



MI Flu Focus

Influenza Surveillance Updates
Bureaus of Epidemiology and Laboratories



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Current Influenza Activity Levels:

- **Michigan:** Regional activity
- **National:** During Feb. 19-25, U.S. activity increased slightly, but remained relatively low

Updates of Interest

- **National:** Researchers have confirmed for the first time that flu viruses can travel from the eye to the respiratory tract

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****Notice to Readers****

Twelve human cases of a novel influenza A (H3N2) virus have 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.

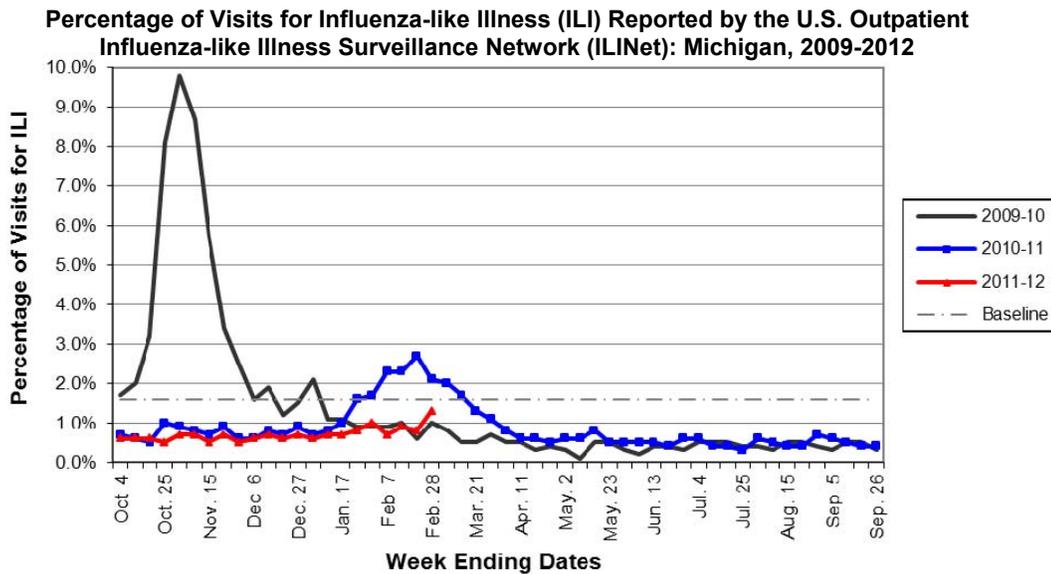
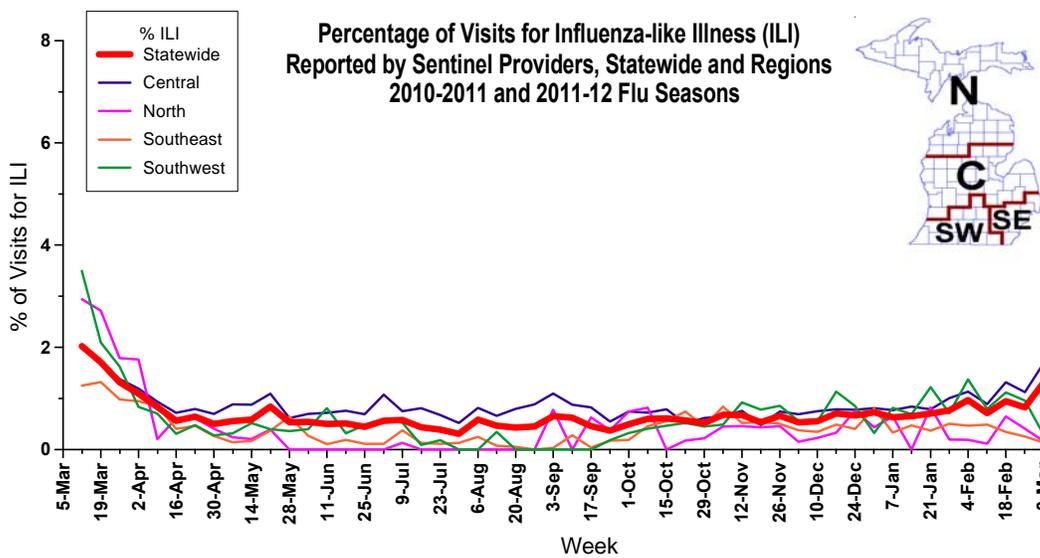
Influenza Surveillance Reports

