



MI Flu Focus

Influenza Surveillance Updates
Bureaus of Epidemiology and Laboratories



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Updates of Interest

- **International:** Egypt reports a new human case of avian influenza H5N1
- **International:** WHO reports that influenza activity in the northern hemisphere temperate regions is continuing to decline or back to baseline levels. Influenza activity in tropical areas of the world is low with the exception of Hong Kong and Madagascar.

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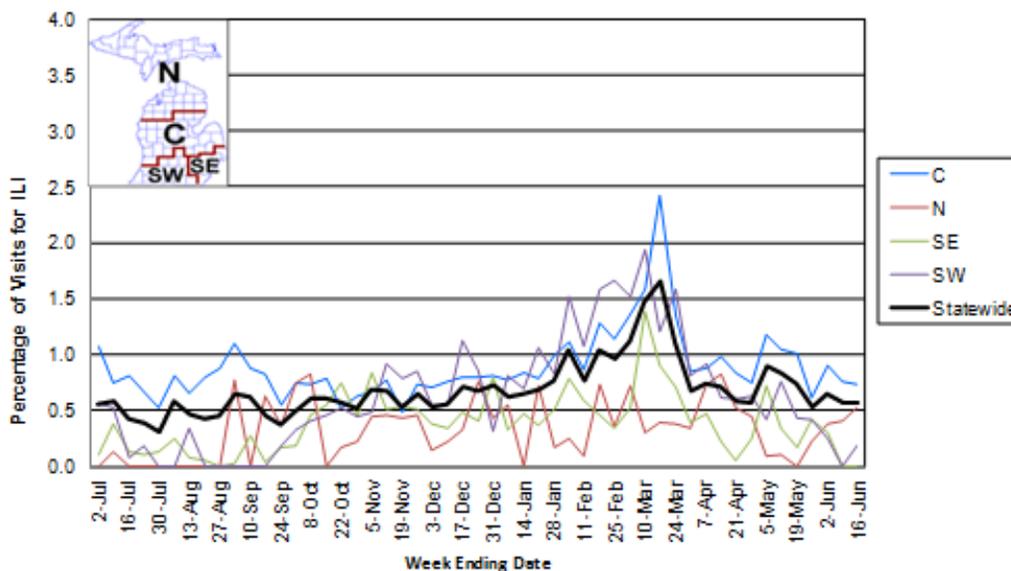
Influenza Surveillance Reports

Michigan Disease Surveillance System (as of June 21): MDSS data for the week ending June 16th indicated that compared to levels from the previous week, aggregate reports decreased, while individual reports remained steady at very low levels. Individual reports are marginally higher, while aggregate reports are similar, than levels seen during the same time last year.

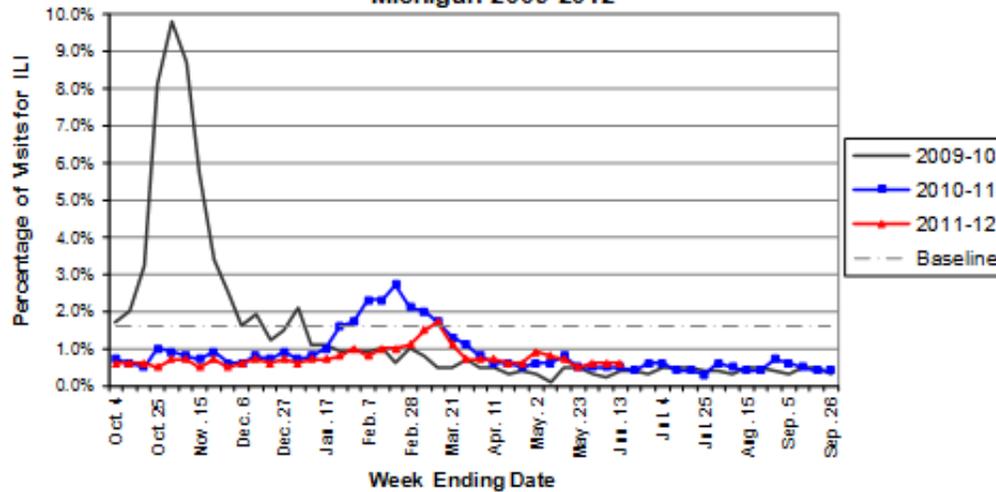
Emergency Department Surveillance (as of June 21): Compared to levels from the week prior, emergency department visits from constitutional complaints slightly increased, while respiratory complaints slightly decreased. Constitutional complaints are similar to levels reported during the same time period last year, while respiratory complaints are slightly lower. In the past week, there were 8 constitutional alerts in the SE(2), SW(1), C(4) and N(1) Influenza Surveillance Regions and 3 respiratory alerts in the SW(1), C(1) and N(1) Regions.

