



MI Flu Focus

Influenza Surveillance Updates
Bureaus of Epidemiology and Laboratories



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Current Influenza Activity Levels:

- **Michigan:** Local activity
- **National:** During January 15-21, influenza activity in the U.S. remained relatively low

Updates of Interest

- **National/International:** Several countries report outbreaks of both low and highly pathogenic avian influenza in birds

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****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.

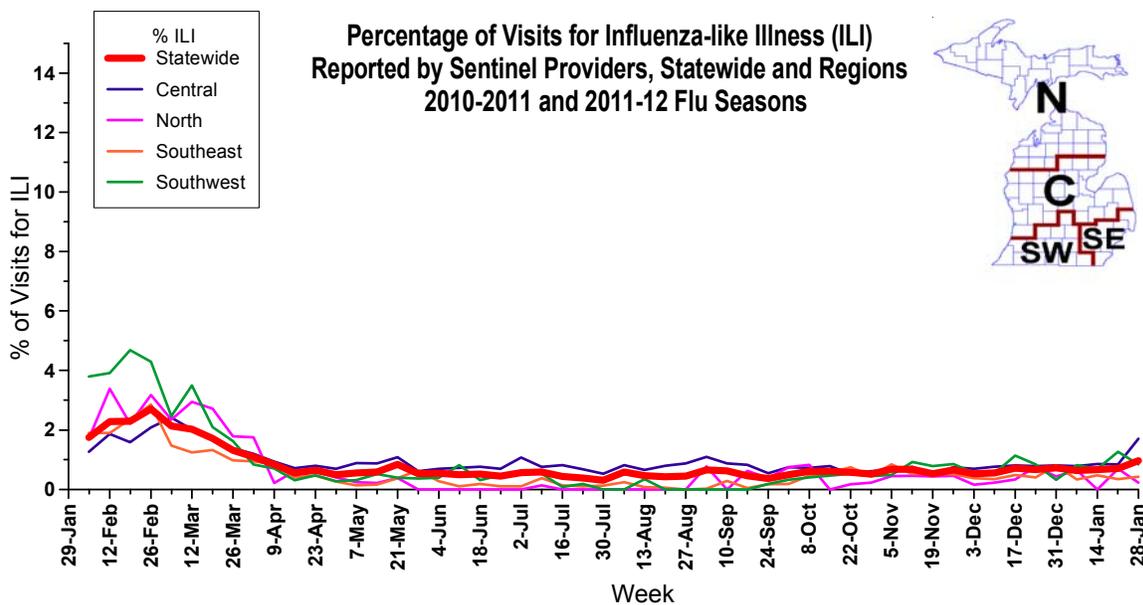
Influenza Surveillance Reports

Michigan Disease Surveillance System: MDSS data for the week ending January 28th indicated that both aggregate and individual influenza cases increased. Both individual and aggregate reports are moderately lower than levels seen during the same time last year.

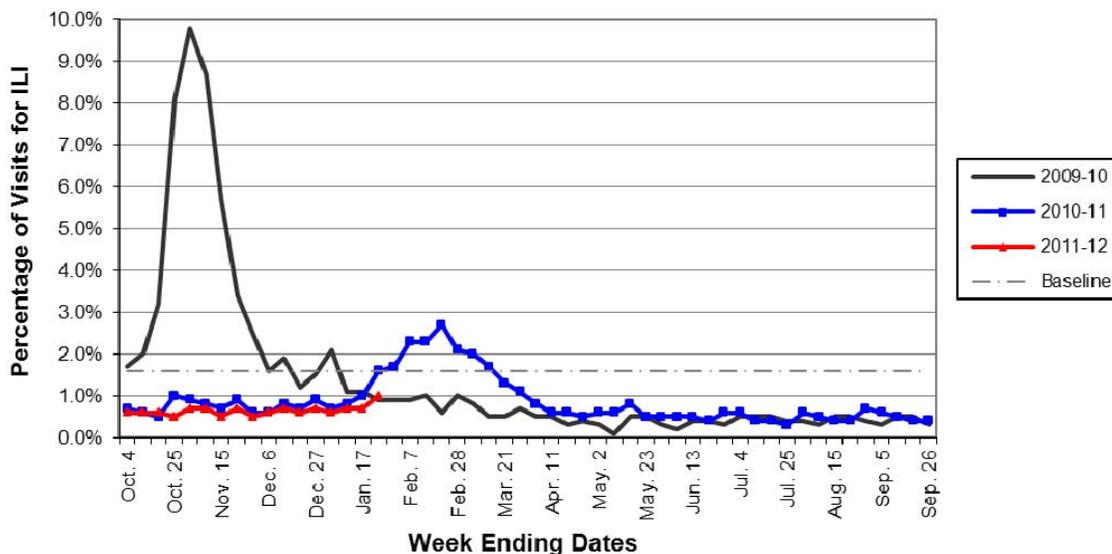
Emergency Department Surveillance: Compared to levels from the week prior, emergency department visits from both constitutional complaints remained steady, and respiratory complaints slightly decreased. Constitutional and respiratory complaints are moderately lower than levels reported during the same time period last year. In the past week, there were three constitutional alerts in the SW(1) and C(2) Influenza Surveillance Regions and six respiratory alerts in the SE(1), C(4) and N(1) Regions.

