

BIRD FLU – An update – the current situation

Due to the fact there has been further significant media interest, particularly over the last few days, on the subject of bird flu, we felt it important to provide you with the current situation.

In essence, there has been no specific change in the world situation, from a medical perspective, however as we enter the winter season and the frequency of coughs, colds and normal influenza viruses increases, there are some practical steps that employees can take and we felt it important to advise you of these, so that you can consider them within your organisations and provide further information to your employees for them to discuss with their General Practitioners.

‘Bird flu’ is more accurately named Avian Influenza. Over the last 12 months, you will have received conflicting information from the tabloid press and television, creating concerns, particularly for members of staff who are anticipating travelling to the Far East, employees returning home from extended holidays from particular regions of the World that have been affected.

Avian Influenza or “Bird Flu” is a viral infection seen in animals, the virus normally infects birds and less commonly pigs. All bird species are thought to be susceptible to the infection, including domestic poultry and wild birds. It is not a new condition; Avian Influenza was first recognised in Italy in 1878. In vulnerable bird flocks, for example, domestic poultry, the virus is extremely contagious and rapidly fatal with a mortality rate approaching 100%. The birds often die on the same day that the symptoms appear.

The current interest in this virus infection began again in December 2003 when it was noted that a growing number of South East Asian countries had reported outbreaks of “Bird Flu” in chickens and ducks. The concern is that since 2003 there have been a number of highly infectious outbreaks occurring at the same time in several countries, this is unprecedented and has caused concern, particularly with regards to whether this infection can spread to humans.

Viruses are identified by their strain. A strain of virus has been identified that can jump from birds and animals to humans. This has occurred on two occasions in the past, in 1997 and 2003. This virus has now been identified again in Vietnam, Thailand and Cambodia.

If you have staff or students who are planning to travel an updated list of countries and their incidents of “Bird Flu” can be found at www.oie.int.

Some countries have been able to control the spread of “Bird Flu” very effectively, Japan and the Republic of Korea are two such countries, other countries have found it much more difficult. The World Health Organisation believes that this may be a resource problem rather than a different virus.

“Bird Flu” spreads from farm to farm; the virus is secreted in bird droppings and contaminates dust and soil. The virus can also be spread by airborne spread and also by contaminated equipment such as car tyres, cages and clothing, especially shoes.

The possibility of the virus being spread to the UK remains extremely remote. The importing of chickens for consumption from high-risk areas to the UK has been stopped. The risk of the virus being spread to the UK would be through the illegal importation of birds or animals. The risk of such events is considered very low.

As you are aware from the press coverage, there have been cases where the virus has spread to human beings; this was initially described in 1997 in Hong Kong and again in Hong Kong in 1999. There were cases in the Netherlands in 2003 and in Canada in 2004. All those individuals who developed symptoms of “Bird Flu” were individuals who had been in close contact with live infected poultry. In the recent cases reported in Vietnam, Thailand and Cambodia, all the individuals were infected through close contact with live infected birds. In 2004 the main concern has focused on Vietnam and Thailand where there have been widespread outbreaks in poultry.



The major concern for the international community is the potential for the virus to jump from animals and birds to humans. The process is known as a gene swapping. This occurs when a human being is affected with the normal flu virus and is also infected with “Bird Flu” virus. Within the body of the human being a new virus is formed, which contains genetic information from the “Bird Flu” virus and the normal flu virus, creating a new influenza virus against which human beings have very little immunity. This was the situation that caused the great influenza pandemic of 1918 and 1919 when a completely new influenza virus spread around the world in 4-6 months. Several further waves of infection occurred between 1920 and 1922. In 2005 the need for international travel is much greater than it was in 1918 and 1919.

At the present time it is important to stress that this has not happened and the source of infection in human beings to date has always been traced to contact with diseased birds on farms or in live poultry markets. It is also reassuring that, when compared with the number of birds that have been infected by “Bird Flu” in the last few years, there have been very few infections in human beings. There has only been a single case in the United Kingdom in 1996 and this was in a farm worker.

The latest travel advice to countries in the Far East, particularly Vietnam and Thailand can be obtained from the Department of Health website. If you have members of staff or students travelling to infected areas, it is important that they avoid live poultry markets and similar places where there are large concentrations of birds and other animals, and avoid eating uncooked poultry or meat.

If you are aware of employees or students who develop a respiratory illness or a chest problem and have visited a country on the list of those infected with Avian Flu and the individuals have had contact with live poultry such as chickens, ducks and geese or pigs, or have been in places that house such animals within 7 days of developing the symptoms, they should contact their General Practitioner who can obtain further advice if necessary from the UK’s Health Protection Agency.

It is important to stress however that coughs and colds and flu like illnesses are almost certainly not going to be Avian Influenza in most cases.



In conclusion, it is only very specific circumstances in certain countries that need to be avoided. If you have employees or students working in such highly specialist areas then consideration should be given to postponing the intended travel or taking additional precautions. As already indicated there are no specific vaccines available for Avian Influenza, simple precautions however are effective in avoiding the infection.

It is generally accepted that those human subjects who have developed Avian Flu due to their close contact with infected birds, have died due to chest complications, developing bacterial infections such as pneumonia.

It is now accepted that if employees suffer from chest problems such as bronchitis or severe asthma, they would benefit if they have not already been immunised from a pneumovax immunisation which protects against a serious and potentially fatal form of chest infection, which may well be a serious complication of Avian Flu. Pneumovax immunisation is available on the NHS from the employee's General Practitioner.

In addition, it has also been accepted that, as a general precaution, having a normal 'flu jab' will help to provide employees with a defence against normal influenza, thus hopefully improve their resilience and fitness if they were potentially exposed to the 'Bird flu' virus.

The production of flu immunisations for the 2005/6 winter has been delayed and the immunisations will not be available until November. As is usually the case, immunisations are rarely in plentiful supply and are often ordered months in advance, however employees may well be able to obtain an immunisation through their General Practitioner and should be encouraged to seek immunisation as this is a generally accepted reasonable and preventative measure; not only to assist in maintaining their fitness through the normal UK winter, but also in relation to a 'Bird flu' epidemic.



It is also important to stress that at the present time, although there is a significant amount of media interest in the subject of Avian Flu or “Bird Flu”, it has not spread to human beings and has only infected individuals in close contact with infected birds or infected animals in very specific areas of the Far East. It is also encouraging to note that some countries have been able to control the outbreaks in poultry quickly and safely.

If you have any further questions or we can be of assistance to you with regards to this problem, particularly as I am sure there will be further communications through the media, please do not hesitate to contact Preventative Healthcare on talk2us@phcohealth.co.uk.

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