

Avian Flu Digest No. 3 (August 2008)

Common Message (August 2008)

Avian Flu is a disease essentially impacting fowl

- There are rare cases where the disease has passed to animals or humans
- No efficient human-to-human transmission strain has developed
- Public education reduces the risk of avian-to-human transmission

There is no present threat to tourists and there is no case for restricting travel

- If traveling to flu-infected localities, the best advice is to avoid contact with live birds of any variety

This Digest is produced regularly for TERN Network Members. It contains information from third party and network sources – without comment. It is designed for further circulation as network members chose. The information is compiled by UNWTO as network coordinator. Contact: tern@unwto.org

This issue covers:

1. Introduction
2. Update on the global spread of avian influenza
3. United Nations Framework (UNSIC, WHO, FAO, OCHA, OIE)
4. Vaccines and Research
5. Multilateral Financial Institutions
6. Regional Activities
7. Transport Sector

This material is indicative – not exhaustive. We welcome examples of other actions, sectoral preparations and any comments or requests you may have. Please address them to: avianflu@unwto.org

1. Introduction to the third issue of the TERN Digest

TERN – Tourism Emergency Response Network was established in early 2006 to enhance collaboration between representative travel & tourism organizations¹.

The current members are: the African Travel & Tourism Association (ATTA), Airports Council International (ACI), American Society of Travel Agents (ASTA), American Hotel & Lodging Association (AH&LA), Association of European Airlines (AEA), Asociación de Transporte Aereo (ALTA), European Travel Commission (ETC), the International Air Transport Association (IATA), International Council of Cruise Lines (ICCL), International Hotel & Restaurant Association (IHRA), International Federation of Tour Operators (IFTO), National Tour Association (NTA), Pacific Asia Travel Association (PATA), United Federation of Travel Agents Associations (UFTAA) and the World Tourism Organization (UNWTO) who convened the initiative and manages it.

The TERN Digest seeks to provide a ‘Big Picture’ of what is taking place. The goal is to help tourism and travel industry professionals access information relevant to their interest and to make better-informed business assessments of the risks posed by a potential avian influenza pandemic. The Digest provides hyperlinks to key studies and reports.

2. Update on the global spread of Avian Influenza

The World Health Organization (WHO) provides regular [updates on the spread](#) of the H5N1 virus and the human cases of avian influenza. It also provides [maps](#) based on data from the Organization for Animal Health (OIE).

Table 1

Cumulative Number of Confirmed Human Cases of Avian Influenza A/ (H5N1) Reported to WHO (as of 30 April 2008) – Deaths shown in (...)

Numbers in red – change since Digest #2 (20 July 2006)

Country	2003	2004	2005	2006	2007	2008	Total
Azerbaijan	0	0	0	8 (5)	0	0	8 (5)
Bangladesh						1 (0)	1 (0)
Cambodia	0	0	4 (4)	2 (2)	1 (1)	0	7 (7)
China	1 (1)	0	8 (5)	13 (8)	5 (3)	3 (3)	30 (20)
Djibouti	0	0	0	1	0	0	1 (0)
Egypt	0	0	0	18 (10)	25 (9)	7 (3)	50 (22)

¹ For Current Membership see www.unwto.org/tern.

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Indonesia	0	0	20 (13)	55 (45)	42 (37)	18 (15)	135 (110)
Iraq	0	0	0	3 (2)	0	0	3 (2)
Lao PDR	0	0	0	0	2 (2)	0	2 (2)
Myanmar	0	0	0	0	1	0	1
Nigeria	0	0	0	0	1 (1)	0	1 (1)
Pakistan	0	0	0	0	1 (1)	0	3 (1)
Thailand	0	17 (12)	5 (2)	3 (3)	0	0	25 (17)
Turkey	0	0	0	12 (4)	0	0	12 (4)
Viet Nam	3 (3)	29 (20)	61 (19)	0	8 (5)	5 (5)	106 (52)
TOTAL	4 (4)	46 (32)	98 (43)	115 (79)	86 (59)	34 (26)	385 (243)

Source: World Health Organization (WHO)

Notes: Total number of cases includes deaths (shown in brackets). WHO reports only laboratory-confirmed cases.

General geographical AHI spread:

- Since the beginning of the avian flu outbreak in December 2003, the H5N1 virus has spread rapidly from Asia to Europe, the Middle East and Africa. According to the Food and Agricultural Organisation (FAO), 61 countries across three continents have been affected by H5N1 HPAI. Among them, 30 countries experienced outbreaks during 2007 and five reported outbreaks for the first time (Bangladesh, Benin, Ghana, Kuwait, Saudi Arabia, Togo).²
- During the first quarter of 2008, new H5N1 outbreaks in poultry stocks and/or wild birds have been reported in China, India, Iran, Israel, Lao PDR, Germany, Pakistan, Saudi Arabia, Thailand, Turkey, Ukraine, the United Kingdom and Vietnam. Severe outbreaks have been reported in South Korea, which has culled several million poultry.

