

# Pandemic Postings

Current Alert Level: **WHITE** ([definition](#))  
 Update number: 8  
 Date: 31 January 2006  
 Prepared by: **Dr Craig Thornley**  
 Website: [www.arphs.govt.nz](http://www.arphs.govt.nz) (+ follow links)

## International

WHO issues rapid-response plan for flu pandemic [CIDRAP, 27/01/06](#). The WHO has issued a draft protocol for controlling a potential influenza pandemic at source. The plan calls for using quarantine, social distancing, and antiviral drugs to try to stop an emerging pandemic flu virus, if it can be detected early enough. Under the plan, countries are responsible for surveillance for signals indicating that a novel flu virus has begun to spread from person to person, and promptly reporting to WHO for a decision about feasibility of containment. If indicated, WHO will mobilise and coordinate international and regional support for the affected country, including staff, expertise, equipment and antiviral drugs. Other partners will be responsible for providing support as needed under the direction and coordination of WHO.

The strategy faces particular problems, particularly in that many countries hit by H5N1 avian influenza have weak public health and disease surveillance systems, however the WHO says that even if such an attempt fails it may buy precious time to make more vaccine and improve other preparations.

The draft plan is available at the following website:  
[http://www.who.int/csr/disease/avian\\_influenza/guidelines/RapidResponse.pdf](http://www.who.int/csr/disease/avian_influenza/guidelines/RapidResponse.pdf)

Updated avian influenza factsheet available from WHO [WHO, Jan 06](#). The WHO has released an updated avian influenza factsheet, which identifies a number of areas of particular concern or gaps in knowledge:

- Containing poultry outbreaks: culling is the first line of defence, but vaccination is a possible supplementary measure.
- The role of poverty: in situations where a prime source of food and income cannot be wasted, households are less likely to report poultry outbreaks or forego consumption of diseased or dead birds.
- Migratory birds: evidence is growing that wild birds are carrying H5N1 and spreading it to poultry in their flight paths.
- Transmission to humans: most human cases have occurred in households with small poultry flocks; few have been among people in presumed high-risk groups such as workers in poultry markets, poultry cullers, veterinarians, etc.
- Differences between human H5N1 and ordinary influenza: human H5N1 infection may be associated with a longer incubation period, may be associated with watery diarrhoea, and is more likely to present with lower respiratory infection.
- Treatment with antivirals: WHO is undergoing an urgent review of treatment recommendations; the dosage and duration of oseltamivir treatment may need to be increased beyond the standard 150mg daily for 5 days.

Suspected cases of human H5N1 infection in Iraq [CIDRAP, 30/01/06](#). The death of a teenage girl in northern Iraq on 17 January has been reported to be due to H5N1 infection, according to tests performed by a US military laboratory. Samples have been sent to the UK for confirmation.

**Global spread of avian influenza to date**  
 Confirmed human cases of avian influenza A/(H5N1), to 30 January 2006,<sup>1</sup> and animal outbreaks of highly-pathogenic avian influenza A/H5, to 26 January 2006<sup>2</sup>

	Human <sup>1</sup>		Animal <sup>2</sup>
	cases	deaths	outbreaks
Cambodia	4	4	15
China	10	7	80
Croatia	-	-	3
Hong Kong	-	-	5
Indonesia	19	14	246
Japan	-	-	16
Kazakhstan	-	-	1
Korea (South)	-	-	19
Laos	-	-	1
Malaysia	-	-	10
Mongolia	-	-	2
Romania	-	-	39
Russia	-	-	62
Thailand	22	14	1164
Turkey	12	4	35
Ukraine	-	-	32
Vietnam	93	42	2315
<b>TOTAL</b>	<b>160</b>	<b>85</b>	<b>4045</b>

Notes:

- 1 As reported to [World Health Organization](#)
- 2 As reported to [World Organisation for Animal Health \(OIE\)](#)

**Second mutation in Turkey H5N1 virus suggests adaptation to humans** [CIDRAP, 19/01/06](#). A news article published in *Nature* says scientists have detected a second mutation in the Turkish H5N1 isolates that may improve the virus's ability to jump from human to human. Scientists from the National Institute of Medical Research (NIMR) in London have said that virus samples from the first two Turkish patients to die of avian influenza contain a mutation in the polymerase protein, which serves to replicate the virus's genetic material. The same mutation has been seen before in a person who died with H7N7 avian influenza in the Netherlands, however the Turkish specimens are the first to contain both the polymerase mutation and the haemagglutinin mutation (reported in last issue). A scientist quoted in the article states that the two mutations, on their own, are not likely to lead to efficient person-to-person transmission.

## Background

**Antivirals for influenza in healthy adults** [Lancet 2006 Jan 19 early online publication \(Jefferson et al\)](#). A meta-analysis of trials of the effectiveness of antiviral drugs for influenza prevention and treatment has been published. In treatment of confirmed influenza, oseltamivir appears effective in preventing lower-respiratory tract complications, and provides some reduction in time to alleviation of symptoms (treated patients 30% more likely to have symptoms alleviated by a given time point) and return to normal activity. Oseltamivir is not effective in preventing complications in cases with influenza-like illness (ie, patients treated on basis of symptoms only), however in situations where the community incidence of influenza A or B is higher, the effectiveness of empiric oseltamivir treatment will also increase. For post-exposure prophylaxis, oseltamivir provides 58.5% protection for household contacts and 68-89% protection for individual contacts of index cases. Use of oseltamivir for ongoing prophylaxis is effective in preventing symptomatic influenza but not influenza-like illness.