Outbreaks of highly pathogenic bird flu may be more established in bird populations and in the environment across Asia than currently realized, the World Health Organization said Friday. The simultaneous occurrence in several countries of large outbreaks of the H5N1 strain of avian influenza in domestic poultry is historically unprecedented and the present situation may grow worse, the UN agency warned. "In bird populations, the disease is highly contagious and rapidly fatal, and spreads easily from farm to farm. Wild migratory waterfowl can spread infection to domestic flocks," it said in a statement. "The potential for further spread of ongoing poultry epidemics, both within affected countries and to other countries, is therefore great."

Thailand on Friday became the latest Asian country to confirm it was suffering from an outbreak of bird flu, a disease that is potentially fatal to humans. At least five people have died in Vietnam from the H5N1 virus. Bird flu has also been reported in Japan and South Korea. A weaker strain, H5N2, has been found at a farm in Taiwan. The WHO stressed that rapid elimination of the H5N1 virus in bird populations was critical to preventing the emergence of a new influenza virus subtype with pandemic potential.

"The large epidemics of highly pathogenic avian influenza currently seen in poultry, and possible widespread presence of the virus in the environment, increase opportunities for human exposure and infection," it said. This also increases the risk of human and avian influenza viruses exchanging genes. This, the WHO said, can occur when humans are simultaneously infected by human and avian influenza viruses. "The frequency of such co-infections increases the likelihood that a completely new influenza virus subtype might emerge, carrying sufficient human genes to allow efficient and sustainable person-to-person transmission."

An estimated 50 million people died from the great influenza pandemic of 1918-1919. This was followed by pandemics in 1957-1958 and 1968-1969. Another is considered inevitable and possibly imminent. Only the swift culling of 1.4 million birds in Hong Kong during an outbreak of H5N1 there in 1997 that killed six people averted a global health crisis, according to disease control experts. However, the WHO warned that the risk of direct transmission of H5N1 infection from birds to humans was greatest in persons having close contact with live infected poultry. In particular, those involved in slaughtering infected chickens were at risk of "brief but intensive exposure to the virus,"
it said. ``While rapid culling of infected or exposed flocks is strongly recommended, prevention of infection during culling operations must also be given high priority.''

Research has shown that infected birds can shed large amounts of the virus in their feces. The virus can survive for long periods in the tissues and feces of diseased birds and in water, especially when temperatures are low. In water, the virus can survive for up to four days at 22 degree Centigrade and more than 30 days at 0 degrees Centigrade. The virus survives in frozen material indefinitely. The WHO said that initial results have shown significant differences between H5N1 strains isolated from humans and poultry in Vietnam and those obtained during the 1997 H5N1 outbreak in Hong Kong in 1997. This, it said, indicated that the virus has mutated. Work is continuing on the updating of diagnostic kits for the rapid detection of H5N1 infection in humans, and on the development of a prototype virus for use in vaccine manufacturing, the UN agency added.

The Thai government has been strongly criticized at home for issuing weeks of denials about bird flu in its poultry. On Friday, it suspended all poultry exports as it confirmed the H5N1 virus was present in chickens in the central province of Suphan Buri. Two boys have tested positive for the virus and the results of tests on three other people are awaited.


More International Experts Join WHO in Bird Flu Transmission Question

International health experts tried to trace the lines of transmission of a bird flu that has killed five people and millions of chickens across Asia, as China shut trade ports along its border with Vietnam. Six scientists from Atlanta’s Centers for Disease Control and Prevention on Tuesday joined the World Health Organization in Vietnam, which is leading the probe on how the flu, or the H5N1 strain, has jumped from birds to people. A total of 14 scientists, with expertise in epidemiology, disease surveillance and livestock and animal husbandry, will be involved in investigations. The bird flu has ravaged poultry farms in Vietnam, South Korea and Japan. Vietnam, however, is the only country with confirmed cases of the bird flu in people. WHO has confirmed the H5N1 strain in five human cases, all fatal. The scientists will try to determine exactly how the flu is being transmitted from bird to human. Among the puzzles they will need to solve is why the bulk of the bird infections have occurred in southern Vietnam, while all the human victims have been from the northern region around Hanoi. Health officials believe patients contracted the disease through contact with the sick birds, but have not confirmed that. So far, there has been no evidence of person-to-person transmission. But health officials have warned that if the avian virus mutates to allow human transmission, it could make the disease a bigger health crisis than SARS, which killed nearly 800 people worldwide last year.

The spread of avian flu, along with the re-emergence of severe acute respiratory syndrome (with three recent cases confirmed in China) has put Asia on a region-wide health alert. In a bid to monitor any potential outbreaks, China issued an emergency notice requiring "veterinary and quarantine units at the grass-roots level" to make daily reports to higher departments. If the disease is found, all poultry within two miles of the site will have to be slaughtered and all poultry within three miles will have to be
vaccinated immediately, it said. The southern Chinese province of Yunnan has closed all of the 40 trade ports along its 740-mile border with Vietnam and set up quarantine checkpoints to keep out the avian disease. China’s central government has already banned chicken imports from Vietnam as well as Japan and South Korea. Millions of chickens have died of from bird flu in Thailand, a major chicken exporter, according to some farmers. But government officials attribute the deaths to fowl cholera and infectious bronchitis. Preliminary tests of the sick man in Nakhon Sawan province, 130 miles north of Bangkok, showed he has a bacterial lung infection. Further examinations are being done.

