

Pandemic Postings

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

Pandemic planning guidelines for the state services SSC, 19/04/06. The State Services Commission (SSC) has developed guidance for state service agencies in addressing specific issues in their business continuity pandemic planning. For each issue, the document sets out SSC's suggested best practice guidance, and includes background notes. The document also supplies template document to assist in developing an approach to issues at each stage of a pandemic, a flowchart covering the approach to leave usage, and a summary of the main legislative issues. Issues addressed includes workplace attendance, staff working from home, salary payments, alternative duties, workplace closure, and forthcoming collective bargaining.

Current global avian influenza activity
 Newly-confirmed human cases of avian influenza A/(H5N1), 28 April - 19 May 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 22 April - 18 May 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
Côte d'Ivoire	-	-	1
Denmark	-	-	1
Djibouti	1	-	-
Egypt	2	2	-
Indonesia	9	8	2
Myanmar	-	-	2
Romania	-	-	5
TOTAL	12	10	11

Notes:

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

International

H5N1 cluster in Indonesia WHO, 18/05/06. Six confirmed cases of influenza A/H5N1 have been identified in the village of Kubu Sembelang, in the Karo district of North Sumatra, Indonesia. Five of the cases have died. All six are members of an extended family, and all but one lived in neighbouring houses. The cases ranged in age from 18 months to 25 years. A seventh family member, a 37-year-old woman, developed symptoms on 27 April and died of an undiagnosed respiratory disease on 4 May, and is considered the initial case in this family cluster.

This is the largest cluster of cases, closely related in time and place, reported to date in any country and is being carefully investigated by the Indonesian government and WHO epidemiologists. The index case is thought to have been exposed to infected poultry or their faeces: subsequent cases may have acquired their infection from a shared environmental exposure yet to be identified, but the possibility of limited human-to-human transmission cannot be ruled out at present.

Investigators at the outbreak site have found no evidence that infection has spread beyond members of this single extended family. No influenza-like illness has been identified in health care workers or other persons in close contact with the patients. If human-to-human transmission has occurred, it has not been either efficient or sustained.

Situation in Djibouti WHO, 12/05/06. The Ministry of Health in Djibouti has confirmed the country's first case of human infection with the H5N1 avian influenza virus. The patient is a 2-year-old girl from a small rural village in Arta district. She developed symptoms on 23 April, and is presently in a stable condition. This is the first case of human infection reported from the Horn of Africa. H5N1 has also been confirmed in samples from three chickens in Djibouti, but high poultry mortality has not been reported to date.

Surveillance for additional human and animal cases is presently underway, but is hindered by the country's lack of resources and of epidemiological and laboratory capacities. The search for human cases has been further complicated by a concurrent outbreak of dengue fever, which can mask the occurrence of other febrile illnesses with abrupt onset of symptoms, including H5N1 infection. At the request of the Ministry of Health, WHO is arranging urgent support for the country's investigation and response to the outbreak.

International (contd)

Situation in Denmark CIDRAP, 19/05/06. H5N1 infection has been confirmed in one poultry flock near Kerteminde in the central part of Denmark. 47 cases were identified among 102 birds in the flock; surviving birds were destroyed. Denmark has had 47 H5N1 cases in wild birds since March.

Background

H5N1 Influenza A Virus identified in human blood Chutinimitkul et al, Emerg Infect Dis, Jun 2006. Influenza A/H5N1 virus has been isolated from a serum specimen obtained from a patient with H5N1 infection in Thailand. The patient, a five-year-old boy with a history of exposure to dead chickens, died due to severe pneumonia and acute respiratory distress syndrome; the serum specimen had been collected the day prior to death, day 10 after symptom onset. The authors comment that this finding raises concern about transmission among humans, and should be a reminder of the necessity to carefully handle and transport serum or plasma samples suspected to be infected with H5N1 avian influenza.

WHO guidelines on pharmacologic management of humans infected with H5N1 WHO, May 06. WHO has developed a rapid set of guidelines for drug treatment of human H5N1 cases, based on judgement of an international panel of experts. The recommendations cover several specific patient and exposure groups for the treatment and chemoprophylaxis of H5N1 virus infection. All recommendations are specific to the current pre-pandemic situation and are based on careful consideration of the current evidence about benefits, harms, burdens and cost of interventions. As there are currently no clinical trials in patients with avian influenza H5N1 disease, the overall quality of evidence on which to base judgments is very low.

Prioritising scarce influenza vaccine Emanuel & Wertheimer, Science, 12/05/06, 312 (5775): 854-5. "Rather than thinking only about saving the most lives when considering vaccine rationing strategies, a better approach would be to maximize individuals' life span and opportunity to reach life goals." [Paper not available for review for Pandemic Postings]

Host range restriction and pathogenicity in the context of influenza pandemic Neumann & Kawaoka, Emerg Infect Dis, Jun 2006. This paper summarises current knowledge of viral factors that determine host range restriction and pathogenicity of influenza A viruses.