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### U.S. SUPPORTED PROJECT BOOSTS ONE HEALTH APPROACH IN VIETNAM TO REDUCE INFECTIOUS DISEASE THREATS

The United States Agency for International Development (USAID) has awarded a new grant to the United Nations Development Programme (UNDP) to carry out a project that applies a One Health approach to reduce the threats to public health from avian and pandemic influenza (API) and other emerging infectious diseases (EIDs). The ‘Strengthening

Capacity for the Implementation of One Health in Vietnam’ project will be implemented through September 2015 in coordination with the Ministry of Agriculture and Rural Development (MARD) and the Ministry of Health (MOH).

The expected outcome of the \$800,000 project is to contribute to the reduction of the threats to public health from API and other emerging infectious diseases through the application of a One Health approach in Vietnam. “This project will contribute to the development of a

revised and improved coordination structure on avian and pandemic influenza and other emerging infectious diseases,” said USAID Mission Director Joakim Parker. “It will also support the reinforcement of a national policy dialogue and knowledge sharing mechanism in Vietnam as well as in regional and international networks. With it, Vietnam will build on its reputation as a fast-emerging model for dealing with pandemic threats.” The One Health approach was adopted by the Government of Vietnam in 2010 to apply a cross-sectoral policy and coordinated approach to deal with serious health threats that arise at the animal-human-environment interface.

Through this project, USAID and UNDP will promote the adoption of a One Health coordination mechanism as well as a One Health implementation plan by the Government of Vietnam in consultations with relevant stakeholders. Vietnam is located in a relatively high-risk

region for emerging infectious diseases, with the new Influenza A/H7N9 virus recently detected in humans and animals in China, underlining a potentially serious threat to public health and economic development. These types of emerging health threats underscore the call by USAID and its partners like the United Nations in Vietnam for greater coordination and collaboration between sectors and agencies to address diseases that impact on health, food

security and safety, livelihoods, trade, and economic development. The new project is in line with the USAID Country Development Cooperation Strategy for Vietnam that has recently been announced. One of USAID's areas of programmatic focus under this five-year strategy is to strengthen Vietnam's systems to effectively address emerging and transnational public health threats. ■

## VIETNAM CONTINUES TO APPLY STRICT MEASURES FOR AVIAN INFLUENZA PREVENTION AND CONTROL

On 18 February 2014, there was a national teleconference between the central and local government about prevention and control of avian influenza. The Deputy Prime Minister, Mr Hoang Trung Hai, and the Minister of MARD, Dr Cao Duc Phat, both participated in this teleconference. Other participants included the members of the National Steering committee for Avian Influenza Prevention and Control, representatives of related ministries and sectors, and representative of PAHI Secretariat also attend the meeting. At each of the provincial channel, chairman or leaders of all 63 provinces and cities attend the teleconference.

Minister Cao Duc Phat expressed in his opening speech that preventing the introduction of the influenza A/H7N9 virus into Vietnam and control of the influenza A/H5N1 virus already circulating in the country are two important tasks that need to be carried out simultaneously. A report made by the Department of Animal Health indicated that the overall prevalence of influenza A/H5N1 was about 6% at the individual bird level and 61% at the individual live bird market level. Mr Phat said that the most important measure is to share information and communicate with the public to raise their awareness and so that they can apply control measures by themselves. Drawing on 10 years of experience, Mr Phat said that communication is very important and any control program can only succeed with the participation of the public. Local agencies have to work closely together to deal avian influenza outbreaks, including cleaning, disinfection, vaccination and other measures. Local veterinary agencies have to make sure that poultry are managed well all the way from the origin to the final destination whenever



