

Communicable Disease Newsletter

World Health Organization Regional Office for South-East Asia

Avian influenza situation in the South-East Asia Region

Images of avian influenza or “bird flu” infection among migratory and domestic bird populations in Asia, Russia, Eastern Europe, Turkey and of their human victims have been watched with great concern by the world. The unprecedented way A/H5N1 (the strain of the virus that causes avian influenza) has been spreading has raised the alarm that an influenza pandemic is imminent.

Current scenario

Sporadic occurrences of avian influenza in humans have already killed many in Cambodia, China, Indonesia, Thailand, Vietnam, and, most recently, Turkey (see table on next page). Since December 2003, more than 18 countries



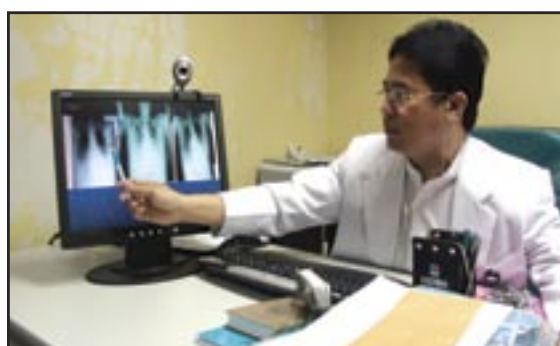
have reported outbreaks of the disease. As of 2nd February 2006, 161 confirmed bird flu cases and 86 deaths, mainly from Asia, have been reported to WHO. Majority of cases have occurred among children and adults who had direct contact with infected sick or dying poultry or with surfaces and objects contaminated by their faeces, blood, feathers and/or meat.

It is now evident that the A/H5N1 has not only jumped from poultry to humans, it has also become more pathogenic. What is more unsettling is that the next pandemic virus is likely to emerge from Asia, and for South-East Asia, the prognosis is particularly ominous.

Several reasons highlight the extreme vulnerability of countries in the South-East Asia Region

- Two Member States, Indonesia and Thailand, have already reported outbreaks in poultry and humans,
- Human - poultry interface/coexistence is pervasive, and
- Countries lie along the flyways of migratory birds.

Given the poor condition of the health infrastructure in the Region, most countries are not able to cope with the impending threat. Although all countries are committed to preventing and responding to the threat of avian influenza, only the



countries with pandemic-preparedness plans and good health system infrastructure would be able to respond promptly and effectively. Only those Member States with pre-existing core capacities will succeed in limiting the transmission of avian influenza pandemic and curbing its adverse impact.

What is WHO doing to face the emerging threat?

To respond to the danger of a possible avian influenza pandemic, the Regional Director of the South-East Asia Region (WHO/SEARO) has earmarked an emergency fund of USD 500 000. He has also set up an inter-

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Cumulative number of human cases of avian influenza reported to WHO (2nd February 2006)

Date of onset	Cambodia		China		Indonesia		Iraq		Thailand		Turkey		Vietnam		Total		
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	
2003	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	3	3
2004	0	0	0	0	0	0	0	0	17	12	0	0	29	20	46	32	
2005	4	4	8	5	16	11	0	0	5	2	0	0	61	19	94	41	
2006	0	0	2	2	3	3	1	1	0	0	12	4	0	0	18	10	
Total	4	4	10	7	19	14	1	1	22	14	12	4	93	42	161	86	

GROWING NUMBERS Total number of cases (161) includes number of deaths (86). WHO reports only laboratory-confirmed cases. Source: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2006_01_19/en/print.html

departmental Task Force on avian influenza. The Regional Office has been assisting Member States through country missions in outbreak investigation as well as in preparation

Regional Pandemic Preparedness Plan (2006-08)

In order to plan and prepare to sustain our support to the Member States and given the enormity of the task ahead, vastness of the needs of countries with global implications of influenza pandemic, WHO/SEARO has prepared a Regional Pandemic Preparedness Plan. This Plan envisages to complement the national efforts and assist Member States in capacity building to be able to quickly detect, verify and diagnose infection through surveillance and early warning; an event and information management system including rapid response; and strengthening of the health system response including stockpiling of antivirals and ensuring surge capacity of hospitals and health facilities. The Plan shall be executed by the WHO/SEARO with the Communicable Diseases Department as the focal technical unit.

The objectives of the Regional Plan correspond to the principal opportunities to intervene phase-wise, with key activities identified accordingly to assist Member States. The pre-pandemic phase would include activities like reduction of opportunities for human infection and to strengthen the early warning system. The phase of emergence of a pandemic virus would include activities related to pre-empting, containing or delaying the spread of the virus at the source through early and strategic, use of antiviral drugs. The phase of a declared pandemic with international spread would include activities like reduction of morbidity, mortality and social disruption.

of pandemic preparedness plans. To ensure a uniform process of planning, the Regional Office has developed guidelines on the step-by-step approach for preparing national pandemic preparedness plans. All Member States have now developed national preparedness plan addressing both avian and pandemic influenza.

In responding to avian influenza and pandemic preparedness, WHO plays multiple key roles. They include:

- advocacy with high level national authorities for cost-effective public health measures, such as effective use of communication and public education strategies,
- capacity building of human resources at the national and subnational levels,
- facilitating information sharing and collaboration among countries and across regions; ensuring shipment and transportation of laboratory specimens, and,
- coordinating technical support through provision of guidelines, training materials, and best practice models.

The Regional Pandemic Preparedness Plan has been developed by WHO Regional office for South-East Asia (SEARO) (see box) which will be constantly monitored and periodically evaluated on the basis of a systems approach consisting of inputs, processes, outputs and outcomes. The processes will be carefully observed by assessing the key indicators.

The Plan will be implemented, in collaboration with Member States and the OIE/FAO to usher in better preparedness and response capacity in the South-East Asia Region. The implementation process is expected to lead to strengthened collaboration between animal and public health sectors, enhanced capacity for early detection of H5N1, and community action facilitated by education and communication strategies- making the communities aware of the risks and public health measures to reduce them.



Partners close ranks to eliminate/eradicate tropical diseases

Around one billion people in the developing world suffer from so-called neglected tropical diseases, viz. lymphatic filariasis, leishmaniasis, soil transmitted helminthic infections, kala-azar, yaws and leprosy. Generally, these diseases do not kill but cause high morbidity. But, unfortunately, they also affect the most vulnerable: the poor, children, and other marginalized segments of the populations. Some of those affected, especially the ones with deformities, fall prey to stigmatization, discrimination and human rights abuses. The combined disability-adjusted life years (DALYs) lost to these diseases are over 11 million per year.

