Viet Nam Avian Influenza Control and Preparedness

Submitted by: Viet Nam
Vietnam Avian Influenza
Control and Preparedness

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1. Background information

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Total population</td>
<td>86,206,000</td>
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<tr>
<td>GDP per capita (2005) US$</td>
<td>637</td>
</tr>
<tr>
<td>Life expectancy at birth m/f (years)</td>
<td>69/75</td>
</tr>
<tr>
<td>Healthy life expectancy at birth m/f (years, 2003)</td>
<td>60/63</td>
</tr>
<tr>
<td>Probability of dying under five (per 1000 live births)</td>
<td>17</td>
</tr>
<tr>
<td>Total expenditure on health per capita (Intl $, 2005)</td>
<td>221</td>
</tr>
<tr>
<td>Total expenditure on health as % of GDP (2005)</td>
<td>6.0</td>
</tr>
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</table>

2. Health care in Vietnam

2.1 Health system

Four levels of service delivery:

(a) Central level managed directly by the Ministry of Health
(b) Provincial level
(c) District level providers
(d) Commune level
2.2 Preventive Health system

MINISTRY OF HEALTH
GENERAL DEPT OF PREVENTIVE MEDICINE
ADMINISTRATION OF HIV/AIDS CONTROL
FOOD SAFETY & HYGIENE ADMINISTRATION

Institute of Hygiene and Epidemiology, Pasteur Institute
Institute of Occupational and Environmental Health, National Institute of Nutrition, HCMC Public Health Institute
Technology Production Quality Control Stations, vaccine and biomedical product control center and production companies
National and Regional Institutes of Malariology, Parasitology and Entomology

5 occupational and environmental health centers
22 centers for control of TB, STDs and other communicable diseases
64 provincial preventive medicine centers
39 HIV/AIDS control centers
8 international health quarantine centers
28 malaria control centers

District preventive medicine centers
Commune health stations (CHS)

3. Situation Highly Pathogenic Avian Influenza

- Outbreaks among poultry population before humans
- Four outbreaks among humans paralleled with four outbreaks in poultry population
- Outbreaks among humans started the beginning 2004
3. Situation Highly Pathogenic Avian Influenza

- Outbreaks among poultry started 2003
- Appear at the South first and then the North
- Very fast speed
- Spread out quickly
- All (61 provinces) reported outbreaks in poultry; 50 millions poultry killed among 300 millions poultry population

### Outbreaks among poultry population

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Period</th>
<th>No. of Provinces</th>
<th>No. of Districts</th>
<th>No. of Communes</th>
<th>No. of poultries killed and destroyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>12/03 - 3/04</td>
<td>57</td>
<td>381</td>
<td>2,574</td>
<td>43,900,000</td>
</tr>
<tr>
<td>II</td>
<td>4/04 - 5/05</td>
<td>36</td>
<td>182</td>
<td>670</td>
<td>1,931,278</td>
</tr>
<tr>
<td>III</td>
<td>10/05 - 12/05</td>
<td>24</td>
<td>108</td>
<td>305</td>
<td>3,973,000</td>
</tr>
<tr>
<td>IV</td>
<td>12/06 - 12/07</td>
<td>33</td>
<td>109</td>
<td>256</td>
<td>406,850</td>
</tr>
</tbody>
</table>
3. Situation Highly Pathogenic Avian Influenza

- Very severe disease, high mortality among infected patients
- Children first and then adults
- Rural and then urban
- The first case on December, 2003
- Total 106 cases and 52 deaths
- CFR: 49%
3. Situation Highly Pathogenic Avian Influenza

Cumulative number of human cases and deaths to 2007

- China
- Egypt
- Indonesia
- Thailand
- Viet Nam

Cases
Deaths
4. National Planning and Response

- National Strategic Plans
- Animal Health Plan.
- Human Health Plan.
4.1. National Strategic Plan

- A National Preparedness Plan in Response to AI Epidemic H5N1 and Human Influenza Pandemic approved by the government.
- Plan includes response measures under different scenarios and allocates responsibilities and actions among fourteen ministries, mass organizations, and People’s Committees.
- National Task Force under the National Steering Committee to develop this document, the Integrated Operational Program for Avian and Human Influenza (OPI).


- Emergency Disease Contingency Plan for Control of Highly Pathogenic Avian Influenza
- Follow the Global Strategy prepared by FAO, (OIE), WHO… through the deployment of conventional methods of culling, bio-security and movement control, strategic vaccination of domestic poultry and ducks.
- Raising public awareness, strengthening diagnostic capacity, enhancing research capability, imposing a temporary ban on the hatching of ducks, and carrying-out epidemiological surveys to understand the route of transmission as well as the role of wild birds.
4.3. Human Health Plan.

- National Plan of Action on Human Influenza Pandemic Prevention and Control in Vietnam
  - Surveillance and early warning systems,
  - Risk communication for the public and health care workers,
  - Border control and
  - Social distancing measures.

- **Objectives**

The overall objective of the OPI is to reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic.

**Objectives For the Animal Health Sector**, to control and eradicate HPAI from poultry in Vietnam.

(a) to strengthen veterinary services to control HPAI

(b) to control HPAI using a cost-effective phased approach that addresses each sector; and

(c) to plan poultry sector restructuring to achieve better control of HPAI while minimizing the loss of livelihoods and environmental pollution.
## Objectives for the Human Health Sector

- (a) to minimize the incidence and mortality of human avian influenza infections;
- (b) to reduce the risk of an influenza pandemic occurring; and
- (c) to take other steps necessary to reduce the impact of a human influenza pandemic

## Influenza Prevention and Pandemic Preparedness in the Health Sector

- Strengthening Surveillance and Response.
- Strengthening Diagnostic Capacity.
- Strengthening Curative Care Capacity.
- Improving Research.
- Focusing on Public Awareness and Behavior Change Activities.
Giết mồm Gia cảm An toàn
6. Challenges

- As the result of having contained the disease so far, Vietnam may fall victim to its own success.
- The most effective and efficient interventions may not receive the needed level of funding.
- Absorptive capacity is limited.
- The response does not give sufficient attention to implementation mechanisms in the provinces, districts and communes.
- The influenza pandemic may start outside Vietnam.
- Certain activities may not be sustainable unless long-term financing issues are addressed.
- Social and environmental externalities may occur.

7. Lessons Learned

- Speed and transparency are key factors of success.
- Preparedness is a key factor of success.
- A two-pronged strategy is to be implemented.
- High-level government commitment is essential.
- Donor coordination to support the government program is critical.
- HPAI Control Strategy and Preparedness Plans need to be linked to the broader agenda of regulatory and institutional reforms.
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Thank you for your attention!