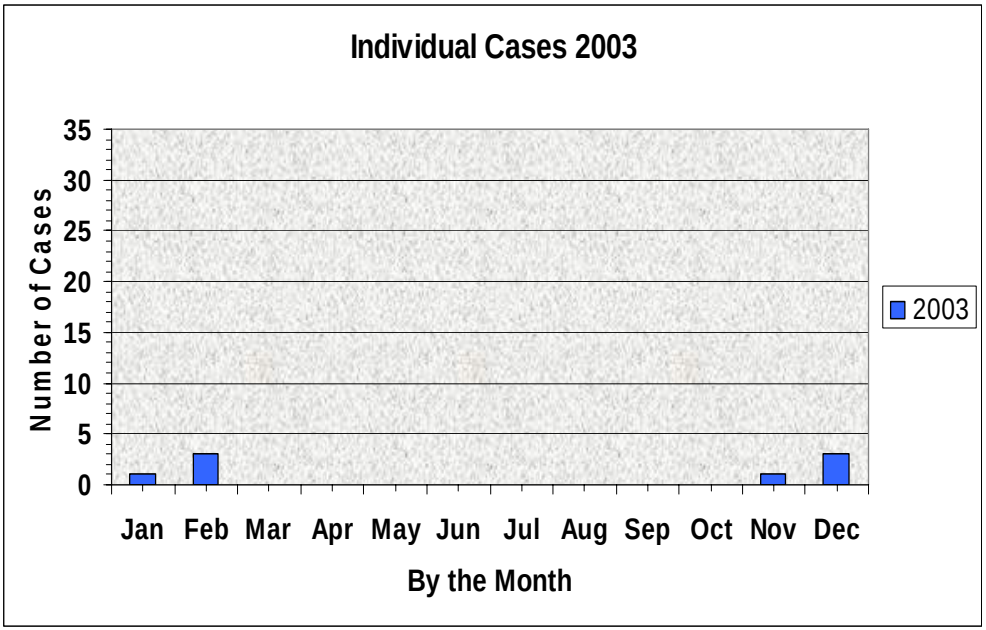
Individual Cases 2003 - 2006

An Interesting Review


Individual Cases 2003
Number of Cases
35
30
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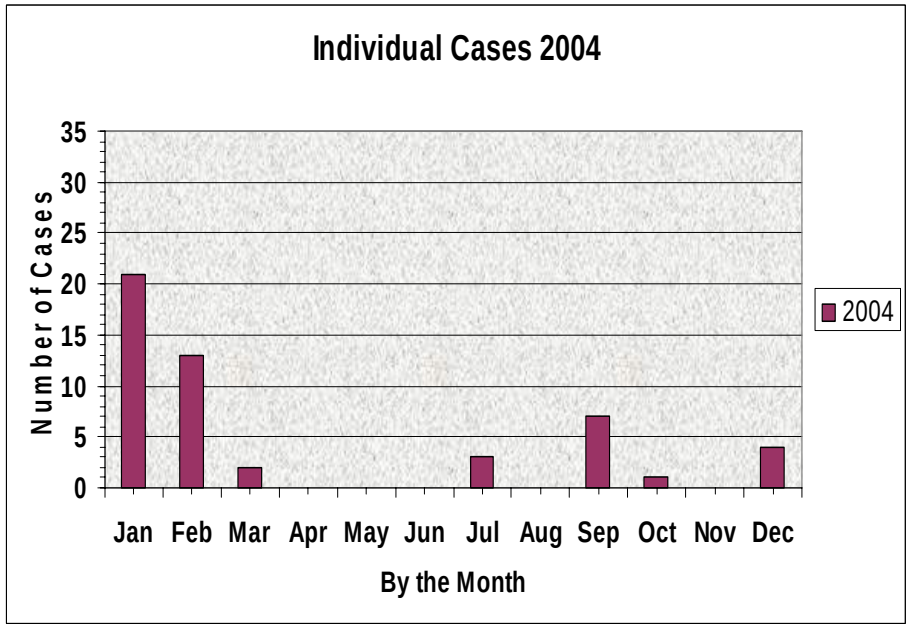
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
By the Month
2003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Number of Cases
