

Pandemic Postings

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

Pandemic preparedness legislation introduced [Minister of Health, 06/04/06](#). The Law Reform (Epidemic Preparedness) Bill has been introduced to parliament ([full text](#)). The purpose of the Bill is to ensure that the Crown has adequate powers to respond to a human outbreak of avian influenza or similar infectious disease capable of becoming an epidemic, by addressing gaps in the Crown's statutory powers under the Health Act 1956. If passed, the Bill would amend the Health Act to do the following:

- include pandemic influenza on the list of quarantinable diseases;
- extend powers to Medical Officers of Health (MOsH) to close any premises in their health district(s), excluding private dwellings, parliament, courts or prisons;
- extend and clarify powers of MOsH to requisition land, buildings and vehicles in an epidemic;
- enable police to assist MOsH or Health Protection Officers (HPOs) in exercising their powers;
- require medical laboratories to report persons with notifiable disease to the Medical Officer of Health;
- enable the Director-General of Health to prioritise scarce medical supplies in an emergency;
- enable MOsH to redirect aircraft that have landed in New Zealand to another place in New Zealand;
- clarify who may be considered liable to quarantine, and require these people to comply with directions of MOsH or HPOs, including to provide information;
- enable MOsH and HPOs to detain craft, passengers and crew for inspection;
- enable MOsH and HPOs to examine, investigate, detain or place under surveillance persons liable to quarantine; and
- enable the Minister of Health to relax statutory requirements or restrictions affecting disease management imposed by health legislation, if the relaxation is necessary to enable the disease to be managed effectively (for example, relaxation of Medicines Act 1981 requirement for vaccinator authorisation if mass vaccination is required and normal workforce affected by pandemic).

Amendments to legislation other than the Health Act include provision to enable nurses to issue death certificates (Births, Deaths and Marriages Act 1995), changes to support payments for beneficiaries (Social Security Act 1964), waiver of 14-day notice requirement for employees to take annual leave (Holidays Act 2003), and various other alterations in Crown activities to allow for social distancing. Non-health amendments can be triggered if the Prime Minister issues an "epidemic notice", which may remain in effect for up to three months.

Background

H5N1 infection in cats: public health implications www.eurosurveillance.org, 13/04/06. Cats can be infected by influenza type H5N1, and experimentally have transmitted influenza to other cats. However, experimentally infected cats all became seriously ill and did not shed virus until symptomatic, so the risk of transmission to humans from a well cat may be negligible. The FAO has recommended actions for cat owners in areas where H5N1 is known or suspected in local poultry or wild birds ([link](#)).

Current global avian influenza activity
 Newly-confirmed human cases of avian influenza A/(H5N1), 4 April - 12 April 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 1 April - 13 April 2006,² by country. The complete list of human cases and poultry outbreaks to date can be found on the [ARPHS website](#).

	Human ¹		Poultry ²
	cases	deaths	outbreaks
Azerbaijan	1	-	-
Burkina Faso	-	-	1
Cambodia	1	1	2
Germany	-	-	1
Indonesia	2	1	-
Israel	-	-	2
Nigeria	-	-	9
Pakistan	-	-	1
Palestinian Territory	-	-	8
Turkey	-	-	3
TOTAL	4	2	27

Notes:

1 As reported to [World Health Organization](#)

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

Background contd.

Modelling of effect of pandemic influenza mitigation strategies in the US [PNAS, 03/04/06 \(Germann et al\)](#). A recently-published article presents results of modelling the spread of a pandemic strain of influenza virus through the US population. The investigators used different estimates of R_0 (the basic reproductive number) ranging from 1.6 to 2.4, and modelled the impact that a variety of levels and combinations of influenza antiviral agents, vaccines, and modified social mobility (including school closure and travel restrictions) have on the timing and magnitude of spread. Their modelling suggests that restricting travel after is likely to delay slightly the outbreak time course of the outbreak but not reduce the total number ill. For $R_0 < 1.9$, the model suggested that rapid production and distribution of vaccines, even if poorly matched to circulating strains, could significantly slow disease spread and limit the number ill to <10% of the population, particularly if children were preferentially vaccinated. Aggressive deployment of several million courses of influenza antiviral agents in a targeted prophylaxis strategy may contain a nascent outbreak with low R_0 , provided adequate contact tracing and distribution capacities exist. For higher R_0 , they predicted that multiple strategies in combination (involving both social and medical interventions) will be required to achieve similar limits on illness rates. An animation showing the modelled geographic spread pandemic influenza across the US is available in a [press release](#).

WHO avian influenza timeline updated 06/04/06 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.

BMJ special issue (01/04/06) contains a series of commentaries on pandemic influenza, particularly on risk communication.