In Brief

This Information Bulletin (no. 03/2005) – formally entitled ‘Southeast Asia: Avian Influenza’ – is being issued for information only and reflects the measures currently being taken by national Red Cross and Red Crescent societies in East Asia and Southeast Asia in response to the increasing frequency of avian and human influenza cases.

Since December 2003, the increasing occurrence of avian and human influenza (virus subtype H5N1 AIV) has claimed a reported 71 human lives in East and Southeast Asia out of a total of 139 known human cases since late 2003. At the same time, the culling of millions of domestic fowl in countries in East and Southeast Asia to curtail the spread of the disease is adversely affecting the livelihoods of thousands of rural farmers. Although to date the reported human cases have been eventually linked to contact with infected animals, the developing threat of a pandemic amongst humans related to the existing virus has led to a growing global efforts amongst international organizations (including World Health Organization (WHO), Food and Agriculture Organization (FAO) and World Bank), national governments and the European Union to cooperate on developing preparedness, prevention and response mechanisms.

With the large number of volunteers and access to remote and vulnerable communities, Red Cross and Red Crescent societies in East and Southeast Asia are well positioned to assist local authorities with undertaking prevention and control measures and assist low-income families affected by the disease.

Equal access to ‘simple and understandable messages’ should be available not only to the people who can read or write but also to the more vulnerable communities living in the rural areas and workers in the poultry farms. They have the right to know how to look after themselves and tell their families how to take preventive measures to prevent and prepare for avian and human flu.

Five key areas where Red Cross and Red Crescent societies can have, and are playing an important role in raising public awareness about the avian influenza virus include:

- public health education about the dangers of sick animals and signs and symptoms of human illness
- public health education about hygiene and proper handling of birds and poultry
- coordination with local authorities and other organizations to assist with environmental protection
- monitoring and reporting on outbreaks
- providing support and assistance to households affected by the epidemic

The East Asia region includes national societies in China, Democratic People’s Republic of Korea (DPRK), Japan, Republic of Korea (ROK) and Mongolia. The Southeast Asian region includes national societies in Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam.
The Situation

The H5N1 bird flu virus is endemic in poultry in parts of East and Southeast Asia. Since 2003, there have been 139 known human cases in these parts of Asia, of which, 71 of these cases have ended in death. To date, the bird flu virus (H5N1) remains difficult for humans to catch. The issue, however, is that H5N1 is a strain with pandemic potential, as it could eventually adapt into a strain that is transmissible among humans. Global attention, therefore, is currently focused on the consequences of virus’s potential to mutate into a form that can pass easily between people and trigger an influenza pandemic. Although instances of human-to-human transmission of bird flu have been very limited so far, according to the United Nations’ coordinator on avian influenza, there have been some subtle changes in the genetic makeup of H5N1 which suggest that it is making some of the mutations that would enable it to have a higher likelihood of being able to become a human-to-human transmitted virus. The World Health Organization (WHO), however, currently ranks bird flu at phase three on a scale of six (phase six marks the start of a pandemic), indicating that there is no or very limited human-to-human transmission.

Throughout recorded history, influenza pandemics have occurred every ten to 50 years, with the last three pandemics occurring in 1918, 1957 and 1968. Unlike most natural disasters, which are confined to a specific area and have a relatively short period when they are active, an influenza pandemic has an unlimited geographic range, especially given modern air travel etc., and could take place over a matter of years.

East Asia

South China has long been the epicentre of influenza pandemics, and has been the source of three or four global outbreaks in a century. In 2005, some 30 outbreaks of bird flu were reported in 11 provinces and regions of China, with six confirmed human cases in five provinces and regions: Hunan, Anhui, Guangxi, Liaoning and Jiangxi. Two of these cases have resulted in deaths.

Bird flu has killed 151,200 birds with another 22 million destroyed in an effort to prevent further outbreaks. The culling of birds has added up to a significant loss for the farmers. In general, the government has been compensating farmers at a rate of RMB 10 (USD 1.24) per bird which, under ordinary circumstances, could have sold for slightly over twice that amount at the market, and three times that much during Spring Festival which begins at the end of January. The impact of the loss of even one back yard chicken with a market price of USD 2.50 to avian flu for the estimated 90 million rural farmers earning less than USD 79 per year, or the hundreds of thousands of families who lost the season’s crops to severe floods and are now subsisting on stored grains is particularly grave.

