neurologic signs, cerebrospinal fluid pleocytosis, an electroencephalogram indicative of encephalitis, or abnormal neuroimaging indicative of infection or inflammation.

† Not done.

§ Aspartate transaminases (normal range: 10--45 U/L).

¶ Alanine aminotransferase (normal range: 10--50 U/L).

** Gamma glutamyltranspeptidase (normal range: 3--30 U/L).

†† White blood cell count.

§§ Red blood cell count.

¶¶ Enzyme immunoassay. All four patients had nasopharyngeal specimens obtained and tested for influenza A and B antigen by using Directigen EZ Flu A+B (EIA), QuickVue Influenza A+B test (EIA), or direct fluorescent assay using D3 Ultra.

*** All four patients' nasopharyngeal specimens were confirmed positive for novel influenza A (H1N1) virus by Dallas County Department of Health and Human Services, using CDC-approved primers and probes.

††† Direct fluorescent assay.

§§§ Real-time reverse--transcription polymerase chain reaction (performed at CDC).

¶¶¶ Human parainfluenza virus type 3.

**** CSF viral PCR testing was performed by Viracor, using the Luminex multiplex respiratory viral panel (xTAG), which tests for 10 different viruses (influenza A and B; parainfluenza 1, 2, and 3; respiratory synctial virus A and B; adenovirus; human metapneumovirus; and rhinovirus).

†††† Herpes simplex virus.

Morbidity and Mortality Weekly Report
Centers for Disease Control and Prevention
1600 Clifton Rd, MailStop E-90, Atlanta, GA
30333, U.S.A

別紙様式第 2-1

医薬品
医薬部外品　研究報告　調査報告書
化粧品

別紙 3-1

識別番号・報告回数		回	報告日 年　月　日	第一報入手日 2009 年 4 月 14 日	新医薬品等の区分 該当なし	総合機構処理欄
一般的名称			研究報告の公表状況	Swine Influenza - Advice for Veterinarians and Swine Producers. http://www.inspection.gc.ca/english/anima/disemala/swigri/swigrifse.shtml	公表国 カナダ	
販売名（企業名）						

研究報告の概要	使用上の注意記載状況・その他参考事項等
カナダ食品検査庁（ＣＦＩＡ）はブタインフルエンザのヒトへの感染に関する報告を発表した。 カナダ食品カナダ食品検査庁（ＣＦＩＡ）はアメリカ南部およびメキシコでブタインフルエンザのヒトへの感染を発表すると共に要請に応じて支援や専門的知識の提供を行っている。 また，ヒトーヒト感染経路によるブタインフルエンザ感染が発生していた可能性があると指摘している。 これまでカナダにおけるブタの感染や死亡が増加している兆候は認められていないが，予防策としてＣＦＩＡは養豚業者，獣医および研究所にブタ疾患の監視や報告といった体制を強化するよう要請している。またブタインフルエンザ感染が疑われるブタが認められた場合は獣医，地域の保健局或いはＣＦＩＡに報告するよう要請している。同時に，カナダ公衆衛生局（ＰＨＡＣ）は重篤なインフルエンザ様症状が出現した場合には医療機関に連絡するよう勧告している。	BYL-2009-0374 New England Journal of Medicine 360 2605-2615 The Lancet Infectious Disease 9; 339-340, 2009 http://ec.europa.eu/food/animal/diseases/influenzaAH1N1/docs/Conclusions_AH1N1_090609.pdf http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html http://wwwn.cdc.gov/travel/content/outbreak-notice/novel-h1n1-flu-global-situation.aspx

報告企業の意見	今後の対応
本製品に使用されている原材料の原産国外でのウイルス感染発症の報告である。 ウイルス病原体はエンベロープウイルスであり，本製剤の製造工程におけるウイルス除去・不活化工程は，エンベロープウイルスに対しては効果的である。 したがって，本報告は本製剤の安全性に大きな影響を与えるものではないと考える。	現時点で新たな安全対策上の措置を講じる必要はないと考える。

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BYL-2009-0374

Canadian Food Inspection Agency | Agence canadienne d'inspection des aliments

Canada

Animals > Animal Diseases > Swine Influenza

Swine Influenza - Advice for Veterinarians and Swine Producers

The Canadian Food Inspection Agency (CFIA) has been notified of cases of human swine influenza (swine flu) in the southern United States and Mexico. Information to date indicates that human-to-human transmission of the virus has occurred. The Public Health Agency of Canada (PHAC) is currently coordinating the Canadian response to this situation, and the CFIA is providing support and expertise as required. For more information, visit http://www.phac-aspc.gc.ca.

At this point, there are no signs of increased disease or death in Canadian swine. However, as a precaution, the CFIA is asking producers, veterinarians and labs to increase their vigilance in monitoring for and reporting swine disease. Suspected cases of illness in pigs should be reported to veterinarians, provincial authorities or the CFIA. Similarly, PHAC recommends that anyone who is experiencing severe flu-like symptoms contact their health care provider.

What is swine influenza?

Swine influenza is a contagious respiratory disease of pigs. The disease is commonly seen in North and South America, Asia and Europe. Illness is cause by type A Influenza viruses, which also affect a range of other animals, as well as humans.

Are humans affected by swine influenza?

Yes, but human cases of swine influenza are normally uncommon. Most often, cases involve people who have had close contact with pigs, such as farmers and veterinarians. Some cases of human-to-human transmission have been reported. Symptoms of human illness are similar to regular flu: cough, nausea, body aches, fatigue, runny nose and congestion.

Although the risk of human illness is low, anyone having contact with pigs or potentially contaminated equipment should thoroughly wash their hands and limit contact with possibly infected pigs.

Swine, avian and human influenza viruses can combine within pig cells to form new influenza viruses. Flu-like symptoms in swine or people that may have had contact with swine should be reported to animal or public health professionals. Doing so will allow health authorities to maintain a current understanding of the viruses circulating in the animal and human populations.

What are the symptoms in pigs?

Signs of swine influenza include the following:

- fever
- loss of appetite
- weight loss
- coughing
- sneezing
- nasal discharge
- difficulty breathing

- reduced fertility or abortion

Swine influenza generally does not lead to death, and affected animals usually recover within five to seven days.

How do pigs become infected?

Normally, virus spreads when infected pigs cough or sneeze in close quarters with other pigs. Contaminated equipment or other objects may also play a role in transmitting virus. Influenza virus from birds and humans can also infect pigs.

How can pigs be protected?

The following actions can potentially prevent swine influenza:

- vaccinating animals
- ensuring farm working maintain good hygiene
- following strict biosecurity practices
- providing adequate ventilation in barns
- identifying and segregating sick animals as early as possible

What roles do veterinarians and producers play?

Veterinarians should work closely with clients to develop management strategies to limit the incidence and spread of swine influenza. As part of this approach, veterinarians suffering from the "flu" should limit contact with pigs, and farm workers should follow similar advice. Given the current situation, particular caution should be exercised with visitors to farms, especially those who may have recently returned from the southern United States or Mexico.

Does swine influenza affect food safety?

No, swine influenza is not a food safety concern.

