

Avian Flu Digest No. 2 (August 2006)

Common Message (May 2006)

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

TERN – AVIAN FLU DIGEST No. 2

1. Introduction to the second issue of the TERN Digest

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

Its founding members were - International Hotel & Restaurant Association (IHRA), Pacific Asia Travel Association (PATA), International Federation of Tour Operators (IFTO), United Federation of Travel Agents Associations (UFTAA) Airports Council International (ACI) and the International Air Transport Association (IATA) and the World Tourism Organization (UNWTO) who convened the initiative and manages it.

The goal is to help stakeholders in the sector prepare for a potential avian flu pandemic by exchange of ideas and consistent messages – within the overall UN-coordinated international response effort and to spread this support through expanding regional and national network links.

The international community is mobilizing to prepare for a possible human pandemic in an unprecedented way drawing on lessons learned from the SARS outbreak and the Tsunami. This work is complex and a dynamic tourism response has to take its place within the system of national plans and international support structures.

The **TERN Digest** seeks to provide a 'Big Picture' of what is taking place. The goal is to help tourism and travel industry professionals to 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.

These electronic reports are written for Member associations of **TERN** but you are invited to share it with your own members and any other interested persons as a service to the travel trade.

This issue covers:

1. Introduction
2. Update on the global spread of avian influenza
3. United Nations Framework (UNSIC & WHO)
4. National Plans
5. Air Transport Sector Preparations

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@world-tourism.org

A significant new development concerning TERN was announced at the Global Leaders Forum for Africa on 12 July. UNWTO and Microsoft signed a PPP (Public, Private Partnership) that will provide, *inter alia*, an information portal to support UNWTO's Emergency Response System, that will collate information on catastrophes affecting tourism, provide a framework for improved industry response, bring together public and sector-specific data and provide tools for information sharing and improved messaging.

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

TERN – AVIAN FLU DIGEST No. 2

It will help tourism destinations and stakeholders to respond more rapidly and effectively in emergencies and help recovery programmes. It will be used initially to strengthen industry preparedness for a potential avian flu pandemic and will have strong TERN component.

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).

The following provides an update on the information given in Digest No. 1 that reflected the situation as of 12 May 2006:

- **Table 1** shows the current status on 14 July 2006 with changes noted in Egypt (only one new case) and Indonesia.
 - [Dr. Nabarro](#) recently stated that the H5N1 strain of the bird flu virus was detected in 16 countries between 2003 and the end of 2005. The number has doubled since the beginning of 2006.

Table 1
Cumulative Number of Confirmed Human Cases of Avian Influenza A/ (H5N1) Reported to WHO (as of 20 July 2006) – Deaths shown in (...)
Numbers in red – change since Digest #1 (9 May)

Country	2003	2004	2005	2006	Total
Azerbaijan	0	0	0	8 (5)	8 (5)
Cambodia	0	0	4 (4)	2 (2)	6 (6)
China	0	0	8 (5)	11 (7)	19 (12)
Djibouti	0	0	0	1	1 (0)
Egypt	0	0	0	14 (6)	14 (6)
Indonesia	0	0	17 (11)	37 (31)	54 (42)
Iraq	0	0	0	2 (2)	2 (2)
Thailand	0	17 (12)	5 (2)	0	22 (14)
Turkey	0	0	0	12 (4)	12 (4)
Viet Nam	3 (3)	29 (20)	61 (19)	0	93 (42)
TOTAL	3 (3)	46 (32)	95 (41)	87 (57)	231 (133)

Source: World Health Organization (WHO)

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

- **Attention has focused in recent weeks on Indonesia** where 37 new cases and 31 deaths have been recorded since the beginning of 2006.

