

Weekly Epidemiological Monitor

Regional Office for the Eastern Mediterranean

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Current major events

HPAI reemerges in NWFP, Pakistan

On 21 June 2008, the NIH, Pakistan and WHO were informed of an outbreak of Highly Pathogenic Avian Influenza (HPAI) in domestic poultry in the district of Swabi under the North West Frontier Province (NWFP) of Pakistan. Laboratory tests conducted at a government-run laboratory in Islamabad confirmed the presence of the deadly H5N1 strain of bird flu in two poultry farms in the. District. This followed reports sent by the owner of the farms to the local authority of sudden die offs of over 4,000 chickens. The affected farms were immediately sealed off and around 1,700 chicken were culled by the district livestock team under the joint supervision of local health and agriculture authori-

In response to this, the local health authority examined all the workers of the affected farms. At the same time, areas within 3km radius of the affected farms were brought under active surveillance. The rapid response team of the district health department is looking for any suspected human case with H5N1 infection. So far, no suspected human case has been reported or detected from he affected areas.

Editorial note

Between 2003 and June 2008, a total of 48 countries have reported H5N1 Avian Influenza (AI) in domestic poultry. Of these, 10 countries have submitted final report to OIE indicating resolution of outbreaks poultry. Another 14 countries self declared freedom from HPAI after outbreaks of H5N1 AI in domestic poultry.

The recent outbreak of AI in Swabi district of NWFP is the second wave of AI outbreak in poultry in the same province of Pakistan after the first wave hit another district called Abbottabad in the same province in October 2007. In addition, several sporadic outbreaks of AI

Mohmand of Ohor Malakind

Tangi Tashi Bhai

Norther Pesharor Peshawar

Nowshera

Key public health measures in countries experiencing outbreaks of H5N1 Avian Influenza

- Multisecotoral procedures should be put in place to coordinate the work of agriculture, veterinary and public health services;
- Health authorities may consider vaccination against seasonal influenza for persons at risk of occupational exposure (whenever possible);
- Persons at risk of occupational exposure on affected or at-risk farms should be protected with appropriate protective equipments (PPEs);
- Persons at risk of occupational exposure should be monitored twice daily for fever (>38 °C) and influenza like illnesses for 7 days after the last day of contact with poultry/contaminated environments:
- In case of breach of PPEs or in situations where full personal protection was impossible, individuals might consider commencing a course of prophylactic oseltamivir (75mg once per day) on the date of first exposure, to be terminated 7-10 days after the last exposure.

were reported from domestic poultry in Pakistan since 2005. In dealing with avian influenza, rapid response is of essence considering its grave consequences on economy as well as on human health. A series of protective measures aimed at preventing human infections in persons at high risk of exposure must be put in place immediately in the affected areas. These measures are particularly important during culling operations and investigation for suspected human cases. Any person, suspected of infection, should be immediately investigated to confirm or exclude diagnosis and start treatment when indicated. Early detection will make the difference..

Update on outbreaks

in the Eastern Mediterranean Region

Dengue: in Yemen. No update available. **Myiasis:**in Djibouti. No update. **Cholera;** in south Sudan. **Hepatitis –E:** in Red sea state of Sudan

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

Avian influenza	
Egypt	[50 (22), 44%
Indonesia	[135 (110), 81.4%
Cholera	
Sudan (South)	[5953 (50), 0.83%]
Dengue fever	
Yemen	[1001 (?), ?%
Myiasis	
Djibouti	[932(0), 0%
Hepatitis E	
Sudan	[224(23), 10.2%]
Poliomyelitis (WPV1)	

Nigeria (North) [1 (0), **0%**]

Hand, foot & mouth disease

China [7823(23), 0.3%]

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