Avian influenza in humans and geographical situation

- The number of cases among humans is rising since the first outbreak in south-east Asia in 2003. To date, the World Health Organization (WHO) reports 385 cases of H5N1 among humans, of which 243 resulted in fatalities.
- Since the beginning of 2008 until the 19th of June 2008, 34 human cases of influenza A(H5N1) were confirmed in Bangladesh, China, Egypt, Indonesia and Viet Nam.
(http://www.who.int/csr/disease/avian_influenza/country/cases_table_2008_06_19/en/index.html)

² "Global Programme for the Prevention and control of H5N1 Highly Pathogenic Avian Influenza", published by FAO on February 2008 (<ftp://ftp.fao.org/docrep/fao/010/ai380e/ai380e00.pdf>), page 12.

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- Most human cases have occurred in East Asia, with Indonesia taking the lead, recording the highest number of human deaths associated with the virus in the world since the first outbreak in this country in 2005 (108).
 - With 42 avian flu infections and a death toll of 37 persons, Indonesia registered the highest fatality rate in 2007. As of April 2008, 15 out of 18 infected persons have died.
 - Despite extensive control measures and good results, Vietnam experienced a resurgence of avian flu outbreak in 2007, reporting 8 infections and 5 fatalities. As of April 2008, the infection risk remains high with 5 lethal infections registered. Of the 106 cases confirmed to date in Vietnam, 52 died by contracting the virus.
 - China has reported this year 3 new fatal cases of H5N1. Of the 30 cases confirmed to date in China, 20 have been fatal.
- In Africa, Egypt reduced its infection rate from 25 to 7 infections in 2008 over 2007 and from 9 to 3 deaths. Of the 50 people confirmed to date to have contracted the virus in Egypt, 22 have died.

Issues:

- According to the Associated Press, Chinese health officials confirmed in April 2008 the first case of human-to-human transmission of bird flu in China.
- **Situation update on birds**
 - **India** struggled in March 2008 to keep under control the worst-ever avian influenza outbreak in West Bengal. Thirteen of the 19 districts of West Bengal were infected by the virus. According to FAO, India had to cull over 3.9 million chickens and ducks, mainly belonging to poor backyard farmers and it appears that intensive culling has now stopped the disease outbreak.
 - According to a FAO press release (18 March 2008), avian influenza remains deeply entrenched in **Indonesia** with 31 out of 33 provinces being infected since 2004.
 - The World Health Organisation (WHO) confirmed in May 2008 the first human case of bird flu in **Bangladesh**, bringing the number of countries which have recorded human infections to 15. The H5N1 virus was first detected in Bangladesh in March 2007 and since then 21 out of 64 districts have been infected. The authorities have culled around two million chickens.
 - According to FAO, since December 2007, Bangladesh, Benin, China, Egypt, Germany, India, Indonesia, Iran, Israel, Myanmar, Poland, Russia, Ukraine, Turkey and Vietnam have confirmed new H5N1 outbreaks in poultry stocks. Except for a few cases in wild birds in China, Poland and the United Kingdom,

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most of the confirmed outbreaks occurred in domestic poultry, including chickens, turkeys, geese and ducks.

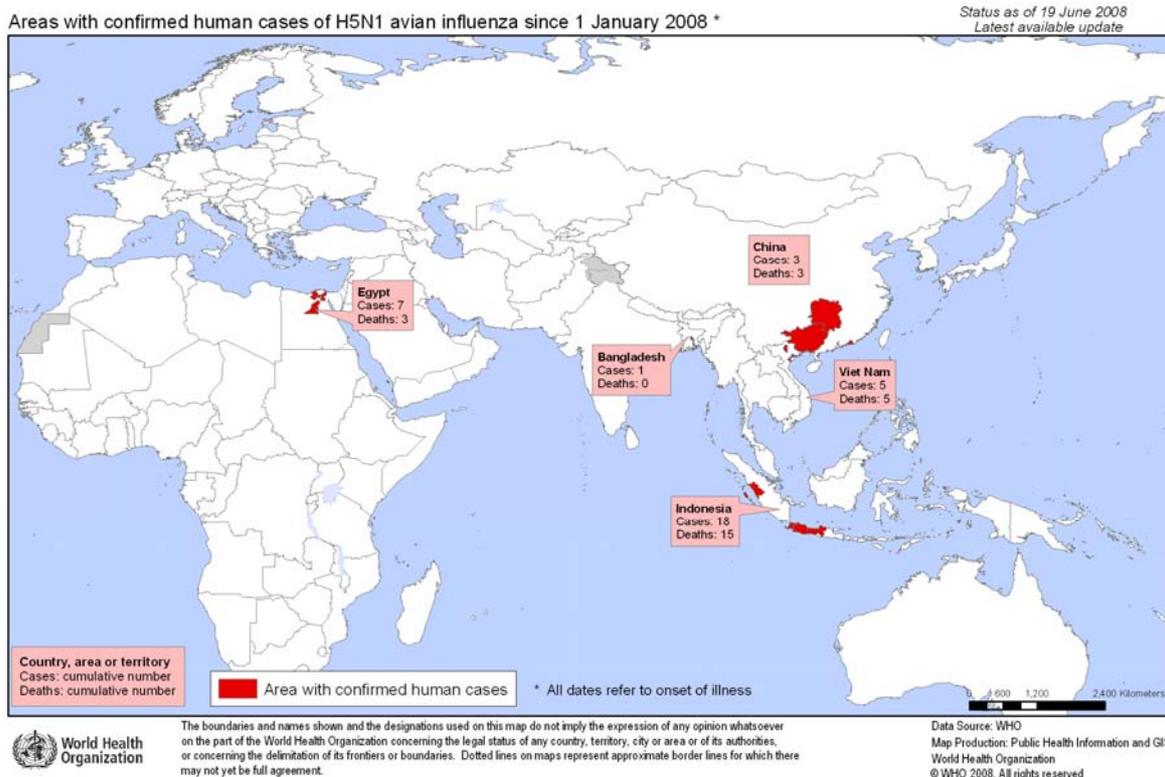
The current global pandemic alert phase remains at Level 3: (for [definitions](#) of Alert Phase Levels see WHO). This is defined as, “Human infection(s) with a new subtype, but no human-to-human spread, **or at most rare instances of spread with a close contact.**

