

Emerging Infectious Diseases: SARS and Avian Influenza

Sonja J. Olsen, PhD

International Emerging Infections Program

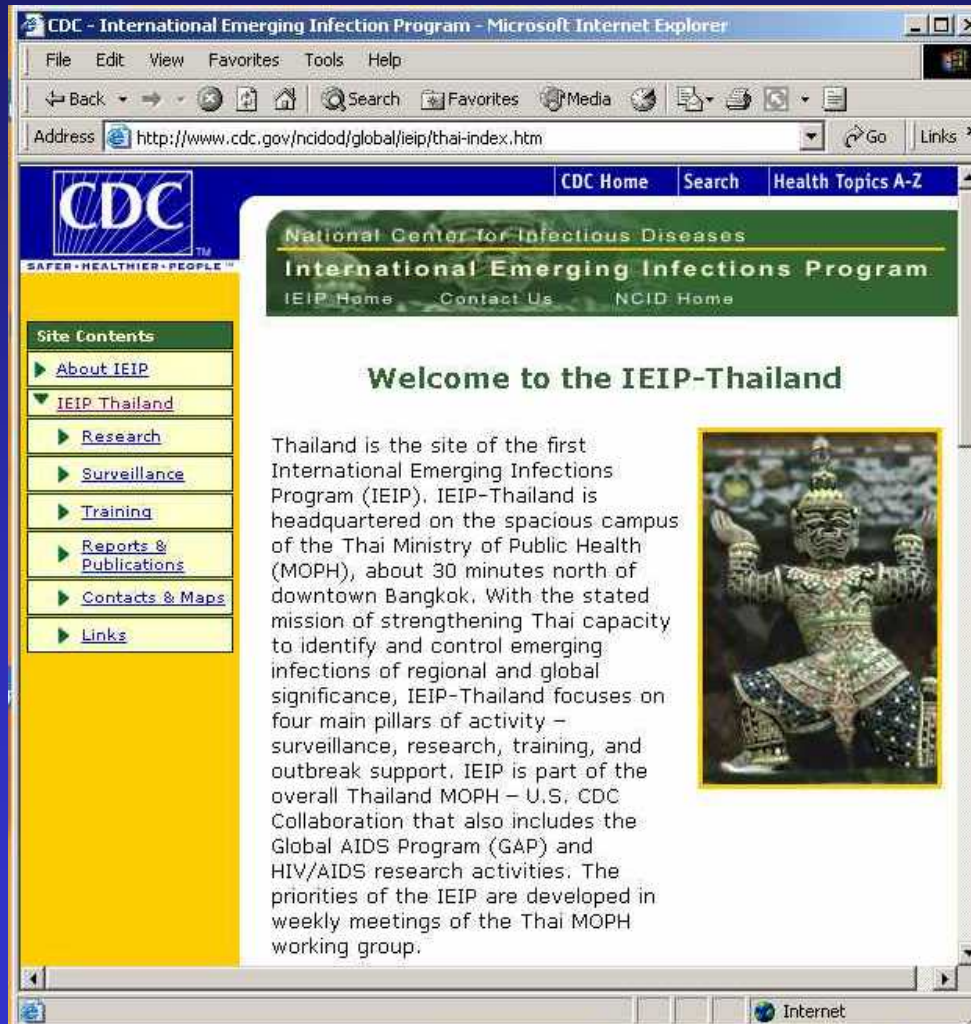
Thailand Ministry of Public Health - US CDC Collaboration



Recent Outbreaks in SE Asia

- 1997
 - Influenza A (H5N1) in Hong Kong
 - Spread from chickens to humans, 6 deaths
- 1999
 - Large outbreak of encephalitis in Malaysia
 - Spread from pigs to humans
 - Newly emergent paramyxovirus, Nipah virus

International Emerging Infections Program




The screenshot shows a Microsoft Internet Explorer browser window displaying the CDC International Emerging Infections Program website. The address bar shows the URL <http://www.cdc.gov/ncidod/global/ieip/thai-index.htm>. The page features the CDC logo and the text "National Center for Infectious Diseases International Emerging Infections Program". A navigation menu includes "IEIP Home", "Contact Us", and "NCID Home". The main content area is titled "Welcome to the IEIP-Thailand" and contains a paragraph of text and a photograph of a Thai guardian spirit statue.

Site Contents

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Welcome to the IEIP-Thailand

Thailand is the site of the first International Emerging Infections Program (IEIP). IEIP-Thailand is headquartered on the spacious campus of the Thai Ministry of Public Health (MOPH), about 30 minutes north of downtown Bangkok. With the stated mission of strengthening Thai capacity to identify and control emerging infections of regional and global significance, IEIP-Thailand focuses on four main pillars of activity – surveillance, research, training, and outbreak support. IEIP is part of the overall Thailand MOPH – U.S. CDC Collaboration that also includes the Global AIDS Program (GAP) and HIV/AIDS research activities. The priorities of the IEIP are developed in weekly meetings of the Thai MOPH working group.



