



MI FluFocus

Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories



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New updates in this issue:

- **Michigan Surveillance:** 2 seasonal influenza A/H3 isolates identified at MDCH Bureau of Laboratories.
- **National Surveillance:** 15 states are still reporting widespread or regional influenza activity.
- **International Surveillance:** Temperate area activity is trending downward; tropical areas are increasing.

Pandemic Influenza A (H1N1) virus (Swine-origin Flu) Investigation

Michigan (MDCH): MDCH is no longer updating the table of confirmed and probable H1N1 cases by county. Instead, we have moved to aggregate flu reporting, which includes flu-like illness and confirmed and probable cases of seasonal and novel influenza. This report is updated every Tuesday by 5:00 pm and can be accessed at a link on this website: <http://www.michigan.gov/h1n1flu>. As of August 8, 3257 cases of flu-like illness and confirmed and probable cases of seasonal and novel influenza, including 10 deaths, were reported in Michigan.

Please continue to reference the State of Michigan's novel influenza A (H1N1) website at www.michigan.gov/h1n1flu for additional information. Local health departments can find additional guidance documents in the MI-HAN document library.

National (CDC): As of August 6, 2009, 11:00am ET, the Centers for Disease Control and Prevention (CDC) is reporting 6506 hospitalizations and 436 deaths due to novel H1N1 influenza in the United States. CDC will report the total number of hospitalizations and deaths each week, and continue to use its traditional surveillance systems to track the progress of the novel H1N1 flu outbreak. For the most up to date information, please visit the CDC's website at www.cdc.gov/h1n1flu/.

International (WHO - update 61 [edited], August 12): Laboratory-confirmed cases of pandemic (H1N1) 2009 as officially reported to WHO by States Parties to the IHR (2005) as of 6 August 2009:

The countries and overseas territories/communities that have newly reported their first pandemic (H1N1) 2009 confirmed case(s) since the last web update (No. 60) as of 6 August 2009 are: Timore-Leste, Pakistan, Kirabati, Maldives, French Guiana, Falkland Islands (UKOT), Wallis and Futuna (FOC)

Region	Cumulative total as of 6 Aug 2009	
	Cases*	Deaths
WHO Regional Office for Africa (AFRO)	591	1
WHO Regional Office for the Americas (AMRO)	102905	1274
WHO Regional Office for the Eastern Mediterranean (EMRO)	2346	7
WHO Regional Office for Europe (EURO)	over 32000	53
WHO Regional Office for South-East Asia (SEARO)	11432	83
WHO Regional Office for the Western Pacific (WPRO)	28120	43
Total	177457	1462

*Given that countries are no longer required to test and report individual cases, the number of cases reported actually understates the real number of cases.

Pandemic influenza H1N1 has now been reported in over 170 countries and territories worldwide. While the case counts no longer reflect actual disease activity, WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states.

Of particular interest is the situation in temperate countries of the Southern Hemisphere, which are now passing through their winter season. This season, pandemic H1N1 has been the predominant influenza virus in nearly all of the temperate regions of Southern Hemisphere, with South Africa being a notable exception. Australia and countries in the southern part of South America experienced rapid increases in cases of pandemic influenza early in their winter season. These same areas are now starting to report decreases in the numbers of people seeking care and being admitted to hospital. Although the virus is still circulating in these areas as it moves into areas not affected earlier, the overall national trends are downward. South Africa, in contrast, experienced an early influenza season with a seasonal subtype, influenza A (H3N2). As the influenza season in South Africa reached its peak in early to mid June and began to decline, pandemic influenza H1N1 appeared and has now become the dominant subtype seen there as well.

In the temperate areas of the northern hemisphere which experienced early outbreaks of pandemic H1N1 influenza, including countries in North America and Europe, the virus continues to spread to new areas and cause intense local outbreaks. However, the overall national trend in cases is downward in the Americas.

Tropical regions of the world, which typically experience year round transmission of influenza viruses with peak transmission at different and often multiple times in a year, are now seeing increases in cases, for example in tropical areas of Central and South America and in South and South East Asia.

