



PANDEMIC INFLUENZA U·P·D·A·T·E



Public Health Prepares

July 2007

Fast Facts

Pandemic Influenza Accomplishments

- Licensed the first H5N1 vaccine for humans
- Stockpiled enough antiviral medicine to treat 40 million Americans
- Committed \$1 billion to expand cell-based influenza vaccine production over the next 5 years
- Awarded \$161 million to help expand surveillance programs and bolster clinical research
- Held more than 50 state summits and exercises

Inside This Issue

- **America's Leaders Gather in Washington**
- **Pandemic Influenza Regional Roundtables**
- **Animal Situation Report**
- **Human Situation Report**

If You Are Asked . . .

Should I stockpile food, water, medications? How long should a stockpile be designed to last? What are the Government's recommendations for personal and family stockpiles?

There can be no single approach to family and personal stockpiling that is perfect for everyone. Each family and individual must analyze their unique situation and needs and design a stockpile that works for them.

Below, Admiral John O. Agwunobi, Assistant Secretary for Health, Department of Health and Human Services, provides some important overarching preparedness principles not specific to a pandemic that should help strengthen your family and individual pandemic preparedness plan with regards to stockpiling.

1. A stockpile should be able to support its owner through a pandemic, a hurricane, a blizzard, an earthquake ... or any other circumstance that might require them to be self sufficient for a period of time until outside support can be reestablished.
2. For a family or individual to be prepared, they must have planned and practiced the ability to be self sufficient for the period of time it might take to get outside assistance in an emergency.
3. One should be aware that the resources of a stockpile may need to be used at home, in a shelter or on the road during an evacuation.
4. Given that the main purpose of a stockpile is really to allow the owner the time needed to reconnect to support from the outside world, it does not need to be aimed at assuring self sufficiency for prolonged periods of time. Even in the most extreme emergency circumstances the need for prolonged periods of self-sufficiency is very unlikely. ([More information on preparing a stockpile](#))

Public Health Prepares

America's Leaders Gather in Washington to Help Americans Prepare for Pandemic Flu

The U.S. Department of Health and Human Services (HHS) assembled 100 influential leaders from the employer, faith-based, civic and health care communities to participate in a forum to help Americans become more prepared for an influenza pandemic.

The *Pandemic Influenza Leadership Forum* is part of a new national campaign sponsored by HHS, to encourage people to prepare for a possible pandemic. Using messages and materials developed by HHS, leaders will provide the public with the essential steps necessary for personal pandemic flu preparedness.

"Preparing for an influenza pandemic is a shared responsibility," HHS Secretary Mike Leavitt said. "By preparing now, individuals will be better able to deal with a pandemic, slow the spread of illness, and lessen the overall impact to themselves and to society."

At the leadership forum, HHS recommended specific actions **that participants need to take to help their community members prepare.**

The steps include:

- Communicate to your community that it is critical for everyone to prepare for possible pandemic flu.
- Use tools and ideas provided by HHS to help reach your audience.
- Encourage people now to: (1) Store extra food and other daily supplies to make it easier to stay home for a prolonged period of time; (2) Learn and practice proper hand washing; (3) Use safe cough and sneeze techniques to limit the spread of illnesses; and (4) Stay home and avoid others if you are sick.

September is...

**National
Preparedness
Month**

"Preparing Makes Sense!"

**Get a Kit, Make a Plan,
Be Informed**

Pass This On

Pandemic Influenza Regional Roundtables

In partnership with the Assistant Secretary of Health and the Regional Health Administrators of the Department of Health and Human Services (HHS), Association of State and Territorial Health Officials held three regional roundtables during the months of March and April 2007. The goal of the roundtables was to provide a structured forum to advance discussions, debates and exchange of opinions and ideas on complex key elements associated with pandemic influenza preparedness with a special emphasis on regional and cross-border challenges. These roundtables also provided a means to enrich the participants' understanding of the various challenges and approaches to improving pandemic preparedness, policy development, and response coordination. Through this process, specific follow-up actions were also identified for consideration by ASTHO, the federal government, or others to close policy gaps to strengthen collective capacity to prepare for and manage the consequences of an influenza pandemic.

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WHO, Manufacturers Move Ahead Plans for H5N1 Influenza Global Vaccine Stockpile

The World Health Organization (WHO) last month announced that it is working with vaccine manufacturers to move ahead on plans to create a global stockpile of vaccine for the H5N1 avian influenza virus.

The announcement follows a request by the World Health Assembly in May for WHO to establish an international stockpile of H5N1 vaccine.