<http://www.cdc.gov/ncidod/global/ieip/index.htm>



Recent Outbreaks in SE Asia

- 2002-3
 - Outbreak of Severe Acute Respiratory Syndrome
 - Likely spread from animals to humans
- 2003-4
 - Avian influenza A (H5N1)
 - Spread from chickens to humans
 - Human cases in Viet Nam and Thailand

ANALYSIS / SEVERE ACUTE RESPIRATORY SYNDROME

BP

Sars: Four months that shook Asia

After four traumatic months, Asia appears to have brought Sars under control, ending for now early fears the outbreak would escalate into a pandemic to rival the 1918 influenza.

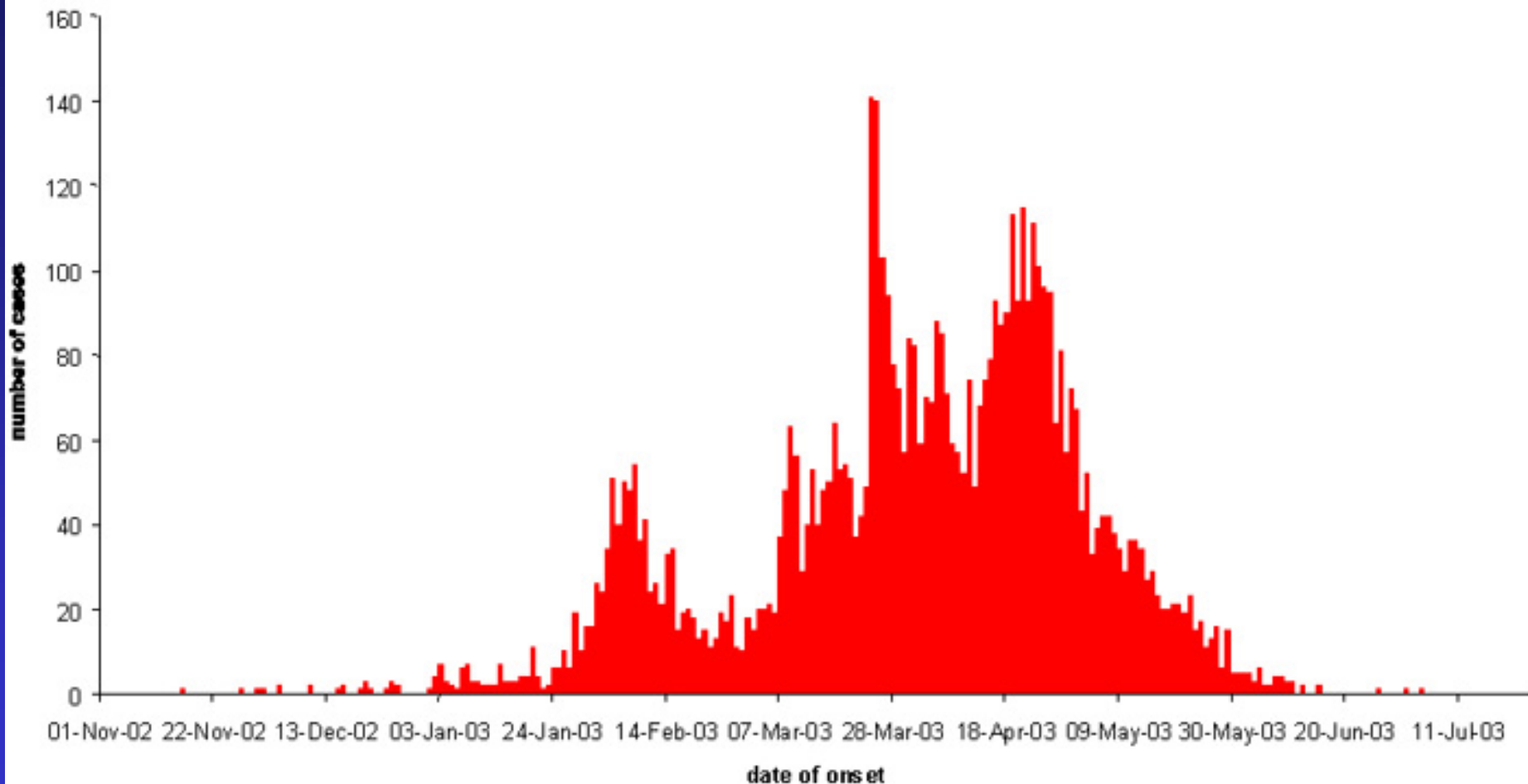
But as the region breathes a sigh of relief and a palpable optimism returns to Asia's streets, its leaders have begun picking through the economic and

Everyone is feeling a lot better the epidemic is dying down, but a full recovery cannot be expected for quite some time yet. In the meantime, there has been the silver lining of Beijing being more open with the world.

a team of its experts from travelling there to investigate and even denied any Sars problem on the mainland.