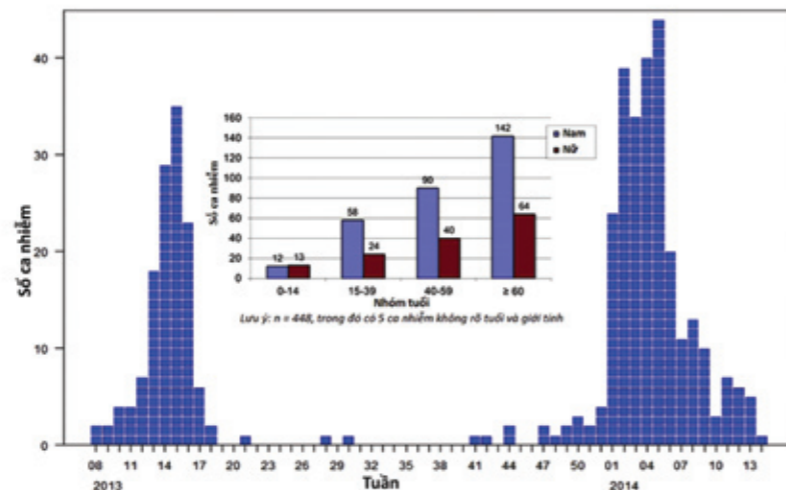
Deputy Prime Minister Hoang Trung Hai and MARD Minister Cao Duc Phat chairing the conference.

poultry are transported from one location to another. The nation must have an appropriate compensation policy to encourage poultry owners to be actively involved in control activities and to stop them from panic selling and hiding information about diseased poultry. Minister Phat also requested all provinces bordering with China to prevent the introduction of influenza A/H7N9 through the application of strict control measures. All provinces have to use their local contingency budget for control activities and they have report to the central government if their local budget is not sufficient to cover all control activities.

Deputy Prime Minister Hoang Trung Hai stressed that the central government will provide all necessary conditions to support ministries and provinces to control avian influenza. Mr Hai also requested the Ministry of Police, the Ministry of Industry and Trade, customs and border military forces and local authorities to stop completely the illegal import of animal and animal products. All provinces need to review and monitor live bird markets to ensure that they comply well with the National Action plan on emergency response to dangerous avian influenza virus strains with the potential to infect humans. He also directed all ministries and provinces to implement all tasks described in the Prime Minister's Official Telegraph 200/CĐ-TTg dated 14/2/2014, and to implement a month for cleaning and disinfection throughout the nation. Those provinces that do not have yet the action plan must establish a new plan for detailed activities. Mr Hai also requested for more communication on avian influenza and control measures. He approved a proposal by Minister Phat to increase the number of vaccine doses (up to 60 million) in the national contingency plan. Mr Hai requested weekly reports from MARD to the central government about the avian influenza situation, and similarly directed all provinces to provide weekly reports to MARD on the disease situation and control activities. ■

## VIETNAM MAINTAINS VIGILANCE FOR INFLUENZA A/H7N9

Since the first case of influenza A/H7N9 detected in humans in China was reported by World Health Organization (WHO) on 01/4/2013, there have been a total of 450 cases, including 158 fatal cases, reported throughout out the world as of 30/6/2014. In China, influenza A/H7N9 cases were reported in 18 provinces, Taiwan, Hong Kong. Malaysia also reported one case in 2013.



Epidemiological curve showing the temporal distribution of influenza A/H7N9 cases reported between week 08 of 2013 and week 13 of 2014. The data were stratified by gender (WHO, 20 June 2014).

Data analyses carried out by the European Centre for Disease Prevention and Control (ECDC) indicated that there were two peaks of the epidemiological curve, representing two main periods, as follows: Period 1 had 135 human cases, compared with period 2 with 220 cases (counted up to 18 February 2014). There was a five-month gap between these two peaks, during which there were only 2 cases reported. These two peaks were occurred during the winter period in China. There were no significant differences identified between two peaks when data were analyzed based on the gender and age of patients. WHO confirmed that no evidence indicating human-to-human transmission has been detected to date. As of June 2014, evidence for international transmission was not identified for either human or poultry infection. However, WHO recommends that each of its member countries should strengthen surveillance for serious pneumonia and ensure timely reporting as important strategies to contribute

to controlling the disease.

