

Pandemic Postings

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

National pandemic plan updated MoH, May 06. Version 15 of the New Zealand Influenza Pandemic Action Plan has been released by the Ministry of Health. The new version of the Plan is considerably larger and more comprehensive than v14 (November 2005). Specific changes in v15 are as follows:

- A substantially expanded reference section (Part A) covering the overarching framework for planning, response coordination, legislation, service response functions, and recovery.
- Inclusion of two new scenarios (6.1 and 6.2), addressing situations where extensive transmission is occurring internationally but cases in New Zealand have either not occurred or are in clusters only.
- Depiction of border management and cluster control strategies between scenarios 4.1 and 6.2 changed to reflect the likely situation of a combination of the two.
- Depiction of codes Yellow and Red changed to reflect likely situation of a combination of the two, possibly varying nationally, regionally or locally.
- Addition of new appendices: agency roles and responsibilities, border management, PPE and infection control, CBACs, antivirals, care of the deceased, communications.

Psychosocial recovery planning guide: draft for consultation MoH, 22/06/06. A draft of the Psychosocial Recovery Planning Guidelines, to accompany the National Health Emergency Plan, is available for comment. The process of psychosocial recovery from emergencies involves easing the physical and psychological difficulties for individuals and communities, as well as building and bolstering social and psychological wellbeing. The draft document describes the principles of psychosocial recovery, lists planning steps and actions to aid psychosocial recovery, and contains a 'module' specifically addressing pandemic influenza. The closing date for submissions is 14/07/06; copies of the draft Guidelines and template for submissions can be obtained by emailing psychosocialrecovery@moh.govt.nz.

Background

Epidemiology of reported human H5N1 cases Wkly Epidemiol Rec, 30/06/06. The results of the first epidemiologic analysis of all 205 lab-confirmed human H5N1 cases reported to WHO with illness onset Dec 03 - Apr 06 are in Weekly Epidemiological Record. The following conclusions were reached:

- Half the cases occurred in people under 20 years; 90% of cases occurred in people under the age of 40 years.
- The overall case-fatality rate was 56%, and was highest in persons aged 10 to 39 years. This is in contrast to the case-fatality profile by age group seen in seasonal influenza.
- The overall case-fatality rate was 73% in 2004, 63% to date in 2006, and 43% in 2005.
- Illness patterns, such as mortality rates, time between symptom onset and hospitalisation, and time from symptom onset to death, have not changed substantially since 2003.
- Cases have occurred all year round. However, the incidence has peaked annually in the northern hemisphere winter and spring. If this pattern continues, an upsurge in cases could be anticipated starting in late 2006 or early 2007.

Current global avian influenza activity
 Newly-confirmed human cases of avian influenza A/(H5N1), 17 Jun - 20 Jun 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 8 Jun - 23 Jun 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
China	-	-	4
Hungary	-	-	7
Indonesia	2	2	-
Niger	-	-	1
Romania	-	-	23
Ukraine	-	-	2
TOTAL	2	2	37

Notes:

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

International

Summary of current global avian influenza situation Eurosurveillance, 22/06/06. An overview of the current global avian influenza distribution and control measures, by region, has been published in Eurosurveillance. Key points are as follows:

- It is not known whether the overall burden of circulating animal influenza viruses with some pandemic potential (eg, H5 and H2) has increased.
- Human to human transmission of avian influenza H5N1 has occurred, but there is no evidence that transmission has become more efficient.
- Surveillance for H5N1 transmission is becoming harder where poultry immunisation is widely but imperfectly implemented, because the marker of local poultry deaths for human case detection is being lost.
- In general, avian influenza activity in the Asia Pacific region is lower than in 2004 and 2005, but activity is greatest in Indonesia. Control measures have been highly successful in Thailand and Vietnam but are failing in Indonesia due to a poorly implemented veterinary control strategy. Major planning and logistical difficulties for controlling avian influenza in birds in China remain, and the outcome of control measures remains to be seen. Few pandemic influenza plans for China have been publicised.
- In Europe, surveillance is strong in the European Union and H5N1 infection in wild birds remains rare; continuing risk of H5N1 exists in eastern Europe, particularly the Danube basin; uncertainty remains in Russia where few data have been subject to international confirmation.
- The outlook remains bleak in Africa. Surveillance is especially weak, there is evidence of widespread infection in domestic poultry in parts of north, west and central Africa, and weaknesses in veterinary services reduce the prospects for control. It is probable that large numbers of people in African countries are at risk of H5N1 infection. If the virus has pandemic potential then a pandemic arising from Africa must be a possibility.

Human H5N1 transmission confirmed in Indonesia CIDRAP, 23/06/06. The WHO has presented evidence that human transmission occurred in the recent Indonesian family cluster of H5N1 cases. According to media reports, transmission was confirmed by the finding that the virus mutated slightly in a 10-year-old boy, who then passed the altered strain on to his father. However, no evidence of virus reassortment was found.