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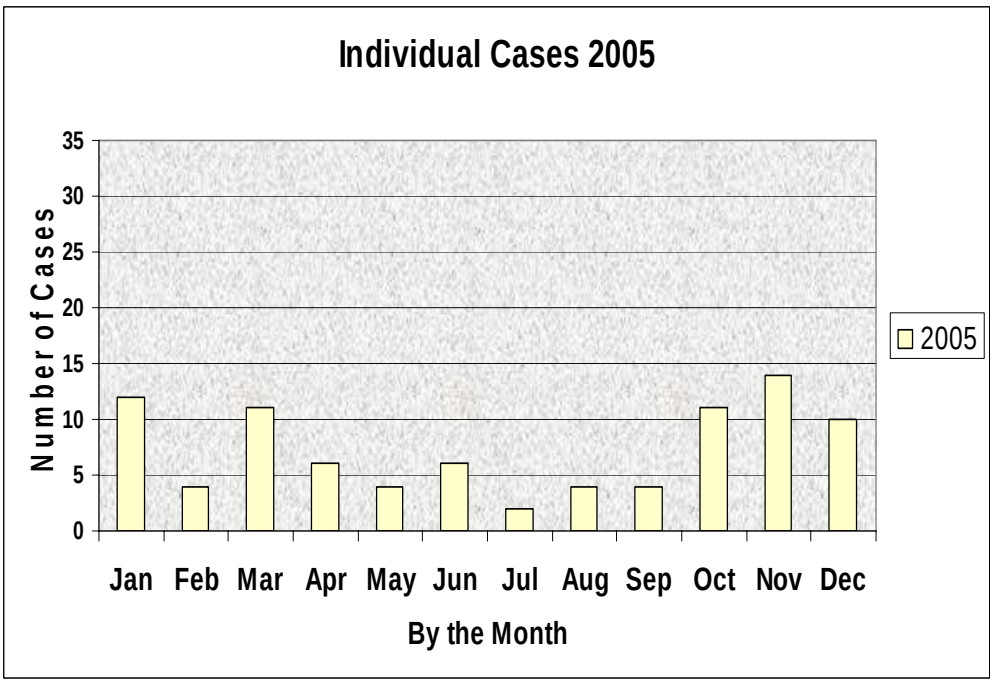
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
By the Month
2004


Individual Cases 2005
Number of Cases
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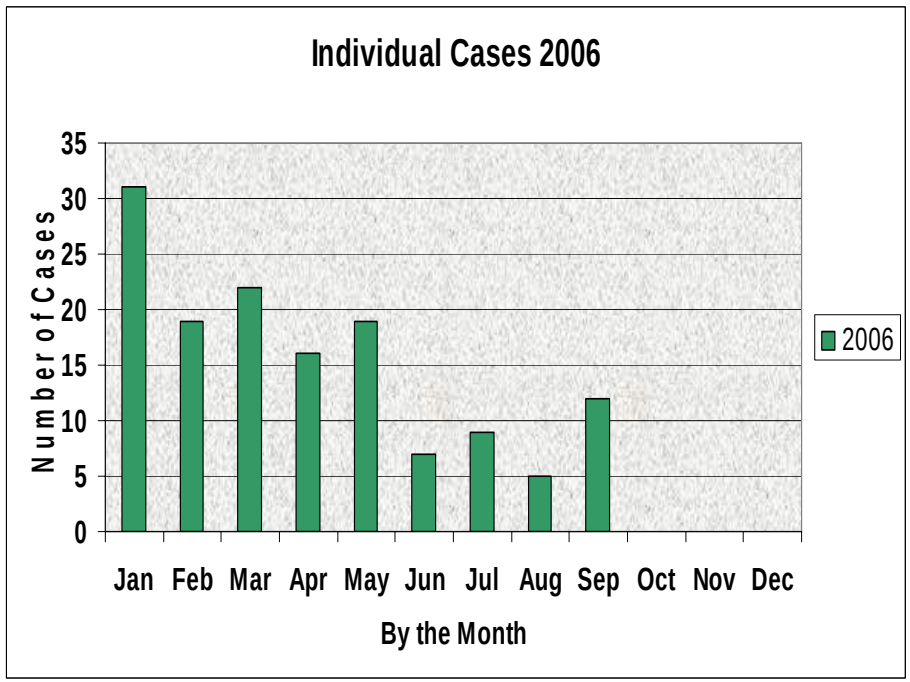
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
By the Month
2005


