MI FluFocus

Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories

Michigan Department of Community Health
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New updates in this issue:

- **Michigan Surveillance:** Influenza activity decreases to "sporadic" levels throughout the state.
- **National Surveillance:** 98% of influenza viruses identified nationwide are the pandemic A H1N1 strain.
- **International Surveillance:** Tamiflu-resistant pandemic A H1N1 viruses are identified in 3 patients from Denmark, Japan and Hong Kong (see story on page 6).

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

Michigan (MDCH): MDCH will no longer update the table of confirmed and probable H1N1 cases by county. Instead, we are moving to aggregate flu reporting, which includes flu-like illness and confirmed and probable cases of seasonal and novel influenza. Beginning the week ending June 20, 2009, this aggregate flu report will be updated every Tuesday by 5:00 pm at the following website: http://www.michigan.gov/documents/mdch/20090623_5pm_FLI_283516_7.pdf. As of July 4, 1881 cases of flu-like illness and confirmed and probable cases of seasonal and novel influenza, including 8 deaths (as of July 8), were reported in Michigan.

MDCH is now reporting the aggregate number of confirmed and probable cases by county, using the Michigan Disease Surveillance System (MDSS) as the data source. A confirmed case of pandemic influenza A (H1N1) virus infection is defined as a person with an influenza-like illness (ILI) who tests positive for pandemic influenza A (H1N1) by RT-PCR as performed by the MDCH Bureau of Laboratories. A probable case is defined as a person with an ILI who tests positive with either a commercial pandemic influenza A H1 PCR test that has not been validated by the MDCH Bureau of Laboratories or who tests positive for influenza A, but is negative for seasonal influenza H1 and H3 by RT-PCR.

Please continue to reference the State of Michigan's swine-origin influenza A (H1N1) website at www.michigan.gov/swineflu for additional information. Local health departments can find additional guidance documents on the MI-HAN homepage.

Michigan Pandemic Influenza A (H1N1) Influenza Virus Antigenic Characterization and Antiviral Resistance Data (as of July 9): 2 Michigan pandemic influenza A (H1N1) specimens have been antigenically characterized by the CDC; both of these specimens 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.

2 Michigan pandemic influenza A (H1N1) specimens have been evaluated by CDC for resistance to the adamantane class of antiviral medications; both of these specimens were resistant. One of the specimens was evaluated for resistance to oseltamivir and zanamivir; it was sensitive to these antivirals.

National (CDC): As of July 2, 2009, 11:00am ET, the Centers for Disease Control and Prevention (CDC) is reporting 33,902 confirmed human infections, including 170 deaths, in the United States. These cases are being reported from 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. This number is expected to rise as the outbreak evolves and now that state public health laboratories have a diagnostic test to confirm swine-origin influenza A (H1N1) infections. For the most up to date information, including guidance documents, please visit the CDC's website at www.cdc.gov/h1n1flu/.

Novel influenza A (H1N1) activity is now being detected through CDC's routine influenza surveillance systems and reported weekly in FluView. CDC tracks U.S. influenza activity through multiple systems across five categories. The fact that novel H1N1 activity can now be monitored through seasonal

surveillance systems is an indication that there are higher levels of influenza-like illness in the United States than is normal for this time of year.

International (WHO): As of 9:00 GMT, 6 July 2009, 133 countries have officially reported 94,512 cases of influenza A (H1N1) infection, including 429 deaths. Updated case counts and notices can be found online at http://www.who.int/csr/disease/swineflu/en/index.html.

Michigan Disease Surveillance System: The week ending July 4 saw both aggregate flu-like numbers and individual influenza reports decline from the previous week's numbers. Aggregate flu-like reports are near summer baseline levels, and individual influenza numbers are higher than those of last year.