For additional information: www.inspection.gc.ca

Date modified: 2009-04-26

別紙様式第2-1

No. 13

医薬品 研究報告 調査報告書

識別番号・報告回数			報告日	第一報入手日	新医薬品等の区分	総合機構処理欄
				2009. 7. 21	該当なし	

一般的名称	人血清アルブミン	研究報告の公表状況	Shimada T, Gu Y, Kamiya H, Komiya N, Odaira F, Sunagawa T, Takahashi H, Toyokawa T, Tsuchihashi Y, Yasui Y, Tada Y, Okabe N. Euro Surveill. 2009 Jun 18;14(24). pii: 19244.	公表国
販売名(企業名)	赤十字アルブミン20(日本赤十字社) 赤十字アルブミン25(日本赤十字社) 赤十字アルブミン20%静注4g/20mL(日本赤十字社) 赤十字アルブミン20%静注10g/50mL(日本赤十字社) 赤十字アルブミン25%静注12.5g/50mL(日本赤十字社)			日本

研究報告の概要

○日本におけるインフルエンザA型(H1N1)ウイルス感染の疫学:2009年5月～6月

2009年5月9日～6月4日の期間中、日本の16の都道府県から、インフルエンザA型(H1N1)ウイルス確定症例が合計401例報告された。最も感染の多かった2地域は、高校でアウトブレイクが発生し休校に至った大阪府と神戸市であった。報告時(2009年6月18日)において、いずれの症例の症状も季節性インフルエンザ症状と同様であり、重症または死亡症例は報告されていない。

使用上の注意記載状況・その他参考事項等

赤十字アルブミン20
赤十字アルブミン25
赤十字アルブミン20%静注4g/20mL
赤十字アルブミン20%静注10g/50mL
赤十字アルブミン25%静注12.5g/50mL

血液を原料とすることに由来する感染症伝播等

報告企業の意見	今後の対応
2009年5月9日～6月4日の期間中、日本における新型インフルエンザ(H1N1)確定症例が合計401例報告され、報告時(2009年6月18日)において重症または死亡症例はなかったとの報告である。 インフルエンザウイルスは脂質膜を持つRNAウイルスである。本剤によるインフルエンザウイルス感染の報告はない。本剤の製造工程には、平成11年8月30日付医薬発第1047号に沿ったウイルス・プロセスバリデーションによって検証された2つの異なるウイルス除去・不活化工程が含まれているため、本剤の安全性は確保されていると考える。	日本赤十字社では、問診で発熱などの体調不良者を献血不適としている。更に、平成21年5月18日付薬食血発第0518001号「新型インフルエンザの国内発生に係る血液製剤の安全性確保について」に基づき、新型インフルエンザの患者又は罹患の疑いのある患者と7日以内に濃厚な接触があった人の献血を制限するほか、献血後に新型インフルエンザと診断された場合には当該血漿の使用を禁止している。新型インフルエンザが流行した場合、献血者減少につながることも予想されることから、今後も引き続き情報の収集に努める。

Rapid communications

Epidemiology of influenza A(H1N1)v virus infection in Japan, May - June 2009

T Shimada (tomoes@nih.go.jp)[1], Y Gu[1], H Kamiya[1], N Komiya[1], F Odaira[1], T Sunagawa[1], H Takahashi[1], T Toyokawa[1], Y Tsuchihashi[1], Y Yasui[1], Y Tada[1], N Okabe[1]
1. Infectious Diseases Surveillance Center, National Institute of Infectious Diseases, Tokyo, Japan

Between 9 May and 4 June 2009, a total of 401 laboratory-confirmed cases of influenza A(H1N1)v virus were reported in Japan, from 16 of the 47 Japanese prefectures. The two areas most affected were Osaka prefecture and Kobe city where outbreaks in high schools occurred leading to school closures. To date all cases have had symptoms consistent with seasonal influenza and no severe or fatal cases have been reported.

Following the emergence of a new influenza A(H1N1) virus (henceforth: influenza A(H1N1)v virus) and the relevant declarations by the World Health Organization (WHO) [1], the Ministry of Health, Labour and Welfare (MHLW) of Japan launched a case-based surveillance for influenza A(H1N1)v virus infection in addition to the existing sentinel surveillance system for seasonal influenza and imposed entry screening on travelers from affected areas (Canada, Mexico and the United States) starting from 28 April 2009 [2].

The following case definitions of suspected and confirmed cases have been used:

A **suspected case** of influenza A(H1N1)v virus infection is defined as a person with high fever (>38°C) OR at least two acute respiratory symptoms (nasal obstruction/rhinorrhea, sore throat, cough, fever/feverishness) AND who meets at least one of the following criteria:

a) within the last seven days returned from a country or region with an epidemic of influenza A(H1N1)v;
b) was in close contact (within two meters) with a confirmed case within the past seven days;
c) handled samples suspected of containing influenza A(H1N1)v virus in a laboratory or other setting within the past seven days;

A **confirmed case** of influenza A(H1N1)v virus infection is defined as a person with high fever (>38°C) OR at least two acute respiratory symptoms (nasal obstruction/rhinorrhea, sore throat, cough, fever/feverishness) AND influenza A(H1N1)v virus infection that has been laboratory confirmed by real-time PCR and/or viral isolation.

For all travellers from the affected areas who are febrile at the entry, a quarantine officer performs a rapid diagnostic test for influenza. If the result of rapid test is positive for influenza A, a PCR test for influenza A(H1N1)v is done. The Quarantine Law and the Pandemic Influenza Preparedness Action Plan of the Japanese Government request confirmed cases and close contacts of confirmed cases to be hospitalised/isolated for seven days considered to be the infectious period [3,4].

The primers for conventional and real-time RT-PCR for the detection of A(H1N1)v virus were developed by the National Institute of Infectious Diseases and became available on 29 April. All 75 prefectural and municipal public health institutes and quarantine stations in Japan became ready to perform conventional and real-time RT-PCR test by 4 May. Since the first laboratory-confirmed cases were reported on 9 May, the number of cases of influenza A(H1N1)v increased continuously, resulting in a total of 401 laboratory-confirmed cases as of 4 June 2009. This report summarises the epidemiological characteristics of the confirmed cases reported in Japan from May to June.

The first four laboratory-confirmed cases of influenza A(H1N1)v were reported at the Narita International Airport quarantine station on 9 May 2009. The patients were travellers who returned from Canada on 9 May. Although all of them showed mild symptoms, they were hospitalised in an isolation ward of a designated hospital for seven days, in accordance with the Quarantine Law and the Pandemic Influenza Preparedness Action Plan of the Japanese Government [3,4].

The first laboratory-confirmed cases without travel history were detected on 16 May as follows:

A high school in Ibaraki city, in Osaka prefecture near the border with Hyogo prefecture, noticed an increase in the number of absentees due to influenza-like symptoms in the middle of May 2009. On 16 May the school was closed in conformity with the School Health Law [5]. According to this law (enacted in 1958), influenza-like illness/seasonal influenza is one the infectious diseases that can trigger school closure. The number of absentees that leads to school closure is decided by the school authorities. In many cases, 5 to 10 absentees in a class may lead to closing the class; 2-3 closed classes may lead to school closure.

None of the sick high school pupils in Ibaraki had travel history to the countries affected by the new influenza. On 16 May, five teenagers were confirmed with influenza A(H1N1)v virus infection: one from the school in Ibaraki in Osaka prefecture, and four from Kobe City in the neighbouring Hyogo prefecture. Subsequently, outbreaks in three schools were reported during the next few days in these adjacent prefectures. The local governments of Kobe City and Osaka prefecture implemented extensive school closures, deciding to close not only schools with infected students but all schools in both districts, for one to two weeks from 16 May. As a result, over

4,200 schools with around 650,000 children/students were closed. By 19 May, the number of confirmed cases reported in the two districts reached 172. However, after school closures, the number of new confirmed cases decreased (Figure 1). By 4 June a total of 357 cases were reported from the two prefectures.

