



MI Flu Focus

Influenza Surveillance Updates
Bureaus of Epidemiology and Laboratories

Michigan Department
of Community Health



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Current Influenza Activity Levels:

- **Michigan:** Widespread activity
- **National:** During week 3 (Jan. 13-19), influenza activity remained elevated in the U.S., but decreased in some areas

Updates of Interest

- **International:** Cambodia reports 5 new human cases of avian influenza H5N1

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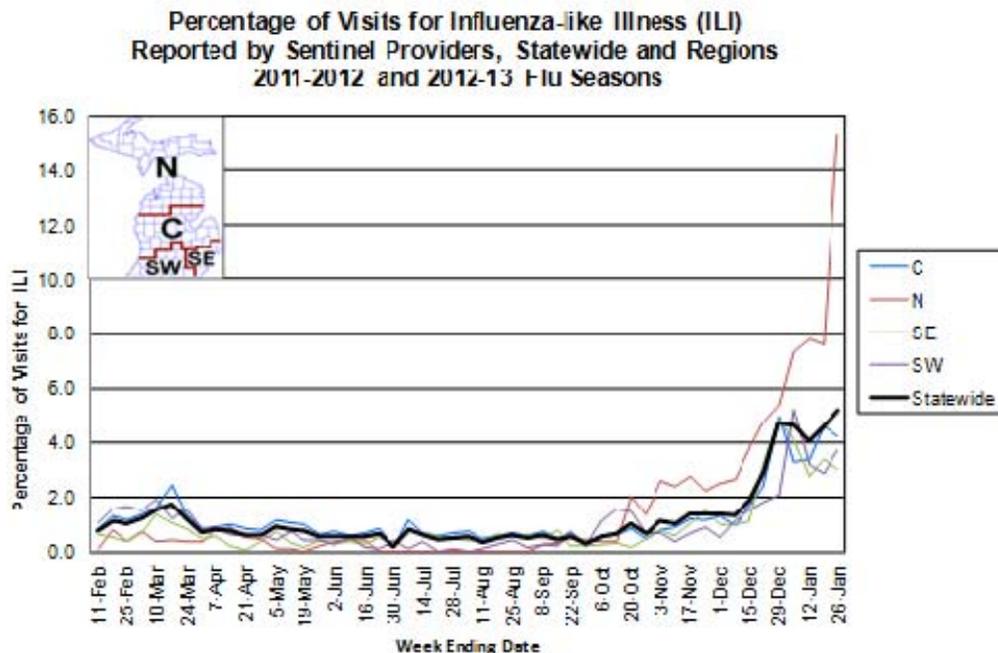
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Influenza Surveillance Reports

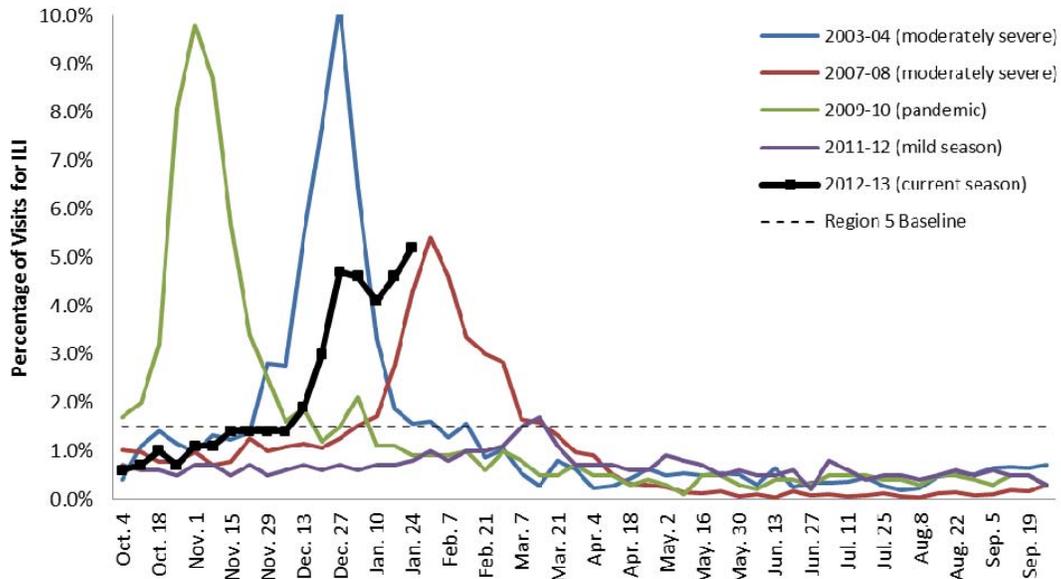
Michigan Disease Surveillance System (as of January 31): MDSS data for the week ending January 26th indicated that compared to levels from the previous week, aggregate reports slightly increased and individual reports slightly decreased. Aggregate reports are slightly increased when compared to levels seen during the same time period last year, while individual reports are significantly increased.

