

Pandemic Influenza Fact Sheet

Frequently Asked Questions

Remain in Country During a Pandemic

FACT SHEET: Pandemic Influenza/Avian Influenza A (H5N1)

The U.S. Government remains concerned about the possibility of an influenza pandemic that will affect Americans abroad. This fact sheet offers advice on measures Americans can take to prepare for and cope with a possible pandemic. It also includes information on the U. S. Government's efforts to plan for and respond to such an event.

U.S. Government Pandemic Policy for Americans Abroad

The U.S. Government recognizes that in a pandemic, a variety of factors may lead Americans abroad to stay in the country they are residing in or visiting. Some may choose to remain in country to avoid mass transit, public gatherings or other situations that could increase their exposure to the virus. Others may be forced to remain in country, due to disruptions in air travel, quarantines or closed borders. Consequently, it is current U.S. Government policy for all overseas employees under Chief of Mission authority, and their accompanying dependents, to plan for the possibility that they will be remaining in country during a pandemic. Information for both official and private Americans on how to prepare for this possibility is contained in the flyer [Remain in Country During a Pandemic](#), which urges Americans to maintain adequate provisions for a pandemic wave or waves that could last from 2 to 12 weeks.

Once the World Health Organization (WHO) confirms a severe pandemic – defined as the emergence of a sustained, efficient human-to-human transmission of a new influenza virus that kills at least 1-2% of the people it infects – American citizens (including non-emergency government employees, their dependent family members and private citizens) residing or traveling overseas should consider returning to the United States while commercial travel options (air, land or sea) are still available. Americans will be permitted to re-enter the United States, although the U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC) may quarantine or isolate incoming travelers, depending on their health status and whether they are traveling from or through an area affected by pandemic influenza.

At such a time, non-emergency U.S. Government employees and all U.S. Government dependents affected by a severe pandemic will be allowed to return to the United States for the duration of the pandemic. Employees who return to the United States will be expected to work during the pandemic unless they take leave. Private American citizens abroad should make an informed decision: either remain in country, as noted above, to wait out the pandemic or return to the United States while this option still exists. Any American, whether overseas in a private capacity or employed by the U.S. Government, or a dependent of a U.S. Government employee, who chooses not to return to the United States via commercial means while still available, might have to remain in country for the duration of the pandemic if transportation is disrupted or borders close. Americans should be aware that only in cases of a breakdown in civil order within a country will the U.S. Government consider non-combatant evacuation operations.

Those who feel they would be at greater risk by remaining abroad during a pandemic, or who prefer returning to the United States to access American medical and health care services, may opt to return to the United States. Individuals with chronic medical conditions identified by the WHO and CDC may be at higher risk of suffering complications from influenza and should consider returning to the United States early at the onset of a pandemic or of postponing travel during a pandemic. Those at high risk may include: pregnant women; adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus); adults and children who have immunosuppression (including that caused by medications or by human immunodeficiency virus); and adults

and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function.

Due to legal restrictions and a lack of sufficient resources, the U.S. Department of State is not in a position to provide private American citizens traveling or living abroad with medications or supplies, or medical treatment, in the event of a pandemic. Therefore, private American citizens should carefully weigh the risks of remaining in country versus the risks of traveling, keeping in mind the potential benefits of returning to the United States. Returning to the United States could provide Americans with greater access to antiviral medications, respirators, face masks and pandemic vaccine. However, traveling also could increase one's potential for exposure to the virus and even result in being stranded in a third country if flights are diverted.

U.S. Government assistance to private American citizens who are forced or choose to remain in country would be limited to traditional consular protection, i.e., communicating with family and friends, monitoring quarantine/detention conditions as permitted by local health authorities, arranging for transfers of funds or granting temporary subsistence loans, and providing information regarding the availability of medical care (to be paid for by the individual). Private American citizens should be aware that the U.S. Government cannot demand their immediate release if they have been detained or quarantined abroad in accordance with local public health and legal authorities.

Current Situation - Avian Influenza A (H5N1)

At this writing, countries continue to report outbreaks of avian influenza A (H5N1), commonly referred to as "bird flu," in their domestic and wild bird populations. In addition, countries have reported, on a very limited basis, H5N1 infections in other wild and domestic animals. A small number of confirmed cases of H5N1 among humans have been reported, approximately 60% of which have resulted in death. More information is available on the WHO web site at http://www.who.int/csr/disease/avian_influenza/country/en. Please refer to this website for the most current information on countries affected by H5N1 and the number of confirmed human cases and deaths.

The vast majority of reported human infections have resulted from direct contact with avian influenza A (H5N1)-infected poultry. Although there is evidence to suggest very limited, human-to-human transmission, primarily in family groups involving close exposure to a critically ill member, there is no evidence to suggest the virus can be easily transmitted from human to human in a sustained manner at the present time. HHS/CDC, the WHO, and the U.S. Department of State are nonetheless concerned about the potential for the virus to adapt or mutate into a strain that could cause a human influenza pandemic, and are working closely with all U.S. Government agencies to prepare for the possibility of pandemic influenza. Information on the U.S. Government's overall planning and response efforts is available at www.pandemicflu.gov.