Michigan Disease Surveillance System: MDSS data for the week ending March 3rd indicated that individual influenza cases significantly increased, while aggregate influenza cases remained steady. Individual reports are moderately lower than levels seen during the same time last year, while aggregate reports are slightly lower.

Emergency Department Surveillance: Compared to levels from the week prior, emergency department visits from constitutional complaints slightly increased, while respiratory complaints remained steady. Constitutional complaints are moderately lower than levels reported during the same time period last year, while respiratory complaints are slightly lower. In the past week, there were eight constitutional alerts in the SW(1), C(6) and N(1) Influenza Surveillance Regions and four respiratory alerts in the SW(2), C(1), and N(1) Regions.

Sentinel Provider Surveillance (as of March 8): During the week ending March 3, 2012, the proportion of visits due to influenza-like illness (ILI) increased to 1.3% overall; this is below the regional baseline of 1.6%. A total of 91 patient visits due to ILI were reported out of 6,948 office visits. Twenty-seven sentinel sites provided data for this report. Activity increased in one surveillance region: Central (1.7%); and decreased in the remaining three surveillance regions: Southeast (0.1%), Southwest (0.3%) and North (0.2%). 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.



Hospital Surveillance (as of March 3): The Influenza Hospitalization Surveillance Project provides population-based rates of severe influenza illness in Clinton, Eaton and Ingham counties. 1 lab-confirmed influenza hospitalization was reported during the week ending March 3, 2012. For the 2011-12 season, 5 influenza hospitalizations (2 pediatric, 3 adult) have been reported in the catchment area.

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

Age Group	Hospitalizations Reported During Current Week	Total Hospitalizations 2011-12 Season
0-4 years	2	10
5-17 years	4	9
18-49 years	4	11
50-64 years	3	9
≥65 years	3	5
Total	16	44

Laboratory Surveillance (as of March 3): During February 26-March 3, 157 influenza A/H3 (95SE, 10SW, 48C, 4N), 1 2009 A/H1N1 (1SE) and 3 influenza B (3SE) results were reported by the MDCH Bureau of Laboratories. For the 2011-12 influenza season (starting October 2, 2011), MDCH has identified 528 influenza results:

- Influenza A(H3): 509 (259SE, 18SW, 201C, 31N)
- Influenza A(H1N1)pdm09: 9 (5SE, 3C, 1N)
- Influenza B: 10 (7SE, 1SW, 2C)
- Parainfluenza: 2 (1SE, 1C)
- Adenovirus: 1 (SE)
- RSV: 2 (1C, 1N)

13 sentinel labs (SE, SW, C, N) reported for the week ending March 3, 2012. 11 labs (SE, SW, C, N) reported moderately increasing influenza A activity. 4 labs (SE, SW, C) reported low levels of influenza B positives. 12 labs (SE, SW, C, N) reported steady or slightly decreasing RSV activity. 2 labs (SE, SW) reported increasing hMPV positives. Most testing volumes are moderate to high.

Michigan Influenza Antigenic Characterization (as of March 8): For the 2011-12 season, 9 Michigan influenza B specimens have been characterized at MDCH BOL. 5 specimens have been characterized as B/Brisbane/60/2008-like, matching the B component of the 2011-12 influenza vaccine. 4 influenza B specimens were characterized as B/Wisconsin/01/2010-like, which is not included in the 2011-12 vaccine.