TERN – AVIAN FLU DIGEST No. 2

- Seven cases of infection from H5N1 occurred among members of a single family of whom six died. An additional suspected case from the same family could not be tested. Human-to-human transmission has been suspected as the cause of some of the transmissions among this cluster. Clusters of cases of H5N1 infection have been seen in other countries and it is likely that human-to-human transmission has occurred previously. Probable human-to-human transmission was documented in [Thailand](#) in 2004.
- An international [consultation](#) in June, organized by WHO and FAO at the request of the Government of Indonesia, made recommendations for the prevention and control of avian influenza in poultry and humans.
- 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.**
- Human-to-human transmission within highly localized clusters is characteristic of a Level 4 alert. Despite human-to-human transmission in Indonesia, transmission cannot be described as a localized cluster **but rather a single-family group with close contact.**
- **The role of migrating wild birds in addition to domestic birds in carrying avian flu is an issue.**
 - Following a conference in Rome, [FAO](#) confirmed that migrating wild birds play a role in transporting the avian influenza virus over long distances.
 - In [Azerbaijan](#), several persons from the same village are suspected to have contracted the infection virus in March after plucking feathers from dead swans.
 - Importation of infected birds (legal or illegal) can also play a role in spreading the infection in avian populations across countries.
 - Domestic [ducks](#) can be infected and shed the virus while not showing any symptoms.
 - The majority of cases of human infection with avian influenza reported to date are likely to have been acquired through contact with domestic birds (poultry).
- **Poverty raises the risk of an avian influenza A(H5N1) bird flu outbreak.**
 - [Poverty](#) makes it difficult for African and Asian countries to take necessary measures against bird flu, such as culling birds, according to the Director of the European Centre for Disease Prevention and Control (ECDPC).
 - The [World Bank](#) has urged states to make good on their financial pledges of \$1.9 billion made at the Beijing Conference in January 2006. Only \$286 million has been spent so far, the top recipients being Vietnam, Indonesia, Nigeria, Turkey and Cambodia.
 - [Africa Action](#) urged the international community to comprehensively address the threat of avian flu and the challenges facing public health systems in Africa.
- **The influenza virus is difficult to detect.**
 - According to the WHO Regional Director for the Western Pacific, only half of human avian flu cases are being reported [within two weeks](#) of being detected.
 - A report from the European Centre for Disease Prevention and Control ([ECDPC](#)) stated that “Surveillance for human cases may be becoming harder

TERN – AVIAN FLU DIGEST No. 2

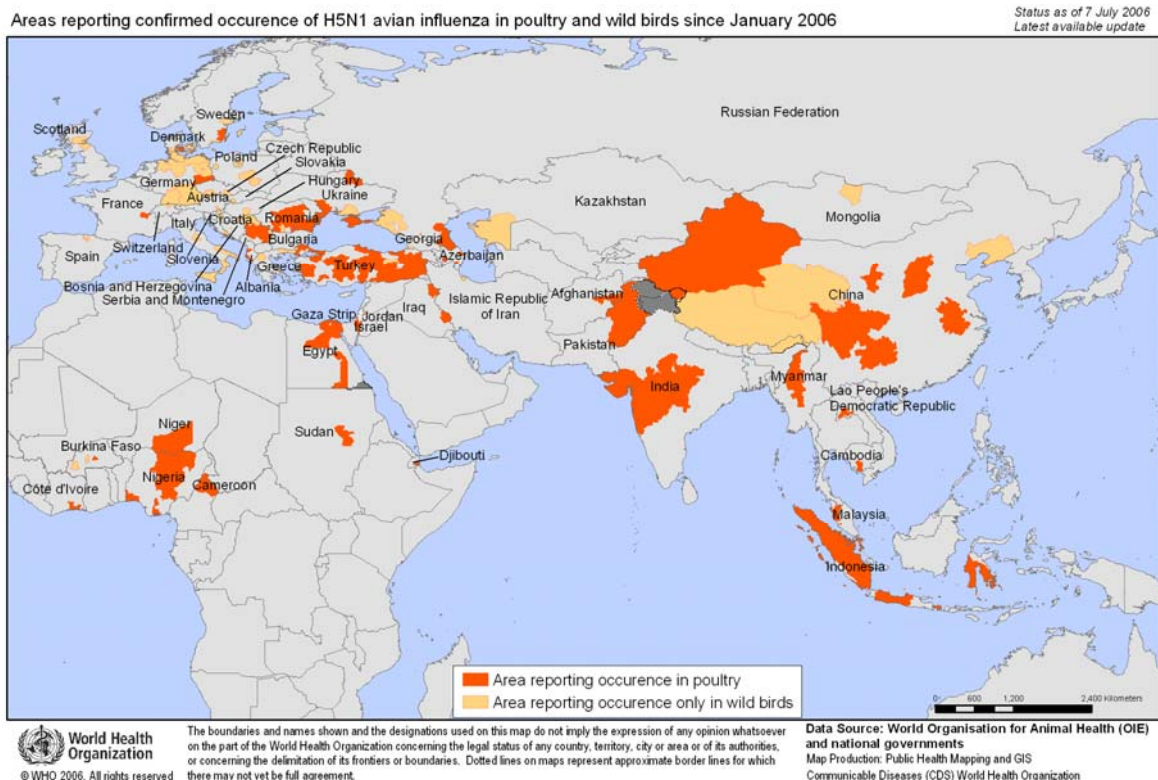
where poultry immunization is widely but inevitably imperfectly practiced as the marker of local poultry deaths for human case detection is being lost.”