Source:

WHO Warns Bird Flu Can Mutate
The World Health Organization is concerned the bird flu spreading across Asia could mutate into a far more lethal form after Thailand reported its first human case of the disease. Thai senator and health expert Nirun Phitakwatchara said a seven-year-old boy was confirmed as being infected with the potentially fatal disease, while the government said two more suspected sufferers were undergoing tests. Japan, South Korea and Taiwan are also battling their own bird flu outbreaks but have not reported any cases of human infection. The more widespread it becomes the more chance there is that it could alter its form.

The WHO says the five victims in Vietnam were infected after coming into contact with droppings from sick birds. However, human-to-human transmission is ‘a possible next step’ if the virus keeps spreading. The WHO has warned the world could face another influenza pandemic if H5N1 swaps genes with a common flu virus, creating a lethal pathogen that could spread around the globe within months. An estimated 50 million people died from the great influenza pandemic of 1918-1919. This was followed by pandemics in 1957-1958 and 1968-1969. Another is considered inevitable and possibly imminent. China, which is considered a hotbed for viruses, has yet to report any outbreak of bird flu, triggering fears it might be hiding cases as it did during the SARS crisis. The WHO has pressed Beijing for more information and warned that bird flu could be even more destructive than SARS.

Source:

CHINA
WHO Urges China To Be Open About Bird Flu
The World Health Organization has urged China to release more information on possible cases of the deadly bird flu, warning the disease could be more destructive than the SARS virus. China, apart from denying any risk from bird flu, is yet to provide much information about possible cases in the country. Bird flu in China would spread further, and potentially affect more people than SARS. Meantime, Hong Kong officials have confirmed that a wild Peregrine falcon found dead near a chicken farm has tested positive for the disease, the same strain that has killed five people in Vietnam. South Korea, Japan and Taiwan are also battling bird flu outbreaks, while Thailand and Laos are blaming fowl cholera and bronchitis for recent chicken deaths.

Source:
China Will Test Human SARS Vaccine
China’s State Food and Drug Administration has approved human trials for a SARS vaccine after tests were carried out safely on monkeys. China has maintained its SARS vigilance following the recent emergence of three confirmed cases in southern Guangdong province, where the virus first emerged in late 2002. Chinese doctors could begin human trials soon, though it would still take an unspecified amount of time before a vaccine could be marketed. U.S. scientists have genetically engineered a SARS vaccine that showed promising results on monkeys. Canadian scientists also hope to test a vaccine on humans this year. Two of three SARS victims recovered in recent weeks. The third SARS victim remains in stable condition. SARS first emerged in Guangdong in 2002 before being spread by travelers to more than 30 countries, infecting 8,000 people and killing nearly 800. The global outbreak was declared over in mid-2003 by the World Health Organization (WHO) which says a vaccine could take at least two years to develop. A WHO investigation team remains in southern Guangdong province, unable to identify the new source of the SARS outbreak. Tests on civet cats, kept at a restaurant where one victim worked, have proved SARS-positive. However, WHO investigators said it was still unclear how the virus was transmitted from the cats to humans. There is no indication the recent outbreak was the first example of a milder version of SARS. Chinese authorities now fear the disease may spread as tens of millions of people are expected to take to the road, railways and air to return home for Chinese New Year. Officials will scrutinize travelers in five provincial areas in north China, including Beijing, with a population of 14 million, and the neighboring port of Tianjin during the holiday.

Source:

HONG KONG

Dengue Fever in Hong Kong
fever case, bringing 2004’s total to 5. A 31-year-old woman who traveled to a South Pacific country from 23 December 2003 to 2 January 2004 developed fever and a headache on 4 January 2004. She has already recovered and does not need hospitalization, said the department. The department on Wednesday called on people to stay alert against the disease and take precautions.

Source:

Hong Kong Hospitals Testing 136 People for SARS
Hong Kong’s hospitals are testing 136 people for the deadly Severe Acute Respiratory Syndrome virus. The patients have been placed under watch after returning with a fever from mainland China's southern Guangdong province, where the virus has re-emerged after six months. A spokeswoman for the hospitals says it is now routine to
check anyone coming back from Guangdong with a fever. The 136 had been detected by strict new government border checks, put in place on January 5, following revelations that SARS had returned to neighboring China. Infra-red monitors at borders and airports can detect high fevers in passengers, usually the first sign of SARS. None of the 136 is yet showing symptoms of the disease and none have been put in isolation. Three people have been confirmed with SARS in Guangdong this year.

Source:

INDIA

India and Pakistan to Collaborate to End Polio
Among six trouble spots for the polio disease, India and Pakistan are discussing a joint program to check the spread of the disease across the border. The genetic sequencing data shows that the polio in India and Pakistan is of different type and that there is no cross border transmission. Still they are discussing ways to see that this does not happen. This would not be the first time the two countries are collaborating though both fall in different zones according to the World Health Organization (WHO) division of regions. While India comes under the South-East region of WHO, Pakistan falls in the East Mediterranean region. Health representatives from six developing nations - Afghanistan, Egypt, India, Niger, Nigeria and Pakistan - had agreed at a meeting in Geneva to step up efforts this year to immunize 250 million children with the hope of eliminating the disease by year’s end. It is only in these six nations that the infectious viral disease is endemic. WHO is one of the agencies working since the late 1980s to check polio. Rotary International, the U.S. Centers for Disease Control and Prevention, and UNICEF have also joined WHO in the global polio eradication initiative. The joint effort between India and Pakistan is to see that porosity (in spread of disease) does not happen. Discussions are on between India and Pakistan health authorities to see how best they can coordinate in the major drive to eliminate polio through a series of immunization drives. The proposal under study is to set up immunization posts in border areas for better monitoring during the drive. With the improved relationship between India and Pakistan, both the countries had requested WHO at the Geneva meet to facilitate collaboration in immunization program in view of the expected increase flow in movement of people across the border.

