

## Current major event

### New cases of avian influenza A (H5N1) in Egypt

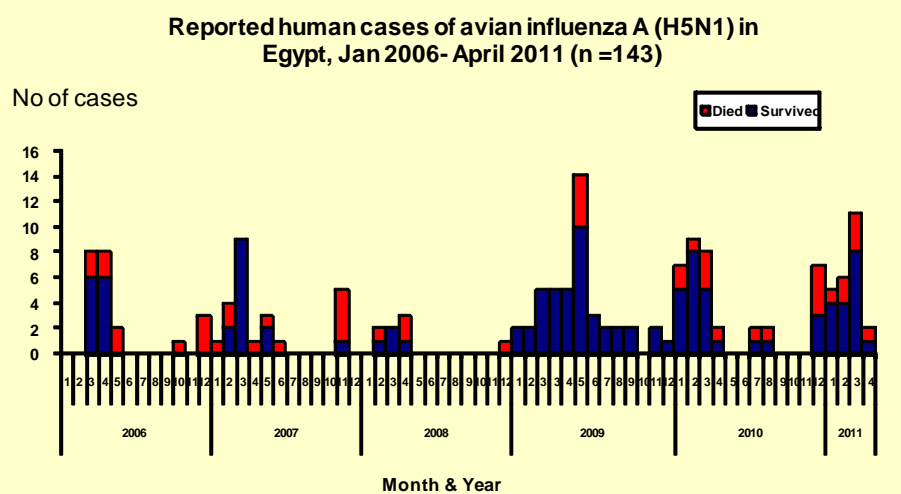
The Ministry of Health in Egypt reported 1 new fatal case of human infection with avian influenza A (H5N1) virus in the month of April so far. This brings the total number of reported cases of human infection with avian influenza A (H5N1) in Egypt to 143. Of these cases reported in Egypt to date, 47 have been fatal (CFR: 32.9 %).

### Editorial note

The sudden upsurge in human cases of avian influenza A(H5N1) (*reported in weekly epidemiological monitor, vol-4; issue-2, 9 and 13*) continues with 1 new case reported during the month of April so far. This case was fatal. Starting in December 2010, this sudden rise has seen 31 new cases of avian influenza A(H5N1) including 10 deaths (CFR: 32.2%).

Although this trend of seasonal rise is being observed in Egypt for the last three consecutive years, 2009 to 2011 (*Please see the graph*) with the cases coinciding with the onset of winter and disappearing as the summer sets in, there has been a shift in demographic profile of cases this year unlike the previous two years. As it has been seen (*Please see the table*) in the previous years, the majority of the reported cases were in less than 15 years of age (about 59% of the total). However, during the current seasonal rise, the majority (about 61%) of reported cases were in more than 15 years of age.. Only 39% of the cases reported from Dec 2010 to April 2011 were in less than 15 years of age. The death profiles amongst the recently confirmed human cases of avian influenza A (H5N1) have not, however, shown any marked difference with the past trend. .

This recent trend in this epidemiology of these cases raises some “unknowns” which needs to be investigated. It is unclear whether any change in the behavioural pattern of the adults is responsible for this shift in demographic profile of cases. It is also unknown whether there has been any change in the viru-



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

Age group	Cases	Deaths	CFR (%)
< 5 yrs	45	2	4.4
5 to 15 yrs	34	4	11.7
>15 to 30 yrs	40	27	67.5
>30 to 45 yrs	19	11	57.8
>45 yrs	5	3	60
<b>Total</b>	<b>143</b>	<b>47</b>	<b>32.8</b>

lence of pathogenicity of the virus which is entrenched now throughout Egypt..

Given the fact that most of the reported cases in Egypt are due to exposure to infected poultry in the backyard, it is quite possible that the control measures to eradicate the virus from the poultry is becoming ineffective day by day. It is apparent from the epidemic curve of AI in Egypt that control measures are becoming less and less effective these days (2009-2011) compared to the earlier years (2006-2008) when the epidemic just started in Egypt. Whether complacency or laxity in control measures have factored in these rise in cases, needs to be thoroughly reviewed and examined.

There is no doubt that, without an effective control strategy in place in both animal and human health sector, there will be continued human exposure to infection with highly pathogenic avian influenza virus and will increase the likelihood for the virus to mutate or reassort in a way that will result in efficient human-to-human transmission.

## Update on outbreaks in the Eastern Mediterranean Region

**Measles** in Afghanistan, **A(H5N1)** in Egypt, **Chikungunya** in Yemen

## Current public health events of international concern

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

### Avian influenza

Egypt	[143 (47), <b>32.9%</b> ]
Indonesia	[176 (145), <b>82.4 %</b> ]
Viet Nam	[119(59), <b>49.6%</b> ]
China	[40(26), <b>65%</b> ]
Global total	[550 (321), <b>58.4%</b> ]

### Cholera

Haiti	[282189*(4841), 1.7 %]
Nigeria	[5897 (133), <b>2.3%</b> ]

### Meningococcal disease

Chad	[3529(175), <b>4.9 %</b> ]
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### Chikungunya fever

Yemen	[15000(104), <b>0.6 %</b> ]
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### Yellow fever

Uganda	[246(56), <b>22.8 %</b> ]
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CFR=Case-Fatality Rate; \* Number of hospital visits; # Suspected cases only