WHO also welcomed the announcement by GlaxoSmithKline that it will contribute to the H5N1 global vaccine stockpile. Omninvest of Hungary, Baxter and Sanofi Pasteur have also indicated their willingness to make some of their H5N1 vaccine available.

“This is another significant step toward creating a global resource to help the world and especially to help developing countries in case of a major outbreak of H5N1 avian influenza,” said Dr Margaret Chan, WHO Director-General. “WHO welcomes this contribution from the vaccines industry and is also working with countries to develop capacity for the production of influenza vaccines.” ([More Information](#))

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Topics chosen for discussion were: Community Mitigation Strategies, Antiviral Management and Administration, Vaccine Prioritization, and the Implementation of the recently signed into law Pandemic and All Hazards Preparedness Act. In addition, informal discussions were held on the feasibility of pursuing Shelf-life Extension status for state owned and managed caches of antivirals; currently a program only afforded to critical pharmaceutical assets held by several federal agencies. ([More Information](#))

CDC Recommends

HHS Public Health Emergency Medical Countermeasures (PHEMC) Enterprise Stakeholders Workshop

The 2007 HHS Public Health Emergency Medical Countermeasures Enterprise Workshop, July 31 - August 2, will provide an opportunity to discuss and receive individual stakeholder feedback on HHS implementation of the *HHS Pandemic Influenza Plan*, and the *HHS PHEMCE Implementation Plan for Chemical, Biological, Radiological, and Nuclear Threats*, the Project BioShield Act of 2004, and the new HHS Biomedical Advanced Research and Development Authority (BARDA) in the Pandemic and All-Hazards Preparedness Act.

The workshop is an open meeting that seeks to bring together representatives from the pharmaceutical and biotechnology industries, professional societies, state and local public health organizations, the academic research and development community, public interest groups, stakeholder federal agencies, and Congress. ([More Information](#))

Update on H5N1

Animal Situation Update:

On July 8, Bangladesh reported five previously unreported outbreaks of H5N1 dating to May 2007. Four of the outbreaks were among backyard chickens and one on a commercial layer farm. Movement control, stamping out, and disinfection were performed during and after the outbreaks.

Germany reported a new case of H5N1, July 7, on a farm where a dead goose was found among a susceptible population of 10 ducks and geese. Germany also reported widespread outbreaks of H5N1 among wild birds in three other provinces. Control measures have been implemented.

On July 5, Vietnam reported widespread outbreaks of H5N1 in 10 provinces. Control mea-

asures have been implemented. [View the update on avian influenza in animals at the World Organization for Animal Health site.](#)

Human Situation Update:

On June 29, WHO confirmed two new human cases of H5N1 in Vietnam. The first case is a 29-year-old man who developed symptoms May 10 after slaughtering poultry. He was admitted to the hospital on May 15, and released June 11. The second case is a 19-year-old man whose onset of symptoms began May 20. He was admitted to hospital, where he remains, May 25. He also had been exposed

to poultry at a slaughterhouse. These are the first human cases in Vietnam since November 2005. On June 25, Indonesia announced a new case of H5N1. The patient is a 3-year-old girl who developed symptoms on June 18, and has since recovered. Investigations indicate exposure to sick and dead poultry.

On June 25, WHO confirmed a new human case of H5N1 in a 4-year-old boy whose symptoms began June 20, followed by hospitalization on June 21. The patient is in stable condition. Initial investigations indicate exposure to dead poultry. [Visit the WHO Web site for the most recent human cases reports.](#)

Who Infects Whom?

	To Children	To Teenagers	To Adults	To Seniors	Total From
From Children	21.4	3.0	17.4	1.6	43.4
From Teenagers	2.4	10.4	8.5	0.7	21.9
From Adults	4.6	3.1	22.4	1.8	31.8
From Seniors	0.2	0.1	0.8	1.7	2.8
Total To	28.6	16.6	49.0	5.7	

Likely sites of transmission

-  School
-  Household
-  Workplace

}	Children/Teenagers	29%
	Adults	59%
	Seniors	12%

Glass, RJ, et al. Local mitigation strategies for pandemic influenza. NISAC, SAND Number: 2005-7955J

Pandemic Influenza Update: Reader's Feedback

The monthly Pandemic Influenza Update is prepared by CDC's Priority Communication System and is intended for INTERNAL USE ONLY. Information in this newsletter is time sensitive and evolving. Readers are welcome to comment by email to: panupdate@cdc.gov