

THE SECOND FRIDAY REPORT – Vol. 2, #1 – January 11, 2008

A monthly newsletter update on local, state, national and worldwide events and happenings concerning Pandemic Influenza and Seasonal Influenza brought to you by the York/Adams Metropolitan Medical Response System (YAMMRS)

Editor – David L. Hawk, M.D., Director, York City Bureau of Health
Circulation Manager – Brian Morrin, York County Office of Emergency Management



1. Avian Influenza

Isolated outbreaks of high-pathogenicity Avian Influenza A/H5N1 in bird populations continue to be reported in various countries of the world as previously. The West African nation of Benin has reported its first ever episode of avian high-path H5N1 in poultry. Other countries recently affected include: Russia (poultry), Pakistan (commercial poultry), Poland (birds), Indonesia (poultry), and Viet Nam (poultry). There are no reports of high-path H5N1 infected birds, migratory or otherwise, in North America or the U.S. as yet.

2. Human Cases of A/H5N1 Influenza

The World Health Organization (WHO) reports, as of January 3, 2008, that there have been 348 confirmed cases of human A/H5N1 influenza in 14 countries, resulting in 216 deaths (62% fatality rate). That's an increase of 9 cases and 8 deaths since December's Second Friday Report. Two new countries with their first ever cases of human H5N1 have been added to the list – Myanmar and Pakistan. The last addition to the list was Nigeria in January 2007. Most recently (December 23, 24 and 26, 2007), Egypt reported three new cases of human H5N1 – all 3 were women and all 3 died. To date, case investigations have not revealed any link between these cases and all 3 had contact with sick and dead poultry prior to illness onset. No human case of avian influenza A/H5N1 has been yet identified in the United States. We continue in the WHO's Phase 3, which means a new influenza virus (A/H5N1) causes human cases but there is no or very limited sustained human-to-human transmission. We have been in Phase 3 since January 2004.

3. Seasonal Influenza

As of week #52 (December 23-29, 2007), the Centers for Disease Control and Prevention (CDC) in Atlanta reported that influenza activity continued to increase in the United States.

One hundred eight (3.2%) specimens 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 deaths attributed to pneumonia and influenza was below the epidemic threshold.

The proportion of outpatient visits for influenza-like illness (ILI) and acute respiratory illness (ARI) was above national baseline levels.

Five states reported regional influenza activity, nine states reported local influenza activity; 33 states, the District of Columbia, and Puerto Rico reported sporadic influenza activity; and 3 states reported no influenza activity.

Of the U.S. collaborating laboratories reporting positive specimens for influenza virus since September 30, 2007, 88% of the positive specimens were identified as influenza A viruses and 12% as influenza B viruses. The CDC states that it is too early in the influenza season to determine which influenza viruses will predominate or how well the vaccine and circulating strains will match. In Pennsylvania, as of the week ending January 5, 2008 (Week #1), the PA Department of Health (PA DOH) reports that influenza continues to increase. The official flu activity level statewide is "Regional", meaning increased influenza-like illness (ILI) or outbreaks in at least two but fewer than half of the regions in the State.

4. Other Items of Interest on Pandemic Influenza

Tom Graybill from York County Emergency Management Agency shares with us this interesting World Health Organization document and website where it is available: "Ethical considerations in developing a public health response to pandemic influenza" http://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2/en/index.html

This 24-page document covers such topics as:

- General ethical considerations;

- Priority setting and equitable access to therapeutic and prophylactic measures;
- Isolation, quarantine, border control and social-distancing measures;
- The role and obligations of health-care workers during an outbreak of pandemic influenza; and
- Developing a multilateral response to an outbreak of pandemic influenza.

Thank you, Tom

Editor's Note:

This issue represents the beginning of the second year (Volume 2) for The Second Friday Report. During the past year a number of individuals have communicated to me favorable comments about the information in our newsletter. Comments such as that are, of course, always welcome and I am thankful. The objective "To update and inform", I believe, is being accomplished very successfully. Again, I would like to state that items about influenza that you would like to share with others are welcome. If you would like to hear about a particular influenza topic, please feel free to contact me at dhawk@yorkcity.org. Also, if others would like to be added to our mailing list, please forward email addresses to either me at the above email address or to Brian Morrin, our Circulation Manager, at bjmorrin@ycdes.org. And last but not least, a big Thank You from me to Brian (and Bernadette Lauer before him) for their help in getting the Report out to everyone on our list. - DLH