Vietnam has carried out a large number of measures to prevent the introduction of the A/H7N9 strain of influenza into the country. In particular, the agriculture sector has carried out intensive surveillance, with more than 73,000 samples collected from more than 100 live bird markets (LBM) or poultry gathering points in 11 provinces located close to the border with China or in other identified high risk areas. All of the samples that were collected were tested, however to date no sample was found to be positive for the influenza A/H7N9 virus. The public health sector also carried out intensive surveillance, with more than 800 throat swab samples collected and tested. To date none of these samples has been found positive for the A/H7N9 virus. The results of these tests provide very good evidence of the strong efforts and effective collaboration between the two sectors, applying a One Health approach. ■



Teleconference point at the central level (MARD)

On 12 February 2014, the Minister of Agriculture and Rural Development signed Decision No. 210/QĐ-BNN-TY on the Action plan on the emergency response to dangerous avian influenza virus strains with the potential to infect humans. Decision 210/QĐ-BNN-TY has the following **general objective**: Actively detect and maintain readiness to prevent and minimize the risk of human infection and adverse impacts if the influenza A/H7N9 virus enters Vietnam. The **specific objectives** of the Decision are to:



On 14/2/2014, National Steering Committee for Prevention and Control of Avian Influenza met to discuss the National Action plan.

1. minimize the risk of influenza virus A/H7N9 penetrating Viet Nam through the illegal importation of poultry and poultry products.
2. ensure early detection and timely response to the virus A/H7N9 if it does enter Vietnam.
3. minimize the risk of the influenza virus A/H7N9 infecting poultry and humans.
4. minimize negative impacts on socio-economic development.

### ACTION PLAN ON EMERGENCY RESPONSE TO DANGEROUS AVIAN INFLUENZA VIRUS STRAINS WITH POTENTIAL INFECTION ON HUMANS

fight and treat seriously any case of violation; organize cleaning, disinfection and sterilization of border gate areas and transportation vehicles crossing the border.

\* **Monitoring the trade of poultry and poultry products of unknown origins** at wholesale poultry markets.

\* **Focusing on the implementation of sample collection for surveillance of poultry that are traded**, through the projects funded by USAID, FAO, CDC and the state budget; strengthening the rapid response capacity of veterinary services, including training for local veterinary services; strengthening the capacity for diagnosis and testing.

\* **The intervention measures for poultry markets:**

- For live bird markets: Periodic closure of markets for comprehensive cleaning, disinfection and sterilization to eliminate germs; hygiene sanitation, disinfection, and sterilization after operations; cleaning and disinfection of vehicles, transport equipment and poultry containers; recording the information for traceability (where poultry was sold and consumed); encouraging traders, transporters and poultry buyers to use masks, gloves and boots when handling poultry.

- For the market where poultry was sold and slaughtered: Separation of the live poultry and slaughtered poultry areas; cleaning and disinfection of the areas where poultry and poultry products are sold and slaughtered after each session of the market; cleaning and disinfection of all facilities, transportation

**A One Health approach will be applied**, with close cooperation between the veterinary sector and other sectors such as human health, market management, customs, border defence forces, the police, local authorities and international organizations, to implement effective and comprehensive measures to ensure achievement of the designated objectives. The action plan addresses the following scenarios:

1. No influenza A/H7N9 cases detected in poultry or the environment.
2. No influenza A/H7N9 cases detected in poultry or the environment but human case(s) reported.
3. Detection of the influenza A/H7N9 virus in poultry or the environment but no human case reported.
4. Detection of the influenza A/H7N9 virus in poultry or the environment and human case(s) reported.

#### Technical solutions

\* **Measures to be applied in the border areas:** strictly forbidden the trading and smuggling of poultry and poultry products across the border; organizing propaganda activities to enhance the responsibility of the local authorities and functional agencies; resolutely

equipment and cages and containers for poultry and poultry products.

\* **Measures for slaughterhouses and slaughter points:** Using personal labour protection equipment as recommended by the health sector when contacting and slaughtering poultry; not slaughtering poultry of unknown origins; cleaning and disinfecting slaughtering areas after operations; cleaning and disinfection of all facilities and transportation equipment for poultry and poultry products.

\* **Conducting studies to analyse and assess**

**supply chains** of poultry and poultry products for markets, with the full range of relevant epidemiological information from the hatchery to the farm, transporter, market and slaughterhouse, distributor and consumer. Mapping the supply networks of poultry and poultry products in each area as a basis for response plans when needed.

