



# MI Flu Focus

Influenza Surveillance Updates  
Bureaus of Epidemiology and Laboratories



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### **Current Influenza Activity Levels:**

- **Michigan:** Sporadic activity
- **National:** During December 25-31, influenza activity increased, but remains relatively low

### **Updates of Interest**

- **International:** China, Egypt and Indonesia all report new human cases of H5N1 avian influenza

### **Table of Contents**

Influenza Surveillance Reports	
Michigan.....	1-3
National.....	3-4
International.....	4-5
Novel Influenza and Other News	
WHO Pandemic Phase.....	5
Avian Influenza Surveillance.....	5-8
Avian Influenza H5N1 in Humans.....	8

### **\*\*Notice to Readers\*\***

Twelve human cases of a novel influenza A (H3N2) virus have recently been reported by CDC. There are no known cases in Michigan to date, but recent investigations in those states with cases have suggested some instances of limited human-to-human transmission. CDC has asked all states to conduct surveillance for suspect cases of this novel virus by increasing influenza testing. Therefore, the Michigan Department of Community Health is requesting all healthcare providers, hospitals and laboratories to assist in this effort. Influenza testing for all patients with an influenza-like illness is highly recommended, and all positive influenza specimens should be forwarded to the MDCH Bureau of Laboratories for additional confirmation. Please call the MDCH Division of Communicable Disease at 517-335-8165 with questions or to report suspect cases. Additional guidance is available at [www.michigan.gov/flu](http://www.michigan.gov/flu).

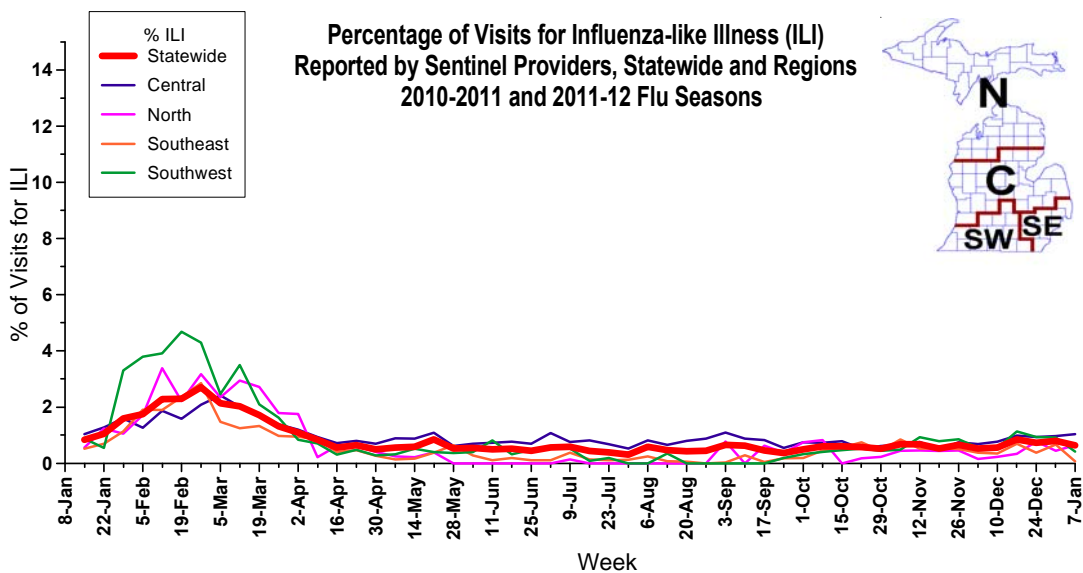
### **Influenza Surveillance Reports**

**Michigan Disease Surveillance System:** MDSS data for the week ending January 7<sup>th</sup> indicated that individual influenza cases remained at levels similar to the previous week. Aggregate reports increased significantly, most likely due to increased reporting as schools return from holiday breaks. Both individual and aggregate reports are lower than levels seen during the same time last year.

