

Pandemic Postings

Current Alert Level: WHITE ([definition](#))
Update number: 26
Date: 10 November 2006
Prepared by: [Dr Craig Thornley](#)
Website: www.arphs.govt.nz (+ follow [link](#))

National

Exercise programme MoH, Oct 06. The Ministry of Health are coordinating an Exercise Programme in 2006/07, consisting of three major exercises. The Programme aims to assess New Zealand's pandemic response plans. The first two exercises will assess the most difficult aspects of pandemic planning; lessons learnt from these exercises will enable existing plans to be modified and reassessed in the major exercise in May 2007. The exercises are Exercise Makgill (held 09/11/06), Exercise Russell (Feb 07), and Exercise Cruickshank ((May 07).

Changes to case definition MoH, 03/11/06. The Influenza A (H5N1) case definition for reporting purposes has been updated. Changes to the clinical case definition include the following: sore throat has been removed from the list of symptoms necessary for case definition; specimen handling has been added to the list of exposures; and close contact with another case (one of the listed exposures) has been defined as contact within 1m distance. The laboratory case definition has been expanded to include a four-fold rise in H5 antibody titre as one of the possible case-confirmatory tests.

International

Situation in Indonesia WHO 16/10/06. The Ministry of Health in Indonesia has confirmed an additional three fatal cases of human infection with the H5N1 avian influenza virus.

The first newly confirmed case occurred in a 67-year-old woman from West Java Province. She developed symptoms on 3 October, was hospitalized on 7 October, and died on 15 October. Diagnosis was complicated by the presence of chronic diseases. Chickens reportedly died in her household and neighbourhood prior to symptom onset.

The second case was an 11-year-old male from South Jakarta, Jakarta Province. He developed symptoms on 2 October, was hospitalized on 5 October, and died on 14 October. His recent history included exposure to dead chickens in his neighbourhood.

The third case was a 27-year-old female from Central Java Province. She developed symptoms on 8 October, was hospitalized on 12 October, and died on 13 October. The source of her exposure is currently under investigation.

Situation in Egypt WHO 31/10/06. The Ministry of Health in Egypt has confirmed the country's first case of human infection with the H5N1 virus since May this year. The patient is a 39-year-old woman from the Gharbiya governorate in the Nile Delta. She developed symptoms on 30 September, was hospitalized on 4 October, and died on 30 October. Her recent history includes the home slaughter and defeathering of around a dozen ducks when signs of illness and deaths began to occur in the flock. Egypt reported a recurrence of poultry outbreaks in Sep 06.

Background

Risk factors for human infection with H5N1 in Vietnam, 2004 Dinh et al, Emerg Infect Dis [serial on the Internet]. 2006 Dec [cited 08/11/06 cited]. Article presents results of a matched case-control study of risk factors for human infection with influenza A subtype H5N1 in Vietnam. Study included 28 case-patients with laboratory-confirmed H5N1 infection during 2004 and 106 age-, sex-, and location-matched control-respondents. [contd next column]

Current global avian influenza activity
 Confirmed human cases of avian influenza A/(H5N1), 4 - 31 Oct 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 05 - 27 Oct 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
Egypt	1	1	-
Indonesia	3	3	-
TOTAL	4	4	-

Notes:

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

2 As reported by the [World Organisation for Animal Health \(OIE\)](#).

Background (contd)

Factors independently associated with H5N1 infection were preparing sick or dead poultry for consumption <7 days before illness onset (matched odds ratio [OR] 8.99, 95% confidence interval [CI] 0.98-81.99, p = 0.05), having sick or dead poultry in the household <7 days before illness onset (matched OR 4.94, 95% CI 1.21-20.20, p = 0.03), and lack of an indoor water source (matched OR 6.46, 95% CI 1.20-34.81, p = 0.03). Factors not significantly associated with infection were raising healthy poultry, preparing healthy poultry for consumption, and exposure to persons with an acute respiratory illness.

Emergence and predominance of an H5N1 influenza variant in China Smith et al, Proc Nat Acad Sci [serial on the Internet] 2006; 30 October [cited 08/11/06]. Authors of this report of surveillance of live-poultry markets in six southern China provinces from June 2005 to July 2006 showed that 2.4% of 53,220 tested poultry were H5N1-positive. Genetic and antigenic analyses revealed the emergence and predominance of a previously uncharacterized H5N1 virus sublineage (Fujian-like) in poultry since late 2005. Viruses from this sublineage gradually replaced those multiple regional distinct sublineages and caused recent human infection in China. These viruses have already transmitted to Hong Kong, Laos, Malaysia, and Thailand, resulting in a new transmission and outbreak wave in Southeast Asia. Serological studies suggest that H5N1 seroconversion in market poultry is low and that vaccination may have facilitated the selection of the Fujian-like sublineage. The predominance of this virus over a large geographical region within a short period directly challenges current disease control measures. Note that officials of the Agriculture Ministry in China dispute the study findings, claiming that no distinctive change has been found in the characteristics of H5N1 viruses in China ([CIDRAP, 03/11/06](#))

New influenza website International Federation of Pharmaceutical Manufacturers & Associations. New website from International Federation of Pharmaceutical Manufacturers & Associations addressing seasonal, avian, and pandemic flu as well as flu vaccines; contains useful diagrams of influenza virus structure and possible mechanisms for antigenic shift.

Guidelines for collecting, preserving and shipping avian influenza (H5N1) specimens WHO, Oct 06. The WHO has issued a field guide for collecting and handling avian influenza specimens. The guide addresses safety issues, what specimens to collect, specimen storage, specimen packing and shipping.

New WHO Director-General has avian influenza experience WHO, 09/11/06. Dr Margaret Chan has been confirmed as the next WHO Director-General. Originally from China, and trained in Canada and Singapore, Dr Chan served as Director of Health in Hong Kong during the 1997 H5N1 avian influenza outbreak and the 2003 SARS outbreak.