- Chinese researchers reported that a man who died of pneumonia in 2003 and was at first classified as a [SARS victim](#) may in fact have died of avian influenza.
- **Recent studies have focused on the economic impact of a pandemic.**
 - A [European Commission](#) study (June) estimates that economic output within the EU (25 states) would fall by 1.6% with an output loss of 180 billion Euros in the year it strikes – having the same impact as a major recession.
 - Demand for tourism and personal travel would be most affected, with hotels and catering down by 80% and for air travel by 67%.
 - The [World Bank](#) estimated in June that a severe avian flu pandemic among humans could cost the global economy about 3.1% of world gross domestic product - around US\$1.25 trillion on a world GDP of \$40 trillion.
 - A study in [Australian Commodities](#) (June 2006) considers that a medium level outbreak in Australia would result in a 6.8 per cent reduction in Australia's GDP in the short term. Tourism related activities would be most affected (-18.4%) followed by air transport (-11.2%).

Map 1

Confirmed occurrences of H5N1 in poultry & wild birds since January 2006

Date: 7 July 2006



[Data Source:](#) World Organization for Animal Health (OIE)

3. United Nations Organizations

Digest #1 outlined the main conclusions of three major meetings (Washington, Geneva and Beijing) that set the framework for coordination between international governmental organizations. The Office of the UN System Influenza Coordinator (UNSIC), under Dr. David Nabarro, is tasked with ensuring cooperation and coordination within the UN system.

- **UN System Influenza Coordinator (UNSIC)**
 - [Introduction](#) to the work of UNSIC.
 - The Coordinator's work involves enhancing the implementation of the technical strategies for influenza action headed by FAO, WHO and the World Organization for Animal Health (OIE).
 - This involves tracking and analysis of coordination in different settings, assessing its effectiveness and impact, encouraging increased synergy of UN system action in priority areas (such as the Pandemic Preparedness Planning guidelines for the UN system) and establishing partnerships and alliances between the UN system and other stakeholders to improve the effectiveness of global efforts.
 - UNSIC's tasks are:
 - Global support for country level influenza coordination.
 - Regional UN system influenza coordination.
 - UN system inter-Agency coordination.
 - Support for partnerships and alliances.
 - Synergy in risk communication.
 - Joint approaches to pandemic contingency planning within the UN system.
 - Monitoring and impact assessment.
 - The UNSIC [organization chart](#) can be viewed at the UNSIC website.
 - Kofi Annan appointed [Imelda Henkin](#) (Netherlands) as the Pandemic Influenza Preparedness Coordinator on 18 May.
 - Working closely with Dr. Nabarro, she will be responsible for coordinating pandemic planning and preparedness activities of all New York-based UN organizations.
- **World Health Organization (WHO)**
 - Death of Dr. LEE Jong-Wok, Director-General of WHO
 - Dr. Lee died suddenly on 22 May. It is hoped to appoint a successor by November 2006.
 - In the interim Dr. Anders Nordstrom is the acting Director-General.
 - **Human infection with avian influenza A(H5N1)**
 - The WHO, in its Weekly [Epidemiological Record](#) for 30 June 2006, published an initial analysis of epidemiology of human infection with avian influenza A(H5N1), including data available from the 205 laboratory-confirmed H5N1 cases officially reported to WHO from December 2003 to 30 April 2006.