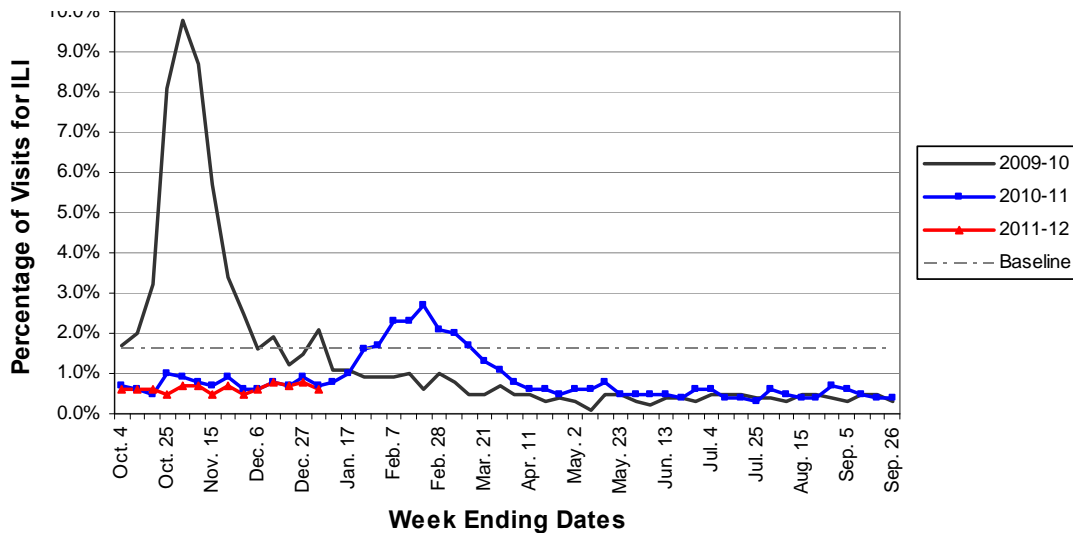
**Emergency Department Surveillance:** Compared to levels from the week prior, emergency department visits from constitutional complaints decreased slightly, while respiratory complaints remained steady. Constitutional and respiratory complaints are similar to levels reported during the same time period last year. In the past week, there were four constitutional alerts in the SW(1) and C(3) Influenza Surveillance Regions and one respiratory alert in the C Region.

**Sentinel Provider Surveillance (as of January 12):** During the week ending January 7, 2012, the proportion of visits due to influenza-like illness (ILI) slightly decreased to 0.6% overall; this is below the regional baseline of 1.6%. A total of 53 patient visits due to ILI were reported out of 8,420 office visits. Thirty-seven sentinel sites provided data for this report. Activity increased in one surveillance region: North (0.6%); remained the same in one region: Central (1.0%); and decreased in the remaining two regions: Southeast (0.1%) and Southwest (0.4 %). Please note these rates may change as additional reports are received.

As part of pandemic influenza surveillance, CDC and MDCH highly encourage year-round participation from all sentinel providers. New practices are encouraged to join the sentinel surveillance program today! Contact Cristi Carlton at 517-335-9104 or CarltonC2@michigan.gov for more information.



**Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet): Michigan 2009-2012**



**Hospital Surveillance (as of January 7):** The Influenza Hospitalization Surveillance Project provides population-based rates of severe influenza illness in Clinton, Eaton and Ingham counties. One influenza hospitalization was reported during the week ending January 7, 2011. For the 2011-12 season, there have been 2 lab-confirmed influenza hospitalizations, one adult and one pediatric, in the catchment area.

The MDCH Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. Nine hospitals (SE, SW, C, N) reported for the week ending January 7, 2011. Results are listed in the table below.

