

Pandemic Postings

Current Alert Level: WHITE ([definition](#))
 Update number: 54
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International Situation

Egypt [WHO 15/04/08](#), [WHO 17/04/08](#) Two human cases of avian influenza A(H5N1) virus infection have been confirmed in Egypt since the last update. The first case is a 30-year-old female from [Cairo](#) Governorate. She developed symptoms on 2 April, was hospitalized and died on 11 April.

The second case is a 2-year-old male from [Sharkea](#) Governorate. He developed symptoms on 13 April and was hospitalized on 14 April and is currently in hospital. Investigations into the source of both infections indicate a history of contact with sick and dead poultry.

Details of recently-reported poultry outbreaks

Bangladesh [OIE 24/04/08](#). 156 backdated poultry outbreaks of H5N1 avian influenza have been reported in Bangladesh. The outbreaks date from the period 05/02/07 to 15/04/08, and occurred in all administrative Divisions of Bangladesh. Outbreak locations are mapped in the OIE report.

Korea (South) [OIE 15/04/08](#). Nine new poultry outbreaks of H5N1 avian influenza have been reported in South Korea. Eight of these outbreaks occurred in Cholla-Bukdo province (06/04/08 - 12/04/08). One occurred in Ch'ungch'ong-Bukdo province (07/04/08). These outbreaks ranged in size from 520 - 40,000 susceptible birds.

Russia [OIE 11/04/08](#). One new poultry outbreak of H5N1 avian influenza has been reported from Russia in the federal subject of Russia, Primorskiy Krai. [See map](#) for location. Of the 42 susceptible birds 28 were cases (and subsequently died) while the other 14 were destroyed.

VietNam [OIE 23/04/08](#). Five new poultry outbreak of H5N1 avian influenza have been reported in Vietnam. These outbreaks occurred in Quang Nam (3 outbreaks, 27/03/08 - 31/03/08), Tien Guang (04/04/08) and Can Tho City (15/04/08). These ranged in size from 300 - 3,100 susceptible birds. [See map](#) for province locations; outbreak locations are mapped in the OIE report.

Background

Children, avian influenza and pandemic preparedness [Nicoll A. Arch Dis Child 2008; 93: 433-8](#). The author of this paper summarises the paediatric dimension of avian and pandemic influenza, including health impacts, the role of children in amplifying transmission, and child-focused countermeasures.

Guidance for protecting vulnerable populations in an influenza pandemic [ASTHO, 04/08](#). This CDC-commissioned draft report from the US Association of State and Territorial Health Officials (ASTHO) contains findings from a project to "develop sound, evidence-based guidance on the protection of at-risk populations during an influenza pandemic." A further [document](#) from the same project catalogues local initiatives; other material is available on the [website](#).

Current global avian influenza activity
 Confirmed human cases of avian influenza A/(H5N1), 8 Apr 2008 - 17 Apr 2008¹, and outbreaks of highly-pathogenic avian influenza H5N1 in poultry 8 Apr 2008 - 29 Apr 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
Bangladesh	-	-	156
Egypt	2	1	-
Korea (South)	-	-	9
Russia	-	-	1
Vietnam	-	-	5
Total	2	1	171

Notes:

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

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

Background (contd)

Human infection with HPAI H5N1 [Gambotto A et al. Lancet 2008; 371:1464-1475](#). The authors of this article review selected topics on H5N1 infection in humans: clinical features, diagnosis and therapeutic options; virus transmission, host restriction and pathogenesis; and vaccine development in the context of pandemic control.

Safety and reactogenicity of an adjuvanted candidate H5N1 vaccine in adults: phase III safety trial [Rümke HC et al. Vaccine 2008; 26: 2378-88](#). The authors of this paper report a multicentre, randomized, phase III clinical trial in 5071 healthy adults to evaluate the safety and reactogenicity of a 15 µg HA dose of a candidate adjuvanted H5N1 vaccine compared to a licensed seasonal influenza vaccine. Less than 1% withdrew from the study due to adverse events; no withdrawals were due to serious vaccine-related adverse events. The authors concluded that the safety and reactogenicity of the candidate H5N1 vaccine can be considered clinically acceptable.

Guidance on developing a programme for dispensing antivirals [Institute of Medicine, 2008](#). This large report from the US Institute of Medicine considers best practice and policies for implementing an antiviral drug distribution programme in the event of a pandemic. Chapters are titled "Antiviral Effectiveness, Safety, and Supply", "Ethics, Decision Making, and Communication" and "Who Should Get Antivirals and Where?". The report can be read online, and is free for download in PDF.

Estimating the costs of school closure for mitigating an influenza pandemic [Sadique MZ et al. BMC Public Health 2008; 8:135. doi:10.1186/1471-2458-8-135](#). The authors of this paper report the results of study to estimate the societal cost of school closures during a pandemic, based on nationally representative survey (UK). The results show that overall about 16% of the workforce is likely to be the main caregiver for dependent children and therefore likely to take absenteeism; this rises to 30% in the health and social care sector. The estimated costs of school closure are significant, at £0.2bn - £1.2bn per week.