Sentinel Provider Surveillance (as of June 21): During the week ending June 16, 2012, the proportion of visits due to influenza-like illness (ILI) remained at 0.6% overall; this is below the regional baseline of (1.6%). A total of 34 patient visits due to ILI were reported out of 5,980 office visits. Twenty-one sentinel sites provided data for this report. ILI activity increased in two surveillance regions: North (0.5%) and Southwest (0.2%); decreased in one surveillance region: Central (0.7%); and the Southeast region continued to report no ILI activity. 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
2010-2011 and 2011-12 Flu Seasons



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



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 June 16): The Influenza Hospitalization Surveillance Project provides population-based rates of severe influenza illness in Clinton, Eaton and Ingham counties. For the 2011-12 season, 27 influenza hospitalizations (9 adult, 18 pediatric) have been reported in the catchment area.

The MDCH Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. 3 hospitals (SE, SW) reported for the week ending June 16, 2012. Results are listed in the table below.

Age Group	Hospitalizations Reported During Current Week	Total Hospitalizations 2011-12 Season
0-4 years	0	21
5-17 years	0	23
18-49 years	0	32
50-64 years	0	28
≥65 years	0	43
Total	0	147

Laboratory Surveillance (as of June 16): During June 3-16, 2 influenza A/H3 (2SW) results were reported by MDCH BOL. For the 2011-12 season (starting October 2, 2011), MDCH has identified 1159 influenza results:

- Influenza A(H3): 1051 (605SE, 97SW, 302C, 47N)
- Influenza A(H1N1)pdm09: 32 (22SE, 3SW, 5C, 2N)
- Influenza B: 75 (30SE, 28SW, 12C, 5N)
- Influenza A(H3) and B co-infection: 1 (SE)
- Parainfluenza: 2 (1SE, 1C)
- Adenovirus: 3 (3SE)
- RSV: 4 (1SW, 1C, 2N)

7 sentinel labs (SW, C, N) reported for the week ending June 16, 2012. 1 lab (N) reported sporadic influenza A activity. No labs reported influenza B, parainfluenza or HMPV activity. 2 labs (SE, SW) reported sporadic RSV activity. Testing volumes are at low levels.

Michigan Influenza Antigenic Characterization (as of June 21): For the 2011-12 season, 45 Michigan influenza B viruses have been characterized at MDCH. 8 viruses are B/Brisbane/60/2008-like (included in the 2011-12 influenza vaccine). 54 are B/Wisconsin/01/2010-like (not included in the 2011-12 vaccine).

Michigan Influenza Antiviral Resistance Data (as of June 21): For the 2011-12 season, 26 Michigan influenza A(H1N1)pdm09 specimens and 95 influenza A(H3) specimens have been tested for antiviral resistance at MDCH Bureau of Laboratories; all have tested negative for oseltamivir resistance. 11 Michigan influenza A(H3N2), 2 influenza A(H1N1)pdm09, and 4 influenza B specimens have been tested for antiviral resistance at the CDC; all have tested negative for oseltamivir and zanamivir resistance.

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 June 21): 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_pediatic_influenza_guidance_v2_214270_7.pdf.

Influenza Congregate Settings Outbreaks (as of June 21): No new respiratory outbreaks were reported to MDCH during the previous week. 29 respiratory outbreaks (6SE, 3SW, 19C, 1N) have been reported to MDCH during the 2011-12 season; testing results are listed below.

