

Pandemic Planning Update III

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Michigan Department of Community Health

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A Message from Michigan Department of Community Health

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The avian influenza A (H5N1) virus continues to circulate in poultry and some wild birds in Asia, Eurasia, Africa and Europe. Human cases are still being seen in southeast Asia and northern Africa. In addition, Nigeria reported its first human death due to H5N1 in January 2007, making it the 10th country to report a human death. The World Health Organization pandemic influenza alert phase remains at a 3: No or very limited human-to-human transmission.

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
	Evidence of significant human-to-human transmission	5
Pandemic	Efficient and sustained human-to-human transmission	6

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

Much is still unknown about the epidemiology of the H5N1 virus, and it remains uncertain if this avian influenza strain will mutate into a pandemic. It is also unknown when a pandemic may occur, regardless of the strain that may cause it. However, unprecedented research, public/private collaborations, community planning summits and inter-agency/organizational cooperative efforts are occurring all over Michigan for pandemic preparedness. And, even if a pandemic does not evolve in our near future, such efforts can only serve to enhance preparedness for any hazard or catastrophic event that may befall our citizens and communities.

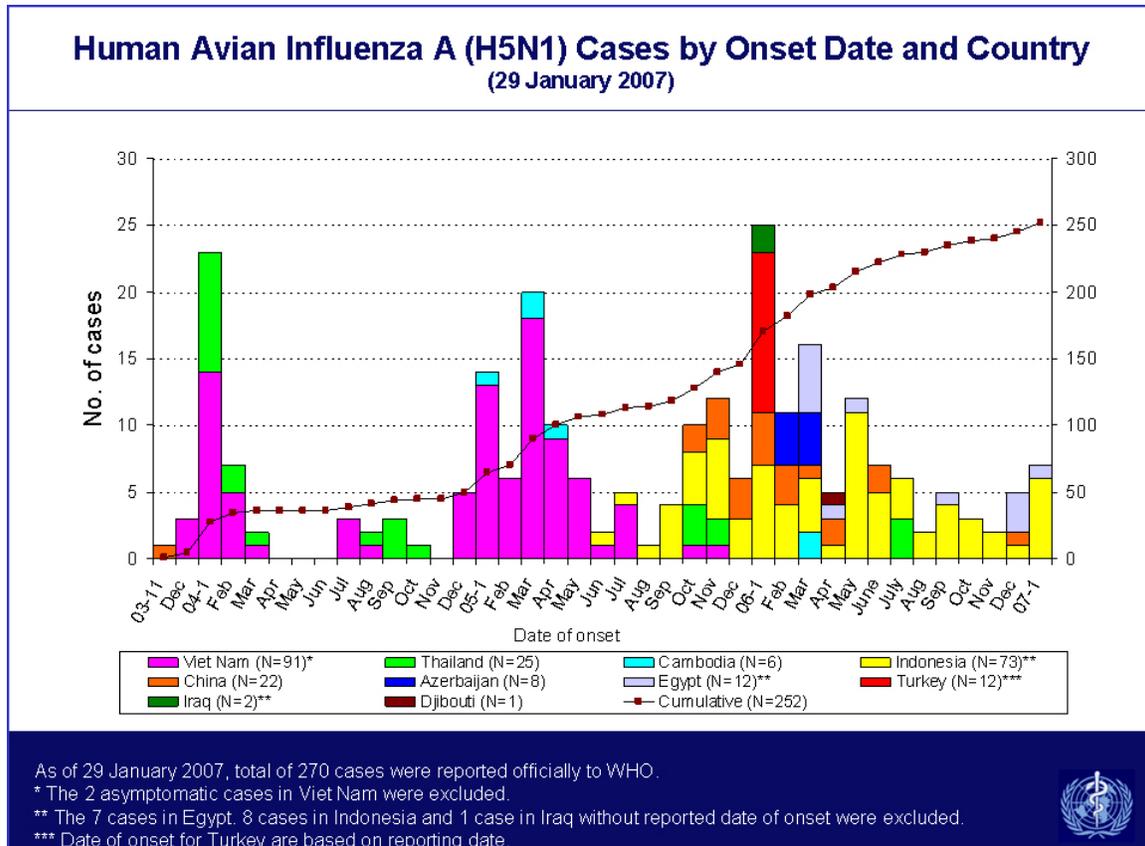
Monitoring and Surveillance

Early detection is vital to effectively contain a potential influenza pandemic. MDCH, along with our stakeholders, is continuously monitoring and interpreting reports from international, national, state and local levels for signs of seasonal and novel influenza, like avian influenza H5N1. MDCH distributes weekly surveillance reports through MI-Flu Focus to local health departments and

stakeholders. If interested in receiving MI-Flu Focus, please call Dr. Susan Vagasky at (517) 335-8165.

Global Status

Since our last update (October 31, 2006), there have been an additional 14 human cases and 12 fatalities over the three month period. As of January 31, 2007, there are 270 confirmed human cases of avian influenza H5N1 in 11 countries, with 164 deaths in 10 countries since 2003.



http://www.wpro.who.int/health_topics/avian_influenza/data.htm

National Status