The country’s 690,000 rural villages are home to 740 million farmers who live and work in cramped quarters with ducks, chickens and pigs. In recent household visits made by the Federation in Anhui, Jiangxi, and Guangxi, households were littered with bird excrement from chickens that kept wandering in and out of the house. In poor rural areas, it is common for farmers to bring the chickens into their house at night in order to prevent theft and keep the chickens warm. Habits such as drying freshly killed chickens in trees, and cleaning chickens in communal water sources could also be a potential source of spreading the disease. China has announced plans to vaccinate billions of birds to contain the virus and has launched a campaign to encourage farmers and local officials to report new cases.

The February 2003 outbreak of H5N1 in Hong Kong is suspected to have caused three cases and two deaths in members of a family who had recently travelled to southern China.

In April 2005, instances of bird flu were reported on two chicken farms in the Democratic People’s Republic of Korea (DPRK). Although the cases turned out not to be the dangerous H5N1 strain, according to the WHO and FAO, the cases were handled very well and with transparency. In the mean time, the population is receiving general information about avian flu through daily and comprehensive media coverage advising the general public of precautions.

Some 1.74 million birds have been culled in Japan with the most recent case in animals detected during the second week of December in Ibaraki prefecture near Tokyo. There was one reported human case of bird flu in 2004, where the patient who had been exposed to infected birds recovered. At the moment, travelers to Japan from bird
flu-affected areas to have their shoes disinfected upon arrival at the country’s four major airports. Japan’s Ministry of Health has requested that the country’s medical institutions avoid hoarding the antiviral drug “Tamiflu” which has proven to be effective in treating H5N1, and have limited the quantity of Tamiflu which one hospital can buy. The Japanese Ministry of Health has also requested that all the country’s medical institutions strengthen their capacities to cope with avian flu in the event of a pandemic.

There have only been a limited number of cases of bird flu in Mongolia. Some 170 birds at Erkhel Lake in Khovsgol Aimag were officially recorded as having died from H5N1. The government then moved ahead taking all necessary action in the aimags (provinces) where they found birds who were killed by H5N1. On 2 September, the government of Mongolia agreed at a cabinet meeting on steps to prevent and combat avian flu and foot-and-mouth disease. The ministers of food and agriculture, and health were delegated to coordinate action including the provision of vaccination equipment and supplies, clothing and decontamination substances. Aimag and city governments were asked to follow a hygiene regime in quarantined areas, limit vehicle, animal and human movement, destroy all carcasses of infected animals and birds, and manage the implementation of the ban on various imported goods and raw materials.

**Southeast Asia**

Beginning in late June 2004, new outbreaks of avian influenza A (H5N1) infection among poultry were reported by: Cambodia, Indonesia, Malaysia, Thailand and Vietnam. To date, Southeast Asia has felt the brunt of the impact of the H5N1 avian influenza virus, both in humans and in poultry as the past few months have brought with them daunting daily changes in the figures about the disease. According to the most recent WHO statistics, there have been four human cases in Cambodia all of which have ended in death; and 14 human cases in Indonesia of which ten have ended in death. Recently, Indonesia’s health minister has stated the number of human bird flu cases is likely to be far higher than reported in the sprawling country due to the poor surveillance capacity outside Jakarta. Another issue is recent reports from Indonesia’s Agriculture Ministry that chickens have been infected with H5N1 in at least three districts in Aceh, where tens of thousands of survivors of the 26 December tsunami remain in refugee camps. There have been 22 human cases in Thailand of which 14 have ended in death; and, 93 human cases in Vietnam of which 42 have ended in death. At the same time, many experts involved in monitoring the development of the disease fear that the lack of effective monitoring systems in poor countries, like Cambodia, where the health system is rudimentary, could mean that outbreaks go undetected raising the chances of a human bird flu pandemic.

