

Pandemic Planning Update II

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Michigan Department of Community Health

Janet Olszewski
Director and Health Officer

Jean Chabut
Deputy Director
Public Health



A Message from Michigan Department of Community Health

Dr. Corrine Miller, State Epidemiologist

Dr. Eden Wells
Pandemic Influenza Coordinator

Dr. James Averill
Deputy Pandemic Influenza Coordinator

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. 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

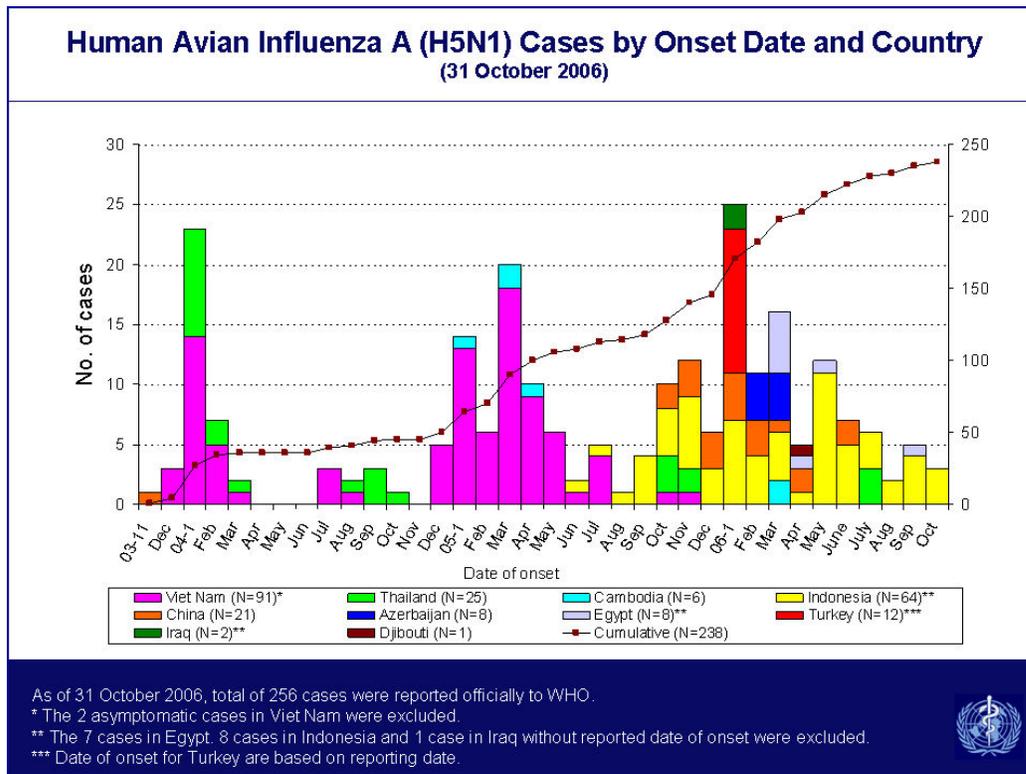
Much is still unknown about the epidemiology of the H5N1 virus, and it remains uncertain if this avian influenza strain will mutate into a pandemic. It is also unknown when a pandemic may occur, regardless of the strain that may cause it. However, unprecedented research, public/private collaborations, 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 (July 31, 2006), there have been an additional 24 human cases and 18 fatalities over the three month period. As of October 31, 2006, there are 256 confirmed human cases of avian influenza H5N1, with 152 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 ~35,000 birds. Because of this increased surveillance H5N1 virus has been detected in wild birds in Maryland, Michigan, and Pennsylvania. 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.nbio.gov/ai/LPAI-Table.jsp>

The Centers for Disease Control and Prevention (CDC) continues to actively watch 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 will test approximately 2,000 high risk birds this summer and into the fall hunting season; currently there have been over 500 birds tested. On August 14, 2006, a USDA and DOI press release alerted that an H5 and N1 positive sample was found in a Mute Swan in Monroe County on August 8, 2006. Further testing confirmed that the sample was an H5N1, but a North American low pathogenic

avian influenza. This North American LPAI H5N1 has been circulating in the environment since the mid-1970s. A duck from Tuscola county, caught via hunter surveillance on October 18th, had preliminary results that were positive for low pathogenic H5 and N1 via polymerase chain reaction (PCR) but no virus was isolated to confirm the test.

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

“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)

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 please 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

MDCH Preparedness Activities August thru October 2006

Collaboration and Planning

- Development of a Pandemic Influenza School Toolkit with the Department of Education was released in September to State School Health Coordinators, Emergency Preparedness Coordinators (EPC) at local health departments, and was given to attendees of the Michigan Association of School Nurses Fall Conference. Feel free to make copies and distribute the material. Contents of the toolkit can be found on the HAN in the EPC folder under Pandemic Influenza. A version is on the internet at <http://mdch.train.org/panflu/education/>
- A Travel Toolkit for pandemic influenza has been developed and distributed to travel clinics across the state in September. 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. Survey is completed and analysis is pending.
- A workgroup has been put together regarding non-pharmaceutical interventions as they pertain to school closures. Members of the group are MDCH, Department of Education, School superintendents and nurses, and Local Health Department representation.
- MDCH has formed a State Pandemic Influenza Coordinating Committee (PICC) and one steering group meeting has been held.
- Michigan State University Cooperative Extension is putting 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). Video will be ready for release early December 2006 and a copy will be provided to each local health jurisdiction.
- MDCH has been involved with infection control training with the Departments of Agriculture and Natural Resources.
- Many regional and local health departments have hosted community preparedness summits that have included various stakeholders from the respective communities.
- Multiple exercises have taken place at regional and local health departments pertaining to mass vaccination with seasonal flu and use of Modular Emergency Medical System (MEMS) with great success.
- 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 has been present at national meetings recently:
 - Institute of Medicine open forum on Non-Pharmaceutical Interventions in the event of a Pandemic Influenza
 - Regional United States Environmental Protection Agency and Department of Health and Human Services meetings regarding Pandemic Influenza Preparedness.
- MDCH's staff has given 42 presentations from August to October to over 3500 people. Since May, MDCH staff have reached approximately 5200 people through 74 presentations on pandemic influenza.

Antivirals

- Orders were placed through the Federal government and shipments are beginning to arrive. The full allotment of the order may take up to a whole year to be delivered.
- Distribution plans for antivirals are being finalized at the Office of Public Health Preparedness.