TERN – AVIAN FLU DIGEST No. 2

- Despite differences in quality and reliability by country, several conclusions were reached:
 - The number of countries reporting human cases increased from 4 to 9 after October 2005, following the geographical extension of outbreaks among avian populations.
 - Cases have occurred all throughout the year. However, the incidence of human cases peaked, in each of the three years in which cases have occurred, during the period roughly corresponding to winter and spring in the northern hemisphere. If this pattern continues, an upsurge in cases could be anticipated starting in late 2006 or early 2007.
 - Half of the cases occurred in people under the age of 20 and 90% of cases occurred in people under the age of 40.
 - The overall case-fatality rate was 56%. Case fatality was high in all age groups but was highest in persons aged 10 to 39. The case-fatality profile by age group differs from that seen in seasonal influenza, where mortality is highest in the elderly.
 - Assessment of mortality rates and the time intervals between symptom onset and hospitalization and between symptom onset and death suggests that the illness pattern has not changed substantially during the three years.
- The most recent information on clinical presentation of human cases of infection with avian influenza A(H5N1) is available at the [WHO website](#).
- **Voluntary Application of the [International Health Regulations \(2005\)](#)**
 - The International Health Regulations agreed in 1969 were designed to help monitor and control four serious infectious diseases - cholera, plague, yellow fever and smallpox.
 - States adopted the revised IHR in 2005 for application on 15 June 2007. The new rules will govern a broader range of public health emergencies of international concern, including emerging diseases.
 - The [59th World Health Assembly](#) (May 2006) urged States not to wait for the 2007 date but to voluntarily comply with those provisions relevant to the avian influenza threat without further delay. These provisions include:
 - Prompt notification of influenza caused by a new virus type.
 - Establishment of national IHR focal points.
 - Provisions concerning surveillance, information-sharing, consultation, verification and public health response.
 - Public health measures for travelers on arrival or departure and special provisions for travelers (articles 23 & 30-32).
 - Treatment of personal data and handling of biological substances (articles 45-46).
- **Pandemic Preparedness Planning**
 - The WHO has issued a series of documents to assist States in their preparedness planning:
 - In January 2005, WHO published [Avian Influenza: Assessing the Pandemic Threat](#).
 - This was followed in September 2005 by a document outlining five [strategic actions](#) to respond to the threat.

TERN – AVIAN FLU DIGEST No. 2

- The [Global Pandemic Preparedness Plan](#) to assist in the development of national plans.
- The [WHO Checklist for Influenza Pandemic Preparedness Planning](#) aims to enable states to self-evaluate their level of preparedness.
- In January 2006, a [WHO Draft Protocol for Rapid Response and Containment](#) was published, proposing strategies to be implemented in case of early detection of an emerging pandemic influenza strain with the aim of delaying the spread of a new pandemic.
 - In the event of a new influenza virus beginning to spread from person to person, a country must report the event to WHO within 24 hours in line with IHR (2005).
 - Following consultations, the WHO will recommend one, or several, of four options:
 - Refrain from containment measures because evidence indicates the threat is minimal.
 - Urgently continue investigations to adequately assess the situation.
 - Begin containment procedures if conclusion is that a pandemic virus has emerged.
 - Take actions other than containment because the pandemic is already too extensive to contain.
 - Depending on feasibility, several exceptional measures might be proposed in a combined fashion, with e.g. use of mass anti-viral prophylaxis in conjunction with isolation and treatment of cases, social distancing and quarantine. More information on possible strategies is given in the *Draft Protocol* referenced above.