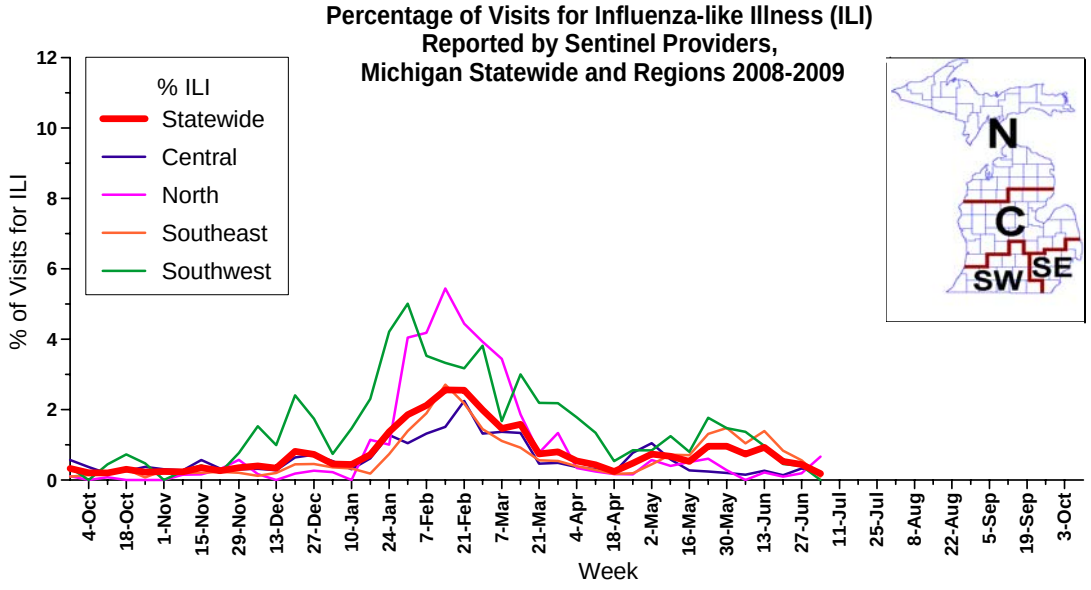
On the novel influenza front, the week ending July 4 saw a decrease in suspect, probable, and confirmed pandemic H1N1 cases reported to MDSS compared to the previous week.

Beginning June 15th, MDCH transitioned from individual case reporting to aggregate reporting for influenza cases (A and B). Aggregate flu counts will include flu-like illness and confirmed and probable cases of seasonal and novel H1N1 influenza. This information can be found in the Pandemic Influenza update on page 1.

Emergency Department Surveillance: Emergency department visits from both constitutional and respiratory complaints decreased compared to last week's numbers. Both constitutional and respiratory numbers are comparable to numbers seen at this time last year. Six constitutional alerts in the C(1), N(1), and SW(4) Influenza Surveillance Regions and two respiratory alerts in the C(2) Influenza Surveillance Region were generated last week.

Over-the-Counter Product Surveillance: Overall, OTC product sales were mixed last week. Chest rubs sales saw a slight increase, while children's electrolytes sales saw a slight drop in sales compared to the previous week. The remainder of the indicators held steady near the previous week's sales levels. Indicator levels are comparable to those seen at this time last year.

Sentinel Provider Surveillance (as of July 9): During the week ending July 4, 2009, the proportion of visits due to influenza-like illness (ILI) decreased compared to the previous week at 0.2% overall; 10 patient visits due to ILI were reported out of 5,344 office visits. Twenty-three sentinel sites provided data for this report. The increased level of ILI activity for this time of year may be an indication of novel influenza A (H1N1) circulation, or this finding may also be due to an increase in the number of patients seeking care for ILI. Activity increased in one surveillance region: North (0.7%); and decreased in the remaining three regions: Central (0.2%), Southeast (0.1%) and Southwest (0.0%) region. Note that 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.

Laboratory Surveillance (as of July 9): During the past week, one new seasonal influenza A isolate was identified at the MDCH Bureau of Laboratories (BOL). For the 2008-2009 influenza season, MDCH BOL has identified 317 seasonal influenza isolates (followed by Influenza Surveillance Regions of origin):

- 188 A/H1N1 or A/H1 (63SE, 43SW, 25C, 57N)
- 10 A/H3N2 or A/H3 (5SE, 2SW, 1C, 2N)
- 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)

6 sentinel laboratories reported for the week ending July 2, 2009. 3 laboratories (SW, C, N) reported sporadic influenza A positives and 3 labs reported zero influenza A positives (SW, C, N). 5 labs reported zero influenza B positives (SW, C, N) with one lab reporting sporadic influenza B positives (SW).