Emergency Department Surveillance (as of January 31): Compared to levels from the week prior, emergency department visits from both constitutional and respiratory complaints remained steady. Constitutional complaints are significantly higher than levels reported during the same time period last year, while respiratory complaints are slightly higher. In the past week, there were 5 constitutional alerts in the SE(1) and C(4) Influenza Surveillance Regions and 6 respiratory alerts in the C(3) and N(3) Regions.

Sentinel Provider Surveillance (as of January 31): During the week ending January 26, 2013, the proportion of visits due to influenza-like illness (ILI) increased to 5.2% overall; this is above the regional baseline (1.5%). A total of 488 patient visits due to ILI were reported out of 9,352 office visits. Data were provided by thirty-eight sentinel sites from the following regions: C (16), N (9), SE (10) and SW (4). At the time of this report, ILI activity increased drastically in the North surveillance region (15.3%). Activity also increased in the Southwest region (3.7%). ILI activity decreased in the remaining two regions: Central (4.2%) and Southeast (3.0%). Please Note: these rates may change as additional reports are received.



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



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.

Hospital Surveillance (as of January 26): The CDC Influenza Hospitalization Surveillance Project provides population-based rates of severe influenza illness through active surveillance and chart review of lab-confirmed cases, starting on October 1, 2012, in the Clinton, Eaton, Genesee, and Ingham counties. 14 new cases were identified during the past week. As of January 26th, there have been 145 influenza hospitalizations (106 adult, 39 pediatric) within the catchment area. The incidence rate for adults is 15.6 hospitalizations per 100,000 population and for children is 18.7 hospitalizations per 100,000.

The MDCH Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. 9 hospitals (SE, SW, C, N) reported for the week ending January 26, 2013. Results are listed in the table below.

| Age Group | Hospitalizations Reported During Current Week | Total Hospitalizations 2012-13 Season |
|--------------|---|---------------------------------------|
| 0-4 years | 0 | 21 (4SE, 14C, 3N) |
| 5-17 years | 1 (1N) | 9 (2SE, 5C, 2N) |
| 18-49 years | 7 (4SE, 2C, 1N) | 26 (15SE, 9C, 2N) |
| 50-64 years | 7 (4SE, 1SW, 2N) | 42 (26SE, 2SW, 7C, 7N) |
| ≥65 years | 10 (9SE, 1N) | 146 (92SE, 13SW, 14C, 27N) |
| Total | 25 (17SE, 1SW, 2C, 5N) | 244 (139SE, 15SW, 49C, 41N) |

Laboratory Surveillance (as of January 26): During January 20-26, 24 influenza A/H3 results (4SE, 13SW, 7C), 3 A/H1N1pdm09 (2SE, 1C) and 3 influenza B (1SE, 1C, 1N) results were reported by MDCH BOL. For the 2012-13 season (starting Sept. 30, 2012), MDCH has identified 538 influenza results:

- Influenza A(H3): 445 (120SE, 155SW, 136C, 34N)
- Influenza A(H1N1)pdm09: 9 (6SE, 1C, 2N)
- Influenza B: 84 (20SE, 18SW, 35C, 11N)
- Parainfluenza: 8 (3SW, 1C, 4N)
- RSV: 1 (1N)

17 sentinel labs (SE, SW, C, N) reported for the week ending January 26, 2013. 17 labs (SE, SW, C, N) reported flu A activity; activity at most was at moderate to high. 16 labs (SE, SW, C, N) had ongoing flu B activity, with several sites showing increases. 3 labs (SE, C) had low parainfluenza activity. 15 labs (SE, SW, C, N) had RSV activity; most were at low to moderate levels with a few sites at high levels. 4 labs (SE, SW, C) had low HMPV activity. Testing volumes are at high or very high levels for most sites.

