

Public Health Emergency

General

A pandemic is a disease that attacks or affects the population of an extensive area. This is sometimes an entire country or continent. Each year, different strains of influenza are labeled as potential pandemic threats. Although recently brought under control, Severe Acute Respiratory Syndrome (SARS) has shown the potential to become a pandemic. Neither the World Health Organization nor the Centers for Disease Control and Prevention (CDC) has classified SARS. More recently, Avian Influenza or “Bird Flu” has been identified as a possible pandemic threat. The following text describes diseases with the potential to infect Huntingdon County.

West Nile Virus (WNV)

Usually spread by mosquitoes, a mild case of this virus will mimic the flu, while a severe case will be life-threatening. No drugs or vaccines are available to treat West Nile Virus.

Influenza

On average, 10 to 20 percent of U.S. residents will contract the flu by person-to-person contact. This is commonly a result of respiratory droplets being released during coughing and sneezing. Some of these influenza cases will be fatal. Each year, the flu will claim 36,000 American lives. This disease has the ability to suddenly affect all age groups on a global scale. The elderly, small children, those with weakened immune systems, and those affected by other illnesses, even in developed countries, are especially susceptible. There are different versions of the flu and one of them attacks birds. Avian Influenza is a version of the flu that affects birds and is transmitted most commonly to humans by birds or through an intermediate host.

Mad Cow Disease

Bovine Spongiform Encephalopathy (BSE) is a fatal brain disease that occurs in livestock. In human cases, it is referred to as Creutzfeldt-Jakob Disease or CJD.

Hepatitis

A disease affecting the liver, hepatitis can affect anyone. Many instances have been seen with both isolated cases and widespread outbreaks. Hepatitis is usually spread by person-to-person contact.

- Hepatitis A (HAV) – a liver disease that can affect anyone.
- Hepatitis B (HBV) – caused by a virus that attacks the liver, this virus can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.
- Hepatitis C (HCV) – a liver disease, which is found in the blood of those infected. HCV is spread by contact with the blood of an infected person.

History

West Nile Virus

(According to the Centers for Disease Control and Prevention)

2005 — 9 human cases reported in Pennsylvania – 2 deaths

2004 — 15 human cases reported in Pennsylvania – 2 deaths

2003 — 237 human cases reported in Pennsylvania – 9 deaths

2002 — 62 human cases reported in Pennsylvania – 9 deaths

2001 — 3 human cases reported in Pennsylvania – 0 deaths

Influenza

Influenza Pandemics during the 20th Century

During the 20th Century, the emergence of several new Influenza A virus subtypes caused three pandemics, all of which spread around the world within a year of being detected.

- 1918-19, “Spanish flu” [A (H1N1)] — caused the highest number of known influenza deaths. (However, the actual influenza virus subtype was not detected in the 1918-19 pandemic). More than 500,000 people died in the United States, and up to 50 million people may have died worldwide. Many people died within the first few days after infection, and others died of secondary complications. Nearly half of those who died were young, healthy adults. Influenza A (H1N1) viruses still circulate today after being introduced again into the human population in 1977.
- 1957-58, “Asian flu” [A (H2N2)] — caused about 70,000 deaths in the United States. First identified in China in late February 1957, the Asian flu spread to the United States by June 1957.
- 1968-69, “Hong Kong flu” [A (H3N2)] — caused about 34,000 deaths in the United States. This virus was first detected in Hong Kong in early 1968 and spread to the United States later that year. Influenza A (H3N2) viruses still circulate today.
- Both the 1957-58 and 1968-69 pandemics were caused by viruses containing a combination of genes from a human influenza virus and an Avian Influenza virus. The 1918-19 pandemic virus appears to have an Avian origin.
- 1983-1984, Avian Influenza — Pennsylvania’s \$600 million dollar poultry industry lost \$70 million.

“Mad Cow” Disease

As stated by the U.S. Department of Agriculture, there has been only one confirmed case of “mad cow” disease in the United States.