Individual Cases 2006
Number of Cases
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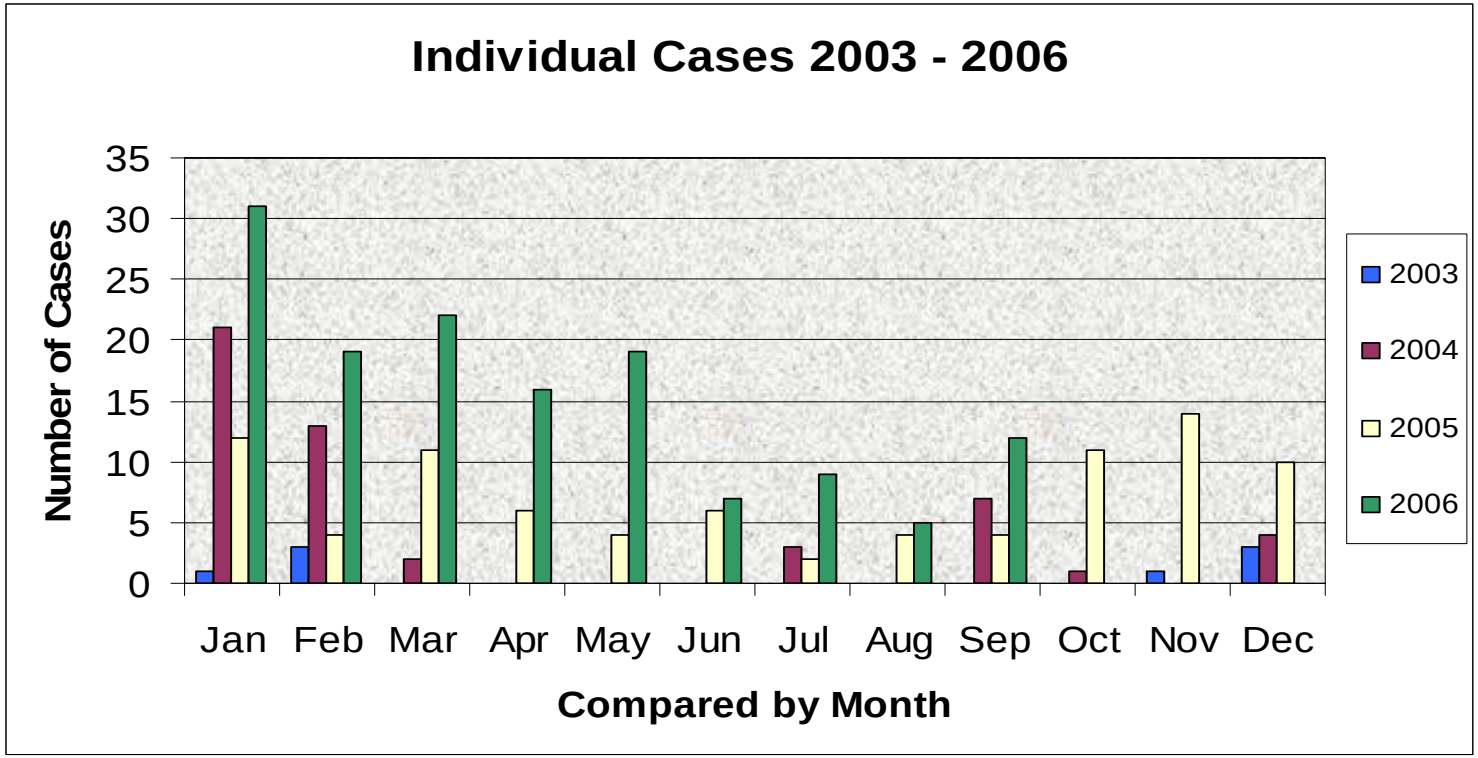
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
By the Month
2006


