



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 influenza activity
- **National:** During January 12-18, influenza activity remained high in the United States

Updates of Interest:

- **International:** Multiple new human cases of avian influenza H7N9 reported by China
- **International:** 2 MERS-CoV cases reported

Table of Contents

Influenza Surveillance Reports	
Michigan.....	1-3
National.....	3-4
International.....	4
Novel Influenza and Other News	
WHO Pandemic Phase.....	5
Avian Influenza in Humans.....	5-8
MERS-CoV.....	6

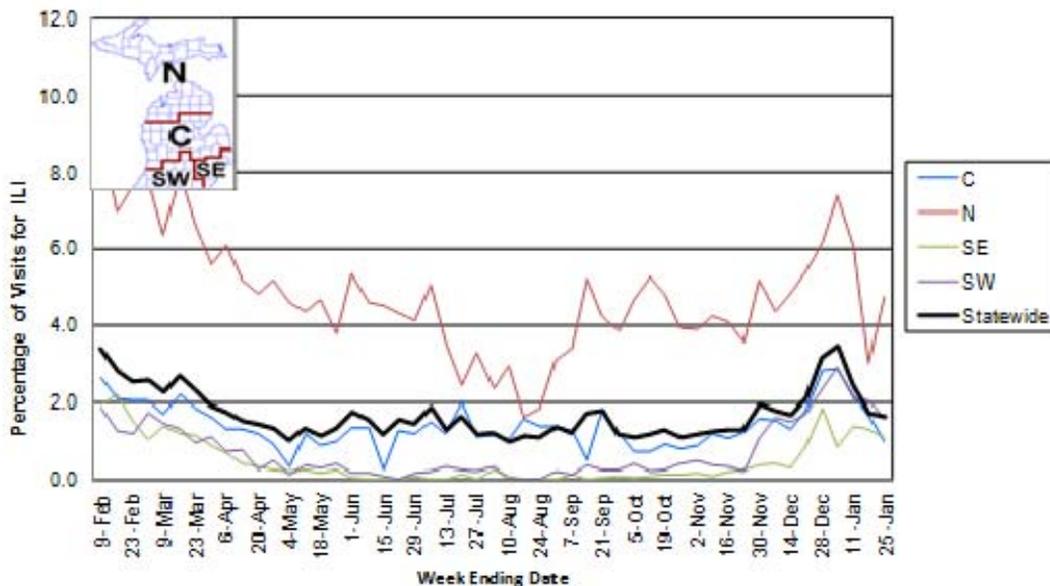
Influenza Surveillance Reports

Michigan Disease Surveillance System (as of January 30): MDSS influenza data for the week ending January 25, 2014 indicated that compared to levels from the previous week, aggregate reports increased and individual reports moderately decreased. Aggregate reports are significantly lower than levels seen during the same time period last year, while individual reports are moderately lower.

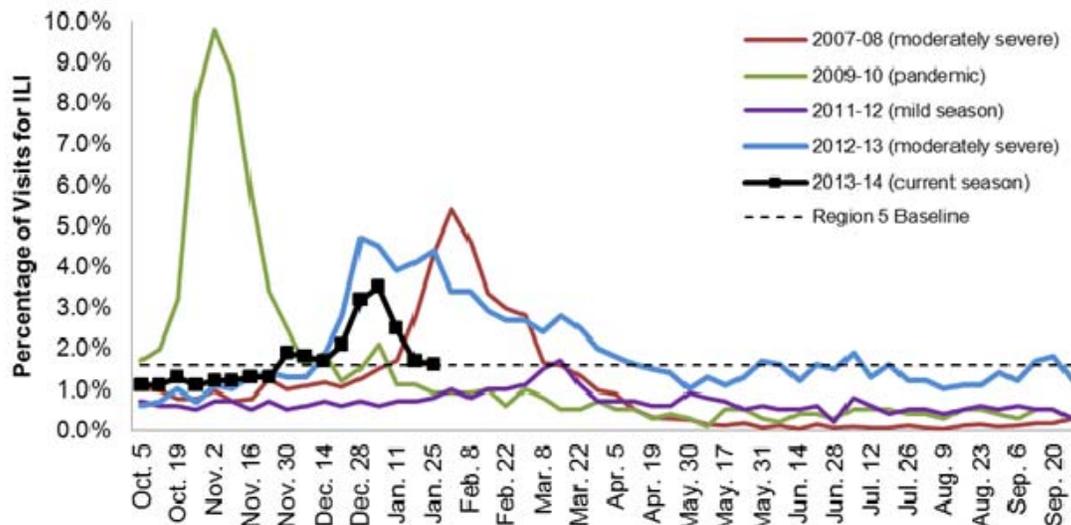
Emergency Department Surveillance (as of January 30): Emergency department visits due to both constitutional and respiratory complaints remained steady during the week ending January 25, 2014. Emergency department visits from constitutional complaints were significantly lower than levels during the same time period last year, while respiratory complaints moderately lower. In the past week, there were 6 constitutional alerts in the SW(2), C(3) and N(1) Influenza Surveillance Regions and 10 respiratory alerts in the SW(2), C(7) and N(1) Regions.