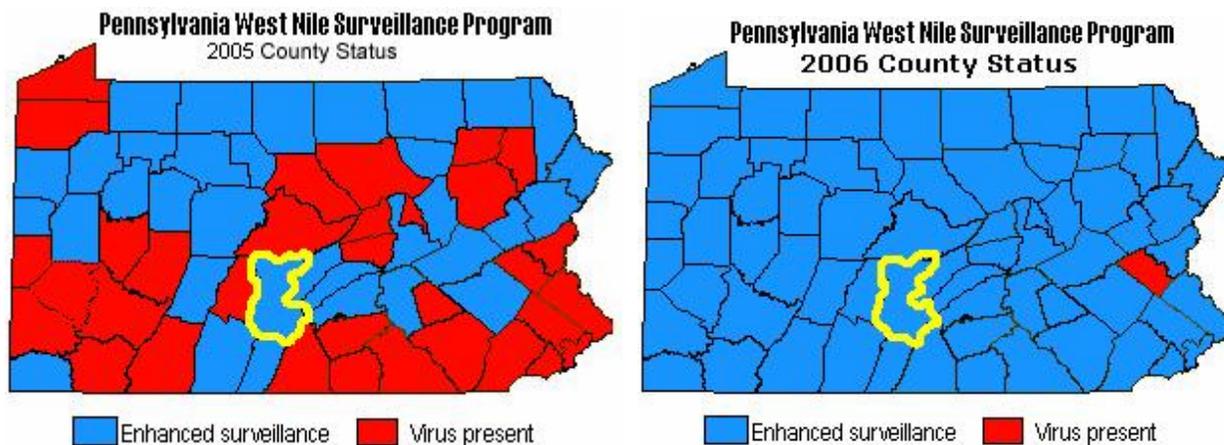
Hepatitis

The Pennsylvania Department of Health and CDC investigated an outbreak of Hepatitis A among patrons of a Chi-Chi’s restaurant in Monaca, Pennsylvania. Approximately 555 persons with Hepatitis A were identified, including at least 13 food service workers and 75 residents of six other states who dined at the restaurant. Preliminary analysis of a case-control study implicated green onions as the source of the outbreak.

Vulnerability

West Nile Virus

According to the Pennsylvania Department of Health West Nile Virus website, the virus is not currently present in Huntingdon County. While Huntingdon County has no recorded cases of WNV in humans, it is important to note that in 2002, the County recorded five cases of WNV presence in birds and one instance in mosquitoes, and in 2004, recorded three cases of WNV presence in mosquito samples.



In 2005, a presence of the West Nile Virus was recorded in 33 counties in the Commonwealth. All 33 counties recorded positive results for presence in mosquitoes, 9 counties recorded positive results for presence in humans, 12 counties recorded positive results for presence in birds, and 2 counties had positive results for presence in sentinel samples. There were a total of 25 cases of WNV present in humans, 23 cases in birds, 266 in mosquitoes, and 4 in sentinel samples across the Commonwealth for 2005. While Huntingdon County was not among the affected counties, three border counties did have a recorded presence of the virus.

Currently, the Commonwealth has only one county with a recorded presence of the virus in a mosquito. In mid-April 2006, State officials reported that an over-wintering mosquito tested positive for the West Nile Virus. The mosquito was found in Whitehall Township, Lehigh County. It is too early to ascertain if this information indicates a downward trend in the frequency of the virus in Pennsylvania, as peak instances of WNV will occur in the summer months.

While West Nile Virus remains a threat, it is important to note that most people fully recover from the effects. However, in more severe cases, intensive supportive therapy is indicated and often involving hospitalization, intravenous fluids, airway management, respiratory support (ventilator), prevention of secondary infections (pneumonia, urinary tract, etc.), and good nursing care.

Influenza¹

Introduction

An influenza pandemic is a global outbreak of disease that occurs when a new Influenza A virus appears or “emerges” in the human population, causes serious illness, and spreads easily from person to person worldwide. Pandemics are different from seasonal outbreaks or “epidemics” of influenza. Seasonal outbreaks are caused by subtypes of influenza viruses that already circulate among people, whereas pandemic outbreaks are caused by new subtypes, by subtypes that have never circulated among people, or by subtypes that have not circulated among people for a long time. Past influenza pandemics have led to high levels of illness, death, social disruption, and economic loss.

