

DON'T PLAY THIS GAME



Dane County Immunization Coalition

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www.ci.madison.wi.us/health/coalitions/dcic.html

DCIC General Membership Meeting Minutes: February 17, 2007

Board of Directors:

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WMSN FOX 47

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WI Division of Public Health

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Unity Health Insurance
Corporation

Brenda González

Dean Health System

Present:

Public Health- Madison & Dane County

Jeneile Luebke Cleary, Cheryl Robinson, Kathy Boldt,
Marj Wall, Amy Vieth

GSK

Lisa Carey

GHC

Linda Capener, Lisa Frey

UW Health Peds

Sandy Jacobson

MedImmune

Steve Maurer, Beth Dudgeon

Aventis Pasteur

Mike Mautis

Unity

Carola Gains

Sanofi Pasteur

Michael Owens, Marni Walker

Home Health United

Christi Archer

Wyeth

Bill Hayes, Tom Saterstrom

MD Group LLC

Erika Horstmann

Head Start

Mary Musholt

Fox 47 News

Kim Sveum

Guest speaker:

Stacey Schultz-Cherry, Ph.D.

Assistant Professor, Medical Microbiology and Immunology

UW Madison School of Medicine & Public Health

<http://www.medmicro.wisc.edu/department/faculty/schultz-cherry.html>

Topic:**Avian Influenza**

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 kill them.

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 90-100% often within 48 hours.

Human infection with avian influenza viruses

There are many different subtypes of type A influenza viruses. These subtypes differ because of changes in certain proteins on the surface of the influenza A virus (hemagglutinin [HA] and neuraminidase [NA] proteins). All known subtypes of influenza A viruses can be found in birds.

Usually, "avian influenza virus" refers to influenza A viruses found chiefly in birds, but infections with these viruses can occur in humans. 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 has been limited, inefficient and unsustainable.

“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 some of 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.

Avian influenza A (H5N1) outbreaks

For current information about avian influenza A (H5N1) outbreaks, see CDC’s [Outbreaks](#) page. For the most current information about avian influenza and cumulative case numbers, see the [World Health Organization \(WHO\) avian influenza website](#).

Most cases have occurred in previously healthy children and young adults and have resulted from direct or close contact with H5N1-infected poultry or H5N1-contaminated surfaces.

While there has been some human-to-human spread of H5N1, it has been limited, inefficient and unsustainable. For example, in 2004 in Thailand, probable human-to-human spread in a family resulting from prolonged and very close contact between an ill child and her mother was reported. Most recently, in June 2006, WHO reported evidence of human-to-human spread in Indonesia. In this situation, 8 people in one family were infected. The first family member is thought to have become ill through contact with infected poultry. This person then infected six family members. One of those six people (a child) then infected another family member (his father). No further spread outside of the exposed family was documented or suspected.

Because all influenza viruses have the ability to change, scientists are concerned that H5N1 virus one day could be able to infect humans and spread easily from one person to another. 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 could begin.

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.

For more information about H5N1 vaccine development process, visit the [National Institutes of Health](#)

Board of Directors

Last meeting: January 8, 2007

Next meeting: March 12, 2007

- Board of Directors appointments discussed. No appointments changed for 2007.
- 2007 ACIP schedule is out! Please visit:
<http://www.cdc.gov/mmwr/pdf/wk/mm5551-Immunization.pdf>
- Waiver rates discussed
- Dates of general membership meetings/ committee meetings will remain the same for 2007. Dates can be found on DCIC website:
<http://www.ci.madison.wi.us/health/coalitions/dcic.html>

Immunization Practices Committee

Last meeting: February 5, 2007

Next meeting: April 2, 2007

- The next issue of PEARLS will be out the first week of March
- Second Pearls publication – for public/ day care centers. To be called “DCIC’s Immunization Update”

Education and Outreach Committee

- Donna Weaver for CDC has agreed to speak again for this year’s Immunization Symposium. Location TBA. Planned date: October 8, 2007
- Media Campaign planned for week of April 21-28 th “National Immunization Week”
- Immunization Grand Rounds planned for August 2007 at UW Hospital

The Next DCIC General Membership Meeting is:

April 17, 2007 12 Noon- 1:30

State Medical Society Building

330 East Lakeside Street

Reputable Vaccine Information Resources

National Network for Immunization Information

www.immunizationinfo.org

National Immunization Program

www.cdc.gov/nip



American Academy of Pediatrics

www.aap.org



Immunization Action Coalition

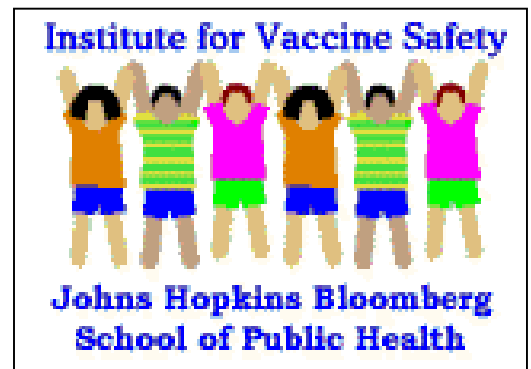
www.immunize.org

American Public Health Association

www.apha.org

Institute for Vaccine Safety (John Hopkins University)

www.vaccinesafety.edu



Infectious Diseases Society of America

www.idsociety.org

Vaccine Education Center

www.vaccine.chop.edu



Immunization Action Coalition

Publisher of immunization information

- *Needle Tips*
- *Vaccinate Adults*
- *Vaccinate Women*
- *IAC Express*
- *Hep Express*
- *VISs*