Sentinel Provider Surveillance (as of January 30): During the week ending January 25, 2014, the proportion of visits due to influenza-like illness (ILI) decreased to 1.6% overall; this is at the regional baseline (1.6%). A total of 127 patient visits due to ILI were reported out of 7,852 office visits. Data were provided by 23 sentinel sites from the following regions: Central (5), North (4), Southeast (10), and Southwest (4). ILI activity increased in one region: N (4.7%) and decreased in three regions: C (1.0%), SW (1.1%), and SE (1.6%). Please note: These rates may change as additional reports are received.

Percentage of Visits for Influenza-like Illness (ILI)
Reported by Sentinel Providers, Statewide and Regions
2013-14 Flu Season



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 Stefanie DeVita at 517-335-3385 or DeVitaS1@michigan.gov for more information.

Hospital Surveillance (as of January 30): 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, 2013, for Clinton, Eaton, Genesee, and Ingham counties. 35 new cases (6 pediatric, 29 adult) were identified since the last report. As of January 30th, there have been 162 influenza hospitalizations (45 pediatric, 117 adult) within the catchment area.

The MDCH Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. 12 hospitals (SE,SW,C,N) reported for the week ending January 18, 2013 and 8 hospitals (SE,SW,C,N) reported for the week ending January 25, 2014. Additional results for past weeks have also been added to the season totals. Results are listed in the table below.

Age Group	Hospitalizations Reported During the Previous 2 Weeks	Total Hospitalizations 2013-14 Season
0-4 years	10 (1SW,7C,2N)	36 (6SE,1SW,27C,2N)
5-17 years	5 (5C)	17 (1SE,16C)
18-49 years	19 (8SE,1SW,8C,2N)	93 (53SE,2SW,30C,8N)
50-64 years	29 (13SE,1SW,12C,3N)	114 (71SE,4SW,26C,13N)
≥65 years	18 (6SE,2SW,6C,4N)	85 (56SE,3SW,12C,14N)
Total	81 (27SE,5SW,38C,11N)	345 (187SE,10SW,111C,37N)

Laboratory Surveillance (as of January 25): During January 19-25, 27 influenza 2009 A/H1N1pdm (2SE,18SW,7C) results were reported by MDCH Bureau of Laboratories. 15 influenza 2009 A/H1N1pdm (2SE,10SW,1C,2N) and 1 influenza A/H3 (1SE) was also reported during January 12-18. For the 2013-14 season (starting Sept. 29, 2013), MDCH has identified 275 positive influenza results:

- Influenza 2009 A/H1N1pdm: 259 (59SE,89SW,73C,38N)
- Influenza A/H3: 10 (8SE,2SW)
- Influenza A unsubtypeable: 1 (1SE)
- Influenza A and B (LAIV recovery): 1 (1SE)
- Influenza B: 4 (1SE,1SW,2C)
- Adenovirus: 1 (1SE)
- Parainfluenza: 2 (1SE,1SW)

12 sentinel labs (SE,SW,C,N) reported for the week ending January 25, 2014. 12 labs (SE,SW,C,N) reported steady or decreasing influenza A activity. 4 labs (SE,SW,C) reported sporadic flu B activity. No labs reported parainfluenza activity. 11 labs (SE,SW,C,N) reported RSV activity, with several sites in the SE showing elevated levels. 4 labs (SE,SW) reported sporadic hMPV activity. 1 lab (SE) had sporadic adenovirus activity. Testing volumes at many sites remain high or very high but overall are declining.