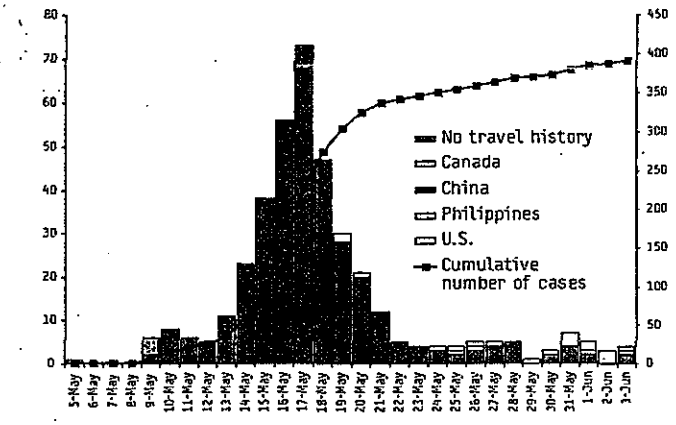
Outside these two prefectures only sporadic cases were reported, the majority of whom had a travel history abroad or an epidemiological link to a traveller from affected areas including Osaka (Figure 2). In all, confirmed cases were reported from 16 of the total of 47 Japanese prefectures.

Reflecting the outbreaks in high schools described above, confirmed cases in the age group of 15-19 years accounted for 64% (256) of all cases, followed by 10% (40) of cases in the age group of 10-14 years. Only four cases (1%) were over 60 years of age (Figure 3). Overall, the median age of cases was 16.0 (range 1-69 years). Male cases accounted for 63% (254) and female cases for 37% (147) of all cases. Large outbreaks observed in high schools may have contributed to the difference in gender (as more boys than girls attend the affected schools).

Information on clinical symptoms was available for 217 confirmed cases (Figure 4). The most frequent were fever (206, 95%), cough (128, 59%), and sore throat (85, 39%). Thirteen cases (6%) reported diarrhoea and five cases (2%) had nausea.

FIGURE 1

Confirmed cases of influenza A(H1N1)v virus infection in Japan, by date of onset and cumulative number as of 4 June 2009 (n=392*)



* Nine cases without the record of onset of illness were excluded

FIGURE 2

Geographical distribution of confirmed cases of influenza A(H1N1)v virus infection in Japan as of 4 June 2009 (n=401)

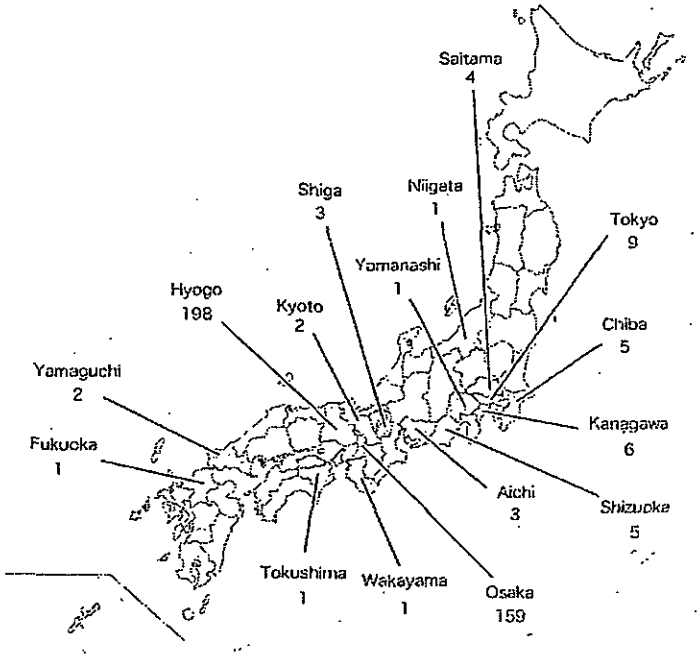


FIGURE 3

Age distribution of confirmed cases of influenza A(H1N1)v virus infection in Japan as of 4 June 2009 (n=401)

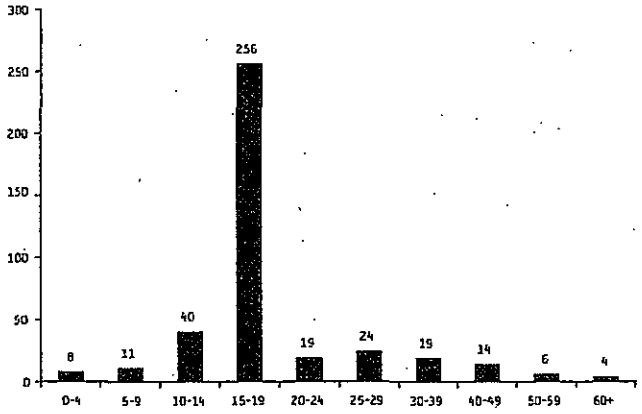
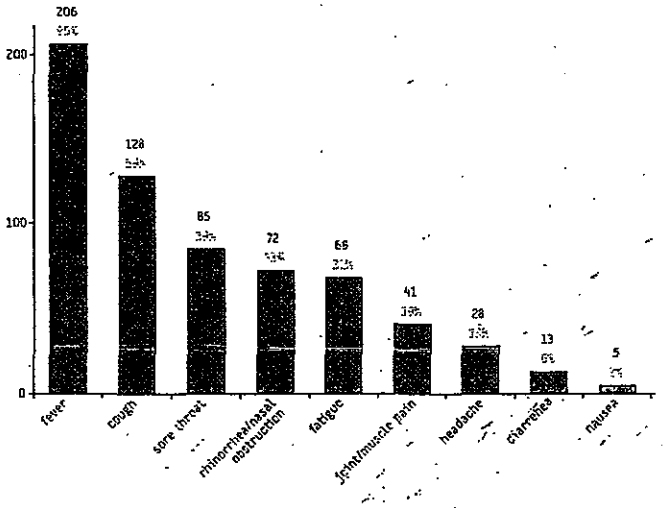


FIGURE 4

Clinical symptoms of confirmed cases of influenza A(H1N1)v virus infection in Japan as of 4 June 2009 (n=217)



Antiviral treatment of either oseltamivir or zanamivir was prescribed to about 90% of the 217 confirmed cases with known clinical symptoms.

No cases with pneumonia and/or respiratory failure, requiring ventilatory support, were reported. Other severe symptoms such as multiple organ failure were not reported either. Only three cases required hospitalisation due to underlying medical conditions, although a total of 135 cases were hospitalised for the purpose of isolation based on the Quarantine Law and the Pandemic Influenza Preparedness Action Plan of the Japanese Government [3,4].

Among the confirmed cases, six (including two cases aged over 60 years) had underlying diseases: asthma (3), asbestosis (1), epilepsia (1), myodystrophia (1); and one case was pregnant. As of 4 June 2009, no severe or fatal case had been reported.

The epidemiological characteristics of the patients with influenza A(H1N1)v virus infection have been reported by the investigation teams including members of IDSC/NIID and local government, who conclude that the severity of disease is similar to that of seasonal influenza [6,7].

