HAV outbreak in EU travelers returning from Egypt

From first of November 2012 to 30 April 2013, 14 countries in the European Free Trade Association (EFTA) reported a total of 15 lab confirmed and 89 probable cases of hepatitis A virus (HAV) infections. All the cases had a recent travel history to Egypt.

Editorial note

Hepatitis A virus (HAV) is classified in the genus Hepatovirus within the family Picornaviridae. There are six HAV genotypes that have been identified: genotypes I to VI. Genotype I is the most prevalent worldwide. The disease is usually asymptomatic or mild, particularly in children below the age of five, it is clear that severity increases with age. HAV is a highly transmissible disease with an abrupt onset of illness in adults. Its symptoms include fever, malaise and abdominal discomfort, with jaundice as a predominant symptom. There is no chronic infection and the infection leads to lifelong immunity.

During the last 6 months, a multistate outbreak of Hepatitis A virus with travel history to Egypt were reported by 14 countries in Europe. A total of 15 laboratory confirmed cases in three different countries of EFTA (Norway, Netherlands and United Kingdom) (Please see the table), and 89 probable cases from 14 EFTA countries, presented with identical symptoms, all appearing after returning back from Egypt. These cases were distributed over the weeks in three waves, with most cases occurring in the third wave, starting third week of 2013. The highest number of cases per week was reported during the sixth epidemiological week of 2013 (Please see chart).

Most of the cases had travel history to two different sites in the Red Sea region, mainly Sharm El-Sheikh and Hurghada. As reported, two clusters of the confirmed cases occurred in Sharm El-Sheikh: the first with 5 cases and the second with 2 cases; while one cluster occurred in Hurghada with 3 cases. Various airports and airlines have been used by patients, most cases travelled on direct flights to their countries. Though the obvious vaccination recommendations for travelers in all involved countries to HAV endemic areas, no cases were vaccinated prior to their travel.

In response to this outbreaks, WHO/HQ, WHO/European Region, and WHO/Easter-Mediterranean Regional Office, ECDC and public health authorities in the affected countries are closely cooperating in collecting and sharing relevant information with the Egyptian authorities and have offered to support the Egyptian Ministry of Health with the investigations and control of the outbreak. This HAV outbreak suggests that travelers to endemic areas should be advised to take the vaccine before departing their native countries. The European epidemic case definition for probable and confirmed cases is recommended to be used for detection of cases among newly returning travelers.

Update on outbreaks in the Eastern Mediterranean Region

Novel Coronavirus in Jordan, Saudi Arabia, Qatar & UAE; Hepatitis E in South Sudan; Meningococcal meningitis in South Sudan; Wild Poliovirus in Somalia.

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

Avian influenza

Egypt [172 (62), 36%]
Indonesia [192 (160), 83.3%]
Viet Nam [125 (62), 49.6%]
Cambodia [31 (27), 87.1%]
Global total [628 (374), 59.6%]

Hepatitis E

S. Sudan [10222 (187), 1.8%]#

Novel coronavirus

Saudi Arabia [24 (13), 54.2% ]
Qatar [2 (0)]
Jordan [2 (2), 100%]
UK [3 (2), 66.6%]
UAE [1 (1), 100%]
France [2 (0)]

Influenza A (H7N9) virus

China [131 (32) 24.4% ]#

Meningococcal meningitis

South Sudan [110 (5), 4.5%]#

Wild poliovirus

Somalia [1 (0)]

CFR=Case-Fatality Rate; # Suspected cases