Pandemic Influenza Preparedness
Phase II
Situation Report

Incident Name: Pandemic Influenza Preparedness Phase II
Operational period: 0830/19 JUN 06 – 0830/26 JUN 06
Date/Time Prepared: 20 JUN 20/1300
Prepared by: Sarah Sanderlin

1. World

a. World Health Organization (WHO) Pandemic Phase- Phase 3- human infection with new (current concern is the Asian H5N1) virus; virus does not spread efficiently and is not sustained among humans.

Inter-pandemic Phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic Alert New virus causes human cases	**No or very limited human-to-human transmission**	**3**
	Evidence of increased human-to-human transmission	4
Pandemic	Evidence of significant human-to-human transmission	5
	Efficient and sustained human-to-human transmission	6

b. As of June 13, 2006, WHO is reporting a total of 228 human cases (An increase of 3 since the June 13th report.) of Asian H5N1 infection (including 130 deaths; an increase of 2 since the June 13th report.) in 10 countries since January 2004. **The table includes only laboratory confirmed cases; once a WHO laboratory confirms cases, they are added to the table below.**

Country	**2004**		**2005**		**2006**		**TOTAL***	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	0	0	0	0	8	5	8	5
Cambodia	0	0	4	4	2	2	6	6
China	0	0	8	5	10	7	19	12
Djibouti					1	0	1	0
Egypt	0	0	0	0	14	6	14	6
Indonesia	0	0	17	11	32	26	51	39
Iraq	0	0	0	0	2	2	2	2
Thailand	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	12	4	12	4
Vietnam	29	20	61	19	0	0	93	42
Total	46	32	95	41	**81**	**52**	**228**	**130**

***** Total includes cases in 2003 not described here.

c. The **Ministry of Health in China** has confirmed the country's 19th case of human infection with the H5N1 avian influenza virus.
The patient is a 31-year-old man employed as a truck driver in Shenzhen City, Guangdong Province, near the border with Hong Kong. He developed symptoms on 3 June and was hospitalized on 9 June. He remains hospitalized, in critical condition, with severe pneumonia.
Preliminary reports indicate the man visited a local market where live poultry are sold on several occasions prior to symptom onset. However, health authorities have not been able to determine whether he was exposed to infected poultry at that market or elsewhere. H5N1 infections in poultry have not been officially reported in the area.

The **Ministry of Health in Indonesia** has confirmed the country's 51st case of human infection with the H5N1 avian influenza virus.
The case, which was fatal, occurred in a 13-year-old boy from South Jakarta. He developed symptoms on 9 June one week after helping his grandfather slaughter diseased chickens at the family home. The boy was hospitalized on 13 June and died on 14 June.
The grandfather remains healthy. Contact tracing and monitoring are under way to ensure no further cases arise from this exposure setting.

- **WHO has concluded that the current level of pandemic alert is appropriate and does not need to change.** The level of pandemic alert remains at phase 3. This phase pertains to a situation in which occasional human infections with a novel influenza virus are occurring, but there is no evidence that the virus is spreading in an efficient and sustained manner from one person to another.

The WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment has been updated and published May 30. It is available at:
http://www.who.int/csr/disease/avian_influenza/guidelines/protocolfinal30_05_06a.pdf

Bird cases:

Animal Cases: Summary of Current Situation Since December 2003, avian influenza A (Asian H5N1) infections in poultry or wild birds have been reported in the following countries:	
Africa Burkina Faso, Cameroon, Cote d'Ivoire, Nigeria, Niger, Sudan	**Near East** Egypt, Iraq, Iran, Israel, Jordan, Palestinian Autonomous Territories*
East Asia & the Pacific Cambodia, China, Hong Kong, Indonesia, Japan, Laos, Malaysia, Mongolia, Myanmar (Burma), Thailand, Vietnam	**South Asia** Afghanistan, India, Kazakhstan, Pakistan
Europe & Eurasia Albania, Austria, Azerbaijan, Bosnia & Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, France, Georgia, Germany, Greece, **Hungary**, Italy, Poland, Romania, Russia, Serbia & Montenegro, Slovak Republic, Slovenia, Sweden, Switzerland, Turkey, **Ukraine**, United Kingdom	**Countries added this Operational Period** No countries added this operational period. * Palestinian Autonomous Territories reported by World Organization for Animal Health, but not CDC.