In summary, the overall picture of transmission globally is one of declining transmission in the temperate regions of the Southern Hemisphere with the exception of southern Africa. The season in these areas was characterized by rapid rise and fall of respiratory disease numbers, as is seen in a normal influenza season. The impact and severity of the season in these areas in terms of proportion of cases which developed severe disease and the load imposed on health care infrastructure is still being evaluated but generally appeared slightly worse than a normal influenza season in most places with increased hospitalization requiring respiratory critical care. The northern hemisphere is experiencing continued spread of the virus but declining activity is being observed in areas affected early in the course of the pandemic. Tropical areas of the world are now experiencing increasing numbers of cases at a time when the usual seasonal peaks would occur. As the pandemic H1N1 influenza virus is now the dominant strain in most areas of the world, it can be expected to persist into the coming influenza season in the Northern Hemisphere. Additionally, there is a risk of further spread of virus in highly populated areas as community spread starts occurring in Asia and Africa.

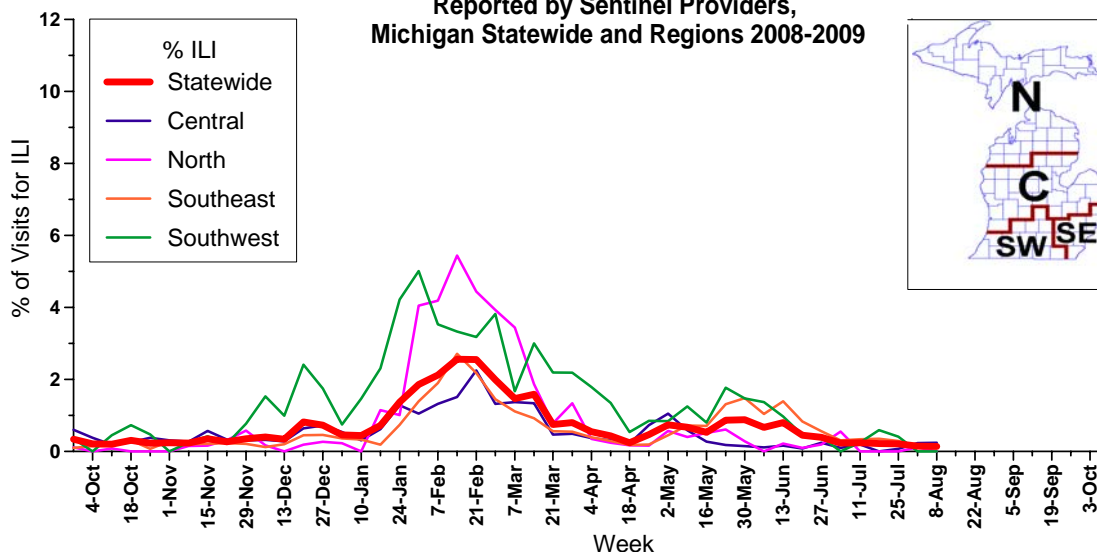
Michigan Disease Surveillance System: The week ending August 8 saw aggregate flu-like numbers, individual influenza reports and novel influenza reports hold steady near baseline levels. All numbers, except novel influenza reports, which are slightly higher, are near summer baseline levels and are consistent with the numbers seen this time last year.

Emergency Department Surveillance: Emergency department visits from both constitutional and respiratory complaints held steady near the previous week's levels. Both constitutional and respiratory numbers are comparable to numbers seen at this time last year. One constitutional alert in the C(1) Influenza Surveillance Region and no respiratory alerts were generated last week.

Over-the-Counter Product Surveillance: Overall, OTC product sales were mixed last week. Cough and cold medicine sales held steady near last week's numbers while thermometer sales saw a slight decrease. The remainder of the indicators saw a slight increase. All indicator levels are comparable to those seen at this time last year.