▪ Publications

Ducks, people and rice paddies -rather than chickens- appear to be the major factors behind the outbreak of H5N1 in Thailand and Vietnam, according to a study published in the latest issue of the Proceedings of the National Academy of Sciences of the United States. The paper highlights a strong link between duck grazing patterns and rice cropping intensity. (<http://www.pnas.org/cgi/content/abstract/0710581105v1>).

Map 1

Confirmed occurrences of human cases of H5N1 avian influenza since 1 January 2008
Date: 19 June 2008



[Data Source:](#) World Health Organization

3. United Nations Organizations

Long term positive impacts on the global capacity to control the disease and on preparedness for the next pandemic have been reached due to the efforts of the UN system to cope with avian flu. Strong efforts have been made to adapt strategies to the needs of countries and regions by intensifying the collaboration of UN agencies with national authorities and by testing pandemic preparedness plans at the country level but there still remains much to do. The UN is on the way to establishing a central command system to shape the response at the national level and is urging a multi-sectoral approach in preparedness.

➤ **UN System Influenza Coordinator (UNSIC)**

- **Additional responsibilities for Dr. David Nabarro**

Dr. David Nabarro has been appointed by the UN Secretary General Ban Ki-Moon as Deputy Coordinator of the new UN System Task Force on the Global Food Crisis, in addition to his role as UNSIC coordinator on Avian and Human Influenza, which has been extended until September 2008.

- **The new Concept of Operations (CONOPS) being tested in Geneva on 19 June 2008**

During the meeting on Avian and Human Influenza in October 2007, the Technical Working Group revised the Concept of Operations for the UN System in a Pandemic (CONOPS) and adapted it to the endorsed "General Principles for the UN System Operations" in the event of a pandemic. The new CONOPS identifies how the collaboration has to work within the UN system and with the member states. It also defines the challenges that are likely to be posed during the different phases of a pandemic.

Dr. Nabarro also recommended testing the revised CONOPS at the global, regional and country level through a simulation exercise involving the Red Cross Movement, key NGOs and the UN. This simulation exercise is scheduled to take place on 26 September 2008 in Geneva to test the preparedness of the UN System in the event of a pandemic.

The core procedures of the revised CONOPS described in a UNSIC report on the Concept of Operations for the UN System in an influenza pandemic published in November 2007 are the following:

- As requested in March 2006 by the UN Secretary-General, each UN office is expected to establish a **Crisis Management Team**.
- The responsibility for determining the global alert and status of an influenza pandemic rests with the **World Health Organization (WHO) as set out in the International Health Regulations 2005** and WHO-developed protocols for rapid response and containment.

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- Once there is strong suspicion that a pandemic virus has emerged, the Secretary General will convene in close consultation with the WHO Director General, an expanded UN System Influenza Steering Committee on Avian and Human Influenza **to review the global situation and to ensure a strategic and coordinated approach of the UN's pandemic response.**
- Each UN agency will assist the UN's response in a pandemic according to their mandate. Regional UN offices will ensure a coordinated response while UN country teams support national authorities and ensure common service support.
- **The new pandemic preparedness strategies of the UN System Pandemic Influenza Contingency (PIC) Support Team**

According to a decision taken in the 16 November 2007 meeting of the Deputy Secretary-General's Steering Committee on Influenza, the Pandemic Influenza Contingency (PIC) Team was moved during the first quarter of 2008 from UNSIC to the UN Office of Coordination for Humanitarian Affairs (OCHA).

The UN System PIC Support Team was created in January 2007 together with OCHA, UNDP and other agencies to improve the readiness of the UN at country levels in case of a sudden pandemic. Located in Geneva, the PIC Team has six Regional Planning Officers around the world.

The PIC Team has especially intensified its work with **UN Country Teams (UNCTs)** through simulation exercises and is monitoring preparedness progress through its **new online tracking system**. Launched in July 2007 in partnership with the London School of Hygiene and Tropical Medicine, the new system should help UNSIC compare preparedness across regions and identify country teams who need intensive assistance. The new online Pandemic Readiness Tracking System (<http://www.un-pic.org/web/>) replaces the inter-agency review process of pandemic contingency plans and enables assessment of the status of UN system pandemic readiness on a map, based on information from 142 countries.

During the first quarter of 2008, WHO and the UN System PIC Support Team focused on **strengthening work with humanitarian agencies** and finding new strategies for pandemic preparedness. As a result, PIC is revising the November 2007 WHO **pandemic preparedness guidelines** in order to give simplified recommendations on how governments should prepare sectors beyond the health sector to continue delivering essential services.

