

Avian Influenza Talking Points
5/8/2006

1. We expect high path H5N1 to arrive in the U.S. While it's possible that it will not reach our borders, we are preparing as if it will.
 - a. This expectation relates to the rapid spread of the virus overseas and the start of spring migration - with the potential for wild birds to mix in the flyways.
2. The arrival of high path avian influenza would NOT signal the start of a human flu pandemic.
 - a. There is no evidence that the virus is passed easily from human to human anywhere in the world.
 - b. Almost all of the human illnesses and deaths in other countries have been attributed to direct contact with infected birds
3. Properly prepared poultry is safe to eat.
 - a. Even if high path H5N1 reaches the U.S., it is unlikely an infected bird would enter our food supply
 - b. Proper cooking kills the avian influenza virus, just as it does many other germs.
4. We have experience responding to high path avian influenza - we've done so three times in the United States.
 - a. Most recent - 2004, confined to one flock
5. We are expanding wild bird testing as an early warning system.
 - a. We are working with the Department of the Interior, states, and universities to finalize a plan to increase testing as spring migration begins.
 - b. Wild birds move along predictable pathways during migration and many birds that nest in Alaska spend winters in parts of Asia where the high path H5N1 virus is endemic.
 - c. This early detection plan prioritizes testing in Alaska, elsewhere in the Pacific flyway, and the Pacific Islands. This will be followed by the Central, Mississippi and Atlantic flyways.
 - d. The plan uses a combination of five strategies to achieve early detection. They are:
 1. Testing wild birds that have died or are sick
 - a. This offers the highest and earliest probability of detecting the high path H5N1, if it is introduced in the U.S. by a wild bird
 2. Sample testing of live wild birds
 3. Sample testing of hunter-killed birds
 4. Monitoring and testing of sentinel species

5. Testing of environmental samples
 - e. The plan calls for a combined testing of 75,000 – 100,000 live and dead birds (DOI, USDA, and states combined) in 2006 and conducting 50,000 habitat samples (feces and water)
 - f. The plan also establishes a systematic approach to the collection and tracking of sample data
6. Detection in wild birds would NOT mean high path AI will reach commercial poultry because the U.S. poultry industry is very sophisticated.
 - a. Biosecurity practices are part of daily operations at commercial poultry farms ("biosecurity" practices are sanitary practices that provide protection)
 - i. Commercial poultry are typically raised in covered buildings – offering limited exposure to wild birds
 - ii. Most commercial operations control access to and from those buildings and require workers to follow sanitary procedures as they come and go
 - b. The U.S. commercial poultry industry is highly consolidated – meaning we have many birds in close, confined locations – so it would be easier to wipe-out the virus
7. We have a detailed response plan in place and the ability to quickly dispatch a team to the scene of an outbreak.
 - a. We have 600 USDA veterinarians and 385 animal health technicians. In addition, there are 400 state veterinarians and 250 state animal health technicians who work cooperatively with USDA on animal health issues.
 - b. We have the ability to tap into a network of 1,300 state and local veterinarians and animal health technicians if needed (called National Animal Health Emergency Reserve Corps.)

ADDITIONAL BACKGROUND INFORMATION

- * Monitoring Domestic Flocks: We work with state and industry partners to monitor and test domestic flocks, including those at live bird markets and commercial poultry operations
 - o Also - "Biosecurity for the Birds" program for backyard flock owners
 - * This program teaches backyard flock owners about important biosecurity - or sanitary - practices and how to identify and report signs of illness in birds
 - * Approx 50,000 backyard flocks in U.S. (2003 figure)

* Border Control: We have several protections in place at our borders.

o USDA quarantines and tests all live birds imported from countries other than Canada, except returning U.S.-origin pet birds that are tested and allowed to go through home quarantine.

* We have three secure quarantine facilities where birds are held for 30 days and tested for AI.

o USDA prohibits imports of poultry raised or slaughtered in countries where high path H5N1 has been detected in commercial poultry or traditionally raised poultry, not in wild or migratory birds.

- Feathers: the importation of commercial shipments of raw bulk feathers from highly pathogenic H5N1 avian influenza (HPAI) affected countries must comply with USDA regulations to prevent the introduction and dissemination of HPAI H5N1 into the United States. These shipments are required to have a certificate of processing according to USDA regulations and an import permit.

