Current major event

New Cases of Avian Influenza A(H5N1) in Egypt

During the month of March, the Ministry of Health and Population in Egypt reported two new cases of human infections with avian influenza, A (H5N1) virus. One of the cases was a 40 year old female from Bagoor district of Menofia governorate. She developed symptoms on 3 March, was admitted at Menofia fever hospital on 8 March. She recovered fully. The other case was a 26 year old male, from Elmanzala district of Dakahlia governorate. He developed symptoms on 30 March 2013, was admitted at Aleman private hospital on 5 April and died on 8 April. The laboratory-confirmation was done at the Central Public Health Laboratory in Egypt which is also a National Influenza Center. Field investigations into the source of infection revealed that both the cases had close contact with sick and dead backyard poultry before they developed the symptoms. With these two new cases, a total of 172 cases including 62 deaths were reported in Egypt from avian influenza A (H5N1).

Editorial note

The report of these two laboratory-confirmed cases of human infection with avian influenza A (H5N1) virus comes in the backdrop of emergence of yet another novel influenza virus—avian influenza A (H7N9) virus in China. To date, a total of 102 laboratory-confirmed cases of human infection with this new avian influenza A(H7N9) virus including 20 deaths were reported to WHO. It is expected that there will be further cases of human infection with this new virus in China as the source of this new influenza virus remains unknown to date, although an animal source is being suspected. It was reassuring to note that no clusters of infection suggestive of human-to-human transmission have been reported so far from China from this novel influenza virus. The pandemic potential of this new virus also remain unknown at this stage.

Reported human cases of avian influenza A (H5N1) in Egypt, Jan 2006- March 2013 (n=172)

<table>
<thead>
<tr>
<th>Age group</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5 yrs</td>
<td>52</td>
<td>2</td>
<td>3.9</td>
</tr>
<tr>
<td>5 to 15 yrs</td>
<td>35</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>&gt;15 to 30 yrs</td>
<td>48</td>
<td>35</td>
<td>72.9</td>
</tr>
<tr>
<td>&gt;30 to 45 yrs</td>
<td>32</td>
<td>18</td>
<td>56.2</td>
</tr>
<tr>
<td>&gt;45 yrs</td>
<td>5</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>172</td>
<td>62</td>
<td>36</td>
</tr>
</tbody>
</table>

The world has now two highly pathogenic avian influenza viruses to deal with—one influenza A (H5N1) and the other one is the newly discovered influenza A (H7N9). The A(H5N1) virus is causing sporadic human infections in Egypt since its emergence in 2006 but it needs to be seen whether this will be the same situation with this new strain of influenza virus-A (H7N9) in China. Enhanced surveillance for this new virus can only answer those questions.

The current situation in Egypt as well in China are great reminders that guards can not be lowered when virus with pandemic potential remains unknown. Although a new virus is emerging from China, the world still cannot be lowered and pandemic risk assessment associated with this A (H5N1) virus should be continued as before.

Update on outbreaks in the Eastern Mediterranean Region

Novel Coronavirus in UAE; Hepatitis E in South Sudan; 

Current public health events of international concern [cumulative No of cases (deaths), CFR %]

Avian influenza

- Egypt [172 (62), 36%]
- Indonesia [192 (160), 83.3%]
- Viet Nam [123 (61), 49.5%]
- Cambodia [30 (27), 90%]
- Global total [624 (372), 59.6%]

Hepatitis E

- S. Sudan [9592 (171), 1.7%]

Novel coronavirus

- Saudi Arabia [9 (6), 66.6%]
- Qatar [2 (0)]
- Jordan [2 (2), 100%]
- UK [3 (2), 66.6%]
- UAE [1 (1), 100%]

Influenza A (H7N9) virus

- China [102 (20), 19.6%]

Yellow fever

- Chad [139 (9), 6.4%]

CFR=Case-Fatality Rate; # Suspected cases