Individual Cases 2003 - 2006
Number of Cases
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Compared by Month
2003
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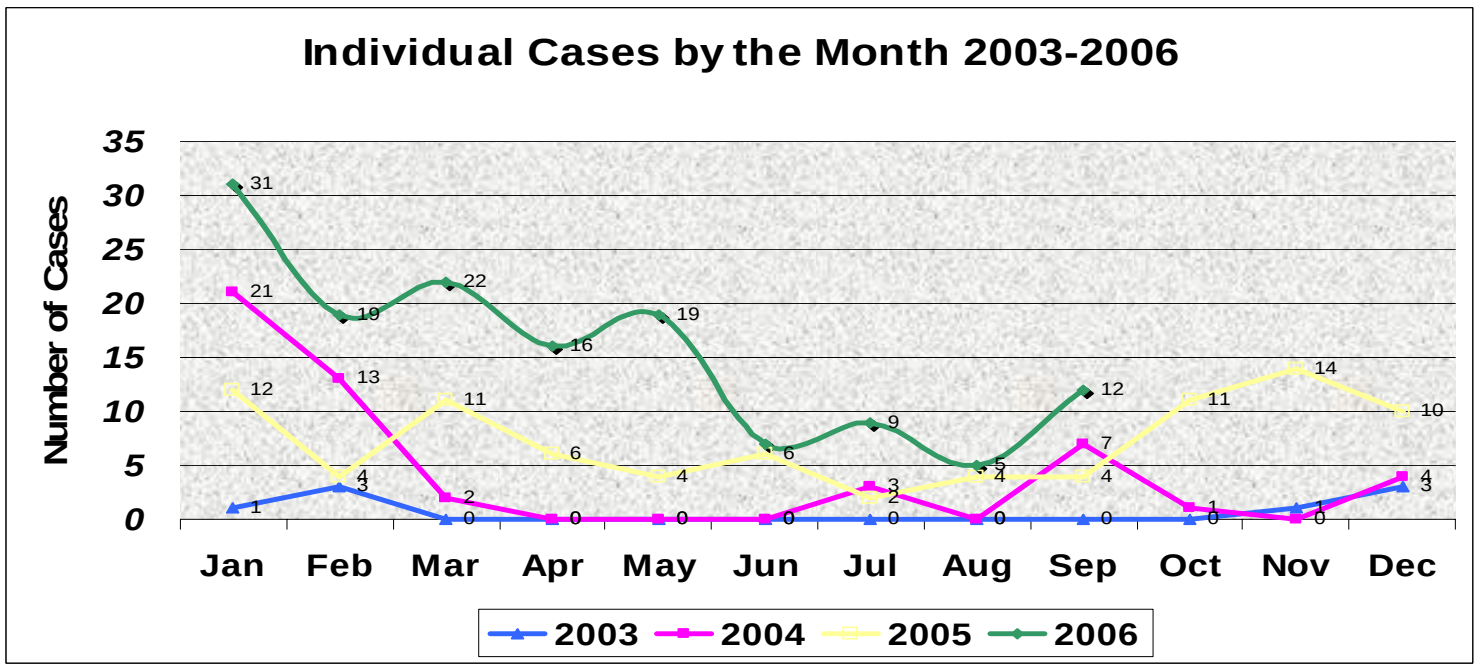
2005
2006


Individual Cases by the Month 2003-2006
Number of Cases
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2003
2004
2005
2006