\* **In case human infection of Influenza A/H7N9** is found in Vietnam, additional measures will be implemented based on the recommendations of the health sector. ■

### NATIONAL OPERATIONAL PLAN ON AVIAN INFLUENZA CONTROL AND PREVENTION, 2014-2018

On 13 March 2014, the Minister of MARD signed Decision 438/QĐ-BNN-TY approving the National Operational Plan on Avian Influenza Prevention and Control for the period from 2014 to 2018. PAHI Secretariat made an important contribution to the development of this plan through organizing a series of workshop to get comments on the draft plan, and PAHI Secretariat's international experts also made an important contribution to development of the plan. **The overall objectives of the plan are** "to progressively control and prevent the spread of avian influenza, to actively establish disease-free zones for avian influenza, and then to eradicate the disease in Vietnam after 2018.

**The specific objectives of the plan** are to reduce number of avian influenza outbreaks in high-risk areas (during the control period), and to classify about 60% provinces as low-risk areas in 2015. This percentage will be increased up to 80% by 2018.

One of the main new points of this national plan is the classification of provinces as (1) high-risk areas, consisting of those provinces that had avian influenza outbreaks in 2012-2013, as well as having high prevalence of influenza virus, high density of waterfowls and high density of poultry breeding farms. This area is classified as the control zone; (2) low-risk areas, consisting of those provinces that did not have any avian influenza outbreaks or had only some sporadic outbreaks over the period from 2003-2013, or they had large number of outbreaks in some years ago, but applied effective control activities. Surveillance activities also showed that these provinces have lower prevalence of influenza viruses. These areas are



In February 2014, Vice Minister Vu Van Tam visited border areas in Lang Son province to obtain more information for the development of the national plan.

classified as the buffer zone; and (3) temporally safe areas, consisting of all provinces that have not had any outbreaks for at least the five most recent years. These areas have either had no influenza virus circulating, or only very low prevalence. These areas are classified as temporarily free zone that are ready for eradication of the virus.

However, this classification is relative and can be modified to truly reflect the real disease situation so that provinces can be re-classified between zones annually. In particular, high risk provinces will be classified as low-risk areas if they do not have any outbreaks for at least three consecutive years from 2014 onwards, and their surveillance results indicate less than 2% of samples are positive for H5N1 (this indicator is only applied for the Red River and Mekong River Delta); (2) low-risk provinces will be classified as temporarily safe areas if they do not have any outbreaks for at least five consecutive years from 2014 onwards.

**The main components of the national plan include:** (1) disease surveillance; (2) responding to outbreaks; (3) vaccination; (4) establishment of

disease-free zones; (5) communication activities to improve public awareness and to change behaviors; and (6) in-depth studies of avian influenza. For vaccination, ducks and Muscovy ducks are the main targets. All poultry in the high-risk areas must be vaccinated, while poultry owners in low-risk area are encouraged to vaccinate their poultry voluntarily. The central government will provide funds for vaccination

in the case of disease occurrence.

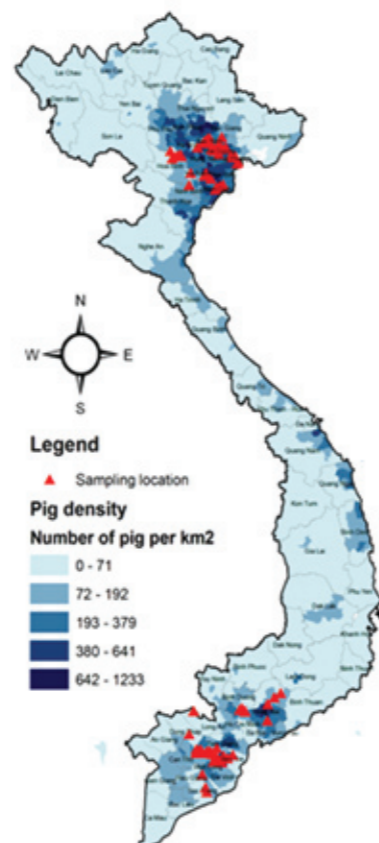
**A total of 866 billion Dong** (about 43 million USD) will be mobilized from three main sources, including: (1) the central government will spend about 133 billion Dong; (2) local government will spend about 583 billion Dong; and (3) poultry owners will spend about 150 billion Dong (mainly for procuring vaccines and for vaccination fees). ■

## UPDATES ON RESULTS OF INFLUENZA SURVEILLANCE IN VIETNAM

\* **For influenza A/H5N1:** A national surveillance program was carried in 41 provinces from November 2013 to February 2014. A total of 13,660 samples were collected and tested using RRT-PCR. Of which 5.89% samples were positive with influenza A/H5N1 virus. Currently, this surveillance is being undertaken based on the design developed by DAH.