Michigan Seasonal Influenza Antigenic Characterization (as of July 9): 35 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.

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 Seasonal Influenza Antiviral Resistance Data (as of July 9): 35 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 35 viruses were resistant to oseltamivir (Tamiflu®) and sensitive to zanamivir, amantadine and rimantadine. These viruses were collected in the SE(15), SW(13), C(1) and N(6) Influenza Surveillance Regions. 3 influenza A/H3N2 isolates, collected in the C(2) and N(1) Regions, have been tested for antiviral resistance; these viruses were resistant to the adamantanes (amantadine and rimantadine) and sensitive to oseltamivir and zanamivir. 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.

For information about antiviral susceptibility for swine-origin influenza A (H1N1), go to http://www.cdc.gov/h1n1flu/antiviral.htm.

Seasonal Influenza-Associated Pediatric Mortality (as of July 9): 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.

Seasonal Influenza Congregate Settings Outbreaks (as of July 9): Three congregate setting outbreaks (1C, 2N) due to seasonal influenza (1 influenza A, 1 influenza B, 1 unsubtyped) have been reported to MDCH for the 2008-09 influenza season.

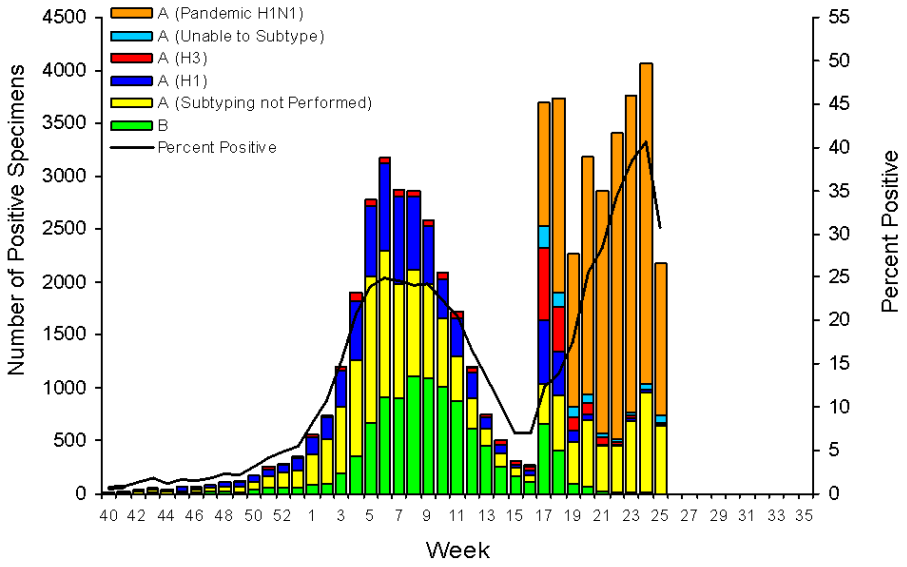
National (CDC [edited], July 2): During week 25 (June 21-27, 2009), influenza activity decreased in the United States, however, there were still higher levels of influenza-like illness than is normal for this time of year. Two thousand one hundred seventy (30.7%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS)