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SOURCE	COUNTRY	INFORMATION	
WHO Update: Jan 13, 2004	Viet Nam	Laboratory results received on Sunday have confirmed the presence of avian influenza virus strain A(H5N1) in samples taken from humans. The samples were taken from two children and one adult admitted to hospital with a severe respiratory illness in Hanoi.	Since the end of October, **hospitals in Hanoi and surrounding provinces have admitted 14 persons with severe respiratory illness.** The cases are in thirteen children and one adult, the mother of a deceased child. To date, **eleven** of the children and the adult **have died.**
WHO Update: Human and Viet Nam. January 16th, 2004	Korea, Viet Nam, Japan	All reported bird epidemics, in the Republic of Korea, Viet Nam, and Japan, are now known to have been caused by an H5N1 strain of avian influenza viruses. The simultaneous occurrence of large and highly fatal outbreaks of H5N1 in birds is considered unprecedented. **WHO is concerned that these events may indicate that H5N1 is becoming established in birds in this part of the world.**	Because comprehensive surveillance to detect all cases in bird species is difficult, **the true geographical occurrence of the avian epidemic may not be fully appreciated at present**. Despite the seriousness of the current outbreak in humans, WHO believes that it can be controlled, provided decisive measures are taken to eliminate the animal reservoir for human infections. Surveillance for human respiratory disease in this part of the world has been intensified.
WHO Update: Jan 24, 2004	Thailand	Yesterday, health authorities in Thailand announced laboratory confirmed H5N1 infection in two boys. **Additional patients with respiratory symptoms that might signal H5N1 infection are being tested,** and results are expected next week.	
WHO Update: Feb 20, 2004 #28	Thailand	Thai authorities are currently investigating a further 147 reports of patients admitted to hospital with suspicious symptoms. **Of these, 21 are being considered as suspect cases of H5N1 infection**. All have a clinical diagnosis of pneumonia. Eight have died, 8 have fully recovered, and 5 remain hospitalized.	
WHO Update: Aug 13, 2004 Situation in Viet Nam	Viet Nam	WHO has also been informed that specimens from a **small number of additional patients, from both northern and southern parts of the country, are also being tested.**	The government has been investigating cases of severe pneumonia, **most of which have been fatal, that have been detected in children and young adults** over the past three weeks. Specimens are not available for all of the fatal cases
WHO Update: March 11, 2005 Situation in Viet Nam; # 11	Viet Nam	The Ministry of Health in Viet Nam has today confirmed an additional 10 cases of human infection with H5N1 avian influenza. Today's report is an official notification to WHO of some recent cases, whose infection was detected in March, combined with retrospective notification of	Pending further information from the Ministry of Health, **WHO will issue details showing dates of onset, outcome, and province for all 24 cases in tabular form.**

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WHO Update: April 14, 2005 #16	Viet Nam	The Ministry of Health in Viet Nam has provided WHO with official confirmation of an additional eight human cases of H5N1 avian influenza. Two of the cases were recently detected, between 2 and 8 April, in Hung Yen and Ha Tay Provinces, respectively. Both patients are alive.	The other **six cases** are thought to have been detected prior to 2 April. WHO is seeking further details from the authorities on this six cases.
WHO Update: May 19, 2005 # 18	Viet Nam	Since the third wave of infection began in Viet Nam in mid-December 2004, 49 cases have been reported. Of these cases, 17 were fatal. The **most recent case was reported to the ministry on 17 April**.	**Comment:** (There is **no** WHO update on April 17. This is the next update that reports on Viet Nam. Prior to this update, April 14, 2005 was the last update for Viet Nam.)
WHO Update: June 16, 2005 # 21	Viet Nam	WHO aware of media reports **that 6 additional patients infected with H5N1** are being treated in a Hanoi Hospital **and a health care worker** may also be infected. WHO says the reports appear to be accurate	**Comment:** (And then the next update.)
WHO Update: June 17, 2005 # 22	Viet Nam	Confirmed that between June 1 and 17, **4 cases of human infection with H5N1 were reported:** 2 of the patients are from Hanoi, one is from the nearby province of Hai Duong, the 4th patient is from the central province of Nghe An. (**a total of 7 patients are being treated at a hosp in Hanoi)**	**Comment**: What happened to the other 2 patients and the health care worker?
WHO Update: Jan 5, 2006 Sit in Turkey	Turkey	Turkish health authorities have informed WHO that, **since 1 January, a total of 11 patients (including the two confirmed fatal cases)** have been hospitalized in Van Province with symptoms suggesting infection with avian influenza.	**Most patients are children** between the ages of six and fifteen years **and all reside in the Dogubayazit district.** Two of the children are siblings of the two confirmed cases.
WHO Update: Jan 7, 2006 Sit in Turkey	Turkey	**30 patients are being treated and evaluated for possible H5N1** at a hospital in Van Province; Most are children and the majority come from the district of Dogubayazit.	
WHO Update: Jan 9, 2006 Sit in Turkey	Turkey	This brings the total number of cases in Turkey, confirmed by laboratory tests, to 14. The quality of laboratory testing at Turkey's National Influenza Centre in Ankara is high.	**H5N1 is the only strain within the H5 subtype known to infect humans.**
CIDRAP Website:	Turkey	The two boys tested positive on Jan 8, according to Reuters. They are among **15 Turks who have tested positive in Turkish labs in little more than a week**. Reports have not specified what kind of test was used in the boys' cases.	The WHO has officially recognized only four of the Turkish cases so far, following confirmation by reference laboratories outside Turkey. However, the agency has praised the quality of testing done by Turkey's national influenza lab and has said that the other cases are likely to be confirmed by further tests. Two other brothers from the Ankara area tested positive for H5N1 though they had only mild symptoms, according to the Herald Tribune. They too were under observation in an Ankara hospital. They had touched gloves that