Michigan Influenza Antiviral Resistance Data (as of March 8): For the 2011-12 season, seven Michigan influenza A(H1N1)pdm09 specimens have been tested for antiviral resistance at MDCH Bureau of Laboratories; all have tested negative for oseltamivir 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 March 8): 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 March 8): Two new respiratory outbreaks were reported to MDCH during the past week; one was a skilled nursing facility (C) and one was a retirement community (SE). Both were confirmed as influenza A/H3 at MDCH BOL. 14 respiratory outbreaks (2SE, 2SW, 10C) have been reported to MDCH during the 2011-12 season; testing results are listed below.

- Influenza A/H3: 5 (1SE, 4C)
- Influenza A: 1 (C)
- Human metapneumovirus: 1 (SW)
- Negative or not tested: 7 (1SE, 1SW, 5C)

National (CDC [edited], March 2): During week 8 (February 19-25, 2012), influenza activity in the U.S. increased slightly, but remained relatively low. Of the 3,947 specimens tested by U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories and reported to CDC/Influenza Division, 726 (18.4%) were positive for influenza. The proportion of deaths attributed to P&I was below the epidemic threshold. One influenza-associated pediatric death was reported and was associated with an influenza virus for which the type was not determined. The proportion of outpatient visits for influenza-like illness (ILI) was 1.9%, which is below the national baseline of 2.4%. Regions 1, 5, and 7 reported ILI at or above region-specific baseline levels. Three states experienced high ILI activity; 2 states experienced moderate ILI activity; 6 states experienced low ILI activity; New York City and 39 states experienced minimal ILI activity, and the District of Columbia had insufficient data. Six states reported widespread geographic activity; 18 states reported regional influenza activity; 13 states reported local activity; the District of Columbia, Guam, Puerto Rico, and 12 states reported sporadic activity; the U.S. Virgin Islands reported no activity, and one state did not report.

CDC has antigenically characterized 572 influenza viruses [87 2009 H1N1, 407 influenza A (H3N2) viruses, and 78 influenza B viruses] collected by U.S. laboratories since October 1, 2011:

2009 H1N1 [87]

- 85 (97.7%) of the 87 viruses were characterized as A/California/7/2009-like, the influenza A (H1N1) component of the 2011-2012 influenza vaccine for the Northern Hemisphere.
- 2 viruses (2.3%) tested showed reduced titers with antiserum produced against A/California/7/2009.

Influenza A (H3N2) [407]

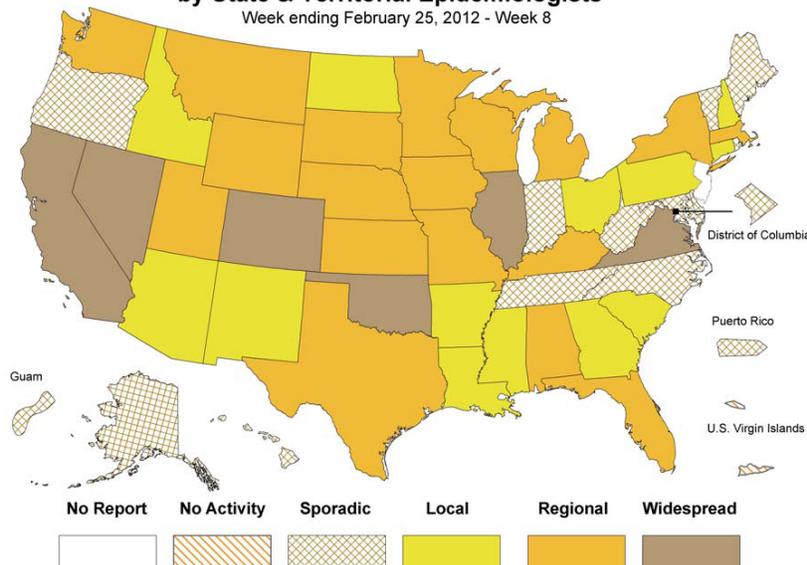
- 319 (78.4%) of the 407 viruses were characterized as A/Perth/16/2009-like, the influenza A (H3N2) component of the 2011-2012 influenza vaccine for the Northern Hemisphere.
- 88 viruses (21.6%) tested showed reduced titers with antiserum produced against A/Perth/16/2009.