Michigan Influenza Antigenic Characterization (as of January 30): For the 2013-14 season, no influenza specimens have been characterized at MDCH BOL.

Michigan Influenza Antiviral Resistance Data (as of January 30): For the 2013-14 season, 59 2009 A/H1N1pdm (16SE,13SW,18C,12N) and 7 A/H3 (5SE,2SW) influenza specimens have been tested at the MDCH BOL for antiviral resistance. None of the influenza specimens 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 30): No new pediatric influenza-associated deaths were reported to MDCH during the previous week. One pediatric influenza-associated influenza mortality (1C) has been reported to MDCH for the 2013-14 season.

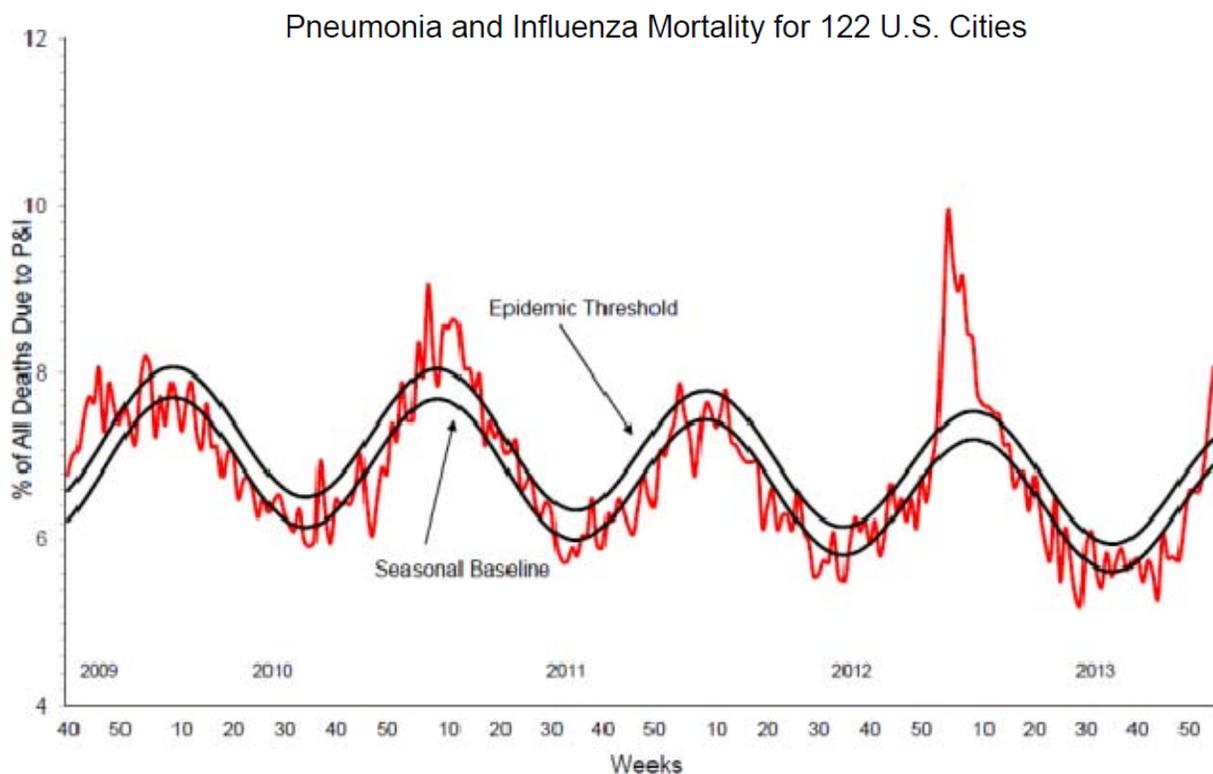
CDC requires reporting of flu-associated pediatric deaths (<18 yrs), including pediatric deaths due to an influenza-like illness with lab confirmation of influenza or any unexplained pediatric death with evidence of an infectious process. Contact MDCH immediately for proper specimen collection. The MDCH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

