

## Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

# Pandemic Postings

**Current Alert Level:** WHITE ([definition](#))  
**Update number:** 55  
**Date:** 6 June 2008  
**Prepared by:** Dr Craig Thornley  
**Website:** [www.arphs.govt.nz](http://www.arphs.govt.nz) (+ follow [link](#))

### International Situation

**Bangladesh** [WHO 28/05/08](#). The first human case of avian influenza A(H5N1) virus infection in Bangladesh has been identified. The case is a 16-month-old male from Komalapur, Dhaka (see [map](#)) who developed symptoms on 27 January 2008 and has subsequently recovered. The case was exposed to live and slaughtered chickens at his home; family members and neighbours remain healthy.

**Indonesia** [WHO 30/04/08](#). A further human case of H5N1 avian influenza has been confirmed in Indonesia. The case was a 3-year-old male from Wonogiri District, Central Java Province (see [map](#)) who developed symptoms on 14 April and died 23 April.

### Details of recently-reported poultry outbreaks

**India** [OIE, 03/06/08](#). Four poultry outbreaks of H5N1 avian influenza have been reported in India. The outbreaks occurred in [Upper Pulbarga](#), West Bengal (11/05/08, 138 cases in a susceptible population of 42459 backyard poultry); [Painakumari](#), West Bengal (1/05/08, 283 cases in a susceptible population of 33383 backyard poultry); [Nadilak, Tripura](#) (15/04/08, 10 cases in a population of 35000 backyard poultry); and [Mohanpur, Tripura](#) (3/4/08, 98 cases in a population of 40386).

**Korea (South)** [OIE, 20/05/08](#). 22 new poultry outbreaks of H5N1 avian influenza have been reported in South Korea. These were in the provinces of [Cholla-Bukdo](#) (7 outbreaks, 14 - 21/04/08); [Ch'ungch'ong-namdo](#) (1, 22/04/08); [Ulsan](#) (1, 28/04/08); [Teagu-jikhalsi](#) (1, 30/04/08); [Kangwon-do](#) (1, 04/05/08); [Kyonggi-do](#) (3, 14/04 - 7/5/08); [Pusan-jikhalsi](#) (3, 28/4 - 8/5/08); [Seoul-jikhalsi](#) (2, 3 - 8/5/08); [Kyongsang-bukdo](#) (2, 28/4 - 12/5/08); and [Kyongsang-namdo](#) (1, 12/5/08).

### Background

**Finding the real H5N1 case fatality rate** [Li FCK et al, J Epidemiol Comm Health 2008;62:555-9; doi:10.1136/jech.2007.064030](#). WHO estimate the current case-fatality rate of H5N1 avian influenza to be 60%, but this is considered to be an overestimate. The authors of this paper have used surveillance and seroprevalence data from several countries, and have suggested that the actual H5N1 case fatality rate is in the range 14 - 33%.

**Proficiency of nucleic acid tests for avian influenza viruses, Australasian laboratories** [Stelzer-Braid S et al, Emerg Infect Dis 2008 Jul; \[Epub ahead of print\]. DOI: 10.3201/eid1407.071098](#). Abstract: An avian influenza quality assurance program was used to provide information for laboratories on the sensitivity and specificity of their avian influenza nucleic acid testing. Most laboratories were able to correctly detect clinically relevant amounts of influenza virus (H5N1), and results improved as each subsequent panel was tested.

**Control of influenza virus on environmental surfaces in homes and public places** [US Dept Health and Human Services, 05/08](#). Factsheet developed by US Government.

**Current global avian influenza activity**  
Confirmed human cases of avian influenza A/(H5N1), 18 Apr - 28 May 2008<sup>1</sup>, and outbreaks of highly-pathogenic avian influenza H5N1 in poultry 30 Apr - 3 Jun 2008.<sup>2</sup> The complete list of human cases and poultry outbreaks to date can be found on the [ARPHS website](#).

	Human <sup>1</sup>		Poultry <sup>2</sup>
	cases	deaths	outbreaks
Bangladesh	1	-	-
India	-	-	4
Indonesia	1	1	-
Korea (South)	-	-	22
<b>Total</b>	<b>2</b>	<b>1</b>	<b>26</b>

Notes:

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

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

### Background (contd)

**Environmental factors contributing to the spread of H5N1 avian influenza in China** [Fang L-Q et al, PLoS ONE 2008; 3\(5\): e2268. doi:10.1371/journal.pone.0002268](#). The authors of this paper report the results of a case-control study to identify the environmental factors associated with H5N1 outbreaks in poultry and wild birds in China. Minimal distance to the nearest national highway, annual precipitation and the interaction between minimal distance to the nearest lake and wetland, were important predictive environmental variables for the risk of HPAI. A risk map was constructed based on these factors.

**General practice and pandemic influenza: a framework for planning** [Patel MS et al, PLoS ONE 2008; 3\(5\): e2269. doi:10.1371/journal.pone.0002269](#). The authors of this paper adapted the Haddon Matrix to develop a framework to facilitate planning for general practice, and used it to appraise pandemic plans from Australia, England, USA, NZ and Canada. Abstract: The framework identifies 4 functional domains: clinical care for influenza and other needs, public health responsibilities, the internal environment and the macro-environment of general practice. No plan addressed all domains. Most plans either ignored or were sketchy about non-influenza clinical needs, and about the contribution of general practice to public health beyond surveillance. Collaborations between general practices and interrelationships with the broader health system were addressed infrequently.

**Household responses to school closures in an influenza B epidemic** [Johnson AJ et al, Emerg Infect Dis. 2008 Jul; \[Epub ahead of print\]. DOI: 10.3201/eid1407.080096](#). The authors of this paper report a study in which questionnaires were administered to 220 households (438 adults and 355 children) with school-age children in a North Carolina county during an influenza B virus outbreak that resulted in school closure. Closure was considered appropriate by 201 (91%) households. No adults missed work to solely provide childcare, and only 22 (10%) households required special childcare arrangements; 2 households incurred additional costs. 89% of children visited at least 1 public location during the closure despite recommendations to avoid large gatherings. The authors state that their results suggest short-term closure did not cause substantial hardship for parents, and pandemic planning guidance should address the potential for transmission in public areas during school closure.

Ministry of Health advice line: **0800 AVN FLU (286 358)**

MAF Hotline (for suspect animal cases): **0800 809 966**

**Disclaimer:** Background material is listed in Pandemic Postings to alert recipients to new publications on highly-pathogenic avian and pandemic influenza topics. While efforts are made to maintain quality by only including material from reputable sources, it is beyond the scope of this bulletin to independently establish the veracity of this material, or to place the material within the local pandemic planning context: such assessments are left to the judgement of the readership. Conclusions made by authors of material cited in this bulletin do not necessarily represent policy or opinions of Auckland Regional Public Health Service, of Waitemata, Auckland or Counties Manukau DHBs, or of the Ministry of Health.