- Note: USDA regulations address importation of poultry and poultry products. We do not have the authority on labeling fully finished commodities containing feathers such as comforters, pillows, jackets, etc.

o USDA has a smuggling interdiction team that works closely with the Department of Homeland Security's Customs and Border Protection to prevent illegal smuggling of birds and poultry products

* International Assistance: We are expanding our assistance to countries affected by high path H5N1 - knowing that anything we can do to contain the virus overseas, will help to protect both animal and human health in the U.S.

o We have sent teams of experts to educate, conduct research, and assist other countries with monitoring and eradication efforts.

o We are preparing to work as part of an international team to conduct country by country assessments of their needs in relation to AI

* Response Plan details: In the event of an outbreak, we are prepared to take five main steps:

o Quarantine the affected poultry operation(s)

o Secure the area and limit movement

o Increase AI testing throughout region to quickly detect any spread

o Humanely destroy the infected birds

o Sanitize the area and maintain quarantine until tests confirm the area is AI-free

* Vaccines: Additionally, USDA maintains a bank of bird vaccines to protect healthy birds outside a control area, if necessary.

o The vaccine would be used to create a firewall around a quarantine to prevent spread

- o 40 million doses
- * (20 million for H7 and 20 million for H5 - proven effective against highly pathogenic H5N1 AI)
- * (specifically - 10 M H5N2; 10 M H5N9; 10 M H7N2; 10 M H7N3)

- o Another 70 million doses in development

- * Lab Capabilities: We have a network of 39 USDA-certified federal, state and university laboratories capable of conducting AI tests (part of National Animal Health Laboratory Network)

- o The combined capacity is 18,000 tests per day (500 tests per day per lab)

- o During the exotic Newcastle outbreak, a single lab in the network could run 80,000 tests in one day. Spread among 39 labs, the 75,000-100,000 live and dead bird samples and 50,000 water and feces samples would not a huge increase in testing during a one year period.

- o USDA operates premiere lab in Ames, Iowa (National Veterinary Services Laboratory) where confirmatory testing is conducted

- * Funding: Thanks to the President's leadership in identifying this as a priority, and our ability to access animal health emergency funds, we have the resources needed to prepare and respond.

- o In 2006, USDA received \$91 million in supplemental funding to fight A-I here at home and overseas
- o In addition, our 2007 budget includes \$82 million in appropriated funds to address AI

DATE

May 4, 2006

TOPIC

ABC Television Movie "Fatal Contact: Bird Flu in America", 8 p.m. Eastern, May 9, 2006

Background

On Tuesday, May 9 at 8 p.m., the ABC television network will air a made-for-TV movie titled "Fatal Contact: Bird Flu in America." The movie follows an outbreak of the H5N1 avian flu virus from its origins in a Hong Kong market through its mutation into a pandemic virus that becomes easily transmittable from human to human and spreads rapidly around the world. Among the story lines featured, several of the movie's key characters are the Secretary of Health & Human Services, a CDC Epidemic Intelligence Service officer, and the Governor of Virginia. More information on the film can be found on the ABC-TV Website at: <http://abc.go.com/movies/birdflu.html>.

Below are talking points and a set of questions and answers based on the film, which has been previewed by a number of HHS staff.

TALKING POINTS

* The ABC Movie "Fatal Contact: Bird Flu in America" is a movie, not a documentary. It is a work of fiction designed to entertain and not a factual accounting of a real world event.

* There is no influenza pandemic in the world at this time.

* Also, it is important to remember that H5N1 avian influenza is almost exclusively a disease of birds. The H5N1 virus has not yet appeared in the U.S.

* Should the H5N1 virus appear in the U.S., it does not mean the start of a pandemic.

* An additional point to remember is that the next influenza pandemic could be substantially less severe than what the movie depicts or that occurred in 1918. For example, the influenza pandemics of 1957/58 and 1968/69 caused so much less illness and death than did the 1918/19 pandemic that many Americans at that time did not distinguish them from seasonal influenza and were unaware that a pandemic was underway.

* While the movie does serve to raise awareness about avian and pandemic flu, we hope it will inspire preparation - not panic. There are steps individuals, families and communities can take to prepare. You can keep a supply of food and medicines on hand in case you have to stay home, you can practice good public health measures like frequent hand washing and staying home when sick. There is good information available on www.pandemicflu.gov.

* The film does depict scenarios that could unfold should a severe pandemic ever develop, including limited availability of antivirals and vaccines as well as the potential for disruption of supplies, medicines and other essential services.

* The film also illustrates the expected months-long delay in developing an effective vaccine against a pandemic strain of influenza once it emerges. This is why, at the President's request, the Congress approved funding for the Department of Health and Human Services to make significant financial investments to improve the technology for vaccine development and to build up our domestic vaccine production capacity, to ensure more rapid availability of vaccine for the population in a pandemic.