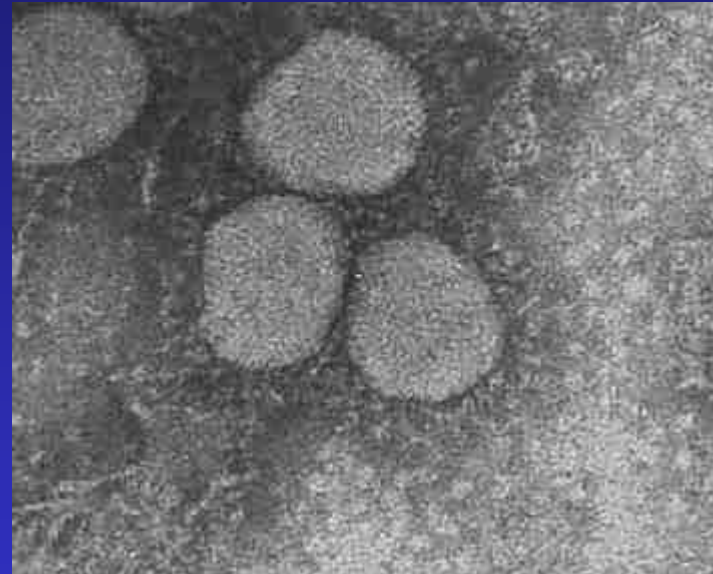
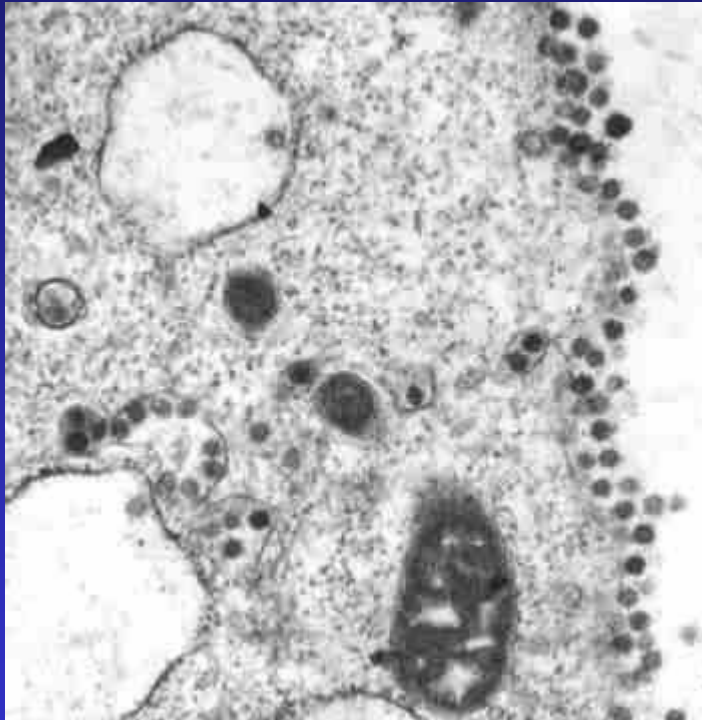
The April 2 advisory, however, turned international ire on China and pressure to come clean on a cover-up arguably responsible for what had by then become a full-blown worldwide outbreak with 180 dead and 3,000 infected was immense.

Probable cases of SARS by week of onset
Worldwide* (n=5,910), 1 November 2002 - 10 July 2003



*This graph does not include 2,527 probable cases of SARS (2,521 from Beijing, China), for whom no dates of onset are currently available.

SARS Caused by a Coronavirus



<http://www.who.int/csr/sars/coronavirus/en/>

Origin of SARS

- Animal origin
 - Masked palm civet
 - Raccoon dog
 - Chinese ferret badger
- Studies in China
 - Animals
 - Humans who work with animals