In 2002, while India had as many as 1,600 Polio cases, Pakistan had around 99 cases. Last year, the number in India came down to 221 cases, while in the case of Pakistan it has remained at 99 cases. Nigeria, India and Pakistan together account for more than 95 percent of all cases worldwide. Within these three countries, transmission of poliovirus is further confined to "polio hotspots," especially in five states and provinces (Kano in Nigeria, Uttar Pradesh and Bihar in India and North West Frontier Province and Sindh in Pakistan) that together are linked to more than 75 per cent of all new cases worldwide in 2003, according to WHO.

Source:

INDONESIA

The Virus killing Thousands of Chickens in Indonesia is Not Bird Flu
A virus has killed thousands of chickens on the Indonesian resort island of Bali over the
past three months, but no traces of the bird flu sweeping Asia have been found. Newcastle disease has been killing poultry on farms in the eastern districts of Tabanan and Karangasem since November. The districts provide a daily supply of chickens for the resort island and for the neighboring East Java and West Nusa Tenggara provinces. A preliminary test result from the main animal husbandry agency shows that the livestock were killed by a Newcastle virus. Tests have shown the outbreak was not caused by bird flu virus. No cases of bird flu have been reported in Indonesia so far despite outbreaks in Thailand, Vietnam, South Korea, Japan and Taiwan. Indonesia currently bans imports of poultry from Vietnam, South Korea and Japan.

Source:

Anthrax in Indonesia

Blood tests by Bogor health agency officials have confirmed that 3 residents of Pisang village, Karadenan subdistrict, Sukaraja regency, Bogor, have been infected with anthrax. It is believed they contracted the disease from goat meat they ate. A 32-year-old man still had lesions on the palm of his left hand and right calf, while his son (10 years old) and nephew (17) have been certified cured. The agency's director of communicable diseases, said the 3 had been infected on 25 Dec 2003, after consuming meat from a sick goat that the 32-year-old man had slaughtered. For the next 2 days, according to the family, the 3 suffered from itching all over their bodies. On 29 Dec 2003, lesions started to develop. Despite their condition, they did not see a doctor until 7 Jan 2004. The infected man had refused to have the goat vaccinated against anthrax. Livestock in the area are supposed to be vaccinated every 6 months. The affected man was quoted as admitting that he slaughtered the sick goat and distributed the meat to 3 families, totaling 15 people. It was not clear whether the 12 others had fallen ill. Local people usually sacrifice goats and cows on the Islamic Day of Sacrifice, which next falls on 1 Feb 2004. People in West Java have been warned about the danger of anthrax when selecting or buying goats or cattle intended for sacrifice during this year's festivities, following a recent occurrence of the disease in Bogor.

Enteric anthrax is characterized by fever, abdominal pain, and a bloody diarrhea. The cutaneous form manifests in local inflammation at the site of the lesion, painful enlargement of the draining lymph nodes, and fever -- depending on the severity. The pathognomonic symptom is an absence of pain at the skin lesion. One of the troubling aspects of cutaneous anthrax is the time it takes for the characteristic eschar to heal. Physicians unaware of this delay will do unnecessary surgery to correct this non-problem. Unless there is a problem of secondary infection it will heal well, frequently with minimal scarring, in spite of the sometimes fierce inflammation that can be seen, for example in facial lesions.

Source:

Dengue Fever Kills Three People in Yogya

Dengue fever has killed at least three people in Yogyakarta since last week, while seven others are being hospitalized for the same disease. Three people died in Tahunan neighborhood, Umbulharjo subdistrict, during the last week. The mosquito-
linked disease should be given serious attention by relevant authorities as Yogyakarta was suffering an outbreak of dengue fever. People’s high mobility has helped dengue fever to spread across the city. Therefore, one of the most effective measures to prevent the disease is to drain, close and bury (holes that accommodate water). At least 503 cases of dengue fever in Yogyakarta were recorded by the end of last year, while in 2002 the number of patients was only 374. The area worst hit by the disease was Umbulharjo subdistrict, home to 10,000 people.


JAPAN

Japanese Farms Declared Free of Avian Influenza
On 19 January 2004 checks on commercial chicken farms in the area in southwest Japan hit by avian influenza [AI] had been completed and the farms declared to be free of the disease. The Japanese authorities said last week that some chickens that had died on a farm in Yamaguchi prefecture had been found to have the same strain of avian influenza virus, H5N1, as has devastated the poultry industries in South Korea and Vietnam. Taiwan has also reported cases of bird flu with the less virulent H5N2 strain. It is Japan's first case of AI in nearly 80 years, which in some cases can be fatal to humans. The source of the outbreak in Japan has yet to be found. The local government is calling on any other farms with chickens that had not been checked to do so. The chickens slaughtered at the farm hit by the disease, as well as any other possibly contaminated matter, are being buried. Avian influenza can range from a mild form with only minor effects to a highly infectious version. It spreads in the air and in manure.


