

Pandemic Postings

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

Exercise Cruickshank information. The Ministry of Health has released the following Exercise Cruickshank information:

- Exercise Common Elements, v1.6 [MoH, 08/03/07](#). Each organisation playing a part in Exercise Cruickshank is required to write an organisation-specific Exercise General Instruction, defining aims, outputs, assignment of tasks, exercise logistics and expected response to Cruickshank. The Common Elements document outlines the elements of the exercise logistics that are common to each of these organisations, and is intended to assist organisations in developing their Exercise General Instruction.
- List of participating agencies [MoH, 03/07](#). A list of 31 agencies participating in Exercise Cruickshank is available online. The list appears to include government-level agencies only (for instance, DHBs are not included).

Avian Influenza A (H5N1) case definition [MoH, 03/07](#). The avian influenza case definition current to March 2007 is available online. Suspect cases are persons with fever (>38°C) and either cough or shortness of breath, and a history (within the 7 days prior to symptom onset) of one or more of the following:

- contact within 1m with another suspect, probable or confirmed case of Influenza A(H5N1);
- exposure to birds or bird-contaminated environments in an area with suspected or confirmed human or animal H5N1 cases in previous month;
- consumption of raw or undercooked poultry from such areas;
- close contact with confirmed H5N1-infected animal (other than avian);
- handling specimens from animals/humans suspected with H5N1 infection; or
- working in a laboratory handling specimens from animals/humans suspected with H5N1 infection.

International situation

Egypt [WHO, 12/03/07](#). One further confirmed case of H5N1 avian influenza in Egypt has been reported by WHO. The case is a 4-year-old boy from Ad Daqahliyah Governorate (see [map](#)) who was exposed to sick birds in the first three days of March, developed symptoms 7 March, was hospitalised and is currently stable. Contacts are being monitored and remain healthy.

Laos [WHO, 08/03/07](#). The first human death due to H5N1 infection in Laos has been reported by WHO. The case was a 15-year-old female from Vientiane, reported in the last issue of Pandemic Postings. A second fatal case in Laos, a 42-year-old female from Vientiane Province, has also been reported by WHO ([WHO, 16/03/07](#)). Investigations have found that a duck positive for H5 in the woman's household. No close contacts have shown signs of infection. This case has not yet been included in the WHO cumulative summary of cases, therefore does not appear in the surveillance table above.

Poultry outbreaks in other regions [OIE](#). Poultry outbreaks of H5N1 have been reported in multiple regions in Afghanistan, Korea, Kuwait, Laos and Myanmar: see next page for further details.

Current global avian influenza activity
 Confirmed human cases of avian influenza A/(H5N1), 02 - 12 Mar 2007,¹ and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 03 Feb - 14 Mar 2007,² 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
Afghanistan	-	-	7
Egypt	1	-	-
Korea (South)	-	-	1
Kuwait	-	-	11
Laos	-	1	4
Myanmar	-	-	3
TOTAL	1	1	26

Notes:

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

Background

The 1918 influenza pandemic: insights for the 21st century [Morens & Fauci, J Infect Dis 2007;195:1018-25](#). Review article examining several questions about the 1918 pandemic that have implications for future pandemics, including pandemic-virus origin, explanations for the epidemiologic pattern of the pandemic, and the causes and demographic patterns of mortality. The authors conclude that none of these questions can yet be fully answered, and that "the challenge for us humans is to learn as much about influenza viruses as they have already learned about us". Despite the lack of conclusive answers, this remains a useful summary of the current state of knowledge.

Influenza pandemic and professional duty: family or patients first? [Ehrenstein et al, BMC Pub Health 2006; 6: 311](#). Article presenting results of an anonymous, self-administered survey of staff of a German university hospital regarding ethical issues arising during the management of an influenza pandemic. Response rate to the survey was low (34%). Of those responding, 182 (28%) agreed that it would be professionally acceptable for healthcare workers to abandon their workplace during a pandemic in order to protect themselves and their families, 337 (52%) disagreed with this statement and 125 (19%) had no opinion, with a higher rate of disagreement among physicians (65%) and nurses (54%) compared with administrators (32%).

An influenza preparedness planning tool: Influsim [Eichner et al, BMC Infect Dis 2007; 7: 17](#). This paper describes a publicly-available software package ([InfluSim](#)) for pandemic planning purposes. According to the authors, Influsim "allows for producing time courses and cumulative numbers of influenza cases, outpatient visits, applied antiviral treatment doses, hospitalisations, deaths and work days lost due to sickness, all of which may be associated with economic aspects."

Factors associated with nosocomial outbreaks of SARS [Yu et al, Clin Infect Dis 2007;44:1017-1025](#). This article reports results of a case-control study of risk factors for nosocomial spread of SARS in hospital wards in Guangzhou (86 wards in 21 hospitals) and Hong Kong (38 wards, 5 hospitals). Significant risk factors were: distance between beds ≤1m, availability of washing and changing facilities for staff, whether resuscitation was performed in the ward, whether staff members worked while experiencing symptoms, and whether index patients (in the ward) required oxygen or bi-level positive airways pressure. [full text not reviewed]

Details of regions with recently-reported poultry outbreaks

Afghanistan OIE, 14/03/07. Seven further H5N1 avian influenza outbreaks reported among poultry in Afghanistan: 4 in Nangarhar province (all among chickens, number of susceptibles ranging from 16 to 130); 2 in Kunar province (chickens and turkeys, 15 and 16 susceptible respectively); and 1 in Kabul province (chickens, 45 susceptibles). Nangarhar and Kunar are adjacent to the Pakistan border; Kabul shares a border with Nangarhar (see [map](#)).

Korea (South) OIE, 08/03/07. One further confirmed H5N1 avian influenza outbreak since last Pandemic Postings. Outbreak identified in Chungcheongnam-do province, in western South Korea (see [map](#)), in a breeding duck farm with 13560 susceptible birds.

Kuwait OIE, 13/03/07. 11 further confirmed H5N1 avian influenza outbreaks reported in Kuwait. Outbreaks reported from the following governorates (see [map](#)): Al Farwaniyah (3 outbreaks involving chickens and pigeons, size ranging from 3 to 51 susceptibles); Al Ahmadi (3 outbreaks involving mixed backyard poultry, farms ranging in size from 17 to 286 susceptibles); Al Jahrah (1 outbreak involving backyard chickens, 15 susceptibles); Hawalli (1 outbreak, backyard chickens, 8 susceptible); Mubarak al Kabeer (2 outbreaks, 3 falcons and 65 chickens susceptible respectively); Al Kuwayt (1 outbreak, mixed poultry, 85 susceptibles)

Lao People's Democratic Republic OIE, 14/03/07. Four further H5N1 avian influenza outbreaks reported since last Pandemic Postings. Outbreaks reported in the following provinces (see [map](#)): Vientiane (2 outbreaks, both involving free-roaming duck populations, 500 and 700 susceptibles respectively); Savannakhet (village-wide outbreak involving backyard chickens and ducks, 35000 susceptibles); and Champasak (outbreak involving backyard chickens and ducks, 3201 susceptibles). Savannakhet and Champasak are provinces in the southern half of Laos, not adjacent to Vientiane.

Myanmar OIE, 13/03/07. Three further outbreaks reported from Yangon province (see [map](#)). Outbreaks involved a layer chicken, guinea fowl and quail farms respectively; farm size ranging from 162 to 2300 susceptibles.