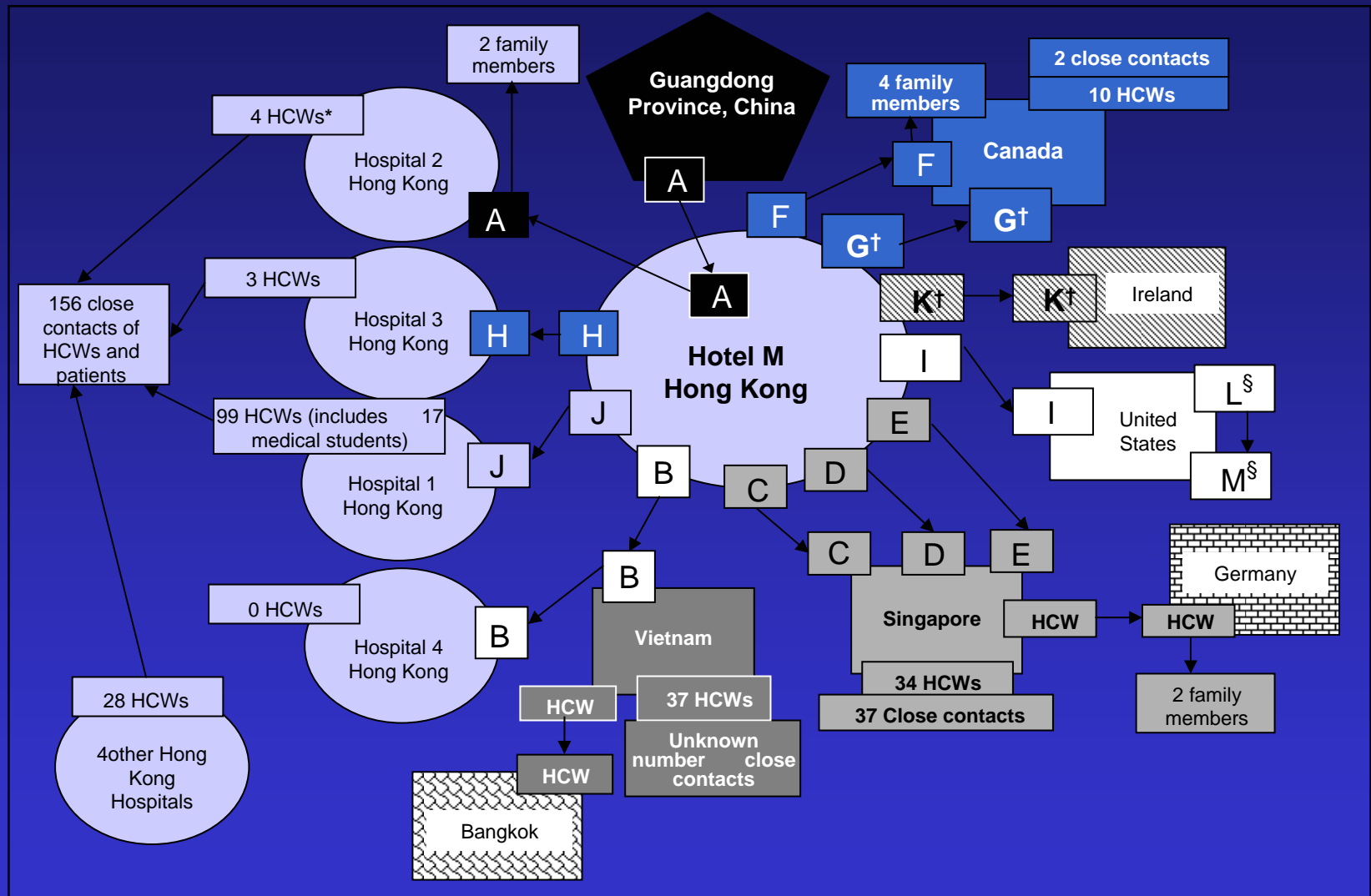
Epidemiologic Characteristics

- Incubation period 4 days (range, 2-10)
- Transmission through direct contact or droplet spread
 - Most transmission to close contacts
 - 21% of cases in health care workers
 - Infectious period peaks on days 5-15
- Mortality 15% overall
 - 0% (0-24), 6% (25-44), 15% (45-64), 52% (>64)

SARS Highly Infectious

Event	Number of secondary infections
Hotel M	16
Apartment Complex	321
Airline	22 (+41 in Beijing)

Chain of Transmission at Hotel M

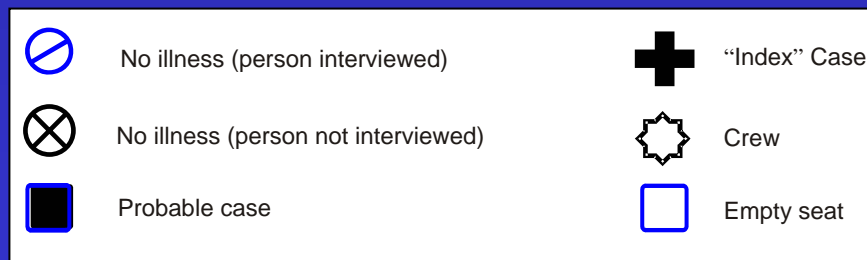
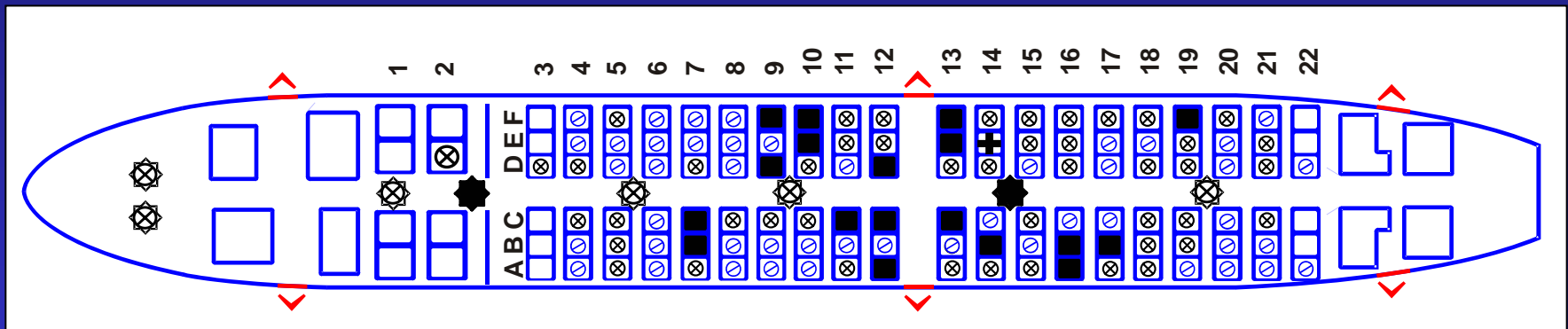