LAOS

Outbreak of Fowl Cholera in Laos (Suspected)
Around 400 chickens on a farm near the Lao capital Vientiane have died from a suspected outbreak of fowl cholera, ruling out bird flu as the cause of death. The chickens began dying on 15 January 2004 at a farm at Nonsavang village, a few kilometers from the capital. Although the birds are suspected to have died of fowl cholera, tests are being carried out to confirm the diagnosis. Laos, which says it is free of bird flu, has banned the import of poultry and poultry products from Thailand and its eastern neighbor Vietnam, which is struggling to contain a massive bird flu outbreak. More than 2 million chickens in Vietnam have already died or been slaughtered as a result of the virus. The Agriculture and Forestry Ministry, immigration officers and local authorities along the Lao-Viet and Lao-Thai border checkpoints have also been ordered to carefully examine all goods entering the country.


PHILIPPINES

Thirty Children Sick From Measles -- Shots Given
Thirty children have been confirmed with measles. The affected children in Bayombong are residents of barangays Vista Alegre, Casat and Don Mariano Marcos. The disease
was traced to a transient family whose baby boy had been infected prior to their arrival in the area. So far, five babies have already contracted the disease and have been brought to the Veterans Regional Hospital for treatment. All the other victims are now being treated by the Provincial Health Office (PHO) and the rural health unit. Because of this development, the immunization campaign is ahead of schedule. Vitamin A drops and immunizations have been given to some 400 children. The guidelines issued by the Department of Health (DOH) specify the target clients as children born from February 1, 1996, to May 1, 2003, or those aged from nine months to less than eight years, including those who have been vaccinated earlier or had contracted the disease in the past.

Measles is a highly contagious disease caused by a virus and affects mostly children. It is easily transmitted through air or direct contact. It can be prevented through vaccination starting at nine months of age. Children who suffer from measles may experience complications including pneumonia, encephalitis, blindness, deafness, ear infection, diarrhea and dehydration. In some cases, it can also cause death. A child with measles usually has blotchy rashes all over the body for three days or more, fever and either cough, runny nose and reddish eyes.

Source:

THAILAND

3000 ducks die, pigeons and fighting cocks affected in avian flu-hit central Thai province of Chachoengsao

More than 3,000 ducks have died in Chachoengsao province while a large chicken farm in Ayutthaya has managed to save its animals from bird flu thanks to strict precautionary measures. Anant Meekaeo, a farmer in tambon Mon Thong of Bang Nam Prieo district in Chachoengsao, has lost about 100,000 baht with the death of more than 3,000 ducks on his farm. The ducks’ eyes turned green and white, they became inactive, walked in circles, collapsed, convulsed and died. A dozen fight cocks died shortly before the incident. Anant lost 100-200 ducks a day, of the 9,000 ducks on his farm. ``My family has raised ducks for more than two decades. We have never encountered such an illness. I don’t know how to cope with it,’’ Anant said. In Muang Chachoengsao district, pigeons are dying at Benjama Ratrangsarit school. Boonthai Panrak, the school janitor, said about five pigeons died on the rooftop of his school every day. However, Saneh Kanasut, who has the biggest chicken farm in Ayutthaya, said strict precautionary measures saved his farm and his 100,000 chickens. The measures include an entry ban on all vehicles and outsiders and strict sterilisation on staff entering the farm.

Source:

Bird Flu Cases Confirmed, Flu Spreading

At least two Thai children have been infected with bird flu, and world health officials warn the deadly virus could spark an epidemic worse than SARS. The European Union suspended poultry imports from Thailand Friday, while an outbreak among poultry in Cambodia was also confirmed -- bringing to at least five the number of Asian countries hit by the disease. In Bangkok, Thailand’s health minister confirmed two children have bird flu, which has killed five Vietnamese -- including a 5-year-old girl -- in the past two weeks. The infected Thai children -- boys ages 6 and 7 from different provinces west of
Bangkok -- lived near poultry farms where chickens had died and allegedly touched the carcasses of dead birds, Public Health Minister Sudarat Keyuraphun told reporters Friday. One of the boys is in critical condition, apparently on life support, in a Bangkok hospital, Thai officials said. The other is in stable condition. More people are feared to be suffering from bird flu, including the 7-year-old’s twin brother, who also has been hospitalized. The government warned anyone suffering from fever and bronchitis after being around poultry to seek urgent medical treatment.

A Thai man suspected of having avian influenza died on Fri 23 Jan 2004, the Public Health Minister said, though it still has not been confirmed he had the disease. The Thai authorities announced officially that two hospitalized boys have been confirmed as having bird flu, and three other persons --- including the man who has now died --- were suspected of having the disease. The man, in the Chachoengsao province, 30 kilometers (19 miles) east of Bangkok, is a suspect case and laboratory results are forthcoming. If it is confirmed that he had bird flu, it would be the first known fatality from the disease in Thailand. Five people in Vietnam have died of the disease.

The World Health Organization said in a statement that the near-simultaneous outbreaks in Japan, South Korea, Vietnam, Thailand and Cambodia were "historically unprecedented" and warned the virus could mutate into a form deadlier to humans. If the disease mutated enough to allow human-to-human transmission, health experts warn that the virus could become a bigger health crisis than SARS. That disease, also a virus, killed nearly 800 people worldwide last year. The more widespread it becomes, the greater the possibility that the (bird flu) virus could become altered and become more of a threat to the human population. Scientists believe people get the disease through contact with sick birds. So far, there has been no evidence of person-to-person transmission.