Sentinel Provider Surveillance (as of August 13): During the week ending August 8, 2009, the proportion of visits due to influenza-like illness (ILI) remained the same compared to the previous week at 0.1% overall; 9 patient visits due to ILI were reported out of 6,539 office visits. Twenty-two sentinel sites provided data for this report. Activity remained the same in three surveillance regions: Central (0.2%), Southeast (0.1%) and Southwest (0.0%); and decreased in the North (0.0%) region. Note that these rates may change as additional reports are received.

**Percentage of Visits for Influenza-like Illness (ILI)
Reported by Sentinel Providers,
Michigan Statewide and Regions 2008-2009**



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.

Laboratory Surveillance (as of August 13): During the past week, 2 new seasonal influenza A/H3N2 isolates were identified at the MDCH Bureau of Laboratories (BOL). For the 2008-2009 influenza season, MDCH BOL has identified 319 seasonal influenza isolates (followed by Influenza Surveillance Regions of origin):

- 188 A/H1N1 or A/H1 (63SE, 43SW, 25C, 57N)
- 12 A/H3N2 or A/H3 (5SE, 3SW, 1C, 3N)
- 119 B (24SE, 45SW, 14C, 36N)
 - 9 B/Florida/4/2006-like (4SE, 1SW, 1C, 3N)
 - 108 B/Malaysia/2506/2004-like (20SE, 43SW, 12C, 33N)
 - 1 untypable (SW)
 - 1 pending subtyping (C)

7 sentinel laboratories reported for the week ending August 8, 2009. 1 lab reported increasing influenza A positives (SE), 2 labs (SW, C) reported sporadic influenza A positives and 4 labs reported zero influenza A positives (SE, C). 1 lab (SE) reported sporadic influenza B positives and 6 labs reported zero influenza B positives (SE, SW, C).

Michigan Influenza Antigenic Characterization (as of August 13): 38 influenza seasonal A/H1N1 isolates have been antigenically characterized by the CDC; results indicate all seasonal isolates are A/Brisbane/59/2007-like, which matches the influenza A/H1N1 component of this season's Northern Hemisphere vaccine. One influenza A/H3N2 has been characterized as A/Brisbane/10/2007-like, which matches the A/H3N2 component of this season's vaccine.

8 Michigan pandemic influenza A (H1N1) specimens have been antigenically characterized by the CDC; all have been characterized as A/California/07/2009-like (H1N1)v. This strain is the variant reference virus selected by WHO as a potential candidate for pandemic influenza A(H1N1) vaccine.

20 influenza B isolates have been antigenically characterized by the CDC. 3 influenza B isolates have been characterized as B/Florida/4/2006-like, which matches the influenza B component of this season's vaccine. 17 influenza B isolates have been characterized as B/Brisbane/60/2008-like, which does not match this season's vaccine, but is a recommended component of the 2009-2010 vaccine.

Michigan Influenza Antiviral Resistance Data (as of August 13): 36 influenza seasonal A/H1N1 viruses from the MDCH Bureau of Laboratories have been tested for antiviral resistance at CDC for the 2008-2009 season. All 36 viruses were resistant to oseltamivir (Tamiflu®) and sensitive to zanamivir, amantadine and rimantadine. These viruses were collected in the SE(15), SW(13), C(2) and N(6) Influenza Surveillance Regions. 4 influenza A/H3N2 isolates, collected in the C(2) and N(2) Regions, have been tested for antiviral resistance; these viruses were resistant to the adamantanes (amantadine and rimantadine) and sensitive to oseltamivir and zanamivir.

6 Michigan pandemic influenza A (H1N1) specimens have been evaluated by CDC for resistance to the adamantane class of antiviral medications; all specimens were resistant. 5 specimens were evaluated for resistance to oseltamivir and zanamivir; all were sensitive to these antivirals. For information about antiviral susceptibility for swine-origin influenza A (H1N1), go to <http://www.cdc.gov/h1n1flu/antiviral.htm>.

19 influenza B isolates, collected in the SE(8), SW(2), C(1) and N(5) Regions, have been tested for antiviral resistance; these viruses were sensitive to oseltamivir and zanamivir (the adamantanes are not effective against B viruses).