Despite the enormous cost to society, the diseases are generally neglected in policy support, research, and resource allocations.

On November 17-18, 2005, a high profile partners' and stakeholders' meeting (attended by 39 participants from 22 organizations) in Bangalore, India, decided to change the status quo. Senior policy makers from seven countries of the South-East Asia Region as well as representatives from national and international agencies, nongovernmental organizations and private sectors, including pharmaceutical companies reviewed the current strategies used to combat neglected tropical diseases. They discussed the role and significance of new partnerships in efforts towards elimination and eradication of these diseases.

A unanimously endorsed declaration (see box on page 4) at the end of the meeting recommended that the national governments and national/international agencies should accord high priority to the elimination of these diseases and include in their national development plans, to ensure that there would be enough policy support for the effort. The governments should also mobilize and allocate adequate resources.

The participating agencies were encouraged to collaborate with national governments, the World Health



JOINING HANDS National and international partners met in Bangalore, India, in November 2005, to discuss tropical diseases and set elimination targets

Organization (WHO) and other interested parties in activities related to these diseases. An informal regional partners' forum was proposed in support of the neglected diseases.

WHO was requested to:

- include Neglected Tropical Diseases in the agenda of the WHO South-East Asia Regional Committee in 2006 (to ensure political commitment and policy support to the neglected tropical diseases), and
- continue to provide leadership and technical assistance to the Member States, facilitate the coordination of the partners' forum, and follow up on the tenets of the Bangalore Declaration.

Prior to the meeting, a press conference was organised to brief the media regarding the health, social, economic and human rights dimensions of these tropical diseases. These diseases affect the poorest of the poor and the marginalized and vulnerable sections of the society — those who live in remote areas, where there is no access to health services. At the same time, these diseases are amenable to elimination/eradication since simple and cost-effective interventions are available. Finally, that eradication of these diseases will be good for public health.



Derek Lobo
Leprosy & other Priority Communicable Diseases



The Bangalore Declaration

On eliminating/eradicating neglected tropical diseases from the WHO South-East Asia Region

We, the participants of the Meeting of Partners on Tropical Diseases targeted for Elimination/Eradiation held in Bangalore on 17-18 November 2005,

Recognize the context and timeliness of the initiative taken by the WHO Regional Office for South-East Asia in convening this important meeting and acknowledge that considerable progress has been achieved towards the elimination and intensive control of neglected tropical diseases globally as well as in the Member States of the South-East Asia Region. These successes have been achieved through the implementation of effective strategies and tools by national governments, by committed partners, NGOs and civil society alliances, and the availability of donated or subsidized drugs.

The participants:

- a) Conveying our appreciation to the Regional Director, World Health Organization, South- East Asia Region for taking the initiative to organize the meeting of partners on tropical diseases targeted for elimination;
- b) Taking into consideration the World Health Assembly resolutions pertaining to control or elimination of diseases like leprosy, lymphatic filariasis, soil transmitted helminthiasis, and the global strategies promoted by WHO, and the fact that the control/ elimination of these diseases has been successful in many countries;
- c) Recognizing the fact that diseases like lymphatic filariasis, leishmaniasis, soil transmitted helminthic infections, kala-azar, yaws and even leprosy have been generally neglected in terms of policy support, resources, research and implementation of cost-effective interventions;
- d) Noting, that these diseases are poverty related and affect vulnerable groups like children, women and the most marginalized populations, and that health costs in poorer communities are a primary driver of continued and chronic poverty;
- e) Noting further that these diseases can cause disability and death and those affected are exposed to stigma, and discrimination leading to social and economic consequences;
- f) Noting that the effective control and elimination of these diseases would have a positive impact on control of HIV/AIDS, Tuberculosis and Malaria;
- g) Concerned that among the six WHO Regions, South-East Asia accounts for the highest burden of these diseases;
- h) Considering the fact that effective tools and operationally feasible interventions are available, and that these interventions can be implemented even in resource-poor settings and that Member States are committed to eliminate the targeted diseases;
- i) Convinced that the intensive control and elimination of these diseases would have a quick and dramatic impact on poverty reduction and achievement of the Millennium Development Goals.

ENDORSE and RECOMMEND the following strategies and directions in support of Control and/or elimination of these diseases:

- 1) Advocate with national governments, national and international agencies involved in health, non-governmental organizations, and the private sector to assist and support initiatives and activities related to intensive control and elimination of these diseases;
- 2) Request the national governments and national/ international agencies to accord high priority to these diseases and include them in their national development plans, in order to provide the required policy support and mobilize and allocate adequate resources;
- 3) Encourage the participating agencies to collaborate with national governments, the World Health Organization and other interested parties in activities related to these diseases;
- 4) Consider including the diseases in the areas of work of the participating agencies;
- 5) Promote awareness and information on the diseases and available treatments, including issues related to health and human rights;
- 6) Incorporate and integrate the principle of the Right to Health into policies, programmes and projects in order to ensure meaningful, sustainable and equitable attainment of health standards to all sections of the population, particularly those living in poverty;
- 7) Encourage research contributing to refinement of elimination strategies and to the development of new, safer and more effective therapeutics for these diseases, and disseminate the information that development of newer drugs for neglected tropical diseases may qualify for 'orphan' drug financial incentives by regulatory authorities.

AIDS programme review in Thailand: revitalizing response to the epidemic

In response to a request by the Royal Government of Thailand to conduct an independent, external review of the progress achieved and constraints experienced by the country's response to HIV/AIDS, the South-East Asia Regional Office of the World Health Organization reviewed the health response to the epidemic in 1990, 1991 and, most recently, in August of 2005.

The first case of AIDS in Thailand was diagnosed in 1984. Up to 2005, total cumulated number of people infected with HIV in Thailand was estimated to be 1,092,327, including 551,505 who died and 540,822 currently living with HIV/AIDS. As of June 2005, 362,768 AIDS cases have been reported, including 86,923 deaths.

The review team found that one of the important features of the national response was that it succeeded in scaling up initial projects (which were geographically limited and narrowly focused) to the level of national initiatives. These projects benefited from a strong political commitment, dynamic management, dedicated human resources, multiple alliances between formal and non-formal sectors, significant funding, and a prominent role played by an ever-growing number of diverse nongovernmental and community-based organizations. Building on an initial emphasis on prevention, access to anti-retroviral therapy is now expanding with great rapidity. The team concluded that the national goal of treating 80,000 persons by the end of 2005 was achievable.

