

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: 37
Date: 30 April 2007
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National

Exercise Coordinating Instruction v3 [MoH, 12/04/07](#). Version 3 of the Exercise Coordinating Instruction is available online. This version updates reporting requirements, and a series of changes are made to text of Performance Indicators. Amendments in v3 are summarised in a 'Change Note' table on pp4-6.

Exercise Cruickshank inject template [MoH, 04/07](#). A template to be used by exercise facilitators for 'injects' of scenario information to exercise players is available on the MoH website.

Exercise programme newsletter [MoH, 04/07](#). Issue 3 of the MoH's Exercise Cruickshank newsletter is available.

Pandemic influenza legislation [MoH, 04/07](#). The MoH pandemic influenza website now includes a page providing links to legislation relevant to pandemic influenza: the [Epidemic Preparedness Act 2006](#); the [Health Act 1956 Part 3 \(amended 2006\)](#); the [Health Amendment Act 2006](#); and [other epidemic amendment acts from 2006](#).

International situation

No reported human cases since 11/04/07 [WHO](#). No new human cases of avian influenza A(H5N1) have been reported on the WHO website since 11/04/07, described in the last Pandemic Postings.

No reported poultry outbreaks since 12/04/07 [OIE](#). No reports of poultry outbreaks of avian influenza H5N1 have been recorded on the OIE website since 12/04/07. The most recent report posted on the OIE site ([OIE, 20/04/07](#)) refers to detection of H5N1 in a hawk in Kumamoto Province in Japan. Note that the OIE website has been updated with numerous backdated reports of poultry outbreaks, particularly from Egypt ([OIE, 23/03/06](#)). These outbreaks (primarily dating from 2006) have been included in the [OIE cumulative summary chart](#) of poultry outbreaks, and have been added to the [ARPHS table](#).

Background

General practice clinical models in an established pandemic [Phillips CB et al, Med J Aust 2007; 186\(7\): 355-8](#). Report of research conducted in Australia examining strengths and weaknesses of three different primary care models for responding to an influenza pandemic: a default model of no change to service delivery; a streamed services model, where general practices reorganise themselves to take on either influenza-specific care or other clinical services; and a staff-determined mixed model, where individual staff move between different types of services. The authors conclude that no single model or set of strategies meets the needs of all general practices to deliver and sustain the essential functions of primary health care in a pandemic, and that planning in advance of a pandemic is required to decide on the suite of measures needed to support the models most suitable to each region.

Community Engagement: Leadership Tool for Catastrophic Health Events [Schoch-Spana M et al, Biosecur Bioterror 2007 5\(1\) \[cited 30/04/07\]](#). Substantial US report on community engagement (defined as "structured dialogue, joint problem solving, and collaborative action") in health emergency planning.

Current global avian influenza activity
No new confirmed human cases of avian influenza A/(H5N1) have been reported¹ 12 - 29 Apr 2007; no new outbreaks of highly-pathogenic avian influenza H5N1 in poultry have been reported² 13 - 29 Apr 2007. The complete list of human cases and poultry outbreaks to date can be found on the [ARPHS website](#).

Notes:

- 1 As recorded on the [World Health Organization](#) website
- 2 As recorded on the [World Organisation for Animal Health \(OIE\)](#) website.

Background (contd)

Second WHO consultation on clinical aspects of human infection with avian influenza A(H5N1) virus [WHO, 19/03/07](#). Summarises outcomes of the second WHO-convened meeting (held in Turkey 19-21 Mar 07) on clinical, virological and public health experiences with and expert opinion on avian influenza in humans. Key points are as follows:

- Experiences with early oseltamivir treatment suggest its usefulness in reducing H5N1-associated mortality. In addition, evidence of prolonged H5N1 virus replication indicates that treatment is warranted even with late presentation.
- Modified oseltamivir treatment regimens, including two-fold higher dosage, longer duration and possibly combination therapy with amantadine (in countries where the H5N1 virus is susceptible to amantadine) may be considered on a case by case basis, especially in patients with pneumonia or progressive disease.
- Corticosteroid therapy has failed so far to show effectiveness, and prolonged or high dose corticosteroids can result in serious adverse events in H5N1 patients, including opportunistic infection. Corticosteroids should not be used routinely, except for persistent septic shock with suspected adrenal insufficiency.
- Antibiotic prophylaxis should not be used. When pneumonia is present, antibiotic treatment is appropriate initially for community-acquired pneumonia according to published evidence-based guidelines. When available, the results of microbiologic studies should be used to guide antibiotic usage in patients with A(H5N1) infection.
- Therapy for H5N1-associated ARDS should be based upon published evidence-based guidelines for sepsis-associated ARDS, specifically including lung protective mechanical ventilation with low tidal volume.

The observations from the meeting will be published in greater detail, as an updated WHO guidance on H5N1 clinical management followed by a meeting summary in the form of peer-reviewed article in the scientific literature.

FDA approves first H5N1 vaccine [CIDRAP, 17/04/07](#); [FDA, 17/04/07](#). The US Food and Drug Administration (the agency that licenses therapeutic products for the US) has approved an H5N1 vaccine. Federal officials hope that the Sanofi Pasteur vaccine will buy time to develop a more precisely targeted vaccine if the virus evolves into a pandemic strain. The vaccine is based on an H5N1 virus isolated from a Vietnamese patient in 2004. In clinical trials, two 90-microgram doses of the vaccine, administered to 103 healthy adults 28 days apart, generated a protective immune response (neutralizing antibody titer of 1:40) in 45% of recipients, lower immunogenicity than the 54% rate based on interim findings reported in [N Engl J Med](#) in 2006. Experts have expressed concern about the large dose the vaccine requires, in the face of the world's limited vaccine production capacity.

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.