

Pandemic Postings

Current Alert Level: **WHITE** ([definition](#))
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National

Ministry of Health Communication update Sector update #6, 27/03/06. Flu pandemic resources are being translated into eight languages: Māori, Cook Islands Māori, Samoan, Tongan, traditional Chinese, Korean, Hindi and Arabic; the material will be available on the Ministry's website at the end of April. In addition, two advertisements and a half page flu pandemic editorial will go into the New Zealand Chinese Times in March and April. The information will be in traditional Chinese.

International

Human cases of H5N1 infection confirmed in Egypt ([WHO, 03/04/06](#)) and Azerbaijan ([WHO, 21/03/06](#)). Azerbaijan and Egypt have become respectively the third and fourth countries to this year report first human H5N1 cases. 6 of the 7 confirmed cases in Azerbaijan (5 of whom died) lived in the same Salyan Rayon settlement mentioned in Pandemic Postings #11. In Egypt, 4 patients (2 of whom died) have been confirmed with H5N1; 2 (both deaths) from Qaliubiya governorate, near Cairo, and the remaining 2 from Guarbiya governorate in the Nile Delta. All have clear histories of exposure to poultry.

Background

WHO draft protocol for pandemic influenza rapid response and containment [WHO, 17/03/06](#). An updated WHO draft protocol for pandemic influenza rapid response and containment was released on 17 March. The feasibility of a containment strategy has been the focus of international debate.

Recommended actions in this draft protocol are the result of current understanding about the threat posed by the H5N1 virus and the likely extent of response measures required. The protocol has three main parts.

- Recognizing the signal or “triggering” event.
- Immediate actions that should follow recognition of the signal.
- Actions that should be undertaken once the event has been verified, the overall situation has been assessed, and a decision has been made to launch the rapid containment operation.

WHO advice on use of oseltamivir [WHO, 17/03/06](#). WHO has reviewed the limited available information and evidence about the effectiveness and safety of oseltamivir for the treatment of patients with avian influenza and also its use as prophylaxis in health workers and those involved in managing an outbreak; the advice based on this review is summarised in a three-page document available online.

Study suggests why person-to-person spread of H5N1 currently inefficient [Nature, 23/03/06 \(Shinya et al\)](#); [CIDRAP, 23/03/06](#). The authors of this article recently published in Nature demonstrate an anatomical difference in the distribution in human respiratory epithelium of the different cellular receptors favoured by avian and human influenza viruses: in summary, the cell receptors for avian influenza virus are rare in the upper portion of the respiratory tract, but are common in the lower respiratory tract; the converse is true for receptors for human influenza viruses. The authors suggest that a mutation in the avian influenza virus allowing binding to upper airway receptors (and subsequent replication) would enable more efficient person-to-person spread by coughing and sneezing.

Note: Table below reports recent avian influenza cases only. The table below is now restricted to data on confirmed human or poultry H5N1 avian influenza cases or outbreaks that have been reported since the last issue of Pandemic Postings (in this case, issue #11). The complete list of human cases and poultry outbreaks to date can be found on the [ARPHS website](#).

Current global avian influenza activity

Newly-confirmed human cases of avian influenza A/(H5N1), 13 March - 3 April 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 9 - 31 March 2006,² by country

	Human ¹		Poultry ²
	cases	deaths	outbreaks
Afghanistan	-	-	13
Albania	-	-	1
Azerbaijan	7	5	-
Cambodia	1	1	-
Cameroon	-	-	1
China	1	1	-
Egypt	4	2	-
India	-	-	1
Israel	-	-	7
Jordan	-	-	1
Malaysia	-	-	4
Myanmar	-	-	9
Nigeria	-	-	21
Romania	-	-	10
Turkey	-	-	42
TOTAL	13	9	110

Notes:

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

Background contd.

H5N1 vaccine trial shows modest benefits [CIDRAP, 30/03/06](#); [NEJM, 30/03/06 \(Treanor et al\)](#); [NEJM, 30/03/06 \(Poland\)](#). The results have been reported from a multicentre, double-blind two-stage study involving 451 healthy adults 18-64 years randomly assigned to receive two doses of a subvirion influenza A(H5N1) vaccine. The vaccine was safe and well tolerated but only 54% reached the pre-defined immunogenicity threshold (defined as a neutralisation antibody titre of 1:40 or greater), and this level was only achieved in the group receiving the highest vaccine dose (90µg). At this dose level, all the world's vaccine producers combined would be able to make sufficient vaccine for only about 75 million people, 1.25% of the global population. In addition, the vaccine has been developed using the Vietnamese clade (subgroup) of H5N1 viruses, and may not be effective against newer strains, such as the antigenically-distinct Indonesian clade.

NZ Primary Healthcare Online Training Course [iCOMET](#). An online pandemic influenza education programme and teaching tool has been developed by IMAC, the MoH and RNZCGP. The course has been specifically developed for primary health care professionals. The course includes a series of modules encompassing infection control, communication with patients, communication with staff, and community-based assessment centres.

WHO avian influenza timeline updated 24/03/06 available on [WHO website](#).

World map showing countries that have reported H5N1 cases in humans, wild birds or domestic birds; from US government site [pandemicflu.gov](#).