During a WHO meeting that took place in Lyon on 5-7 March 2008, PIC chaired the "Task Force 5" and produced a draft of the chapter related to pandemic preparedness.

- **"UNSIC in 2008"**

The development, implementation and revision of a single UN system strategy for AHI and Pandemic Preparedness was presented during the meeting of the

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Technical Working Group on AHI held on 16 November 2007. This new strategy is explained in the document called "**UNSIC in 2008**" (<http://www.undg.org/?P=582>).

According to this document, three new functions should be integrated further into existing UN structures in 2008,

- The **Pandemic Influenza Contingency (PIC) Team** has to be more integrated into existing UN crisis preparedness coordination systems under the stewardship of OCHA,
- Support for coordinated communications on AHI increasingly will be handled by the **UN Communication Group Task Force on AHI**, convened by UN DPI (UN Department for Public Information)
- The work in relation to links with private sector groups is already being handled by the Food and Agricultural Organization (FAO) and the World Health Organization (WHO)

- **2008: Implementation of the revised strategy to control HPAI**

As explained in the review of its Consolidated Action Plan for Contributions of the UN System and Partners from 15 November 2007 (<http://www.undg.org/docs/7414/Microsoft%20Word%20-%20UNCAPAHI%20REVIEW%202007%20FINAL2.pdf>), the UN System revised its seven objectives to control HPAI

The revised report recommends giving more attention to pandemic preparedness by the sectors dealing with humanitarian action and those other than health.

- **A Road Map for 2008: "One World and One Health"**

During the meeting of the Inter-Agency Technical Working Group (TWG) on Influenza held on 13 February 2008, Dr David Nabarro briefed the members of the Technical Working Group on the International Conference on Avian and Pandemic Influenza that was held in New Delhi from 4-6 December 2007. The New Delhi conference report and the "Vision and Road Map for 2008" have been distributed to the TWG members.

During the International Ministerial Conference hosted by the Indian government in New Delhi from 4-6 December 2007, 500 participants from 111 countries and representatives of 26 international agencies discussed the "Road Map" for 2008 under the vision "One World and One Health". According to the **global and one health strategy**, countries should commit themselves to use common standards at the national level, such as WHO's International Health Regulations. Experts stressed the need to shift focus from containment of an outbreak to long term strategies with a multi-sectoral approach.

The World Bank had projected a need for 1.2 billion dollars over the next 2 or 3 years to help countries in their bird flu fight. This money will be used for compensation to

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farmers obliged to cull their poultry as well as to heighten awareness about the virus and vaccines development.

International donors committed US\$401 million during the conference, in addition to the US\$2.3 billion pledged in Beijing and Bamako. The next conference will take place in Egypt in October 2008.

➤ **Food and Agricultural Organization (FAO)**

FAO released in February 2008 an updated version of the **United Nations Global Program for the Prevention and Control of H5N1 Highly Pathogenic Avian Influenza** (<ftp://ftp.fao.org/docrep/fao/010/ai380e/ai380e00.pdf>), which was first formulated at the end of 2005. It describes how FAO implements its responsibilities as presented in the joint FAO/OIE Global Strategy for Prevention and Control of H5N1 HPAI published in March 2007.

(http://www.fao.org/docs/eims/upload/210745/glob_strat_HPAI_apr07_en.pdf)

Whereas the FAO's Global Programme is addressing an immediate response for a three year period (2006-2008), the FAO/OIE Global Strategy delivers a 10-year vision for immediate-, medium- and long term responses to HPAI. FAO and OIE have strongly contributed to improved capacity of veterinary services to respond to animal health problems related to Highly Pathogenic Avian Influenza (HPAI) and have established bio-security standards at the international level.

▪ **Towards a Global Strategy**

Within the framework of the FAO/OIE Global Strategy, FAO and OIE share responsibilities at the global, regional and national levels to give an effective response to HPAI. This global programme is aimed to operate simultaneously at 3 interlinked levels: global, regional and national. To reach that goal, several initiatives have been developed:

- **OIE/FAO joint Network of Expertise on Avian Influenza: OFFLU**

The Executive Committee of this common network of H5N1 experts established by OIE and FAO in 2005 to better control infections in poultry and birds first met on January 2008 in Padova.

- **Strengthening of its newly created Crisis Management Centre (CMC)**

Inaugurated on 12 October 2006 at FAO Headquarters in Rome, the Crisis Management Centre Animal Health (CMC/AC) is now part of the FAO's Crisis Management Centre and has been put on alert on various occasions.

- **Strengthening of the Global Early Warning System (GLEWS)**

Through the Global Early Warning System (GLEWS), FAO, OIE and WHO have strengthened their disease intelligence and epidemiological analysis. Established in 2006 as a joint platform between FAO, OIE and WHO at

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FAO headquarters in Geneva, this online platform is the first joint early warning and response system designed to predict and respond to animal diseases worldwide.

- **Promotion of regional networking initiatives**

According to FAO's Global Programme, networking initiatives at the regional level have been developed in order to share information and build capacities.

