

Important Health Notice

Information for Healthcare Professionals

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Update on Avian Influenza situation

To All Physicians, Hospital Administrators and Infection Control Professionals

Increased vigilance is recommended in the surveillance of influenza-like illness (ILI*) and for the recognition, reporting and prompt investigation of any unexpected outcomes (e.g., severe ILI or death in otherwise healthy individuals or severe ILI in young healthy individuals).

Recommendations are being put forward for enhanced surveillance of human ILI and influenza virus detection within Canada. You will find these recommendations at the end of this update on the avian influenza situation.

The investigations are continuing and I will forward you new information as it will become available from Health Canada.

Regards,

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Commissioner of Public Health

Chief Medical Officer of Health and

Assistant Deputy Minister

ILI in the general population (FluWatch national case definition): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which could be due to influenza virus. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

Health Canada Alert and Recommendations re: Avian influenza A (H5N1) outbreaks in animals and in three humans in Hanoi, Vietnam

Current Situation:

On January 11, 2004 laboratory results confirmed the presence of avian influenza (H5N1) virus in 2 children and one adult from Hanoi, VietNam. All three died of a severe respiratory illness in late December and early January. Partial sequencing of the virus has so far identified only avian genes indicating that the virus has not yet acquired human genes and as such is less likely to spread from human to human. The latest information, released today by WHO, is available at: <http://www.who.int/csr/don/en/>

Concurrently, outbreaks of influenza A (H5N1) affecting animals only, have been reported in at least two southern provinces of Vietnam (including 40,000 chickens deaths as well as reports of deaths in duck and pig populations), Republic of Korea (involving at least 15 farms) and Japan (including 6,000 chicken deaths). In recent months, H5N1 has also been detected in poultry in Fujian Province, China and Hong Kong SAR. Outside of Vietnam, there has been no evidence of H5N1 in humans.

The WHO and health authorities in Vietnam are continuing laboratory and epidemiological investigations to determine the source of infection in this outbreak as well as to explore any possibility of human-to-human spread. To date there has been no evidence of human to human transmission. The WHO Global Influenza Surveillance network has been alerted to all current outbreaks of avian influenza and WHO has initiated a number of activities to assist in investigating outbreaks, enhancing surveillance activities in Asia and supporting laboratory diagnosis and vaccine development.

Background:

Influenza A(H5N1) was first seen in humans in 1997 when an outbreak of 18 human cases caused six deaths in Hong Kong. Until then, this virus was seen only in birds including chickens and ducks. Influenza A(H5N1) is usually not dangerous for ducks, but causes high mortality in chickens. Following confirmation of the initial case, in a two-year-old child in August 1997, an investigation was launched and surveillance was increased. In December 1997, all chickens thought to be the source of the outbreak of influenza in humans, were slaughtered in Hong Kong. No further cases of this disease have been reported in humans. Since then, authorities have maintained intensive surveillance of influenza in human and birds in Hong Kong and have taken steps to ensure that any appearance of the H5 virus in a chicken flock has resulted in culling of the flock to limit the spread of virus.

Other recent outbreaks of avian influenza in humans have caused limited disease (WHO, see http://www.who.int/csr/don/2004_01_13/en/print.html). An outbreak of H5N1 in Hong Kong in February 2003 caused two cases, including one death. An outbreak of H7N7 avian influenza in the Netherlands caused the death of one veterinarian in April 2003, and mild illness in 83 other human cases. Mild cases of avian influenza A(H9N2) in children occurred in Hong Kong in 1999 (two cases) and in mid-December 2003 (one case).

Health Canada's Response:

Health Canada is continuing to monitor the situation by way of ongoing communication with WHO and other international partners. In addition, provincial and territorial ministries of health, laboratories, physicians and hospitals (through the network of hospital infection control practitioners) are being notified to promote awareness of the situation in Vietnam and other Asian countries and increase their vigilance for recognition and testing. Advisories for travellers will be posted on Health Canada's Travel Medicine website at: (http://www.hc-sc.gc.ca/pphb-dgspst/tmp-pmv/pub_e.html).

The following recommendations are being put forward for enhanced surveillance of human ILI and influenza virus detection within Canada:

Specific Recommendations for Public Health Laboratories and Practitioners

Public Health Practitioners

Increased vigilance is recommended in the surveillance of influenza-like illness (ILI*) and for the recognition, reporting and prompt investigation of any unexpected outcomes (e.g., severe ILI or death in otherwise healthy individuals or severe ILI in young healthy individuals). Health Canada recommends that public health authorities advise physicians of the following:

- 1) To be alert for any severe cases of ILI who have a history of travel to Vietnam within one week of onset of ILI symptoms (or known close contact with a history of such travel).
- 2) To collect clinical samples from severe cases of ILI for viral culture as soon as possible, preferably within 48 hours of onset of symptoms (nasopharyngeal swabs are preferred). (Note: to assist laboratory staff in prioritizing testing, doctors should be advised to make a notation of positive travel history (recent return from Vietnam) or other notation of increased suspicion (hospitalization, death) as a comment on the laboratory requisition form.
- 3) To report severe ILI cases to public health authorities for further investigation and management.

Public health authorities should enquire as to whether the ILI cases had a history of contact with live poultry (including chickens and ducks) or swine (pigs) during their stay in Vietnam.

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Public Health Laboratories Involved in Influenza Virus Detection:

Public Health Laboratories are being alerted to be vigilant for novel influenza A viruses that are not readily identifiable using current antisera. Any difficult to identify viruses should be referred to the National Microbiology Laboratory in Winnipeg (NML) immediately. Public health and physicians will also be advised to elicit recent history of travel to Vietnam in influenza patients, and to monitor for unusual epidemiology such as severe illness in otherwise healthy individuals. Laboratories should ensure that specimens are forwarded in the most timely manner possible and that any samples with a positive travel history or unusual epidemiology notation are forwarded to NML immediately (do not cohort these specimens for batch mailing) for subtyping and/or identification as necessary.