- Influenza A/H3: 15 (4SE, 1SW, 10C)
- Influenza A: 2 (2C)
- Human metapneumovirus: 1 (SW)
- Negative or not tested: 11 (1SE, 1SW, 8C, 1N)

National (CDC): Past weekly reports and updated data during the summer months are available online at <http://www.cdc.gov/flu/weekly/fluactivity.htm>.

International (WHO [edited], June 8): Worldwide influenza activity is generally low. Influenza activity in the northern hemisphere temperate regions is continuing to decline or back to baseline levels indicating the season is ending. Influenza activity in tropical areas of the world is low with the exception of China Hong Kong Special Administrative Region (SAR) and Madagascar. In both areas influenza A(H3N2) is the predominantly virus circulating. Influenza activity in the temperate zone of the southern hemisphere is still low. Chile and Paraguay are reporting increasing ILI activity in the past couple of weeks, with 3% and 12% respectively of respiratory specimens testing positive for influenza, with predominantly influenza A(H3N2) virus detection in Chile and influenza A(H1N1)pdm virus detection in Paraguay.

Countries in the temperate zone of the northern hemisphere

Influenza activity in the northern hemisphere temperate regions is continuing to decline or back to baseline levels indicating the season is ending.

Influenza activity continues to decrease in both Canada and the United States of America. After peaking during mid-March, activity in Canada has declined in most of western regions but localized activity persists in parts of Alberta, Ontario and Quebec. The proportion of positive tests declined from 9.7% to 8.6%. The number of outbreaks has decreased from 59 outbreaks in the peak of the season to 5 in mid-May. Throughout this season, a total of 571 influenza-associated paediatric hospitalizations have been reported, 11 new lab-confirmed hospitalizations were reported during 13-19 May. Due to influenza 1050 adults ≥ 20 years of age have been hospitalized; the number of adult hospitalizations declined from 64 cases reported in early May to 22 hospitalizations in the last reported week. The largest proportion of cases was observed in those ≥ 65 years of age (34%). Influenza B continues to be detected in more than 50% of the positive tested samples in Canada and also among hospitalized cases (57% in the aggregate surveillance system). Of the hospitalizations due to influenza A, A(H3N2) was found in 61% of the cases.

All the influenza activity indicators in the United States of America have shown that the 2011-12 season is coming to its end. Nationally, only 1% of all patient visits reported were due to influenza-like illness (ILI), which is below the baseline of 2.4%. The number of respiratory specimens testing positive for influenza has decreased markedly in from about 30% at the beginning of March to about 10% during the past month. Similarly, the proportion of deaths attributed to pneumonia and influenza decreased and continued to be below the epidemic threshold. Of all the specimens that tested positive for influenza viruses in week ending 26 May, 60% were type B. Of the specimen testing positive for influenza A, majority were A(H3N2). Most of the viruses that have been antigenically characterized since the beginning of the season are antigenically related to viruses contained in the 2011-12 seasonal trivalent vaccine.

All influenza indicators in Europe signal the end of the 2011-2012 season. Consultation rates for ILI and acute respiratory infection (ARI) are at low levels in all countries in the region. All countries but Slovakia reported low intensity. The number of respiratory specimens from ILI and ARI sentinel sites testing positive for influenza viruses decreased from 11% during week 14-20 May to 4%. Influenza A(H3N2) virus was predominant across Europe during this season. Consistent with previous reports, of all genetic characterisations conducted during this season, 1177 (85%) were influenza A(H3N2) viruses, and 58% out of those (684) fell within the A/Victoria/208/2009 clade, genetic group 3 represented by

A/Stockholm/18/2011. Viruses falling within this genetic group are antigenically diverse, indicating that there is an imperfect match with the current vaccine virus A/Perth/16/2009. No resistance to oseltamivir was reported from Europe during the 2011-2012 season.

Influenza activity remains low in most countries of northern Africa and eastern Mediterranean regions after peaking between mid-December to mid-January. Transmission of influenza B viruses has been observed in recent weeks in Iran, Tunisia, Oman, Qatar, Pakistan with co-circulation of influenza A(H1N1)pdm09 in Oman and Qatar.