4. National Plans

National plans to deal with a potential pandemic have been prepared by numerous countries in line with WHO recommendations. UNSIC and WHO underscore the importance of familiarity with national plans and support for their execution.

UNWTO urges the tourism and travel sector to become familiar with these plans and inject industry specifics where necessary. UNWTO will shortly issue Guidelines to assist the sector in support of these plans (these will be covered in Digest #3).

The two official sources for National Plans are:

- The [UNSCIC website](#) provides links to the National Plans for 37 countries (including the EU):
 - Australia, Brazil, Bulgaria, Canada, Chile, China, Cuba, Czech Republic, European Union, Germany, Hungary, India, Ireland, Italy, Japan, Mexico, Namibia, Nauru, New Caledonia, New Zealand, Norway, Palau, Philippines, Poland, Serbia, & Montenegro, Sierra Leone, Singapore, Slovak Republic, South Africa, Sweden, Switzerland, Thailand, Timor Leste, United Kingdom, United States, Uruguay, Yemen.

TERN – AVIAN FLU DIGEST No. 2

- The [WHO site](#) has links to the national plans for 24 countries, including Greece, Hong Kong, and the Netherlands that do not figure on the UNSIC site:
 - Australia, Brazil, Canada, Chile, Czech Republic, Greece, Hong Kong (SAR of China), Hungary, Italy, Japan, Mexico, Nauru, Netherlands, New Zealand, Norway, Nouvelle-Calédonie, Palau, Singapore, Slovak Republic, South Africa, Sweden, Thailand, United Kingdom, United States.

Additional useful information is available from:

- The [Flu Wiki](#) website, working on the same principle as Wikipedia, is designed to help local communities cope with a possible influenza pandemic. The link gives access to 50 national plans including 12 African states that are absent from other sites. These are:
 - Benin, Burkina Faso, Central African Republic, Chad, Ghana, Guinea, Guinea-Bissau, Mauritania, Niger, Nigeria, Senegal, and Togo.
- The UN Office for the Coordination of Humanitarian Affairs ([IRIN](#)) gives information on measures to combat avian influenza taken by developing countries in Africa (40 states or regional groups), the Middle East (5 states) and Western Asia (10 states).

5. Air Transport Sector Preparations

- **Overview**
 - The air transport sector had a crash-course in international response planning in 2003 in dealing with the Severe Acute Respiratory Syndrome (SARS) outbreak and in working closely with the World Health Organization (WHO) to put in place consistent procedures to deal with the crisis.
 - The sector is fortunate in having well-developed international and regional governmental organizations and trade associations with a long experience of cooperation. These are:
 - International Civil Aviation Organization (ICAO).
 - International Air Transport Association (IATA).
 - Airports Council International (ACI).
 - Cooperation with WHO has been ongoing in relation to communicable and infectious diseases and the revision of the IHR 2005 (see above) and the *International Travel and Health Manual*.
 - Annex 1 of the WHO [Global Influenza Preparedness Plan](#) contains the following recommendations regarding avian flu that are relevant to international travel:
 - Provide information to the public on risks and risk-avoidance.
 - Advise travelers of outbreaks and recommend that travelers to areas experiencing outbreaks of avian influenza avoid contact with poultry farms and live animal markets.
 - Recommend that travelers who are ill postpone travel.
 - Self-health monitoring and reporting if ill, but no restrictions on movement.

