

Current major event

New human case of avian influenza A (H5N1) in Egypt

On 3 December 2010, the Ministry of Health in Egypt announced a new human case of avian influenza A (H5N1). The case, 30-year-old female from Gharbia Governorate, developed symptoms on 28 November and was hospitalized on 1st of December 2010. The patient died on 2nd of December 2010. Field investigations into the source of her infection revealed close contact with sick chickens. Of the 113 cases confirmed to date in Egypt, 37 have been fatal.

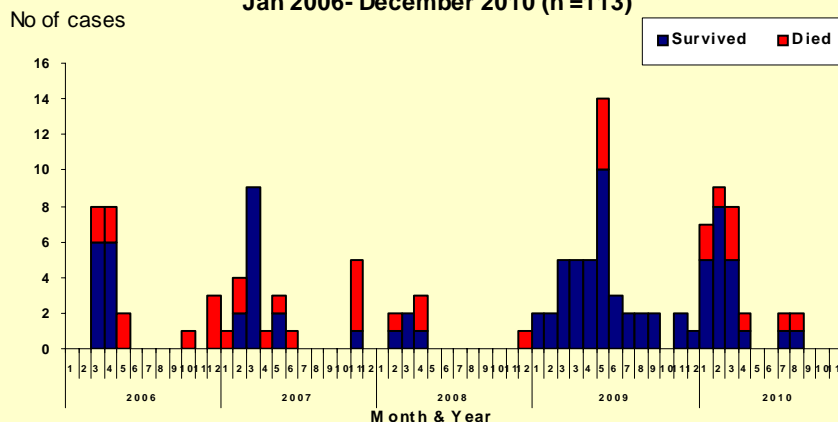
Editorial note

The current case (case no. 113) of avian influenza A(H5N1) has been reported in Egypt after a gap of nearly three months coinciding with the onset of winter season. After the first laboratory-confirmed human case was reported on 20 March 2006 from one of the Governorates in Egypt, all the 29 Governorates in the country have by now reported human cases of avian influenza A (H5N1) meaning that the virus is now entrenched in the country.

This year, 23 cases of avian influenza A (H5N1) were reported so far from Egypt including 10 deaths (CFR: 43.4%) compared to last year when 39 cases including 4 deaths (CFR: 10.5%) were reported throughout Egypt. Although, the number of cases, reported this year, has dropped (by about 40%), the case fatality ratio has increased by about four folds in 2010 compared to last year— an issue that needs further investigation to find out an answer for this increase in case-fatality ratio. Globally, Egypt is now the third country with the highest number of reported cases of avian influenza A (H5N1), after Indonesia and Vietnam, each reporting 170 and 119 cases respectively. Globally, in the last two consecutive years, Egypt has reported the highest number of human cases of avian influenza A(H5N1) to WHO.

Despite last year's emergence of pandemic influenza A(H1N1) 2009, avian influenza A(H5N1) continues to remain

Reported human cases of avian influenza A (H5N1) in Egypt, Jan 2006- December 2010 (n =113)



Age distribution of confirmed human cases of Influenza A/ (H5N1) in Egypt

Age group	Cases	Deaths	CFR (%)
< 5 yrs	37	2	5.4
5 to 15 yrs	30	4	13.3
>15 to 30 yrs	31	21	67.7
>30 to 45 yrs	12	7	58.3
>45 yrs	3	3	100
Total	113	37	32.7

a persistent threat for yet another influenza pandemic in the world. This threat can not be written off. At-least in 5 countries (Cambodia, China, Egypt, Indonesia and Vietnam), the virus continue to circulate in poultry with sporadic cases in humans with the risk of mutation and triggering yet another influenza pandemic in the world.

The vigilance and the national pandemic preparedness plans that were developed in response to this virus, must be maintained, updated and modified as the case may be. The affected countries need to continue sharing their influenza specimens and virus isolates, with WHO Collaborating Centers through the Global Influenza Surveillance Network. This is important to monitor changes in the molecular characteristics of the virus, if any, as well as to ensure A/H5N1 vaccine production. Such measures remain critical for global public health security and to ensure equitable sharing of benefits without forgetting the needs of developing countries.

Update on outbreaks

in the Eastern Mediterranean Region

A(H5N1) in Egypt; CCHF and Dengue fever in Pakistan; Dengue fever in Yemen; and Kala-azar in southern Su-

Current public health events of international concern

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

Avian influenza

Egypt	[113 (37), 32.7%]
Indonesia	[170 (141), 82.9 %]
Viet Nam	[119(59), 49.6%]
China	[40(26), 65%]
Global total	[509(303), 59.5%]

Crimean-congo haemorrhagic fever

Pakistan	[26(3), 11.5%]
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Cholera

Haiti	[84391*(1882), 2.2%]
Chad	[2508 (111), 4.4%]
Nigeria	[29115(1191),4%]

Kala-Azar (Visceral Leishmaniasis)

S. Sudan	[6363(303). 4.7%]
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Dengue fever

Pakistan	[2062(15), 0.7 %]#
Yemen	[1903(12), 0.6 %]#

Polio

Congo	[184(85), 46.1 %]
Pakistan	[133(0)]

CFR=Case-Fatality Rate
* Number of hospital visits
Laboratory-confirmed cases only