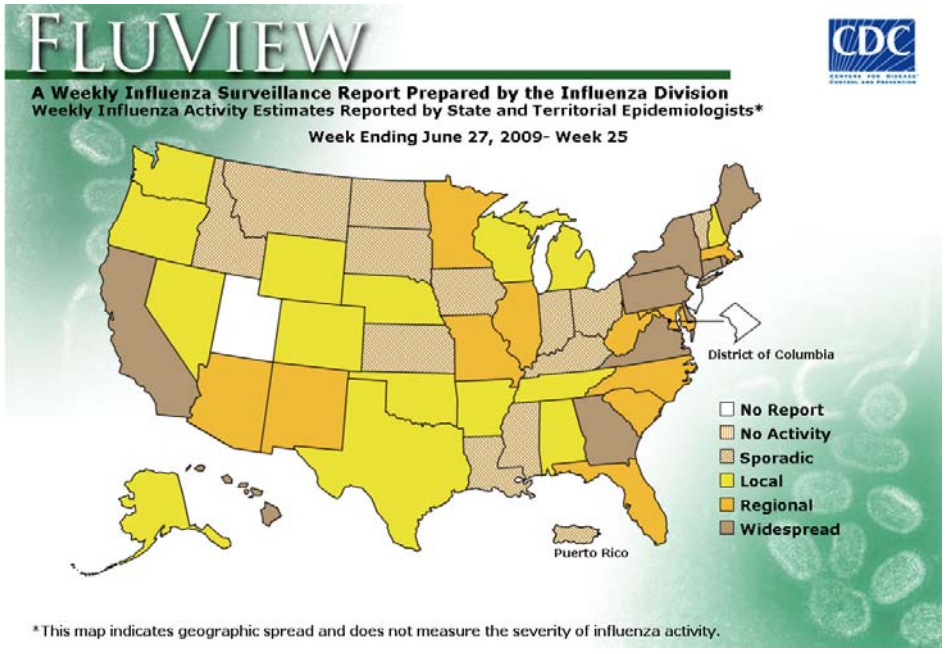
collaborating laboratories and reported to CDC/Influenza Division were positive for influenza. Over 98% of all subtyped influenza A viruses being reported to CDC were pandemic influenza A (H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold. Eight influenza-associated pediatric deaths were reported and seven of the eight deaths were associated with pandemic influenza A (H1N1) virus infection. The proportion of outpatient visits for influenza-like illness (ILI) was below the national baseline. Two of the 10 surveillance regions reported ILI above their region-specific baseline. Ten states reported geographically widespread influenza activity, 11 states reported regional influenza activity, 15 states reported local influenza activity, Puerto Rico and 12 states reported sporadic influenza activity, and the District of Columbia and two states did not report.

All 995 influenza seasonal A (H1) viruses are related to the influenza A (H1N1) component of the 2008-09 influenza vaccine (A/Brisbane/59/2007). All 171 influenza A (H3N2) viruses are related to the A (H3N2) vaccine component (A/Brisbane/10/2007). All 144 pandemic influenza A (H1N1) viruses are related to the A/California/07/2009 (H1N1) reference virus selected by WHO as a potential candidate for pandemic 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. Sixty-seven influenza B viruses tested belong to the B/Yamagata lineage and are related to the vaccine strain (B/Florida/04/2006). The remaining 496 viruses belong to the B/Victoria lineage and are not related to the vaccine strain.

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





	Isolates tested (n)	Resistant Viruses, Number (%)		Isolates tested (n)	Resistant Viruses, Number (%)
		Oseltamivir	Zanamivir		Adamantanes
Seasonal Influenza A (H1N1)	1,039	1,034 (99.5%)	0 (0)	1,044	6 (0.6%)
Influenza A (H3N2)	191	0 (0)	0 (0)	204	204 (100%)
Influenza B	571	0 (0)	0 (0)	N/A*	N/A*
Pandemic Influenza A (H1N1)	202	0 (0)	0 (0)	177	177 (100%)

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

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

International (WHO, June 25): *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 23-24, widespread outbreaks in the southern hemisphere were reported in Brazil and South Africa due to H3. Low levels of influenza B were also detected in Brazil and South Africa as well as sporadic H1 activity in Brazil. Australia reported local outbreaks due to H3 while some H1 and B were also detected. New Zealand experienced local outbreaks mainly due to H1. Low levels of H3 activity were also reported. In the northern hemisphere, seasonal influenza was at or below base line levels. Local activity was still reported in a number of regions in Canada (H1,H3,B).

Sporadic seasonal influenza activity was observed in Cameroon (H3), China (H1,H3,B), Denmark (H1,H3,B), Ecuador (H1,H3), Estonia (A,B), Iran (H3), Italy (H1,H3), Japan (H3,B), Madagascar (H3,B), Morocco (A), Norway (H3), Poland (H1,H3), Portugal (B), Romania (H1,H3), Russian Federation (H1,H3,B), Sri Lanka (A), Sweden (A,B) and United States of America (H1,H3,B). Albania, Bulgaria, Finland, Georgia, Germany, Greece, Kazakhstan, Latvia, Lithuania, Mongolia, Netherlands, Oman, Serbia, Slovakia, Slovenia and Spain reported no activity.