HIV transmission in Thailand fell rapidly in the 1990s as a result of the strong focus on prevention. It has been estimated that over 5.7 million HIV infections have been averted thus far through effective prevention. In spite of these efforts, however, about 17,000 people were newly infected with HIV in 2004. Clearly, the national response to HIV is confronting several changed realities to which it must rapidly adjust:

- There are clear signs that the epidemic is pursuing its course, unabated, in communities such as some sex work populations that have not been or are no longer being reached by prevention approaches suited to their needs. It threatens to regain momentum in other communities, where complacency has set in - among young people in particular. It appears to be on the rise in other populations such as men who have sex with men (MSM) and it has become harder to track in communities driven underground such as injecting drug users (IDUs).

- The urgent scaling up of access to treatment, while essential, is overshadowing the critical importance of enhancing prevention simultaneously with care.
- There is a general feeling that the response to HIV has moved from a people-centred approach to a patient-centred approach, drifting away from the mobilization of forces within society that can be marshalled to prevent HIV spread to a more clinical focus on HIV infection once it has set in.

The current and planned investments in care are highly commendable and should be further expanded to best respond to the growing demand. This investment in health and survival makes sense in both human and economic terms. Yet the movement which has led to behaviour change and the gradual although incomplete decline of stigma attached to HIV needs to be revitalized. Every HIV infection prevented alleviates much suffering and is a source of savings on future costly medical interventions.

The review team provided the following recommendations to revitalize the response to the epidemic in the current context of Thailand.

The Royal Government of Thailand should take the leadership to

- return HIV/AIDS to the centre of public debate,
- ensure that prevention and access to care are equally accessible to all,
- ensure sustained and affordable access to medicines and reagents,
- focus on prevention among most-at-risk populations (women and men sex workers and their clients, men having sex with men, drug users, young people, people who are married to, or are in a sustained relationship with, HIV-infected partners, and minority groups such as border populations and migrants),
- utilize knowledge acquired through research in developing HIV/AIDS policies and strategies,
- guarantee effective support to civil society, in particular to nongovernmental and community-based organizations, and
- incorporate human rights principles in its response to HIV/AIDS.

Electronic version of this report is available at:
http://w3.whosea.org/LinkFiles/News_and_Events_ThailandProgrammeReviewNEW.pdf



SEARO - TDR collaboration: a step forward

Strengthening of research capacity in the developing countries is fundamental to finding solutions to the spread of communicable diseases. The UNICEF/ UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) has been supporting research projects in malaria, tuberculosis, dengue, leishmaniasis, lymphatic filariasis, leprosy and schistosomiasis in Member States in the South-East Asia Region. The WHO South-East Asia Regional Office (SEARO) has been working closely with TDR in this joint fight against tropical diseases.

During the past five years, TDR has funded 8 postgraduate research training grants to member countries (Bangladesh, Myanmar, 4 for Nepal, Sri Lanka, Timor-Leste). Furthermore, it has funded 55 research projects: 12 research capacity strengthening grants (22%), 12 implementation research grants (22%), 9 re-entry grants (16.4%), 8 grants for research in pathogenesis and applied genomics (14.5%), 7 grants in socioeconomic and behavioural research (12.7%), 3 vaccine discovery research grants (5%) and others.

Most of the grants were related to malaria (33%), tuberculosis (22%) and dengue (16.3%). TDR has funded at least 1.77 million US\$ for research projects in Member States in the Region and it accounts for 7.7% of the TDR budget used for research projects globally.

TDR Career Development Fellowship Award



TDR Proposal Development Workshop for Countries in SEAR, September 2005, SEARO

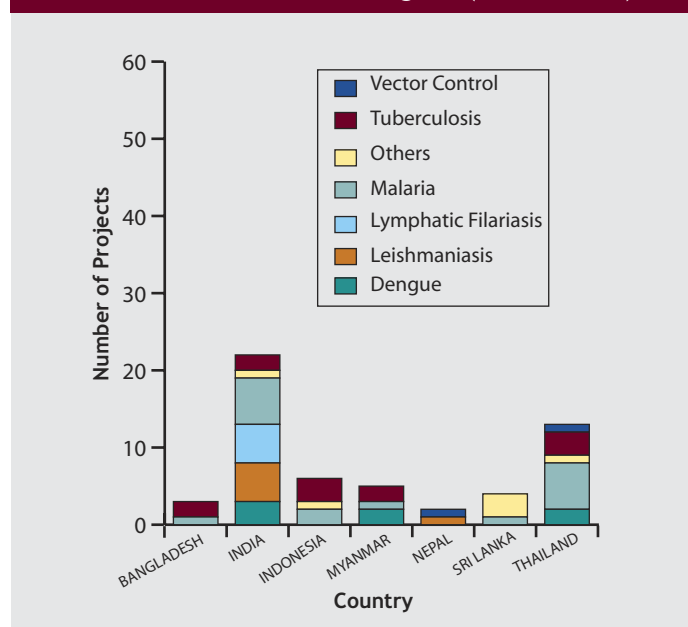
was initiated by TDR in 2003 for training in Communicable Diseases Department, SEARO, for skilled human resource development. With TDR support the Small Grants Scheme was also jointly initiated by TDR and SEARO to promote research capacity in countries in the Region with the maximum amount of support of US\$ 7500 for each project. It was initially targeted to four countries - Bhutan, Democratic People's Republic of Korea, Maldives and Timor-Leste. With this support, the Research Capacity Strengthening Workshops were conducted in Bhutan and Maldives in 2004. It has now been expanded to all Member States in the Region.

A Proposal Development Workshop was jointly organized by SEARO and TDR. The workshop was conducted from 26 – 30 September 2005 in SEARO to assist investigators from Bangladesh, Bhutan, Indonesia, Myanmar, Nepal, and Timor-Leste complete proposals for submission to the SEARO-TDR Small Grants Scheme. All participants brought research proposals with them in various stages of readiness. In addition to helping investigators prepare proposals, the workshop focused on research methodologies, ethics and project planning.

In 2005, SEARO -TDR Small Grants Scheme received 32 proposals and funded 11 proposals from most of the countries in the Region including Bhutan, Maldives and Timor-Leste which were supported for the first time.

The Call for Applications for Proposals for Small Grants Scheme for the year 2006 has been announced and can be accessed at www.whosea.org.en.section10.htm.

