

Weekly Epidemiological Monitor

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Current major events

Avian Influenza (AI) Outbreak in Pakistan: No evidence found for sustained person to person transmission of H5NI virus in a family cluster

On 21 October 2007, an outbreak of avian influenza (AI) caused by highly pathogenic H5N1 was confirmed at a commercial poultry farm in Abbottabad district of NWFP, Pakistan. On 12 December 2007, WHO Country Office in Pakistan was notified about a suspected case of human AI (diagnosed by the National Institute of Health, Islamabad, Pakistan). A team from the WHO/ EMRO and WHO/HQ assisted the national authorities in conducting an epidemiological investigation of the outbreak in the affected district and detected several suspected cases of human AI in a family cluster of seven people. Confirmatory laboratory tests conducted by the WHO H5N1 Reference Laboratories in Cairo and in London confirmed one human case. The case, a 25 year old male developed respiratory illness on 21

Editorial note

Several sporadic outbreaks of avian influenza in poultry caused by the H5N1 virus were reported from Pakistan since 2005.

There are many lessons learned from the AI outbreak in Peshawar, Pakistan. There is always need for functional surveillance systems, timely transparent sharing of information and collaboration in response to outbreaks between involved sectors. Collection and shipment of the right specimens at right time to competent laboratories and full adherence to standard infection control practices are critical. Doctors need to be trained to early diagnose suspected cases of AI aided with proper case definitions for AI to ensure better use of limited



November, was hospitalized on 23 November and died on 28 November. The case was epidemiologically linked to two probable cases (currently under investigation). However, the WHO team concluded that no efficient human to human transmission of influenza A (H5N1) was evident. The Ministry of Health in Pakistan successfully contained the outbreak with support from WHO. Late detection of cases by the national authorities and delayed field response could have been averted if proper reporting and timely information sharing between the key partners involved in managing such outbreaks were rapidly ensured.

resources of antiviral drugs. National preparedness plans need to be continuously revised and updated and be challenged with simulation exercises to reveal unforeseen or overlooked details.

WHO mission to Pakistan: main finding:

Pending some laboratory investigations, preliminary findings suggest that there was some epidemiological evidence of a limited human to human transmission of H5N1 within a family in Peshawar, NWFP, Pakistan. However, the preliminary risk assessment has found <u>no evidence of sustained</u> human to human transmission.

Update on outbreaks

in the Eastern Mediterranean Region

Avian Influenza: Egypt: No new cases in humans; Iran (outbreak among poultry); Anthrax: Afghanistan (to be verified); Mysterious disease, Somalia (to be investigated) Rift Valley Fever (Sudan); Cholera (Iraq)

Current public health emergencies of international concern [cumulative N° of cases/deaths, CFR %]

Avian influenza	
Egypt	[43/19, 44.2%]
Indonesia	[118/95, 80.5%]
Cholera	
D.R. Congo	[221/3, 1.4%]*
Nigeria	[36/12, 33.3%]*
Iraq	[4697/24, 0.5%]
Laos	[245/3, 1.2%]
Ebola	
Uganda	[149/37, 24.8%]
Meningitis	
Uganda	[111/19, 17.1%]
Rift Valley Hemor	rhagic Fever
Sudan	[688/222, 32.1%]
Yellow Fever	
Brazil	[10/7, 70.0%]
(*-Unofficial figures)	

(*=Unofficial figures) CFR=Case-Fatality Rate

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