Influenza Congregate Settings Outbreaks (as of January 30): One new influenza A 2009/H1N1pdm outbreak in a foster home (SW) was reported during the week ending January 18 and one new outbreak in an assisted living facility (C) for the week ending January 25. 9 respiratory outbreaks (4SW,5C) have been reported during the 2013-14 season:

- Influenza 2009 A/H1N1pdm: 3 (2SW,1C)
- Influenza A/H3 positive: 1 (1SW)
- Influenza A positive: 1 (1SW)
- Negative/no testing: 4 (4C)

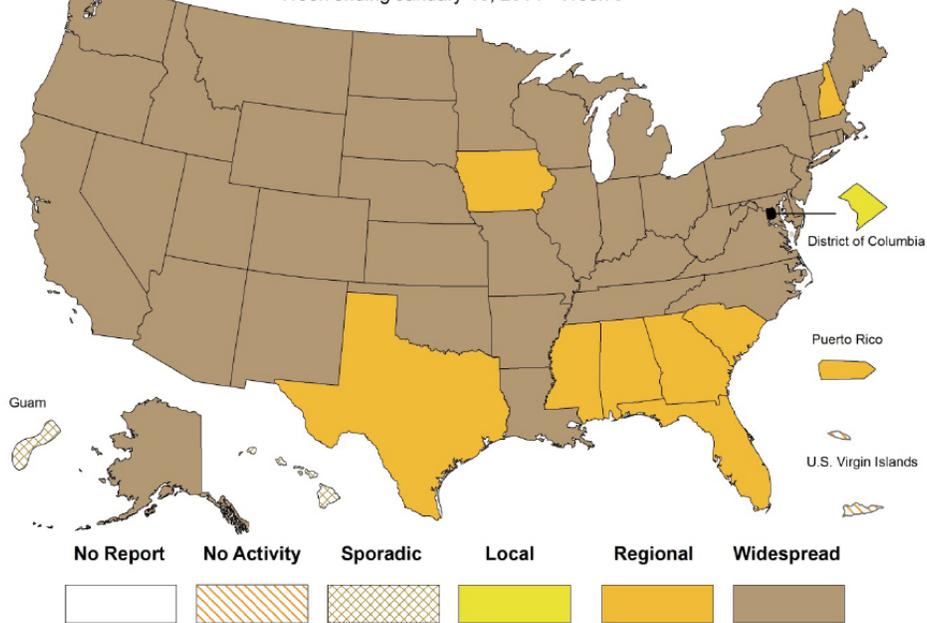
National (CDC [edited], January 25): During week 3 (January 12-18, 2014), influenza activity remained high in the United States. Of 12,108 specimens tested and reported during week 3 by U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, 2,793 (23.1%) were positive for influenza. The proportion of deaths attributed to pneumonia and influenza was above the epidemic threshold. Eight influenza-associated pediatric deaths were reported. A season-cumulative rate of 17.0 laboratory confirmed influenza-associated hospitalizations per 100,000 population was reported. The proportion of outpatient visits for influenza-like illness (ILI) was 3.4%, above the national baseline of 2.0%. All 10 regions reported ILI above region-specific baseline levels. Thirteen states experienced high ILI activity; seven states and New York City experienced moderate ILI activity; 15 states experienced low ILI activity; 15 states experienced minimal ILI activity, and the District of Columbia had insufficient data. The geographic spread of influenza in 41 states was reported as widespread; eight states and Puerto Rico reported regional influenza activity; the District of Columbia reported local activity; one state and Guam reported sporadic activity, and the U.S. Virgin Islands reported no influenza activity.

Complete weekly FluView reports are available online at: <http://www.cdc.gov/flu/weekly/>.