TDR-funded research projects in countries of the South-East Asia Region (2001-2005)*



* Research projects reviewed and funded by TDR Steering Committees and Research Strengthening Group
Source: TDR website (27 January 2006)

National Programme Managers adopt new TB strategy

The 11th meeting of the National Tuberculosis Programme Managers of the WHO South-East Asia Region took place in Kathmandu, Nepal, in December 2005. At the meeting, the Programme Managers endorsed a new regional strategic plan for TB, to cover the period 2006-2015. Their consensus highlights the need for a new strategic planning in order to achieve the common goals for TB programmes set by the World Health Assembly. These goals are to reach and surpass the 70% case detection and 85% treatment success targets.

The Regional Strategy for TB Control (2006-2015) describes the future directions and focus of work for TB control in the South-East Asia Region. The targets and strategies are consistent with the targets and strategies under the Global Plan to Stop TB 2006-2015. However, the targets in the new plan focus on priorities most relevant to this Region and build on what has been achieved during the previous 5-year period. The structure of the new strategy links to the principal planning tool used by WHO, the Programme Budget, and reflects the key expected results projected over the next plan period. The activities proposed are drawn from interventions in progress in the Region and from recommendations of more recent regional meetings and consultations. The activities are expected to

- accelerate progress in the context of evolving challenges, and
- address the requirements of national TB control programmes in effectively encountering these challenges.

Developing these activities further requires flexibility and tailoring to country-specific needs.



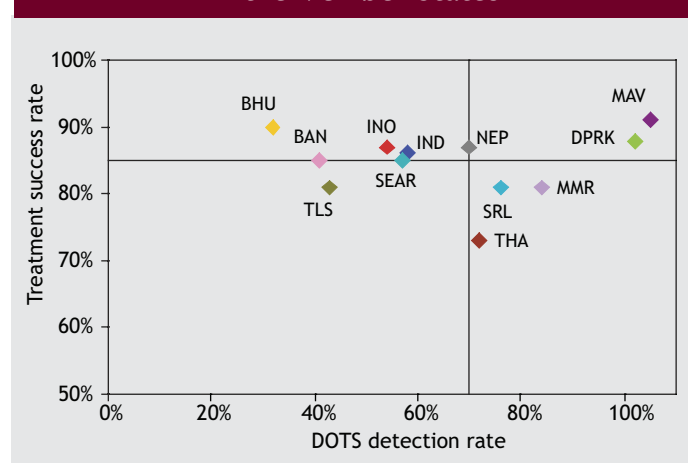
The new strategy aims at halving TB prevalence and mortality in the Region by 2010, with an eye on meeting the TB-related Millennium Development Goals (MDG) targets in all Member States by 2015. The interventions proposed in the strategy for 2006-2015 are grouped under the following strategic approaches:

1. Sustaining and enhancing directly-observed treatment—short course, or DOTS,
2. Forging partnerships to deliver an essential standard of care to all TB patients,
3. Establishing interventions to address TB/HIV and MDR-TB, and
4. Contributing to health systems strengthening.

If the necessary resources are available and full and effective implementation of proposed interventions are assured, it might be possible for the Region to reach the TB control targets, set under MDG, ahead of 2015. The Region will then be on its way to achieving the overarching goal of TB elimination by 2050.

However, it is important to note that the expected decline in TB prevalence and mortality in the Region will ultimately depend on how effectively initiatives such as DOTS-Plus for the management of drug-resistant TB cases, private-public partnerships for TB control, and interventions for TB/HIV are implemented to counterbalance the emergence of HIV and multi-drug resistance. Constant attention to sustaining human and financial resources for TB control, under integrated and strengthened health/primary health care systems, will be imperative to achieve the long-term goals.

Progress in achieving global TB targets in the Member States



WHO in the countries – Indonesia

Progress in TB control

Indonesia ranks third in the list of TB high-burden countries. The current estimates of 627 047 cases are derived from a nationwide prevalence survey conducted in 2004. Case Detection Rate of smear (+) cases increased from 33% in 2003 to 54% in 2004, while success rate has been maintained above 85% for the past four years.

	All Class		Smear (+) Cases	
	Number	Rate /100 000	Number	Rate /100 000
Estimated Incidence (2004)	627, 047	285**	238, 056	110*
Notifications (2004)	214, 658	99	128,981	59.6

*recently revised estimate
** Source: WHO Global Report 2005

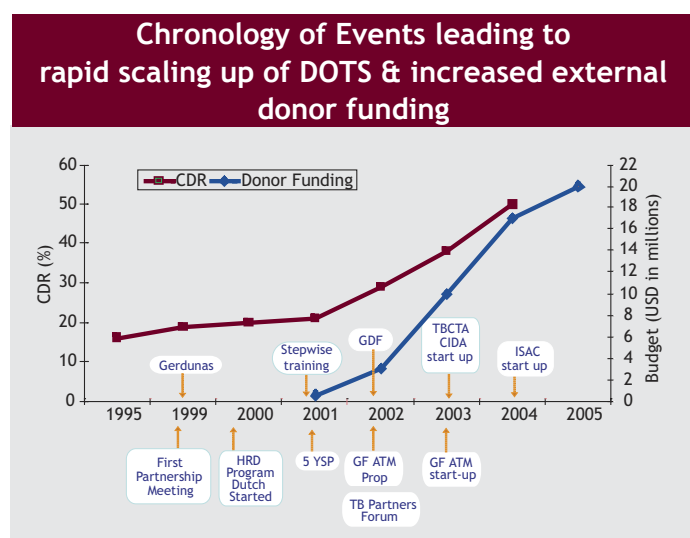
The country has a low HIV prevalence but with concentrated epidemics in some geographical areas (Jakarta, Bali, West Java and Papua), primarily among drug users. TB-HIV co-morbidity data is not yet available, but there are indications that HIV might be generating more TB cases among young adults in some parts of the country where HIV is relatively high (especially in high-risk groups). TB-HIV collaborative activities are being piloted at the district level and the first sero-prevalence study in TB patients is about to commence.

expansion has been supported by the establishment of provincial DOTS teams that have facilitated programme management and scaling-up of DOTS at peripheral levels.

Weaknesses in the laboratory network have been recognized and are being addressed by optimizing the quality system and supervision. A drug resistance survey is being initiated, to prepare the grounds for future implementation of DOTS-Plus.

