. vivax* malaria autochthonous cases reported in Greece, 2012 (source HCDCP)

(1 red dot = 1 case)



- Greece was declared free from malaria in 1974. Sporadic autochthonous cases were detected in 1991, 1999 and 2000. Nevertheless, these sporadic cases were not followed by sustainable local transmission during the following years.
- In 2009 – 2010, at least 13 *P.vivax* autochthonous cases were reported in Greece, including 7 from Evrotas.
- In 2011:
 - 40 laboratory confirmed cases of malaria were reported in patients with no history of travel to a malaria-endemic country.
 - 34 of these cases reside in the Municipality of Evrotas, Lakonia, 2 in Evia, 1 in Larissa, 1 in Viotia and 2 in Eastern Attica (1 in Marathon and 1 in Kalivia, cf. [eWEB n°184](#)).
- The occurrence of new cases in 2012 in Evrotas confirm the establishment of a local transmission cycle of *P.vivax* malaria in this area since 2009 .
- The occurrence of these 3 new autochthonous cases within 6 weeks in East Attica prefecture strongly suggests the establishment of a new local malaria transmission foci in Greece.
- The situation needs to be closely monitored, especially due to the proximity between East Attica and Athens municipality (where no autochthonous case was reported so far). However, the level of transmission and therefore the risk for tourists remain at this stage very low.

Map 3. East Attica prefecture and its neighbouring regions, Greece, 2012



- On 14th August 2012, the Tunisian health ministry reported to EpiSouth the first West Nile virus human case in the country for the year 2012.
- The case was:
 - A 19 years old male
 - Diagnosed on 1st August 2012
 - Living in Ksar Hellal, Monastir governorate (cf. map 4).