Michigan Influenza Antigenic Characterization (as of January 31): For the 2012-13 season, 68 Michigan influenza B specimens have been characterized at MDCH BOL. 51 specimens are

B/Wisconsin/01/2010-like, matching the B component of the 2012-13 influenza vaccine. 17 influenza B specimens were characterized as B/Brisbane/60/2008-like, which is not included in the 2012-13 vaccine.

Michigan Influenza Antiviral Resistance Data (as of January 31): For the 2012-13 season, 23 influenza A/H3 specimens and 3 influenza A(H1N1)pdm09 specimens have been tested at the MDCH BOL for antiviral resistance. None of the influenza isolates tested have been resistant.

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>.

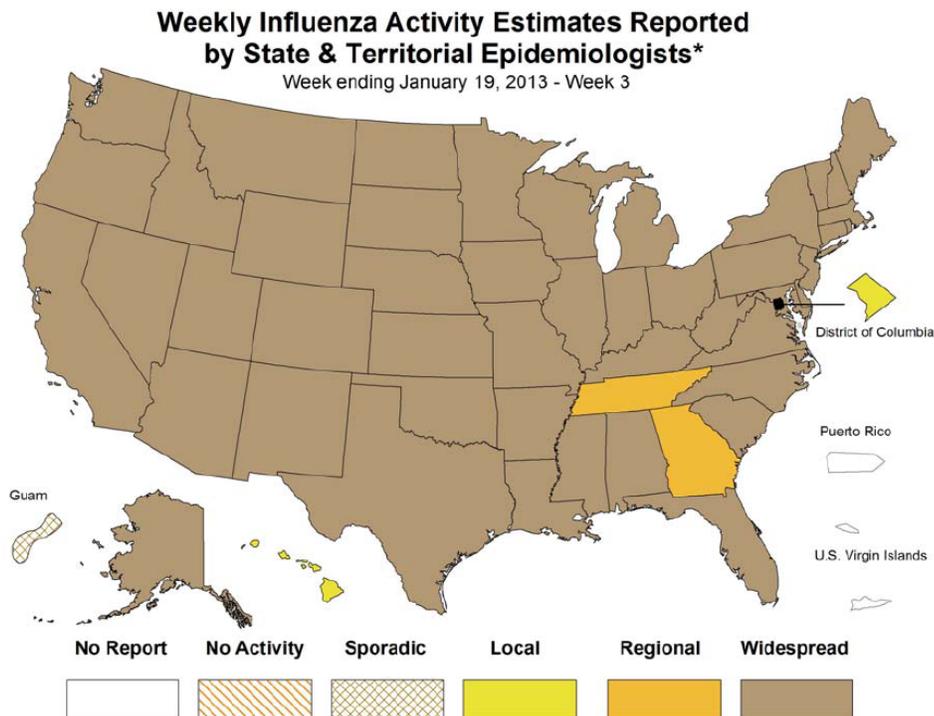
Influenza-associated Pediatric Mortality (as of January 31): 1 new pediatric influenza-associated death due to influenza B in a child aged 5-17 years from the North Region was reported to MDCH during the past week. 5 pediatric influenza-associated influenza mortalities (2 A/H3, 3B) have been reported for the 2012-13 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.