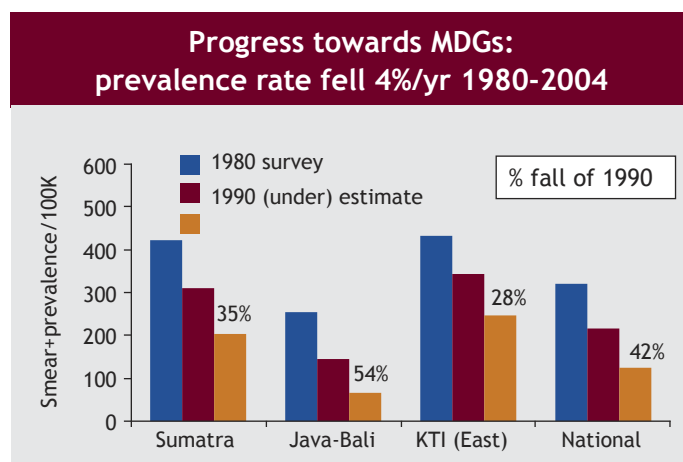
A comprehensive 5-year strategic plan, coupled with an effective implementation strategy, has resulted in visible impact on the ground. This result has attracted additional external funding from the Global Fund (GF), United States Agency for International Development (USAID), Tuberculosis Coalition for Technical Assistance (TBCTA), Canadian International Development Agency (CIDA) and UK Department for International Development (DfID), resulting in the acceleration of DOTS expansion and initiation of new activities (i.e. Drug Resistance Surveillance (DRS), TB-HIV and epidemiological studies), with technical assistance from key Stop TB partners (WHO, KNCV, NLR, MSH and others).

“Round 5” proposal to GF has recently been approved. The proposal has been designed to build on the initial gains made under the “round 1” TB grant. Goal of the current proposal is to accelerate progress towards achieving the Millennium Development Goals.



Directly-observed treatment—short course (DOTS), implemented first in 1995, has rapidly expanded to cover all health centers and public lung clinics. Hospital involvement is also increasing with over 24% of public and private hospitals and 28% of military hospitals delivering DOTS services.

Pilot projects for involvement of private practitioners have been initiated in several provinces. DOTS



The recent 2004 TB prevalence survey has shown that progress has been made towards decreasing the prevalence by 50% by 2015 (a Millennium Development Goal). Further assessment is needed to measure epidemiological progress at provincial levels and in decreasing TB related mortality.

In conclusion, the TB program in Indonesia is on track to meet the WHA targets of 2005. It is well on its way towards achieving the MDGs set for 2015.

News Bytes

India achieves leprosy elimination target

The Ministry of Health, Government of India, has formally announced on 30 January 2006 that India has achieved the goal of elimination of leprosy as a public health problem as of 31 December 2005. The registered cases under Multi-Drug Treatment (MDT) as on 31 December 2005 was around 107,000. This is a major milestone for India, WHO and all the partners in the fight against leprosy.

<http://news.webindia123.com/news/showdetails.asp>

WHO confirms first human case of avian influenza in Iraq (2 February 2006)

The first reported case of human infection with the H5N1 influenza virus in Iraq occurred in a 15-year-old girl from the northern part of the country who died of severe respiratory disease on 17 January 2006. Test results have now confirmed her infection.

Specimens from the girl's 39-year-old uncle, who died on 27 January, and a 54-year-old woman under treatment for respiratory illness have been sent to the UK laboratory.

At present, an additional two people, showing symptoms suggestive of H5N1 infection, have been hospitalized for treatment in the Sulaimaniyah area. Health officials, with support from WHO staff, have set up an emergency operations room to respond to the outbreak, investigate rumours, and address public concerns.

The detection of the country's first human case occurred despite the absence of confirmed outbreak of the disease in poultry. Detection of the case indicates a high level of awareness of the clinical features of this disease and good vigilance on the part of clinicians.

Update: avian influenza outbreak in Turkey

Prior to Iraq, Turkey was the latest country added to the list of countries with confirmed human cases of avian influenza H5N1 or "bird flu". It is also the first European country to have confirmed human cases of the disease, first reported on 5 January 2006. The outbreak began in the poultry in December 2005. As of 2 February 2006, WHO has recorded 12 confirmed human cases, of which four have been fatal. The Government of Turkey has announced 21 confirmed human cases.

New outbreaks in birds continue to be reported across the country and, as of 16 January, poultry outbreaks of highly pathogenic H5N1 avian influenza have been confirmed in 12 of the country's 81 provinces. Outbreaks in additional 19 provinces are under investigation.

Indian firm to produce oseltamivir for developing countries

Roche has granted India's Hetero Drugs a sublicense for the production of the antiviral drug oseltamivir (Tamiflu) to accelerate the international stockpiling of the drug as part of influenza pandemic preparedness.

According to Roche, the agreement would boost the supply of oseltamivir to developing countries "earlier than anticipated" and create capacity for future orders. Hetero, which is based in Hyderabad, will be able to sell oseltamivir in India and export it to almost 100 countries across Asia, Africa and Latin America.

Hetero officials said that they would be able to deliver the drug in the first half of 2006. "We will have 40 million capsules of oseltamivir ready for delivery by March 2006," Male Srinivas Reddy, the marketing director at Hetero told BMJ.

Another Indian drug company, Ranbaxy Laboratories, announced in December 2005 that it was "well prepared" to produce 300 million capsules of oseltamivir within six months and an additional 1.3 billion within a year. Ranbaxy officials had said that the company was exploring a partnership with Roche.

New malaria treatment guidelines issued by WHO

WHO has recommended use of combination of drugs to fight malaria because falciparum malaria in most parts of the world has become resistant to conventional treatment, such as chloroquine, sulfadoxine-pyrimethamine, and other antimalarial medicines used.

The best weapon against these resistant malaria parasites is a combination of drugs that includes a compound derived from artemisinin along with another antimalarial drug.

This combination of artemisinin derivatives with another effective antimalarial medicine is called artemisinin-based combination therapy (ACT) and is currently the most effective medicine available to treat malaria. When used correctly in combination with other anti-malarial drugs in ACTs, artemisinin is nearly 95% effective in curing malaria and the parasite is highly unlikely to become drug resistant.

WHO has requested that all pharmaceutical companies immediately stop marketing and selling artemisinin malaria medicines as a stand alone treatment for uncomplicated malaria, because of risk that malaria parasites will develop resistance to the drug. WHO recommends instead that companies market ACTs only.