MDCH reported **SPORADIC INFLUENZA ACTIVITY** to the CDC for the week ending July 4, 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.

International, Human (Public Health Agency of Canada [edited], July 7): ****It is not a new strain of the pandemic (H1N1) 2009 flu virus currently circulating in Canada. There is no evidence that this new human strain of the virus is present in the herd of swine.****

The Government of Canada is working closely with the Province of Saskatchewan to assess the public health risk from a new strain of influenza that has been detected in the province. The new strain was detected in 2 workers on a hog farm in Saskatchewan. The workers suffered only mild illness and have recovered fully. A 3rd case is under investigation. Scientists at the Public Health Agency of Canada's National Microbiology Laboratory in Winnipeg have determined that the new strain is made up of genes from human seasonal flu and swine flu viruses.

"We are working closely with the province of Saskatchewan to learn as much as we can about this new flu virus," said Health Minister Leona Aglukkaq. "Preliminary results indicate the risk to public health is low and that Canadians who have been vaccinated against the regular, seasonal flu should have some

immunity to this new flu strain." Initial testing of some of the pigs on the farm suggests they were infected with swine influenza A virus, a common flu found in herds of swine.

The Public Health Agency of Canada (PHAC) is collaborating with Saskatchewan public heath officials on further surveillance of workers in Saskatchewan's hog industry, including those on the affected farm. PHAC is prepared to provide field epidemiological assistance to Saskatchewan. The Canadian Food Inspection Agency (CFIA) is providing advice to the province on swine herd surveillance. CFIA is also providing further diagnostic support to the initial testing performed by the Province at the national reference laboratory in Winnipeg.

International, Human (660News via the Canadian Press [edited], July 4): All cases of Tamiflu resistance are not created equal. So while the 1st 3 instances of swine flu infection with Tamiflu-resistant viruses were reported in the past week, it was Number 3, not Number 1 that put influenza experts on edge. Public health authorities in Hong Kong announced Friday [3 Jul 2009] they have found a case of Tamiflu resistance in a woman who hadn't taken the drug. That means she was infected with swine flu viruses that were already resistant to Tamiflu, the main weapon in most countries' and companies' pandemic drug arsenals.

The 2 earlier cases, reported from Denmark and Japan, involved people who had been taking the medication. While always unwelcome, that type of resistance is known to occur with seasonal strains and may be less of a threat to the long-term viability of this key flu drug. "It was not at all surprising to see resistance in patients on treatment, but seeing it in someone who was not treated, it certainly is more concerning," says Dr. Malik Peiris, a flu expert at the University of Hong Kong.

There is currently no evidence Tamiflu-resistant viruses are spreading widely. Still, some experts see the Hong Kong case as a warning that Tamiflu's role in this pandemic may not be as long-lived as pandemic planners would like. "I think it's too early to judge," says Dr. Frederick Hayden, an expert on influenza antivirals who teaches at the University of Virginia. "But I think that possibility has existed from the beginning, and it's something that needs to be certainly considered in making determinations about things like antiviral stockpiling, management of patients with more serious illness in hospital and how the available drugs will be used."

Some experts say this early sign of resistance should prompt a rethink of how often and in which circumstances Tamiflu is used to battle the novel H1N1 virus. "It ... probably highlights the importance of not using these antiviral drugs indiscriminately, given that the disease is relatively mild," says Peiris, whose hospital monitored the woman who was found to be carrying the resistant virus. "In people who don't have underlying risk factors, they probably should not be treated with Tamiflu, basically."

Others suggest countries should limit how often they use the drug to prevent infection, a regimen known as prophylaxis. In prophylaxis, people who've been exposed to the virus are given one pill a day for 10 days, compared to the treatment regime of 2 pills a day for 5 days. Some countries, including Canada, have been reserving prophylaxis for people at high risk from this flu, such as pregnant women. But others have taken a different approach, using Tamiflu to try to curb spread of the virus. For instance, Britain has made the drug widely available to contacts of confirmed cases, though it announced this past week it was changing that policy.