Antiviral resistance testing often takes several weeks to complete, and thus cannot be used to guide treatment of individual patients. However, CDC has made interim recommendations regarding the use of antiviral medications for the treatment of influenza and for prophylaxis. This guidance is available at <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279>.

Seasonal Influenza-Associated Pediatric Mortality (as of August 13): Three influenza-associated pediatric mortalities (1 influenza A (SW), 2 influenza B (SE)) have been reported to MDCH for the 2008-2009 influenza season.

***The CDC has asked all states to collect information on any pediatric death associated with influenza infection. This includes not only any death in a child (<18 years) resulting from a compatible illness confirmed to be influenza by an appropriate diagnostic test, but also any unexplained death with evidence of an infectious process in a child. Please immediately call MDCH to ensure that proper clinical specimens are obtained. View the complete MDCH protocol online at http://www.michigan.gov/documents/mdch/ME_pediatric_influenza_guidance_v2_214270_7.pdf.

Influenza Congregate Settings Outbreaks (as of August 13): Three congregate setting outbreaks (1C, 2N) due to seasonal influenza (1 influenza A, 1 influenza B, 1 untyped) have been reported to MDCH for the 2008-09 influenza season.

6 congregate setting outbreaks in Michigan associated with pandemic influenza A H1N1 have been reported to MDCH (1SE, 3SW, 1C, 1N).

National (CDC [edited], August 7): During week 30 (July 26-August 1, 2009), influenza activity decreased in the United States; however, there were still higher levels of influenza-like illness than is normal for this time of year. Eight hundred twenty-six (20.0%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza. A total of 6,506 hospitalizations and 436 deaths associated with novel influenza A (H1N1) viruses have been reported to CDC. Over 98% of all subtyped influenza A viruses being reported to CDC were novel influenza A (H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold. One influenza-associated pediatric death was reported and was associated with a novel influenza A (H1N1) virus infection. The proportion of outpatient visits for influenza-like illness (ILI) was below national and region-specific baseline levels. Four states and Puerto Rico reported geographically widespread influenza activity, 11 states reported regional influenza activity, 12 states and the District of Columbia reported local influenza activity, 23 states reported sporadic influenza activity.

CDC has antigenically characterized 2,012 seasonal human influenza viruses [1,186 influenza A (H1), 201 influenza A (H3) and 625 influenza B viruses] collected by U.S. laboratories since October 1, 2008, and 248 novel influenza A (H1N1) viruses.

All 1,186 seasonal influenza A (H1) viruses are related to the influenza A (H1N1) component of the 2008-09 influenza vaccine (A/Brisbane/59/2007). One hundred ninety-three (96%) of 201 influenza A (H3N2) viruses tested are related to the A (H3N2) vaccine component (A/Brisbane/10/2007) and eight viruses (4%) tested showed reduced titers with antisera produced against A/Brisbane/10/2007.

All 248 novel influenza A (H1N1) viruses are related to the A/California/07/2009 (H1N1) reference virus selected by WHO as a potential candidate for novel influenza A (H1N1) vaccine.

Influenza B viruses currently circulating can be divided into two distinct lineages represented by the B/Yamagata/16/88 and B/Victoria/02/87 viruses. Seventy-two (12%) of 625 influenza B viruses tested