Age Group	Hospitalizations Reported During Current Week	Total Hospitalizations 2011-12 Season
0-4 years	0	1
5-17 years	0	0
18-49 years	0	3
50-64 years	0	0
≥65 years	0	0
<b>Total</b>	0	4

**Laboratory Surveillance (as of December 31):** During January 1-7, three influenza A/H3 positive results (3SE) were reported by the MDCH Bureau of Laboratories. For the 2011-12 influenza season (starting October 2, 2011), MDCH has identified 13 influenza results:

- Influenza A/H3: 12 (10SE, 2C)
- Influenza B: 1 (SE)
- Parainfluenza: 2 (1SE, 1C)
- Adenovirus: 1 (SE)

14 sentinel labs (SE, SW, C, N) reported for the week ending January 7, 2011. 4 labs (SE, C) reported sporadic influenza A positives. No influenza B positives were reported. 8 labs (SE, SW, C) reported low or increasing RSV activity. Testing volumes are low to moderate at most sites but increasing at a few sites.

**Michigan Influenza Antigenic Characterization (as of January 12):** For the 2011-12 season, one Michigan influenza B specimen has been characterized as B/Brisbane/60/2008-like at MDCH BOL; this strain matches the influenza B component for the 2011-12 Northern Hemisphere influenza vaccine.

**Michigan Influenza Antiviral Resistance Data (as of January 12):** No Michigan influenza specimens have been tested for antiviral resistance at this time for the 2011-12 season.

CDC has made recommendations regarding the use of antivirals for treatment and prophylaxis of influenza, which are available at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

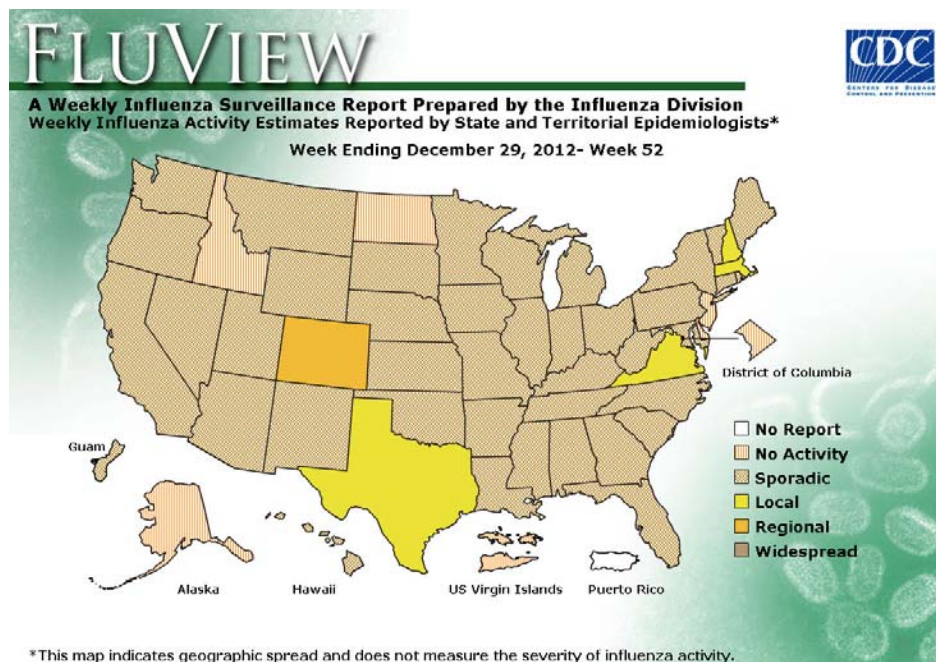
**Influenza-associated Pediatric Mortality (as of January 12):** No pediatric influenza-associated influenza mortalities have been reported to MDCH for the 2011-12 season.

CDC requires reporting of flu-associated pediatric deaths (<18 yrs), including pediatric deaths due to an influenza-like illness with lab confirmation of influenza or any unexplained pediatric death with evidence of an infectious process. Contact MDCH immediately for proper specimen collection. The MDCH protocol is at [www.michigan.gov/documents/mdch/ME\\_pediatric\\_influenza\\_guidance\\_v2\\_214270\\_7.pdf](http://www.michigan.gov/documents/mdch/ME_pediatric_influenza_guidance_v2_214270_7.pdf).

