

## Current major event

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

The Ministry of Health and Population of Egypt has reported one new case of human infection with avian influenza A (H5N1) virus in June 2012. The case is a four year-old female from Kfr-Elsheikh governorate. She developed symptoms on 25 April, was admitted to hospital the following day and received antiviral treatment upon admission. She fully recovered and was discharged on 7 May 2012. The case was laboratory-confirmed by the Central Public Health Laboratory in Egypt and the Naval Medical Research Unit-3 (NAMRU-3). To date, a total of 168 cases have been confirmed in Egypt, of which 60 have been fatal.

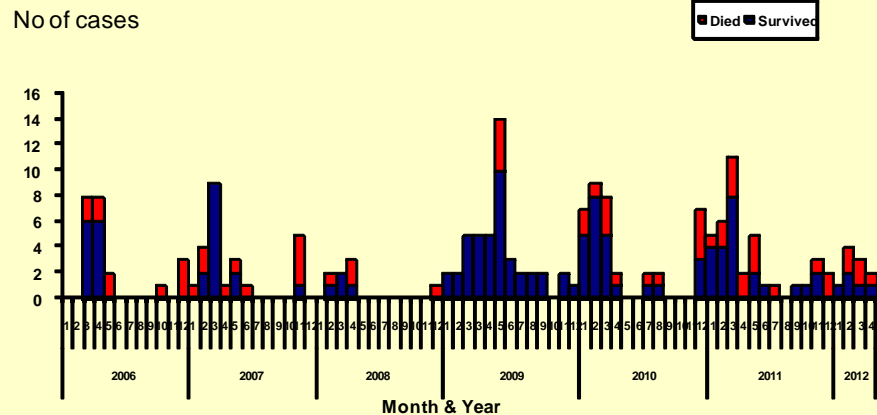
### Editorial note

Since 2006, Egypt has been experiencing outbreaks of highly pathogenic avian influenza (HPAI) caused by the H5N1 subtype of influenza A virus. The first outbreak was reported in poultry in February 2006, and the first human case of avian influenza A(H5N1) was confirmed on 15 March 2006. Since that period, the human infection of avian influenza (AI) has emerged as a significant public health problem in the country.

During the first half of this year a total of 10 cases (*Please see the graph*) including 5 deaths (CFR=50%) were reported which is much higher than the national average (35.7%) seen in the country (*Please see the table*). It has been observed not only in Egypt but from other countries around the globe (that have been affected by the outbreak of human infection of AI as well) that the clinical outcome looks much better and the patients survive from the infection if they receive antiviral treatment within 48 hours of developing symptoms. The more delay is in receiving the antiviral treatment by the patients, significantly worse is the survival rate and chances of full recovery from the infection.

Although, the Egyptian government has undertaken a number of steps to address the potential threat of the spread of the

Reported human cases of avian influenza A (H5N1) in Egypt, Jan 2006- April 2012 (n =168)



Age distribution of avian influenza A (H5N1) reported from Egypt, 2006-2012

Age group	Cases	Deaths	CFR (%)
< 5 yrs	51	2	3.9
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
<b>Total</b>	<b>168</b>	<b>60</b>	<b>35.7</b>

Source: WHO Country Office, Egypt

disease amongst humans, and instituted an intensified public health education campaign to increase awareness of the public stressing on community practices and behaviours that would reduce transmission, the control measures are far from creating any visible impact on preventing transmission of AI virus from birds to humans. In the shorter run, therefore, efforts should be directed towards reinforcing community education and public awareness on the clinical signs and symptoms of AI and the importance of seeking early treatment.

Human cases will continue to be reported in Egypt as the AI virus is entrenched in the country. In view of the fact that control of AI in poultry can be complex and difficult, the challenge would be to reduce human infections and deaths as much as possible through health education and behaviour change communication.

## Update on outbreaks

### in the Eastern Mediterranean Region

Avian influenza in Egypt; Dengue and CCHF in Pakistan; Measles in Afghanistan, Yemen and Somalia.

### Current public health events of international concern

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

#### Avian influenza

China	[43(28), 65.1%]
Egypt	[168 (60), 35.7%]
Indonesia	[189 (157), 83 %]
Viet Nam	[123(61), 49.5%]
Cambodia	[21(19), 90.4%]
Bangladesh	[ 6(0), 0% ]
Global total	[606(357), 58.9%]

#### Measles

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

#### Crimean-congo haemorrhagic fever

Pakistan	[23(5) 21.7%]#
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#### Meningococcal Meningitis

Chad	[2828(135), 4.7%]
Sudan	[431(55), 5.5%]

#### Dengue

Pakistan	[111(0), ]
Yemen	[112(2), 1.7% ]

CFR=Case-Fatality Rate; # Suspected cases