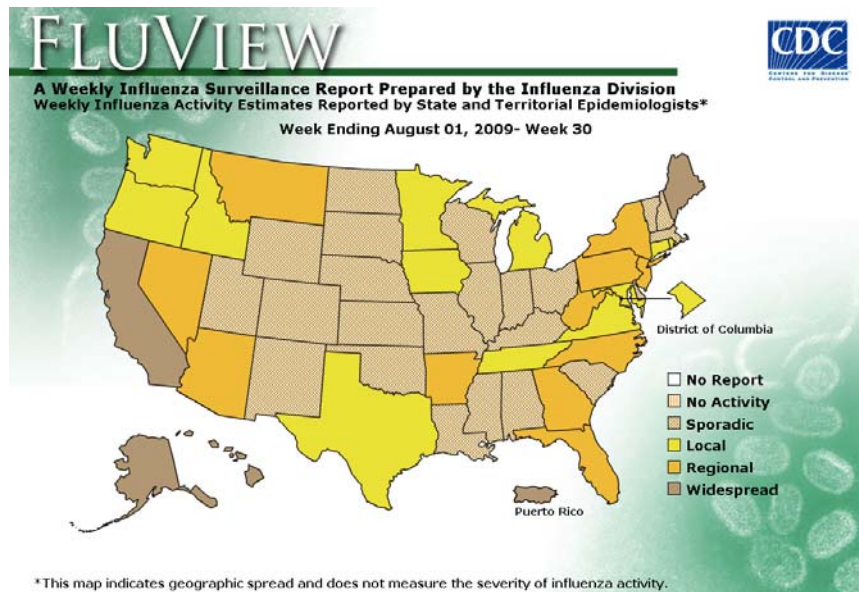
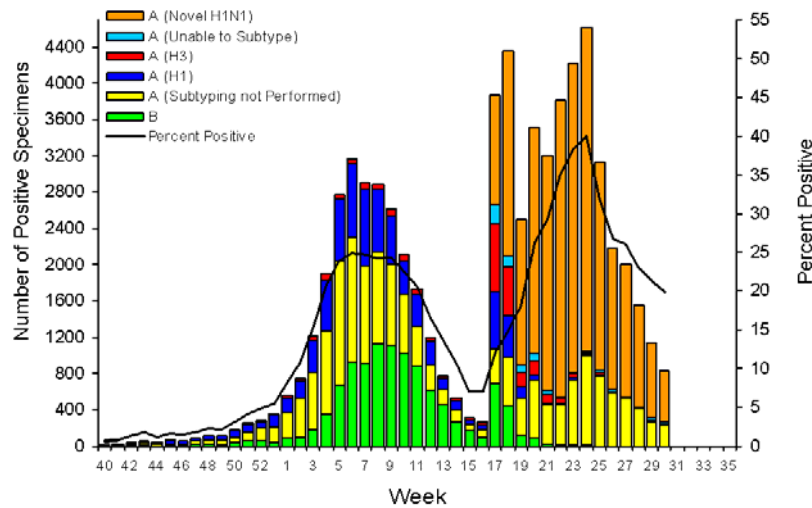
belong to the B/Yamagata lineage and are related to the vaccine strain (B/Florida/04/2006). The remaining 553 (88%) viruses belong to the B/Victoria lineage and are not related to the vaccine strain.

Antiviral Resistance Testing Results:

	Isolates tested (n)	Resistant Viruses, Number (%)		Isolates tested (n)	Resistant Viruses, Number (%)
		Oseltamivir	Zanamivir		
Seasonal Influenza A (H1N1)	1,140	1,135 (99.6%)	0 (0)	1,141	6 (0.5%)
Influenza A (H3N2)	229	0 (0)	0 (0)	232	232 (100%)
Influenza B	640	0 (0)	0 (0)	N/A*	N/A*
Novel Influenza A (H1N1)	280	0 (0)	0 (0)	331	331 (100%)

*The adamantanes (amantadine and rimantadine) are not effective against influenza B viruses.

Influenza Positive Tests Reported to CDC by U.S. WHO/NREVSS Collaborating Laboratories, National Summary, 2008-09



To access the entire CDC weekly surveillance report throughout the influenza season, visit <http://www.cdc.gov/flu/weekly/fluactivity.htm>

International (WHO, August 7): This summary provides an updated report of seasonal influenza activity. It does not include reports of avian influenza in humans, available at: [the WHO avian influenza page](#), or reports of the recent influenza A (H1N1) virus, available at: [the WHO page for influenza A\(H1N1\)](#).

During the weeks 29-30, the overall level of seasonal influenza activity decreased in the southern hemisphere. In Australia local activity occurred with H3 and H1 cocirculating. The predominant strain in New Zealand was still H1 with sporadic H3 viruses detected. Local outbreaks of influenza B were reported by Madagascar and Réunion. Influenza activity due to H3 in South Africa declined to local levels. In China Hong Kong Special Administrative Region, influenza activity due to H3 increased with some H1 and B also detected.