2. **United States**:
There are no reported cases of avian or human Asian H5N1 influenza infection in the United States or its territories. The Centers for Disease Control and Prevention does not publish a Pandemic Phase level separate from the WHO report.

Seasonal Influenza activity in the United States peaked in early March and continued to decrease during week 20 (May 14 – May 20, 2006)*. Fifty-one specimens (6.3%) tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was below the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the threshold level. Twenty-five states, the District of Columbia, New York City, and Puerto Rico reported sporadic influenza activity; and 25 states reported no activity.

This is the final report of the 2005-06 seasonal influenza season from the CDC.

3. **Alaska**:

There are no reported cases of avian or human Asian H5N1 influenza infection in Alaska.

Seasonal Influenza:
From the State Virology Laboratory, for the period June 9-15: no influenza was isolated.

For current information on surveillance and influenza activity in Alaska, go to the Section of Epidemiology Influenza Surveillance web site at:
http://www.epi.hss.state.ak.us/id/influenza/influenza.jsp

Surveillance activities- human-

There is now a consolidated website (www.avianflu.alaska.gov) that holds both bird and human influenza information. The Toll Free number is 1-888-9PANFLU (972-6358).

Surveillance activities- bird-

Planning and Coordination – USFWS, USGS, USDA, and ADFG are implementing HPAI H5N1 early detection plans at the national, Pacific Flyway, and state level. Those plans are found at:

- National: http://www.nwhc.usgs.gov/publications/ai/
- Pacific Flyway: http://www.pacificflyway.gov/Documents.asp
- Alaska: http://alaska.fws.gov/media/avian_influenza/index.htm

These plans describe priority bird species for surveillance; sampling methods, locations, and time periods; sampling and analytical protocols; and coordination guidelines.

Status of Alaska Bird Surveillance - Wildlife agencies are implementing surveillance efforts to obtain 15,000-20,000 samples from wild birds through: (1) Sampling subsistence harvest; (2) Sampling live birds; (3) Detection of disease events through the Alaska Interagency Bird Disease hotline (**1-866-527-3358**); all public or agency observations of sick or dead wild birds should be directed to this line; and (4) Sampling hunter-harvested birds in September.

- Sampling of subsistence harvest and live birds began about May 1.
- To date, samples have been taken from over 6,000 birds.
- Over 1,500 wild bird samples have been tested—no positives were detected.
- Live bird capture, banding, and sampling are in full swing statewide.

Status of Wild Birds in Alaska – As of about June 5, most waterfowl and other birds were nesting or incubating eggs in southern and western Alaska. Nesting season occurs later on the North Slope, but should be under way at this time. Parents and broods of young birds will be

sampled for avian influenza beginning in early July, and waterfowl capture and banding will intensify beginning in mid-July.

Public information about wild migratory birds, advice to hunters, and general public advice is posted on the state influenza website at: www.avianflu.alaska.gov .

4. **Bird Import Ban:** CDC and USDA have combined regulations and enforce a ban on the import of birds and bird products from Asian H5N1-affected countries. (See table above summarizing animal cases)

5. **Travel Restrictions:** The World Health Organization (WHO) does not recommend any restrictions on travel to any areas affected by Asian H5N1 avian influenza. WHO does not recommend screening of travelers coming from Asian H5N1 affected areas. WHO advises travelers to avoid contact with high-risk environments in affected countries.

6. **Alaska Pandemic Influenza Plan-** Draft plan completed 1/24/06 (last edition 5-5-06), and accessible through the DPH web site. Follow the link to http://www.pandemicflu.alaska.gov/. or go directly to: http://www.pandemicflu.alaska.gov/panfluplan.pdf. A copy of the plan can be downloaded (PDF file).

Next report to be issued: 1300/26 June 2006