**Red Cross and Red Crescent action**

**East Asia**

**Red Cross Society of China (RCSC)**

Joint Red Cross Society of China (RCSC) and Federation teams visiting rural households in Anhui, Guangxi and Jiangxi, as part of recent floods and earthquake operations, have spent time speaking with vulnerable families and local government officials where they have been able to gather further insight into the situation in the villages. There are a number of challenges that will have to be overcome in educating rural communities about avian influenza. Households visited have “heard of” bird flu, however, understanding about bird flu was fairly superficial. When households were questioned as to whether of not they “washed their hands” regularly – one of the main preventative measures against contracting H5N1 – those people interviewed did not use soap to wash their hands, and the water used to wash their hands was “dirty” water in a wash bowl as opposed to running water. Households do possess hand pumped wells with fresh water but this water is reserved for drinking. Some households washed their hands in nearby ponds, etc. Access to information and health care is also limited. Although some households possessed televisions, however, they relied on younger family members to “operate them”. Some households had radios but many households had neither and there were a significant number of people who could not read.

On 9 November, the RCSC headquarters sent out a letter to branches confirming the society’s commitment towards mobilizing the society’s members and volunteers in playing a role in the country’s pandemic prevention and contingency plan. Branches in Beijing, Sichuan and Anhui have already produced pamphlets and booklets about the subject for distribution to the general public.
The RCSC is working with the American Red Cross to promote much needed public awareness about the prevention and transmission of avian influenza (H5N1), and reduce the threat posed by the disease to communities. The American Red Cross (AmCross) in partnership with the RCSC plans to organize a two-day national avian flu conference for some 75 participants representing the RCSC’s 31 provincial-level branches and branches from the six major municipalities. It is expected that at the conclusion of the conference, the representatives and leadership from the provincial RCSC branches who participated in this conference would upon returning to their respective provinces function as focal points applying the knowledge and tools disseminated during the meeting, for public education at their local provincial, county and village levels.

The Hong Kong branch of RCRS (HKRC) is building on their experience with SARS applying lessons learnt to avian flu prevention and awareness activities. HKRC youth and volunteers have already begun distributing educational materials to the elderly and in schools. Some 112 volunteers signed on for post-outbreak assistance. In October 2005, HKRC set up a task force to plan and monitor HKRC activities in dealing with the potential for a pandemic. Among some of the other activities already implemented by the HKRC include: measures to protect the work place by establishing guidelines on avian flu prevention measures for staff and volunteers to observe while carrying out services and activities; producing and distributing 20,000 newsletters and 50,000 health tips cards to HKRC staff, volunteers, members and service recipients to alert them with health knowledge to prevent from being infected with avian flu.

**DPRK Red Cross**

The DPRK Red Cross has integrated avian flu as one of the topics covered in the society’s training modules on infectious diseases for household doctors. The DPRK Red Cross has also offered to assist in contingency planning in case of a pandemic. This offer is currently being considered by the Ministry of Public Health (MoPH). The society is highly experienced in community-based health education and thousands of volunteers across the country are well prepared to produce educational materials and implement effective community education activities.

**Southeast Asia**

On 18 December, the Indonesian Red Cross with the support of the Federation and the ICRC initiated and hosted the Southeast Asian Red Cross Red Crescent meeting on avian influenza in Jakarta. The meeting was attended by leadership and health managers from national societies in Indonesia, Singapore, East Timor, Cambodia, Vietnam, Malaysia, Philippines and Hong Kong Red Cross. The meeting in Indonesia follows the November meeting in Geneva on this topic, where discussions among different organizations and world leaders focused on the
‘challenge of a coordinated international response’. There is a strong call for commitment, coordination and providing people and community on what to do and what is correct to do in different circumstances – the communication strategy in prevention, preparedness and response in avian and human flu.

The 18 December meeting was an opportunity to highlight the importance of engaging local communities and vulnerable people in prevention and preparedness activities, as well as the importance of coordination and commitment in order to prepare and be ready to respond to a potential pandemic. Partners need to work together and advocate that the community, governments, UN agencies, the WHO, the private sector, the Red Cross/Red Crescent movement and other grass-root organizations should all have a defined role to play in order to make a difference to minimize the impact of this potential flu pandemic. At the conclusion of the 18 December regional meeting in Jakarta, the national societies in the region decided to establish a working group charged to formulate a regional plan of action on avian influenza by early March 2006. The Federation’s Southeast Asia regional health unit will support the activities of this working group with resource mobilization and secretariat functions.