Sporadic seasonal influenza activity was observed in Cameroon (H3), Canada (B), Chile (H3), Côte d'Ivoire (H1,H3), French Guiana (H1,H3), Greece (A), Iran (H1,H3,B), Italy (H1,H3), Kenya (H1,B), Japan (H3), Morocco (H1), Norway (B), Republic of Korea (H3,B), Russian Federation (H1,H3,B), Tunisia (H3) and United States of America (H1,H3,B). Albania, Austria, Belgium, Bulgaria, Denmark, Estonia, Georgia, Kazakhstan, Lithuania, Netherlands, Oman, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Sri Lanka, Turkey, Ukraine and United Kingdom reported no seasonal activity.

MDCH reported **SPORADIC INFLUENZA ACTIVITY** to the CDC for the week ending August 8, 2009.

For stakeholders interested in additional information regarding influenza vaccination and education, the MDCH publication *Michigan FluBytes* is available online at http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563-125027--,00.html. *FluBytes* is published weekly during the influenza season.

Avian and Novel Influenza Activity

WHO Pandemic Phase: Phase 6 – characterized by increased and sustained transmission in the general population. Human to human transmission of an animal or human-animal influenza reassortant virus has caused sustained community level outbreaks in at least two WHO regions.

National, Human (KAKE ABC News [edited], August 6): A Riley County child has been infected with a strain of swine influenza not commonly seen in humans, but has fully recovered following a mild illness. No other cases have been identified, but an investigation is underway. The influenza strain that infected the child was identified as an H3N2 virus that commonly circulates in pigs in North America. It is different from the pandemic H1N1 virus, also of swine origin, that was first detected in the U.S. in mid-April.

"It is critical for people to understand that this H3N2 virus is not related to the pandemic H1N1 virus," said Jason Eberhart-Phillips, Kansas State Health Officer and Director of Health at the Kansas Department of Health and Environment (KDHE). "This is not a mutation or a recombination of the pandemic strain, and it does not appear at this time to be a threat to human health." The child was likely exposed to the virus during the Riley County Fair in late July, where the child had direct contact with pigs. The child later developed influenza-like symptoms and sought medical care. The child has fully recovered and no other family members have reported illness.

The KDHE is working closely with the Centers for Disease Control and Prevention (CDC), the U.S. Department of Agriculture (USDA), the Riley County Health Department and the Kansas Animal Health Department to investigate this case. The KDHE and the local health department are working to determine if the Riley County Fair swine exhibitors, or their pigs, have been ill. Swine flu viruses do not normally infect humans, but human infections occur from time to time. Typically the CDC has received reports of approximately one human infection with a swine influenza virus each year. That number has risen slightly in the past few years. The increased number of reported cases this year is likely the result of increased influenza testing related to the H1N1 pandemic. So far this year, 14 cases of human infections with swine influenza viruses have been reported in the United States. That number does not include the number of H1N1 cases, as the H1N1 virus has not been detected in swine in the USA.

"Most instances of human infection with animal influenza viruses, like the swine H3N2 virus, do not result in human-to-human transmission," Dr. Eberhart-Phillips said. "However, each case needs to be fully investigated to be sure that the viruses are not spreading among humans." Most commonly, cases of human infection with swine influenza occur in people with direct exposure to pigs, he added.

International, Human (WHO, August 11): The Ministry of Health of Egypt has reported 2 new confirmed human case of avian influenza A(H5N1).

The first case is an 8 year-old female from Kfr Elsheikh district, Kfr Elsheikh Governorate. Her symptoms started on 24 July 2009. She was admitted to Kfr Elsheikh fever hospital on 25 July, where she received oseltamivir treatment. The patient is in a stable condition.

The second case is an 18 month-old male from Shebin Elkom district, Menofya Governorate. His symptoms started on 28 July 2009. He was admitted to Shebin Elkom fever hospital on 29 July 2009, where he received oseltamivir treatment, and is in a stable condition.