United States Department of Agriculture (USDA) and Department of Interior (DOI) surveillance for early detection of highly pathogenic avian influenza H5N1 in wild birds is ongoing. Nationally 100,000 high risk birds will be tested, especially in the Alaskan flyway, as this is a highly possible route of entry into the United States via birds from the Asian flyway summering in Alaska. Currently, testing has been completed on ~73,000 birds. Because of this increased surveillance, H5N1 virus has been detected in wild birds in Maryland, Michigan, Pennsylvania, Illinois and Delaware. Upon further testing, the strains were found to be the North American Low Pathogenic Avian Influenza (LPAI) that has been

around since the mid 1970's. You can monitor results of the ongoing surveillance at <http://wildlifedisease.nbii.gov/ai/LPAI-Table.jsp>

The Centers for Disease Control and Prevention (CDC) continues to actively monitor and assist in the human outbreaks in Southeast Asia and Africa to help mitigate spread of the virus to the Western Hemisphere. Staff at our borders and international airports have been placed on heightened alert to monitor for signs of avian influenza H5N1 potentially entering the country.

Michigan Status

As part of the national wild bird surveillance plan, Michigan tested approximately 2,000 high risk birds during summer and fall of 2006; currently there have been over 1900 birds and 200 environmental samples tested. In addition to previously reported positive samples, an H5 and N1 positive sample was found in a hunter-killed mallard duck from St. Clair County on October 19, 2006. Further testing confirmed that the sample was an H5N1 virus, and was found to be the North American low pathogenic avian influenza virus. This North American LPAI H5N1 has been circulating in the environment since the mid-1970s.

“Dead Bird” Reporting

1. Report sick or dead waterfowl, gulls and shorebirds
2. Die off of 6 or more birds in one area during a short period of time

For online reporting go to www.michigan.gov/avianinfluenza

Or call Department of Natural Resources at 517-336-5030 (M-F 8 to 5) OR 1-800-292-7800 (after hours and weekends)

Influenza surveillance is being conducted year-round, given that a novel or pandemic influenza strain can appear outside of the “seasonal” period, October through April. To assist in our year-round surveillance, MDCH has 91 Sentinel Physicians participating in the program. If you are interested in participating in

Human Testing for Avian Influenza H5N1

1. A case requires hospitalization or is fatal; **AND**
2. Temperature $\geq 38^{\circ}\text{C}$ (100.4°F); **AND**
3. Radiographically confirmed pneumonia or ARDs; **AND**
4. Traveled to an area of the world in past 10 days where H5N1 activity was confirmed or suspected and with reported exposure to:
 - a. Sick or dead birds
 - b. Consumption of raw/undercooked poultry
 - c. Close contact with an ill person who suspected/confirmed to have H5N1
 - d. Worked with live influenza H5N1

the Sentinel Physician Surveillance program contact Dr. Rachel Potter at 517-335-8159.