The next steps include addressing the questions of how to improve the surveillance system to detect, monitor, and control the cases of influenza A (H1N1)v and how to prepare for the more severe cases as the epidemic is expected to expand in the winter season. We need to decide when the case-based surveillance for influenza A(H1N1)v should be ceased and integrated into the sentinel surveillance of seasonal influenza. To evaluate the pathogenicity, planned surveillance systems, such as severe pneumonia surveillance and ILI cluster surveillance, should be launched before the coming winter season. The Pandemic Influenza Preparedness Action Plan of the Japanese Government also needs to be amended so that medical resources would not be wasted by the patients with mild symptoms merely for the purpose of isolation.

Acknowledgement

We thank Dr Yamashita, Dr Morikane, Dr Shigematsu, Dr Taya, Dr Yahata, Ms Otake and Ms Maeda for their review and support.

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This article was published on 18 June 2009.

Citation style for this article: Shimada T, Gu Y, Kamiya H, Komiya N, Odaira F, Sunagawa T, Takahashi H, Toyokawa T, Tsuchihashi Y, Yasui Y, Tada Y, Okabe N. Epidemiology of influenza A(H1N1)v virus infection in Japan, May - June 2009. Euro Surveill. 2009;14(24):pii=19244. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19244

別紙様式第 2-1

医薬品
医薬部外品　研究報告　調査報告書
化粧品

別紙 3-4

識別番号・報告回数		回	報告日 年　月　日	第一報入手日 2009 年 7 月 6 日	新医薬品等の区分 該当なし	総合機構処理欄
一般的名称			研究報告の公表状況	Tamiful resistance, Denmark http://www.promedmail.org/pls/otn/f?p=2400:1001:52145918594326::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1004,78150	公表国 英国	
販売名（企業名）						

研究報告の概要

豚インフルエンザのパンデミックに対する主要薬剤である Tamiflu [oseltamivir]に耐性を示す初めての症例が報告された。Roche Holding AG 社は，デンマークで Tamiflu に耐性を示す新型インフルエンザ（H1N1）患者例を確認した。同社役員の David Reddy 氏によると，季節性インフルエンザでも同様の事例は生じ得るため予想外の事ではないと述べている。今回の症例は Tamiflu を服用していた豚インフルエンザ患者であった。同氏は，市中に Tamiflu 耐性の H1N1 株が蔓延している兆候ではないことを強調した。

報告企業の意見	今後の対応
今回，初めて Oseltamivir 耐性の新型インフルエンザ(H1N1)の症例が発表された。この後，日本および中国においても同様の Oseltamivir 耐性インフルエンザが確認された。しかしながら，これらの耐性インフルエンザウイルスは散発性の発生にとどまっていると考えられる。新型インフルエンザ治療においては Oseltamivir が非常に重要な位置を占めているが，今後同様の耐性ウイルスのことを考慮し，Zanamivir の重要性も増し，同薬剤の備蓄に関しての対策も必要となってくると考えられる。	現時点で新たな安全対策上の措置を講じる必要はないと考える。 今後も，ヒト感染症の急激な伝播拡大やそのような感染症に関する薬剤耐性の情報収集に努める。

使用上の注意記載状況・その他参考事項等

BYL-2009-0390

http://www.promedmail.org/pls/otn/f?p=2400:1001:7370505594959725::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,78237

http://www.promedmail.org/pls/otn/f?p=2400:1001:7370505594959725::NO::F2400_P1001_BACK_PAGE,F2400_P1001_PUB_MAIL_ID:1010,78236

Archive Number 20090630.2359
Published Date 30-JUN-2009
Subject PRO/AH/EDR> Influenza A (H1N1) - worldwide (78): Tamiflu resistance, DK

INFLUENZA A (H1N1) - WORLDWIDE (78): TAMIFLU RESISTANCE, DENMARK
****
A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases
<http://www.isid.org>

Date: Mon 29 Jun 2009
Source: BBC News [edited]
<http://news.bbc.co.uk/1/hi/health/8124987.stm>

Experts have reported the 1st case of swine flu that is resistant to Tamiflu [oseltamivir] , the main drug being used to fight the pandemic. Roche Holding AG confirmed a patient with H1N1 influenza in Denmark showed resistance to the antiviral drug. David Reddy, company executive, said it was not unexpected given that common seasonal flu could do the same.

The news comes as a 9 year old girl has become the 3rd to die in the UK with swine flu. It is understood from her doctors at Birmingham Children's Hospital that she had underlying health conditions. It is not yet known whether swine flu contributed to her death.

Meanwhile, the Department of Health has announced a big jump in the number of patients in England confirmed with swine flu, up 1604 since Friday [26 Jun 2009] , taking the UK total so far to 5937. A Health Protection Agency spokeswoman stated that: "Routine sampling in the UK has shown that there is currently no resistance to oseltamivir or zanamivir." Experts have been using Tamiflu, also known as oseltamivir, in a bid to stop the H1N1 spreading in communities. If taken early, it ensures that symptoms are mild and reduces the chance of a victim giving the illness to someone else.

This 1st reported case of resistance developed in a swine flu patient taking Tamiflu. Mr Reddy stressed that there were no signs of a Tamiflu-resistant strain of H1N1 circulating in the community. This is in contrast to seasonal H1N1 flu, where a Tamiflu resistant strain emerged last year [2009] and is now widely circulating. Experts fear if this were to happen, it could render Tamiflu ineffective [in treatment of the swine flu H1N1 virus infection] .

Another antiviral drug, called zanamivir or Relenza, made by GlaxoSmithKline, is also effective against swine flu. The UK government has been stockpiling these antiviral drugs and currently has enough to treat half of the population, with a contract to bring that up to 80 per cent as soon as possible. Supplies of flu vaccine have also been ordered, and the 1st doses could be administered in the autumn [2009] .

A spokeswoman for the Health Protection Agency said: "The Health Protection Agency continues to watch for antiviral resistance and will be carrying out regular sample testing throughout this outbreak. We have been monitoring antiviral drug resistance since the beginning of this outbreak. Routine sampling in the UK has shown that there is currently no resistance to oseltamivir or zanamivir." Virologist Professor John Oxford said: "I'm not

surprised about this finding. The question is whether it is going to spread. We will soon know the answer."

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communicated by:
ProMED-mail <promed@promedmail.org>

[According to the European Influenza Surveillance Scheme Weekly Electronic Bulletin of 26 Jun 2009 (<http://www.eurofluorg/>), all but one pandemic A(H1N1) viruses tested have been sensitive to oseltamivir and zanamivir but resistant to M2 inhibitors, although widespread (98 per cent) Tamiflu
resistance has been observed in seasonal A(H1N1) viruses. [see posting Influenza A (H1N1) - worldwide (83): antiviral resistance 20090705.2417] The emergence of Tamiflu-resistant 209 swine-origin A H1N1 influenza virus is not unexpected in view of the widespread and somewhat indiscriminate use of the drug in the treatment of what is still a relatively mild disease. It remains to be seen whether the Tamiflu-resistant virus will spread in Europe and beyond and appear
independently elsewhere. It is presumed that the Tamiflu-resistant virus isolated in Denmark remains sensitive to the alternate neuraminidase inhibiter Relenza. - Mod.CP]

