



African Network for Influenza Surveillance and Epidemiology (ANISE)

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African Society for Laboratory Medicine Cape Town, South Africa 4 September 2013

The National Institute for Communicable Diseases (NICD), Republic of South Africa, hosted the **African Influenza and Emerging Respiratory Virus Preparedness Meeting** in Cape Town, South Africa on 4 September 2013, opportunely before the Options for the Control of Influenza VIII Conference held September 5-10. The meeting was convened to provide a forum for African scientists to discuss routine influenza surveillance activities and the emerging threats of Middle East Respiratory Syndrome-Coronavirus (MERS CoV) and novel H7N9 avian influenza. It was attended by 60 participants representing institutions in 16 African countries, the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) (continued on the next page).



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The African Influenza and Emerging Respiratory Virus Preparedness Meeting opened with a welcome from Professor Marietjie Venter, Co-Director of the Centre for Respiratory Diseases and Meningitis, NICD. The morning presentations focused on the most recent surveillance guidelines from the WHO, the epidemiology of influenza A (H7N9) and MERS CoV, and protocols for testing for novel pathogens and influenza at the animal-human interface from both a human health and veterinary perspective in South Africa.

The afternoon session focused on special populations at risk of influenza-related complications such as pregnant women and infants. Meeting participants then engaged in a productive discussion regarding the current role of the African Network for Influenza Surveillance and Epidemiology (ANISE) and how the Network can be developed further to meet the current needs of influenza-related activities in Africa.



Be a 'Flu in Africa' Champion...

Specifically, ANISE members present at the September 4 meeting proposed that the following three ANISE Working Groups be formed:

- Estimating mortality
- Enhanced surveillance for special populations (i.e., infants and pregnant women)
- Laboratory testing for influenza and other respiratory viruses

These Working Groups would aim to 1) foment collaboration between ANISE countries, 2) standardize methods between sites to answer key research questions, and 3) establish multicenter research collaborations and enhanced surveillance systems. CDC is currently looking into finding small amounts of funding to support ANISE countries participating in these Working Groups.

*** If you would like to nominate yourself and/or one of our colleagues to be part of a Working Group, please write ANISE@cdc.gov .



Influenza A (H7N9)

An outbreak of human infections with a new avian influenza A (H7N9) virus was first reported in China by the World Health Organization on April 1, 2013. The virus was detected in poultry in China as well. To date, 137 cases have been reported, including 45 deaths. Studies indicate that avian influenza viruses have a seasonal pattern to them, much like human seasonal influenza viruses. The peak number of H7N9 cases were reported in April and there were no reported cases during the months of August and September. In mid-October, two new cases of H7N9 were reported in China, suggesting a reemergence in cases. No cases of H7N9 outside of China have been reported although countries in Africa should remain vigilant as it is possible that the virus may be imported into the continent via international travelers.

Many of the people infected with H7N9 have reported contact with poultry. The working assumption is that human infections occurred after exposure to infected poultry or contaminated environments. While some mild illness in human cases has been seen, most patients have had severe respiratory illness. No evidence of sustained person-to-person spread of the H7N9 virus has been found. Limited person-to-person spread of bird flu is thought to have occurred rarely in the past, most notably with avian influenza A (H5N1). Based on this previous experience, some limited human-to-human spread of this H7N9 virus is expected.

Most concerning is the pandemic potential of influenza A (H7N9). Influenza viruses constantly change and it is possible that this virus could acquire the ability to easily and sustainably spread among people, triggering a global outbreak of disease (pandemic). The U.S. Centers for Disease Control and Prevention (CDC) is following this situation closely and coordinating with domestic and international partners. CDC takes routine preparedness actions whenever a new virus with pandemic potential is identified, including developing a candidate vaccine virus to make a vaccine if it were to be needed. CDC also has issued guidance to clinicians and public health authorities in the United States, as well as provided information for people traveling to China.

For more information, visit the CDC website at <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>

Middle East Respiratory Syndrome Coronavirus (MERS CoV)

MERS CoV Cases and Deaths, April 2012 to Present
Source: <http://www.cdc.gov/coronavirus/mers/>

Middle East Respiratory Syndrome (MERS) is viral respiratory illness first reported in Saudi Arabia in 2012. It is caused by a coronavirus called MERS CoV. Coronaviruses are a large family of viruses that may cause mild illness (common cold) to severe lower respiratory tract disease. Most people who have been confirmed to have MERS CoV infection developed severe acute respiratory illness. They had fever, cough, and shortness of breath. About half of these people died.

So far, all the cases have been linked to four countries in or near the Arabian Peninsula. This virus has spread from ill people to others through close contact. However, the virus has not shown to spread in a sustained way in communities. The situation is still evolving. Health organizations worldwide are working together to better understand the risks of this virus, including the source, how it spreads, and how infections might be prevented. For more information on MERS CoV, visit the World Health Organization website at http://www.who.int/csr/disease/coronavirus_infections/en/index.html

Countries	Cases (Deaths)
France	2 (1)
Italy	1 (0)
Jordan	2 (2)
Qatar	6 (3)
Saudi Arabia	116 (49)
Tunisia	3 (1)
United Kingdom	3 (2)
United Arab Emir-	6 (2)
Total	139 (60)