Investigations into the source of infection indicated that both cases had close contact with dead and/or sick poultry. The cases were confirmed by the Egyptian Central Public Health Laboratories. Of the 83 cases confirmed to date in Egypt, 27 have been fatal.

National, Avian (Forbes [edited], August 6): A commercial turkey flock in central Minnesota has been quarantined after routine testing discovered a strain of the avian flu virus, the state Board of Animal Health announced Wednesday [5 Aug 2009].

Minnesota Board of Animal Health Assistant Director Dale Lauer stressed that the avian flu strain found at the Meeker County farm was different from the more lethal strain has caused problems in birds and humans mostly in Asia. "It's probably apples and watermelons," he said. "It's completely different. It's a big, big difference."

Lauer, a veterinarian, said the strain of virus found at the farm didn't pose a threat to the general public but could cause mild symptoms in poultry workers. He said the quarantined flock was showing no signs of illness, but if left unchecked the virus could morph into a form that could be lethal to the state's commercial poultry flocks. Minnesota is the nation's top turkey producing state.

Lauer would not identify the farm but said the flock and other flocks within 3 miles would stay under quarantine for 6 weeks while they are repeatedly tested for the virus. If the animals recover, he said, they could go back into the food supply. He said the board's testing frequently finds blood evidence that domestic turkey flocks have been exposed to strains of the avian flu. The Meeker County flock was somewhat different in that testing found live virus.

"It simply means our testing methods are getting better," he said. Domestic turkey operations can get the virus from wild turkeys and migrating water fowl, he said. He called the Meeker County incident another reminder for poultry producers to secure their flocks.

The Minnesota Health Department is monitoring about 20 poultry workers at the turkey farm because the strain of virus found there, H7N9, has been known to cause mild eye infections and mild respiratory problems in people who work with infected turkeys. However, Joni Scheffel, state public health veterinarian for the Health Department, said none of the workers have shown any symptoms. "We haven't seen any problems at all," she said. Lauer said the workers could stay on the job during the quarantine and wouldn't need protective gear beyond the boots, coveralls, masks and caps they usually wear.

International, Avian (Xinhua News Agency via ProMed [translated and edited], August 11): An official with Mongolia's Emergency Situations Ministry has confirmed to Xinhua on 11 Aug 2009 that avian influenza recently occurred in Arkhangai Province.

Mongolian disease control and prevention agencies found 56 dead swans, wild geese, and other kinds of birds in the area around Shelechagan Lake in Tsetserleg District of Arkhangai Province and after testing samples, confirmed that the birds had died of avian influenza virus. For the moment, it has been confirmed that the virus is H5 subtype.

Michigan Wild Bird Surveillance (USDA, as of August 13): For the 2009 testing season (April 1, 2009 - March 31, 2010), HPAI subtype H5N1 has not been recovered from any of the 35 Michigan samples tested to date, including 26 live wild bird and 9 morbidity/mortality specimens. H5N1 HPAI has not been recovered from 5,366 bird or environmental samples tested nationwide for the 2009 season. For more information, visit the National HPAI Early Detection Data System at <http://wildlifedisease.nbio.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>.

Please contact Susan Peters at VagaskyS@Michigan.gov with any questions regarding this newsletter or to be added to the weekly electronic mailing list.