[see also:
Influenza A (H1N1) - worldwide (77): case count 20090627.2338
Influenza A (H1N1) - worldwide (76): comments on 1918 virus (03) 20090625.2309
Influenza A (H1N1) - worldwide (74): susp. origin 20090624.2303
Influenza A (H1N1) - worldwide (73): case count, epidemiology 20090622.2288
Influenza A (H1N1) - worldwide (72): case count, epidemiology 20090619.2261
Influenza A (H1N1) - worldwide (70): risk factors 20090619.2260
Influenza A (H1N1) - worldwide (69): other viral infections 20090618.2254
Influenza A (H1N1) - worldwide (68): southern hemisphere 20090618.2253
Influenza A (H1N1) - worldwide (65): antivirals in pregnancy 20090616.2224
Influenza A (H1N1) - worldwide (64): case count, pandemic 20090616.2221
Influenza A (H1N1) - worldwide (62): Egypt, Lebanon 20090611.2150
Influenza A (H1N1) - worldwide (62): Egypt, Lebanon 20090611.2150
Influenza A (H1N1) - worldwide (60): Egypt (Cairo) 20090608.2117
Influenza A (H1N1) - worldwide (59): Worldwide 20060608.2117
Influenza A (H1N1) - worldwide (58): USA, Africa 20090607.2109
Influenza A (H1N1) - worldwide (57): Brazil, USA 20090605.2090
Influenza A (H1N1) - worldwide (55) 20090603.2056
Influenza A (H1N1) - worldwide (47): China, epidemiology 20090526.1962
Influenza A (H1N1) - worldwide (45) 20090525.1951
Influenza A (H1N1) - worldwide (42) 20090523.1929
Influenza A (H1N1) - worldwide (39) 20090521.1903
Influenza A (H1N1) - worldwide (37) 20090520.1893
Influenza A (H1N1) - worldwide (34) 20090518.1863
Influenza A (H1N1) - worldwide (31) 20090516.1835
Influenza A (H1N1) - worldwide (29) 20090515.1824
Influenza A (H1N1) - worldwide (26) 20090514.1798
Influenza A (H1N1) - worldwide (23) 20090511.1764
Influenza A (H1N1) - worldwide (21) 20090510.1749
Influenza A (H1N1) - worldwide (19) 20090509.1733
Influenza A (H1N1) - worldwide (17) 20090508.1722
Influenza (H1N1) - worldwide (15) 20090507.1709
Influenza A (H1N1) - worldwide (13) 20090506.1695
Influenza A (H1N1) - worldwide (11); coincident H3N2 variation 20090505.1679
Influenza A (H1N1) - worldwide (09) 20090504.1673
Influenza A (H1N1) - worldwide (07) 20090503.1658
Influenza A (H1N1) - worldwide (05) 20090503.1657
Influenza A (H1N1) - worldwide (03) 20090501.1646
Influenza A (H1N1) - worldwide (02): case counts 20090430.1638
Influenza A (H1N1) - worldwide 20090430.1636
Influenza A (H1N1) "swine flu": worldwide (07), updated, pandemic 5 20090429.1622
Influenza A (H1N1) "swine flu": worldwide (06) 20090429.1614
Influenza A (H1N1) "swine flu": worldwide [illegible] 20090428.1609

Influenza A (H1N1) "swine flu": worldwide .../ 20090428.1601
Influenza A (H1N1) "swine flu": worldwide (03) 20090428.1600
Influenza A (H1N1) "swine flu": Worldwide (02) 20090427.1586
Influenza A (H1N1) "swine flu": Worldwide 20090427.1583
Influenza A (H1N1) virus, human: worldwide 20090426.1577
Influenza A (H1N1) virus, human - New Zealand, susp 20090426.1574
Influenza A (H1N1) virus, human - N America (04) 20090426.1569
Influenza A (H1N1) virus, human - N America (03) 20090426.1566
Influenza A (H1N1) virus, human - N America (02) 20090425.1557
Influenza A (H1N1) virus, human - N America 20090425.1552
Acute respiratory disease - Mexico, swine virus susp 20090424.1546
Influenza A (H1N1) virus, swine, human - USA (02): (CA, TX) 20090424.1541
Influenza A (H1N1) virus, swine, human - USA: (CA) 20090422.1516
Influenza A (H1N1) virus, swine, human - Spain 20090220.0715]

.....cp/msp/sh

別紙様式第 2-1

医薬品
医薬部外品　研究報告　調査報告書
化粧品

別紙 3-5

識別番号・報告回数		回	報告日 年　月　日	第一報入手日 2009 年 7 月 6 日	新医薬品等の区分 該当なし	総合機構処理欄
一般的名称			研究報告の公表状況	World now at the start of 2009 influenza pandemic http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html	公表国 スイス	
販売名（企業名）						

研究報告の概要	使用上の注意記載状況・その他参考事項等
WHO 事務局長 Chan 氏は，今回のこのインフルエンザの感染の拡大は，現在までの知見や専門家等が評価した結果から，科学的な観点で，インフルエンザパンデミックの基準を満たしたことが判明し，この事実に基づいて感染のフェーズを５から６に引き上げる事としたと表明した。一方で，感染の広がりはフェーズ６ではあるが，重症度としては，中等度と位置づけている。各国に対しては，感染の第二波に備えるよう強く要望を出すとともに，このインフルエンザ感染への対応として，感染症例がまだ確認されていない或は少数確認されているにとどまっている国では監視の継続を求め，既に感染が拡大している国においては感染症患者への適切な管理に力を注ぐべきであることを求めている。また，ヒトや物の移動制限や国境閉鎖は推奨しないと表明している。 さらに，WHO はインフルエンザワクチン製造業者に対し，季節性インフルエンザワクチンの製造が間もなく完了する事から，その後はこの新型インフルエンザに対するワクチンを，全力を挙げて製造するよう要望している。	BYL-2009-0391

報告企業の意見	今後の対応
現在，伝播が拡大した新型インフルエンザ(H1N1)の流行に対し，最大の流行を示すフェーズ６と判定，宣言された。本インフルエンザは多くは重症化しない傾向があるが，感染に備えたワクチンの確保が要求される。また，インフルエンザ治療薬である Oseltamivir や Zanamivir の確保にも努める必要がある。	引き続き，新型インフルエンザ感染について，さらに健康を脅かす情報に注視し，情報の収集に努める。

Statement to the press by WHO Director-General Dr Margaret Chan
11 June 2009

World now at the start of 2009 influenza pandemic

Dr Margaret Chan
Director-General of the World Health Organization

Ladies and gentlemen,

In late April, WHO announced the emergence of a novel influenza A virus.

This particular H1N1 strain has not circulated previously in humans. The virus is entirely new.

The virus is contagious, spreading easily from one person to another, and from one country to another. As of today, nearly 30,000 confirmed cases have been reported in 74 countries.

This is only part of the picture. With few exceptions, countries with large numbers of cases are those with good surveillance and testing procedures in place.

Spread in several countries can no longer be traced to clearly-defined chains of human-to-human transmission. Further spread is considered inevitable.

I have conferred with leading influenza experts, virologists, and public health officials. In line with procedures set out in the International Health Regulations, I have sought guidance and advice from an Emergency Committee established for this purpose.

On the basis of available evidence, and these expert assessments of the evidence, the scientific criteria for an influenza pandemic have been met.

I have therefore decided to raise the level of influenza pandemic alert from phase 5 to phase 6.

The world is now at the start of the 2009 influenza pandemic.

We are in the earliest days of the pandemic. The virus is spreading under a close and careful watch.

No previous pandemic has been detected so early or watched so closely, in real-time, right at the very beginning. The world can now reap the benefits of investments, over the last five years, in pandemic preparedness.