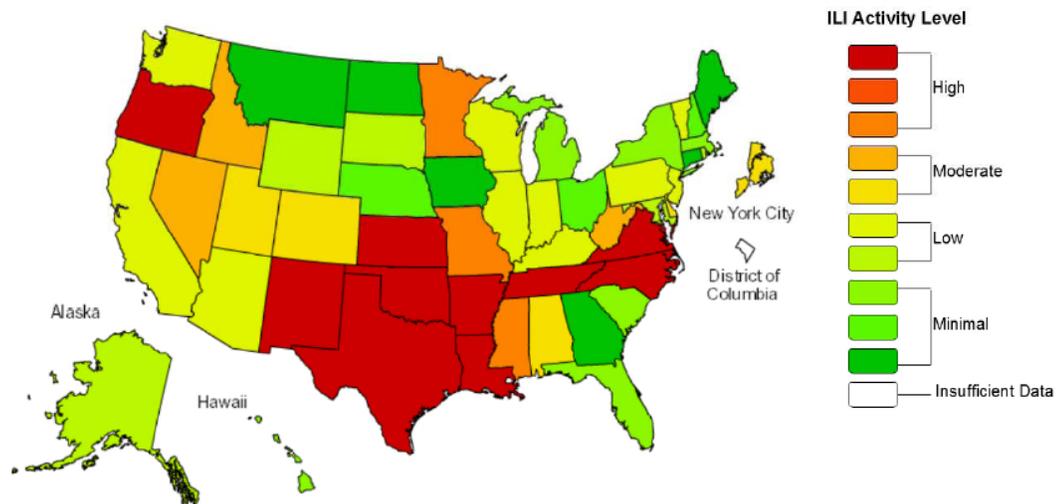


**Weekly Influenza Activity Estimates Reported
by State & Territorial Epidemiologists***

Week ending January 18, 2014 - Week 3



**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2013-14 Influenza Season Week 3 ending Jan 18, 2014**



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.

International (WHO [edited], January 27): In North America influenza activity remained high in recent weeks with A(H1N1)pdm09 predominant. In Europe, a slight increase in activity has been observed, which may indicate the start of the influenza season. In China influenza activity continued to increase with influenza (H1N1)pdm09, A(H3N2) and B co-circulating. In the southern hemisphere influenza activity remained low. In countries of tropical areas variable activity was reported. Based on FluNet reporting (as of 23 January 2014), during weeks 1 to 2 (29 December 2013 to 11 January 2014), National Influenza Centres and other national influenza laboratories from 72 countries, areas or territories reported data. The WHO GISRS laboratories tested more than 81261 specimens. 24494 were positive for influenza viruses, of which 22425 (91.6%) were typed as influenza A and 2069 (8.4%) as influenza B. Of the sub-typed influenza A viruses, 11033 (80.5%) were A(H1N1)pdm09 and 2669 (19.5%) were A(H3N2). Of the characterized B viruses, 220 (84%) belonged to the B-Yamagata lineage and 42 (16%) to the B-Victoria lineage.

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

MDCH reported WIDESPREAD INFLUENZA ACTIVITY to CDC for the week ending Jan. 25, 2014

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.

International, Human (WHO [edited], January 25): On 25 January 2014, the National Health and Family Planning Commission of China notified WHO of 10 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus. The source of infection is still under investigation. So far, there is no evidence of sustained human-to-human transmission.

Details of the cases are as follows:

- A 58 year old man from Changping District, Beijing, who became ill on 12 January. He was admitted to hospital on 16 January and transferred to another hospital on 24 January. He is currently in a critical condition. The patient has a history of exposure to poultry.
- A 78 year old woman from Ningbo City, Zhejiang Province, who became ill on 17 January. She was admitted to hospital on 20 January and transferred to another hospital on 23 January. She is currently in a critical condition.
- A 44 year old woman from Ningbo City, Zhejiang Province, who became ill on 17 January. She was admitted to hospital on 20 January and is currently in a serious condition. The patient has a history of exposure to poultry.
- A 23 year old woman from Hangzhou City, Zhejiang Province, who became ill on 20 January. She was admitted to hospital on 22 January and is currently in a serious condition. The patient has a history of exposure to live poultry market.
- A 82 year old woman from Hangzhou City, Zhejiang Province, who became ill on 16 January. She was admitted to hospital on 17 January and is currently in a critical condition. The patient has a history of exposure to a live poultry market.
- A 73 year old man from Shaoxing City, Zhejiang Province, who became ill on 18 January. He was admitted to hospital on 21 January and is currently in a critical condition.
- A 62 year old woman farmer from Shaoxing City, Zhejiang Province, who became ill on 15 January. She was admitted to hospital on 20 January and transferred to another hospital on 21 January. She is currently in a critical condition. The patient has a history of exposure to poultry.
- A 33 year old farmer from Shaoxing City, Zhejiang Province, who became ill on 17 January. He was admitted to hospital on 19 January and is currently in a critical condition. The patient has a history of exposure to poultry.
- A 58 year old woman from Huizhou City, Guangdong Province, who became ill on 10 January. She was admitted to hospital on 16 January and transferred to another hospital on 23 January. She is currently in a critical condition. The patient has a history of exposure to poultry.
- A 52 year old poultry salesman from Meizhou City, Guangdong Province, who became ill on 14 January. He was admitted to hospital on 20 January and is currently in a critical condition.