Bird flu has already ravaged the stocks of chickens and ducks in Vietnam, South Korea and Japan. On Friday, a bird flu outbreak was confirmed in Cambodia. Tests carried out by a French laboratory confirmed that samples of dead poultry contained bird flu. Fears over Asia's bird flu outbreak grew when worst-hit Vietnam admitted Wednesday that nearly 900,000 chickens possibly exposed to the deadly virus had been sold to the public. A WHO team and six scientists from the U.S. Centers for Disease Control are in Hanoi hoping to track down exactly how the virus jumped from poultry to people. In Hong Kong, a dead falcon tested positive for bird flu on Wednesday, prompting officials to step up surveillance there. In 1997, the deadly virus crossed over from chickens to humans in Hong Kong, killing six people. Hong Kong authorities said Friday they were suspending applications for importing live birds or poultry meat from Thailand until the situation is clarified. Australian officials said they were watching the situation in Asia and would increase border vigilance.

Source:

Thai Government Secrecy Hampers Bird Flu Clean-Up

The Thai government's refusal to admit the truth about the outbreak of bird flu has hampered efforts to safely contain the epidemic, critics said Friday as millions of chickens were slaughtered. Hundreds of agriculture ministry workers have fanned out across the central province of Suphan Buri, the epicentre of a chicken disease affecting
16 provinces, which the government had claimed was fowl cholera and bronchitis. After weeks of denials, the government on Friday announced it had confirmed the first human cases of bird flu, in two young boys from provinces west of Bangkok, and said it was testing three more cases. It also suspended all poultry exports as it confirmed the H5N1 virus was present in chickens in Suphan Buri and said its first priority was to control the spread of the disease. As the crisis deepened, workers descended on farms to spray chickens with disinfectant and toss them into bags before dumping them alive in five-meter deep pits holding up to 30,000 birds and covering them with powdered lime. Under quarantine regulations that came into force, all birds found within a five-kilometre (three-mile) radius of affected farms are to be killed and every poultry farm in a 50-kilometre radius inspected. Four other provinces have also been hit by the disease, which has already forced the culling of up to seven million chickens. Chickens at 123 farms in Suphan Buri were culled Thursday while on Friday 30 teams of government and farm workers continued the slaughter.

Source:

Ministry Continuing Vaccine Trials Despite Criticism
The Public Health Ministry yesterday insisted in continuing with the country's first large-scale HIV vaccine trial in Chon Buri and Rayong, despite criticism from American researchers. Charal Trinvuthipong, director-general of the Disease Control Department, said the ministry and other institutions involved remained confident in the scientific merit of the combined vaccination concept, even though the vaccines individually failed in earlier human trials. Twenty-two of the world's leading scientists, including Robert Gallo, a co-discoverer of the Aids virus, have opposed the idea, and say the US administration was wasting $119 million by funding the study. "There is no such thing as wasting time or budget in researching an Aids vaccine," Dr Charal argued. The Prime-Boost HIV Vaccine is a combination of two candidate vaccines ALVAC and AIDSVAX. The first one is manufactured by the French pharmaceutical firm Aventis Pasteur and AIDSVAX is made by California-based biotechnology firm VaxGen. The trial began late last year and aims to inject some 16,000 volunteers over the next three years. Dr Charal said regardless of the efficacy results, Thailand was benefiting from the trial in areas like capacity building of its scientists, researchers and health personnel, and infrastructure strengthening of laboratory and specimen archiving. The screening and vaccine protocols of the study were reviewed and endorsed by independent bodies comprising top scientists from institutional review boards and expert committees in Thailand, the US, the World Health Organization and the United Nations agency fighting AIDS, known as the UNAIDS. Thailand's leading researchers have an international standing and extensive experience in AIDS vaccine studies.

Source:

TONGA
Dengue Epidemic in Tonga.
A 74-year-old man in the Nuku'alofa area has been diagnosed with the most dangerous type of dengue -- dengue hemorrhagic fever. Also, a second person is suspected to have contracted the dengue virus. The 74-year-old man is now recovering at Vaiola
following several blood transfusions. Health authorities are advising the public to destroy mosquito-breeding places and to remove water catchments such as old tires, empty cans, and tins. They are also urging people to use mosquito coils, nets, and repellents and to keep the environment clean.


VIETNAM

Fifth Bird Flu Death In Vietnam
The World Health Organization confirmed Monday that a fifth person in Vietnam has died after contracting the bird flu that is ravaging chicken farms throughout Asia. An 8-year-old girl from northern Ha Tay province died from the H5N1 virus on Jan. 17 at the National Hospital for Pediatrics in Hanoi. She had been admitted two days earlier after the first symptoms on Jan. 11 – by Jan. 17, the girl had died. This demonstrates the aggressiveness of the disease and is reason for concern. So far, the WHO has confirmed the H5N1 strain of bird flu in five fatal cases. All the victims were from the northern region around Hanoi. However, Vietnam has reported at least 18 suspected cases and 13 deaths possibly linked to the disease. Health officials believe patients contracted the disease through contact with the sick birds' droppings. There has been no evidence of person-to-person transmission. Bird flu's symptoms in humans include high fever, sore throat and a dry cough.

However, health officials warn that if the virus mutates to allow human transmission, it could make the disease a bigger health crisis than SARS, which killed nearly 800 people worldwide last year. The spread of avian flu, along with the re-emergence of severe acute respiratory syndrome - with three recent cases confirmed in China - has put Asia on a region-wide health alert. The WHO has sent a team of international experts to Hanoi to investigate the avian influenza, which has resulted in the deaths or slaughter of about 2 million chickens in Vietnam. The virus has also infected millions of chickens in South Korea and Japan, where governments have ordered mass slaughters to contain the flu's spread. In Vietnam, the disease has hit chicken farms in 15 provinces. Most of the chicken infections - about a million - have been reported in two southern provinces, Tien Giang and Long An. No human cases have been confirmed in the south, but Vietnamese authorities reported over the weekend that two suspected cases had been admitted to southern Kien Giang Hospital. A 25-year-old man admitted Jan. 13 died on Saturday, while a 21-year-old woman is now improving.