National societies in Southeast Asia are taking a lead role in developing and implementing community-based education activities. Examples of the materials and lessons learnt to date are being shared with sister societies on a webpage devoted to the issue on the Federation’s intranet - Fednet. Movement volunteers and staff already have experience working with communities and vulnerable groups, visiting them house to house.

The Southeast Asia regional health unit actively supported the regional national societies in planning their avian influenza prevention and preparedness activities. The regional public-health-in-emergencies delegate visited national societies in Vietnam, Cambodia and the Philippines to provide technical advice and input into their planning process. The Federation’s Southeast Asia regional health unit also compiled copies of avian influenza information-education-communication (IEC) materials developed by national societies and made them available to the region.

Cambodian Red Cross (CRC)
The Cambodian Red Cross (CRC) is a member of the National Steering Committee to prevent avian influenza in Cambodia. Within the national society, the CRC has set up a national steering committee to coordinate all of its avian influenza prevention and preparedness activities. The committee is comprised of senior managers from all of the society’s technical departments. To date, this committee held a series of consultation meetings and is spearheading the process of finalizing the national plan of action on avian influenza prevention and preparedness.

As a part of this plan, the CRC will conduct intensive public education campaign in eight border provinces, targeting subsistence farmers who own poultry, sellers of live poultry and rural households in general and reaching some 74,000 people in total in those locations. It will also conduct a nation-wide intensive media campaign on avian influenza prevention. The CRC is also in the process of increasing its national headquarters staff and logistics capacity to deal with the increased demand to support activities at the provincial branch level.

Viet Nam Red Cross (VNRC)
In terms of human influenza derived from H5N1 and avian influenza, so far Vietnam is the hardest hit country. The country’s epidemic can be divided into four stages as follows:

<table>
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<tr>
<th>Stage</th>
<th>Period</th>
<th>Locations with reported cases in poultry</th>
<th>Human Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dec 2003 – Feb 2004</td>
<td>2,574 communes, 381 districts, towns of 57 cities and provinces</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>July 2004 - Aug 2004</td>
<td>45 communes, 34 districts of 16 cities and provinces</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Dec 2004 - July 2005</td>
<td>670 communes, 182 districts of 36 cities and provinces</td>
<td>64</td>
<td>21</td>
</tr>
<tr>
<td>4</td>
<td>Since Oct 2005</td>
<td>10 provinces</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>93</td>
<td>42</td>
</tr>
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</table>
In addition to public education activities conducted since February 2005, the VNRC organized in December a national forum involving branch representatives from 15 provinces most affected by the avian flu outbreaks. The forum also involved representatives of relevant government authorities, traditional healers and community leaders to share their local knowledge on avian influenza prevention.

Moreover, the VNRC plans to significantly scale up its nation-wide public education campaign in 2006 by mobilizing volunteers and spreading the message through mass media. It has developed a comprehensive prevention and preparedness plan of action and appealed to the international community for support through the Federation’s annual appeal.

As a part of this plan, besides nation-wide activities, the VNRC will focus and intensify its efforts in six provinces (Dong Thap, Bac Giang, Lang Son, Quang Nam and Tuyen Quang). These provinces were chosen based on the frequency in occurrences of avian influenza outbreaks, low coverage by public dissemination activities by other organizations, and the capacity of Red Cross provincial branches. The VNRC also plans to integrate avian influenza prevention messages into the general health education activities of the national society. VNRC estimates that this programme will support over 6,600 Red Cross volunteers enabling them to reach some 1,500 communes with basic avian influenza prevention messages.

Given the country’s high vulnerability to avian flu epidemic, the VNRC puts a strong emphasis on ensuring appropriate level of organizational awareness and preparedness at all levels for the potential pandemic. Thus, it conducts orientation sessions for its staff and volunteers and develops preparedness plan that covers different issues like staff protection, coordination with government authorities and continuity of its activities in different stages of potential pandemic.