Over the past decade, ACTs have been deployed on an increasingly large scale. ACTs produce a very rapid therapeutic response and are well tolerated by patients. ACTs also have the potential to reduce transmission of malaria.

For more information on malaria: <http://www.who.int/malaria> and www.whosea.org/malaria

US FDA approves manufacture of generic AIDS drug by Indian pharmaceutical

The Embassy of the United States in New Delhi issued a press release on 23 December 2005, stating that the US Food and Drug Administration (FDA) has tentatively approved a generic AIDS drug to be manufactured by an Indian pharmaceutical company.

According to the release, the US FDA has announced the tentative approval for stavudine to be manufactured by Aurobindo Pharma Ltd. of Hyderabad, India.

This product is the first generic version of the already approved zert for oral solution manufactured by Bristol-Myers Squibb. This product is indicated for use in pediatric patients with HIV from birth through adolescence. The product will be available for consideration for purchase under the US President's Emergency Plan for AIDS Relief (PEPFAR).

The agency's tentative approval means that although existing patents and/or exclusivity prevent marketing of this product in the United States, it meets all of FDA's manufacturing quality and clinical safety and efficacy standards required for marketing the drug in the United States.

Meeting on avian influenza discusses risk communication

Risk communications has been identified as one of the five key strategies proposed by WHO in responding to the influenza pandemic. In light of the importance of the role communications can play in minimizing disruptions during the occurrence of a pandemic, WHO held the 1st Pandemic Communication Coordination Meeting at the headquarters in Geneva between 06-08 December 2005. The meeting was aimed at enhancing coordination amongst UN partners, international organizations, and nongovernmental organizations (NGOs). The importance of coordinating communication efforts and messages with regard to avian influenza and pandemic preparedness was highlighted. The meeting identified six areas of work:

- Mapping out resources and developing national, regional and global communicators networks,
- Research in areas of communications and assessment of the messages,
- Compilation of messages to reduce risk in specific target audiences, e.g. farmers,
- Development of strategies to prepare for communication during pandemic period,
- Development of secure website for timely information sharing, and
- Development of messages and information for the media.

Representatives from countries are encouraged to participate in the working groups. Further information can be obtained at the website: <http://www.who.int/csr/disease/influenza/pandemiccommmeeting/en/index.html> or through contacting Mr Dick Thompson at thompsond@who.int

India to launch major HIV/AIDS awareness drive involving 25,000 youth clubs across the country

The joint effort is being worked by the National AIDS Control Organization (NACO), the Ministry of Youth Affairs and Sports, and the nongovernmental organizations (NGOs) working on HIV/AIDS, according to a media report published in the Times of India on 28 December 2005. The Ministry of Youth Affairs and Sports Secretary, S.Y. Qureshi, was quoted as saying that youths in respective areas would be targeted in the programme. The campaign is geared to sensitize people on HIV/AIDS prevention. It would also include social marketing of condoms, which would involve going from house-to-house to convince people to use condoms for protection against sexually-transmitted diseases, HIV/AIDS and unwanted pregnancies.

Thailand completes registration of volunteers for the third phase of HIV/AIDS vaccine trial

According to The Nation of 22 December 2005, the vaccine, a combination of two kinds of vaccine – ALVAC and AIDS Vac, is being tested to prevent infection by the HIV virus type 'B' and 'E' which is spreading in Thailand. The media report quoted Dr Supachai Reurk-Ngarm as saying that the registration process for the third phase of the HIV/AIDS vaccine trial, which kicked off on 26 September 2005, involved a total of 16, 253 volunteers, selected from 65,000 volunteers. The results of the trial will be monitored over a period of three years.

Shorter TB treatment possible in the future, according to TDR

Preliminary results on a new combination treatment that could dramatically shorten the length of TB treatment were presented by Research & Training in Tropical Diseases (TDR) and the OFLOTUB Consortium of 10 partners from Europe and Africa at the 45th annual Interscience Conference on Antimicrobial Agents and Chemotherapy in Washington, D.C. The Phase II trial results of a gatifloxacin-containing regimen demonstrated more potency than the currently recommended six month regimen of isoniazid, rifampicin, pyrazinamide and ethambutol, and suggests that when gatifloxacin is used, instead of ethambutol, the standard six month regimen may be shortened to four months. The results were well received and informally summarized in a session sponsored by the Global Alliance on TB on 19 December 2006. More details can be found at www.who.int/tdr.

Dr Mario Raviglione, WHO TB Director, receives Princess Chichibu Memorial TB Global Award

Dr Mario Raviglione, Director, Stop TB WHO, was awarded the 2005 Princess Chichibu Memorial TB Global Award in recognition of his achievements in the field of international TB control at an awards function during the 36th World Conference on Lung Health organized under the aegis of the International Union Against Tuberculosis and Lung Disease.

On the occasion, Dr Raviglione thanked Japan for giving the prestigious award to him and accepted this on behalf of the World Health Organization. He thanked his past mentors, present colleagues in Geneva, all partners of the Stop TB Partnership and WHO TB staff everywhere in the world for what he referred to as "our joint achievements."

External review team impressed with Myanmar's malaria control programme

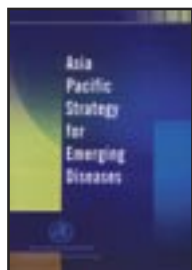
An external review of Myanmar's malaria control programme, conducted in October 2005, was a collaborative activity of the Ministry of Health, Japanese International Cooperation Agency (JICA), UNICEF and WHO, with the cooperation of UK Department for International Development (DfID). The review group conducted a comprehensive in-depth analysis of the malaria situation and the National Malaria Control Programme (NMCP) in Myanmar; and made recommendations for scaling up interventions and for improving the effectiveness of the malaria control programme.

The team had discussions with stakeholders and visited different sites including Yangon, Mandalay and Sagaing Division; Bago West and Magway; Bago East Division; Southern Shan State; Mon State and Rakhine State.

The review team was impressed with the achievements of the NMCP. The reported malaria morbidity and mortality rates are declining, but the malaria burden is still very high. The programme has absorptive capacity, but the financial resources are limited.

The final report is expected to be available for distribution soon.

