

Pandemic Postings

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International

Situation in Indonesia [WHO, 13/11/06](#). The Ministry of Health in Indonesia has confirmed an additional two cases of human infection with the H5N1 avian influenza virus.

The first newly-confirmed case is a 35-year-old female from Tangerang in Banten Province. She developed symptoms on 7 November and was hospitalized on 10 November. She remains hospitalized. Her source of exposure is currently under investigation.

The second case occurred in a 30-month-old male from Karawang in West Java Province. He developed symptoms on 5 November, was hospitalized on 10 November, and died on 13 November. An initial investigation of his exposure source found reports of chicken deaths near his home in the days prior to symptom onset.

Background

Aerosol transmission of influenza A viruses [Tellier. Emerg Infect Dis \[serial on the Internet\]. 2006 Nov \[cited 20/11/06\]](#). This article presents a review of the evidence of the importance of aerosol transmission of influenza A. The author states that, in theory, influenza can be transmitted through aerosols, large droplets, or direct contact with secretions (or fomites); however, some pandemic guidelines play down the role of aerosols. The author states that evidence supporting aerosol transmission "appears compelling", which has obvious implications for pandemic influenza planning and in particular for recommendations about the use of N95 respirators as part of personal protective equipment.

Nonpharmaceutical mitigation strategies used in US during the 1918-1920 influenza pandemic [Markel et al. Emerg Infect Dis \[serial on the Internet\]. 2006 Dec \[cited 20/11/06\]](#). This paper examines the experience of six US communities that reported few influenza cases and no influenza-related deaths during the second wave of the 1918 pandemic. Each of the communities studied were small and isolated (or isolateable). The authors considered that available data failed to show whether virus spread was prevented by nonpharmaceutical interventions (NPIs), with one exception. If implemented early and with population compliance, the authors found that 'protective sequestration' seemed to guard against spread. These measures included the following: 1) prohibitions on members of the community from leaving the site; 2) prohibitions against visitors from entering a circumscribed perimeter; 3) typically placing in quarantine those visitors who are allowed to enter for a period of time before admission; and 4) if available, taking advantage of geographic barriers, such as an island or remote location. The authors states that specific subcommunities (nursing homes, university campuses, military bases) may wish to consider these measures in pandemic planning.

Science policy forum. Next flu pandemic: What to do until the vaccine arrives? [Morse et al, Science 2006; 314 \(5801, 10 Nov\): 929](#). "Most scientists consider another influenza pandemic inevitable, but there is little information on how best to protect the public before a vaccine can be made available." [Article summary: full article not available for review for Pandemic Postings]

Current global avian influenza activity
 Confirmed human cases of avian influenza A/(H5N1), 1 - 13 Nov 2006,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 28 Oct - 16 Nov 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
Indonesia	2	1	-
TOTAL	2	1	-

Notes:

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

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

Background (contd)

Tamiflu may pose risk of neuropsychiatric adverse events [CIDRAP, 14/11/06](#). Drug manufacturer Roche and the US Food and Drug Administration (FDA) are warning that influenza patients treated with oseltamivir (Tamiflu) may have an increased risk of self-injury and delirium. Roche has added the following warning to its official product information, according to a company letter posted on the FDA website: "People with the flu, particularly children, may be at increased risk of self-injury and confusion shortly after taking Tamiflu and should be closely monitored for signs of unusual behaviour."

The warning follows an FDA review of 103 reports of neuropsychiatric adverse events associated with oseltamivir use between Aug 29, 2005, and Jul 6, 2006, of which 95 came from Japan. That compares with 126 such adverse events reported between 1999 and August 2005. About two thirds of the problems were in children and youth (younger than 17 years).

Both the FDA and Roche both say the contribution of the drug to the adverse events is not known. The FDA report says influenza by itself can lead to neuropsychiatric disorders, but many of the problems reported, especially delirium and suicide attempts, were not typical of those associated with flu alone. The FDA said most of the problems occurred within a day after the start of treatment, and in many cases the physician suspected the drug was the cause. In addition, many of the patients recovered quickly after they stopped taking oseltamivir. [material abstracted from CIDRAP article: links to [Roche document](#) and [FDA advisory](#)]

Criteria for prioritising scarce healthcare resources during a pandemic [Ardagh, N Z Med J 2006; 119 \(1243, 13 Oct\)](#). The author of this paper attempts to address a concern that no pragmatic guidance exists to help clinicians allocate access to scarce resources, by presenting prioritisation criteria as an eight-step algorithm, most steps presented as questions. The steps are as follows: 1) Normal threshold (would the patient meet the threshold for resources at normal times?); 2) Competition (are other patients meeting the same threshold competing for the resource?); 3) Alternative options (can any competing patients have alternate care with similar benefit/harm ratio?); 4) Deferability (can any patients have their treatment deferred, without significant harm?); 5) Expansion (could greater access to the service be achieved by reallocation from services without overwhelming demand, without causing harm to patients?); 6) Mitigation (consider whether any alternative options are available that would mitigate effects of missing out on resource, and how effective these would be); 7) Ranking (Can competing patients be ranked in order of likely net benefit? If so, those with higher net benefit should access resource first); and 8) If unable to rank patients, determine access on a first-come, first-served basis, or by applying a process of equal and unbiased chance.