Overall, influenza activity in the temperate zone of Asia has continued to decrease or remained stable at low level. Northern China, Japan, Republic of Korea, and Mongolia have all reported declining levels of ILI in recent weeks. In northern China, the season seems to have ended. The proportion of specimens testing positive for influenza in north China was 1% in week 21-27 May which was slightly lower than that of the previous week. Mongolia continues to report declining ILI activity and no influenza was detected in week 21-27 May. In the Republic of Korea and Japan, ILI activity is back to inter-seasonal levels. Both countries saw a first wave of transmission from A(H3N2) followed by a wave of influenza B.

Countries in the tropical zone

Countries in tropical South America and the Andean region have reported low or undetectable levels of influenza transmission during the past few weeks. Co-circulation of influenza A(H1N1)pdm09 and influenza B was reported in Bolivia. In Central America and the Caribbean transmission of influenza viruses has shown a slight increase in the past few weeks. Influenza A(H1N1)pdm09 was circulating in some countries of Central America (El Salvador, Honduras and Panama); influenza A(H3N2) was circulating in Dominican Republic.

In sub-Saharan Africa, available data indicate little activity in most countries with the exception of Madagascar. Kenya typically detects virus throughout the year, but ILI activity has been decreasing during the last four weeks. Contrarily, in Madagascar an increase of circulation of influenza A and B viruses has been observed since the second week of May, with influenza A(H3N2) being the predominant subtype circulating since late March.

Low levels of influenza activity continue to be reported in most countries of tropical Asia. However, the percentage of ILI visits in south China has remained elevated (3.4%) during the last three weeks which is higher than the level seen in the previous two influenza seasons. Early in the season, virus detections in south China were primarily type B viruses, however, the proportion of detections of A(H3N2) has steadily increased since mid-March and now accounts for 76% of all the subtyped influenza A viruses. China Hong Kong Special Administrative Region continued to report influenza activity at a high level, unusual for this time of the year. The predominant virus detected is, influenza A(H3N2). ILI cases and hospital admission rates continued to increase during the last weeks. A total of 34 cases of influenza associated ICU admissions were recorded from 23- 30 May, and 74% of them (25 cases) were fatal.

Countries in the temperate zone of the southern hemisphere

In the temperate regions of South America, Africa, Australia, and New Zealand, ILI activity and virus detections were generally low. However, Chile and Paraguay are reporting increasing ILI activity in the past couple of weeks, with 3% and 12% respectively of respiratory specimens testing positive for influenza, with predominantly influenza A(H3N2) virus detection in Chile and influenza A(H1N1)pdm09 virus detection in Paraguay.

The entire WHO report is available online at

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

Weekly reporting to the CDC has ended for the 2011-2012 influenza season.

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, Antivirals (CIDRAP News, June 11): Clinicians are heeding antiviral prescribing guidance changes made over the past decade because of antiviral resistance and a greater focus on protecting high-risk patients, particularly during the 2009 H1N1 pandemic, researchers reported today.

The report is one of two new studies on antiviral dispensing published in *Influenza and Other Respiratory Diseases*. Both compared data from prescribing databases with US Centers for Disease Control and Prevention (CDC) flu surveillance data and found that antiviral prescription trends are a useful adjunct for monitoring flu patterns.

Prescribing reflected CDC guidance

In the first study, researchers from eight Vaccine Safety Datalink (VSD) Project medical care organizations tracked antiviral medication dispensing from January 2000 through June 2010. The VSD collects vaccination and medical care data on more than 9 million members of certain medical care organizations based in six states: Minnesota, Wisconsin, Washington, California, Massachusetts, and Oregon.

The investigators compared the patterns against the backdrop of changing antiviral recommendations, and there were some notable ones during that period. Until now, few studies have assessed the impact the recommendations had on antiviral prescribing patterns, the authors report.

In 2006 when 91% of H3N2 viruses were resistant to adamantanes, the CDC recommended that clinicians stop using amantadine and rimantadine.