The full report is available online at http://www.who.int/csr/don/2014_01_25/en/index.html.

International, Human (Xinhua News, January 26): Health authorities in east China's Jiangxi Province on Saturday confirmed a second human case of H10N8, a new strain of bird flu known to affect humans.

The patient, a 55-year-old woman in Nanchang, capital of Jiangxi, is in a critical condition, the provincial health and family planning department said in a statement.

The woman, surnamed Zhang, developed symptoms of a sore throat, dizziness and loss of strength on Jan. 8 and was admitted to hospital on Jan. 15, it said.

She had been to an agricultural market, said the statement.

Those who had come into contact with her have not shown any abnormal symptoms.

Health experts called on the public to stay away from live poultry and maintain good hygiene.

On Dec. 17, local health authorities in Jiangxi confirmed that they had detected the H10N8 virus from a 73-year-old woman, who died of respiratory failure on Dec. 6. At the time, health professionals said H10N8 existed among birds, but human infection had never been reported before.

Many regions, including Zhejiang, Shanghai, Guangdong, Jiangsu and Beijing, have reported dozens of cases of H7N9, another strain of bird flu.

The article is available online at http://news.xinhuanet.com/english/china/2014-01/26/c_133075311.htm.

International, Human (WHO [edited], January 27): The National Health and Family Planning Commission of China has notified WHO of nine additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus. The source of infection is still under investigation. So far, there is no evidence of sustained human-to-human transmission.

Details of the cases notified on 26 January 2014 are as follows:

- A 49 year old man from Huzhou City, Zhejiang Province, who became ill on 16 January. He was admitted to hospital on 20 January and transferred to other hospital on 23 January. He is currently in a serious condition. The patient has a history of exposure to poultry.
- A 60 year old woman farmer from Ningbo City, Zhejiang Province, who became ill on 19 January. She was admitted to hospital on 23 January. She is currently in a serious condition.
- A 48 year old woman farmer from Ningbo City, Zhejiang Province, who became ill on 20 January. She was admitted to hospital on 23 January and is currently in a serious condition. The patient has a history of exposure to poultry.
- A 57 year old farmer from Suzhou City, Jiangsu Province, who became ill on 16 January. He was admitted to hospital on 19 January and transferred to other hospital on 22 January. He is currently in a serious condition. The patient has a history of exposure to live poultry market.
- A 46 year old woman farmer from Quanzhou City, Fujian Province, who became ill on 18 January. She was admitted to hospital on 22 January and is currently in a critical condition. The patient has a history of exposure to poultry.
- A 82 year old man from Shenzhen City, Guangdong Province, who became ill on 11 January. He was admitted to hospital on 21 January and is currently in a critical condition. The patient has a history of exposure to live poultry market.

Details of the cases notified on 27 January 2014 are as follows:

- A 76 year-old farmer from Wuxi City, Jiangsu Province, who became ill on 18 January. He was admitted to hospital on 21 January and is currently in a serious condition.
- A 40 year-old man from Hangzhou City, Zhejiang Province, who became ill on 19 January. He was admitted to hospital on 23 January and was transferred to another hospital on 25 January. He is currently in a critical condition. The patient has a history of exposure to poultry.
- A 65 year-old, man from Huzhou City, Zhejiang Province, who became ill on 16 January. He was admitted to hospital on 22 January and was transferred to another hospital on 23 January. He is currently in a serious condition. The patient has a history of exposure to a live poultry market.

The full report is available online at http://www.who.int/csr/don/2014_01_27/en/index.html.