Sentinel Provider Surveillance (as of February 2): During the week ending January 28, 2012, the proportion of visits due to influenza-like illness (ILI) increased to 1.0% overall; this is below the regional baseline of 1.6%. A total of 107 patient visits due to ILI were reported out of 11,114 office visits. Thirty-eight sentinel sites provided data for this report. Activity increased in two surveillance regions: Central (1.7%) and Southeast (0.4%); activity decreased in the remaining two surveillance regions: North (0.2%) and Southwest (0.8%). 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):



Hospital Surveillance (as of January 28): The Influenza Hospitalization Surveillance Project provides population-based rates of severe influenza illness in Clinton, Eaton and Ingham counties. There were no lab-confirmed influenza hospitalizations during the week ending January 28, 2012. For the 2011-12 season, 2 influenza hospitalizations (one adult, one pediatric) have been reported in the catchment area.

The MDCH Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. Eight hospitals (SE, SW, C, N) reported for the week ending January 28, 2012. Results are listed in the table below.

Age Group	Hospitalizations Reported During Current Week	Total Hospitalizations 2011-12 Season
0-4 years	1	4
5-17 years	1	1
18-49 years	1	4
50-64 years	0	1
≥65 years	0	0
Total	3	10

Laboratory Surveillance (as of January 21): During January 22-28, 18 influenza A/H3 results (6SE, 8C, 4N) and 1 influenza A(H1N1)pdm09 (1SE) result were reported by the MDCH Bureau of Laboratories. For the 2011-12 influenza season (starting October 2, 2011), MDCH has identified 78 influenza results:

- Influenza A/H3: 72 (36SE, 1SW, 28C, 7N)
- Influenza 2009 A/H1: 2 (1SE, 1C)
- Influenza B: 4 (2SE, 1SW, 1C)
- Parainfluenza: 2 (1SE, 1C)
- Adenovirus: 1 (SE)

15 sentinel labs (SE, SW, C, N) reported for the week ending January 28, 2012. 6 labs (SE, C) reported low influenza A activity; no influenza B positives were reported. 12 labs (SE, SW, C, N) reported low or increasing RSV activity. 2 labs (SE, SW) had sporadic parainfluenza positives. 2 labs reported increases in hMPV positives. Most testing volumes remain low to moderate with a few sites at high volumes.

Michigan Influenza Antigenic Characterization (as of February 2): For the 2011-12 season, 3 Michigan influenza B specimens have been characterized at MDCH BOL. Two influenza B specimens have been characterized as B/Brisbane/60/2008-like; this strain matches the influenza B component for the 2011-12 Northern Hemisphere influenza vaccine. One influenza B specimen was characterized as B/Wisconsin/01/2010-like, which is from the influenza B lineage not included in the 2011-12 vaccine.

Michigan Influenza Antiviral Resistance Data (as of February 2): 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 February 2): 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.

Influenza Congregate Settings Outbreaks (as of February 2): No new outbreaks were reported in the past week. MDCH testing for a previous outbreak (C) was positive for influenza A/H3. Three respiratory outbreaks (3C) have been reported to MDCH during the 2011-12 season; testing results are listed below.

