

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](#))

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Website: www.arphs.govt.nz (+ follow [link](#))

International Situation

No new human cases of avian influenza A (H5N1) have been reported on the WHO website since 19/06/08 ([WHO](#)), described in the Pandemic Postings on 4 July 2008.

Details of recently-reported poultry outbreaks

Benin OIE 13/08/08. An outbreak involving 2 live chickens was reported. The live chickens were sampled as part of the routine surveillance.

While there is only one new reported poultry outbreak in the last month, this [map](#) shows poultry outbreaks continuing around the world.

Background

Clinical characteristics of 26 human cases of highly pathogenic avian influenza A (H5N1) virus infection in China Yu H et al. [PLoS ONE 3\(8\): e2985. doi:10.1371/journal.pone.0002985](#).

Retrospective study of 26 confirmed human H5N1 cases identified in China from Oct 2005 to Apr 2008. Median age was 29 years (range 6-62), 58% were female. 92% reported fever and 58% reported cough at illness onset, and had lower respiratory findings of tachypnoea and dyspnoea at admission. All cases progressed rapidly to bilateral pneumonia. Complications included acute respiratory distress syndrome (ARDS, 81%), cardiac failure (50%), elevated aminotransaminases (43%), and renal dysfunction (17%). Fatal cases had a lower median nadir platelet count, higher median peak LDH, higher percentage of ARDS and more frequent cardiac failure. A higher proportion of patients who received antiviral drugs survived compared to untreated (67% vs 7%).

How will Australian general practitioners respond to an influenza pandemic? A qualitative study of ethical values Anikeeva O et al. [Med J Aust 2008; 189: 148-50](#). The authors of this paper report the results of a qualitative study of 10 South Australian GPs between March and October 2007. "Some participants felt they would not be able to cope with an influenza pandemic, while others felt it would simply mean an increase in their workloads. Most respondents considered creating separate waiting rooms, moving the reception desk outside of the practice and delaying all non-urgent consultations in order to deal with a pandemic more effectively. Respondents mentioned the conflict between their various roles and responsibilities as a primary source of tension when thinking about the way they would organise their work in the event of a pandemic. A number of GPs said they would not practise in the event of a pandemic, as they felt their responsibility to their families outweighed that to their patients." (extracted from abstract).

Current global avian influenza activity

Confirmed human cases of avian influenza A/(H5N1), 20 June - 1 September 2008¹, and reported outbreaks of highly-pathogenic avian influenza H5N1 in poultry 26 July - 28 August 2008.² 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
Benin	-	-	1
Total	0	0	1

Notes:

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

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

Background (contd)

Predominant role of bacterial pneumonia as a cause of death in pandemic influenza: implications for pandemic influenza preparedness Morens DM et al. [J Infect Dis 2008;198:000-000022-1899/2008/19807-00XX DOI: 10.1086/591708](#). The authors of this paper report the results of a study of causes of death associated with the 1918-19 influenza pandemic. Lung tissue sections obtained during 58 autopsies were examined, and pathologic and bacteriologic data from 109 published autopsy series describing 8398 individual autopsy investigations were reviewed. Postmortem samples uniformly exhibited severe changes indicative of bacterial pneumonia. Bacteriologic and histopathologic results from published autopsy series clearly and consistently implicated secondary bacterial pneumonia caused by common upper respiratory-tract bacteria in most influenza fatalities. The authors conclude that if severe pandemic influenza is largely a problem of viral-bacterial copathogenesis, pandemic planning needs to go beyond addressing the viral cause alone (e.g., influenza vaccines and antiviral drugs). Services and resources for prevention and management of secondary bacterial pneumonia should also be prioritised.

Border control measures in the influenza pandemic plans of six South Pacific nations: a critical review McLeod M et al. [NZ Med J 2008; 121:62-72](#). The authors of this paper report a review of border control strategies in publicly available pandemic preparedness plans for the South Pacific Islands, New Zealand, and Australia. A checklist of 10 criteria was applied to each plan. Six pandemic plans were identified from a search for 24 possible countries/territories. The least detailed plans were from Palau and Tonga, both with a detail score of 9/30. The most detailed plans were from the larger and more developed countries, New Zealand (29/30), and Australia (27/30). Plans from the more developed countries such as New Zealand and Australia had a greater level of detail than plans from smaller and less resourced island countries, but these plans could still be enhanced. Pacific islands could benefit from additional support to improve the depth of their pandemic planning.

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.