Influenza B (B/Victoria/02/87 and B/Yamagata/16/88 lineages) [78]:

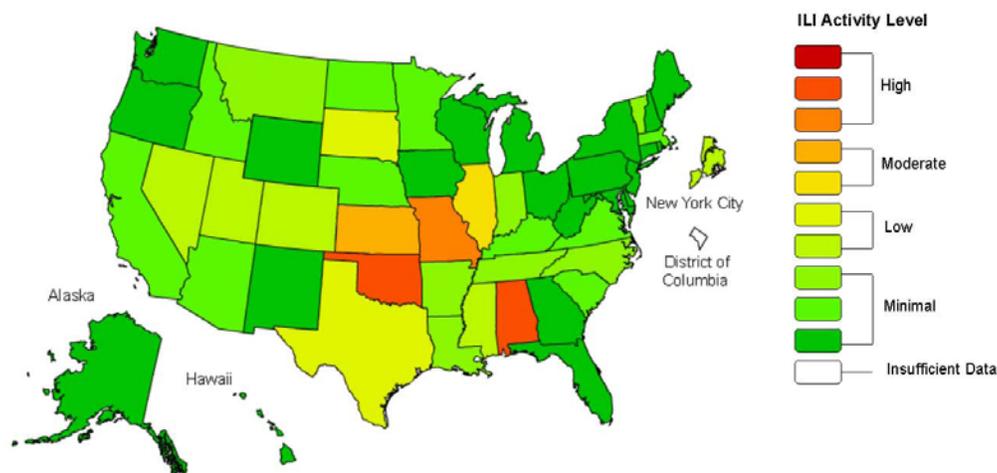
- 36 (46.2%) of the 78 influenza B viruses tested belong to the B/Victoria lineage and were characterized as B/Brisbane/60/2008-like, the influenza B component of the 2011-2012 Northern Hemisphere vaccine.
- 42 (53.8%) of the 78 influenza B viruses tested belong to the B/Yamagata lineage of viruses.

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

Week ending February 25, 2012 - Week 8



**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2011-12 Influenza Season Week 8 ending Feb 25, 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], March 2): Influenza activity in the temperate regions of the northern hemisphere is low but increasing in North America and most of Europe. A few countries of southern Europe appear to have now peaked along with the countries of northern Africa and the Middle East. Countries in the tropical zone reported low levels of influenza activity. Influenza activity in the temperate countries of the southern hemisphere is at inter-seasonal levels. The most commonly detected virus type or subtype throughout the northern hemisphere temperate zone has been A(H3N2). Mexico is the exception, where A(H1N1)pdm09 is the predominant subtype circulating and China and the surrounding countries where influenza B is predominant. Influenza B has been increasing in recent weeks in Canada as well. Oseltamivir resistance has not increased notably over levels reported in previous seasons. While most of the viruses characterized early this season were antigenically related viruses in the current trivalent vaccine, the vaccine strain selection committee in a meeting held on 20-24 February noted that there is evidence of increasing antigenic and genetic drift in circulating influenza A(H3N2) recently and that the proportion of B viruses that are from the Yamagata lineage has been increasing relative to the Victoria lineage. The committee therefore recommended the composition of the next northern hemisphere vaccine include an A/Victoria/361/2011 (H3N2)-like virus and a B/Wisconsin/1/2010-like virus of the Yamagata lineage, and continuing inclusion of an A/California/7/2009 (H1N1)pdm09-like virus.