**Influenza Congregate Settings Outbreaks (as of January 12):** Two new respiratory outbreaks from the C Region, both in long-term care facilities, were reported to MDCH during the past week. Influenza testing results from MDCH BOL for one of these outbreaks were negative and are pending for the other outbreak. Three respiratory outbreaks (3C) have been reported during the 2011-12 season.

**National (CDC [edited], as of January 6):** During week 52 (December 25-31, 2011), influenza activity increased in the United States, but remains relatively low. Of the 3,310 specimens tested by U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories and reported to CDC/Influenza Division, 95 (2.9%) were positive for influenza. The proportion of deaths attributed to P&I was below the epidemic threshold. No influenza-associated pediatric deaths were reported. The proportion of outpatient visits for influenza-like illness (ILI) was 1.7%, which is below the national baseline of 2.4%. Three of the 10 regions (Regions 1, 5, and 10) reported ILI at or above region-specific baseline levels. One state experienced moderate ILI activity, New York City and six states experienced low ILI activity, 42 states experienced minimal ILI activity, and the District of Columbia and one state had insufficient data. The geographic spread of influenza in one state was reported as regional; four states reported local activity; Guam and 40 states reported sporadic activity; the District of Columbia, the U.S. Virgin Islands and five states reported no influenza activity, and Puerto Rico did not report.

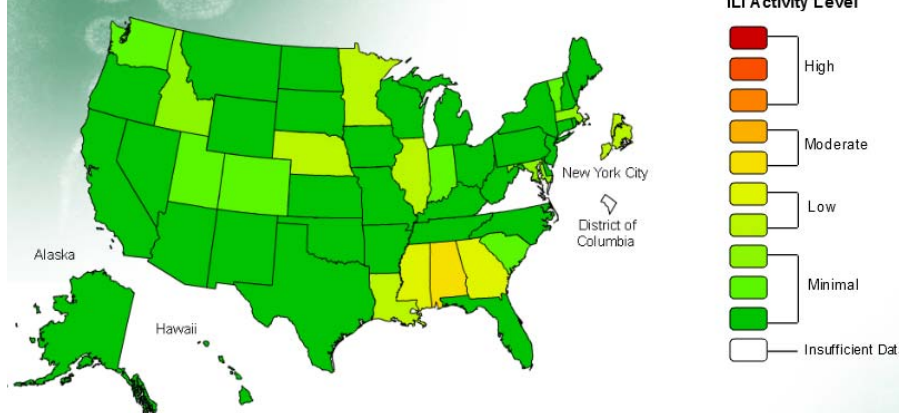
The entire weekly report is available online at <http://www.cdc.gov/flu/weekly/fluactivity.htm>.



# FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division  
**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet**  
2011-12 Influenza Season Week 52 ending Dec 31, 2011



This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. Therefore, outbreaks occurring in a single city could cause the state to display high activity levels. Data collected in ILINet may disproportionately represent certain populations within a state, and therefore, may not accurately depict the full picture of influenza activity for the whole state. Data displayed on this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologist.

**International (WHO [edited], January 6):** Influenza activity in the temperate regions of the northern hemisphere remains below seasonal threshold levels, though notable increases in activity have been reported in some areas of Canada, Europe (Spain and Turkey), northern Africa (Tunisia and Algeria), and the middle East (Iran). The persistence of the increased activity over the last few weeks in these areas likely represents the start of the influenza transmission season. The viruses detected throughout the northern hemisphere temperate zone have been predominantly of the A(H3N2) subtype. Only very small numbers of influenza A(H1N1)pdm09 have been reported in recent weeks. Countries in the tropical zone reported low levels of activity except for Costa Rica, which is primarily detecting A(H3N2). Influenza activity in the temperate countries of the southern hemisphere is at inter-seasonal levels though Chile and Australia both report persistent transmission of A(H3N2) with smaller numbers of influenza B in Australia.