Appearance (Emergence) of Pandemic Influenza Viruses

There are many different subtypes of influenza or “flu” viruses. Pandemic viruses emerge as a result of a process called “antigenic shift,” which causes an abrupt major change in Influenza A viruses. The appearance of a new Influenza A virus subtype is the first step toward a pandemic; however, to cause a pandemic, the new virus subtype also must have the capacity to spread easily from person to person. Once a new pandemic influenza virus emerges and spreads, it usually becomes established among people and moves around or “circulates” for many years as seasonal epidemics of influenza. The U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have large surveillance programs to monitor and detect influenza activity around the world, including the emergence of possible pandemic strains of influenza virus.

¹ www.CDC.gov December 2005

Vaccines to Protect Against Pandemic Influenza Viruses

A vaccine probably would not be available in the early stages of a pandemic. When a new vaccine against an influenza virus is being developed, scientists around the world work together to select the virus strain that will offer the best protection against that virus. Manufacturers then use the selected strain to develop a vaccine. Once a potential pandemic strain of influenza virus is identified, it takes several months before a vaccine will be widely available. If a pandemic occurs, the U.S. government will work with many partner groups to make recommendations to guide the early use of available vaccine.

Antiviral Medications to Prevent and Treat Pandemic Influenza

Four different influenza antiviral medications (amantadine, rimantadine, oseltamivir, and zanamivir) are approved by the U.S. Food and Drug Administration (FDA) for the treatment and/or prevention of influenza. All four usually work against Influenza A viruses. However, the drugs may not always work, because influenza virus strains can become resistant to one or more of these medications. For example, the Influenza A (H5N1) viruses identified in humans in Asia in 2004 and 2005, have been resistant to amantadine and rimantadine. Monitoring continues of Avian viruses for resistance to influenza antiviral medications.

Preparing for the Next Pandemic

Many scientists believe it is only a matter of time until the next influenza pandemic occurs. The severity of the next pandemic cannot be predicted, but modeling studies suggest the impact of a pandemic on the United States could be substantial. In the absence of any control measures (vaccination or drugs), it has been estimated that in the United States a “medium-level” pandemic could cause 89,000 to 207,000 deaths, 314,000 and 734,000 hospitalizations, 18 to 42 million outpatient visits, and another 20 to 47 million people becoming sick. Between 15 and 35 percent of the U.S. population could be affected by an influenza pandemic; the economic impact could range between \$71.3 and \$166.5 billion.

Influenza pandemics are different from many threats for which public health and healthcare systems are currently planning:

- A pandemic will last much longer than most public health emergencies and may include “waves” of influenza activity separated by months (in 20th Century pandemics, a second wave of influenza activity occurred 3 to 12 months after the first wave).
- The numbers of healthcare workers and first responders available to work can be expected to be reduced. They will be at high risk of illness through exposure in the community and in healthcare settings, and some may miss work to care for ill family members.
- Resources in many locations could be limited, depending on the severity and spread of an influenza pandemic.

Because of these differences and the expected size of an influenza pandemic, it is important to plan preparedness activities that will permit a prompt and effective public health response. The U.S. Department of Health and Human Services (HHS) supports pandemic influenza activities in the areas of surveillance (detection), vaccine development and production, strategic stockpiling of antiviral medications, research, and risk communications. In May 2005, the U.S. Secretary of HHS created a multi-agency National Influenza Pandemic Preparedness and Response Task Group. This unified initiative involves CDC and many other agencies (international, national, state, local, and private) in planning for a potential pandemic. Its responsibility includes revision of a U.S. National Pandemic Influenza Response and Preparedness Plan.

Avian Influenza (Bird Flu)

Avian Influenza in Birds

This is general information about Avian Influenza (bird flu) and information about one type of bird flu, called Avian Influenza A (H5N1), which has caused infections in birds in Asia and Europe, and in humans in Asia.

Avian Influenza is an infection caused by avian (bird) influenza (flu) viruses. These influenza viruses occur naturally among birds. Wild birds worldwide carry the viruses in their intestines, but usually do not get sick from them. However, Avian Influenza is very contagious among birds and can make some domesticated birds — including chickens, ducks, and turkeys — very sick and die.