Development of a Vaccine Against Avian Influenza H5N1 Infection in Humans
WHO is moving forward with the procedures needed to rapidly produce a new influenza vaccine capable of protecting humans against the H5N1 strain of avian influenza recently detected in Viet Nam. These procedures have been initiated following mounting concern over 5 laboratory-confirmed human cases of H5N1 avian influenza in Hanoi, Viet Nam in recent weeks. All 5 cases were fatal. The human deaths in Viet Nam coincide with historically unprecedented epidemics, in bird populations, of highly pathogenic H5N1 avian influenza in Viet Nam, the Republic of Korea, and Japan. The epidemic in birds is the first in Japan since 1925, and the first ever documented in Viet
Nam and the Republic of Korea. Prototype viruses for vaccine production are being prepared by laboratories in the WHO Global Influenza Network. Several laboratories in this network have the high-security (biosafety level 3) facilities needed to safely conduct work on a highly pathogenic virus such as H5N1. Prototype viruses are then supplied to manufacturers as the "seed stock" for vaccine production. Laboratories in Hong Kong and Japan have isolated the virus from specimens obtained from two of the laboratory-confirmed fatal cases in Viet Nam. The virus is now being analyzed at the molecular level to obtain information about its origin and its relationship to viruses currently circulating in birds and possibly other animals. These studies will also determine the antigenic and genetic characteristics of the virus that are needed to produce a candidate vaccine. If the virus isolated from the fatal cases in Viet Nam proves sufficiently similar to the 2003 H5N1 strain in Hong Kong, the existing candidate vaccines could expedite the availability of a new vaccine. Several steps are needed before a new influenza vaccine is ready for use in humans. A new technique, known as "reverse genetics," will be used to prepare the prototype H5N1 virus for vaccine production. Reverse genetics merges selected genetic information of the virus taken from actual cases with a laboratory virus. The resulting virus is recognized by the human immune system and causes a protective immune response but no disease. The virus can also be genetically modified so that it is no longer lethal to chicken embryos. As a further advantage, use of the reverse genetics technique produces a prototype virus with predictable growth during vaccine production.

The prototype virus is then used by manufacturers to produce sample vaccines for clinical testing. WHO will offer support in the coordination of these clinical trials, which are needed to determine the amount of vaccine and number of doses required to confer protection, also in different age groups. As part of its influenza pandemic preparedness plans, WHO also has in place procedures for making specific recommendations to vaccine manufacturing companies and licensing agencies for the composition and approval of a vaccine during an influenza pandemic. Historically, influenza pandemics have spread rapidly around the world, causing high mortality and affecting all age groups, including young and healthy adults. The most severe pandemic in the previous century, in 1918-1919, killed an estimated 50 million persons.

**Source:**


**Other World News**

**IRAN**

**Some Bam Earthquake Survivors Suffering From Respiratory Infections**

Although communicable diseases have not been widespread in the southeastern Iranian city of Bam, many survivors of the quake that struck nearly four weeks ago and killed at least 40,000, are suffering from respiratory infections. According to the World Health Organization (WHO), a total of 1,090 cases of Acute Respiratory Infection have been reported recently in Bam. Information from MoH [Ministry of Health] teams working in 13 zones [of the city] suggest that Acute Respiratory Infection [ARI] is the chief complaint of people coming to the clinics. It contributes to 21 percent of all cases of referrals to the health system. According to health officials, many people were living in tents, most of which were not suitable for this time of the year with temperatures
dropping below zero at night. This thought to be contributing to the number of ARI incidences. A general rise in the number of cases [of ARI] due to the dust, lack of the hygienic facilities, lack of proper shelter and blankets is expected.

Source:

UNITED STATES OF AMERICA

States with Widespread Influenza Drops to Five
Influenza activity appears to have peaked in the United States, with the number of states reporting cases dropping sharply, according to federal officials. The Centers for Disease Control and Prevention said that five states have widespread activity, down from the season high of 45 at the end of the year. Delaware, Minnesota, Pennsylvania, New York and Vermont continue to report high flu case counts in half their areas at the end of last week. This year's outbreak began earlier and spread more widely than usual, prompting fears that the season would be especially severe. On average, flu kills about 36,000 people in the United States each year, according to the CDC. Adding to the worry, the especially virulent strain of the virus predominant this season -- the Fujian strain -- was not included in this year's flu vaccine. In February, the Food and Drug Administration will decide on the strains to be included in next season's vaccine. So far, 111 children under the age of 18 have died of the flu this season, with about 60 percent of them younger than 5, the CDC said. Whether this number is comparable with past outbreaks or is unique to this season is unknown. The CDC usually does not track children's flu deaths so figures for the past do not exist. Texas and Colorado had the most child deaths, with 12 each. Reports of an early and severe flu season resulted in long lines for those waiting to be vaccinated and shortages of the shots. The federal government purchased additional doses in December to bolster states' supplies.