We have a head start. This places us in a strong position. But it also creates a demand for advice and reassurance in the midst of limited data and considerable scientific uncertainty.

Thanks to close monitoring, thorough investigations, and frank reporting from countries, we have some early snapshots depicting spread of the virus and the range of illness it can cause.

We know, too, that this early, patchy picture can change very quickly. The virus writes the rules and this one, like all influenza viruses, can change the rules, without rhyme or reason, at any time.

Globally, we have good reason to believe that this pandemic, at least in its early days, will be of moderate severity. As we know from experience, severity can vary, depending on many factors, from one country to another.

On present evidence, the overwhelming majority of patients experience mild symptoms and make a rapid and full recovery, often in the absence of any form of medical treatment.

Worldwide, the number of deaths is small. Each and every one of these deaths is tragic, and we have to brace ourselves to see more. However, we do not expect to see a sudden and dramatic jump in the number of severe or fatal infections.

We know that the novel H1N1 virus preferentially infects younger people. In nearly all areas with large and sustained outbreaks, the majority of cases have occurred in people under the age of 25 years.

In some of these countries, around 2% of cases have developed severe illness, often with very rapid progression to life-threatening pneumonia.

Most cases of severe and fatal infections have been in adults between the ages of 30 and 50 years.

This pattern is significantly different from that seen during epidemics of seasonal influenza, when most deaths occur in frail elderly people.

Many, though not all, severe cases have occurred in people with underlying chronic conditions. Based on limited, preliminary data, conditions most frequently seen include respiratory diseases, notably asthma, cardiovascular disease, diabetes, autoimmune disorders, and obesity.

At the same time, it is important to note that around one third to half of the severe and fatal infections are occurring in previously healthy young and middle-aged people.

Without question, pregnant women are at increased risk of complications. This heightened risk takes on added importance for a virus, like this one, that preferentially infects younger age groups.

Finally, and perhaps of greatest concern, we do not know how this virus will behave under conditions typically found in the developing world. To date, the vast majority of cases have been detected and investigated in comparatively well-off countries.

Let me underscore two of many reasons for this concern. First, more than 99% of maternal deaths, which are a marker of poor quality care during pregnancy and childbirth, occurs in the developing world

Second, around 85% of the burden of chronic diseases is concentrated in low- and middle-income countries.

Although the pandemic appears to have moderate severity in comparatively well-off countries, it is prudent to anticipate a bleaker picture as the virus spreads to areas with limited resources, poor health care, and a high prevalence of underlying medical problems.

Ladies and gentlemen,

A characteristic feature of pandemics is their rapid spread to all parts of the world. In the previous century, this spread has typically taken around 6 to 9 months, even during times when most international travel was by ship or rail.

Countries should prepare to see cases, or the further spread of cases, in the near future. Countries where outbreaks appear to have peaked should prepare for a second wave of infection.

Guidance on specific protective and precautionary measures has been sent to ministries of health in all countries. Countries with no or only a few cases should remain vigilant.

Countries with widespread transmission should focus on the appropriate management of patients. The testing and investigation of patients should be limited, as such measures are resource intensive and can very quickly strain capacities.

WHO has been in close dialogue with influenza vaccine manufacturers. I understand that production of vaccines for seasonal influenza will be completed soon, and that full capacity will be available to ensure the largest possible supply of pandemic vaccine in the months to come.

Pending the availability of vaccines, several non-pharmaceutical interventions can confer some protection.

WHO continues to recommend no restrictions on travel and no border closures.

Influenza pandemics, whether moderate or severe, are remarkable events because of the almost universal susceptibility of the world's population to infection.

— We are all in this together, and we will all get through this, together.

Thank you.

医薬品　研究報告　調査報告書

識別番号・報告回数		報告日	第一報入手日 2009年10月22日	新医薬品等の区分 該当なし	総合機構処理欄
一般的名称	別紙のとおり	研究報告の公表状況	新型インフルエンザに関する報道発表資料(農林水産省、2009年10月21日)	公表国 日本	
販売名(企業名)	別紙のとおり				

研究報告の概要	使用上の注意記載状況・その他参考事項等
問題点：新型インフルエンザに感染した豚が国内で初めて確認された。 1.経緯 大阪府の養豚農場で分離されたインフルエンザウイルスについて、(独)農研機構動物衛生研究所が、H 亜型検査（遺伝子解析）及びN亜型検査（遺伝子解析）を実施した結果、本ウイルスは、H1N1亜型であり、現在国内で流行している新型インフルエンザウイルスと同一であることが本日確認されました。 2.対応 大阪府において、当該農場に対して、臨床検査、遺伝子検査（PCR検査法）により異常がないことが確認されるまで、飼養豚の移動を自粛するよう要請しました。 なお、当該農場からと畜場へは、検査で陰性を確認した豚のみを出荷することとしています。	記載なし