During the 2008-09 season, 98% of seasonal H1N1 viruses were resistant to oseltamivir (Tamiflu), which prompted a recommendation that zanamivir (Relenza) or a combination of oseltamivir and an adamantane be used. When the 2009 H1N1 pandemic virus emerged a few months later, lab experts found that it was susceptible to oseltamivir, and health officials recommended using the drug as early treatment, even without lab testing and especially for high-risk groups.

The group found that antiviral use reflected CDC guidelines. In 2006, clinicians avoided adamantanes. During the 2009 H1N1 pandemic, 97% of oseltamivir dispensings were to patients who weren't tested for influenza, and 31% went to those who weren't assigned an influenza diagnosis.

Also, 46% of oseltamivir prescriptions were written for patients with underlying conditions, including pregnancy. Compared with the pre-pandemic period, a much higher percentage of oseltamivir prescriptions were written during the pandemic for pregnant women.

Researchers also found a strong correlation between weekly dispensing patterns and the percentage of positive influenza tests from the National Respiratory and Enteric Virus Surveillance System, one of the markers the CDC uses to track flu activity. Researchers found that the patterns were similar at both the local and regional levels.

The investigators noted that the dispensing rates could be an underestimate, because some insurance plans had minimal pharmacy coverage, so dispensing data wouldn't have been recorded.

They also noted that they weren't able to directly measure, for example, the proportion of chronic pulmonary disease patients with respiratory illness who were treated with antivirals and that the system wasn't able to capture those who received oseltamivir during the pandemic through telephone dispensing methods.

Prescribing paralleled flu activity

The second study was conducted by researchers at the US Food and Drug Administration (FDA) who used its proprietary outpatient data to gauge weekly antiviral prescribing patterns during the 2009 H1N1 pandemic. They assessed whether antiviral prescribing trends followed national patterns for doctors' visits for flulike illness, another marker the CDC uses to assess the nation's flu activity.

The researchers focused on April 2009 to April 2010, along with four antivirals prescribed in outpatient settings: oseltamivir, zanamivir, amantadine, and rimantadine. One of the databases the FDA used captures about 80% of the US drug market, and another one tracks about 2 billion prescriptions each year from retail pharmacy chains.

Weekly prescriptions of all antivirals, even the ones for which the 2009 H1N1 virus showed resistance, followed doctors' visit trends, the group reported. Oseltamivir was the primary influenza drug prescribed during the 2009 H1N1 pandemic and garnered 87% of the total antiviral market during the study period.

After the pandemic virus emerged and a nationwide public health emergency was declared, oseltamivir prescriptions saw a 30-fold increase, and zanamivir showed a ninefold increase. During the second pandemic wave that started in August 2009, oseltamivir prescriptions rose again, peaking in late October and leveling off to preseasonal flu levels by early December. The pattern for zanamivir was similar.

Some of the study limitations were that age was missing from a large percentage of the prescriptions covered in the study and that data on indications wasn't available, the authors noted. Also, amantadine has an indication for Parkinson's disease, and it's not clear how many of the prescriptions of that drug were specific to flu.

Though the system couldn't account for possible stockpiling, the researchers didn't see much sign of antiviral prescriptions ahead of the epidemic curve.

The researchers said monitoring prescriptions during a pandemic was a useful addition to other flu surveillance data and provided insights into the potential for shortages, such as the one that occurred with the pediatric oseltamivir suspension.

International, Human (WHO, June 7): The Ministry of Health and Population of Egypt has notified WHO of a new case of human infection with avian influenza A(H5N1) virus.

The case is a four year-old female from Kfr -Elsheikh governorate. She developed symptoms on 25 April 2012, was admitted to a hospital on 26 April 2012 and received oseltamivir treatment upon admission. She was discharged from the hospital on 7 May 2012.

Investigations into the source of infection indicated that the case had exposure to backyard poultry. The case was confirmed by the Central Public Health Laboratories and the Naval Medical Research Unit 3 (NAMRU-3), a WHO reference laboratory. To date, a total of 168 cases have been confirmed in Egypt, of which 60 have been fatal.