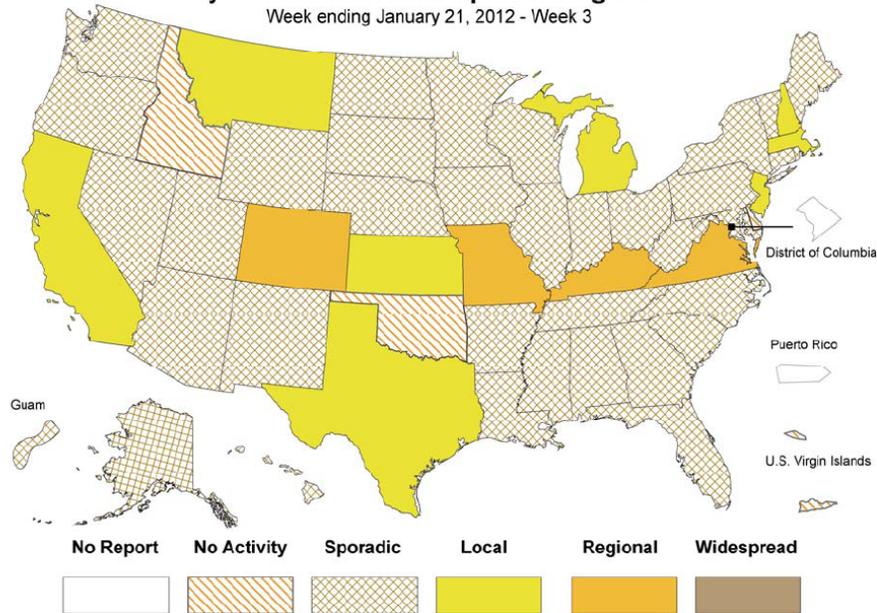
- Influenza A/H3: 1 (C)
- Negative or not tested: 2 (2C)

National (CDC [edited], as of January 27): During week 3 (January 15-21, 2012), influenza activity in the U.S. remained relatively low. Of the 3,572 specimens tested by U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories and reported to CDC/Influenza Division, 175 (4.9%) were positive for influenza. The proportion of deaths attributed to P&I was slightly above the epidemic threshold. One influenza-associated pediatric death was reported and was associated with an influenza B virus infection. The proportion of outpatient visits for influenza-like illness (ILI) was 1.4%, which is below the national baseline of 2.4%. All 10 regions reported ILI below region-specific baseline levels. New York City and all 50 states experienced minimal ILI activity and the District of Columbia had insufficient data. The geographic spread of influenza in 4 states was reported as regional; 8 states reported local activity; Guam and 35 states reported sporadic activity; the U.S. Virgin Islands and 3 states reported no activity, and the District of Columbia and Puerto Rico did not report.

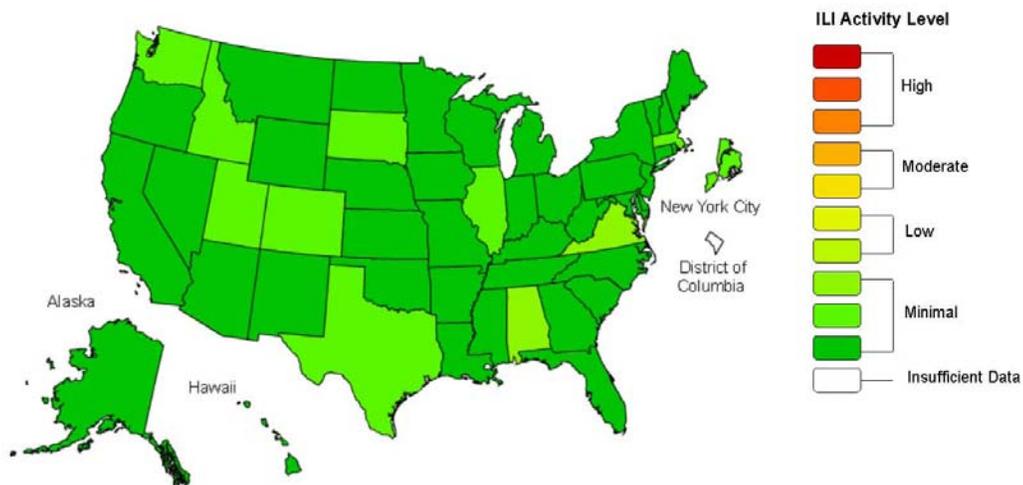
	Week 2
No. of specimens tested	3,771
No. of positive specimens (%)	138 (3.7%)
Positive specimens by type/subtype	
Influenza A	132 (95.7%)
2009 H1N1	15 (11.4%)
Subtyping not performed	52 (39.4%)
(H3)	65 (49.2%)
Influenza B	6 (4.3%)

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*

Week ending January 21, 2012 - Week 3



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet 2011-12 Influenza Season Week 3 ending Jan 21, 2012



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.