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WHO Update: Jan 12, 2006 #4	Turkey	Information provided to WHO indicates that **these viruses are very similar to current avian H5N1 viruses isolated from birds in Turkey.** They are **also closely related** to viruses isolated from the large outbreak in migratory birds **that occurred at the Qinghai Lake nature reserve in China,** beginning in late April of last year.	**Virus from one of the patients shows mutations at the receptor-binding site.** One of the mutations has been seen previously in viruses isolated from a small outbreak in Hong Kong in 2003 (two cases, one of which was fatal) and from the 2005 outbreak in Viet Nam. **Research has indicated that the Hong Kong 2003 viruses bind preferentially to human cell receptors more so than to avian cell receptors.** Researchers at the Mill Hill laboratory anticipate that the Turkish virus will also have this characteristic
WHO Update: Jan 30, 2006: # 7	Turkey	Confirmation received for 12 of 21 cases submitted to the UK; 9 cases remain to be confirmed; (Tested H5 positive in Turkey). Testing for H5N1 infection is technically challenging, particularly under the conditions of an outbreak where large numbers of samples are submitted for testing and rapid results are needed to guide clinical decisions.	Additional testing in a WHO collaborating laboratory may produce inconclusive or only weakly positive results**. In such cases, clinical data about the patient are used to make a final assessment.**

WHO Update: Feb 6, 2006 #2	Indonesia	The fourth case is a five-year-old boy from Lampung Province who developed symptoms in October of last year and has since fully recovered. The child is the brother of a previously confirmed case, **a 20-year-old man who developed symptoms in late September** and likewise fully recovered. Both the child and his brother had direct exposure to diseased chickens during slaughtering.	As initial diagnostic tests produced inconclusive results**, retrospective confirmation** of the child's infection relied on antibody levels in acute blood samples taken during his illness and convalescent samples taken following recovery. **Comment:** There is **no** report of a 20 yo Man listed in the WHO Updates for September of 2005.
WHO Update: Feb 7, 2006 Situation in Iraq #2	Iraq	Two patients hospitalized for observation have been discharged, though their condition continues to be monitored by local health teams. **At present, 7 patients are being treated, in isolation,** at hospitals in the area. Most of these patients have reported a history of direct contact with diseased poultry.	In addition to the confirmed fatal case, two patients under investigation for possible H5N1 infection have died. Specimens from one of these, the 39-year-old uncle of the confirmed case, have tested positive for H5N1 infection in a local laboratory; his infection has not yet been confirmed by a WHO reference laboratory. **Comment:** As of Feb 7; Updates report 2 deaths; 2 discharged and 7 hospitalized. Total of 11 patients. **Only 5** patients are addressed by WHO.
WHO Update: February 17, 2006 # 3	Iraq	Samples from an initial 15 patients under investigation for possible infection were tested today at a US Naval Medical Research Unit located in Cairo, Egypt. Apart from the 39-year-old fatal case, all test results were negative.	A second shipment of samples from additional patients under investigation arrived yesterday in Cairo. Results are expected within the next few days. **Comment:** Where are