The World Health Organization is drafting guidance for countries on the use of antivirals. While the WHO advises rather than instructs, it has been stressing that saving these drugs for treatment makes the most sense, says Dr. Keiji Fukuda, the agency's top flu expert. "In general we have been pushing the advice that using these drugs for treatment is definitely the priority use of them," says Fukuda, the acting assistant director general for health security and environment. "And I think this is not just from a theoretical resistance perspective but also from the fact that if you have limited amounts of antiviral drugs, then you need to make some choices about how you use them."

From their 1st sighting, the new H1N1 viruses have been resistant to 2 older flu drugs, amantadine and rimantadine. That left the only 2 other influenza drugs, oseltamivir (Tamiflu) and zanamivir (Relenza), as the sole options for treatment and prophylaxis. There is a risk inherent in using the drug to prevent illness. If people who are already infected but aren't yet experiencing symptoms are put on prophylaxis, there won't be enough drug in their systems to kill all the viruses they house. Those that survive develop resistance to the drug. And that, it appears, may be what happened in the resistance cases in Denmark and Japan. In both instances the women involved had been given Tamiflu prophylaxis after a contact developed swine flu.

But the Hong Kong case was different. A 16-year-old girl traveling from San Francisco was stopped in Hong Kong's airport in mid-June [2009] after setting off a fever detection device. She was taken to hospital where she tested positive for swine flu. She had not been taking antivirals and declined to be treated with the drug. She was kept in isolation until she recovered.

International, Human (WHO, July 1): The Ministry of Health of Egypt has reported 3 new confirmed human case of avian influenza A(H5N1).

The first case is a 1-year old male from Domiat Governorate. His symptoms started on 1 June 2009. He was admitted to hospital on 2 June, where he received oseltamivir treatment. The patient has recovered and was discharged on 9 June.

The second case is a 4-year old female from Dakhlia Governorate. Her symptoms started on 5 June 2009. She was admitted to hospital on 6 June, where she received oseltamivir treatment. The patient has recovered and was discharged on 14 June.

The third case is a 1-year old male from Kaleen District, Kefr El Sheikh Governorate. His symptoms started on 15 June 2009. He was admitted to Kefr El Sheikh Fever Hospital on 16 June 2009, where he received oseltamivir treatment, and is in a stable condition.

Investigations into the source of infection indicated that all three cases had close contact with dead and/or sick poultry. The cases were confirmed by the Egyptian Central Public Health Laboratories. Of the 81 cases confirmed to date in Egypt, 27 have been fatal.

National, Canine (The Examiner [edited], July 2): An outbreak of canine influenza has been reported in the Millstone region [New Jersey]. Over the last several weeks, NorthStar VETS, a specialty and emergency trauma hospital located in the Clarksburg section of Millstone, has seen an increasing number of patients being admitted for the treatment of this virus.

There have been 9 cases in the hospital so far, and because of its contagious nature, more are expected. Canine influenza is not contagious to people, cats, or other species, although people can carry the virus in their nasal passages and transmit it to dogs at home.

Canine influenza should be considered a serious disease; infected animals have a 100 per cent mortality rate. However, with a rapid and accurate diagnosis, proper treatment can reduce this statistic to a 1-5 per cent mortality rate, according to information from the hospital. According to Dr Daniel Stobie, owner of NorthStar VETS, "It is a new virus. There seems to be a resurgence, with young and older pets being more susceptible."

NorthStar VETS is encouraging dog owners to be on the lookout for signs such as difficulty breathing, dry coughing, nasal discharge, high fever, severe lethargy or lack of appetite. If any of these signs are displayed, they suggest isolating the dog from other animals and seeking medical treatment immediately.

In conjunction with recommendations from the state veterinarian and Department of Agriculture, the hospital has been disinfected and fumigated to eliminate the virus. In addition, NorthStar VETS has arranged to have a mobile isolation unit on the property located away from the hospital to accept and manage influenza cases. This mobile isolation unit is equipped with oxygen and medical supplies for the treatment of patients. The main hospital will function as normal to receive referrals and emergency care.

