Avian/Pandemic Flu Newsletter
THE OFFICIAL AVIAN INFLUENZA NEWSLETTER OF HEALTH AND HUMAN SERVICES AGENCY
Volume III, Issue 4 March 2008

AVIAN INFLUENZA: Current Global Situation Update

Avian Influenza Cases in Humans

Since January 2004, the World Health Organization (WHO) has reported human cases of Avian Influenza A/H5N1) in more than twelve countries like Cambodia, China, Indonesia, Thailand, Vietnam, Azerbaijan, Turkey, Egypt, Djibouti, Iraq, Lao People’s Democratic Republic, and Nigeria.

Cumulative Number of Confirmed Human Cases of Avian Influenza (H5N1)
Cases reported to WHO through March 18, 2008. WHO only reports laboratory-confirmed cases.

♦ Total human cases of H5N1 (confirmed) = 373
♦ Total human deaths from H5N1= 236


Currently, there are no reported human OR animal cases of the highly pathogenic Avian Influenza (H5N1) in United States.

Viet Nam - March 18, 2008

The Ministry of Health has confirmed a new case of human infection of H5N1 avian influenza. The case has been confirmed by the National Institute of Hygiene and Epidemiology (NIHE).

The case is an 11-year old male from Thanh Liem district, Ha Nam province. He developed symptoms on 4 March was hospitalized on 9 March and died on 14 March. The case had contact with sick and dead poultry prior to his illness. Control measures have been implemented and close contacts have been identified. All remain healthy and will continue to be monitored.

Of the 106 cases confirmed to date in Vietnam, 52 have been fatal.


Egypt - March 11, 2008

The Ministry of Health and Population has announced three new human cases of avian influenza A (H5N1) virus infection. The case is a 25 years old female from Sennoris District, Fayum Governorate. She developed symptoms on 24 February and was hospitalized on 27 February. Her death has now been confirmed by the Ministry of Health and Population. Investigations into the source of her infection indicate that she had contact with sick poultry prior to becoming unwell.

March 5, 2008: The case is an 11-year-old male from Menof District, Menofia Governorate. He was hospitalized with symptoms on 26 February and was confirmed as being infected with A(H5N1) by the Central Public Health Laboratory and NAMRU-3 on 4 March. He remains in a critical condition. Investigations into the source of his infection indicate a history of contact with sick and dead poultry.

March 4, 2008: The case is an 8-year-old male from Etsa District, Fayum Governorate. He was hospitalized with symptoms on 3 March. He is receiving treatment and is in a stable condition. Investigations into the source of his infection indicate a history of contact with sick and dead poultry.

Of the 47 cases confirmed to date in Egypt, 20 have been fatal.


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Singapore Markets Avian Flu Detecting Chip
The Poultry Site News Desk - March 25, 2008
SINGAPORE - Following successful trials of a new chip that can detect bird flu within a couple of hours, Singapore's biomedical firm, Veredus Laboratories, have taken the product to market.

Face Up to Socioeconomic Toll of H5N1, Experts Urge - March 19, 2008
ATLANTA - More than 10 years after the first appearance of avian influenza H5N1, it is time to acknowledge that the virus has become entrenched in many areas and to begin grappling with its social and economic effects, leading researchers said at a scientific meeting.

Food and Agriculture Organization (FAO) of the United Nations
FAO Newsroom - March 18, 2008 - The prevalence of avian influenza in Indonesia remains serious despite containment efforts undertaken by national authorities and the international community, FAO warned today. Indonesia is the country worst hit by avian influenza.

31 Provinces Affected
Avian influenza has become deeply entrenched in Indonesia with 31 out of 33 provinces being infected. The virus is endemic in Java, Sumatra, Bali and southern Sulawesi with sporadic outbreaks reported from other areas. Since the first outbreaks in 2003 avian influenza has spread rapidly across Java into Bali, Kalimantan and Sumatra. In 2006 the virus spread further east infecting Papua and much of Sulawesi.