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

MDCH reported **REGIONAL ACTIVITY** to the CDC for the week ending March 3, 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 (CIDRAP, March 2): Researchers have confirmed for the first time that flu viruses can travel from the eye to the respiratory tract, according to a study in *Public Library of Sciences (PLoS) Pathogens*. Human infections with H7 viruses have been associated with conjunctivitis, but little was known about the virus's ability to mount an infection in the eye and spread to other parts of the body. The team, led by scientists at the US Centers for Disease Control and Prevention (CDC), inoculated the eyes of ferrets with a variety of influenza subtypes, including H7, seasonal strains, pandemic H1N1, and H5N1 avian flu. Then they measured detectable virus at several sites at regular intervals. They found that several influenza types were able to mount an infection in the upper airway after ocular inoculation and that H5N1 was able to spread to other body systems and cause deadly infections. In addition, after eye inoculation with seasonal flu viruses, transmissibility through respiratory droplets spread through upper airway infection was reduced. The authors wrote that the findings shed light on the ability of flu viruses to infect by the ocular route. They said that, while more studies are needed to determine the mechanisms that regulate infections through the ocular route, the findings support the role of eye protection during occupational exposure to aerosols that contain flu viruses.

The complete article is available online from PLoS Pathogens at http://www.plospathogens.org/article/info%3Adoi%2F10.1371%2Fjournal.ppat.1002569?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+plospathogens%2FNewArticles+%28Ambra++Pathogens+New+Articles%29.

National, Human (CIDRAP, March 7): Lab tests conducted by the Maryland Department of Health and Mental Hygiene (MDHMH) have revealed that two patients in a family cluster of four severe respiratory disease cases had the seasonal H3 influenza strain, complicated by bacterial co-infections, the department announced today.

State authorities and their colleagues in Calvert County have been investigating a cluster of severe respiratory illnesses that led to the deaths of an 81-year-old woman from Lusby and two adult children who cared for her after she got sick and until she died on Mar 1. Another of the woman's daughters is hospitalized with similar symptoms.

More lab testing and an investigation into the cases are ongoing, the MDHMH said in a press release. The release did not specify which two patients the flu confirmation pertained to.

The Calvert County Department of Health (CCDH) said in a statement today that initial tests on two of the four family members suggest that the serious respiratory infection suffered by all four is a complication of seasonal flu. It said a fourth family member is still hospitalized at MedStar Washington Hospital Center and is improving.

The elderly woman's 58-year-old son was treated at the same hospital, where he died on Mar 5, and his 51-year-old sister is receiving care, after first being treated at Calvert Memorial Hospital, the *Washington Post* reported yesterday. Their 56-year-old sister also died on Mar 5.

Janis Orlowski, MD, chief medical officer with MedStar Washington Hospital Center, told the *Post* yesterday that the siblings who died had influenza A infections, along with serious *Staphylococcus* (staph)

infections that they likely acquired before they were hospitalized, given that they arrived with fever, aches, cough, and shortness of breath.

Health officials so far haven't released any information on what type of staph infection the patients had. Tom Skinner, a spokesman for the Centers for Disease Control and Prevention (CDC), told CIDRAP News that the CDC is expecting to receive some samples to test, and results will be shared with state and local officials first.

Healthy people can carry *Staphylococcus aureus* on their skin or in their noses, and the bacteria can cause non life-threatening skin infections. *S aureus* is also a common cause of pneumonia, particularly in older people and those with underlying medical conditions. Some *S aureus* pneumonia infections are caused by antibiotic-resistant strains such as methicillin-resistant *S aureus* (MRSA).

S aureus infections were cited in a number of pediatric flu-related deaths in the 2006-07 flu season. In January 2008 the CDC issued a health alert about a fivefold increase in pediatric flu deaths. At that time, the CDC had received reports of 73 pediatric flu deaths for the 2006-07 season. Of 69 cases with available information, 30 (44%) had bacterial coinfections, including 22 who were infected with *S aureus*; the 22 included 15 MRSA cases. The pattern was unusual, because some of the deaths occurred quickly in previously healthy children.