Myanmar Red Cross Society (MRCS)
The Myanmar Red Cross Society was actively involved in drafting national plan on avian influenza. The MRCS also has established an avian flu taskforce at the national headquarters level and has designated staff to coordinate its activities. The society has commenced with some initial stockpiling of items necessary to ensure the continuity of business, and protect its staff in case of potential pandemic.

With the support of the Federation country delegation, the MRCS developed a one-year plan of action that covers a range of activities aimed at increasing public awareness of avian influenza, and preparing the MRCS to render its humanitarian services in times of potential pandemic. This plan includes providing training for a total of 8,100 Red Cross volunteers nation-wide (covering each state/division and township). It plans to integrate avian influenza prevention messages in their existing community health education activities. Some other planned activities include: (1) organizing national information sharing forum on avian flu with the participation of other partners; (2) developing a database of trained Red Cross volunteers who are available on call to provide services in case of potential pandemic.

Indonesian Red Cross (Palang Merah Indonesia - PMI)
Bird flu has now been found in 23 of Indonesia’s 30 provinces. With 400 million of Indonesia’s 1.3 billion chickens living in very informal settings and running around people’s houses, leaders from international organizations have identified avian influenza as a huge problem for the country, particularly as the country recovers from the December 2004 tsunami.

Based on its national network of 30 chapters (and 378 branches), PMI has launched a large-scale programme on avian influenza. This programme focuses on developing and implementing activities which address: public dissemination, bio-security and community surveillance. As a part of this effort, PMI has been conducting mass education campaign on avian influenza prevention in 12 provinces across the country (Banten, DKI Jakarta, provinces in West Java, Central Java, East Java, Yogyakarta, Bali, Lampung, Jambu, South Sulawesi, North Sumatera and East Kalimantan). To gain leadership support, it plans to organize advocacy meetings for board members in each district/branch by inviting professionals from the Ministries of Health and Agriculture.

PMI has organized bio-security activities to spray disinfectants in chicken farming areas in Jabodetabek (West Java) and South Sulawesi, and are working to motivate farmers to clean their poultry farms. In addition, PMI
volunteers support monitoring of avian flu cases by reporting suspicious bird deaths to related department for further coordination.

It estimates that when the epidemic happens, it can mobilize up to 56,000 Red Cross volunteers to take the necessary action, including providing appropriate information to the community and providing first aid. To address the issue of human resource protection in case of potential pandemic, PMI plans to conduct staff orientation sessions in each district/branch, organize vaccination of its board members, staff and key volunteers and stockpile masks. It also plans to establish avian influenza posts at the national headquarters and at least 30% of all branches.

**Malaysian Red Crescent Society**
The Malaysian Red Crescent Society has formed a special task force to plan activities for avian influenza prevention and preparedness. High on the national society’s agenda are mass awareness and the identification of risk groups.

**Philippines National Red Cross**
The Philippines National Red Cross integrated avian influenza prevention messages into their ongoing public health emergency programme. It plans to start intensive public education activities in selected cities, mainly in poor neighbourhoods by mobilizing volunteers previously trained under other health emergency programs like SARS response. In the last two months, it also conducted a series of staff orientation meetings for its staff at national and branch level.

**Timor-Leste Red Cross (Cruz Vermelha de Timor-Leste)**
Cruz Vermelha de Timor-Leste (CVTL) has included avian influenza prevention messages in their community-based first aid programmes. It is planning to develop a national society plan in early 2006, with the support of the Federation health delegate.

**Singapore Red Cross Society**
The Singapore Red Cross Society developed and placed simple, key messages on avian influenza prevention on its website. It plans to develop a business continuity plan for potential pandemic. The society is responsible for voluntary blood donor recruitment in the country. As a part of this plan, learning from the regional experience of shortage of blood supply experienced during the SARS 2003 epidemic, the society also plans to tailor its blood services contingency plan for the potential pandemic of Avian Influenza.

**Lao Red Cross**
The Lao Red Cross is in the process of developing a national society plan of action on avian influenza public education and social mobilization activities. In this respect, it has created links with external non-governmental organizations, such Academy for Educational Development (AED).

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