* The film highlights an important aspect of planning - individual and community planning and cooperation that will be so vital to sustaining communities and neighborhoods during an extended wave of an influenza pandemic. HHS has developed an extensive set of planning documents, including planning checklists for businesses, schools, health care providers, community organizations and states as well as an individual and family planning guide. All of these materials are available at www.pandemicflu.gov <<http://www.pandemicflu.gov/>> .

* While the H5N1 virus has not yet appeared in the U.S., and there is no influenza pandemic in the world at this time, it is important for all Americans to be informed about this potential public health threat

and some of the steps individual Americans can take to protect themselves and their families in the event of a pandemic.

QUESTIONS AND ANSWERS

Many people in the movie are seen wearing surgical masks. Will masks protect me?

Surgical masks are recommended for health care workers who are subjected to repeated exposure to multiple patients. For health care workers performing certain medical procedures on infected patients, N95 respirators are recommended. Surgical masks are also recommended for patients who are infected to help reduce the potential for spread of virus when these people cough or sneeze. HHS will continue to review and update as needed its public health guidance on the use of masks and respirators by healthcare workers and by the general public.

The movie shows the virus spreading in many ways besides coughing or sneezing, such as handshakes, kissing, sharing drinks, etc. Is that correct?

Influenza virus is primarily spread by airborne droplets that reach the eyes, nose or mouth but can also spread by touching contaminated surfaces and then touching one's face. This highlights the importance of learning and practicing good personal hygiene, including:

- * Wash hands frequently with soap and water.
- * Cover your mouth and nose with a tissue when you cough or sneeze.
- * Put used tissues in a waste basket.
- * Cough or sneeze into your upper sleeve if you don't have a tissue.
- * Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
- * Stay at home if you are sick.

The film indicates that there will be a shortage of Tamiflu (or other antivirals) in a pandemic. Will there be? And if so, what is the government doing to prevent that?

HHS is stockpiling enough antivirals to treat 25% of the U.S. population should a pandemic occur in the U.S. This figure is based on historical data from past pandemics indicating that roughly 25% of the population would get sick in a pandemic and would benefit from antiviral treatment if started early in the course of illness. To date, the U.S. government has purchased 26 million antiviral treatment courses and expects to have on hand a total of 81 million treatment courses by the end of 2008.

In the movie officials quickly find out that there is no vaccine available when the pandemic occurs nor will any be available for many months. Will we have vaccine available if a pandemic occurs?

There likely will be no vaccine initially available that precisely matches the pandemic strain when a pandemic begins. Because influenza viruses continually evolve and mutate, it is not possible to develop a vaccine until after the pandemic strain actually comes into existence. Only after the strain emerges, is isolated and characterized can a

vaccine be developed and manufactured. Based upon current vaccine production processes and capacities, it will take at least 6 months to begin producing pandemic vaccine once a pandemic strain occurs.

HHS has been developing and stockpiling an experimental "pre-pandemic" H5N1 vaccine that may offer some level of immune protection should the H5N1 virus mutate into a pandemic strain. Having a stockpile of this vaccine for up to 20 million people, may help delay or lessen the initial impact of a pandemic while vaccine against the actual pandemic strain is developed and produced.

However, HHS is making significant financial investments to improve the technology for vaccine development and to build up our domestic vaccine production capacity, to ensure more rapid availability of vaccine for the population in a pandemic.

Many neighborhoods were quarantined in the film. Even the Governor of Virginia quarantined himself, his staff and his family from the rest of the world. Will the government quarantine people in a pandemic?

The purpose of quarantine is to separate people who have been potentially exposed to a contagious disease and may be infected but are not yet ill to stop the spread of that disease. The last large-scale quarantine measures that were imposed in this country were used in the early 20th century to contain outbreaks of plague, yellow fever, and smallpox.

Today, quarantine typically refers to confining potentially infected persons to their homes or community-based facilities, usually on a voluntary basis. Quarantine can be used for a defined group of people who may have been exposed at a public gathering, or who may have been exposed while traveling, particularly overseas. In extreme cases, quarantine could apply to an entire geographic area, in which case a community may be closed off by sealing its borders or by a barricade, known as a "cordon sanitaire".

In the case of pandemic influenza, quarantine may be one of the public health tools employed in the early days of an emerging pandemic if efforts are undertaken to contain the outbreak before it spreads too widely. Once a pandemic has begun to spread, quarantine is not likely to be effective in controlling the spread, and instead efforts may turn to "social distancing." Social distancing includes measures to increase distance between individuals, such as staying home when ill unless seeking medical care, avoiding large gatherings, telecommuting, and school closures.

