

Current Status of Avian/Pandemic Influenza

by **Tanya Melillo Fenech MD MSc**
 Chairperson of the National Influenza Pandemic Standing Committee

The situation regarding avian H5N1 virus is only getting worse. Since the beginning of February 2006 affected wild birds – mainly swans – have been recorded, since the beginning of February 2006, in 14 European countries, without involvement of domestic poultry (Austria, Bosnia, Bulgaria, Croatia, Germany, Greece, Hungary, Italy, Poland, Slovakia, Slovenia, Sweden & Switzerland). In France, a commercial turkey farm, adjacent to a site where infected swans were located, has also been found infected. Other countries like Albania, Azerbaijan, China, Egypt, India, Indonesia, Malaysia, Niger, Russia and Romania have poultry affected with the virus.

The situation in Africa is of particular concern. It is now obvious that H5N1 has become significantly endemic and widespread in poultry populations outside South East Asia. The discovery in Germany and Austria of H5N1 virus affecting also domestic cats has only complicated the picture. Other animals that have been infected with

H5N1 include tigers, pigs, civets and ferrets.

In Germany, on the 10th of March it was also discovered in a stone marten (a member of the weasel family). To date only domestic poultry have been shown to play a role in the transmission cycle of the virus from animals to humans.

Further investigation is needed to determine whether evidence of H5N1 infection in new mammalian species has any significance for the risk of human infection or the potential of this virus to adapt to mammals, including humans.

Studies done this year on H5N1 viruses show that multiple lineages of the virus are now established in poultry in parts of Asia. Poultry to poultry transmission is thought to sustain endemicity of the virus in this region. H5N1 virus has been isolated from apparently healthy migratory birds in southern China suggesting that migratory birds can carry the virus for long distances.

According to the WHO, the cumulative number of confirmed cases of human avian virus a up to 10th March

by WHO is 176 cases and 97 deaths (case fatality rate of 55%).

Seasonal Influenza Surveillance

From October 2005 to date there has been low reporting of influenza cases in Europe compared to previous years. Virological studies have shown that 68% of cases were found to be Influenza B while 32% were found to be influenza A (H3N2 and H1N1).

Infact, it has been recommended that the 2006-07 influenza vaccine will consist of "Wisconsin" strain for Influenza A (H3N2) replacing "California" strain, and "Malaysia" strain for Influenza B replacing "Shanghai" strain. The "New Caledonia" strain of H1N1 used for this year's vaccine will be used again as the third component of the trivalent vaccine. [4]

The information is correct as on 13/3/06.

For further information check the Disease Surveillance Unit Web Portal website on <http://www.health.gov.mt/dsu/>

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LIST OF EXCIPIENTS WHICH EFFECTS SHOULD BE WELL-KNOWN FOR A SAFE US IN SOME PATIENTS: glucose, sucrose, glycerol, sodium citrate, sodium benzoate.
INDICATIONS: this drug is an iron supply – it is recommended for treatment of iron deficiency anaemia.
CONTRA INDICATIONS: anaemia not related to iron deficiency.
PRECAUTIONS FOR USE: drinking large quantities of tea inhibits iron absorption. Take into account the supply of 3g of sucrose per ampoule in the daily food intake. Prevention of deficiency in infants based upon diversified food intake

SIDE AFFECTS: normal coloration of stools in black is normal – digestive symptoms: gastric burns, nausea, constipation, diarrhoea.
DOSAGE AND METHOD OF USE: oral route, ampoules are drunk after dilution in sweetened water or not, or in any other fruit juice. Take preferably the ampoule before meals but sometimes the time of the intake and the dosage must be adapted in accordance with digestive tolerance.
Curative treatment: - in adults: 100 to 200 mg of metal iron per day that is to say 1 ampoule of TOTHEMA – in infants over 1 month and children: 5 to 10 mg of metal iron per kg and per day
Preventive treatment: pregnant women: 50 mg of metal iron per day that is to say 1 ampoule of TOTHEMA during the last 2 quarters of pregnancy (or from the 4th month).
Duration of treatment: it must be sufficient to correct anaemia and to restore iron reserves which, 3 to 6 months depending on the depletion of reserves, but may be prolonged further if the cause of anaemia is not controlled. The control of efficiency is only useful after at least 3 months of treatment: it should consist of determining the correction of anaemia (Hb, MCV) and the restoration of iron stores (seric iron and transferrin saturation)



For more information contact:
SEROLF TRADING AGENCY Tel: 21 337 231 serolf@maltanet.net