



AngloGold Ashanti establishes avian flu task force

According to the World Health Organization, avian influenza (flu) poses the single biggest global health threat at present. Up to 30% of people may become ill over the first six-eight weeks of a pandemic. It is estimated that in South Africa, 16 million people would fall ill with more than 1 million requiring hospitalisation. A pandemic of this magnitude would overwhelm health care systems. Current mortality rates from avian flu are more than 50%.

There are three known types of influenza viruses, namely A, B (human) or C (bird/animal) types. C viruses cause only mild illness while the B virus may be more debilitating. Of much more serious concern, however, are the A viruses, such as that which causes avian flu, which are found in a constantly changing genetic pool, especially in aquatic birds. New, novel sub-types of viruses may arise to which the human population has no immunity, thus leading to influenza pandemics. These occur approximately three to four times a century.

The most devastating such pandemic in modern times occurred in 1918 when the "Spanish Flu" resulted in the death of 100 million people. This epidemic was caused by an influenza A virus that mutated and became transmissible in the susceptible human population, which had been weakened and decimated by a four-year world war. Pandemics of this magnitude clearly have enormous economic and social consequences.

Currently the avian flu virus is endemic in bird populations, especially in South East Asia. A bird carrying this virus can only infect a human through very close contact, often the case in poor communities.

While there is currently no evidence of human-to-human transmission, modern viral studies indicate that the avian flu virus may mutate and become transmissible between humans, a situation many virologists consider inevitable. The timing of such an occurrence is uncertain, although global experts expect it to occur within the next few years, and as the antigenic structure of the virus is unknown at present, no vaccine is as yet available. Following the onset of such a pandemic, it would take up to 12 months to prepare a vaccine and Africa is unlikely to be a global priority for vaccine distribution.

Treatment may be possible with the antiviral drug Tamiflu which could be used as prophylactic treatment in the case of known exposure or as therapeutic treatment with the onset of the disease. Tamiflu was registered in South Africa in February 2006.

In determining an appropriate response to the risk associated with avian flu, AngloGold Ashanti has attempted to be balanced. The threat of avian flu, which is real, and its consequences, are currently difficult to quantify. There is uncertainty among experts as to when (or if) a pandemic will break out and if it does, how infectious the virus might be and what morbidity and mortality might result. In assessing the risk to AngloGold Ashanti, cognisance was taken of the reaction of the WHO and European and North American countries. Disaster plans have been formulated and many countries have begun stockpiling Tamiflu. In early 2006, the USA allocated a budget of \$7.1 billion in preparation for a flu pandemic. As at April 2006, the United Kingdom had sufficient Tamiflu to treat 15 million citizens and continues to stockpile. The South African government is currently developing a draft pandemic influenza protocol, based on a draft prepared by the WHO.



REGIONAL HEALTH

Case study

AngloGold Ashanti completed a risk assessment of the possible impact of an avian flu epidemic on its South Africa operations at the end of 2005 and an avian flu task group was established in early 2006. Work began on developing material for education and training, a communication strategy, stockpiling of Tamiflu (6,000 courses are now in stock), and an extension of the risk assessment to include the greater group .

During 2006, PricewaterhouseCoopers (PWC) was asked to assist the avian flu task group in formalising an Avian Flu Business Continuity Management (BCM) process for AngloGold Ashanti. Mponeng mine was chosen as the pilot site where the work would be done. Over a two-month period, PWC staff worked closely with Mponeng management and an effective BCM plan has evolved. Plan development included a full day of "avian flu crisis simulation" facilitated by PWC for Mponeng management. Concepts such as when, in the event of a pandemic, the mine would proceed to an orderly care and maintenance mode are contained in the BCM plan It should be noted that BCM concepts may be applied to many other disaster-type scenarios and much has been learned by those involved in the BCM process on the mine.

It is intended to roll out similar BCM plans to the rest of the company in 2007.