Sub-regional networks of national diagnostic laboratories and epidemic surveillance teams related to HPAI also have been established to improve rapid disease diagnosis and early warning.

- **Development of sub-programmes**

To harmonize HPAI's detection and response in different regions, FAO developed sub-programmes in the following regions:

- Asia and the Pacific (East and South Asia)
- Central Asia
- Sub-Saharan Africa
- Middle East and North Africa
- Eastern Europe and Caucasus
- Latin America and the Caribbean

- **FAO briefed its permanent representatives**

On 14 May 2008, FAO organized an inter-agency seminar to brief FAO Permanent Representatives on the current situation of avian influenza and discuss the lessons drawn from the efforts made in disease control and prevention. A webcast of the seminar is available at: <http://www.fao.org/webcast/>

- **The Convention on Migratory Species (CMS)-FAO Task Force**

The CMS-FAO Task Force on Avian Influenza organized on 23 May 2008 an international seminar at the Zoological Research Institute and Museum Alexander Koenig during the UN Conference on Biodiversity.

The Scientific Task Force on Avian Influenza and Wild Birds convened in 2005 to create a link between international organizations and intergovernmental environmental agreements. The task force includes representatives and observers from 14 international organizations, including 7 UN agencies.

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- **Publications**

In 2008, FAOAide released the following newsletters about avian flu:

- FAOAide News - Avian Influenza Disease Emergency - Situation Update 50 from 11 February 2008:
http://www.fao.org/docs/eims/upload//239862/AIDEnews_feb08_no50.pdf
- FAOAide News - Avian Influenza Disease Emergency - Situation Update 51 - from 16 March 2008:
http://www.fao.org/docs/eims/upload//241290/AIDEnews_mar08_no51.pdf
- FAOAide News - Avian Influenza Disease Emergency - Situation Update 52 from 30 April 2008:
http://www.fao.org/docs/eims/upload//241290/AIDEnews_mar08_no51.pdf
- FAO published in April 2008 "Understanding avian influenza - a review of the emergence, spread, control, prevention and effects of Asian-lineage H5N1 highly pathogenic viruses", (available under http://www.fao.org/avianflu/documents/key_ai/key_book_preface.htm), by Les Sims and Clare Narrod. The review gives an overview of the avian influenza disease, explaining the actual situation and the knowledge about H5N1.

➤ **Office for the Coordination of Humanitarian Affairs (OCHA)**

Through the PIC team, OCHA now has seven Regional Planning Officers posted in Geneva for Eastern Europe and Central Asia, Bangkok for Asia and the Pacific, Panama for Latin America and the Caribbean, Nairobi for Central and East Africa, Johannesburg for Southern Africa, Dakar for West Africa and Cairo for the Middle East and North Africa. They assist UN country teams and governments in the region to prepare and plan for a pandemic in a coordinated manner.

➤ **World Organization for Animal Health (OIE)**

- **Poultry vaccination and vaccine bank**

During the seminar about poultry vaccination held on 19 March 2008, specialists from FAO, OIE and the World Bank discussed the use of poultry vaccination in the context of an overall AHI control program. In this context, OIE has put in place an OIE-AI Vaccine bank to make sure that the vaccines are produced in accordance with international guidelines prescribed in the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals. In July 2007, 21,300 doses of H5N2 vaccine for adult poultry were delivered.

- **Compensation scheme for backyard farmers**

On 8 March 2008, a seminar was organized by the World Bank to address issues related to compensation schemes for animal culling operations. The OIE and the World Bank are developing compensation mechanisms for those who lose birds through the application of control measures. During the

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seminar, the participants considered moving from a mere bird flu culling compensation facility to an institutionalized animal disease control funding facility, preferably on a private-public partnership basis.

(<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTTOPAVIFLU/0,,contentMDK:21626308~menuPK:1793605~pagePK:64168445~piPK:64168309~theSitePK:1793593,00.html>)

- **OIE Tool for the Evaluation of Performance of Veterinary Services (OIE-PVS Tool)**

On 10 April 2008, a seminar led by the coordinator of World Animal Health and Welfare Fund (OIE), Alain Dehove, reviewed the application of the OIE/PVS tool in the context of World Bank financed Avian Influenza projects. He explained how to use this tool to address the gap in veterinarian services related to AI and other diseases of concern.

- **International OIE Reference Laboratories**

Due to the necessity for common standards, experts discussed on February 2008 the design, construction, operating procedures and quality control of animal and human health laboratories in order to convert their national entities in OIE Reference Laboratories for AI. OIE has a global network of 200 reference laboratories and collaborating centres covering relevant animal diseases.

- **Simulation exercises**

In 2008, several simulation exercises for a hypothetical avian influenza outbreak were conducted from 30 to 31 January in Tirana (Albania), on 10 January in Singapore, from 20 to 21 February 2008 in Peru (Trujillo City), and from 30 April to 1 May in Jamaica.

➤ **World Health Organization (WHO)**

WHO has improved its surveillance and early warning systems. Positive outcomes regarding virus sharing as well as vaccine stockpiles have been reached so far, despite some problems with the Indonesian authorities about virus sharing. WHO also provided its expertise to countries for the implementation of International Health Regulations.