International, Research (Epidemiology and Infection abstract, June 12): J. Henning, J.M. Morton, H. Wibawa, D. Yulianto, T.B. Usman, W. Prijono, A. Junaidi and J. Meers. Incidence and risk factors for H5 highly pathogenic avian influenza infection in flocks of apparently clinically healthy ducks. *Epidemiology and Infection*, Available on CJO 2012 doi:10.1017/S0950268812001100

A prospective longitudinal study was conducted on 96 smallholder duck farms in Indonesia over a period of 14 months in 2007 and 2008 to monitor bird- and flock-level incidence rates of H5 highly pathogenic avian influenza (HPAI) infection in duck flocks, and to identify risk factors associated with these flocks becoming H5 seropositive. Flocks that scavenged around neighbouring houses within the village were at increased risk of developing H5 antibodies, as were flocks from which carcasses of birds that died during the 2 months between visits were consumed by the family. Duck flock confinement overnight on the farm and sudden deaths of birds between visits were associated with lower risk of the flock developing H5 antibodies. Scavenging around neighbouring houses and non-confinement overnight are likely to be causal risk factors for infection. With this study we have provided insights into farm-level risk factors of HPAI virus introduction into duck flocks. Preventive messages based on these risk factors should be included in HPAI awareness programmes.

The abstract is at <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8607500>.

International, Poultry (OIE [edited], June 19): Low pathogenic avian influenza virus H7N1; South Africa
Date of first confirmation of the event: 01/06/2012; Date of Start of Event: 24/02/2012

Outbreak Province: EASTERN CAPE PROVINCE; Local Municipality: Camdeboo; Unit Type: Farm
Species: Birds; Susceptible: 1493; Cases: 10; Deaths: 0; Destroyed: 0; Slaughtered: 1493
Affected Population: Commercial ostrich farm

Outbreak Province: WESTERN CAPE PROVINCE; Local Municipality: Hessequa; Unit Type: Farm
Species: Birds; Susceptible: 340; Cases: 34; Deaths: 0; Destroyed: 0; Slaughtered: 0

Affected Population: Commercial ostrich farm

International, Equine (OIE [edited], June 19): Influenza A virus H3N8; Chile

Outbreak 1: O'Higgins, LIBERTADOR, GENERAL BERNARDO O'HIGGINS

Date of start of the outbreak: 27/01/2012; Outbreak status: Resolved; Epidemiological unit: Farm

Species: Equidae; Susceptible: 27; Cases: 16

Outbreak 2: Castro, DE LOS LAGOS; Date of start of outbreak: 07/03/2012; Outbreak status: Resolved

Epidemiological unit: Farm; Species: Equidae; Susceptible: 3; Cases: 3

Outbreak 3: Araucanía, ARAUCANIA; Date of start of outbreak: 26/01/2012; Outbreak status: Resolved

Epidemiological unit: Farm; Species: Equidae; Susceptible: 147; Cases: 119

Outbreak 4: Copiapó, ATACAMA; Date of start of the outbreak: 27/02/2012; Outbreak status: Resolved

Epidemiological unit: Farm; Species: Equidae; Susceptible: 3; Cases: 2

Outbreak 5: Bío Bío, BIOBIO; Date of start of the outbreak: 30/01/2012; Outbreak status: Resolved

Epidemiological unit: Farm; Species: Equidae; Susceptible: 95; Cases: 48

Outbreak 6: Maule, MAULE; Date of start of the outbreak: 03/02/2012; Outbreak status: Resolved

Epidemiological unit: Farm; Species: Equidae; Susceptible: 41; Cases: 25

Michigan Wild Bird Surveillance (USDA, as of June 7): For the 2012 season (April 1, 2012-March 31,

2013), no samples have been tested for highly pathogenic avian influenza H5N1. 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 June 7, 2012. http://www.who.int/influenza/human_animal_interface/EN_GIP_20120607_CumulativeNumberH5N1cases.pdf. Downloaded 6/20/2012. 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	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	10	5	168	60
Indonesia	20	13	55	45	42	37	24	20	21	19	9	7	12	10	6	6	189	157
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	28	17	606	357