報告企業の意見	今後の対応
別紙のとおり	今後とも関連情報の収集に努め、本剤の安全性の確保を図っていきたい。

MedDRA/J ver.12.0

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別紙

一般的名称	①人血清アルブミン、②人血清アルブミン、③人血清アルブミン*、④人免役グロブリン、⑤人免役グロブリン、⑥人免役グロブリン、⑦乾燥ペプシン処理人免疫グロブリン、⑧乾燥ペプシン処理人免疫グロブリン、⑨乾燥スルホ化人免疫グロブリン、⑩乾燥スルホ化人免疫グロブリン、⑪乾燥スルホ化人免疫グロブリン、⑫乾燥スルホ化人免疫グロブリン、⑬乾燥スルホ化人免疫グロブリン、⑭乾燥スルホ化人免疫グロブリン*、⑮乾燥濃縮人活性化プロテインC、⑯乾燥濃縮人血液凝固第Ⅷ因子、⑰乾燥濃縮人血液凝固第Ⅷ因子、⑱乾燥濃縮人血液凝固第Ⅷ因子、⑲乾燥濃縮人血液凝固第Ⅷ因子、⑳乾燥濃縮人血液凝固第Ⅸ因子、㉑乾燥濃縮人血液凝固第Ⅸ因子、㉒乾燥濃縮人血液凝固第Ⅸ因子、㉓乾燥濃縮人血液凝固第Ⅸ因子、㉔乾燥抗破傷風人免疫グロブリン、㉕乾燥抗破傷風人免疫グロブリン、㉖抗 HBs 人免疫グロブリン、㉗抗 HBs 人免疫グロブリン、㉘トロンビン、㉙フィブリノゲン加第ⅩⅢ因子、㉚フィブリノゲン加第ⅩⅢ因子、㉛乾燥濃縮人アンチトロンビンⅢ、㉜乾燥濃縮人アンチトロンビンⅢ、㉝ヒスタミン加人免疫グロブリン製剤、㉞ヒスタミン加人免疫グロブリン製剤、㉟人血清アルブミン*、㊱人血清アルブミン*、㊲乾燥ペプシン処理人免役グロブリン*、㊳乾燥人血液凝固第Ⅸ因子複合体*、㊴乾燥濃縮人アンチトロンビンⅢ
販売名(企業名)	①献血アルブミン 20“化血研”、②献血アルブミン 25“化血研”、③人血清アルブミン“化血研”*、④“化血研”ガンマーグロブリン、⑤ガンマーグロブリン筋注 450mg/3mL「化血研」、⑥ガンマーグロブリン筋注 1500mg/10mL「化血研」、⑦献血静注グロブリン“化血研”、⑧献血グロブリン注射用 2500mg「化血研」、⑨献血ベニロンーⅠ、⑩献血ベニロンーⅠ静注用 500mg、⑪献血ベニロンーⅠ静注用 1000mg、⑫献血ベニロンーⅠ静注用 2500mg、⑬献血ベニロンーⅠ静注用 5000mg、⑭ベニロン*、⑮注射用アナクトC2,500 単位、⑯コンファクトF、⑰コンファクトF注射用 250、⑱コンファクトF注射用 500、⑲コンファクトF注射用 1000、⑳ノバクトM、㉑ノバクトM注射用 250、㉒ノバクトM注射用 500、㉓ノバクトM注射用 1000、㉔テタノセーラ、㉕テタノセーラ筋注用 250 単位、㉖ヘパトセーラ、㉗ヘパトセーラ筋注 200 単位/mL、㉘トロンビン“化血研”、㉙ボルヒール、㉚ボルヒール組織接着用、㉛アンスロビンP、㉜アンスロビンP500 注射用、㉝ヒスタグロビン、㉞ヒスタグロビン皮下注用、㉟アルブミン 20%化血研*、㊱アルブミン 5%化血研*、㊲静注グロブリン*、㊳ノバクトF*、㊴アンスロビンP1500 注射用
報告企業の意見	インフルエンザウイルス粒子は 70～120nm の球形または多形性で、8 本の分節状マイナス一本鎖 RNA を核酸として有する。エンベロープの表面に赤血球凝集素(HA)とノイラミダーゼ(NA)のスパイクを持ち、その抗原性により 16 種類の HA 亜型および 9 種類の NA 亜型に分類される。 今回の新型インフルエンザの原因ウイルスは、1930 年代以降に発見された米国由来のブタインフルエンザウイルス、ヒトインフルエンザウイルス（H3N2)、鳥インフルエンザウイルスの 3 つのウイルスの遺伝子がブタインフルエンザとして再集合してできたウイルスに、さらにユーラシア大陸由来のブタインフルエンザウイルスの遺伝子の一部の分節が再集合して加わったものであると推察されている。新型インフルエンザは、これまでのところ限られた知見しか得られていないが、そのヒトからヒトへの感染伝播経路は従来の季節性インフルエンザに準ずると考えられている。すなわち、感染・発病者の咳やくしゃみとともに口から発せられる飛沫による飛沫感染が主な感染経路であり、患者との直接、間接の接触による接触感染も感染経路としての可能性がある。臨床症状であるが、これまでのところ、この新型インフルエンザのヒトへの病原性は、高病原性鳥インフルエンザウイルス A/H5N1 のヒト感染例とは異なって、ヒトに対する病原性はそれほど高くはないと考えられている。 (http://idsc.nih.go.jp/idwr/douko/2009d/17douko.html) 弊所の血漿分画製剤の製造工程には、冷エタノール分画工程、ウイルス除去膜ろ過工程あるいは加熱工程等の原理の異なるウイルス除去及び不活化工程が存在しているので、ウイルスクリアランスが期待される。各製造工程のウイルス除去・不活化効果は、「血漿分画製剤のウイルスに対する安全性確保に関するガイドライン（医薬発第 1047 号、平成 11 年 8 月 30 日)」に従い、ウシウイルス性下痢ウイルス（BVDV)、仮性狂犬病ウイルス（PRV)、ブタパルボウイルス（PPV)、A 型肝炎ウイルス（HAV）または脳心筋炎ウイルス（EMCV）をモデルウイルスとして、ウイルスプロセスバリデーションを実施し、評価を行っている。今回報告したインフルエンザウイルスは、エンベロープの有無、核酸の種類等からモデルウイルスとしては BVDV が該当すると考えられるが、上記バリデーションの結果から、弊所の血漿分画製剤の製造工程が BVDV の除去・不活化効果を有することを確認している。また、これまでに当該製剤によるインフルエンザの報告例は無い。 以上の点から、当該製剤はインフルエンザウイルスに対する安全性を確保していると考える。

*現在製造を行っていない

農林水産省

プレスリリース

平成21年10月21日
農林水産省

大阪府における豚への新型インフルエンザの感染事例について

本日、大阪府の養豚農場の豚から分離されたウイルスは現在国内で流行している新型インフルエンザウイルスであることが確認されました。
当該農場に対して、臨床検査、遺伝子検査により異常がないことが確認されるまで、飼養豚の移動を自粛するよう要請しました。
なお、世界保健機関(WHO)等の国際機関によれば、適切に処理された豚肉を人が食べてインフルエンザに感染することはありません。

1.経緯

大阪府の養豚農場で分離されたインフルエンザウイルスについて、(独)農研機構動物衛生研究所が、H亜型検査(遺伝子解析)及びN亜型検査(遺伝子解析)を実施した結果、本ウイルスは、H1N1亜型であり、現在国内で流行している新型インフルエンザウイルスと同一であることが本日確認されました。

2.対応

大阪府において、当該農場に対して、臨床検査、遺伝子検査(PCR検査法)により異常がないことが確認されるまで、飼養豚の移動を自粛するよう要請しました。
なお、当該農場からと畜場へは、検査で陰性を確認した豚のみを出荷することとしています。

報道機関へのお願い

1. 現場での取材は、本病の豚への感染を引き起こすおそれもあることから、厳に慎むようお願いします。
2. 今後とも、本病に関する情報提供に努めますので、生産者等の関係者や消費者が根拠のない噂などにより混乱することがないよう、ご協力をお願いします。

世界保健機関(WHO)等の国際機関によれば、適切に処理された豚肉を人が食べてインフルエンザに感染することはありません。

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別紙様式第2-1

No. 17

医薬品　研究報告　調査報告書

識別番号・報告回数			報告日	第一報入手日	新医薬品等の区分	総合機構処理欄
				2009. 7. 21	該当なし	

一般的名称	人血清アルブミン	研究報告の公表状況		公表国
販売名（企業名）	赤十字アルブミン20（日本赤十字社） 赤十字アルブミン25（日本赤十字社） 赤十字アルブミン20％静注4g/20mL（日本赤十字社） 赤十字アルブミン20％静注10g/50mL（日本赤十字社） 赤十字アルブミン25％静注12.5g/50mL（日本赤十字社）		CDC. Available from: http://wwwn.cdc.gov/travel/content/outbreak-notice/chikungunya-fever.aspx	米国

研究報告の概要

○米国疾病対策センター（CDC）によるアウトブレイク情報　アジアにおけるチクングニヤ熱

現状：2009年1月以降、チクングニヤ熱症例数の増加がタイ、マレーシア、インドを含むアジアの一部地域で報告されている。チクングニヤ熱は蚊の媒介でヒトに感染が広がるウイルス感染症である。症状には、急な発熱、関節痛（腫脹を伴うこともある）、悪寒、頭痛、吐き気、嘔吐、腰痛、紅斑などがある。流行地域は主にアフリカとアジアだが、2007年にはイタリアでの限定的な伝播が見られた。

タイでは、2009年7月22日時点で、プーケットなどの観光地を含むタイ南部で大規模なアウトブレイクが発生している。タイ保健省によると50の県で34,200例が記録されたが、死亡例はなかった。マレーシアでは、7月18日時点で2,900例以上のチクングニヤ熱症例が主に北部地域から報告された。インドでは、4月29日時点で2,700例以上の症例が主に南部地域から報告されたが、死亡例はなかった。報告数の増加に伴い、アジアの他の国々では監視を強化している。