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

International (WHO [edited], January 20): Influenza activity in the temperate regions of the northern hemisphere remains low overall though notable local increases in activity have been reported in some areas of Canada, Europe (Turkey, Spain, Italy and Malta), northern Africa (Tunisia and Algeria), China and the middle East (the Islamic Republic of Iran). Countries in the tropical zone reported generally low or undetectable levels of influenza activity with the exception of southern China, where B detections are increasing, and Costa Rica, which continues to report A(H3N2) but at declining levels. Influenza activity in the temperate countries of the southern hemisphere is at inter-seasonal levels though Chile, Paraguay and Australia all report persistent low level transmission of A(H3N2) during their summer season. The most commonly detected virus type or subtype throughout the northern hemisphere temperate zone has been influenza A(H3N2) with the exception of Mexico, where A(H1N1)pdm09 is the predominant subtype circulating, and China which is reporting a predominance of influenza B. Other than Mexico, only very small numbers of A(H1N1)pdm09 have been reported globally. Reports from countries that do antigenic characterization indicate that nearly all A viruses tested are antigenically related to those viruses included

in the current trivalent vaccine. While many of the influenza B viruses are of the Yamagata lineage, which is not included in the current vaccine, overall numbers of influenza B virus detections are quite low compared to influenza A (with the exception of China noted above). Oseltamivir resistance continues to be observed at very low levels and has not increased notably over levels reported in previous seasons.

The entire WHO report is available online at www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html.

MDCH reported **LOCAL ACTIVITY** to the CDC for the week ending January 28, 2012.

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.

National, Research (PLoS ONE abstract, January 25): Aiello AE, Perez V, Coulborn RM, Davis BM, Uddin M, et al. (2012) Facemasks, Hand Hygiene, and Influenza among Young Adults: A Randomized Intervention Trial. PLoS ONE 7(1): e29744. doi:10.1371/journal.pone.0029744

Limited vaccine availability and the potential for resistance to antiviral medications have led to calls for establishing the efficacy of non-pharmaceutical measures for mitigating pandemic influenza. Our objective was to examine if the use of face masks and hand hygiene reduced rates of influenza-like illness (ILI) and laboratory-confirmed influenza in the natural setting. A cluster-randomized intervention trial was designed involving 1,178 young adults living in 37 residence houses in 5 university residence halls during the 2007–2008 influenza season. Participants were assigned to face mask and hand hygiene, face mask only, or control group during the study. Discrete-time survival models using generalized estimating equations to estimate intervention effects on ILI and confirmed influenza A/B infection over a 6-week study period were examined. A significant reduction in the rate of ILI was observed in weeks 3 through 6 of the study, with a maximum reduction of 75% during the final study week (rate ratio [RR] = 0.25, [95% CI, 0.07 to 0.87]). Both intervention groups compared to the control showed cumulative reductions in rates of influenza over the study period, although results did not reach statistical significance. Generalizability limited to similar settings and age groups. Face masks and hand hygiene combined may reduce the rate of ILI and confirmed influenza in community settings. These non-pharmaceutical measures should be recommended in crowded settings at the start of an influenza pandemic.

The entire article is at <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0029744>.

National, Research (Journal of Infectious Diseases abstract, January 30): Paddock CD, Liu L, Denison AM, Bartlett JH, Holman RC, et al. Myocardial Injury and Bacterial Pneumonia Contribute to the Pathogenesis of Fatal Influenza B Virus Infection. J Infect Dis. jir861 first published online January 30, 2012 doi:10.1093/infdis/jir861

Background. Influenza B virus infection causes rates of hospitalization and influenza-associated pneumonia similar to seasonal influenza A virus infection and accounts for a substantial percentage of all influenza-related hospitalizations and deaths among those aged <18 years; however, the pathogenesis of fatal influenza B virus infection is poorly described.

Methods. Tissue samples obtained at autopsy from 45 case patients with fatal influenza B virus infection were evaluated by light microscopy and immunohistochemical assays for influenza B virus, various bacterial pathogens, and complement components C4d and C9, to identify the cellular tropism of influenza B virus, characterize concomitant bacterial pneumonia, and describe the spectrum of cardiopulmonary injury.

Results. Viral antigens were localized to ciliated respiratory epithelium and cells of submucosal glands and ducts. Concomitant bacterial pneumonia, caused predominantly by *Staphylococcus aureus*, was identified in 38% of case patients and occurred with significantly greater frequency in those aged >18 years. Pathologic evidence of myocardial injury was identified in 69% of case patients for whom cardiac tissue samples were available for examination, predominantly in case patients aged <18 years.