TERN – AVIAN FLU DIGEST No. 2

- Take hygiene precautions - Hand-washing and household disinfection of potentially contaminated surfaces.
 - Advise health authorities of countries of origin, destination and transit if a person on board a flight is ill.
 - Seek voluntary home confinement of persons showing symptoms.
 - Use face-masks for persons showing symptoms and persons seeking care.
- **International Civil Aviation Organization (ICAO)**
- [ICAO](#) (ICAO Working Group on Global Preparedness Plan) has been coordinating the effort to bring together expertise from WHO, States, IATA and ACI to develop guidelines.
 - ICAO convened a meeting (February 2006) in Singapore to discuss a global preparedness plan for aviation.
 - Draft guidelines to assist States in preparedness planning were agreed in Singapore and have been sent to all Member States for review.
 - The guidelines are generic and can be applied to many communicable diseases. They will be modified as more information becomes available on preparedness planning and on infectious agents.
 - The guidelines are intended to form part of the WHO preparedness plan for avian influenza.
- **International Air Transport Association (IATA)**
- A primary [goal of IATA](#) in the event of a pandemic or public health emergency is to ensure the timely flow of accurate information to its Members, the traveling public and the industry as a whole.
 - IATA's key activities would concern WHO and its airline Members.
 - Coordination with WHO is designed to:
 - Provide WHO with operational expertise on air transport issues.
 - IATA and most airlines have medical expertise on staff.
 - Circulate WHO guidelines on public health issues to member airlines.
 - Implement the WHO Global Influenza Preparedness Plan.
 - Share industry best practice as agreed with the assistance of a Medical Advisory Group of airline experts and in consultation with Inter-Governmental Organizations (IGOs) such as WHO. These include:
 - IATA's [Medical Manual](#), recently updated, providing basic guidance and industry best practice on health-related issues.
 - A Template [Emergency Response Plan](#) to provide guidance for airline staff dealing with a public health emergency.
 - It identifies how to prepare for a public health emergency.
 - It provides checklists of actions to be built into a plan.
 - It includes guidance to cabin crew, cleaning crew, passenger and gate agents, cargo and baggage handlers and maintenance staff as well as staff responsible for dealing with bird strikes that may have impacted an aircraft in flight.
 - Coordination with National Governments:

TERN – AVIAN FLU DIGEST No. 2

- IATA has held meetings with the U.S. Government and the European Commission to introduce IATA's capabilities in the area of infectious disease control and to offer support as these bodies consider options in this area.
- Air Cargo Guidelines:
 - IATA's Cargo Department also provides guidance to protect personnel and animals from avian flu contamination.
 - These are set down in the [Live Animal Regulations](#).
 - Subsections 10.7.1 – 10.7.4 cover hygiene measures including cleaning and disinfection of air cargo compartments and animal holding areas.
 - In consultation with the OIE, EC and WHO, IATA also provides an information brief for carriers in *Avian Flu* – [Cargo Guidelines for Carriers](#).
- **Airports Council International (ACI)**
 - ACI has also been working closely with WHO, ICAO, IATA and government agencies to develop guidance for airport preparedness planning and to keep its Members informed.
 - The primary issue with respect to airport preparedness planning is to protect the health and welfare of passengers, staff and the public.
 - ACI also works with regional airport associations to take account of regional particularities or requirements.
 - Draft Airport Preparedness [Guidelines](#) were prepared in May by ACI and ICAO and are available on the ACI website.
 - The draft guidelines recommend that an airport specific plan should address:
 - Communication (especially with the public)
 - Screening
 - Logistics (transport of passengers to health facilities)
 - Equipment
 - Entry/exit controls
 - Coordination with the local public health authority.
 - The ACI [Bulletin for Members](#) (January 2006) was dedicated to avian flu and provided a summary of *Recommendations for Airport Operators*.
 - In addition, the Bulletin outlines facts about avian flu, the implications for air transport, and the roles of WHO, ACI and airport operators.