EID Weekly Updates:

Emerging and Reemerging Infectious Diseases, Region of the Americas

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Update on Avian Influenza: Situation as of 5 February 2004

Country	*Epizootics*		*Virus subtype identified*	*Number of confirmed human cases*		*Comments*
	Number of provinces affected	*Species of birds affected*		*Cases*	*Deaths*	
Cambodia	1 out of 19	Chickens: mostly laying/breeder hens	H5N1	0	0	Several localized outbreaks around Phom Penh.
China	14 out of 31	Ducks, chickens, geese, one peregrine falcon in Hong Kong	H5N1	0	0	Epizootia out of control.
Indonesia	11 out of 26	Chickens	H5N1	0	0	Epizootia widespread, out of control.
Japan	1 out of 9	Egg-laying poultry	H5N1	0	0	Epizootia under control since January.
Laos	1 out of 17	Laying hens	H5	0	0	Epizootia limited to one area in Vientinae.

Pakistan	1 out of 7	Egg-laying poultry	H7	0	0	Epizootia localized but widespread; etiology as yet unconfirmed.
South Korea	1 out of 14	Chickens, ducks	H5N1	0	0	Epizootia under control since January.
Taiwan	1 out of 21	Laying hens, colored-feather native chickens	H5N2	0	0	Epizootia under control since January.
Thailand	29 out of 76	Chickens (broilers/fryers, laying hens), native poultry, ducks, geese, turkeys, ostrich, quail, peacocks	H5N1	5	5	Epizootia out of control; bird-human transmission.
Viet Nam	53 out of 64	Parent stock for broilers/fryers (chickens)	H5N1	18	13	Familiar cluster of confirmed cases of subtype H5N1; present mode of transmission under investigation.
Total				***23***	***18***	

Note: There are 20 confirmed human cases, of which 4 cases would represent a potential threat for person-to-person transmission. Surveillance enhancement and early detection of human cases is a current priority.
Sources
- *Avian Influenza A (H5N1)—Update 18* (5 February 2004). Geneva: World Health Organization (WHO).
- *Alerts—Disease Information* (4 February 2004). Paris: World Organization for Animal Health (OIE).

FAO/OIE/WHO Technical Consultation on the Control of Avian Influenza

Rome, 3–4 February 2004: Several conclusions and recommendations were made during this consultation to strengthen WHO recommendations for protecting humans

due to the consequences of widespread outbreaks of highly pathogenic H5N1 avian influenza in poultry in several Asian countries.

Experts at the consultation recognized the need for immediate application of measures to prevent human infection among specific groups, notably poultry workers and cullers, who are at high risk of exposure to the H5N1 avian influenza virus. Personal protective equipment (PPE) should be available for all persons in these groups, who also need to be trained in the proper use of this equipment. WHO has issued guidelines for the protection of cullers.

The experts further recognized the need to reduce opportunities for the simultaneous infection of humans with H5N1 and with human strains of influenza virus. Such dual infections give the avian and human viruses opportunities to exchange genes, possibly resulting in the emergence of a new influenza virus subtype. The consultation recommended that poultry workers who experience intensive exposure be administered the existing seasonal influenza vaccine (the vaccine protects against infection with currently circulating human influenza viruses but does not protect against H5N1 infection). WHO has issued guidelines for the targeted administration of seasonal vaccines.

WHO priorities for responding to the current situation include rapid control of the animal H5N1 reservoirs, since doing so reduces both the risk of additional cases and deaths among humans, and the opportunity for a new subtype of the influenza virus to emerge. Recommendations from the consultation also support this priority.

The consultation concluded that culling or 'stamping out' infected flocks remains the preferred option for controlling H5N1 outbreaks among poultry. However, the present outbreaks among such birds are historically unprecedented in their scale, geographical spread, and devastating economic consequences for both the poultry industry and rural farmers.

While culling remains the preferred option for infected flocks, as mentioned above, targeted vaccination of healthy poultry can be used as a complementary tool for achieving the rapid reduction of the risk posed by the H5N1 virus in its avian host—an objective which supports both the elimination of the disease in poultry and the prevention of further human cases and deaths.

Vaccination alone will not be sufficient to bring the present outbreaks in poultry under control. Experts at the consultation stressed that, although vaccination is being considered as a complementary control tool, it must be used in conjunction with a comprehensive strategy that includes

1. culling all diseased or exposed poultry;
2. strict biosecurity;
3. quarantine; and
4. other measures aimed at preventing the further spread of the disease.

Additional information is available via the following websites:

- *Avian Influenza* page, World Health Organization (WHO-Geneva).
- *Alerts—Disease Information*. World Organization for Animal Health (OIE-Paris).

- *Newsroom*. Food and Agriculture Organization of the United Nations (FAO).

Source: Avian Influenza A (H5N1)—Update 18 (5 February 2004). Geneva: World Health Organization (WHO).