Apartment Complex

- 321 cases identified
 - 66% reported having diarrhea
 - 4% reported contact with SARS patient
 - 8% reported recent travel to mainland China
- Transmission
 - Sewage system – small droplet, airborne
 - Person-to-person
 - Shared communal facilities

Airline Transmission of SARS

22 infections
5 deaths

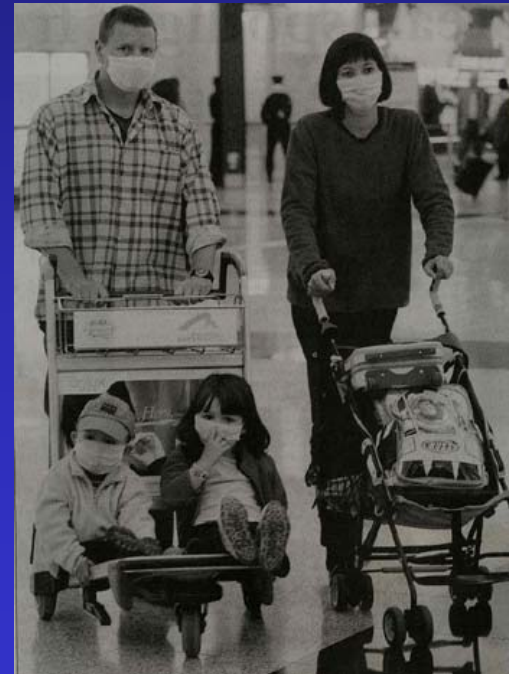


Measures to Reduce Airline Transmission of SARS

Aircraft Decontamination



Voluntary Use of Masks



Fever Screening



Bangkok Post

Good Infection Control



Full airborne precautions

Double gloves

Double Gown

Tight-fitting mask (N100) (N95)

