



Pandemic Postings

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National

Ethical values for responding to a pandemic [NEAC, Jul 06](#). The National Ethics Advisory Committee (NEAC) has prepared a statement of ethical values for planning and responding to a pandemic, and is seeking feedback. The NEAC statement “identifies widely shared ethical values for our pandemic planning and response. Some are values to govern how we make decisions. Others are values to govern what decisions are made. Values that are recognised in Māori tikanga and kawa are identified alongside other values. The statement is designed to be thought provoking, accessible to a wide range of people, useful at all stages of pandemic planning, and useful in a wide range of situations.” The discussion document presents hypothetical case scenarios intended to illustrate and test the ethical values identified in the document. The closing date for submissions is 16/08/06.

Border leaflet: Pandemic influenza information for people arriving in New Zealand [MoH, Jul 06](#). The Ministry of Health has published online a leaflet providing pandemic influenza information for travellers arriving in New Zealand. The leaflet has been prepared for distribution at borders if required.

Education sector planning. The Ministry of Education (MoE) [website](#) was updated in June with the following material to assist the education sector in preparing for an influenza pandemic.

- Overview of MoE and education sector planning activities [MoE, 19/06/06](#). This page summarises workstreams of pandemic planning within MoE, provides links to pandemic planning resources for the education sector, contains answers to frequently-asked education sector questions, and includes a PowerPoint presentation for download that provides a good overview of pandemic influenza.
- Pandemic planning kit for education sector [MoE, 19/06/06](#). This page provides links to pandemic planning kits for early childhood education (ECE) services, schools and tertiary education organisations (TEOs) developed by the MoE working with education sector groups. The kits consist of a planning guide, action plan and related resources.

Infection control for primary healthcare practices in the pandemic influenza setting (video) [MoH](#). An opportunity to review the acting skills of ADHB infection control and infectious diseases staff as they demonstrate pandemic influenza infection control recommendations in primary care.

Background

Virulent epidemics and scope of healthcare workers' duty of care [Sokol, Emerg Infect Dis \[serial on the internet\] 2006;Aug \[cited 21/07/06\]](#). The possibility of an impending influenza pandemic raises the question: Are healthcare professionals obliged to care for patients during virulent epidemics of infectious disease? The author of this paper critically examines the principle of healthcare workers' duty of care, stating “the phrase “duty of care” is, at best, too vague and, at worst, ethically dangerous. The nature and scope of the duty need to be determined, and conflicting duties must be recognized and acknowledged. Duty of care is neither fixed nor absolute but heavily dependent on context. The normal risk level of the working environment, the healthcare worker's specialty,

Current global avian influenza activity
 Newly-confirmed human cases of avian influenza A/(H5N1), 21 Jun - 14 Jul 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 24 Jun - 13 Jul 2006,² by country. The complete list of human cases and poultry outbreaks to date can be found on the [ARPHS website](#).

	Human ¹ cases	deaths	Poultry ² outbreaks
China			1
Indonesia	2	2	-
Pakistan	-	-	8
Total	2	2	9

Notes:

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

International

Situation in Indonesia WHO, [04/07/06](#), [14/07/06](#) and [20/07/06](#).

Three further deaths in Indonesia have been confirmed to be due to H5N1 avian influenza virus infection. (The WHO cumulative summary, source material for the activity table above, has not yet been updated to reflect the most recent of these cases). All were from the island of Java: two (a 44-year-old man and a 3-year-old girl) were from Jakarta, and one (a 5-year-old boy) was from East Java province. Deaths of chickens had occurred in the neighbourhoods for both the children; the adult case was the owner of a food stall at a local wet market.

H5N1 mutated rapidly in Indonesian cluster [CIDRAP, 12/07/06](#).

A news report in the journal [Nature](#) [not viewed directly by Pandemic Postings] claims that genetic studies have shown that the H5N1 avian influenza virus mutated multiple times as it spread through an Indonesian family in May. Nature obtained the information from a presentation by Hong Kong virologist Malik Peiris at a closed meeting in Jakarta. According to the journal, this data shows that a total of 32 mutations were identified from six patients in the cluster, that 21 mutations (affecting seven of the virus's eight genes) were identified in virus from the father of the 10-year-old boy, and that one mutation confers resistance to the antiviral drug amantadine. Previous reports from WHO gave the impression that only a few mutations had been found. Transmission beyond the family failed to occur, and the significance of the mutations is considered unclear.

Virologists contacted by Nature consider that the failure to release the genetic data is hampering further study.

[background: Pandemic Postings #18 and #16]

Novartis to manufacture cell-culture-based influenza vaccine in US. [CIDRAP, 18/07/06](#). Pharmaceutical company Novartis has announced plans to build the first US factory for manufacturing cell-culture-based influenza vaccine. The company has stated that the site will have capacity to produce up to 150 million monovalent doses annually of vaccine within six months of declaration of a flu pandemic. Influenza vaccines have been grown in chicken eggs since the 1950s, but a number of companies are developing techniques for growing them in laboratory cell cultures instead. Cell-culture production offers a number of potential advantages, including faster start-up, greater flexibility, less risk of contamination, and freedom from dependence on the availability of eggs.

Background (contd)

the likely harm and benefits of treatment, and the competing obligations deriving from the worker's multiple roles will all influence the limits of the duty of care. As experts anticipate the arrival of an avian influenza pandemic in humans, discussion of this matter is urgently needed.” [Abstract quoted verbatim]