\* **For influenza A/H7N9:** Two national surveillance programs were carried out from June 2013 to April 2014 with funds from USAID/FAO and the US CDC. A total of 73,282 samples (swab, environmental) were collected from more 100 live bird markets and poultry gathering points in 11 provinces close to the border with China or located in high-risk areas. These samples were tested using RRT-PCR and 15% of them were positive with influenza A, but none of them was positive for the influenza A/H7N9 virus. All laboratories of DAH are now capable to test for this virus using RRT-PCR.

\* **For swine influenza:** In 2013, DAH and FAO carried out a national surveillance program (EPT Plus) for swine influenza at 32 breeding plus 56 fattening pig farms in 12 provinces (Bac Ninh, Hai Duong, Hai Phong, Hoa Binh, Nam Dinh, Ha Nam, Dong Thap, Vinh Long, Ben Tre, Soc Trang, Dong Nai and Binh Duong). A total of 7,200 nasal swab samples plus 1,440 serum samples were collected and tested, using RRT-PCR and ELISA respectively. The overall prevalence of influenza A virus infection was relatively high at 6.94%, and the virus was detected in nine out of the 12 study provinces. Breeding farms had a higher prevalence (58.80%) of influenza A virus infection than that recorded for pigs at fattening farms (26.76%). Two North American virus subtypes (H1N2 and H3N2) were detected under this surveillance. Currently, DAH and FAO are preparing to extend this surveillance to 19 provinces. DAH is also working with the Japanese National Institute of Animal Health for swine virus surveillance in 2014 and



Map showing pig farms and density of pigs (the number of pigs per square kilometer) under the FAO/EPT Plus surveillance study

2015. In addition, DAH has been working closely with the US CDC and the National Institute of Hygiene and Epidemiology (NIHE) of the Ministry of Health to carry out surveillance of swine influenza in humans and in pigs since September 2013. A total of 5,688 swab samples were collected from 189 slaughterhouses in 9 provinces (Bac Ninh, Hai Phong, Nam Dinh, Quang Tri, Thua Thien-Hue, Quang Nam, Binh Duong, Tien Giang and Vinh Long). A total of 55 samples (0.97%) were positive for influenza A virus, in 6 provinces (Bac Ninh, Hai Phong, Nam Dinh, Quang Nam, Binh Duong, Tien Giang). This study is now on-going in these provinces. (Source: Nguyen Van Long, DAH, 2014). ■

## RELEVANT LEGAL DOCUMENTS

### DOCUMENTS ISSUED BY PRIMER MINISTER

Official Telegraph No. 133/QĐ-TTg issued on 23/01/2014 by the Prime Minister was sent to ministries and bodies under the central government and provincial people committees on prevention and control of avian influenza at the borders.

Official Telegraph No. 200/QĐ-TTg issued on 14/02/2014 by the Prime Minister sent to ministries and bodies under the central government and provincial people committees to focus on prevention and control of avian influenza and influenza virus subtypes that are likely transmissible to humans.

### DOCUMENTS ISSUED BY MARD

Circular No.53/2013/TT-BNNPTNT dated 12/12/2013 regulates reporting diseases in terrestrial animals

Decision No. 210/QĐ-BNN-TY issued on 14/2/2014 by the Ministry of Agriculture and Rural Development approved the Action plan on emergency response to dangerous avian influenza virus strains with the potential to infect humans.

Official letter No. 711/BNN-TY issued on 28/2/2014 by the Ministry of Agriculture and Rural Development requested all provinces throughout the country to improve prevention and control activities for avian influenza.

