Pandemic Influenza Preparedness
Phase II
Situation Report

Incident Name: Pandemic Influenza Preparedness Phase II
Operational period: 0830/21 AUG 06 – 0830/28 AUG 06
Date/Time Prepared: 22 AUG 06/1300
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 August 21, 2006, WHO is reporting a total of 240 human cases (An increase of 2 since last report.) of Asian H5N1 infection, including 141 deaths (An increase of 2 since last 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	12	8	21**	14**
Djibouti					1	0	1	0
Egypt	0	0	0	0	14	6	14	6
Indonesia	0	0	17	11	42	35	59	46
Iraq	0	0	0	0	2	2	2	2
Thailand	17	12	5	2	2	2	24	16
Turkey	0	0	0	0	12	4	12	4
Vietnam	29	20	61	19	0	0	93	42
Total	46	32	95	41	**93**	**62**	**238**	**139**

***** Total includes cases in 2003 not described here.
** 1 case and 1 death confirmed 8-8-06 from 2003.

c. The Ministry of **Health in Indonesia** has confirmed the country's 58th case of human infection with the H5N1 avian influenza virus.
The case occurred in a 9-year-old girl from a remote village in Garut district, West Java Province. She developed symptoms on 1 August, was hospitalized on 14 August, and died on 15 August. Recent chicken deaths were reported in her household.
Three hamlets within the village are currently under investigation. An additional case from the village, but from another hamlet, was confirmed by the Ministry of Health on 14 August. This 17-year-old male developed symptoms on 26 July and is now recovering. Another death from severe respiratory disease occurred on 5 August in a 20-year-old neighbor, who is also now known to be a cousin. As no samples were taken for testing, the cause of his illness remains uncertain. Based on epidemiological and clinical findings, however, infection with the H5N1 virus is strongly suspected.
As both young men developed symptoms on the same day (26 July), epidemiologists assume that they acquired their infection from a shared environmental source. The currently recognized incubation period for H5N1 infection of 2 to 8 days makes human-human transmission between the two highly improbable.
Teams from local health authorities, the Ministry of Health, and WHO are currently in the three hamlets investigating these cases and assessing the overall situation. Team members include experts in animal health. Recent die-offs of poultry are known to have occurred in the village, and all three cases described above had documented exposure to diseased chickens.

The **Ministry of Health in Indonesia** has confirmed the country's 59th case of human infection with the H5N1 avian influenza virus.
The case occurred in a 35-year-old woman from the remote sub district of Cikelet, West Java Province. She developed symptoms on 8 August, was hospitalized with severe respiratory disease on 17 August and died shortly after admission.
She is the third confirmed case from this sub-district to be reported in the past week.

- **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, Gaza and West Bank, 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** **Gaza and West Bank** * Palestinian Autonomous Territories reported by World Organization for Animal Health, but not CDC.

d. **Cambodia:** H5N1 has been found as the cause of death among ducks in Rokar Chuor Timuoy village in Prey Veng province (SE of Phnom Penh); 1200 ducks died; 400 culled; ongoing sampling and testing; village being closely monitored. **China:** an H5N1 outbreak was reported on farm in Changsha, capital of Hunan province; 1805 ducks died; about 217,000 ducks culled. **Vietnam:** update - H5 (reported last week) was found in ducks and storks, but no evidence of H5N1; border quarantine operations tightened. **Netherlands:** High path H5N1 is suspected in 2 owls that died in Rotterdam zoo; further testing being conducted.

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.

The CDC 2005-06 seasonal influenza reports are complete for this year and will resume at the beginning of the 2006-07 season.

3. **Alaska**:

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

Seasonal Influenza:

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 Highly Pathogenic Avian Influenza (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.

- To date, swab samples have been taken from over 10,000 wild birds in Alaska.
- Over 4,000 samples were obtained from the spring subsistence harvest.
- Over 5,000 wild bird samples have been tested—69 were positive for AI matrix, 9 were positive for H5 subtype (low path), and **no H5N1 has been detected.**
- Live bird captures—mainly waterfowl banding—will be intensive through mid-August.

Status of Wild Birds in Alaska – As of late July, most migratory birds are raising young, and waterfowl are in the midst of the flightless molt period. Waterfowl, loons and other large birds will regain flight and begin migration south as early as mid-August. Waterfowl hunting season will open September 1, and swab samples will be taken from hunter-harvested birds.

Public information about avian influenza in migratory birds, and advice to hunters the public is posted on the state website at: www.avianflu.alaska.gov. Status of the wild bird sampling effort is found at: http://alaska.fws.gov/media/avian_influenza/index.htm.

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) See http://www.cdc.gov/flu/avian/outbreaks/embargo.htm for more information on the Bird embargo.

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: 1300/29 August 2006