Infected birds shed influenza virus in their saliva, nasal secretions, and feces. Susceptible birds become infected when they have contact with contaminated secretions or excretions, or with surfaces that are contaminated with secretions or excretions from infected birds. Domesticated birds may become infected with Avian Influenza virus through direct contact with infected waterfowl or other infected poultry, or through contact with surfaces (such as dirt or cages), or materials (such as water or feed) that have been contaminated with the virus.

Infection with Avian Influenza viruses in domestic poultry causes two main forms of disease that are distinguished by low and high extremes of virulence. The “low pathogenic” form may go undetected and usually causes only mild symptoms (such as ruffled feathers and a drop in egg production). However, the highly pathogenic form spreads more rapidly through flocks of poultry. This form may cause disease that affects multiple internal organs and has a mortality rate that can reach 90 to 100 percent, often within 48 hours.

Outbreaks of Avian Influenza H5N1 occurred among poultry in eight countries in Asia (Cambodia, China, Indonesia, Japan, Laos, South Korea, Thailand, and Vietnam) during late 2003 and early 2004. At that time, more than 100 million birds in the affected countries either died from the disease or were killed to try to control the outbreaks. By March 2004, the outbreak was reportedly under control. Since late June 2004, however, new outbreaks of influenza H5N1 among poultry were reported by several countries in Asia (Cambodia, China [Tibet], Indonesia, Kazakhstan, Malaysia, Mongolia, Russia [Siberia], Thailand, and Vietnam). It

is believed that these outbreaks are ongoing. Influenza H5N1 infection also has been reported among poultry in Turkey, Romania, and Ukraine. Outbreaks of influenza H5N1 have been reported among wild migratory birds in China, Croatia, Mongolia, and Romania.

With Huntingdon County’s large poultry population, the County is vulnerable to a similar instance.

Huntingdon County Chicken Population and Egg Production, 1978-1992					
Year	Chicken Population	Egg Production	Year	Chicken Population	Egg Production
1978	72,000 Birds	15,165 thousand eggs	1986	7,000 Birds	1,440 thousand eggs
1979	25,000 Birds	4,773 thousand eggs	1987	6,000 Birds	1,488 thousand eggs
1980	23,000 Birds	4,725 thousand eggs	1988	6,000 Birds	1,342 thousand eggs
1981	23,000 Birds	4,673 thousand eggs	1989	16,000 Birds	2,651 thousand eggs
1982	21,000 Birds	4,196 thousand eggs	1990	8,000 Birds	2,947 thousand eggs
1983	15,000 Birds	3,670 thousand eggs	1991	7,500 Birds	1,924 thousand eggs
1984	9,000 Birds	2,263 thousand eggs	1992	6,900 Birds	1,723 thousand eggs
1985	6,000 Birds	1,522 thousand eggs			

Source: United States Department of Agriculture

Human Infection with Avian Influenza Viruses

The risk from Avian Influenza is generally low to most people, because the viruses do not usually infect humans. However, confirmed cases of human infection from several subtypes of Avian Influenza infection have been reported since 1997. Most cases of Avian Influenza infection in humans have resulted from contact with infected poultry (e.g., domesticated chicken, ducks, and turkeys) or surfaces contaminated with secretion/excretions from infected birds. The spread of Avian Influenza viruses from one ill person to another has been reported very rarely, and transmission has not been observed to continue beyond one person.

“Human Influenza Virus” usually refers to those subtypes that spread widely among humans. There are only three known A subtypes of influenza viruses (H1N1, H1N2, and H3N2) currently circulating among humans. It is likely that some genetic parts of current Human Influenza A viruses came from birds originally. Influenza A viruses are constantly changing, and they might adapt over time to infect and spread among humans.

During an outbreak of Avian Influenza among poultry, there is a possible risk to people who have contact with infected birds or surfaces that have been contaminated with secretions or excretions from infected birds.

Symptoms of Avian Influenza in humans have ranged from typical human influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections, pneumonia, severe respiratory diseases (such as acute respiratory distress), and other severe and life-threatening complications. The symptoms of Avian Influenza may depend on which virus caused the infection.

Studies done in laboratories suggest that the prescription medicines approved in the United States for human influenza viruses should work in treating Avian Influenza infection in humans. However, influenza viruses can become resistant to these drugs, so these medications may not always work. Additional studies are needed to demonstrate the effectiveness of these medicines.

