

ASIAN TRAVEL – CARRY TAMIFLU?

Asian Avian Influenza (Bird Flu)

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Tamiflu (oseltamivir phosphate) is effective against influenza virus A and B. This includes the Asian avian influenza (AAI), Type A H5N1 strain. This virus has been confirmed to have infected a number of people, with a substantial risk of death. Many were young, healthy individuals (as with the 1918 Spanish influenza pandemic).

Tamiflu can speed recovery by 1-2 days, and markedly reduces serious flu complications, such as secondary bacterial pneumonia.

To be effective Tamiflu must be taken within 48 hours of first symptoms: abrupt, high fever; cough/congestion; severe muscle aches. There is no human vaccine available for the H5N1 strain, although work on a potential vaccine is ongoing.

So far, most of the AAI flu cases occurred by direct contact with infected poultry – chickens or ducks – or environmental surfaces contaminated by their feces/excretions. But, the concern that the bird Type A H5N1 strain could genetically mingle with more traditional human flu viruses, allowing it to become a lethal human flu strain, spreading human-to-human, is real; so real that countries have placed orders to stockpile millions of doses of Tamiflu. The Infectious Diseases Society of America has recommended that the U.S. stock 150 million doses.

The concern is for an influenza pandemic – multiple, concurrent continental epidemics worldwide. The 1918 Spanish influenza pandemic caused 25 million deaths in 6 months. The pre-condition for that pandemic as well as the one predicted to occur soon in the upcoming years (by the Asian A H5N1 strain or other flu virus) is an immunologically novel influenza virus for humans, with no immunity experience from prior illness with the specific flu virus strain or closely related prior flu virus strains or from influenza vaccines used in prior years. In other words, with an epidemic from a viral strain to which people are immunologically naked, 2.2 million deaths in the U.S. are predicted. Worldwide the toll would be unimaginable.

Although the Centers for Disease Control (CDC) has not yet issued a travel advisory for the general public, these facts should at least prompt consideration for carrying a supply (5 day treatment course) of Tamiflu by individuals traveling or residing in countries where human or bird cases have occurred (and possibly contiguous nations, as well):

Animal Cases: Summary of Current Situation

Since December 2003, avian influenza A (H5N1) infections in poultry or wild birds have been reported in the following countries:

Africa:

Burkina Faso
Cameroon
Cote D'Ivoire
Djibouti*
Egypt*
Niger
Nigeria*
Sudan

East Asia & the Pacific:

Cambodia**
China*
Georgia
Hong Kong (SARPRC)
Indonesia*
Japan
Laos
Malaysia
Mongolia
Thailand**
Vietnam**

Near East:

Afghanistan
Egypt
Iran
Iraq (H5)*
Israel
Jordan
Pakistan

South Asia:

Burma (Myanmar)
India
Kazakhstan

Europe & Eurasia:

Albania
Austria
Azerbaijan*
Bosnia & Herzegovina (H5)
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
France (H5)
Germany
Greece
Hungary
Italy
Poland
Romania
Russia
Serbia & Montenegro
Slovakia
Slovenia (H5)
Sweden
Switzerland
Turkey*
Ukraine
United Kingdom

* human cases

** most cases human

For additional information about these reports, visit the
[World Organization for Animal Health Web site](http://www.oie.org).

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Availability of the drug locally cannot be relied upon and it must be started immediately upon becoming ill or after credible exposure (as an illness preventive strategy). Older flu drugs, amantidine and rimantidine, are not effective against this strain. Relenza (zanamivir) is effective, but cannot be used in those less than 12 years old or in those with respiratory disease (asthma, COPD, etc.).

Officials at the CDC and the World Health Organization (WHO) believe that the H5N1 Type A strain has become endemic to the birds in the affected regions and that human infections will continue. They feel it is possible this strain will evolve into a deadly human pathogen (once there is human-to-human transmission possible).

Asian Avian Flu Precautions

1. Regional Destination Disease Activity Information: update yourself:
<http://www.cdc.gov/flu/avian/index.htm>
2. Travel Medicine Kit: include thermometer
alcohol-based hand rub for hand hygiene
Tamiflu 75mg twice daily x 5 days
3. In-Country Healthcare Resources: identify pre-travel
4. Medical Evacuation Health Insurance
5. During Travel
 - a) Avoid direct contact with poultry/fowl – live or dead
 - 1) Avoid poultry farms and bird markets.
 - 2) Avoid handling surfaces contaminated with poultry feces/excretions.
 - b) Perform careful, frequent hand cleansing.
 - c) Thoroughly cook all poultry products – heat kills flu virus.
 - d) If you become sick abroad, contact U.S. consulate to locate medical services.
6. After Travel

If you become ill within 10 days of return, immediately notify your physician or a travel medicine/infectious diseases specialist, emphasizing the specifics of your recent travel.

Edward R. Rensimer, MD, FACP
Director, International Medicine Center