- **Guidance for International Health Regulations (IHR)**

In 2008, WHO published on its website its International Health Regulations' guidance for national policy-makers and partners.
(<http://www.who.int/csr/IHR%20Guidance%20for%20national%20policy%20makers%20and%20partners.pdf>)

The guidance explains the benefits for each state party to the IHR and their key obligations --according to the agreement signed in 2005 and entered into force on 15 June 2007-- to prevent and control the spread of diseases inside and outside

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their borders. The IHR constitute a legally-binding agreement which provides a new framework for coordination in case of a public health emergency of international concerns.

It aims at improving the capacity of countries to detect, assess, notify and respond to public health threats.³

- **Montenegro, new member to the IHR**

Montenegro became on 5 February 2008 a State Party to the International Regulations. Montenegro is a WHO member state since 29 August 2006.

- **International Conference on Health Laboratory Quality System**

The WHO Office for National Epidemic Preparedness and Response in Lyon held from 9 to 11 April 2008 an International Conference on Health Laboratory Quality System in collaboration with the US Centers for Disease Control and Prevention. Two hundreds experts from all over the world participated in the conference, which aimed to enhance health laboratory quality and proposed guidance on quality systems development and implementation at the national level.

- **Strengthening early warning systems**

In view of the implementation of the revised International Health Regulations (IHR), WHO has also strengthened its own alert and response capabilities.

A new event-management system, the Global Outbreak and Alert Response Network (GOARN), has been put in place to collect all information in case of a public health emergency of international concern. This system will facilitate communication within WHO and with all partners playing a role in the outbreak alert and response system, including the National IHR focal points.

The guiding principles for GOARN are available on the following site:

<http://www.who.int/csr/outbreaknetwork/guidingprinciples/en/index.html>

- **Indonesia and virus sharing samples**

A dispute over sharing bird flu samples is dividing the World Health Organization (WHO) and Indonesia. With the exception of two recent cases, Indonesia has refused in the past to share its H5N1 samples with the WHO. According to the organization, it is not clear if the recent cases of virus samples sharing indicate a real change in Indonesia's policy. Indeed, Indonesia stopped sending samples of

³ Countries that signed this agreement have two years to assess their capacity and develop national action plans and then three more years to meet the requirements of IHR regarding their national surveillance and response systems, as well as the conditions for designating airports, ports and certain ground crossings. A two-year extension may be obtained and in exceptional circumstances, an additional extension could be granted, but not more than 2 years.

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the H5N1 virus because Indonesian officials say they want to make sure that their contribution would guarantee an equal access to vaccines. They actually fear that pharmaceutical companies may use samples of Indonesian virus to make a vaccine that might not even be available for the Indonesian population.

Since early 2007, influenza virus sharing has been the main concern of public health security issues. There is a consensus about the need for a fairer system to distribute benefits derived from shared virus samples, which is likely to include the development of vaccine stockpiles and the transfer of vaccines manufacturing capacity to developing countries.

- **Publications**

- WHO released a publication entitled "**International Travel and Health 2008**" (<http://www.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcch=8>). This publication contains travel health recommendations and explains what the main risks are for travelers during their journey and in the destination countries. The book is designed for travelers, for medical and public health staff who advise travelers, and also for professionals working in the travel industry.
- Consolidation of pre-existing guidance for the protection of people in contact with poultry in areas affected by avian influenza H5N1. In this document, WHO revised its previous guidance on protection of individuals engaged in activities involving high contact with poultry or wild birds confirmed or highly suspected of being infected with avian influenza virus. (http://www.who.int/csr/disease/avian_influenza/guidelines/high_contact_protection/en/index.html)
- In its **Weekly Epidemiological Record from 29 February 2008**, Vol. 83, 9, the WHO reported that between September 2007 and 13 February 2008, 33 human cases of influenza A(H5N1) were confirmed in China, Egypt, Indonesia, Myanmar, Pakistan and Vietnam. Many of these cases were associated with outbreaks of highly pathogenic avian influenza A(H5N1) in poultry.

- **WHO Global Pandemic Influenza Action Plan to increase vaccines supply**

- According to the Global Pandemic Influenza Action Plan approved in September 2006 to increase vaccine supply, Dr. Marie-Paule Kieny, Director of the Initiative Research for Vaccine Research at WHO urged, in March 2008 in Oslo, the WHO Secretariat to seek solutions with international and national partners, including the private sector, to reduce the shortage of influenza vaccines.
- In the following document, <http://www.forskningsradet.no/servlet/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=12061997>

[92269&cachecontrol=5%3A0%3A0+*%2F*%2F*&ssbinary=true](#)), Kieny stresses that the final objective should be to produce enough pandemic vaccine to immunize the world's population (6.7 billion people).

Kieny reported that 500 million doses of pandemic vaccine have already been purchased. In March 2008, she announced that six developing countries (Brazil, India, Indonesia, Mexico, Thailand and Vietnam) received grants of about US\$2.5 million to establish their own national manufacturing vaccine production capacity. Japan and the United States provided US\$18 million to strengthen their in-country production capacity.