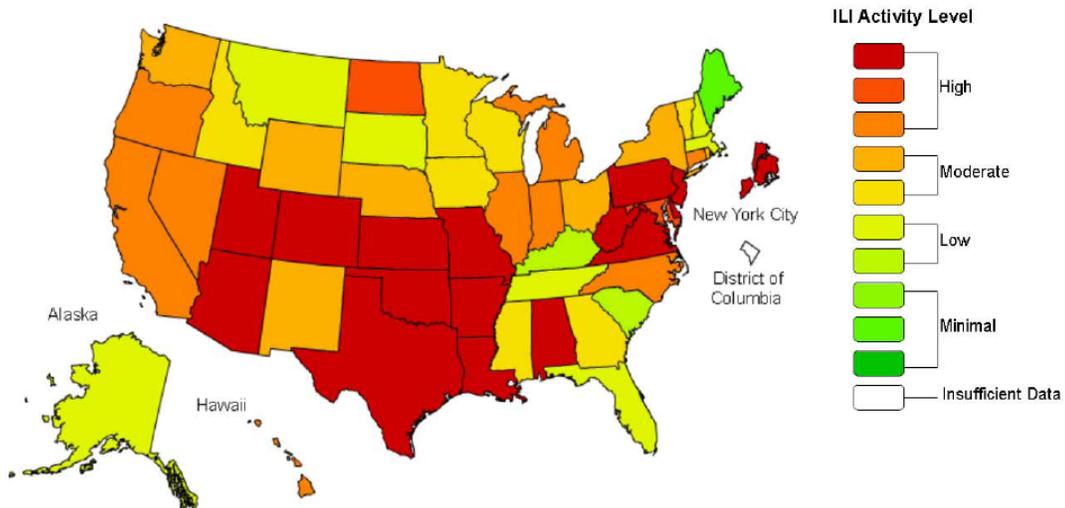
Influenza Congregate Settings Outbreaks (as of January 31): 6 new respiratory outbreaks (2SE, 1SW, 1C, 2N) due to influenza A at long-term care facilities were reported during the previous week. 1 previously reported school outbreak (N Region) has been confirmed as an influenza A outbreak. 85 respiratory outbreaks (12SE, 24SW, 33C, 16N) have been reported to MDCH during the 2012-13 season; testing results are listed below.

- Influenza A/H3: 14 (6SW, 8C)
- Influenza A: 45 (6SE, 11SW, 17C, 11N)
- Influenza B: 5 (1SE, 2SW, 1C, 1N)
- Influenza A and B: 2 (1SE, 1SW)
- Influenza positive: 4 (1SE, 1SW, 2C)
- Negative/no testing: 15 (3SE, 3SW, 5C, 4N)

National (CDC [edited], January 25): During week 3 (Jan. 13-19), influenza activity remained elevated in the U.S., but decreased in some areas. Of 11,984 specimens tested and reported by collaborating labs, 3,129 (26.1%) were positive for influenza. The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold. 8 influenza-associated pediatric deaths were reported. A cumulative rate for the season of 22.2 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported. Of all hospitalizations, 50% were among adults 65 years and older. The proportion of outpatient visits for influenza-like illness (ILI) was 4.3%; this is above the national baseline of 2.2%. All 10 regions reported ILI above region-specific baseline levels. 26 states and New York City experienced high ILI activity; 14 states experienced moderate activity; 9 states experienced low activity; 1 state experienced minimal activity, and the District of Columbia had insufficient data. 47 states reported widespread geographic activity; 2 states reported regional activity; the District of Columbia and one state had local activity; Guam had sporadic activity, and Puerto Rico and the U.S. Virgin Islands did not report.