### *Countries in the temperate zone of the northern hemisphere*

Influenza activity in the northern hemisphere temperate regions is still below baseline, though increased respiratory disease activity and influenza virus detections have been noted in some areas.

In Canada, the percent of positive influenza tests and consultation rates for influenza-like illness (ILI) have persistently increased since mid-December. However, nationally influenza activity remained at inter-seasonal levels. Localized influenza activity was reported in the region of British Columbia and sporadic cases reported in nine regions of four provinces (Alberta, British Columbia, Ontario and Quebec). Three influenza outbreaks in a long term care facilities and two paediatric influenza hospitalisations were reported in the last week. Of the 63 laboratory confirmed cases reported, 51 were of the influenza A(H3N2), seven were untyped influenza A, and two were influenza type B. To date, this season, there have been ten adult influenza hospitalisations of which six were over 65 years of age.

In the United States of America, nationally, ILI consultations were low (1.2%) and remained below the baseline level (2.4%) and the percentage of samples positive for influenza remained below 2%; both have increased since mid-December. Of the nearly 1000 virus detections reported since October 2011, 85% have been influenza type A. Of the influenza A viruses that have been subtyped, 84% were A(H3N2) and the remainder A(H1N1)pdm09. The proportion of deaths due to pneumonia and influenza reported in the 122 cities sentinel surveillance system was low compared to previous years.

In Europe, influenza activity remains low though respiratory disease activity and influenza virus detections have started to increase in some areas over a period of several weeks. ILI consultations and admissions for severe acute respiratory infections (SARI) remain at inter-seasonal levels overall. Of the 35 countries reporting on the geographical distribution of influenza activity, 21 reported no activity, 1 reported local activity (Italy) and 13 reported sporadic activity in recent weeks. Spain and Turkey reported notable

increases in influenza virus detections among sentinel samples with percentages of positive samples of 17% and 23% respectively. Influenza A(H3N2) was the most common virus detected. In France the consultation rate for acute respiratory infections exceeded the seasonal baseline level; however, there was no corresponding increase in ILI consultations or influenza virus detections. Twenty-three percent of European sentinel samples tested for influenza in epidemiological week 51 were positive, a doubling from the previous week. Influenza A(H3N2) was the most common virus identified; 94% of 414 A viruses characterized were the A(H3N2) subtype. All cause mortality reported in the European Mortality Bulletin is within the range normally expected at this time of season for all of the countries reporting to the system.

The northern Africa and eastern Mediterranean regions have been reporting increasing numbers of positive influenza specimens since October, particularly in Algeria, Tunisia and Iran. As in Europe, influenza A(H3N2) was the predominant subtype detected.

In northern China, influenza activity increased slightly, to 8.6%, since the previous week; influenza B virus is still the predominant strain in China. Republic of Korea and Japan have both reported small but slightly increased numbers of influenza positive specimens in recent weeks, most of which were A(H3N2).

#### *Countries in the tropical zone*

No notable influenza transmission has been reported in the majority of Caribbean and central American countries with the exception of Costa Rica which has continued to report increasing numbers of influenza A(H3N2) detections.

In sub-Saharan Africa, only sporadic detections or low level transmission were reported. Transmission of influenza A(H3N2) in Cameroon appears to be decreasing after peaking in mid-December 2011. Kenya has reported continuous influenza transmission; however, the number of positive specimens has been decreasing in the past 4 weeks and is now at a very low level.

Overall, the influenza activity in tropical Asia remained low. Since September, India has continued to report low level influenza B circulation. Following peaks in activity in September, Lao People's Democratic Republic, Cambodia and Viet Nam have reported decreasing transmission which have now returned to low levels. Other countries in tropical Asia continue to report small numbers of both A(H3N2) and B.

#### *Countries in the temperate zone of the southern hemisphere*

In temperate countries of the southern hemisphere, influenza activity is at inter-seasonal levels; however, Chile and Australia both report low levels of persistent influenza A(H3N2), with much smaller numbers of influenza type B also reported in Australia.