According to WHO estimates, it will take the countries that receive grants 3 years to 5 years to begin vaccine production. In 2007, the manufacturers were able to raise production capacity of trivalent pandemic vaccine (which means containing three different strains of vaccine), to an estimated 565 million doses, from 350 million doses produced in 2006, according to the International Federation of Pharmaceutical Manufacturers and Associations. For monovalent vaccine, the current capacity is 1.5 billion doses. In the 2006 Global Pandemic influenza action plan to increase vaccine supply, a US\$10 billion effort over 10 years is needed. Experts from WHO estimate that global production capacity will rise to 4.5 billion pandemic immunization courses per year in 2010. Vaccine production is linked to the amount of antigen that has to be used to make each dose of the vaccine.

4. Vaccines and research

- **Vaccine stockpiles**

On 16 May 2008, the WHO released a document about the human use of H5N1 influenza vaccine and the WHO H5N1 vaccine stockpile, after a WHO scientific consultation meeting held in October 2007.

(http://www.who.int/csr/resources/publications/WHO_HSE_EPR_GIP_2008_1d.pdf)

In order to reduce the current inequalities in access to H5N1 vaccine, the Sixtieth World Health Assembly requested, in its Resolution WHA60.28, that WHO should create a global stockpile of H5N1 vaccine. In its May 2008 report, WHO said that this stockpile has not yet materialized.

The World Health Organization (WHO) announced in June 2007 that it was working with vaccine manufacturers to create it. In July 2007, GlaxoSmithKline announced it would deliver 50 million doses (assuming 2 doses per person may be enough to vaccinate 25 million people) over 3 years to support the WHO stockpile initiative. These vaccines can be distributed on short notice to the world's poorest nations in the event of an H5N1 pandemic.

- **First Human Vaccine**

A WHO meeting on the evaluation of pandemic influenza prototype vaccines in clinical trials took place in Geneva on 15-16 February 2007. The results presented for the first time convincingly demonstrated that vaccination with newly developed avian influenza vaccines can bring about a potentially protective immune response against strains of H5N1 virus found in different countries.

Until now, one H5N1 influenza vaccine has been licensed in April 2007 by the United States Food and Drug Administration, another one in the EU in May 2007 (Focetria) and in April 2008, Beijing gave the green light to a Chinese drugmaker to begin large-scale production of a human bird flu vaccine after authorization delivered by the Chinese State Food and Drug Administration.

At the beginning of 2008, researchers at the University of Pittsburgh's center for Vaccine Research and Novavax Inc. have successfully tested in mice a vaccine against the deadliest strain of avian flu. In Japan researchers also confirmed in March 2008 that they discovered a method that would enable the development of a vaccine, which would be efficient even if the virus mutates.

- **New avian flu medicine?**

Virionex, a drug company based in Auckland is developing an antiviral agent called "mis416" that uses the body's immune system to fight diseases like flu, hepatitis and HIV. The company believes that the micro-particle technology is the therapy of the future, as it stimulates the body's own immune system to attack incoming viruses.

5. Multilateral Financial Institutions

- **World Bank**

The World Bank and UNSIC are preparing in collaboration with a number of UN system agencies the **fourth UN-World Bank Global Progress Report on Responses to Avian Influenza and State of Pandemic Readiness** before the next International Ministerial Conference on Avian and Pandemic Influenza planned in Egypt in October 2008. Like previous reports, it provides an analysis of the aid granted for avian influenza responses and pandemic influenza preparedness as well as of the pledged funds.

The World Bank reported that there was in the beginning an extraordinarily rapid response and making of pledges during the first conferences dedicated to avian influenza. The donors' interest declined however in subsequent conferences. In New Delhi, nine donors pledged US\$401 million in support of the API response, in addition to the US\$2.3 billion pledged in previous Ministerial Conferences held in Beijing and Bamako.

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- **CFIA: Central Fund for Influenza Action**

The Management Committee for the UN Central Fund for Influenza Action (CFIA), chaired by the UN System Coordinator for Animal and Human Influenza, encompasses all agencies participating in the UN System Consolidated Action Plan as well as the World Bank as a permanent observer.

During its sixth meeting held on 20 February 2008, the Management Committee for the UN Central Fund for Influenza Action (CFIA) decided to **support eleven project proposals with CFIA funding for a total amount of US\$12.95 million**. The International Civil Aviation Organization (ICAO), the International Labor Organization (ILO), the International Organization for Migration (IOM), the UN High Commissioner for Refugees (UNHCR), UNICEF, the UN Office for Coordination of Humanitarian Affairs (UNOCHA) and the World Food Programme (WFP) were the recipients of the allocated funds.

In addition to the contributions conceded by Norway (US\$1.85 million), the CFIA received US\$35 million from USAID for a 3-year period. For the first time, the meeting was attended by donor representatives.

The CFIA gave its approval for 2 specific UNWTO projects related to avian and human influenza.

The first project aims at:

- Developing and conducting regional and national simulation exercises,
- Rehearsing and assessing preparedness plans and uncovering shortcomings of tourism integration into the national plans, and,
- Enhancing capacity building as figured in the Consolidated Action Plan.

The second project deals with:

- Targeted communications for travellers, the travel industry and tourist destinations,
- Developing and implementing a targeted tourism specific communications strategy, focussing on the existing platform sos.travel, and allowing for wide and timely information to be disseminated to this specific audience through an ensuing targeted communications campaign to alert travellers worldwide

Information about CFIA's decisions, donor contributions and approved projects can be found on the newly created website by UNDP's Multi-Donor Trust Fund (MDTF) Office (<http://www.undp.org/mdtf>) which includes information for CFIA activities.

