

AVIAN INFLUENZA UPDATE

General remarks

An update paper appeared in the New England Journal of Medicine of 17 Jan 2008, which confirms that only bird-to-human type of disease can presently be confirmed. Efficacy of oseltamivir, zanamivir and amantadine is discussed and advice regarding these drugs remains unchanged. The routine use of oseltamivir for general influenza is not advocated.

Humans affected

Three cases were detected in Indonesia and one in Vietnam, since the start of 2008. The number of affected human cases since 2003 now totals 353, with 221 deaths. The 2007 total counts were lower than those in 2006.

No update to the WHO timeline of events was made after the previous update of their timeline in Sept 2008. Regular updates according to a timeline process are given by the WHO on the site

http://www.who.int/csr/disease/avian_influenza/timeline_10_09_2007.pdf.

The stage of the epidemic has not changed and is still rated as early stage 3 (sporadic cases in humans and very little or no human-to-human transmission proven).

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General information

The disease is still defined as to in early epidemic stage with very little, if any, human to human transmission.

There is no irrefutable evidence that human-to-human transfer of the virus has taken place. The WHO has further formalized their definitions for cases and this will lead to more relevant and accurate reporting and descriptions of cases.

What are the symptoms of the disease?

In countries where human infection is known to exist, the following symptoms have been reported:

- fever,
- headache,
- cough,
- runny nose,
- sore throat, and
- muscle aches.

A history of contact with sick birds, bird flu patients and their excreta/secretions will help doctors to make the diagnosis.

What should you do if you are planning a visit to a country that has reported cases of bird flu (influenza A H5N1)?

- Consider scheduling an appointment with your medical practitioner before travelling, to discuss risks for potential exposure to H5N1.
- During your trip, avoid poultry farms, contact with animals in *live* food markets and any surfaces that appear to be contaminated with faeces from poultry or other animals.
- If you develop influenza symptoms whilst in a country known to have bird flu, it is important to get immediate medical care. For this reason, you should visit a medical practitioner for treatment.

Has a vaccine been developed against the virus yet?

Vaccine production is getting intensified attention. Initial clinical trials of a Vietnam strain of H5N1 human vaccine have demonstrated safety and efficacy. This work started in April 2005 and is not concluded. Once a new pandemic virus has emerged, large-scale production can begin of a more specific pandemic vaccine. Antigenic shift has identified different types of viruses (called clades), which creates challenges to vaccine researchers.

What is the value of Tamiflu® (oseltamivir) in the present bird flu scenario in South Africa?

There is presently no compelling reason to obtain Tamiflu® in South Africa for the purpose of protection against bird flu. It may reduce the duration of and complications of normal flu, and may be quite expensive. New information indicates that it may be wise to save the drug for potential outbreaks.

What precautions should you take if you live in or must visit an area affected by bird flu?

1. Avoid contact with live birds, chickens, ducks, turkeys and geese and their faeces, feathers and pens, if at all possible. Children, in particular, should be warned and precautions enforced.
2. Pet birds should not be kept.
3. Cook poultry well before eating. Avoid cross-contamination of other foods by use of separate kitchen utensils and surfaces exposed to raw poultry.
4. Wash hands with soap and water after any poultry contact.
5. Be sure, if possible, that no poultry live near your housing area.
6. Do not transport live or dead poultry even if they appear to be healthy.
7. Avoid poultry products from areas of infected birds.
8. If you must travel to infected areas and work directly with infected birds, poultry or humans, hand washing and shoe and clothing cleaning should be an immediate priority.
9. Be sure to wear gloves, a special N-95 mask, goggles and a disposable gown if you must be in contact with the birds/poultry in enclosed environments where mixture of small virus particles with droplets of water may occur.
10. Observe yourself for the development of any respiratory or gastrointestinal symptoms after the visit and check your temperature for a week afterwards Contact a physician if you have any questions.

What will my medical scheme cover if I contract the disease?

1. Normal benefits will apply for services rendered by different health sector providers, as communicated in benefit information.
2. Some medical schemes may in future take the decision to cover prophylactic (preventative) drugs, but this is not yet indicated at this stage of the epidemic.
3. Use the medical practitioner who knows you and your family best for services and as coordinator of your care.

Keep visiting our website for updated information.

Please contact Manie de Klerk at mdeklerk@qualsa.co.za if you still have questions related to bird flu (Avian Influenza) or ask your private practitioner.

Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO

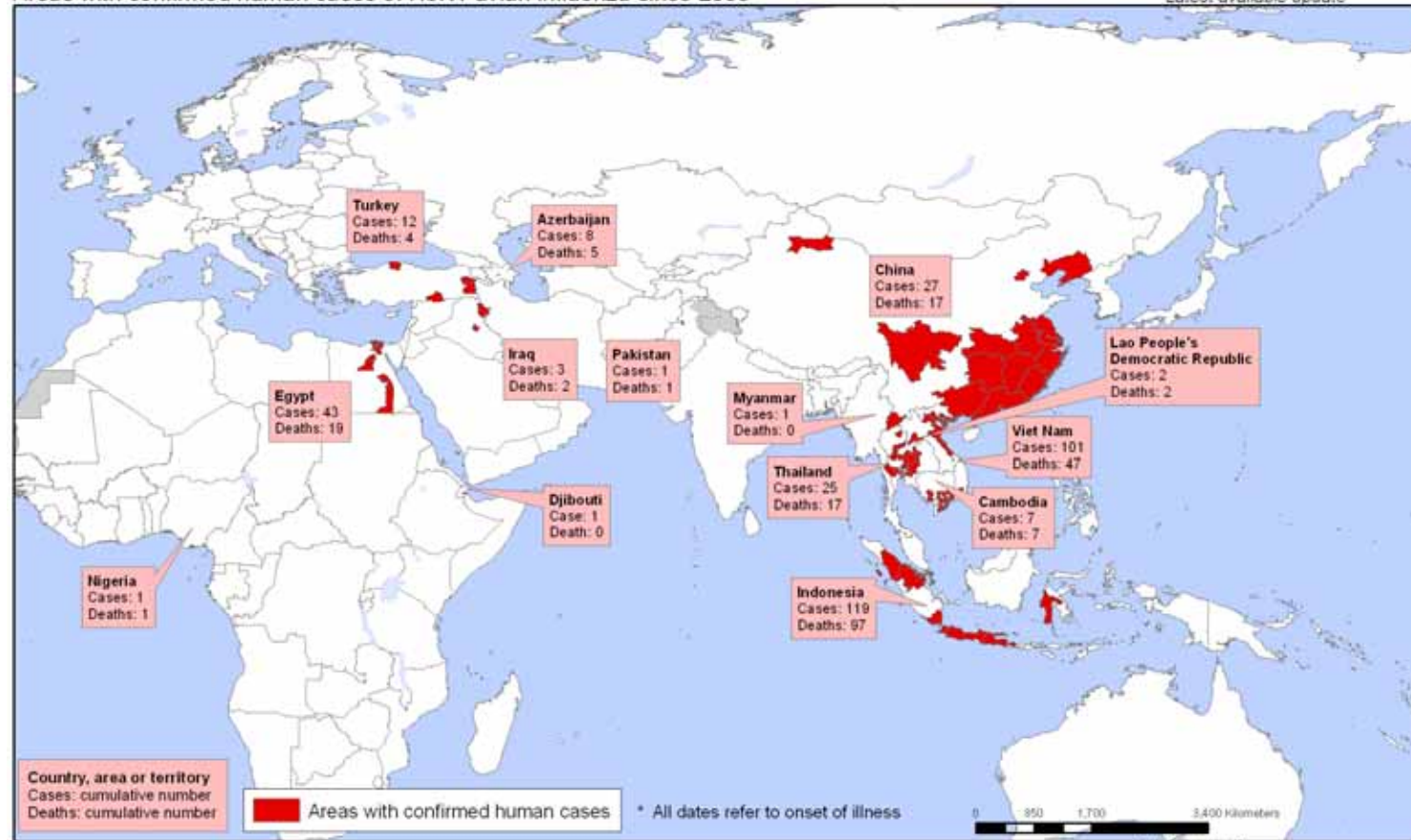
24-Jan-08

Country	2003		2004		2005		2006		2007		2008		Total	
	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	8	5
Cambodia	0	0	0	0	4	4	2	2	1	1	0	0	7	7
China	1	1	0	0	8	5	13	8	5	3	0	0	27	17
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	0	0	43	19
Indonesia	0	0	0	0	20	13	55	45	42	37	3	3	120	98
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	1	1	102	48
Total	4	4	46	32	98	43	115	79	86	59	4	4	353	221

Total number of cases includes number of deaths. WHO reports only laboratory-confirmed cases. All dates refer to onset of illness.

Areas with confirmed human cases of H5N1 avian influenza since 2003 *

Status as of 21 January 2008
Latest available update



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO
Map Production: Public Health Mapping and GIS
World Health Organization
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References:

1. WHO site for Avian Flu.
2. NEJM 358;3, pp 261-273