Conclusions. Our findings suggest that bacterial pneumonia and cardiac injury contribute to fatal outcomes after infection with influenza B virus and that the frequency of these manifestations may be age related.

The abstract is available at <http://jid.oxfordjournals.org/content/early/2012/01/28/infdis.jir861.abstract>.

National, Research (Proceedings of the National Academy of Sciences abstract, January 30): Hemagglutinin stalk antibodies elicited by the 2009 pandemic influenza virus as a mechanism for the extinction of seasonal H1N1 viruses. Pica N, Hai R, Krammer F, Wang TT, Maamaryet J et al. PNAS 2012 ; published ahead of print January 30, 2012, doi:10.1073/pnas.1200039109.

After the emergence of pandemic influenza viruses in 1957, 1968, and 2009, existing seasonal viruses were observed to be replaced in the human population by the novel pandemic strains. We have previously hypothesized that the replacement of seasonal strains was mediated, in part, by a population-scale boost in antibodies specific for conserved regions of the hemagglutinin stalk and the viral neuraminidase. Numerous recent studies have shown the role of stalk-specific antibodies in neutralization of influenza viruses; the finding that stalk antibodies can effectively neutralize virus alters the existing dogma that influenza virus neutralization is mediated solely by antibodies that react with the globular head of the viral hemagglutinin. The present study explores the possibility that stalk-specific antibodies were boosted by infection with the 2009 H1N1 pandemic virus and that those antibodies could have contributed to the disappearance of existing seasonal H1N1 influenza virus strains. To study stalk-specific antibodies, we have developed chimeric hemagglutinin constructs that enable the measurement of antibodies that bind the hemagglutinin protein and neutralize virus but do not have hemagglutination inhibition activity. Using these chimeric hemagglutinin reagents, we show that infection with the 2009 pandemic H1N1 virus elicited a boost in titer of virus-neutralizing antibodies directed against the hemagglutinin stalk. In addition, we describe assays that can be used to measure influenza virus-neutralizing antibodies that are not detected in the traditional hemagglutination inhibition assay.

The abstract is available online at <http://www.pnas.org/content/early/2012/01/27/1200039109.short>.

National, Research (Emerging Infectious Disease abstract, February 1): Nelson GE, Gershman KA, Swerdlow DL, Beall BW, Moore MR. Invasive pneumococcal disease and pandemic (H1N1) 2009, Denver, Colorado, USA. Emerg Infect Dis [serial on the Internet]. 2012 Feb.

Pneumococcal pneumonia was a complication during previous influenza pandemics but was not evident initially during pandemic (H1N1) 2009. During October 2009 in Denver, Colorado, USA, invasive pneumococcal disease (IPD) and pandemic (H1N1) 2009 peaked simultaneously, which suggests a link. We compared cases of IPD in October 2009 with cases in February 2009, the most recent peak month of seasonal influenza. During October 2009, we observed 58 IPD cases, which was 3× the average number of IPD cases that usually occur in October in Denver. Patients with IPD in October 2009 were younger and more likely to have chronic lung disease than patients who had IPD in February 2009; a total of 10/47 patients had influenza, and 33/53 patients had influenza-like illness. Thus, ≈17%–62% cases of IPD may have been associated with pandemic (H1N1) 2009. Pneumococcal disease prevention strategies should be emphasized during future influenza pandemics.

The article is available online at http://wwwnc.cdc.gov/eid/article/18/2/11-0714_article.htm.

National, Wild Birds (Telegram & Gazette, January 31): A battery of tests by state and federal inspectors on a dozen swan carcasses found in a local pond [Westboro, Massachusetts] revealed that four of the dead birds tested positive for avian influenza.

The low-pathogenic, or relatively mild, avian influenza the birds had does not pose a threat to human health, state officials said.

The state Department of Energy and Environmental Affairs and the U.S. Department of Agriculture's Wildlife Services collected the carcasses from Mill Pond after a local resident reported seeing them

floating near the shore in December.

Reginald Zimmerman, spokesman for the Division of Fisheries & Wildlife, said the four birds tested positive for low-pathogenic avian influenza.

“That is fairly common in water fowl here,” Mr. Zimmerman said. “This means they could have been exposed to it, or at the end of it, but I have to stress there is no human risk.”

Mr. Zimmerman said the remaining eight birds tested came back negative for avian influenza and tests could not determine what caused their deaths.