Major Constraints
A highly decentralized administration, under-resourced national veterinary services, lack of engagement with commercial poultry producers, insufficient international and national financial and human resources for control campaigns and the challenges of implementing a comprehensive communication strategy are the major constraints the country is facing, he noted.

"We have also observed that new H5N1 avian influenza virus strains have recently emerged creating the possibility that vaccines currently in use may not be fully protecting poultry against the disease. This issue is being addressed by the Indonesian Ministry of Agriculture with technical assistance from OFFLU (OIE/FAO Influenza Network of Laboratories) and funding provided by USAID and AusAID. Also required are more investigations and the development of better poultry vaccines," Domenech said.

"The major challenge is to immediately apply the main components of a successful national avian influenza control strategy, based on effective surveillance, emergency culling and compensation, vaccination, improved biosecurity, effective laboratory and quarantine procedures, and movement controls of poultry and poultry products."

Support
FAO is supporting the Indonesian authorities in most of these areas. In addition, the agency has helped to train local teams of animal health professionals in participatory disease surveillance and response (PDS/R).

So far, more than 1 350 local government PDS/R officers have been trained and are actively working with village communities to prevent and control avian influenza. Surveillance and response teams are currently working in 193 out of 448 districts in Indonesia. By June 2008, over 2 000 surveillance and response teams will be active in more than 300 districts in disease-endemic areas of the country.

Major donors, such as USAID, AusAID, Japan and the Netherlands, together with FAO, have so far invested more than $25 million in supporting national control efforts.

H5N1 Avian Influenza: Timeline of Major Events
Updated March 11, 2008
March 9, 2008 - According to the Ministry of fisheries and livestock in Bangladesh, 47 districts have now had confirmed outbreaks of H5 infection in birds.

U. S. Department of Health and Human Services (DHHS)

A Pandemic Planning Update V - Report from Secretary Michael O. Leavitt
March 17, 2008

Forty million people died when the last major influenza pandemic swept around the world in 1918. We have seen two less severe pandemics since then. We will no doubt see another sometime in the future. We don’t know when, and we don’t know how bad it will be. But we know it will happen sooner or later and that what we do now will save lives — maybe millions of lives — in the future.

We have come a long way since November 2005, when President Bush mobilized the nation to prepare for an influenza pandemic. HHS continues to play a prominent role in pandemic preparedness, giving highest priority to those tasks that it is best positioned or uniquely able to undertake.

In our last Update, we mentioned many of the important milestones we have passed already. We have licensed the first H5N1 influenza vaccine for humans and stockpiled enough antiviral medicine to treat 40 million Americans. We have committed over $1 billion to diversify influenza vaccine production technology. And we have worked with the world’s leading vaccine companies to accelerate the development of cell-based influenza vaccine production to increase the nation’s domestic vaccine production capacity. We have also invested heavily in clinical research and surveillance programs here at home and around the world.

DHHS - Pandemic Exercise with Bloggers

Secretary Mike Leavitt’s Blog - March 17, 2008

We routinely hold readiness exercises at HHS on various emergency scenarios. Typically, people from various parts of the emergency management community sit around a square table, and a moderator paints a picture of a disaster unfolding. It is like a reader’s theater. As events are described, each actor assumes their part, describing what they are thinking and doing to respond.

Centers for Disease Control (CDC) - Archive of March 13, 2008

Web-based discussion of the new Federal guidance for State pandemic planning assessments. The event includes question-and-answer session with representatives from the U.S. Department of Health and Human Services, and its Centers for Disease Control and Prevention, the U.S. Department of Homeland Security, and the U.S. Department of Labor. To see the video click this link:

LOCAL, STATE AND FEDERAL NEWS

Local News/ Outreach

Activities related to Pandemic Influenza education in San Diego continue with more than 142,556 educational material distributed to various community locations. In addition, a total of 141 presentations have been provided to staff and community residents. San Diego will soon begin trainings for its Ambassador Program, an education and outreach effort to train the general public, through businesses, schools and organizations about how to prepare for an influenza pandemic.