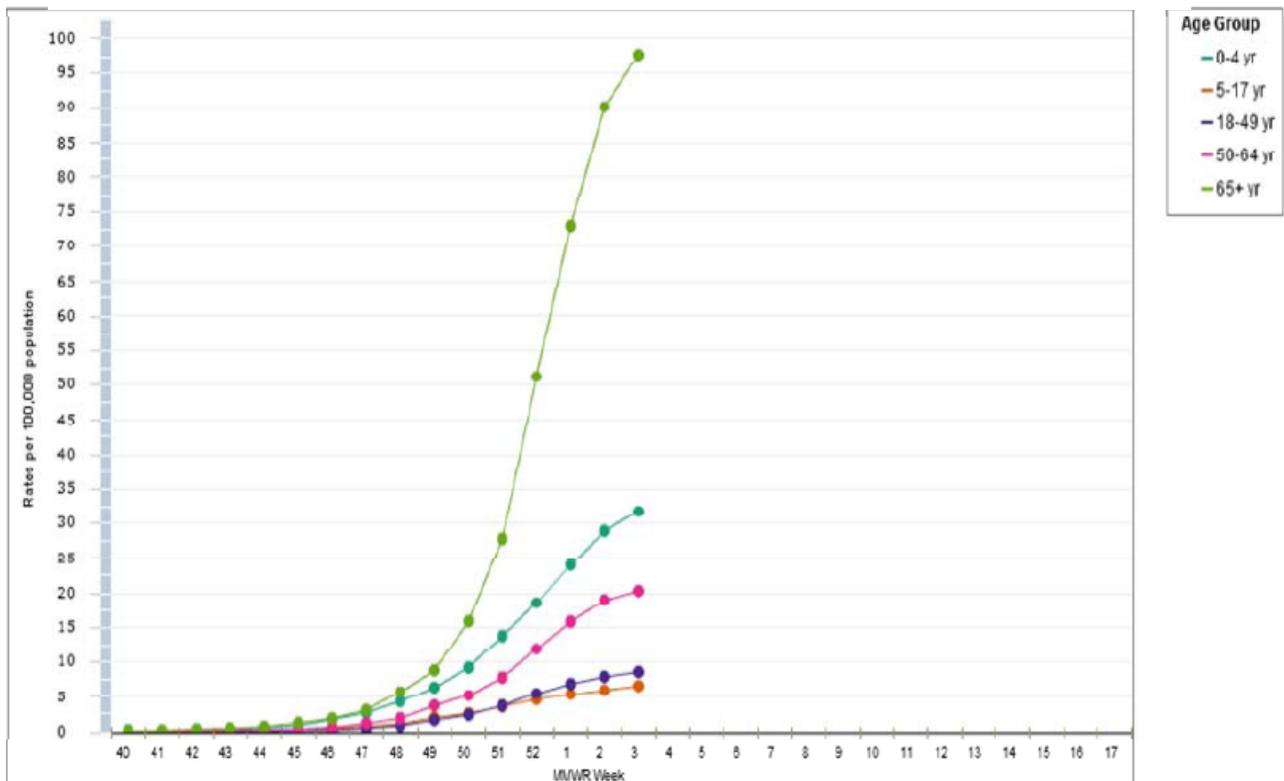


Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2012-13 Influenza Season Week 3 ending Jan 19, 2013



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 epidemiologists.

Laboratory-Confirmed Influenza Hospitalizations
Preliminary rates as of Jan 19, 2013



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

International (WHO [edited], January 18): Influenza activity in North America remained high with some indications that activity might have peaked in areas. Some but not all indicators of severity in the United States of America and Canada have been slightly higher than in previous recent seasons. The onset of the season was earlier than usual and coincided with circulation of other respiratory viruses. Influenza A(H3N2) predominates in North America with A(H1N1)pdm09 being uncommon. Many countries in Europe and temperate Asia are reporting increasing influenza activity with A(H1N1)pdm09 being relatively more prominent in Europe than in North America. Some countries in the Eastern Mediterranean

and the North Africa have reported declining detections of influenza positive samples. Influenza A(H1N1)pdm09 is predominant in the region. In tropical Asia, the influenza activity is similar to previous weeks, with persistent low-level circulation. Influenza activity in sub-Saharan Africa has declined in most countries. In the Caribbean, central America and tropical south America, influenza activity decreased to low levels, except for Bolivia, where there is increasing circulation of influenza A(H3N2). Influenza in countries of the southern hemisphere are currently at inter-seasonal levels

The entire WHO report is available online at

www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html.

MDCH reported WIDESPREAD FLU ACTIVITY to CDC for the week ending January 26, 2013.

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.

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 press release [edited], January 25): The Ministry of Health (MoH) of the Kingdom of Cambodia wishes to advise members of the public that three new human cases of avian influenza have been confirmed positive for the H5N1 virus.

The first case, an 8-month old infant boy from Chrey Korng Village, Sangkat Chorm Chao, Khan Por Sen Chey, Phnom Penh has been diagnosed with H5N1 influenza. He developed symptoms on 08th January 2013 then was brought to the National Paediatric Hospital for consultation on 9th January with fever, cough, runny nose, and vomiting. The boy was registered in the Influenza-Like Illness Sentinel Surveillance and the samples were sent to the National Institute of Public Health's laboratory on 11th January. The result was confirmed by Institut Pasteur du Cambodge on 22nd January 2013. The infant has recovered and had history of coming into contact with poultry prior to becoming sick.