Map 4. Monastir governorate, Tunisia

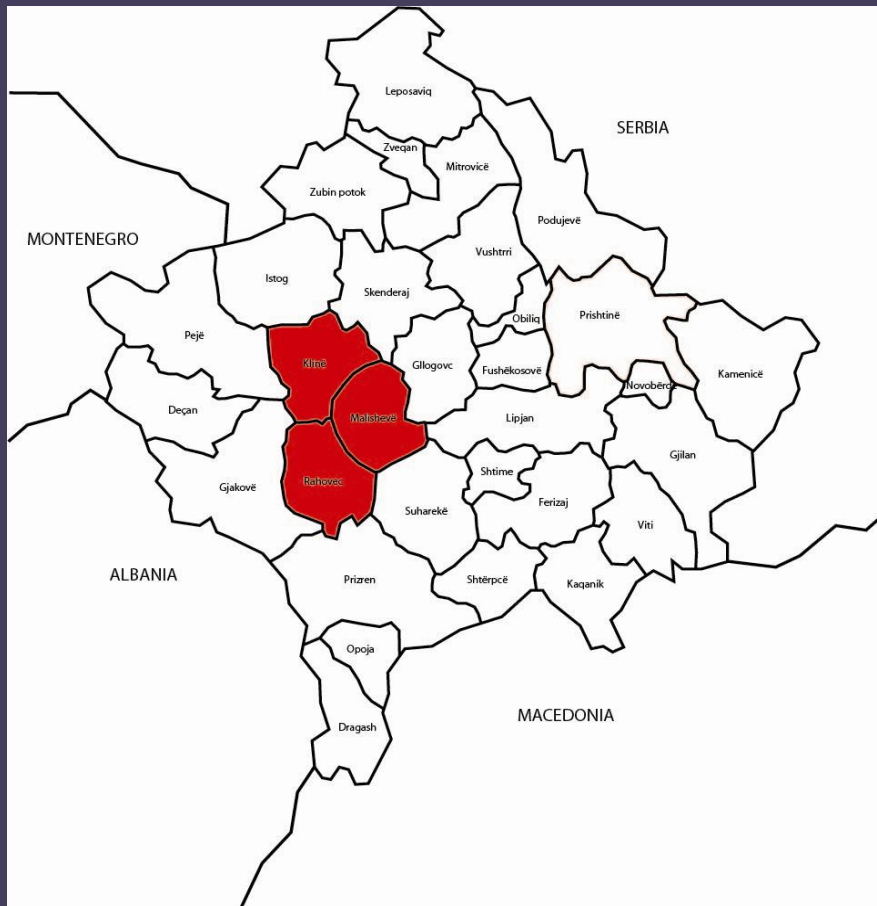


- Monastir governorate is located on the North East of the country, on the coastal area which already reported cases in 1997 and 2003.
- Control measures have been taken by the Tunisian authorities including a rapid detection of West Nile virus in meningitis and meningo-encephalitis cases in the different governorates, and coordination with animal surveillance and entomological experts.
- In 2010 and 2011, Tunisia already reported West Nile virus cases (cf. [Note on 2010 & 2011 seasons WNV circulation in EpiSouth countries](#)):
 - 3 cases were reported in 2010 (Jendopuba and Tataouine)
 - 3 cases were reported in 2011 (Kebili)
- So far, within EpiSouth countries, Greece, Palestine and Israel reported West Nile virus human cases (cf. [eWEB n°229](#)).

- From 15th May 2010 to 13th August 2012, the National Institute of Public Health in Kosovo (NIPHK) reported 11 confirmed cases of Crimean-Congo Haemorrhagic Fever (CCHF), including 2 deaths (14 years and 16 years old). About 1987 tick bites were reported during this period.
- Most of the cases are from endemic areas such as Mališevu municipality (8), Orahovac (2) and Suva Reka (1), cf. map 5.
- Most of the cases occurred during the months of May and June 2010.
- 5 cases belong to group age over 50 years, 4 cases to the group age 10–19 years, and 2 to the age group 30-39 years.
- A team from NIPHK and the regional Institute of Public Health (IPH) is investigating all suspect cases in the field, and taking preventive measures.
- In early spring foci areas have been disinfected at the municipality level.
- Also, 24 hours reporting with feedback to all health levels in Kosovo is implemented at national level.

- CCHF is a Nairovirus of the Bunyavirus family identified in 1956 in Congo and transmitted through tick bites.
- In Kosovo, the first human cases were described in 1954 during an outbreak with 8 documented cases (cf; [EpiSouth CCHF note](#)).
- During the past 15 years, cases have regularly been documented in Kosovo (cf. [eWEB n° 66](#)).
- In 2009, 6 confirmed cases including 2 deaths were reported.
- This event does not constitute an alert for the country, but shows that CCHF is still circulating in the area.
- Among other areas, CCHF is present in some EpiSouth countries such as Greece, Bulgaria, Turkey, Albania, and Kosovo. Evidence of CCHF circulation can also be found in most countries on the Black Sea coastline (cf; [EpiSouth CCHF note](#)).

**Map 5. Municipalities affected by CCHF in Kosovo,
from 15th May 2010 to 13th August 2012**



Location: Kosovo

Event: Lyme disease

Comments

- Two new cases of Lyme disease were notified to the National Institute of Public Health of Kosovo (NIPHK).
 - The first case refers to:
 - a 44 years old female citizen from the municipality of Pristina, Central Kosovo.
 - Onset of symptoms was reported on 5th July 2012.
 - The case had not travel history inside and outside of Kosovo.
 - The second case is:
 - a 53 years old female citizen from the municipality of Prizren, in the South part of country.
 - Onset of symptoms was reported on 7th July 2012.
 - The case had not travel history inside and outside of Kosovo.
 - Clinical symptoms with erythema migrans and fever were reported in both cases and laboratory diagnosis confirmed *Borrelia burgdorferi* with IgM positive through ELISA test.
- Lyme disease is transmitted through the bite of infected ticks.
 - Diseases linked to tick bites are not unexpected in Kosovo.
 - Lyme diseases cases usually occur during late spring or summer.
 - Foci of Lyme diseases can be found in forested areas of Asia, north-western, Central and Eastern Europe, and the USA.
 - This event does not constitute an alert, though in a period with high touristic activity in the Balkan area, precautions measures must be taken to avoid tick bites.

Map 5. Municipalities affected by Lyme diseases in Kosovo,
August 2012