The entire WHO report is available online at [www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/index.html](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html).

MDCH reported **SPORADIC ACTIVITY** to CDC for the week ending January 7, 2011.

For additional flu vaccination and education information, the MDCH *FluBytes* newsletter is available at [http://www.michigan.gov/mdch/0,1607,7-132-2940\\_2955\\_22779\\_40563-125027--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563-125027--,00.html).

### ***Novel Influenza Activity and Other News***

**WHO Pandemic Phase:** Post-pandemic – Influenza disease activity has returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. It is important to maintain surveillance and update pandemic preparedness/response plans accordingly.

**International, Human (WHO, January 5):** As of 5 Jan 2012, the Ministry of Health of China has notified WHO of a human case of avian influenza A (H5N1) virus infection.

The case is a 39-year-old male from Shenzhen, Guangdong Province. He developed symptoms on 21 Dec 2011 and was admitted to hospital on 25 Dec 2011. He was in critical condition and died on 31 Dec 2011. The case was laboratory diagnosed by Guangdong CDC on 30 Dec 2011 and confirmed by China

CDC on 31 Dec 2011. Investigation into the source of infection is ongoing. Close contacts of the case are being monitored and to date all remain well.

Of the 41 cases confirmed to date in China, 27 have been fatal.

**International, Human (WHO, January 5):** As of 5 Jan 2012, the Ministry of Health and Population of Egypt has notified WHO of a case of human infection with avian influenza A (H5N1) virus.

The case is a 42-year-old male from Menofia Governorate. He developed symptoms on 16 Dec 2011 and was admitted to hospital on 21 Dec 2011, where he received oseltamivir treatment. He was in critical condition and died on 22 Dec 2011.

The case was confirmed by the Central Public Health Laboratories, a National Influenza Centre of the WHO Global Influenza Surveillance Network, on 24 Dec 2011. Investigations into the source of infection indicated that the case had exposure to sick and dead backyard poultry. Of the 157 cases confirmed to date in Egypt, 55 have been fatal.

**International, Human (WHO, January 11):** The Ministry of Health of Indonesia has announced one new confirmed case of human infection with avian influenza A(H5N1) virus.

The case is a 23 year-old male from Jakarta Province. He developed symptoms on 31 December 2011, was admitted to hospital on 6 January 2012 and died on 7 January 2012. An epidemiological investigation conducted by the Ministry of Health and local health officers indicated that he raised pigeons, and there was a sick pigeon he nursed that subsequently died.

Laboratory tests have confirmed infection with avian influenza A(H5N1) virus. Of the 183 cases confirmed to date in Indonesia, 151 have been fatal.

**International, Poultry (OIE [edited], January 9):** High path avian influenza H5N1; Country: Bhutan  
Date of first confirmation of the event: 08/01/2012; Date of Start of Event: 30/12/2011  
Date of report: 09/01/2012; Date Submitted To OIE: 10/01/2012  
Province: CHHUKHA; District: Chukha; Sub-district: Bjabcho; Unit Type: Village; Location: Tsimasham  
Species: Birds; Susceptible: 2010; Cases: 87; Deaths: 87; Destroyed: 1241; Slaughtered: 0  
Affected Population: A backyard poultry farm adjacent to the national highway  
Epidemiological comments: Remaining susceptible poultry birds in the affected area will be culled  
Source of the outbreak(s) or origin of infection: Unknown or inconclusive  
Control Measures Applied: Stamping out, Quarantine, Movement control inside the country, Screening, Disinfection of infected premises/establishment(s), Dipping / Spraying  
Animals treated: No; Vaccination Prohibited: Yes