New SEARO Publications



1. Asia-Pacific Strategy for Emerging Diseases, 2005

Asia has been at the epicenter of some recent emerging infectious diseases. The outbreaks of SARS and avian influenza make it clear that communicable diseases, especially emerging infectious diseases, continue to pose serious public health threats in the Asia-Pacific Region and to the world at large. Countries and areas in the Asia-Pacific Region must be better prepared to meet these challenges if they hope to minimize their impact on health and economic development and prevent the international spread of disease. The Asia-Pacific Strategy for Emerging Diseases prepared jointly by WHO Regional Officers for South-East Asia (SEARO) and the Pacific Region (WPRO) is comprehensive strategic framework seeking to improve the ability to respond to infectious disease threats throughout the Region. Its goal is far-reaching, easily stated but difficult to achieve. We present this document as a launching pad and roadmap on the journey to that goal.

2. Preparing Influenza Pandemic Preparedness Plan - A Step-by-step Approach, 2005

The situation of avian influenza is rapidly evolving in Asia, including in countries in the South-East Asia Region. There is a growing concern regarding the potential and imminent threat of an influenza pandemic which could have most devastating consequences. There is, therefore, an urgent need for countries to develop comprehensive, multi-sectoral influenza preparedness plans covering both animal and human health. Recognizing that the formulation of plans should be a country-led process, WHO stands ready to assist Member States in the preparation or finalization of national plans. In order to facilitate this exercise, WHO has prepared a generic outline of a national plan in terms of the content of format, in addition to a pandemic preparedness check list, which can help Member States prepare a comprehensive and good quality plan.



3. Regional Influenza Pandemic Preparedness Plan - 2006-2008

The Regional Pandemic Preparedness Plan highlights the objectives, strategies and main activities that WHO proposes to undertake in strengthening the preparedness and response of the Member States against influenza pandemic. The key strategic activities include advocacy with high level national authorities for multi-sectoral cost-effective public health measures; strengthening health systems, capacity building, enhancing risk communication, and facilitating information sharing and collaboration among various sectors and countries. The Regional Pandemic Preparedness Plan and its implementation are aimed to enhance the national capacity and collaboration between various national and international agencies to respond effectively to the threat of influenza pandemic.



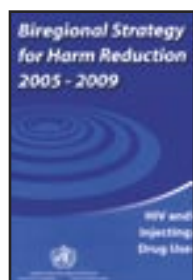
4. Guidelines for the Management of a Regional Stockpile of Oseltamivir, 2005

There is evidence to suggest that it would be possible through early and strategic use of antiviral medicines to pre-empt the pandemic at the source and to limit its adverse impact to the minimum. The critical issue shall be availability of the drugs at the right time. This requires strategic stockpiling and ensuring a mechanism that ensures speedy delivery. Several national and international organizations may wish to establish a stockpile of antiviral drugs. The Guidelines for the establishment and use of the stockpile of oseltamivir addresses this issue in the context of South-East Asia and outlines a step-by-step approach.



5. Bi-regional Strategy for Harm Reduction 2005-2009, HIV and Injecting Drug Use, 2005

Injecting drug use is rising worldwide. Of an estimated 13.2 million people now injecting drugs, 78% are in developing and transitional countries, with as many as half in Asia. HIV can spread explosively amid circumstances that create risk situations or facilitate unsafe behavior among those who inject drugs. In order to accelerate action against the rapidly increasing and high prevalence of HIV among people who inject drugs in Asia, the WHO Regional Offices for South-East Asia and the Western Pacific and the bi-regional contact group on HIV and drug use have prepared the Bi-regional Strategy for Harm Reduction 2005-2009.





6. Quality Standards in Health Laboratories - Implementation in Thailand, A Novel Approach

Quality systems in laboratory services have assumed great importance in recent past all over the world. The developed world has adopted the standards as recommended by International Standards Organization (ISO). Recognizing that big gap exists between the existing laboratory standards and those envisaged by ISO, Thailand adopted a different set of national standards that were slightly less demanding than ISO standards. This approach has yielded excellent results in improving the quality of laboratories and has been documented to enable other countries to follow similar approach.

7. Guidelines on HIV Diagnosis and Monitoring of Anti-retroviral Therapy (2nd Edition), 2005

This publication is a revised version of 2004 document describing an overview of HIV and laboratories, diagnosis of HIV infection as well as virological, microbiological and immunological monitoring of anti-retroviral therapy (ART). It also deals with laboratory monitoring of side effects of ART, new technologies in HIV diagnosis and ART monitoring. It also describes laboratory infrastructure and quality systems as well as collection and shipping of biological specimens.



8. Tuberculosis Control in South-East Asia and Western Pacific Regions, 2005

This publication is the first combined bi-regional report on tuberculosis control in the South-East Asia and the Western Pacific Regions. It presents data on TB epidemiology and gauges the enormous progress being made by national TB control programmes in both regions. It presents the overall success with the strategies adopted to control TB and highlights the similarities and differences between individual countries.

9. Responding to Communicable Diseases following the Tsunami in South-East Asia, 2005

Communicable diseases, especially those that are epidemic-prone, are the most significant health threat to the internally displaced population after a catastrophe like the Tsunami. Responding to Communicable Diseases following the Tsunami in South-East Asia is a document that highlights the challenges faced and describes the key technical activities that were carried out by WHO and national counterparts in all the six Tsunami-affected countries to detect prevent and control the communicable diseases.



10. Regional Strategy for Sustaining Leprosy Services and further Reducing the Burden of Leprosy - 2006-2010

The WHO Strategic Plan for Leprosy Elimination 2000-05 was primarily aimed to ensure that leprosy services would be made available and accessible to all affected people at their nearest health facility. The effective implementation of this plan with multi-drug treatment as the primary intervention resulted in a large number of countries achieving the leprosy elimination goal, which includes 8 countries of the South-East Asia Region. Since, elimination of leprosy as a public health problem is as an interim goal, new cases of leprosy will continue to occur albeit in smaller numbers. The low endemic situation poses many challenges. In view of this, it was considered necessary to review the 2000-05 strategic plan and develop a revised regional strategy focusing on quality leprosy services and further reducing burden.



Surveillance Reports

Progress in TB control: January 2006

Countries in the South-East Asia Region continue to make progress with TB control. The population with access to DOTS services increased from 77% at the end of 2003 to over 90% by mid-2005. DOTS coverage is defined as the population living in administrative areas where DOTS services are available. Bhutan, Maldives and Thailand had already reached nationwide coverage by 2002. Democratic Peoples' Republic of Korea and Myanmar followed suit in 2003. Sri Lanka and Timor-Leste have also significantly increased coverage. In India, the Revised National Tuberculosis Control Programme (RNTCP) extended DOTS coverage to over one billion of the country's population in March 2005.