State/ Federal News

No new updates at this time.
For the past decade, people have been getting sick and dying from a virulent form of avian influenza - H5N1.

This strain has killed untold millions of poultry and several hundred people. And many health officials around the world worry that this virus will mutate into a form that's easily passed from person-to-person. In many countries, health officials are planning how to react if H5N1 does become a pandemic. So, they are looking at what strategies were successful at reducing the rate of sickness and death during previous pandemics.

Ira Longini is a statistics professor at the University of Washington in Seattle. He and his colleagues wrote a computer program that simulates what would happen in Chicago - a metropolitan area home to some 8.5 million people - in the event of a pandemic. In this model, every person is followed every day in terms of where they mix and whom they would mix with.

"And if they are infected, we track who they infect and we simulate pandemic spread with this model," Longini says. "Then we simulate the potential impact of various control measures."

Longini says there are a number of things public health officials would ask the public to do in the event of a pandemic. The most important recommendation would be for people to practice something called 'Social Distancing'. The more social distancing, the better.

The strategies Longini's team used in their computer model came from responses to the Spanish flu pandemic of 1918.

His paper appears in the Proceedings of the National Academy of Sciences.


Toronto got a glimpse yesterday of how health officials might respond to the arrival of bird flu in Canada as two people, who recently returned from abroad, were admitted to Toronto East General Hospital on Tuesday evening exhibiting flu-like symptoms.

For all the speculation about a potentially devastating pandemic on the horizon, the reaction was routine.

Hospital officials were at pains yesterday to dispel rumors that the H5N1 strain of the influenza virus, known as avian or bird flu, had been detected in the two patients. Hospital spokeswoman Laura Visser said there had been a flood of calls from people concerned that they might have been infected while at the hospital.

A spokesperson for Toronto Public Health confirmed that two people who had recently visited Bangladesh, which has reported cases of avian flu in birds but not humans, were admitted to hospital and kept in isolation while a series of tests, which later came back negative for the virus, were conducted.

"We believe the hospital to be totally safe, all appointments and tests are being done as per usual schedules," said James Downey, the hospital's infectious-disease consultant and control officer.

"We're not concerned about anything at the present time."

Ambulance personnel who transported the patients wore masks, gloves, gowns and goggles, but Toronto Emergency Medical Services spokesman Adam Thurston said that is standard procedure for anyone coming in contact with flu-like symptoms. Patients arriving at a hospital with such symptoms are screened twice and asked about their travel history, which remains one of the best indicators of the likelihood of a case of avian flu. Toronto Public Health is notified of any patient who has travelled outside North America and has the requisite symptoms.

Anyone with at least a low probability of having contracted bird flu is given a full range of tests, including a DNA and RNA analysis taken from a swab of the inner nose, and their family and contacts are interviewed by a Toronto Public Health officer.

Some experts stressed that though the effects of avian flu are grave - 63 per cent of the 373 confirmed human cases have died - it is barely, if at all, transmissible from one human to another.

http://www.theglobeandmail.com
PANDEMIC/AVIAN FLU IN THE MEDIA

CIDRAP News - March 18, 2008

More than 10 years after the first appearance of avian influenza H5N1, it is time to acknowledge that the virus has become entrenched in many areas and to begin grappling with its social and economic effects, leading researchers said at a scientific meeting.

Speaking at the biennial International Conference on Emerging Infectious Diseases, senior animal-health scientists urged their human-health colleagues to focus on the many non-science issues—from agricultural traditions to food needs to gender relations—that are complicating avian flu control.

H5N1’s potential for causing a human pandemic has understandably been the major focus of research, the scientists acknowledged. But “for every human being infected, there is at least 1 million animals infected—and that is probably an underestimate,” Dr. Ilaria Capua, the head of virology at Italy’s Istituto Zooprofilattico Sperimentale delle Venezie, said Tuesday morning. “The veterinary community . . . have never before faced a challenge this big.”