The second case, a 15-year-old female from Snao village, Snao commune, Prey Kabass district, Takeo Province, has been diagnosed with H5N1 influenza on 22nd January 2013. She became sick on 11th January suffering with fever and cough. She was initially treated by local private practitioners. Her condition worsened and she was admitted to Kantha Bopha Hospital on 17th January with fever and shortness of breath. Unfortunately, despite intensive medical care, she died on 21st January. There is evidence of recent deaths among poultry in the village and the patient prepared sick chicken for food prior to becoming sick.

In the third case, a 35-year-old man from Trapeang Sla village, Preah Nipean commune, Kong Pisey district, Kampong Speu province has been diagnosed with H5N1 influenza on 23rd January 2013 by Institut Pasteur du Cambodge. He became sick on 13th January, 2013 suffering with fever and cough. He was initially treated by local private practitioners. His condition worsened and he was admitted to the Khmer-Soviet Friendship Hospital in Phnom Penh with fever and dyspnea on 21st January. Samples were taken the same day and sent to the National Institute of Public Health's laboratory. Despite intensive medical care, the patient died soon after the samples were taken. There is evidence of recent deaths among poultry in the village and the patient prepared sick chicken for food prior to becoming sick. The man is the twenty-fourth person in Cambodia to become infected with H5N1 virus, and the third person this year and the twenty-first person to die from complications of the disease. Of all the twenty four cases, 15 were children under 14, and fifteen of the twenty four confirmed cases occurred in females.

The entire press release is at www.wpro.who.int/mediacentre/releases/2013/20130125/en/index.html.

International, Human (WHO press release [edited], January 29): The Ministry of Health (MoH) of the Kingdom of Cambodia wishes to advise members of the public that two new more cases of avian influenza has been confirmed positive for the H5N1 virus.

The fourth case is a 17-month-old girl from Prey Nheat village, Prey Nheat commune, Kong Pisey district in Kampong Speu province has been diagnosed with H5N1 influenza on 26th January 2013 by Institut Pasteur du Cambodge. She developed symptoms on 13th January 2013 with fever, cough, runny nose, and vomiting. She was initially treated by local private practitioners. Her condition worsened and she was admitted to Kantha Bopha Hospital on 17th January with fever, cough, somnolence, and dyspnea. Unfortunately, despite intensive medical care, she died on 28th January. There is evidence of recent deaths among poultry in the village and the girl had history of coming into contact with poultry prior to becoming sick.

In the fifth case, a 9-year-old girl from Thmei village, Thmei commune, Toeuk Chhou district, Kampot province has been diagnosed with H5N1 influenza on 28th January 2013 by Institut Pasteur du Cambodge. She became sick on 19th January, 2013 suffering with fever and cough. She was initially treated by local private practitioners. Her condition worsened and she was admitted to Kantha Bopha Hospital with fever cough, somnolence and dyspnea on 27th January. Despite intensive medical care, the patient died on 28th January. There is evidence of recent deaths among poultry in the village. This girl is the twenty-six person in Cambodia to become infected with H5N1 virus, and the fifth person this year and the twenty-three person to die from complications of the disease. Of all the twenty six cases, 17 were children under 14, and seventeen of the twenty six confirmed cases occurred in females.

The entire press release is at www.wpro.who.int/mediacentre/releases/2013/20130129/en/index.html.

International, Research (CIDRAP, January 24): In a new analysis of serologic studies from 19 countries, researchers estimate that about 24% of the population were infected with the 2009 H1N1 influenza (pH1N1) virus during the first year of the pandemic, a finding modestly higher than what US health officials estimated in the immediate aftermath of the pandemic.

When the estimate is combined with recent estimates of the pandemic's death toll, it appears that about 1 in 5,000 (0.02%) of those infected with the virus died, says the report by a large team of researchers from the World Health Organization (WHO) and many other institutions. It was led by Maria D. Van Kerkhove, PhD, of the WHO and Imperial College London.