Source:

Harsh Flu Season Tests U.S. SARS Plan
This year's early and harsh flu season has opened a door for hospitals and health agencies to doublecheck their readiness for SARS as world health authorities closely watch for another outbreak in Asia. So far, China has just three confirmed cases. Some of the lessons learned from last year's SARS outbreak -- which killed 774 and sickened more than 8,000 in Asia and Canada -- have been useful during the flu season in this country. And it helped Asian health officials spot and attack an outbreak of bird flu that has killed three people.

SARS and influenza are similar, both being highly contagious viruses that spread mainly when an infected person coughs or sneezes. In the United States flu typically kills an average of 36,000 people annually. SARS has not killed anyone in this country and was only confirmed in eight people in the U.S. last year. The precautions for preventing the spread of either disease are the same. For example, coughing and wheezing flu patients are being asked to wear surgical masks in some U.S. hospitals, just as SARS patients have been required to do in other parts of the world. Many hospitals have posted signs reminding people with a fever and cough to notify medical workers and avoid contact with others. The Centers for Disease Control and Prevention says some
health departments still do not have systems to efficiently control outbreaks or computer databases to track cases. Other health officials say many hospitals could be overwhelmed by flu or SARS because they don't have enough isolation rooms. Hospitals still struggle over how to handle patients who show up at clinics not designed for contagious patients. Just last week the CDC updated its Web site offering hospitals guidance on diagnosing SARS cases. If SARS hasn't shown up in a particular region, doctors are to use strict criteria designed to keep them from chasing false cases: X-ray evidence of pneumonia, especially those with a travel history to China, Hong Kong or Taiwan; anyone working in health care with a SARS risk. Clusters of atypical pneumonia also would be a red flag.

U.S. SARS cases would prompt health officials to broaden their search for potential cases to make sure SARS isn't missed. Once person-to-person transmission of SARS has occurred anywhere in the world, SARS should be considered even without X-ray proof of pneumonia. That would result in isolation of SARS patients, tracking down people who had contact with them and even quarantines. Such measures are needed because there is no vaccine, effective drug treatment or natural immunity for SARS. Much more is known about SARS than when it first emerged in China in November 2002 as a mystery disease. Now diagnostic tests are more accurate and labs across the country are being trained to identify SARS cases.

Source:

USDA Defends Mad Cow Response Plan
Agriculture Secretary Ann Veneman defended the Bush administration’s response to the first mad cow case in the United States, telling a congressional panel that restoring U.S. beef exports is a top priority. She said the administration reacted promptly, putting into action a mad-cow response plan. While the first U.S. case of mad cow disease has done little to alter American dining habits, limits on U.S. beef imports remain in effect around the world, including in Japan and Mexico -- the largest markets for U.S. beef.

Veneman made her first appearance before Congress since the December 23 mad cow diagnosis. The administration has moved on several fronts in the past month to try to reassure American consumers as well as international trading partners that U.S. beef is safe.

Veneman’s agency has banned the sale of meat for human consumption from animals too sick or injured to stand or walk assisted, and it has strengthened regulations to keep central nervous system tissue -- which scientists say is most likely to carry the infection -- out of the food supply. The Washington state Holstein that had mad cow disease was a downed animal. Officials recalled the meat from the sick cow and others slaughtered with it as a precaution. USDA has found 22 of the 80 animals that came from the same Alberta, Canada, farm as the sick Holstein and entered the United States together in 2001. Another 17 cows from the same herd came to this country at a later date, Canadian records indicate, but U.S. officials have so far found just three of those animals. The animal parts from the Holstein most likely to carry the infection -- the brain, spinal cord and part of the lower intestine -- were kept from the human food supply.

Mad cow disease, or bovine spongiform encephalopathy (BSE), eats holes in the brains of cattle and is incurable. Humans can develop a brain-wasting illness, variant
Creutzfeldt-Jakob disease, from consuming contaminated beef products. Most of the testing for mad cow has been done on downed animals that were inspected at slaughterhouses. Under the new regulation, those animals will no longer reach the slaughterhouse. Rep. Bob Goodlatte, the committee chairman, said the administration and congressional Republicans opposed the policy before the mad cow case, and should continue to do so. If the new policy had been in place, "it would not have found this BSE infected cow," Goodlatte said. Rep. Charlie Stenholm of Texas, the senior Democrat on the committee, said USDA's decisions should be based on science, not perceptions of safety. Government officials have said they plan to increase testing and will work with farmers, veterinarians and renderers who use animal parts for pet food and other purposes. A Democratic lawmaker, meanwhile, planned to introduce legislation that would make the ban on downed animals a matter of law instead of regulation. The bill by Rep. Gary Ackerman also would apply to other animals, not just cattle. The Agriculture Department also is seeking to shorten the turnaround time between the killing of an animal and results of mad cow tests to as little as two days. Fourteen days elapsed between the Holstein's slaughter and the diagnosis, during which time the cow's meat reached some supermarket shelves.

Source:

WORLD

Malaria is Advancing and On The Rise
Malaria, a disease forgotten in developed countries, is advancing, killing a million people or more a year, at least 700,000 of them African children. In many nations, some people spend several months a year ill from malaria, a toll that cripples African economies. One reason for malaria's resurgence is that it has evolved to resist the two standard treatments. In East Africa, chloroquine, the most widely used drug, fails two-thirds of the time, and a newer treatment is useless in nearly half of the cases. A better treatment exists, but the world is adopting it too slowly. It is a two-drug therapy that includes artemisinin, a Chinese plant used against malaria in herbal form for thousands of years. The combination therapy works 95 percent of the time, prevents disease transmission to others and is slow to provoke resistance.