The following criteria must be met before human H5N1 testing can be requested (see insert). To request testing of a human specimen, contact the Bureau of Epidemiology at 517-335-8165 OR after hours at 517-335-9030.

More information can be found at:

http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40564-138285--,00.html

Pandemic Planning

The best protection against pandemic influenza—a vaccine that is well-matched to the virus causing illness—is not likely to be available at the outset of a pandemic. Community strategies that do not involve vaccines or medications (also called non-pharmaceutical interventions) may serve as a first line of defense to help delay or mitigate the spread of influenza.

Mitigation guidelines issued by the CDC, DHHS (February 1, 2007) include social distancing strategies to reduce contact between people:

- dismissal of students, and/or closure of school
- canceling public gatherings
- planning for liberal work leave policies
- teleworking strategies
- voluntary isolation of cases
- voluntary quarantine of household contacts

The guidance was developed through a collaborative process that included public health officials, mathematical modelers, researchers, and stakeholders from government, academia, private industry, education, and civic and faith-based organizations. It will be refined as needed based on further knowledge gained from research, exercises, and practical experience. MDCH is working to incorporate this guidance into the State Pandemic Influenza Plan.

The full document, ***Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States - Early Targeted Layered Use of Non-Pharmaceutical Interventions***, is available at <http://www.pandemicflu.gov/plan/community/commitigation.html>.

MDCH Preparedness Activities August thru January 2007

Collaboration and Planning

- A quarterly update to the Travel Toolkit for pandemic influenza was distributed to travel clinics across the state in December. Content material can be found on the Michigan HAN in the EPC folder under Pandemic Influenza.
- During the month of October the Michigan Department of Community Health conducted a survey on pandemic influenza preparedness in long-term care facilities. The survey is completed, and analysis showed a wide range of pandemic preparedness, including the stockpiling of medical supplies. In addition, seasonal influenza vaccination of healthcare workers was found to be much lower than that of facility residents. Further analysis is ongoing; preliminary results can be found on the Michigan HAN in the EPC folder under Pandemic Influenza.
- MDCH is in the process of developing educational materials for low-literacy and college groups.
- A State and Local workgroup on Pandemic Influenza Preparedness with representatives from Departments of Community Health and Education, Superintendents, School Nurses and Local Health has been formed. The workgroup is addressing the impact of a pandemic on schools and guidance will be forthcoming.
- A State tabletop exercise on the closure of school as a public health tool was conducted in December with the State Workgroup on Pandemic Influenza Impact on Schools. An after action report and corrective action plan have been completed and the workgroup is addressing issues that were raised during the exercise.
- The State Pandemic Influenza Coordinating Committee (PICC) steering group and sub-committees are meeting and progress is being made toward a State Operational Plan for Pandemic Influenza.
- State of Michigan is developing a State Operational Plan for Pandemic Influenza and part of the plan is due to the Federal Government on March 1, 2007 to cover seven thematic areas with 24 priorities to be addressed.
- Michigan State University Cooperative Extension has put together an avian influenza video to be used by field agents to deliver a consistent message. Drs. Halstead (MDA), Fulton (MSU), Schmitt (MDNR) and Wells (MDCH) are the presenters giving their perspectives on avian influenza (domestic poultry, wild birds, and humans). Complimentary copies of the video will be released to local health jurisdictions in early March and additional copies can be purchased through County Extension offices or www.emdc.msue.msu.edu.
- Interim guidelines on respiratory protection for healthcare providers have been released from Centers for Disease Control and Prevention and can

be found at:

<http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>

- MDCH convened a Regional State partners call to pandemic coordinators from surrounding states and Ontario, Canada. This quarterly meeting allows for sharing of planning and preparedness ideas across state and/or international borders.
- MDCH has been present at national meetings recently:
 - Seasonal and Pandemic Influenza Conference 2007
 - CSTE/CDC Train the Trainer for Avian Influenza
 - American Legislative Exchange Council
- MDCH staff have given 16 presentations from November to January reaching over 850 people. Since May 2006, MDCH staff have reached approximately 6000 people through 88 presentations on pandemic influenza.