New human case of Avian Influenza A (H5N1) in Egypt

The Ministry of Health and Population in Egypt has reported a new human case of Avian Influenza A (H5N1) in June. The patient was a 34 years old male construction worker from Menia Governorate, Samallot District. He developed fever, sore throat, cough and difficulty of breathing on 15 June 2014, and was admitted to hospital on 22 June. The case was laboratory confirmed at Menia sub-national Lab on 24 June, and reconfirmed at Central Public Health lab on 25 June. He was referred to Abbasya Chest Hospital in Cairo on 25 June and died on 7 July 2014. Since 2006, Egypt has reported 176 confirmed cases of avian influenza A/H5N1 including 64 deaths (CFR 36.4%).

Editorial note

Egypt has reported 3 sporadic cases of A/H5N1 including one associated death (CFR 33%) this year. Egypt has witnessed a marked decline in the number of human cases of avian influenza A/H5N1 in the Country since the virus was first reported in humans in 2006. This trend has also been observed globally.

With the 176 confirmed Human Avian Influenza A (H5N1) cases, Egypt is the second most affected country globally after Indonesia. Egypt is also the only country in the WHO Eastern Mediterranean Region that has continued to report human cases of A/H5N1 since the first reporting in 2006.

A joint investigation between human health and veterinary sector into the source of infection for this case revealed that the patient had contact with a poultry market near his home. This finding like previous ones, shows that the major risk factor remains contact to infected poultry in Egypt. Since February 2006, 23 out of the 27 governorates in Egypt have reported confirmation of Avian influenza A (H5N1) in humans and poultry.

The case fatality rate among the cases remain low in Egypt in comparison to the global CFR of more than 50%. Case fatality rate among children less than 5 years also is lowest, although the highest reported cases were among this group. The worst case fatality rate among the young people aged between 15 and less than 30 years old followed by the age-group between 30 to less than 45 years old (please see the above table).

Strengthening the surveillance system in the human and animal sector, sharing information between the two sectors, conducting joint regular meeting between the two sectors, in addition to raising the awareness among the high risk communities specially those who have close contact with poultry, will reduce the burden of the disease at human level and reduce the risk of mutation of the virus and be eligible for sustainable human to human transmission.