Decision No. 438/QĐ-BNN-TY issued on 13/3/2014 by Ministry of Agriculture and Rural Development approved the National Operational Plan on Avian influenza Control and Prevention for the period from 2014 to 2018.

Official letter No. 1499/BNN-TY issued on 13 May 2014 by the Ministry of Agriculture and Rural Development requested all provinces throughout the country to use local budget for prevention and control of animal diseases.

Decision No. 1128/QĐ-BYT issued on 06 April 2013 by Ministry of Health approved guideline for surveillance, prevention and control of influenza A/H7N9.

Official Telegraph No. 03/CĐ-BNN-TY issued on 11/6/2014 by the Ministry of Agriculture and Rural Development requested all provinces throughout the country to carry out prevention and control activities for rabies.

### DOCUMENTS ISSUED BY MOH

Official letter No. 53/TB-BYT issued on 24/01/2014 by the Ministry of Health notified direction made by Vice Minister Nguyen Thanh Long about issues discussed at a workshop on prevention and control of influenza A(H7N9) held on 13/01/2014.

Official letter No. 3443/BYT-DP issued on 04/6/2014 by the Ministry of Health requested all provinces throughout the country to carry out prevention and control measures for rabies in humans.

Decision No. 1622/QĐ-BYT issued on 8/5/2014 by Ministry of Health to instruct surveillance, prevention and control of influenza rabies in humans.

Official letter No. 777/TTr-BYT issued on 21/7/2014 by Ministry of Health presenting a proposal to Deputy Prime Minister Vu Duc Dang on strengthening prevention and control of rabies.

## UPCOMING ONE HEALTH EVENTS

### July 2014

**Korea One Health Forum:** Seoul National University and Michigan State University

Seoul, July 10, 2014

<https://www.msu.edu/~iih/korea2014.html>

### August 2014

**EcoHealth:** The 5th Biennial Conference of the International Association for Ecology & Health

Montreal, Canada August 12-15, 2014

<http://ecohealth2014.uqam.ca/en.html>

## UPCOMING ONE HEALTH EVENTS

### August 2014

#### Workshop for health staffs and journalists on rabies

WHO is supporting GDPM  
Ha Noi, Vietnam, 18 August 2014

#### One Health Symposium

UC Davis,  
Davis, California, August 24, 2014  
[http://www.vetmed.ucdavis.edu/ce/one\\_health/one\\_health\\_symposium.cfm](http://www.vetmed.ucdavis.edu/ce/one_health/one_health_symposium.cfm)

#### Global Infectious Diseases Meeting

Hosted by the Government of Indonesia  
Jakarta, Indonesia, August 20-22, 2014  
web: <http://www.ghsa2014-jakarta.org>

#### Technical Review on H7N9 Preparedness in the Greater Mekong Sub-Region, USAID

Bangkok, Thailand, August 25 – 26, 2014

Rabies Advocacy and Coordination Meeting at district and commune levels in 2 provinces (Phu Tho and Nam Dinh) in July – August 2014.

### September 2014

#### Rabies Technical Training

Hanoi, 3-14 September  
FAO, Vietnam

#### One Health International Conference

University of Peradeniya,  
Peradeniya, Sri Lanka, September 5-6, 2014  
<http://www.pdn.ac.lk/ic/ohic/>

#### International Symposium on One Health and INDOHUN Annual Meeting: Improving Human, Animal and Ecosystem Health through Integrated Approach

One Health Network in Indonesia  
September 10-11, 2014 in Solo, Central Java, Indonesia  
<http://www.indo-oh-university.net/annual-meeting/welcome/>

#### World Rabies Day

WHO, September 28, 2014

### October 2014

#### 3rd Global Risk Forum One Health Summit

Davos, Switzerland, October 5-8, 2014  
<http://onehealth.grforum.org/home/>

### November 2014

International Symposium for One Health Research  
Guangzhou, Guangdong, China November 22-23, 2014  
Abstract deadline: October 20, 2014  
<http://onehealth.csp.escience.cn/dct/page/1>

Designed by Phuong Nga International Joint Stock Company

Publication permit No: 08-90/LD, dated 07 September 2012 - Comments are welcomed by PAHI Secretariat  
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