



Influenza A (H1N1) Update Lao PDR



ISSUE DATE: 05 May 2009 ISSUE 1

HIGHLIGHTS

- WHO refers to the new influenza virus to Influenza A (H1N1)
- Globally, there are 898 officially reported human cases of Influenza A (H1N1)
- Hong Kong and South Korea have both reported single confirmed human cases of Influenza A (H1N1) in people who had travelled from Mexico
- The Influenza A (H1N1) virus is not known to be transmissible to people through eating processed pork or other food products derived from pigs
- There are no known *suspected or confirmed* human cases of Influenza A (H1N1) in Lao PDR
- The Government of Lao PDR, Chaired by the Prime Minister, organised a special meeting on 29 April 2009, involving all the Ministers and members from the wider society, to better prepare Lao PDR utilizing the Pandemic Preparedness Plan, as the platform for prevention and control of Influenza A (H1N1).

Questions and Answers about Influenza A (H1N1)

What is Influenza A (H1N1)?

Influenza A (H1N1) (previously known as swine flu) is a respiratory disease of humans caused by a type A influenza virus. The genes of this virus include genes from swine influenza, avian influenza and human seasonal influenza viruses. The Influenza A (H1N1) virus is predominantly infecting people and spreading only in humans. Influenza H1N1 that can occur in pigs has not been established as the cause of this outbreak.

What are the signs and symptoms of Influenza A (H1N1) in people?

The symptoms of Influenza A (H1N1) in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills

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Useful Contacts for Information

NAHICO (National Avian Human Influenza Coordination Office) public hotline

For reporting cases of Influenza-like illness

Hotline Telephone: 166

Technical queries in the Lao PDR

National Centre for Laboratory and Epidemiology (NCLE)

Hotline Telephone: 021 350 209

World Health Organization (WHO)

Email: commdiseaseinfo.lao@wpro.who.int

Hotline Telephone: 020 514 1105

Web based information

WHO websites

www.who.int/csr/disease/swineflu (Global information regularly updated)

www.who.int/ith/updates (International Travel and Health)

General Information on UN Coordination measures in the Lao PDR

Office of the UN Resident Coordinator

Telephone: 021 267750 and 267748

Current Situation

The situation continues to evolve. As of 4 May 2009, 18 countries have officially reported 898 cases of Influenza A (H1N1) infection, with 20 deaths. WHO focus is on surveillance for signs of sustained community spread and on limiting the impact of the virus, both on individuals and communities.

Of note for Asia, China, Hong Kong SAR and The Republic of Korea have both reported single confirmed human cases of Influenza A (H1N1) in persons who had travelled from Mexico.

Mexico has reported 506 confirmed human cases of infection, including 19 deaths, the United States Government 226 cases with one death. As laboratory results come in, the numbers of WHO confirmed cases will continue to increase however, the number of acute respiratory cases and the number of people being hospitalised appears to have stabilised. The following countries have reported laboratory confirmed cases with no deaths - Austria (1), Canada (85), China, Hong Kong Special Administrative Region (1), Denmark (1), Costa Rica (1), France (2), Germany (8), Ireland (1), Israel (3), Italy (1), Netherlands (1), New Zealand (4), Republic of Korea (1), Spain (40), Switzerland (1) and the United Kingdom (15).

Response of the Government and Development partners in the Lao PDR

The Government of Lao PDR has held several high level meetings chaired by the Prime Minister, Prime Minister's Office, and the Minister of Health. Through the discussions, different measures have been identified with the more focus on surveillance on importation, surveillance on schoolchildren absenteeism, and absenteeism of employees at the workplace. Public awareness campaigns of accurate information are also being undertaken. Identification of the necessary emergency equipment supporting surveillance activities is underway in order to quickly acquire them and put them in place. The Government has also directed the National Animal and Human Influenza Co-ordinating Office (NAHCIO) to coordinate with international agencies and issue joint regular updates on the situation. NAHICO is working in close collaboration with the UN agencies meeting daily to closely monitor the situation and ensure Lao PDR is ready for a possible outbreak.

The Ministry of Health, with support from WHO, has stepped up surveillance systems in 17 provinces, with the National Centre for Laboratory and Epidemiology (NCLE) communicating daily with the provinces. Although the NCLE is currently able to test for human influenza A but not influenza A (H1N1), it is in the process of acquiring the test kits from the US Centre of Disease Control to do so. Meanwhile, suspect samples will be sent to a WHO Influenza Collaborating Centre in Japan for confirmation.