The CCHD said no other similar severe respiratory infections have been detected in the Lusby area recently, and local health officials are not reporting a significant increase in patients with flulike symptoms. They recommended that residents take standard precautions, such as observing good hand hygiene and limiting contact with sick people.

Officials urged residents who haven't been vaccinated against seasonal flu to be immunized by their providers or at local retail stores. The CCHD also said it would be administering the vaccine at the health department on a walk-in basis on weekdays.

International, Human (WHO, March 1): The IHR National Focal Point in Indonesia has notified WHO of one new case of human infection with avian influenza A (H5N1) virus. The case was a 12 year-old male from Badung, Bali. He had onset of symptoms on 11 February 2012 and was admitted to a private clinic on 16 February 2012. His condition continued to worsen, resulting in severe difficulty breathing. He was referred to an avian influenza referral hospital on 20 February 2012 where he died on 21 February 2012. Epidemiological investigation into the source of infection indicated contact with poultry, though no poultry deaths within the household or neighborhood have been reported. The risk factors are still under investigation. Of the 186 cases confirmed since 2005 in Indonesia, 154 have been fatal.

International, Human (WHO, March 2): The Ministry of Health and Family Welfare, Bangladesh has confirmed the fourth case of human infection with H5N1 avian influenza in the country. The case is a 40 year-old male from Dhaka City, who was identified as part of the live bird market surveillance system on 26 February 2012. The case presented with cough and currently has recovered. The case was confirmed by the Institute of Epidemiology, Disease Control and Research (IEDCR) and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B). An epidemiological investigation and monitoring of the situation is currently being conducted jointly by IEDCR and ICDDR, B. The first case of human infection with H5N1 was reported in the country in 2008, and two cases were reported in 2011.

International, Human (WHO, March 5): The Ministry of Health has reported a confirmed case of human infection with avian influenza A (H5N1) virus.

The case is a 22 year-old male from Thanh Hoa province who lived and worked in Binh Duong province. He developed symptoms on 17 February 2012 and first sought medical care on 21 February 2012. He was admitted to the intensive care unit of the Hospital for Tropical Diseases on 23 February 2012 and received Oseltamivir upon admission. He is currently still in hospital.

Confirmatory test results for influenza A (H5N1) were obtained on 25 February 2012 by the Pasteur Institute Ho Chi Minh City, a WHO National influenza Centre.

Epidemiological investigation indicates that the man was involved in the slaughter and consumption of ducks. Pasteur Institute in Ho Chi Minh City and the local health sector are conducting the investigation and response. Close contacts of the case with fever have received prophylaxis and are being monitored; all have been confirmed as negative for H5N1 by PCR.

To date, of the 122 confirmed cases in Viet Nam, 61 have been fatal.

International, Human (WHO, March 7): The Ministry of Health and Family Welfare, Bangladesh has confirmed two new cases of human infection with highly pathogenic avian influenza A(H5N1) virus in the country. These are the 5th and 6th cases reported in the country since 2008.

These two cases, 26 year-old and 18 year-old males, presented with history of cough, and both have recovered. They were identified in the same live bird market surveillance site in Dhaka City as the fourth case recently reported, and were confirmed by the National Influenza Centre (NIC) of the WHO Global Influenza Surveillance and Response System (GISRS) in Bangladesh.

Epidemiological investigation and follow-up is being conducted by National Rapid Response teams of the Institute of Epidemiology, Disease Control and Research (IEDCR) and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B).