**International, Poultry (OIE [edited], January 10):** Low pathogenic avian influenza H5N2  
Country: Chinese Taipei  
Date of first confirmation of the event: 06/01/2012; Date of Start of Event: 25/11/2011  
Date of report: 10/01/2012; Date Submitted To OIE: 10/01/2012  
Prefecture/City: CHANG-HUA; Unit Type: Farm; Location: Fang-Yuan Township  
Species: Birds; Susceptible: 63000; Cases: 200; Deaths: 200; Destroyed: 0; Slaughtered: 0  
Affected Population: Layer chicken  
Epidemiological comments: Clinical and epidemiological investigations were initiated after cases were reported. Samples (dead chicken, blood and swab samples) were also taken from the index layer farm for serological and virological analysis, and H5N2 antibody and antigen were detected. Movement restriction, clinical health inspection and epidemiological investigation were conducted on the index farm with the results of normal health, mortality and egg production condition. Clinical and epidemiological investigations for the surrounding poultry farms were implemented and no clinical suspected case or abnormal mortality were detected or observed. Other laboratory tests are on-going.  
Source of the outbreak(s) or origin of infection: Unknown or inconclusive  
Control Measures Applied: Quarantine, Movement control inside the country, Screening, Zoning, Disinfection of infected premises/establishment(s)  
Animals treated: No; Vaccination Prohibited: Yes

**International, Poultry (OIE [edited], January 11):** High path avian influenza H5N1; Country: India  
Date of first confirmation of the event: 10/01/2012; Date of Start of Event: 03/01/2012  
Date of report: 11/01/2012; Date Submitted To OIE: 11/01/2012

State: ORISSA; District: Khordha; Village/Block: Khordha; Unit Type: Village; Location: Keranga  
Species: Birds; Susceptible: 35589; Cases: 3; Deaths: 3  
Affected Population: Rural backyard poultry  
Epidemiological comments: Epidemiological investigation is ongoing. Stamping out of all domestic poultry is being applied in an approximately 3-km radius zone around the outbreak followed by compensation to the owners. An intensive surveillance campaign has been launched in a 10-km radius zone including: closure of poultry markets and prohibition on sale and transportation of poultry products in the infected zone, disinfection of premises after culling and sealing of premises where appropriate, restocking will be applied in accordance with a specified protocol.  
Source of the outbreak(s) or origin of infection: Unknown or inconclusive  
Control Measures Applied: Stamping out, Quarantine, Movement control inside the country, Screening  
To be applied: Disinfection of infected premises/establishment(s), Dipping / Spraying  
Animals treated: No; Vaccination Prohibited: No

**International, Wild Birds (Hong Kong governmental press release, January 6):** A spokesman for the Agriculture, Fisheries and Conservation Department (AFCD) said today (January 6) that two dead black-headed gulls found in Tuen Mun and Lantau were confirmed to be H5N1 positive after a series of laboratory tests.

The first gull was collected at EcoPark, 133 Lung Mun Road, Tuen Mun, on December 30, 2011, while the second gull was found at a drain near Sha Lo Wan Soccer Pitch, Lantau, on January 1.

The black-headed gull is a common winter visitor.

The AFCD will continue to conduct inspections of poultry farms to ensure that proper precautions against avian influenza have been implemented.

The spokesman reminded people to observe good personal hygiene.

"They should avoid personal contact with wild birds or live poultry and clean their hands thoroughly after coming into contact with them," he said.

The press release is available at <http://www.info.gov.hk/gia/general/201201/06/P201201060184.htm>.

**International, Wild Birds (The Nation [edited], January 11):** Around 15 peacocks have been expired at the Safari Park [Lahore, Pakistan] during the last seven days due to bird flu virus, authorities said on Tuesday.

The price of single peacock starts from Rs 6,000 and goes up to Rs 20,000. Safari Park, also called Woodland Wildlife Park, is located on Raiwind Road. A couple of peacocks died on Tuesday while the Safari Park Director Yousuf Paul disclosed that total 15 peacocks had been died till filing of this report. He said the disease was a common among birds but this time it was diagnosed among hens and chickens of poultry forms located in surrounding areas of the Safari Park. He said the workers in poultry farms were unaware about the consequences of the dangers of H5N1 virus. Mr Yousuf further said necessary measures were being taken to ensure safety of the workers associated to the Park.