The Department of Livestock and Fisheries (DoLF) with support from the United Nations Food and Agriculture Organization (FAO) is maintaining a high level of vigilance and gathering epidemiological information on any unusual influenza-like respiratory diseases in pigs. So far, pigs do not appear to be the immediate source of the current crisis and all indications point towards human-to-human transmission and infection. Eating well cooked pork is safe. FAO is currently also supporting refresher training for Village

Veterinary Workers on avian influenza as well as pig diseases in eight districts of three provinces.

NAHICO with support from UNICEF is leading a public communication task force to ensure that hygiene materials are distributed widely to schools, public gatherings at the provincial and district. Documentaries and media communications through television, radio and newspapers have already began to air, to reach as many people as possible.

The pandemic 24-hour telephone Hotlines previously used for avian influenza ('bird flu') are now on alert and the public can pass on relevant information on Influenza A (H1N1). The hotlines are manned by Lao language speakers and the numbers are on page 1.

Questions and Answers *continued from page 1*
and fatigue. Some people also get diarrhoea and vomiting. Like seasonal flu, Influenza A (H1N1) may cause a worsening of underlying chronic medical conditions. Very severe illness (pneumonia and respiratory failure) can lead to death.

How does the Influenza A (H1N1) virus spread?
Influenza A (H1N1) virus spreads in the same way as seasonal flu. Flu viruses spread mainly from person to person through coughing or sneezing. If a person touches something with flu viruses on it and then touches their mouth or nose, this can also result in infection.

Is an effective vaccine already available against the new Influenza A(H1N1) virus?
No, but work is already underway to develop such a vaccine. Influenza vaccines generally contain a dead or weakened form of a circulating virus. The vaccine prepares the body's immune system to defend against a true infection. For the vaccine to protect as well as possible, the virus in it should match the circulating "wild-type" virus relatively closely. Since this H1N1 virus is new, there is no vaccine currently available made with this particular virus. Making a completely new influenza vaccine can take five to six months.

How important will Influenza A(H1N1) vaccines be for reducing pandemic disease?
Vaccines are one of the most valuable ways to protect people during influenza epidemics and pandemics. Other measures include as anti-viral drugs, social distancing and personal hygiene.

Questions and Answers *continued from page 2*

How quickly will Influenza A(H1N1) vaccines be available?

The first doses of Influenza A(H1N1) vaccine could be available in five to six months from identification of the pandemic strain. The regulatory approval will be conducted in parallel with the manufacturing process. Regulatory authorities have put into place expedited processes that do not compromise on the quality and safety of the vaccine. Delays in production could result from poor growth of the virus strain used to make the vaccine.

Will Influenza A(H1N1) vaccines be effective in all population groups?

There is no data on this but there is no reason to expect that they would not be effective, given current information.

Will the Influenza A(H1N1) vaccine be safe?

Licensed vaccines are held to a very high standard of safety. All possible precautions will be taken to ensure safety in new Influenza A(H1N1) vaccines.

If the virus causes a mild pandemic in the warmer months and changes into something much more severe in, say, 6 months, will vaccines being developed now be effective?

It is too early to be able to predict changes in the Influenza A(H1N1) virus as it continues to circulate in humans or how similar a mutated virus might be to the current virus. Careful surveillance for changes in the Influenza A(H1N1) virus is ongoing. This close and constant monitoring will support a quick response should important changes in the virus be detected.

Who is likely to receive priority for vaccination with a future pandemic vaccine?

This decision is made by national authorities. As guidance, WHO will be tracking the evolution of the pandemic in real-time and making its findings public. As information

becomes available, it may be possible to better define high-risk groups and to target vaccination for those groups, thus ensuring that limited supplies are used to greatest effect.

Will WHO be conducting mass Influenza A(H1N1) vaccination campaigns?

No. National authorities will implement vaccination campaigns according to their national pandemic preparedness plans. WHO is exploring whether the vaccine can be packaged, for example, in multi-dose vials, to facilitate the rapid and efficient vaccination of large numbers of people.

Developing countries are very experienced in administering population-wide vaccination campaigns during public health emergencies caused by infectious diseases, including diseases like epidemic meningitis and yellow fever, as well as for polio eradication and measles control programmes.

Will seasonal influenza vaccine continue to be available?

Yes. At this time there is no recommendation to stop production of seasonal influenza vaccine.

¹ National Institute for Biological Standards and Control (UK), Food and Drug Administration/Center for Biologics Evaluation and Research (USA), New York Medical College (USA), Victorian Infectious Diseases Research Laboratory (Australia)

Issued by:

National Avian and Human Influenza Coordination Office (NAHICO) in close collaboration with the Office of the UN Resident Coordinator.

Telephone contacts: NAHICO - 012 264324/5 and UNRCO - 021 267750 and 021 267748