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WHO Update: March 1, 2006 #4 (Out of Order for Clarity)	Iraq	This brings the number of laboratory-confirmed cases in **Iraq, listed in the WHO cumulative table, to 2**. Both cases were fatal. The UK laboratory is also conducting tests on samples taken from **additional cases** under investigation from the northern province of Sulaimaniyah and the southern provinces of Basra and Missan.	**Diagnostic testing was initially delayed** by problems encountered in the shipment of samples from Iraq. Most of these problems have now been solved.
WHO Update: Feb 21, 2006; Situation in India	India	WHO was informed today that **12 patients with fever and respiratory illness** in Navapur sub-district have been hospitalized for observation as a precautionary measure.	**An additional 3 patients have been hospitalized**, also for observation, in the Vaira sub-district of the adjacent Gujarat state
WHO Update: Feb 22, 2006; Situation in Nigeria	Nigeria	To date, **four patients with respiratory symptoms** and a history of exposure to diseased poultry have been investigated for possible infection. **This number includes a woman who died of an acute respiratory illness on 16 February**.	**Comment:** No follow up.
WHO Update: March 9, 2006 #2 (Out of order for Clarity)	Nigeria	Nigeria's outbreak of highly pathogenic H5N1 avian influenza, initially confirmed at a single farm on 8 February, has now spread to several parts of the country. **To date, outbreaks have been detected on more than 130 farms in 11 of the country's 37 states.**	Continuing vigilance for human cases in Nigeria is essential**.** **Virus isolated from poultry in Nigeria is genetically almost identical to viruses that recently caused fatal human cases in Turkey and Iraq.**

WHO Update: Feb 23, 2006; Situation in India	India	**WHO wrote:** It was not clear if samples from a 27-year-old poultry worker from Gujarat State, said to have died of respiratory disease on 17 February, were among those tested.	**Comment:** Did they clarify?
WHO Update: Feb 28, 2006; Situation in Niger	Niger	Concern that human cases may occur in affected parts of Africa is high, given the close contact between people and poultry. **Laboratory studies have shown that the virus presently circulating in Nigeria <u>is virtually identical to viruses that have caused human cases and deaths</u> elsewhere since the start of this year.**	WHO is concerned that spread of the virus to additional parts of Africa will broaden opportunities for human cases to occur under circumstances where capacities to find, diagnose, investigate, and manage cases are limited. **Each additional human case gives the virus an opportunity to evolve towards a form that spreads easily from person to person.**

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WHO Update: March 21, 2006; situation in Azerbaijan	Azerbaijan	Samples from 11 patients under investigation in Azerbaijan for possible H5N1 infection have now been tested at a WHO collaborating laboratory in the United Kingdom. **Positive H5N1 results were obtained for seven of these patients. Five cases were fatal.** Six of the cases occurred in Salyan Rayon in the south-eastern part of the country. All six cases resided in the small Daikyand settlement of around 800 homes.	On-site diagnostic capacity continues to be provided by the US Naval Medical Research Unit 3 (NAMRU-3). **A better understanding of the situation in animals is, however, urgently needed.** **Comment:** Up until now, only 4 patients from Azerbaijan have been listed. **March 10th update reports 8 patients hospitalized for observation & 6 of those with mild symptoms.** A total of 7 patients are described in this update. Includes **2 new** patients currently being tested. This update includes previous cases.
WHO Update: March 24, 2006; Sit in Cambodia	Cambodia	3 yo girl from Kampong Speu Province; Hospitalized on March 20, 2006; Died March 21, 2006; +	The investigation found **seven residents with fever but no respiratory symptoms**. All had a history of recent contact with diseased birds or had been involved in caring for the child.
WHO Update: Aug 21, 2006; # 28	Indonesia	Sub district of Cikelet, West Java Province: **Deaths from respiratory illness are known to have occurred in late July and early August, but no samples were taken** and medical records are generally poor. Though **some** of these undiagnosed deaths **occurred in family members of confirmed cases,** the investigation has found no evidence of human-to-human transmission and no evidence that the virus is spreading more easily from birds to humans.	
ProMed 20060927.2762	Egypt	This year [2006], Egypt suffered the worst outbreak of avian flu outside Asia. The disease was largely brought under control, although fears remained of a new outbreak. The 1st announcements of avian flu cases among poultry in the country were made in mid-February 2006. This led to the culling of at least 20 million birds nationwide from that time to May 2006, when alarm over the disease dissipated among the public	**14 human cases of bird flu have been found in Egypt since mid-March 2006,** al-Bushra said. Of these, 6 have died. The last was a 75-year-old woman who died on 18 May 2006. Specialists say that the overwhelming majority of human cases in Egypt have been women who were infected by domestically-kept birds. **Comment:** WHO Updates only list 11 at this point.