Human Health Risks During the H5N1 Outbreak

H5N1 virus does not usually infect people, but more than 140 human cases have been reported by the World Health Organization since January 2004. Human cases of Influenza A (H5N1) infection have been reported in Cambodia, China, Indonesia, Thailand, and Vietnam. For the most current information about Avian Influenza and cumulative case numbers, see the World Health Organization (WHO) website at http://www.who.int/csr/disease/avian_influenza/en/. Most of these cases have occurred as a result of people with direct or close contact with infected poultry or contaminated surfaces; however, a few cases of human-to-human spread of H5N1 have occurred.

Of the few Avian Influenza viruses that have crossed the species barrier to infect humans, H5N1 has caused the largest number of detected cases of severe disease and death in humans. In the current outbreaks in Asia and Europe, more than half of those infected with the virus have died. Most cases have occurred in previously healthy children and young adults. However, it is possible that the only cases currently being reported are those in the most severely ill people, and that the full range of illness caused by the H5N1 virus has not yet been defined.

So far, the spread of H5N1 virus from person to person has been rare and has not continued beyond one person. Nonetheless, because all influenza viruses have the ability to change, scientists are concerned H5N1 virus eventually could be able to infect humans and spread easily. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If H5N1 virus were to gain the capacity to spread easily from person to person, an influenza pandemic (worldwide outbreak of disease) could begin.

No one can predict when a pandemic might occur. However, experts from around the world are watching the H5N1 situation in Asia and Europe very closely and are preparing for the possibility that the virus may begin to spread more easily and widely from person to person.

Treatment and Vaccination for H5N1 Virus in Humans

The H5N1 virus that has caused human illness and death in Asia is resistant to amantadine and rimantadine, two antiviral medications commonly used for influenza. Two other antiviral medications, oseltamavir and zanamavir, would probably work to treat influenza caused by H5N1 virus, but additional studies still need to be done to demonstrate their effectiveness.

There currently is no commercially available vaccine to protect humans against H5N1 virus that is being seen in Asia and Europe. However, vaccine development efforts are taking place. Research studies to test a vaccine to protect humans against H5N1 virus began in April 2005, and a series of clinical trials is under way.

“Mad Cow” Disease

As previously stated, there has only been one case of “mad cow” disease in the United States. In 1997, a ban was established by the USDA on the importation of live animals or animal products from countries with the disease. Yet, Huntingdon County’s large dairy industry makes it vulnerable to an outbreak, if one should occur.

Hepatitis

Vulnerability to hepatitis viruses is basically the same around the country. The keys to avoiding hepatitis are vaccinations, good hygiene, and common sense. Adequate sanitation and clean personal habits will help reduce the spread of Hepatitis A and Hepatitis B. In areas where sanitation is questionable, boil water. Cook all food well and peel all fruit.

Probability

Currently, the probability of a widespread public health emergency occurring in Huntingdon County is relatively low, with a frequency of every 30 years or less; however there exists the potential for the H5N1 virus to increase the probability of a public health emergency to affect Huntingdon County in the future, should this develop into a pandemic. Instances can vary greatly in the degree of severity. Minor outbreaks of less serious communal disease, such as influenza, occur more frequently.

Maximum Threat

Public health emergencies typically occur on a regional basis. Sources include infected animals, contaminated food, and improperly prepared food. While the entire County is vulnerable to a public health emergency, the likely source of a severe infection may be a farm or restaurant.

Secondary Effects

The secondary effects of a public health emergency can vary from minimal to severe. In the event of a limited or easily contained public health emergency; such as season influenza or

hepatitis, the County may experience nominal disruption to government functions and industry commodities and services. Social impacts and environmental impacts could also be nominal. In the event of a widespread public health emergency; such as in the event of pandemic influenza, the secondary effects will be severe. There will be a high level of absenteeism and staffing shortages among the County's workforce at all levels and across all occupations. Critical services, such as public safety and public health, and government functions will be greatly reduced. Severe disruption of utilities, transportation, and commerce will occur. Travel restrictions and business closures may occur. Agri-business could suffer as the result of widespread culling, quarantines, and bans. The resulting economic and social impacts will be very high.