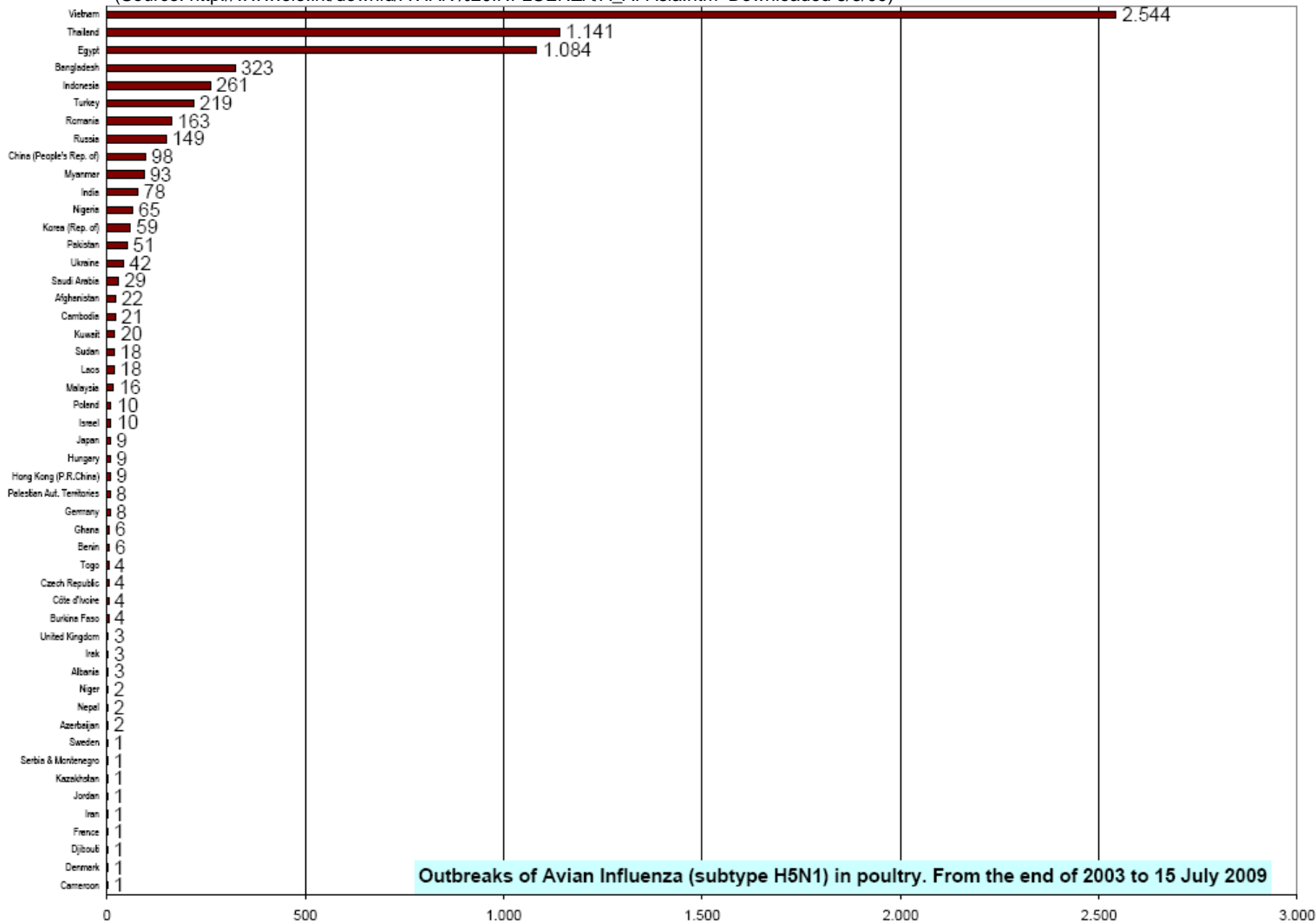
Contributors

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Table 1. H5N1 Influenza in Poultry (Outbreaks up to July 15, 2009)

(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 8/3/09)



Outbreaks of Avian Influenza (subtype H5N1) in poultry. From the end of 2003 to 15 July 2009

Table 2. H5N1 Influenza in Humans (Cases up to August 11, 2009)

(http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_08_11/en/index.html Downloaded 8/11/2009)

Cumulative number of lab-confirmed human cases reported to WHO. Total number of cases includes deaths.

Country	2003		2004		2005		2006		2007		2008		2009		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	0	0	8	7
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4	38	25
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	32	4	83	27
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	0	0	141	115
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0	3	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	4	4	111	56
Total	4	4	46	32	98	43	115	79	88	59	44	33	43	12	438	262