6. Regional Activities

➤ **Simulation exercises, regional conferences and workshops**

- **Indonesia**

A simulation exercise was organized from 25 to 27 April 2008 at Bali's international airport, aimed at preventing travelers from exporting the H5N1 virus.

The Association of Southeast Asian Nations (ASEAN) organized from 13 to 15 February 2008 the Fourth ASEAN Workshop on HPAI Control and Eradication in Bali to implement a new ASEAN Regional Strategy for the Progressive Control and Eradication of HPAI (2008-2010).

During the Sixth International Bird Flu Summit held in Bali from 27 to 28 March 2008, leading international organizations and key decision makers of major companies met to create a solid business continuity plan in order to be prepared for a quick response to a pandemic.

- **Thailand**

From 23 to 25 January 2008, the National Center for Genetic Engineering and Biotechnology (BIOTEC) and the National Science and Technology Development Agency (NSTDA) organized in Bangkok an International Conference on Avian Influenza called "From Knowledge to Control". It aimed to provide a forum where international scientific experts and scientists working in affected areas could share information, experiences and expertise.

A Regional Community-Based AHI Management Practitioners' workshop was held from 10 to 13 March 2008 in Bangkok. Case studies in community-based management of AHI in Asia were presented to identify the lessons drawn based on experience in Cambodia, Lao PDR, Thailand, Vietnam, Myanmar, Indonesia and the Philippines.

7. Transport Sector

- **Ship Sanitation Certificates (SSC)**

WHO published in 2008 a list of all ports authorized by the IHR State Party and required to issue Ship Sanitation Certificates (SSC), including the Ship Sanitation Control Exemption Certificates (SSCEC) and Ship Sanitation Control Certificates (SSCC) and extensions to the SCC.

http://www.who.int/csr/ihr/IHR_PortsList2008_04_23.pdf

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▪ International Civil Aviation Organization (ICAO)

- The Guidelines for the aviation sector have been revised according to the new International Health Regulations.
- In November 2006, ICAO's Aviation Medicine (MED) Section posted the revised Guidelines for States on Communicable Diseases/Avian Influenza (in six official languages).
 - The Guidelines are to assist States in developing an aviation-related plan for any communicable disease posing a serious public health risk, such as pandemic influenza.
 - The Guidelines on suspected communicable diseases were slightly modified and were accepted by the working group for dissemination to member States
 - The Guidelines are thus now referenced on the ICAO, the ACI and the IATA web sites
- The Guidelines were prepared in cooperation with the Airports Council International (ACI) and IATA and contain guidance for States and responsible authorities on *Airport Preparedness* and on *Airline Preparedness*.

▪ International Air Transport Association (IATA)

- From the beginning, the IATA Medical Advisor was involved in the WHO Informal Transportation Working Group for the revision of International Health Regulations.
- IATA will participate in the Cooperative Arrangement for Preventing the Spread of Communicable Diseases by Air Travel (CAPSCA) Project.
- Since January 2007, the Medical Manual has been available free of charge on the IATA web site at:
[http://www.iata.org/NR/rdonlyres/F38C6572-2215-411D-BF7E-B1238FC83696/0/Medical Manual 1stEdition 1June2004.pdf](http://www.iata.org/NR/rdonlyres/F38C6572-2215-411D-BF7E-B1238FC83696/0/Medical%20Manual%201stEdition%201June2004.pdf)
 - Appendix B (Emergency medical kit) of Chapter 6 and Appendix D (Medical Clearance: Medif) of the same chapter have been updated
- The IATA Medical Advisor is working with the IATA Operational Safety Audit (IOSA) Taskforce to review IOSA standards, recommended practices and guidance material on cabin crew first aid training and first aid and medical equipment on board. These new standards should be very close to those of ICAO.

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- **Cooperative Arrangement for Preventing the Spread of Communicable Disease by Air Transport (CAPSCA)**
 - Under the framework of the IHR, WHO is working in collaboration with ICAO, IATA and Airports Councils International (ACI) to harmonize emergency contingency plans for pandemic preparedness in the aviation sector.
 - The **CAPSCA (Co-operative Arrangement for Preventing the Spread of Communicable Diseases through Air Travel)** project is an initiative launched in Singapore in September 2006 by the International Civil Aviation Organization. It aims at reducing the risk of spreading avian influenza and similar communicable diseases by air travel through co-operative arrangements among the participating states/administrations and airports.
 - ICAO, IATA, ACI and WHO held two workshops with the objective of strengthening preparedness planning on 13-14 March 2008 in Johannesburg and on 18-19 March 2008 in Dakar.
 - These workshops have been funded by the Central Fund for Influenza Action Programme (http://www.undp.org/mdtf/influenza/projects_approved.shtml)

- **US Centers for Disease Control and Prevention (CDC)**
 - The US Centers for Disease Control and Prevention (CDC) publishes guidance material for staff and travelers using air and sea vessels.
 - Travel by Sea
 - The CDC publishes an updated version of its 2008 Yellow Book for travelers' health:
 - <http://wwwn.cdc.gov/travel/contentYellowBook.aspx>