International, MERS-CoV (WHO [edited], January 27): WHO has been notified of two additional laboratory-confirmed cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV).

Details of the cases are as follows:

- WHO was notified of one case by the Ministry of Health of Saudi Arabia. The case is a 54 year old man from Riyadh who developed respiratory illness symptoms on 29 December, 2013 and was hospitalized on 4 January, 2014. The patient received medical treatment in an intensive care unit. He died on 14 January 2014. Samples tested positive for MERS-CoV after his death. The patient was a health care worker. He had a history of chronic disease and had no history of contacts with animals or contact with known cases of MERS-CoV. In addition, he had no travel history. The investigation is ongoing.
- WHO was notified of one case by the Ministry of Health of Jordan on 23 January, 2014. The case is a 48 year old man who became ill on 31 December, 2013 and developed fever, dry cough, difficulty in breathing, abdominal pain and vomiting, and was admitted to a hospital on 9 January, 2014. While there, his condition worsened and on 16 January he was placed on mechanical ventilation. The patient died on 23 January. A sample taken from the patient on 21 January tested positive by PCR for MERS-CoV. The patient had underlying health conditions and he had travelled to the United Kingdom from 12

November to 25 December 2013 seeking treatment for his underlying conditions. The patient had no history of animal contact and is believed to have not attended any large social events in the last 30 days. It is reported that he had received 2 guests from Kuwait between 25 December and 31 December, 2013. National authorities in Jordan are following family contacts, medical staff and health workers, in addition to strictly applying infection control measures. Further investigations are ongoing in Jordan and UK.

Globally, from September 2012 to date, WHO has been informed of a total of 180 laboratory-confirmed cases of infection with MERS-CoV, including 77 deaths.

The full report is available online at http://www.who.int/csr/don/2014_01_27mers/en/index.html.

International, Human (WHO [edited], January 29): On 27 January 2014, the National Health and Family Planning Commission of China notified WHO of six additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus including one death. The source of infection is still under investigation. So far, there is no evidence of sustained human-to-human transmission.

Details of six new cases are as follows:

- A 74-year-old woman farmer from Suzhou City, Jiangsu Province, who became ill on 15 January. She was admitted to hospital on 21 January 2014, and was transferred to another hospital on 24 January. She is currently in critical condition and is being given intensive treatment. The patient has a history of exposure to poultry.
- A 58-year-old woman farmer from Yueyang City, Hunan Province, who became ill on 20 January. She was admitted to hospital on 25 January. She is currently in a critical condition. The patient has a history of exposure to poultry.
- A 69-year-old man from Xiamen City, Fujian Province, who became ill on 17 January. He was admitted to hospital on 24 January. He is currently in a critical condition. The patient has a history of exposure to poultry.
- A 72-year-old woman farmer from Sanming City, Fujian Province, who became ill on 21 January. She was admitted to hospital on 23 January. She is currently in a critical condition. The patient has a history of exposure to poultry.
- A 77-year-old woman farmer, from Shenzhen City, Guangdong Province, who became ill in 17 January. She was admitted to hospital on 23 January. She is currently in a critical condition. The patient has a history of exposure to live poultry market.
- A 68-year-old farmer from Jiangmen City, Guangdong Province, who became ill on 18 January. He was admitted to hospital on 21 January. He died on 25 January. The patient had a history of exposure to poultry.

The full report is available online at http://www.who.int/csr/don/2014_01_29/en/index.html.

International, MERS-CoV Research (Annals of Internal Medicine abstract [edited], January 28): Arabi, YM, et al. Clinical Course and Outcomes of Critically Ill Patients With Middle East Respiratory Syndrome Coronavirus Infection. *Annals of Internal Medicine*. Online 2014 Jan.

Background: Since September 2012, 170 confirmed infections with Middle East respiratory syndrome coronavirus (MERS-CoV) have been reported to the World Health Organization, including 72 deaths. Data on critically ill patients with MERS-CoV infection are limited.

Objective: To describe the critical illness associated with MERS-CoV.