Michigan Wild Bird Surveillance (USDA, as of July 9): For the 2009 testing season (April 1, 2009 - March 31, 2010), HPAI subtype H5N1 has not been recovered from any of the Michigan samples tested to date, which includes 26 live wild bird specimens. HPAI subtype H5N1 has not been recovered from the 758 birds or environmental samples tested nationwide for the 2009 season. For more information, visit the National HPAI Early Detection Data System website at http://wildlifedisease.nbii.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 June 26, 2009)

(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 7/2/09)

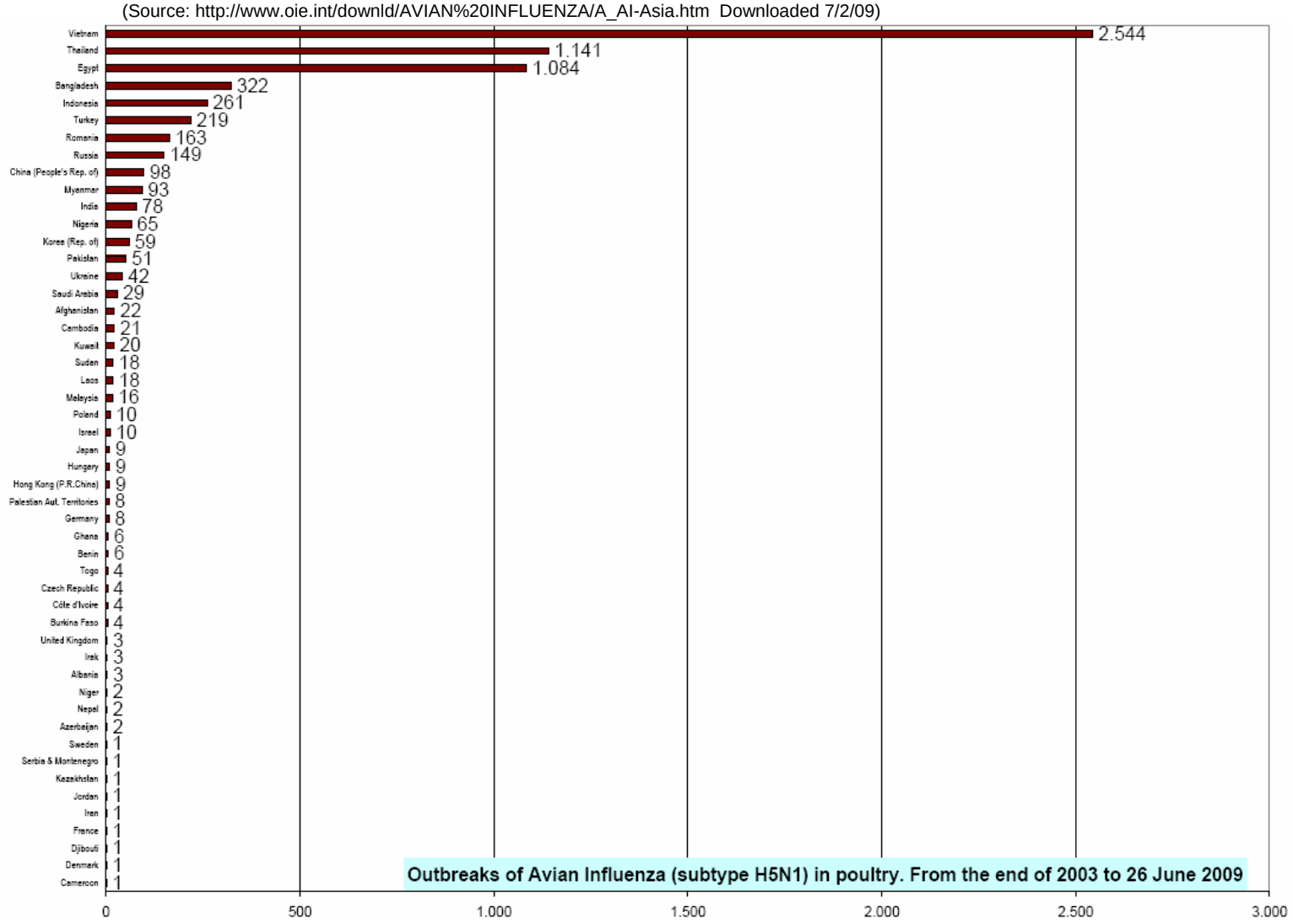

Table 2. H5N1 Influenza in Humans (Cases up to July 1, 2009)

(http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_07_01/en/index.html Downloaded 7/7/2009)

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	30	4	81	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	41	12	436	262