

# Important Health Notice

Information for Healthcare Professionals

February, 13, 2004

Volume 1, Issue 6

Page 1 of 1

## Update on Avian Flu

Dear Colleagues:

Attached please find a preliminary clinical and epidemiological description of influenza A (H5N1) in Viet Nam. This information is based on a news release issued by WHO on February 12, 2004.

Please note that WHO has received (Feb. 11, 2004) the results from a study of virus isolated from a 23-year-old woman who is part of a family cluster in Viet Nam and was under investigation as the first possible instance of human-to-human transmission. Virus genetic material from this woman, as for the other case in this cluster, is of avian origin and contains no human influenza genes.

There is no change to the number of laboratory confirmed SARS cases globally.

Thank you for your continued vigilance.

Yours truly,  
Dr. Karim Kurji  
MB, BS, MSc, MRCGP, FFPHM, FRCPC  
Chief Medical Officer of Health and  
Acting Assistant Deputy Minister

### Preliminary clinical and epidemiological description of influenza A (H5N1) in Viet Nam

These data have been compiled by Vietnamese clinicians, epidemiologists, and laboratory scientists involved in the treatment and investigation of cases. WHO is grateful to these authors for allowing immediate publication of their findings. A more detailed account will be published in the New England Journal of Medicine.

Since December 2003, an outbreak of avian influenza H5N1 has affected many countries in South-East Asia, decimating flocks of domestic poultry.

To date, a limited number of human cases of H5N1 infection have been confirmed in Vietnam and Thailand.

Whilst the information about these cases may be of value to healthcare practitioners, none of the features presented here should be considered definitive, as the full spectrum of human infection by H5N1 is still being explored.

In all 10 cases, the diagnosis of influenza A H5N1 was confirmed by viral culture or reverse transcriptase PCR with H5 and N1 specific primers. Eight of the ten patients had a clear history of direct contact with poultry and there was no definitive evidence of human-to-human transmission.

Fever greater than 38°C, shortness of breath and cough are the main presenting features. All patients presented with significant lymphopenia and marked chest radiograph abnormalities. The chest X-ray abnormalities were non-specific and included diffuse, multifocal or patchy infiltrates. Some cases showed segmental or lobular consolidation with air bronchogrammes.

Crackles were frequently heard on auscultation. None of the patients reported sore throat, conjunctivitis, rash or runny nose. Watery diarrhea or loose stools was noted in around half of the cases. Eight patients died, one recovered and one remains in a critical condition.

Based on data from six of the cases, the median time between exposure and onset of illness is 3 days (range 2-4 days). In these ten patients, the mortality rate was high with death occurring a mean of 10 days after onset of illness. However, these cases were identified by alert clinicians in tertiary care hospitals and cannot be taken to be representative of the full range of illness that H5N1 may cause. Further information can be found at:

[http://www.who.int/csr/disease/avian\\_influenza/guidelines/vietnamclinical/en/](http://www.who.int/csr/disease/avian_influenza/guidelines/vietnamclinical/en/)