Results: Between December 2012 and August 2013, 114 patients were tested for suspected MERS-CoV; of these, 11 ICU patients (10%) met the definition of confirmed or probable cases. Three of these patients were part of a healthcare-associated cluster that also included 3 HCWs. One HCW became critically ill and was the 12th patient in this case series. Median Acute Physiology and Chronic Health Evaluation II score was 28 (range, 16-36). All 12 patients had underlying comorbid conditions and presented with acute severe hypoxemic respiratory failure. Most patients (92%) had extrapulmonary manifestations, including shock, acute kidney injury, and thrombocytopenia. Five (42%) were alive at day 90. Of the 520 exposed HCWs, only 4 (1%) were positive.

Conclusion: MERS-CoV causes severe acute hypoxemic respiratory failure and considerable extrapulmonary organ dysfunction and is associated with high mortality. Community-acquired and healthcare-associated MERS-CoV infection occurs in patients with chronic comorbid conditions. The

healthcare-associated cluster suggests that human-to-human transmission does occur with unprotected exposure.

The full article is available online at <http://annals.org/article.aspx?articleid=1817260>.

International, Poultry (OIE [edited], January 26): Low pathogenic avian influenza H7N9; China
 Outbreak 1: Agriculture market, Guangzhou, GUANGDONG; Date of start of outbreak: 11/01/2014
 Species: Birds; Susceptible: 1200; Cases: 2; Deaths: 0; Destroyed: 1200
 Affected population: All 185 specimens (chicken) were collected according to the national surveillance plan and no clinical signs were found. Two specimens tested positive from Changban agriculture product market and Yijinxinjie agriculture market, respectively.

Outbreak 2: Meiling Agriculture products market, Jinjiang, Quanzhou, FUJIAN
 Date of start of the outbreak: 16/01/2014; Species: Birds; Cases: 1
 Affected population: All 220 specimens (89 chickens, 53 pigeons, 22 ducks and 56 environment specimens) were collected according to the national surveillance plan and no clinical signs were found. One environment specimen tested positive from Meiling agriculture product market.

International, Poultry (OIE [edited], January 27): Highly pathogenic avian influenza H5N8; South Korea
 Total outbreaks: 5; Affected population: Ducks and chickens
 Total animals affected: Susceptible: 61400; Cases: 2280; Deaths: 2280; Destroyed: 59120

International, Poultry (OIE [edited], January 29): Low pathogenic avian influenza H7N9; Hong Kong
 Outbreak 1: 4 Hing Wah Street, Cheung Sha Wan, HONG KONG; Date of start of outbreak: 27/01/2014
 Species: Birds; Susceptible: 22604; Cases: 2600; Deaths: 0; Destroyed: 22604
 Affected population: An imported consignment of live chickens was tested positive for low pathogenic H7N9 avian influenza virus during regular surveillance on 27 January 2014.

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
MDCH Contributors
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Table. H5N1 Influenza in Humans – As of December 10, 2013. http://www.who.int/influenza/human_animal_interface/EN_GIP_20131210_CumulativeNumberH5N1cases.pdf. Downloaded 01/23/2014. Cumulative lab-confirmed cases reported to WHO. Total cases include deaths.

Country	2003-2009		2010		2011		2012		2013		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	8	5	0	0	0	0	0	0	0	0	8	5
Bangladesh	1	0	0	0	2	0	3	0	1	1	7	1
Cambodia	9	7	1	1	8	8	3	3	26	14	47	33
China	38	25	2	1	1	1	2	1	2	2	45	30
Djibouti	1	0	0	0	0	0	0	0	0	0	1	0
Egypt	90	27	29	13	39	15	11	5	4	3	173	63
Indonesia	162	134	9	7	12	10	9	9	3	3	195	163
Iraq	3	2	0	0	0	0	0	0	0	0	3	2
Lao PDR	2	2	0	0	0	0	0	0	0	0	2	2
Myanmar	1	0	0	0	0	0	0	0	0	0	1	0
Nigeria	1	1	0	0	0	0	0	0	0	0	1	1
Pakistan	3	1	0	0	0	0	0	0	0	0	3	1
Thailand	25	17	0	0	0	0	0	0	0	0	25	17
Turkey	12	4	0	0	0	0	0	0	0	0	12	4
Vietnam	112	57	7	2	0	0	4	2	2	1	125	62
Total	468	282	48	24	62	34	32	20	38	24	648	384