渡航者向け勧告：流行地への渡航者は蚊に刺されないよう、朝晩に戸外に出る場合は虫除けを使用すること。罹患した場合は医師の診察を受けること。また、他人への感染拡大を防ぐため、蚊に刺されないよう注意すること。

チクングニヤ熱の潜伏期間は通常3～7日である。症状は数日～2週間持続するが、数週間にわたって疲労感を感じる患者もいる。ほとんどの患者が関節痛や関節炎を報告しており、数週間～数ヶ月続くこともある。症状はデング熱によく似ているが、出血やショック症状は通常見られず、ほとんどは入院を必要としない。患者は自然治癒し、死亡に至ることは滅多にない。チクングニヤ熱の治療薬はないため、治療は対症療法が中心となる。

使用上の注意記載状況・その他参考事項等

赤十字アルブミン20
赤十字アルブミン25
赤十字アルブミン20％静注4g/20mL
赤十字アルブミン20％静注10g/50mL
赤十字アルブミン25％静注12.5g/50mL

血液を原料とすることに由来する感染症伝播等

報告企業の意見	今後の対応
タイ、マレーシア、インドにおいてチクングニヤ熱のアウトブレイクが発生し、米国疾病対策センターが渡航者向けに蚊に刺されないよう注意喚起する情報を発表したとの報告である。 チクングニヤウイルスは脂質膜を持つRNAウイルスである。これまで、本製剤によるチクングニヤウイルス感染の報告はない。本製剤の製造工程には、平成11年8月30日付医薬発第1047号に沿ったウイルス・プロセスバリデーションによって検証された2つの異なるウイルス除去・不活化工程が含まれていることから、本製剤の安全性は確保されていると考える。	念のため今後も情報収集に努める。なお、日本赤十字社では帰国（入国）後4週間は献血不適とし、輸入感染症の防止に努めている。

(17)

Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

Outbreak Notice

Chikungunya Fever in Asia

This information is current as of today, August 17, 2009 at 00:28 EDT

Updated: July 29, 2009

Situation Information

Since January 2009, a growing number of cases of chikungunya fever has been reported in parts of Asia, including Thailand, Malaysia, and India. Chikungunya fever is a disease caused by a virus that is spread to people through the bite of infected mosquitoes. Symptoms can include sudden fever, joint pain with or without swelling, chills, headache, nausea, vomiting, lower back pain, and a rash. Chikungunya mainly occurs in areas of Africa and Asia. In 2007, limited transmission of Chikungunya virus occurred in Italy (/travel/destinations/Italy.aspx).

Thailand

As of July 22, 2009, a large outbreak of chikungunya fever has affected the southern region of Thailand (/travel/destinations/Thailand.aspx) including some tourist destinations, such as Phuket. According to the Ministry of Public Health in Thailand, over 34,200 cases have been documented this year in 50 provinces, with no deaths reported. The most affected areas are the southern provinces of Songula, Narathiwat, Pattani, and Yala.

Recent reports show that Chikungunya virus has now from the southern provinces to all other regions of the country.

Malaysia

As of July 18, 2009, the Ministry of Health in Malaysia (/travel/destinations/Malaysia.aspx) has reported over 2,900 cases of chikungunya fever. The most affected areas are the northern provinces of Kedah, followed by Selangor, Kelantan, Perak and Sarawak.

India

As of April 29, 2009, the Directorate of National Vector Borne Disease Control Programme in India (/travel/destinations/India.aspx) has reported over 2,700 suspected cases of chikungunya fever, with no deaths reported. The most affected areas are the Karnataka, followed by Andhra, Goa, and Kerala states.

In response to the growing number of reports, other countries in Asia have increased surveillance for chikungunya fever.

Advice for Travelers

No medications or vaccines are available to prevent a person from getting sick with chikungunya fever. CDC recommends that people traveling to areas where chikungunya fever has been reported take the following steps to protect themselves from mosquito bites.

- The best way to avoid Chikungunya fever is to avoid mosquito bites. When outdoors during the day and at night, use insect repellent (http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm#proper) on exposed skin.
  - Look for a repellent that contains one of the following active ingredients: DEET, picaridin (KBR 3023), Oil of Lemon Eucalyptus/PMD, or IR3535. Always follow the instructions on the label when you use the repellent.
  - In general, repellents protect longer against mosquito bites when they have a higher concentration (%) of any of these active ingredients. However, concentrations above 50% do not offer a distinct increase in protection time. Products with less than 10% of an active ingredient may offer only limited protection, often from 1-2 hours.
  - The American Academy of Pediatrics (/travel/forward.aspx?t=aHR0cDovL3d3dy5hYXAub3JnL3B1YmxpY2VkL0JSX1JlcGVsbGVudHMuaHRt-QBZIlvSqqfw%3d) approves the use of repellents with up to 30% DEET on children over 2 months of age.

If you get sick with a fever and think you may have chikungunya fever, you should seek medical care. Although there is no specific treatment for the disease, a doctor may be able to help treat your symptoms. Avoid getting any other mosquito bites, because you could transmit the disease to other people through mosquitoes.

For more travel health information, see the destinations (/travel/destinations/list.aspx) section and search for the country you are planning to visit.

More Information

The incubation period for chikungunya (time from infection to illness) can be 2-12 days, but is usually 3-7 days. Chikungunya fever typically lasts a few days to 2 weeks, but some patients feel fatigue lasting several weeks. Most patients have reported severe joint pain or arthritis, which may last for weeks or months. The symptoms are similar to those of dengue fever, but, unlike dengue, people who have chikungunya fever do not usually experience hemorrhage (bleeding) or go into shock. People with chikungunya fever generally get better on their own and rarely die from the disease.

There is no specific drug treatment for chikungunya fever, and medical care is usually focused on treating the symptoms of the disease. Bed rest, fluids, and mild pain medications such as ibuprofen, naproxen, or acetaminophen (paracetamol) may relieve symptoms of fever and aching, provided there are no medical contraindications for using these medications. Most people are not sick enough to need to stay in the hospital. All people who become sick with chikungunya fever should be protected against additional mosquito bites to reduce the risk of further transmission of the virus.

For more information, see—

- Chikungunya (http://www.cdc.gov/ncidod/dvbid/Chikungunya/CH_FactSheet.html) (CDC Fact Sheet)
- Traveling with Children: Resources (http://wwwn.cdc.gov/travel/contentChildTravel.aspx) (CDC Travelers' Health website)

Other Mosquito-Related Diseases

In many of the areas where chikungunya is present, there are other diseases spread by mosquito bites, such as dengue (/travel/yellowbook/2010/chapter-5/dengue-fever-dengue-hemorrhagic-fever.aspx), malaria (/travel/yellowbook/2010/chapter-2/malaria.aspx), Japanese encephalitis (/travel/yellowbook/2010/chapter-2/japanese-encephalitis.aspx), and yellow fever (/travel/yellowbook/2010/chapter-2/yellow-fever.aspx). If you are traveling to any tropical and subtropical areas of the world, you should take steps to avoid mosquito bites.

- Page last reviewed: July 29, 2009
- Page last updated: July 29, 2009
- Page created: August 21, 2008
- Content source:
  Division of Global Migration and Quarantine
  National Center for Preparedness, Detection, and Control of Infectious Diseases

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USA.gov Government Made Easy

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