In the movie, we learn that the virus is beginning to develop resistance to Tamiflu, rendering the drug useless. Could that happen? If so, why are we buying so much Tamiflu for the stockpile?

Tamiflu, and another antiviral, Relenza, have shown effectiveness in treating influenza. Early evidence suggest that Tamiflu may be effective in treating those patients who have been infected with the H5N1 avian flu virus. While there have been a few reports of Tamiflu resistance developing on therapy, there has been no transmission of a resistant virus. The resistance developing on therapy has been associated with starting the drug late or using low doses of this drug.

Tamiflu, when used at proper doses and started within a few days of the appearance of symptoms should be effective treatment of this infection.

Relenza has not been used in treating human H5N1 cases to date, as it has been unavailable in many countries that have had people infected with H5N1. But experts expect it would be an effective treatment also.

HHS is stockpiling enough antivirals to treat 25% of the U.S. population should a pandemic occur in the U.S. This figure is based on historical data from past pandemics indicating that roughly 25% of the population would get sick in a pandemic. To date, the U.S. government has purchased 26 million antiviral treatment courses and expects to have on hand a total of 81 million treatment courses by the end of 2008. Of its antiviral purchases, the U.S. is buying approximately 80% of its supply as Tamiflu and about 20% of its supply as Relenza. This is due in part to product availability but also to the need to diversify the supply so as to not rely solely on one medication.

Many essential services (e.g. electricity, food, water, etc.) become scarce in the film's scenario. Could that happen?

An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss. Everyday life would be disrupted because so many people in so many places become seriously ill at the same time. Impacts can range from school and business closings to the interruption of basic services such as public transportation and food delivery.

In addition, a substantial percentage of the world's population will require some form of medical care. Health care facilities can be overwhelmed, creating a shortage of hospital staff, beds, ventilators and other supplies. Non-traditional sites such as schools may need to be used for patient care to cope with demand.

The film depicted many people who simply walked off their jobs. Would that really occur?

In a severe pandemic, it is very possible that up to 40% of a business' or organization's workforce will be out sick or at home taking care of sick family members. It is also possible that a small percentage of this amount will be people who are healthy but who may be too frightened to venture out into public.

The numbers of health-care workers and first responders available to work can be expected to be reduced as they will be at high risk of illness through exposure in the community and in health care settings, and some may have to miss work to care for ill family members.

What will we do with the overwhelming number of deceased bodies if we have a severe, 1918-like pandemic as was depicted in the film?

Addressing the possibility of a large number of deceased individuals in a pandemic is one of our top pandemic planning priorities. Currently, we are working on modeling studies to try to determine as clearly as we can what we could possibly expect in terms of numbers of deaths over the course of several pandemic waves. Until these studies are done, we

won't be able to speculate on details of what we might or might not expect. We expect this work to be done in the next few months.

Regardless of whatever estimates are developed, it is highly unlikely that in the 21st century in the U.S. that we would ever resort to mass graves. We are working with many government agencies (e.g. Veterans Affairs) as well as the private sector (e.g. the funeral industry, the cemetery industry) to develop guidance for states, local communities and others that maintains the dignity of the deceased, honors family wishes, and respects religious and social customs.

Deciding who gets vaccine was a major question in the film. In a real pandemic, how will you decide who gets vaccine first?

The greatest risk of hospitalization and death—as seen during the last two pandemics in 1957 and 1968 pandemics and during annual influenza—will be in infants, the elderly, and those with underlying health conditions. These individuals, along with health care providers, who are critical to maintaining a health care system in a pandemic, would likely be the first individuals to receive the first supplies of vaccine. However, in the 1918 pandemic, most deaths occurred in young adults, highlighting the need to remain flexible on determining priorities for vaccination groups based on the epidemiology of an emerging pandemic.

As part of planning efforts, two Federal advisory committees—the Advisory Committee on Immunization Practices and the National Vaccine Advisory Committee—have made recommendations for prioritizing critical populations that might receive the first supplies of vaccine. These recommendations can be found in the HHS Pandemic Plan, which is available at www.pandemicflu.gov.

In the movie, the Virginia governor's son dies because he cannot get diabetes medicine; other drugs are not available in pharmacies. Essential supplies, including medicine, may become unavailable during a pandemic. As part of effective planning, individuals and families should talk to their doctor about how to maintain adequate access to prescription medications.