Most of those animals are in the developing world, and the majority are owned by small farmers and households. So the basic outbreak-control measures of culling infected birds and closing live-bird markets pose immediate threats to the income and nutrition of individual families.

“This disease represents a food security issue,” Capua said. “It is destroying the livelihood of rural communities.”

Control programs have bumped up against an array of unforeseen difficulties. In Southeast Asia, Capua said, experts hoping to train farmers in biosecurity have been frustrated by loyalty to traditional practices that confine different species such as chickens, ducks, and pigs in the same space.

In Africa, said Dr. Alejandro Thiermann, special advisor to the director-general of the World Organization for Animal Health, programs that offer compensation to farmers who surrender birds for slaughter have been tripped up by ignorance of family economics. Villagers who raise and sell chickens tend to be women, he said—and they have held their birds out from surrender programs because compensation is paid to the heads of households, who are men.

The economic repercussions reach from the micro level of village markets to the macro level of national economies and back, Thiermann said. Fearing the importation of H5N1 flu, some countries have banned imports of chicken produced in affected countries, even when the disease has been found in wild birds rather than poultry. The resulting collapse in trade within a country depresses the prices that small-scale growers earn and makes them less willing to report disease outbreaks.

The problem has proved so significant that new provisions governing avian flu-related trade restrictions are being added to the Animal Terrestrial Code, an international treaty governing veterinary health, said Thiermann, who serves as the Code’s secretary.

The adoption of widespread poultry vaccination, one of the chief tools for controlling avian flu, also illustrates the complexity of integrating flu control into cultures and economies, said Dr. Les Sims of Australia’s Asia-Pacific Veterinary Information Services.

Stringent vaccination has successfully controlled avian flu in Hong Kong since late 2003, Sims said—but Hong Kong is “small and rich” and its results have not been replicated in any other country where avian flu is endemic.

China, which at any one time houses 600 million ducks and more than 4 billion chickens, has intermittently suppressed disease in its birds but may not be monitoring outbreaks closely, he said. Indonesia, the country with the most human deaths, has faced significant problems delivering the vaccine to far-flung islands and negotiating the relationships with powerful provincial authorities who may not support vaccination as strongly as the national government does.

Even Vietnam, which in 2005 and 2006 had significant success controlling avian flu through vaccination and restrictions on bird raising and movement, experienced fresh outbreaks in 2007 and this year. “We knew that mass vaccination would be very difficult to sustain, both the financial cost to the government and the enthusiasm of the people to go out and support it,” Sims said. “The problems that are occurring in Vietnam now are largely ones that appear to be due to farmers not having their birds vaccinated rather than to vaccine failure.”

Successful avian flu control will require attention to these and other “last-mile” difficulties that are not usually the province of virologists or human-health planners, the scientists cautioned.

“Let us put ourselves in the real world and try to find solutions that are applicable and sustainable,” Capua said.

We’re on the Web!
http://sdpandemicfacts.org/resources.htm#newsletters

RESOURCES

- County Vector Control Program’s (888) 551-INFO (4636) for info on how to protect birds, or to report dead birds.
- HHSA’s Avian and Pandemic Flu Info Line (619) 515-6900 for info regarding avian and pandemic flu.
- Educational materials are available for public distribution and are also downloadable from the county website: www.sdbirdflu.org or www.sdpandemicflu.org. Click on “Pandemic Flu”.
- World Health Organization (WHO): www.who.int
- Federal Dept. of Health & Human Services: www.pandemicflu.gov
- Federal CDC site: www.cdc.gov/flu/pandemic
- State of California: www.dhs.ca.gov
- County of San Diego: www.sdbirdflu.org
- The Poultry Site: www.thepoultrysite.com

Avian/Pandemic Flu Newsletter is published semi-monthly by the County of San Diego Health and Human Services Agency, Public Health Services.

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