

Current major event

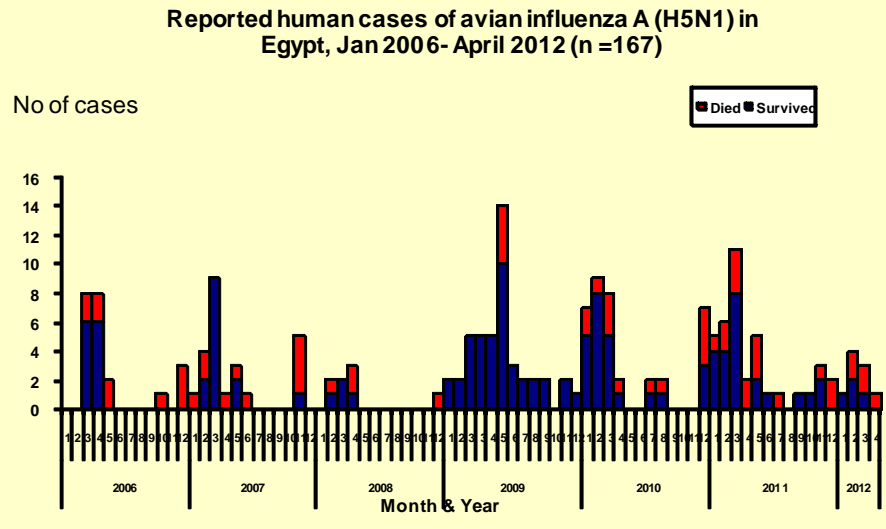
One new human cases of avian influenza A/(H5N1) in Egypt

The Egyptian Ministry of Health and Population has reported four new cases of avian influenza A/H5N1 in March and April 2012. There were three related deaths. All the patients received Oseltamivir. The cases were confirmed by the Central Public Health Laboratories; a National Influenza Center of the WHO Global Influenza Surveillance Network. A total of nine cases including 5 deaths of A/H5N1 have been reported since the beginning of the year, and the number of human cases of A/H5N1 reported since 2006 in Egypt is now 167 including 60 deaths (CFR 35.9%).

Editorial note

Since 2006, the Ministry of Health and Population in Egypt has reported 167 cases of human infection with avian influenza H5N1 virus, of which sixty were fatal (CFR=35.9%). In the first quarter of this year alone, a total of 9 cases including 5 deaths (CFR=55.5%) have already been reported. Globally, Egypt has the second highest number of human infection with A/H5N1 after Indonesia which has reported 188 cases including 156 deaths (CFR=82.9%). In the last five years the A/H5N1 virus remained active in a number of countries but human cases were reported mainly from six countries (Indonesia, Egypt, Vietnam, Cambodia, China and lately Bangladesh). A total of 602 cases and 355 deaths from A/H5N1 has so far been reported from 15 countries of the World. The human case fatality of A/H5N1 in Egypt has remained relatively low (35.9%) compared to the global average of 59.0% (see table on col. 3).

Until now, most of the human infections with A/H5N1 virus have occurred through exposure to sick or dying birds and/or their products. However, the potential of H5N1 virus circulating in nature evolving and acquiring the ability to spread easily from human to human remains a possibility. The recent re-



Age group	Cases	Deaths	CFR (%)
< 5 yrs	50	2	4
5 to 15 yrs	35	4	11.4
>15 to 30 yrs	47	34	72.3
>30 to 45 yrs	30	17	56.6
>45 yrs	5	3	60
Total	167	60	35.9

ported findings of researches on the genetic basis of the transmissibility of H5N1 by two groups (one in the Netherlands and the other a joint Japan/USA) should worry all countries and in particular countries like Egypt where H5N1 virus continue to circulate in the environment. These researches resulted in laboratory-modified H5N1 viruses capable of respiratory transmission between mammals (ferrets). The results also demonstrated that, relatively few genetic changes in H5N1 viruses can enable transmission via respiratory routes in these animals, and suggest that H5N1 viruses could become more easily transmissible from person to person. These two researches have generated a lot of debate on the value, usefulness and issues of safety and bio-security of the modified H5N1 viruses. (See: <http://www.who.int/influenza/pip/en/>)

Update on outbreaks

in the Eastern Mediterranean Region

Measles in Afghanistan, Somalia, Djibouti and Yemen; **Avian Influenza (H5N1)** in Egypt

Current public health events of international concern

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

Avian influenza

China	[42(28), 66.7%]
Egypt	[167 (60), 35.9%]
Indonesia	[188 (156), 82.9 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[20(18), 90%]
Bangladesh	[6(0), 0%]
Global total	[602(355), 59.0%]

Measles

Afghanistan	[261 (0), 0%]#
Somalia	[1046 (na), na%]#
Yemen	[3800(124), 3.3%]#

Lassa fever

Nigeria	[623(70), 11.2%] #
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Meningococcal Meningitis

Chad	[1043(67), 6.4%]
Burkina Faso	[1966(212), 10.8%]

CFR=Case-Fatality Rate;
ILI = Influenza-like Illness
* Number of hospital visits;
Suspected cases only