

# Pandemic Postings

**Current Alert Level:** WHITE ([definition](#))  
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**National**  
 Exercise Cruickshank recovery workshop [MoH, 05/07](#). The agenda, outline and scenario for the 30 May 07 'recover from it' government agency and DHB national workshop is available on the Ministry of Health's website.

**International situation**  
**Indonesia** [WHO, 16/05/07](#); [WHO, 24/05/07](#). Fifteen human cases of influenza A/H5N1 in Indonesia were reported *en masse* by WHO on 16 May. These Indonesian-diagnosed cases had not previously been included in the WHO summary table because they had not been verified by an external laboratory. WHO has now agreed to accept results from the Indonesian national laboratory in Jakarta without external confirmation.

The characteristics of the 15 cases are tabulated in the WHO [situation update](#): the dates of illness onset for these cases range from 25 January to 3 May 2007; their ages range from 14 years to 39 years of age; the cases were geographically located in Jakarta (5), other regions of Java (6) and Sumatra (4, see [map](#)). 7 cases had exposure to sick or dead poultry; source of infection is unknown for the remaining eight cases. 13 of the cases died due to their illness.

A further human case of H5N1 infection was reported on [24 May](#) from Central Java province. This case was a 5-year-old girl who developed symptoms on 8 May and died on 17 May. Investigations indicate exposure to dead poultry.

**Poultry outbreak summary** [OIE](#). Poultry outbreaks of H5N1 have been reported in Bangladesh, China, Ghana, Pakistan and Vietnam: see next page for further details.

## Background

**Effects of internal border control on spread of pandemic influenza** [Wood JG et al. Emerg Infect Dis. 2007 Jul; \[Epub ahead of print\]](#). Paper reporting findings of a mathematical modelling study into the capacity of internal air travel restrictions to limit influenza spread in an emergent pandemic in Australia. The model simulations suggested that moderate delays in geographic spread may be possible with stringent restrictions and a low reproduction number, but results will be sensitive to the reproduction number and timing of restrictions.

**Live poultry exposures, Hong Kong and Hanoi, 2006.** [Fielding R, et al. Emerg Infect Dis. 2007 Jul; \[Epub ahead of print\]](#). Paper reporting findings of surveys in Hong Kong and Hanoi into poultry exposure. The authors report that live poultry exposures have declined by ~63% in Hong Kong since 2004, and in Vietnam domestic backyard exposures to poultry are likely more important than retail exposures. In Vietnam, 5% of participants who reported deaths among their backyard poultry admitted to selling or eating the dead bird(s): the authors suggest that this may be because chickens are relatively more expensive in Vietnam than in Hong Kong.

**Avian influenza factfile** [CIDRAP, 16/05/07](#). The CIDRAP overview document "Avian Influenza (Bird Flu): Implications for Human Disease" was further updated 16 May. Topics covered include knowledge about the disease agent, clinical and epidemiological features of H5N1 infection in humans, treatment and prophylaxis, vaccine development and infection control.

**Current global avian influenza activity**  
 Confirmed human cases of avian influenza A/(H5N1), 15 - 24 May 2007,<sup>1</sup> and outbreaks of highly-pathogenic avian influenza H5N1 in poultry, 13 - 25 May 2007,<sup>2</sup> by country. 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	-	-	11
China	-	-	1
Ghana	-	-	2
Indonesia	16	14	-
Pakistan	-	-	4
Vietnam	-	-	10
<b>TOTAL</b>	<b>16</b>	<b>14</b>	<b>28</b>

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

## Background (contd)

**Avian influenza risk awareness in Laos** [Barennes HM et al. Emerg Infect Dis. 2007 Jul; \[Epub ahead of print\]](#). Letter reporting results of a survey into avian influenza and poultry-handling behaviour in Laos. High levels of avian influenza awareness were identified, but the authors report that the risk was underestimated, particularly in rural areas. Most respondents were unaware of appropriate poultry handling measures to reduce risk.

**WHO Interim Protocol: Rapid operations to contain the initial emergence of pandemic influenza** [WHO, 05/07](#). This interim protocol was updated in May. Key changes include:

- More emphasis on rapid containment and less on rapid response (which is covered elsewhere)
- An expanded discussion of the decision-making process.
- Refinement of the containment strategy emphasizing the localised geographical approach and describing the key activities for Containment and Buffer Zones.
- A proposed approach for estimating the duration of a containment operation.
- New or updated annexes on ethical issues, non-pharmaceutical interventions, surveillance and laboratory preparedness will be added shortly.

**Addressing ethical issues in pandemic influenza planning** [WHO, 05/07](#). A summary of discussions at the WHO-hosted international consultation on ethical issues in pandemic influenza planning, held in Geneva on 24-25 September 2006, has been made available on the WHO website. The document reports the discussions of four working groups convened to examine key areas where ethical guidance is most critical:

1. Equitable access to therapeutic and prophylactic measures
2. Ethics of public health measures in response to pandemic influenza
3. The role and obligations of healthcare workers during a pandemic influenza outbreak
4. Issues that arise between governments when developing a multilateral approach to a potential outbreak

The document includes the New Zealand National Ethics Advisory Committee perspective on issue #3 above, presented by Dr Jamie Hosking. Based on this material and an earlier Technical Meeting, the WHO expects to be able to provide member states with comprehensive guidance on incorporating ethical considerations into pandemic planning.

### Details of regions with recently-reported poultry outbreaks

**Bangladesh OIE, 24/05/07.** 11 outbreaks of H5N1 avian influenza have been reported from the following divisions of Bangladesh: Dhaka (5 outbreaks), Khulna (4), Rajshahi (1) and Chittagong (1; see [map](#)). All outbreaks date from April (3 - 17 April) but were not reported until 24 May. The number of susceptible poultry involved in these outbreaks ranged from 902 to 11957 birds.

**China OIE, 19/05/07.** One outbreak reported from Hunan province (see [map](#)). The outbreak, on 12/05/07, involved a duckling farm with 20,800 susceptible birds.

**Ghana OIE, 19/05/07.** Two further outbreaks reported from Ghana. Both outbreaks were in the Greater Accra province (see [map](#)) and involved 405 and 23441 susceptible layer chickens respectively.

**Pakistan OIE, 25/05/07.** Four outbreaks reported from Islamabad Capital Territory of Pakistan. The outbreaks occurred 18-19 May 2007, and involved farms ranging in size from 24 to 9000 susceptible birds.

**Vietnam OIE, 24/05/07.** 10 outbreaks of H5N1 avian influenza were reported from the following provinces of Vietnam: Quang Ninh (2 outbreaks); Can Tho (1); Son La (1); Nam Dinh (3); Dong Thap (1); Nghe An (2, see [map](#)). The outbreaks occurred 1 - 19 May 2007, and involved farms ranging in size from 320 to 3800 susceptible birds, primarily ducks.