Meanwhile, Jinnah Hospital Chief Executive and Principal Allama Iqbal Medical College Dr Javed Akram said the H5N1 bird flu virus is found in small flocks of chickens and peacocks and other birds in Pakistan. He said it travels by the transportation of birds and the eggs in dirty vehicles were a grave threat of spreading poultry diseases, including H5N1 bird flu.

Dr Javed Akram further complained that there were no sufficient arrangements in poultry farms to keep healthy birds away from the sick ones. To a query regarding Safari Park, he said other birds caged with deceased peacocks should be immediately shifted to safe place and treated properly. "If the infection has crossed the limits then injected birds should be sacrificed and dumped away from the Zoo area," he added. Dr Javed Akram also advised the Zoo administration to adopt safety measures for the rest of the birds and the workers as well. He said special protective masks should be provided to the workers and they should also be advised to wash hands each time they deal with the birds.

The H5N1 bird flu virus was first found in domestic poultry in Rawalpindi where some 18 birds died resultantly the rest of the birds were slaughtered. Similarly, Food, Agriculture and Livestock Ministry

spokesman said the virus had also been detected in a flock of peacocks in Mansehra in Khyber Pakhtunkhwa.

The article is available online at <http://www.nation.com.pk/pakistan-news-newspaper-daily-english-online/lahore/11-Jan-2012/bird-flu-claims-15-peacocks-at-park>.

**Michigan Wild Bird Surveillance (USDA, as of January 12):** For the 2011 season (April 1, 2011-March 31, 2012), highly pathogenic avian influenza H5N1 has not been recovered from 7 Michigan samples or 408 samples tested nationwide. For more information, visit <http://wildlifedisease.nbj.gov/ai/>.

To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at <http://www.michigan.gov/emergingdiseases>.

**International Poultry and Wild Bird Surveillance (OIE):** Reports of avian influenza activity, including summary graphs of avian influenza H5N1 outbreaks in poultry, can be found at the following website: [http://www.oie.int/download/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/download/AVIAN%20INFLUENZA/A_AI-Asia.htm).

For questions or to be added to the distribution list, please contact Susan Peters at [peterss1@michigan.gov](mailto:peterss1@michigan.gov)

**Contributors**

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**Table. H5N1 Influenza in Humans – As of January 11, 2011.** [http://www.who.int/influenza/human\\_animal\\_interface/EN\\_GIP\\_20120111CumulativeNumberH5N1casesN.pdf](http://www.who.int/influenza/human_animal_interface/EN_GIP_20120111CumulativeNumberH5N1casesN.pdf). Downloaded 1/12/2012. Cumulative lab-confirmed cases reported to WHO. Total cases includes deaths.

Country	2003-2004		2005		2006		2007		2008		2009		2010		2011		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	0	0	0	0	8	5	0	0	0	0	0	0	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	0	3	0
Cambodia	0	0	4	4	2	2	1	1	1	0	1	0	1	1	8	8	18	16
China	1	1	8	5	13	8	5	3	4	4	7	4	2	1	1	1	41	27
Djibouti	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Egypt	0	0	0	0	18	10	25	9	8	4	39	4	29	13	38	15	157	55
Indonesia	0	0	20	13	55	45	42	37	24	20	21	19	9	7	12	10	183	151
Iraq	0	0	0	0	3	2	0	0	0	0	0	0	0	0	0	0	3	2
Lao PDR	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	2
Myanmar	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Nigeria	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Pakistan	0	0	0	0	0	0	3	1	0	0	0	0	0	0	0	0	3	1
Thailand	17	12	5	2	3	3	0	0	0	0	0	0	0	0	0	0	25	17
Turkey	0	0	0	0	12	4	0	0	0	0	0	0	0	0	0	0	12	4
Vietnam	32	23	61	19	0	0	8	5	6	5	5	5	7	2	0	0	119	59
Total	50	36	98	43	115	79	88	59	44	33	73	32	48	24	63	35	577	340