In 2004, based on the current estimates for new smear positive cases, the regional case-detection rate was 57% for new smear-positive cases under DOTS. Seven countries have reached or exceeded the global target of 85% treatment success while six countries have achieved the case detection target.

Reported mortality is as low as 5%. Failure rates are 2%, default rates 6%, and the percentage of cases not evaluated (including transfers out) 2%. The mortality figures are highest in Thailand (10%), mainly due to HIV and also to the relatively higher numbers of patients in the older age groups.

Table: TB notifications in Member States of SEA Region* (January 2006)

Country	Estimates		Case Notifications					Total
	All cases	New cases	New ss+	New ss-	New EP	Relapse	Other Retreatments	
High-burden countries								
Bangladesh	360,767	162,331	62,500	23,871	8,630	3,233	-	98,234
India	1,788,043	798,338	489,031	432,862	151,263	63,350	139,492	1,275,998
Indonesia	627,047	281,946	128,981	76,981	4,267	4,429	-	214,658
Myanmar	84,546	37,655	31,408	34,332	26,216	4,706	2,769	99,431
Thailand	89,351	39,683	28,421	18,088	7,093	1,704	-	55,306
Intermediate and low-burden countries								
Bhutan	2,492	1,121	356	242	354	36	14	1,002
DPR Korea	40,277	18,124	18,479	18,720	5,707	1,663	7,879	52,448
Maldives	142	64	67	18	30	4	-	119
Nepal	53,139	23,809	14,614	9,008	6,287	2,070	699	32,678
Sri Lanka	11,530	5,187	4,302	2,309	1,735	216	210	8,772
Timor-Leste	4,323	1,944	1,000	1,763	519	18	22	3,322
SEA Region	3,061,657	1,370,201	779,159	618,194	212,101	81,429	151,085	1,841,968

SS+ - Smear Positive Cases
 SS- - Smear Negative Cases
 EP - Extra Pulmonary

Mark Your Calendar

Upcoming Conferences and Meetings

19 -22 March 2006

Fifth International Conference on Emerging Infectious Diseases (ICEID 2006) and 12th International Congress for Infectious Diseases, sponsored by WHO, CDC.

Venue: Atlanta GA, USA.

Theme: Which infectious diseases are emerging? Whom are they affecting? Why are they emerging now? What can we do to prevent and control them?

Programme will include surveillance, epidemiology, research, communication and training, bio-terrorism and prevention and control of emerging infectious diseases, both in USA and abroad. Deadline for abstract submission: 1 February 2006

13-18 August 2006

XVI International AIDS Conference

Venue: Toronto, Canada

Theme: Time to Deliver

AIDS 2006 will be one of the most important scientific gatherings in the fight against AIDS, as well as a unique opportunity for science, government, community and leadership from around the world to advance our collective response to the epidemic. Your active involvement before, during and after AIDS 2006 is crucial to its success.

15-18 June 2006

12th International Congress on Infectious Diseases

Venue: Lisbon, Portugal

Abstract deadline 15 February 2006

Early registration deadline: 15 April 2006

Address: 12th ICID Congress Secretariat

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Avian Influenza



What You Need to Know and Do

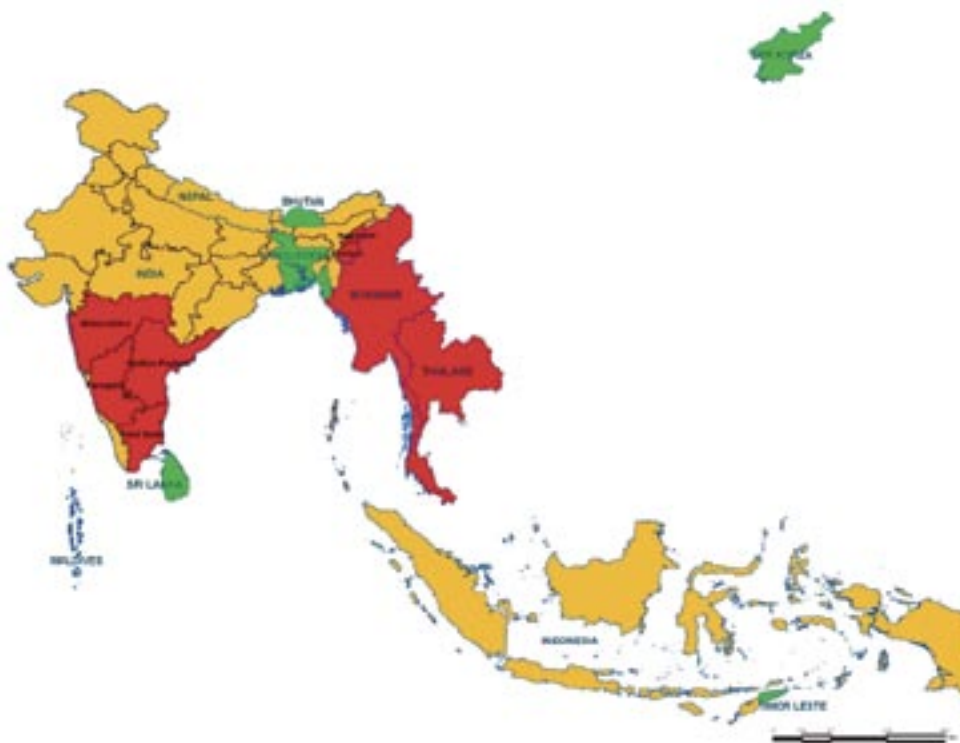


Update: HIV surveillance (January 2006)

The HIV epidemic continues to grow worldwide. In 2005, there were close to 5 million new infections worldwide raising the total number of people currently living with HIV to 40.3 million. Girls and women are at the greatest risk, accounting for nearly 50% of all people living with HIV worldwide. Young people (15-24 years old) account for half of all new infections worldwide; more than 6000 contract the virus each day. In 2005, 3 million people died of AIDS-related diseases; more than half a million (570 000) were children.

The WHO South-East Asia Region has the second highest number of cases in the world after sub-Saharan Africa. This region represents a majority of the world's population (60%), and is home to nearly a fifth of (17%) of the men, women and children living with HIV as of 2005. The overall adult HIV prevalence in south and South-East Asia is 0.8%. This is relatively much lower than sub-Saharan Africa where the overall adult HIV prevalence is 6.7%. Because the populations of many Asian nations are large, even a low HIV prevalence means large numbers of people living with HIV.

HIV prevalence among adults in South-East Asia Region, 2005



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