Cap and Goggles

Shoe covers

Repercussions of SARS

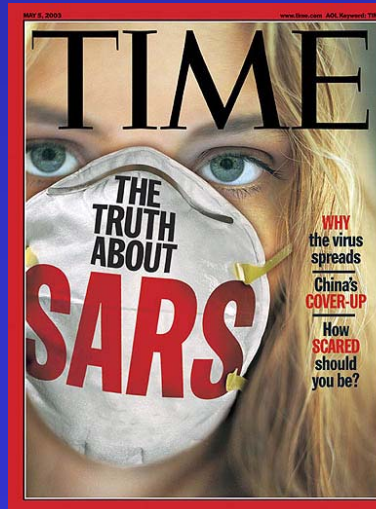
- Large economic impact

Airlines to lose US\$10 billion: IATA

- Strain on health care

SARS drives nurses and doctors to quit in Taiwan

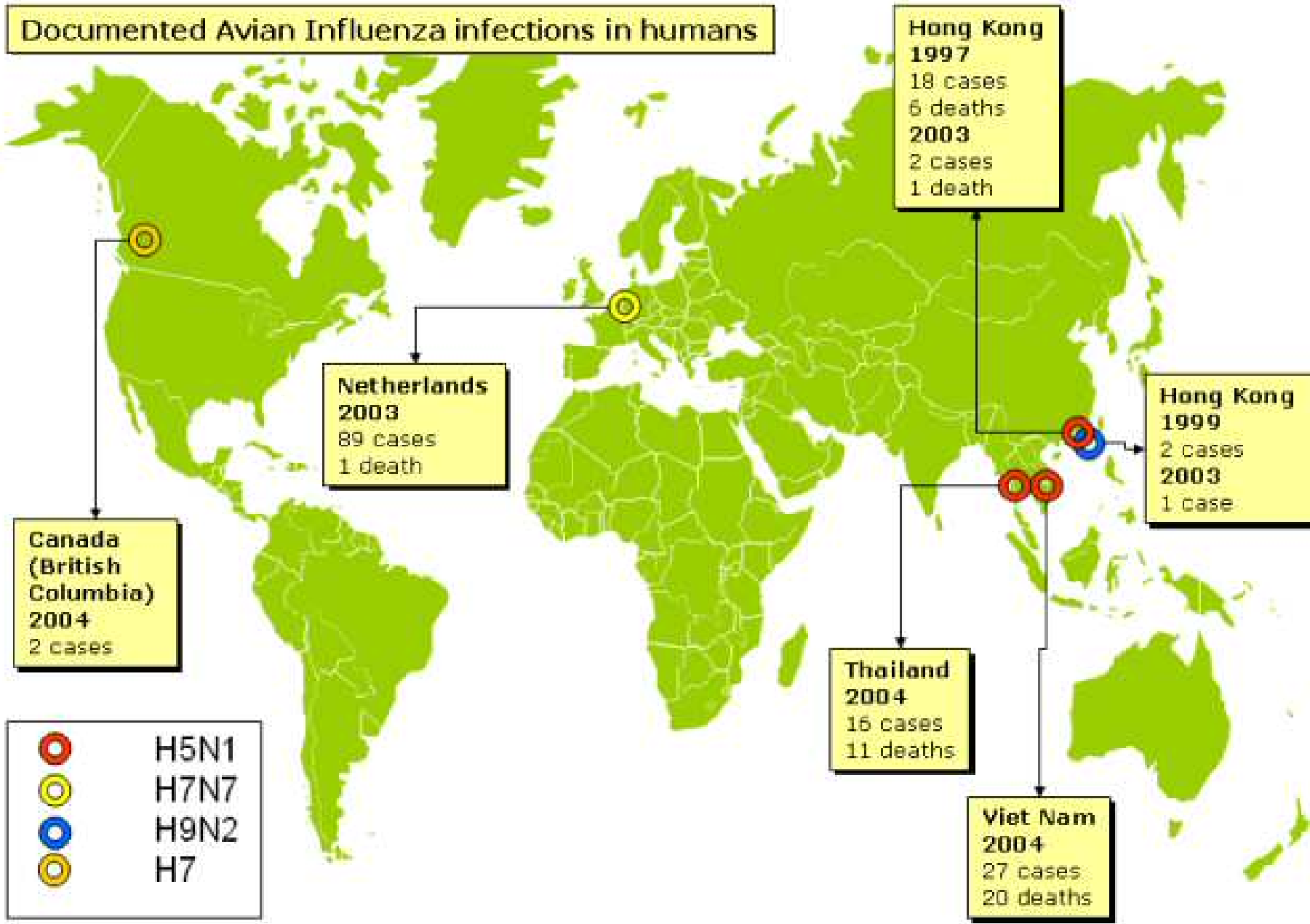
- High profile



Avian Influenza

- Discovered in Italy over 100 years ago
- Can occur in most species of birds
- Outbreaks have occurred throughout the world
- Viruses vary widely in pathogenicity

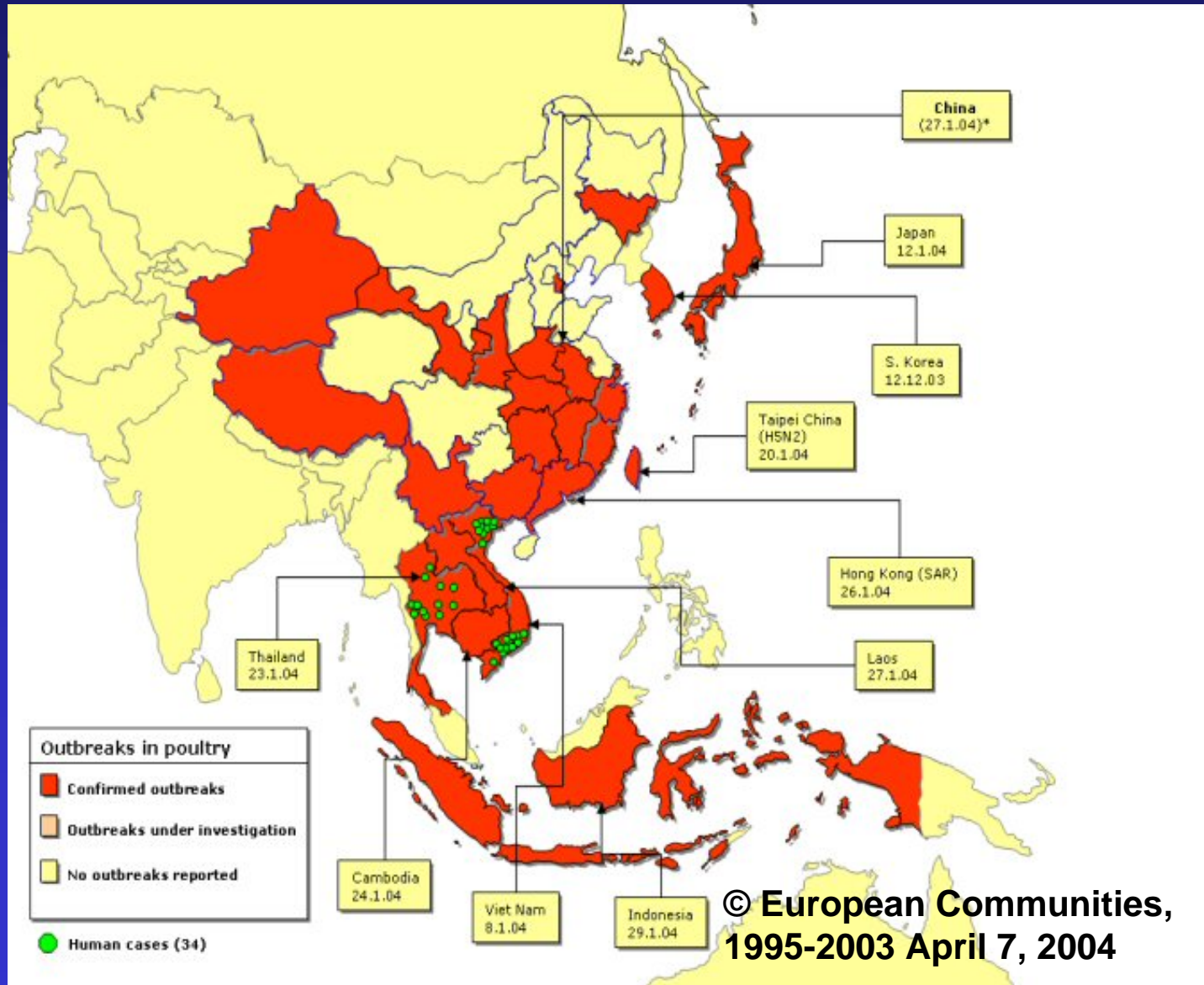
Documented Avian Influenza infections in humans



