

Weekly Epidemiological

Monitor

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Current major event

Regional Office for the Eastern Mediterranean

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

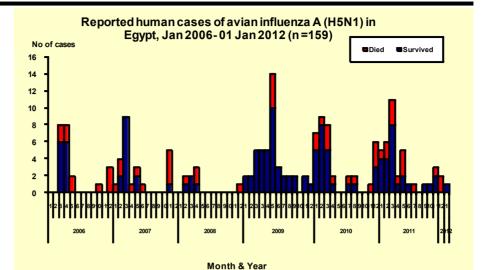
The Ministry of Health and Population in Egypt reported two new cases of human infection with avian influenza A (H5N1) virus during the months of December-January 2012. In addition, the Ministry also retrospectively reported one new cases with the date of onset of symptoms on 30 October 2011. Of these newly reported cases, one was fatal. Thus, the total number of confirmed cases of human infection with avian influenza A (H5N1) reported from Egypt rose to 159 including 55 deaths. All these newly reported cases had exposure to sick chicken in the backyard poultry.

Editorial note

The highly pathogenic influenza (H5N1) virus remains a persistent public health threat in Egypt. Although, the overall case-fatality in the country remains low (34.5%) compared to the global rate of about 59%, the country has reported a total of 38 new cases of human infection with avian influenza A(H5N1) virus including 14 deaths in 2011. This is almost 63 percent of the global total new cases (57) reported in 2011. Egypt is one of the few countries where the virus remains entrenched.

As longs as the Avian influenza A (H5N1) virus continues to evolve, be it in Egypt or elsewhere, the threat of yet another human pandemic influenza is not yet over. Over the past decade, since the emergence of this new influenza virus, the scientists have been trying to understand the reasons why the avian influenza A (H5N1) virus does not transmit easily between humans, and to identify the features that might be associated with a switch to easy human-tohuman respiratory transmission.

In view of high mortality rate from avian influenza, it is fortunate that the virus is relatively difficult to transmit. In most cases, infected persons have had close



Age group	Cases	Deaths	CFR (%)
< 5 yrs	48	2	4.1
5 to 15 yrs	35	4	11.4
>15 to 30 yrs	46	33	71.7
>30 to 45 yrs	25	13	52
>45 yrs	5	3	60
Total	159	55	34.5

contact with infected birds; the virus is rarely transmitted from person to person. However, much of the impetus for pandemic planning over the past decade has been the possibility that the virus would adapt to allow much easier human -to-human transmission, i.e., through the development of mutations that would increase its potential to cause a new influenza pandemic with a high mortality rate. If this adaptation were to happen easily, for example, after only a few changes in the genetic code of the viruses, then it would be critical to be on the alert for early evidence of such changes through surveillance. It should then also be possible to develop effective control measures, including vaccines and drugs.

It is, therefore critical to continuously monitor the evolution of subtype H5N1 and other influenza viruses in Egypt as well as elsewhere wherever the threat persists. Any epidemiological change in the profile of the cases would also be important to observe for analyzing risk.

Update on outbreaks

in the Eastern Mediterranean Region

Wild polio type 3 in Pakistan; Avian Influenza (H5N1) in Egypt

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

Avian influenza

USA

Egypt	[159 (55), 34.5%]
Indonesia	[184 (152), 82.6 %]
Viet Nam	[120(60), 50%
Cambodia	[19(17), 89.4%]
Global total	[582 (343), 58.9%]

ILI (Swine origin triple assortment influenza A (H3N2)

Yellow fever	
Senegal	[3(0), 0%)]
Measles	
Canada	[802 (0)]
Ukraine	[37 (0)]#
Ecuador	[193(1), 0.51%)]
AWD (Cholera)	
Haiti	[22366(236), 1 %]*

CFR=Case-Fatality Rate;

ILI = Influenza-like Illness

- * Number of hospital visits;
- # Suspected cases only

[3(0), 0%]