In accord with previous findings, the analysis showed that pH1N1 incidence varied widely by age-group, with the highest rates in children and the lowest in people 65 and older, who enjoyed a degree of protection by virtue of exposure to related H1N1 viruses much earlier in life. The study was published Jan 21 in *Influenza and Other Respiratory Viruses*.

The popular view of the 2009 pandemic is that it was fairly mild, even though it defied the typical seasonal flu age pattern by hitting younger adults more often than the elderly. But the authors note that its global impact is not well understood, largely because with the high volume of cases, the WHO recommended early on that testing focus on severe and fatal illnesses only. As a result, the numbers of cases and deaths reported to the WHO—fewer than 1 million and more than 18,449, respectively—are believed to be small fractions of the true numbers, they write.

They say their study is the first to assess pH1N1 serologic data by age-group from countries and regions around the world.

By searching the literature and contacting researchers, the authors found 27 published and unpublished serologic studies with data available by Jan 1, 2012. They looked for studies that assessed overall and age-stratified antibody titers against pH1N1, as measured by hemagglutination inhibition (HI) and microneutralization (MN) tests. Seropositivity was defined as an HI titer of at least 32 or an MN titer of at least 40.

The research includes serologic data from low-, middle-, and high-income countries, ranging from China, India, Iran, and Vietnam to Australia, France, Norway, and the United States.

To evaluate the cumulative incidence of pH1N1 infection, the team used studies that assessed the difference between pre-pandemic and post-pandemic prevalence of antibodies to the virus. They also estimated the prevalence of pre-existing cross-reactive antibodies to the virus by looking at studies that included serum samples collected before the pandemic, from 2004 to April 2009.

The overall pre-pandemic prevalence of pH1N1 antibodies was just 5% (95% confidence interval [CI], 3%-7%), the authors determined. The number varied considerably by age and was highest in the elderly (65 and older), at 14% (95% CI, 8%-24%).

For cumulative incidence of infection, the authors came up with an overall estimate of 24% (95% CI, 20%-27%). The figure was highest in children (ages 5 through 19), at 46% (95% CI, 36%-56%), and lowest in the elderly, at 11% (95% CI, 5%-18%).

In between were children 0 to 4 years old, 37% (36%-56%); adults 20 through 44, 20% (13%-26%); and those 45 through 64 years, 14% (9%-20%).

These numbers are, overall, moderately higher than estimates the US Centers for Disease Control and Prevention (CDC) made for the impact of the pandemic in the United States from April 2009 to April 2010. The agency estimated that 61 million Americans had been infected, or about 19.8% of the 2010 population of 308.7 million, as compared with 24% in the WHO study. The CDC said the total could have been anywhere from 43 million to 89 million, with 61 million as the midlevel estimate.

In addition, the CDC estimated that 25.7% of children ages 0 through 17 were infected, according to reports at the time. That compares with the WHO estimate of 37% for children through age 4 and 46% for those ages 5 through 19.

Also, the CDC put the adult infection rate at 18.5% for those ages 18 through 64, whereas the current study listed 20% for those 20 through 44 years old and 14% for those 45 through 64. And for the elderly, the CDC estimated a 15.8% infection rate, versus the global estimate of 11%.

The WHO researchers say their age-specific cumulative incidence findings were consistent across countries, which might have been strengthened because they carefully categorized their sera according to the timing of collection relative to the pandemic peak in each country.

If the findings in the 19 included countries are similar to the rest of the world—for which few data exist—and if recent pH1N1 mortality estimates from two research groups are confirmed by other studies, pH1N1 case-fatality rate would be less than .02%, the report says.

It cites in particular a study published last September in *Lancet Infectious Diseases*, in which a large international group of scientists estimated that the pandemic virus caused 201,200 respiratory-disease deaths and 83,300 cardiovascular deaths from April 2009 to August 2010.

In discussing possible limitations of the study, the authors said they found conflicting results when they assessed the potential impact of pH1N1 vaccination on their findings. Because of this, and because vaccine coverage in most countries was low when samples were collected, they believe the vaccine had little impact on their results.

"Our data demonstrates that approximately 24% of the populations of countries for which there are data were infected during the first wave of the pandemic, with incidence reaching 50% in school-age children," the authors conclude. They say their findings also point up the need to standardize seroepidemiologic studies and include them in pandemic preparedness plans.