Only six of the 42 African nations with endemic malaria have changed drugs. An article published last week in the medical journal The Lancet provides evidence that international health organizations are pushing countries to continue to use drugs they know do not work. The main reason is cost. A chloroquine dose costs a few pennies. The best price available for the artemisinin-based combination therapy is 40 cents for a child's treatment and $1.50 for an adult's. Until recently, poor countries bore the cost of drugs themselves. Many sick people cannot pay 40 cents. Changing drugs requires countries to adapt health care services and find ways to get people to finish a three-day treatment. Countries will not switch unless they are sure of steady financing for the new drugs. The underlying problem is that most people who die of malaria are poor rural children, and the disease has been eradicated in most wealthy nations. The lack of a global lobby against malaria has brought the world to the sad point where organizations dedicated to saving lives are pushing drugs that they know will allow children to die.

Source:
WHO Announces Plan to Collaboratively Fight TB and HIV

The World Health Organization (WHO) announced a plan to expand collaboration between national tuberculosis and HIV/AIDS programs to curb the growing pandemic of TB/HIV co-infection, with a principal focus on Africa where 70% of the world’s 14 million people who are co-infected live. The new policy guidelines define activities necessary to address the dual epidemic of TB and HIV and gives clear guidance for countries on the circumstances under which these effective activities need to be carried out. It will give critical support for ‘3 by 5’, the WHO plan to provide antiretroviral (ARV) treatment to three million people living with AIDS by the end of 2005.

A key element will be to rapidly expand voluntary HIV testing and counseling in TB programs, with the aim of identifying and referring more than half a million TB patients who are HIV positive for ARV treatment in the next two years. With additional training for health workers, TB programs will also assist in HIV prevention, ARV distribution and patient care. At the same time, TB case-finding will be intensified in high HIV prevalence settings by introducing screening and testing for tuberculosis into HIV/AIDS service delivery points. In Africa, up to half of all people with HIV/AIDS develop TB, and up to 80% of tuberculosis patients are HIV infected. By routinely screening and testing people with HIV/AIDS for TB, co-infected cases, without TB disease, can be treated with prophylactic drugs that prevent development of active tuberculosis, and cured if they already have it. This will prolong the lives of people with HIV/AIDS until they can benefit from the expanded availability of ARVs in the coming years.

UNAIDS Executive Director, Dr. Peter Piot, said: “TB is perhaps the greatest and most deadly opportunistic infection associated with AIDS. By tackling TB and HIV together, we can have a significant impact on improving the quality of life of people infected with HIV, while also controlling TB and preventing new infections.” The vast majority of HIV-infected people do not know their HIV status and seek health care from general service providers. HIV testing and counseling for TB patients using rapid tests offers an entry point for a continuum of prevention, care, support and treatment for HIV/AIDS as well as for tuberculosis.

The launch of the “Interim Policy on Collaborative TB/HIV Activities” guidelines coincides with the fourth round call for proposals by the Global Fund to Fight AIDS, TB and Malaria. The deadline for submissions is April 2004. The interim policy will enhance proposals which address the dual epidemic of TB and HIV. Already, the Global Fund has committed US$ 2.1 billion over two years to programs in 120 countries. Taken together, the two epidemics represent a massive challenge to public health. Forty million people are currently infected with HIV, and 5 million more are infected every year. According to WHO, one third of the world's population is now infected with the TB bacillus, with more than 8 million people developing the active disease and 2 million dying of it each year.

Source:

New Insight May Help Efforts Against Dengue Virus

U.S. scientists have gained new insights into how the dengue virus infects cells and spreads across countries, discoveries that could help combat a mosquito-borne disease which affects 50 million people a year. Dengue, which occurs in the tropics, was first identified in the 1950s along with a potentially lethal complication called dengue
hemorrhagic fever. One study reported in the science journal Nature shed light on how authorities can contain dengue outbreaks. Researchers at Johns Hopkins University in Maryland used a mathematical technique developed by NASA to show that dengue cases in Thailand radiate in waves from Bangkok and infect areas throughout the country. According to an analysis of infections in Thailand between 1983 and 1997, dengue travels in waves at about 148 km (92 miles) per month and takes about eight months to spread throughout the country. The scientists suspect the waves are linked to the movement of people in Thailand. ``Our results suggest that high priority should be placed on surveillance and control systems in urban areas of Southeast Asia,'' said Professor Donald S. Burke, a co-author of the study.

In a separate study reported in Nature, researchers in Boston discovered how the virus infects cells in the body. They used X-ray images of the virus's envelope protein, or membrane, to study the way it fuses with the cell and identified two points at which drugs or vaccines could interfere with the fusion process, the final step of infection. ``Infectious disease is a moving target, and understanding the mechanisms of viral entry is one of the ways that we can be forearmed against these viruses,'' said Stephen Harrison of Howard Hughes Medical Institute, who worked on the study. The scientists believe their research could be adapted for other viruses including West Nile and hepatitis C.


The Asia-Pacific Disease Outbreak/Surveillance News is meant for informational purposes only. As such, the Center of Excellence in Disaster Management and Humanitarian Assistance (COEDMHA) does not guarantee the accuracy or completeness of the information and of any statements or opinions based thereon. COEDMHA's Pacific Disaster Management Information Network (PDMIN) team surveys, compiles and disseminates news reports from various publicly available newswires, websites, and health information networks including but not limited to the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and ProMed. Some information is presented in its original version. The information contained herein does not necessarily represent the views of the COEDMHA.