Sometimes called "bird flu," this infection causes a severe illness in humans. Humans do not possess immunity to this virus, which has been labeled N5N1. The virus occurs among birds, being spread in the respiratory and eye secretions, as well as their droppings. Less commonly, pigs can be infected.

Human deaths from avian influenza have been reported in Thailand, Viet Nam, Indonesia, and Cambodia. Additionally, poultry outbreaks have occurred in Russia, Kazakhstan, and South East Asia.

Spread to humans from bird droppings or secretions, as in markets where live birds are kept, is one location where humans could become infected. Surfaces that are contaminated by such secretions could also be a risk, and eating undercooked poultry or eggs would be another potential source.

Human-to-human transmission is extremely rare. A mutation to the virus that would permit human-to-human transmission is very much feared.

The initial symptoms of H5N1 infection are like any influenza (fever, cough, chill, sore throat, aching muscles, and headaches), but then it progresses to pneumonia, severe respiratory difficulty, diarrhea, and brain inflammation. Convulsions, coma, and death may follow.

Advice given to travelers is to avoid animal markets, contact with poultry, and birds - particularly if traveling in "at-risk" areas. Similarly, avoid undercooked poultry or eggs. Maintain strict personal hygiene, with the supplemental use of alcohol hand sanitizer if possible.

Before setting off, check the health-care resources in the country of your destination. Abide by travel restrictions. If you have not had a regular flu vaccine, it may be wise to take a dose before travel, as this minimizes the confusion that may exist in differentiating between regular and avian flu. Persons who have fever should not travel.

If an epidemic develops, postpone meetings and international travel as much as possible.

An antiviral medication called oseltamivir, or "Tamiflu," is available for the treatment of avian flu. It is expensive, but is the only effective treatment currently available. Tamiflu should only be taken after consultation with a doctor. The usual "in prevention" dose is 75 mg twice daily for 5 days, or in severe cases, 150 mg twice daily for 7 to 10 days.

Fears that an H5N1 epidemic would be more explosive than SARS, more difficult to contain, would lead to more rigid travel restrictions, and not be seasonal have experts alert and anxious.

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