

Pandemic Postings

Current Alert Level: **WHITE (definition)**
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International Situation

Indonesia WHO, 10/09/08. Two confirmed human cases of H5N1 avian influenza have been retrospectively announced by Indonesian authorities. Both were fatalities. The first case, a 38 year old male from Tangerang Municipality, Banten Province (see [map](#)) developed symptoms on 4 July 2008 and died on 10 July. There were free roaming poultry throughout his neighbourhood, including a commercial poultry pen owned by a neighbour. The second case, a 20 year old male from Tangerang District, Banten Province developed symptoms on 20 July and died on 31 July. Reports indicate that chickens from the case's household had died in the week preceding the illness and that he had slaughtered and consumed some of his stock during this period.

Details of recently-reported poultry outbreaks

Germany OIE, 10/10/08. A poultry outbreak of H5N1 avian influenza has been reported in Germany. The outbreak was detected in one bird in a 1434-bird mixed-flock poultry farm in Markersdorf, Görlitz district, Saxony (see [map](#)). The outbreak was detected through routine testing.

Laos OIE, 14/09/08. Two poultry outbreaks of H5N1 avian influenza have been reported in Laos. The outbreaks involved a 5422-duckling farm in Louangphabang province on 27 August, and a 1170-bird flock in Oudomxai province on 1 September (see [map](#)).

Togo OIE, 18/09/08. One poultry outbreak of H5N1 avian influenza has been reported in Togo. The outbreak involved a 7771-bird farm of layer hens in Région Maritime on 09 September (see [map](#)).

Vietnam OIE, 30/09/08. Nine poultry outbreaks of H5N1 avian influenza have been reported in Vietnam. The outbreaks were in Ca Mau (18/09/08), Ben Tre (3 outbreaks: 06/09; 18/08; 06/08), Kien Giang (29/07), Dong Thap (2 outbreaks: 27/07; 14/07), Quang Nai (26/07) and Nghe An (18/07). The outbreaks ranged in size from 220 to 2865 susceptible birds.

Background

Pandemic influenza in Australia: Using telephone surveys to measure perceptions of threat and willingness to comply [Barr M et al. BMC Infect Dis 2008; 8: 117](#). The authors of this paper report a study aiming to develop a module of questions for use in telephone surveys on perceptions of threat from pandemic influenza and willingness to comply with specific public health behaviours. The module was developed, field tested, then completed by 2081 adults participating in the NSW Health Survey. 14.9% thought pandemic influenza was very or extremely likely to occur; 45.5% were very or extremely concerned that their families would be affected if a pandemic occurred, and in the event of a pandemic the majority were willing to be vaccinated (75.4%) and to be isolated (70.2%).

Current global avian influenza activity
 Confirmed human cases of avian influenza A/(H5N1), 1-10 September 2008¹, and reported outbreaks of highly-pathogenic avian influenza H5N1 in poultry 29 August - 10 October 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
Germany	-	-	1
Indonesia	2	2	-
Laos	-	-	2
Togo	-	-	1
Vietnam	-	-	9
Total	2	2	13

Notes:

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

Background (contd)

Pandemic influenza and excess intensive-care workload [Nap RE et al. Emerg Infect Dis \[online serial\] 2008 Oct \[cited 14/10/08\]. http://www.cdc.gov/EID/content/14/10/1518.htm](#). The authors of this paper report a modelling study using the CDC FluSurge tool to estimate the impact of an influenza pandemic on ICU bed occupancy in the Netherlands. The authors conclude that business continuity is maintainable when strict, clear and disciplined hierarchical structures are in place, incorporating rigorous task differentiation and unambiguous communication.

Vaccines against seasonal and avian influenza: recent advances [Osterhaus ADME, Poland GA. Vaccine 2008; 26 \(Suppl 4\): D1-2](#). This supplement of the journal Vaccine focuses entirely on new developments in the area of human influenza vaccines. Special attention is paid to the relationship between seasonal and (pre-)pandemic influenza vaccines, vaccine adjuvants, influenza epidemiology, influenza vaccine immunogenetics, and other topics.

Cross protection between successive waves of the 1918-1919 influenza pandemic [Barry JM et al. J Infect Dis \[online serial\] 2008; 198 \[cited 14/10/08\]: DOI: 10.1086/592454](#). The authors of this paper used hospital and mortality records from US and UK army camps to study the strength of cross-protection between successive waves of the 1918-19 influenza pandemic. The researchers found that the first wave was characterised by high morbidity but had a lower fatality rate than the second wave (1.1% vs. 4.7% among hospitalised soldiers), and based on repeated illness data the first wave provided 35-94% protection against clinical illness during the second wave and 56-89% protection against death. The authors recommend that pandemic preparedness plans consider that immune protection could be naturally acquired during a first wave of mild influenza illnesses.

Insights into inflammation and influenza [Simmons C, Farrar J. N Engl J Med 2008; 359: 1621-3](#). This commentary article discusses the clinical implications of a paper by [Zheng et al in Proc Natl Acad Sci U S A](#) that found coadministration of COX inhibitors (mesalamine and celecoxib) and intraperitoneal antiviral treatment (zanamivir) significantly improves survival in mice with established avian influenza H5N1 virus infection.