Data as of: 6.10.2004

© European Communities, 1995-2004

Avian Influenza A (H5N1) in Asia

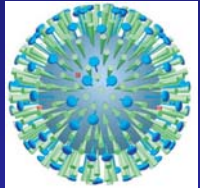


Current H5N1 Outbreak

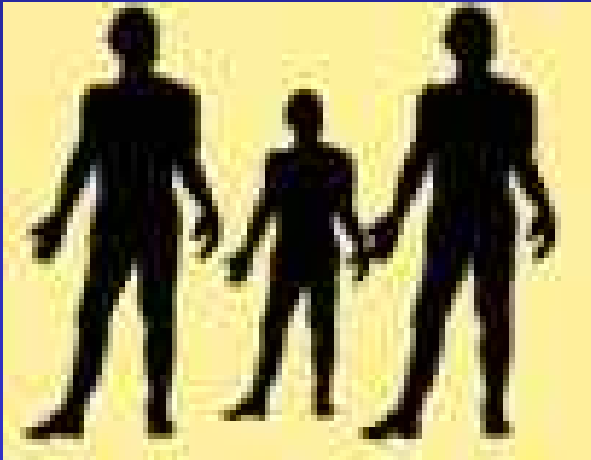
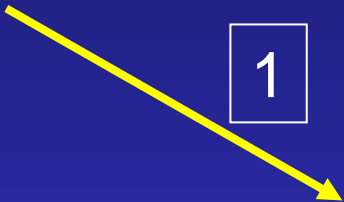
- H5 avian disease is widespread across Asia
 - A least 9 affected countries in 2004
 - >100 million birds culled or died
- Human infections limited to Viet Nam and Thailand
 - 40 cases
 - 73% mortality
- Concerns about a pandemic if H5 reassorts with H1 or H3

Three Possible Control Points to Prevent Reassortment

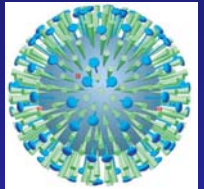
H1 or H3



1



H5



2



3



1 Prevent Human Infection Through Vaccination

- Key factors
 - Burden of influenza is substantial
 - 42,371 cases reported in passive surveillance system (2003)
 - True burden 92-fold greater
 - Seasonal coincidence of avian and human influenza
 - Vaccine not currently recommended

Human Influenza Burden is Substantial in Thailand

Data source	Sa Kaeo annual rate/100,000	Number in Thailand (population 62m)
Influenza-like illness (Household survey in Sa Kaeo [*])	39,095	24,238,900
Proportion of influenza-like illness caused by influenza virus ^{**}	16%	
Influenza	6,255	3,878,224