Alan P. Silvestry, a Maynard Street resident, first noted many dead swans while he was walking the trail system that meanders around the water. The area is near the headwaters of the Assabet River, and is usually populated by Canada geese. He reported the deaths to the Division of Fisheries & Wildlife on Rabbit Hill Road, and investigators removed about a dozen carcasses for testing.

Investigators from the Division of Fisheries & Wildlife were working with the U.S. Department of Agriculture to test the animals.

Mr. Zimmerman said no further testing will be done on the carcasses, and at this point, no further investigation will be done at Mill Pond.

International, Poultry (OIE [edited], January 27): Low path avian influenza H5; Country: Australia

Date of first confirmation of the event: 25/01/2012; Date of Start of Event: 25/01/2012

State or Territory: VICTORIA; Location: Melbourne area

Species: Birds; Susceptible: 24500; Destroyed: 24500

Affected Population: The epidemiological unit is a duck grower farm and associated breeding facility in the Melbourne area. Low pathogenic notifiable avian influenza subtype H5 was detected during routine surveillance from a healthy flock.

Epidemiological comments: H5 LPAI confirmed by Victorian Department of Primary Industries and sequencing at the Australian Animal Health Laboratory. N1 has been ruled out on N1-specific PCR. Virus isolation and characterisation is being conducted. The outbreak was confirmed on the index duck meat grower farm. Due to close commercial links with a second duck breeding farm, the second farm has also been designated as infected premises being part of the same epidemiological unit. Since this is the first time that LPAI is identified in poultry in the history of the country, the reason for notification as first occurrence applies to the country but the event is in fact circumscribed to a small area as shown.

Source of the outbreak(s) or origin of infection: Unknown or inconclusive

Control Measures Applied: Stamping out, Quarantine, Movement control inside the country, Screening, Zoning, Disinfection of infected premises/establishment(s)

To be applied: No Planned Control Measures

Animals treated: No; Vaccination Prohibited: Yes

International, Poultry (OIE [edited], January 28): High path avian influenza H5N1; Country: India

Location: Mohanpur, Lembucherra, West Tripura, TRIPURA

Date of start of the outbreak: 16/01/2012; Outbreak status: continuing

Species: Birds; Susceptible: 12385; Cases: 4229; Deaths: 4229

Affected Population: ICAR (Indian Council of Agricultural Research) research complex poultry farm

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.

International, Poultry (OIE [edited], February 1): Highly pathogenic avian influenza H7N1; South Africa

Date of first confirmation of the event: 09/01/2012; Date of Start of Event: 19/12/2011

Province: WESTERN CAPE PROVINCE; Local Municipality: Hessequa; Location:HPAI_H7_001

Species: Birds; Susceptible: 12278; Cases: 1028; Deaths: 0; Destroyed: 0; Slaughtered: 0

Epidemiological comments: Commercial ostriches found to be seropositive for H7N1 during routine surveillance for HPAI

Source of the outbreak(s) or origin of infection: Unknown or inconclusive

Control Measures Applied: Quarantine, Movement control inside the country, Screening

Animals treated: No; Vaccination Prohibited: Yes

International, Wild Birds (OIE [edited], January 27): High path avian influenza H5N1; Hong Kong

Outbreak 1: 13 milestone, Castle Peak Road, Sham Tsengon, HONG KONG

Date of start of outbreak: 20/01/2012

Species: Birds; Cases: 1; Deaths: 1

Affected population: A goose carcass from unknown source was collected on 20 January 2012 at Angler's Beach of Sham Tsengon. The carcass was badly decomposed at the time of collection.

Michigan Wild Bird Surveillance (USDA, as of February 2): 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://www.nwhc.usgs.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.

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 January 24, 2012. http://www.who.int/influenza/human_animal_interface/EN_GIP_20120124_CumulativeNumberH5N1cases.pdf. Downloaded 1/25/2012. Cumulative lab-confirmed cases reported to WHO. Total cases includes 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	0	0	3	0
Cambodia	4	4	2	2	1	1	1	0	1	0	1	1	8	8	1	1	19	17
China	9	6	13	8	5	3	4	4	7	4	2	1	1	1	1	1	42	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	1	0	159	55
Indonesia	20	13	55	45	42	37	24	20	21	19	9	7	12	10	1	1	184	152
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	1	1	120	60
Total	148	79	115	79	88	59	44	33	73	32	48	24	62	34	5	4	583	344