International, Poultry (OIE [edited], March 2): Highly pathogenic avian influenza H5N1; Bhutan
Outbreak 1: Dala, Chukha, CHHUKHA

Date of start of outbreak: 30/12/2011; Outbreak status: Continuing; Epidemiological unit: Village
Species: Birds; Susceptible: 136; Cases: 22; Deaths: 8; Destroyed: 128

Outbreak 2: Maybari, Chukha, CHHUKHA

Date of start of the outbreak: 08/01/2012; Outbreak status: Continuing; Epidemiological unit: Village
Species: Birds; Susceptible: 290; Cases: 3; Deaths: 3; Destroyed: 287

Outbreak 3: Wangdigashel, Phuntsholing, Chukha, CHHUKHA

Date of start of the outbreak: 10/02/2012; Outbreak status: Continuing; Epidemiological unit: Village
Species: Birds; Susceptible: 652; Cases: 12; Deaths: 12; Destroyed: 632

Outbreak 4: Kamji, Chukha, CHHUKHA

Date of start of the outbreak: 30/12/2011; Outbreak status: Continuing; Epidemiological unit: Village
Species: Birds; Susceptible: 96; Cases: 13; Deaths: 8; Destroyed: 88

Outbreak 5: Gedu, Bongo, Chukha, CHHUKHA

Date of start of the outbreak: 17/02/2012; Outbreak status: Continuing; Epidemiological unit: Farm
Species: Birds; Susceptible: 231; Cases: 10; Deaths: 5; Destroyed: 226

International, Poultry (OIE [edited], March 2): Highly pathogenic avian influenza H5N1; Vietnam

Outbreak 1: Tien An, Tien An, Yen Hung, Quang Ninh

Date of start of the outbreak: 21/02/2012; Outbreak status: Continuing; Epidemiological unit: Village
Species: Birds; Susceptible: 430; Cases: 300; Deaths: 200; Destroyed: 230

International, Poultry (OIE [edited], March 3): Highly pathogenic avian influenza H5N2; Chinese Taipei

Outbreak 1: Liou-Jia District, T'AI-NAN; Epidemiological unit: Farm

Date of start of outbreak: 07/02/2012; Outbreak status: Continuing; Affected population: Broiler breeder
Species: Birds; Susceptible: 4840; Cases: 804; Deaths: 804; Destroyed: 4036

International, Wild Birds (OIE [edited], March 2): Highly pathogenic avian influenza H5N1; Hong Kong

Outbreak 1: 131 Argyle Street, Mongkok, HONG KONG

Date of start of the outbreak: 24/02/2012; Outbreak status: Resolved; Cases: 1; Deaths: 1

Affected population: A Crested Goshawk (*Accipiter trivirgatus*) was collected on 24 February 2012 at Mongkok. The Crested Goshawk is an uncommon local resident in Hong Kong.

Outbreak 2: 76 Hing Lung Back Street, Cheung Chau, HONG KONG

Date of start of the outbreak: 25/02/2012; Outbreak status: Resolved; Cases: 1; Deaths: 1

Affected population: An Oriental Magpie Robin (*Copsychus saularis*) was collected on 25 February 2012 at Cheung Chau. The Oriental Magpie Robin is a common local resident in Hong Kong.

Outbreak 3: 80 Hok Loo Lane, Cheung Chau, HONG KONG

Date of start of the outbreak: 27/02/2012; Outbreak status: Resolved; Cases: 1; Deaths: 1

Affected population: An Oriental Magpie Robin (*Copsychus saularis*) was collected on 27 February 2012 at Cheung Chau. The Oriental Magpie Robin is a common local resident in Hong Kong.

Michigan Wild Bird Surveillance (USDA, as of March 8): 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 March 7, 2012. http://www.who.int/influenza/human_animal_interface/EN_GIP_20120307CumulativeNumberH5N1cases.pdf. Downloaded 3/8/2012. 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	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	5	2	163	57
Indonesia	20	13	55	45	42	37	24	20	21	19	9	7	12	10	3	3	186	154
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	3	2	122	61
Total	148	79	115	79	88	59	44	33	73	32	48	24	62	34	16	9	594	349