*Annualized

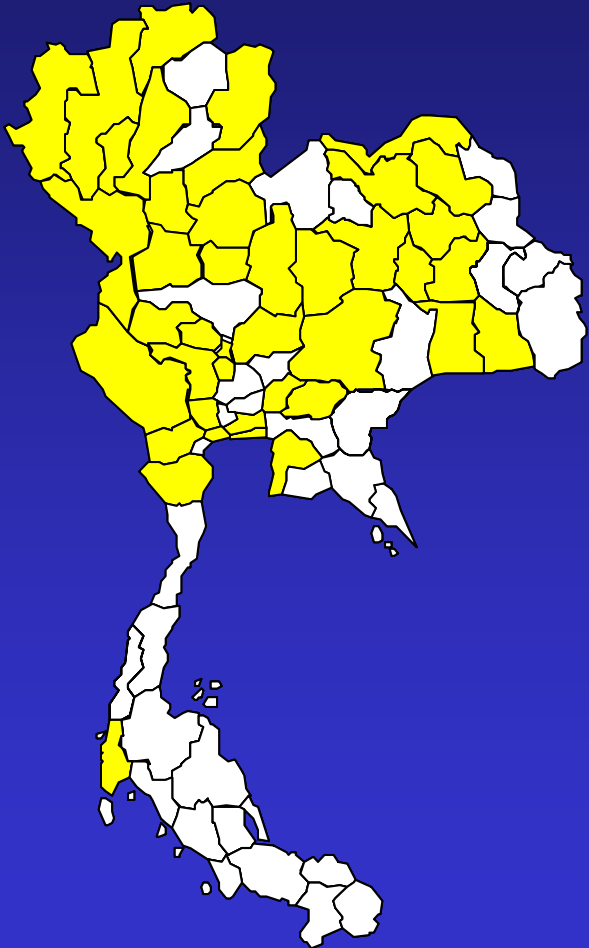
**Prospective population-based virologic surveillance for influenza in patients with influenza-like illness



2 Control avian H5 disease

- Key factors
 - Bird surveillance shows avian disease is widespread in Thailand
 - Culling has not eradicated the disease
 - Substantial economic costs due to infection and culling
 - Poultry vaccine currently banned in Thailand

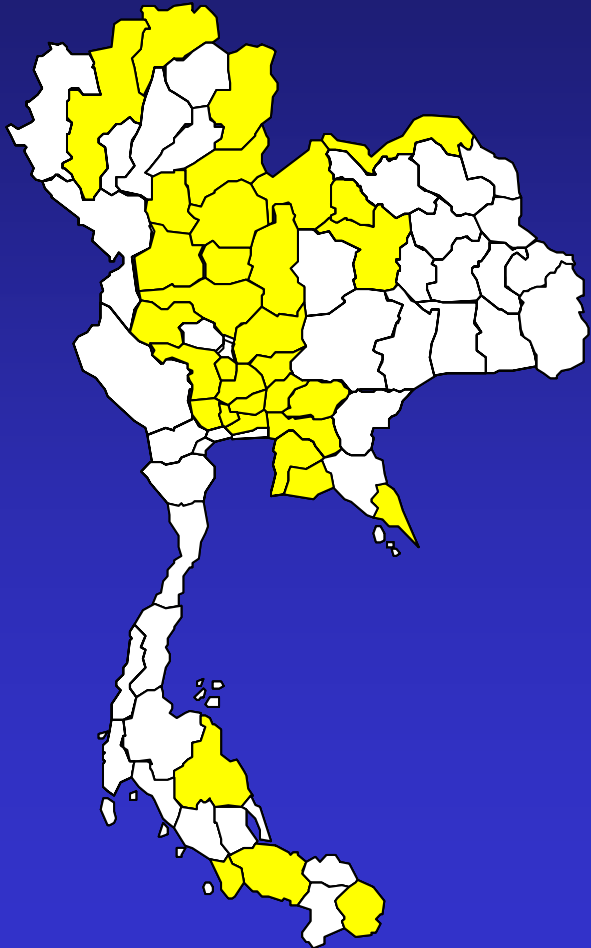
January - May 2004



- 61 affected provinces
- Poultry culled in 5km radius around H5 infected poultry
 - 30 million dead or culled

http://www.dld.go.th/home/bird_flu/birdflu.html

July - September 2004



- 34 affected provinces
- Culled only infected poultry
 - 1 million dead or culled

http://www.dld.go.th/home/bird_flu/birdflu.html

Broadened Species Range in 2004

- Poultry
 - Chicken
 - Ducks
 - Geese
 - Turkeys
 - Ostriches
 - Quails
 - Peacocks
 - Pigeons
 - Crows
- Other animals
 - Domestic cats
 - White tiger
 - Clouded leopard
 - Humans

3

Reduce human-avian interaction through public education

- Key factors
 - Poultry exposure is extremely common
 - Most cases are in children
 - Public is knowledgeable about bird flu yet some risk remains
 - Difficult to change behavior

Poultry Exposure is Common

Sa Kaeo, Thailand



178 farms

- 1.3% of poultry is on commercial farms
 - 178 farms
 - 31,221 poultry
- 98.7% of poultry is in backyards
 - 73% of households have backyard birds
 - 2,410,820 poultry



81,695 households with backyard birds

Recent Development

- Family cluster
 - 3 family members, 1 lived in another province
 - H5N1 confirmed infection
- Person-to-person transmission
 - No further spread
 - No significant mutation to virus

Summary: SARS and Avian influenza

- SARS redefined emerging zoonoses
 - Broad economic and public health impact
- Avian flu: unprecedented & unpredictable
 - Scale of the epizootic unprecedented
 - Ongoing potential for re-assortment event

Expect the Unexpected

- Monkeypox
- West Nile virus
- Nipah virus
- Avian influenza
- SARS