The study abstract is available online at

<http://onlinelibrary.wiley.com/doi/10.1111/irv.12074/abstract;jsessionid=906D9C4F2C840B34421DFE5F17AFADBE.d02t01>.

International, Poultry (OIE [edited], January 27): Highly pathogenic avian influenza H5N1; Cambodia Outbreak 1 (38/13 NaVRI): Snau, Snau, Prey Kambas, TAKEO
Date of start of the outbreak: 09/01/2013; Outbreak status: Resolved; Epidemiological unit: Village
Species: Birds; Susceptible: 7393; Cases: 2304; Deaths: 2304; Destroyed: 4743
Affected population: Backyard poultry started being sick and dying in the village from 9 January 2013.

International, Poultry (OIE [edited], January 30): Highly pathogenic avian influenza H5N1; Cambodia Outbreak 1: Prey Nheat, Prey Nheat, Kong Pisei, KG. SPEU
Date of start of the outbreak: 26/01/2013; Outbreak status: Resolved; Epidemiological unit: Village
Species: Birds; Susceptible: 503; Cases: 67; Deaths: 67; Destroyed: 436
Affected population: Backyard poultry

International, Wild Birds (OIE [edited], January 29): High path avian influenza H5N1; Hong Kong
 Outbreak 1: Mouse Island children's playground, Hoi Wing Road, Tuen Mun, HONG KONG
 Date of start of the outbreak: 25/01/2013; Outbreak status: Resolved
 Species: Black-headed Gull: *Larus ridibundus*; Cases: 1; Deaths: 1
 Affected population: A black-headed gull was collected on 25 January 2013 at Mouse Island children's
 playground, Hoi Wing Road, Tuen Mun. The black-headed gull is a common winter visitor in Hong Kong.

Michigan Wild Bird Surveillance (USDA, as of January 31): For the 2012 season (April 1, 2012-March
 31, 2013), highly pathogenic avian influenza H5N1 has not been recovered from the 68 samples tested
 nationwide. For more information, visit <http://www.nwhc.usgs.gov/ai/>. To learn about avian influenza
 surveillance in wild birds or to report dead waterfowl, go to the 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.

For questions or to be added to the distribution list, please contact Susan Peters at peterss1@michigan.gov

Contributors

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Table. H5N1 Influenza in Humans – As of December 17, 2012. http://www.who.int/influenza/human_animal_interface/EN_GIP_20121217_CumulativeNumberH5N1cases.pdf. Downloaded 12/17/2012. Cumulative lab-confirmed cases reported to WHO. Total cases include deaths.

| Country | 2003-2005 | | 2006 | | 2007 | | 2008 | | 2009 | | 2010 | | 2011 | | 2012 | | Total | |
|------------|-----------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| Azerbaijan | 0 | 0 | 8 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 5 |
| Bangladesh | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 6 | 0 |
| Cambodia | 4 | 4 | 2 | 2 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 8 | 8 | 3 | 3 | 21 | 19 |
| China | 9 | 6 | 13 | 8 | 5 | 3 | 4 | 4 | 7 | 4 | 2 | 1 | 1 | 1 | 2 | 1 | 43 | 28 |
| Djibouti | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Egypt | 0 | 0 | 18 | 10 | 25 | 9 | 8 | 4 | 39 | 4 | 29 | 13 | 39 | 15 | 11 | 5 | 169 | 60 |
| Indonesia | 20 | 13 | 55 | 45 | 42 | 37 | 24 | 20 | 21 | 19 | 9 | 7 | 12 | 10 | 9 | 9 | 192 | 160 |
| Iraq | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 2 |
| Lao PDR | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| Myanmar | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Nigeria | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Pakistan | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 |
| Thailand | 22 | 14 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25 | 17 |
| Turkey | 0 | 0 | 12 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 4 |
| Vietnam | 93 | 42 | 0 | 0 | 8 | 5 | 6 | 5 | 5 | 5 | 7 | 2 | 0 | 0 | 4 | 2 | 123 | 61 |
| Total | 148 | 79 | 115 | 79 | 88 | 59 | 44 | 33 | 73 | 32 | 48 | 24 | 62 | 34 | 32 | 20 | 610 | 360 |