Travel and Avian Influenza A

The U.S. Department of State, HHS/CDC and the WHO have not issued any health precautions, travel alerts or warnings for areas infected with avian influenza. During a pandemic, these agencies, as well as the U.S. Department of Transportation (www.dot.gov), will provide regular situational updates and appropriate guidance to the American public. The information will be tailored toward specific geographic regions, depending on how the virus evolves and on local conditions, including regional variations in the mortality rate and the availability of medical care.

HHS/CDC advises American citizens traveling to or living abroad in countries affected by avian influenza to avoid:

- poultry farms;
- contact with animals in live food markets;
- any surfaces that appear to be contaminated with feces or fluids from poultry or other animals;
- and

consumption of poultry and eggs that are not thoroughly cooked.

American citizens traveling to or living in countries affected by avian influenza should consider the potential risks and keep informed about the latest medical guidance in order to make appropriate plans. Specific HHS/CDC travel information relating to H5N1, including preventive measures, is available at <http://www.cdc.gov/flu/avian/index.htm> and <http://www.cdc.gov/travel/default.aspx>. WHO guidance related to avian influenza is available at http://www.who.int/csr/disease/avian_influenza/en/.

Areas of known H5N1 outbreaks in poultry have been quarantined by governments in those countries within 24 hours, restricting (if not preventing) movement into and out of the affected area. If the virus evolves into a form that can be easily transmitted from human to human in a sustainable manner, governments will likely respond by imposing public health measures that restrict domestic and international movement. This would limit the U.S. Government's ability to assist Americans in those countries. During a pandemic, Americans abroad might expect such measures to be implemented very quickly.

Americans who are planning travel to a country that has reported outbreaks of avian influenza A (H5N1), or who are concerned about avian influenza, are advised to monitor the HHS/CDC and WHO websites for up-to-date information. Additional country information can be obtained from the U.S. Department of State's [Country Specific Information](#) and [Embassy and Consulate](#) web pages. You may also call the U.S. Department of State's toll-free number, 1-888-407-4747, or if calling from overseas, 1-202-501-4444.

Prevention, Response and Treatment – Taking Charge

The avian influenza type A (H5N1) virus is continually evolving and cannot, at present, easily pass from human to human in a sustainable manner. A vaccine for humans that effectively prevents infection with the avian influenza type A (H5N1) virus is not yet readily available. Experts anticipate a four- to six-month lag between identification of a pandemic influenza virus and commercial development and distribution of an effective vaccine.

HHS/CDC research shows that antiviral medications such as oseltamivir and zanamivir (commonly known by their brand names of Tamiflu® and Relenza®) may be effective in treating avian influenza type A (H5N1) if taken early in the infection, although their efficacy will not be known with certainty until a pandemic strain emerges and is analyzed. As with all prescription medications, side effects may occur, and rare but serious side effects have been reported with both oseltamivir and zanamivir. For more information, Americans should consult their healthcare provider or see the package insert approved by the U.S. Department of Health and Human Services/Food and Drug Administration (HHS/FDA). Expired medications must not be taken.

These influenza antiviral medications can be obtained by prescription from a healthcare provider in the United States. If such medications or adequate medical treatment are not readily available at an overseas location or travel destination(s), Americans should consider discussing with their personal physicians the advisability of obtaining an advance supply of appropriate medication for a trip or period of stay overseas. More information is available at <http://www.cdc.gov/travel/contentDiseases.aspx#influ>.

The U.S. Department of State has pre-positioned supplies of antiviral medications at its embassies and consulates worldwide for eligible U.S. Government employees and their dependents. However, due to legal restrictions and a lack of sufficient resources, the U.S. Department of State is not in a position to provide private American citizens traveling or living abroad with medications or supplies, or medical treatment, in the event of a pandemic.

Americans should also be aware of the potential health risk posed by counterfeit drugs, including those represented as oseltamivir or zanamivir, by scam artists who sell products on the Internet or in countries with lax regulations governing the production and distribution of pharmaceutical products. For more information on counterfeit drugs, please visit HHS/FDA's web site at http://www.who.int/csr/disease/avian_influenza/en/.

Complete planning guidance on how private citizens can prepare to remain in country during a pandemic, including stocking food, water and medical supplies, is available at

www.pandemicflu.gov/plan/individual/index.html. In addition, the guidance suggests that individuals who need to enter crowded areas should consider use of a face mask for protection against others who are coughing and to limit the wearers' ability to cough on others. However, there are no definitive studies regarding the effectiveness of face masks in preventing the transmission of the flu virus. Should Americans choose or be forced to remain in a country experiencing a pandemic, they should limit exposure to the virus (through such measures as avoiding mass transit and public gatherings) and take the hygienic precautions outlined at the website cited above.

CDC Contact Information

Public Inquiries:

English (888) 246-2675

Spanish (888) 246-2857

TTY (866) 874-2646

Mon-Fri 8am-11pm EST

Sat-Sun 10am-8pm EST

Address:

Centers for Disease Control and Prevention

1600 Clifton Rd.

Atlanta, GA 30333

USA (404) 639-3311

Traveler's Website<http://wwwn.cdc.gov/travel/default.aspx>**WHO Liaison Office in Washington, DC**

Contact Information:

Telephone: (202) 974-3787

WHO Website<http://www.who.int/en/>

Address:

WHO Liaison Office

1889 F Street, NW, Suite 369

Washington, DC 20006 USA

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