

Sector Update on Pandemic H1N1



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1. Purpose

This document is intended to provide an update on the second wave of influenza Pandemic A (H1N1) 2009 which is currently affecting parts of New Zealand.

It is intended for circulation to the following audience:

1. Emergency Planners/Managers
2. Regional Emergency Management Advisors
3. DHB CEOs
4. Public Health Unit Emergency Management Contacts
5. Medical Officers of Health
6. Infectious Disease Physicians
7. Infection Control Practitioners
8. GP Liaison Officers
9. Communications Managers
10. Laboratory Managers
11. Interagency Pandemic Group

Further information will be circulated when any significant additional updates are required. In the event that the second wave meets certain triggers, communications and Situation Reports will adopt the form of *Code White/Yellow* as prescribed in the National Health Emergency Management Plan.

2. Current Situation

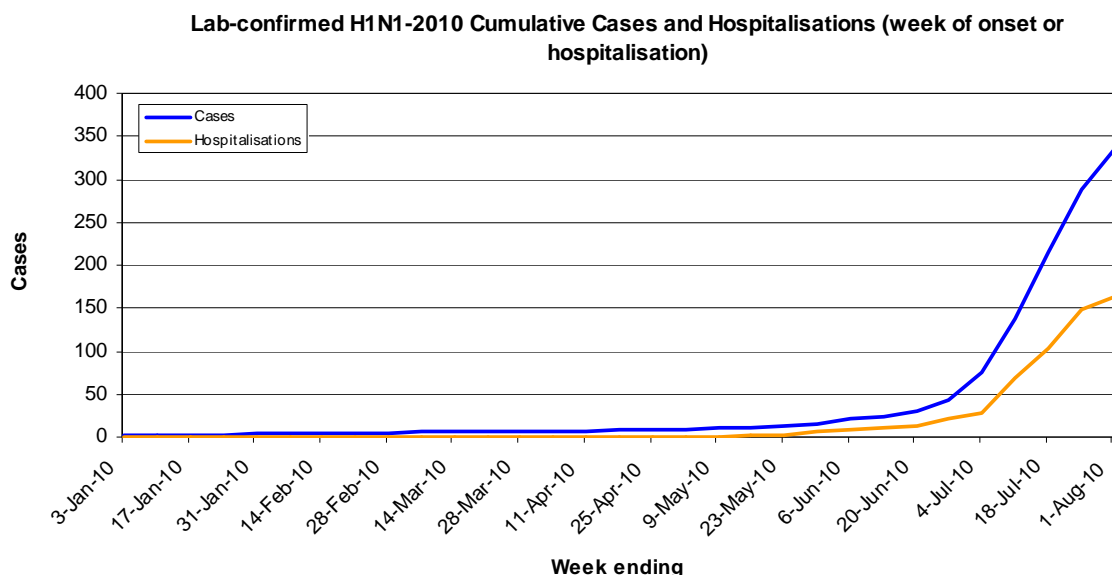
New Zealand is currently experiencing a second wave of Pandemic A (H1N1) 2009. Influenza activity is continuing to increase, but so far it is looking more like a seasonal flu wave than the 2009 pandemic wave. Regional variation is again very apparent, with most lab-confirmed Pandemic H1N1 cases occurring in the greater Auckland, Bay of Plenty, Lakes, Waikato and Canterbury regions. To date there have been 335 lab confirmed cases reported including 163 lab confirmed H1N1 hospitalisations to date for 2010 compared to a total of 1122 in 2009. There is no indication that rates are decreasing (Figure 1).

- **GP sentinel surveillance:** Influenza-Like Illness (ILI) rates from Healthstat have shown another increase over the past week. ILI rates from ESR sentinel surveillance have also increased over the past week. Nationally GP consultation rates are near seasonal levels but regionally some DHBs are experiencing higher rates.
- **Lab-confirmed H1N1:** Last week saw a continuing increase in numbers of reported lab-confirmed H1N1 cases and persons H1N1 positive in hospital (for ILI and/or other reasons) (Table 1, Figures 2 & 3). Over one third of the total lab-confirmed Pandemic H1N1 cases for 2010 were reported during the last week.

- **Virus type:** The number of influenza viruses isolated by laboratories has increased in the last three weeks. The great majority of positive influenza swabs are still either Pandemic H1N1 or influenza A – un-subtyped (most likely Pandemic H1N1).
 - For the last full week of typing by ESR:
 - From ILI sentinel surveillance:
 - 15 positive swabs out of 62 ILI swabs received (24%)
 - [7 (47%) Pandemic A (H1N1) 2009; and 8 (53%) Influenza A - unsubtype (most likely to be Pandemic H1N1)]
 - From ILI non-sentinel surveillance (including hospitals):
 - 102 positive swabs out of 393 swabs received (26%)
 - [77 (75%) Pandemic A (H1N1) 2009; 24 (24%), Influenza A-unsubtype; and 1 (1%) Influenza B not sub-typed]

The nature of the virus remains unchanged and is still sensitive to antiviral medication.

Figure 1. Weekly cumulative lab-confirmed cases and hospitalisations reported for 2010 – Note last reporting week is incomplete



- **School Sentinel Surveillance:** This is the second week after the school holidays. There were some high rates of unexplained absences just before the holiday period, but it is too soon after the holiday period to determine clear trends in this data after the holidays. However, for the last day reported (Wednesday 28 July), many DHBs are at levels similar to that reported in the weeks before the holiday period, which were not abnormally high.
- **Healthline:** The number of calls to Healthline for advice about influenza-like illnesses remains at the highest level seen this year, however they are well below 2009 and remain slightly below 2008 rates. The highest call rates are for those less than five years old. In the past week there has been a small increase in the numbers of 15-44 year olds calling Healthline who are ILI symptomatic.
- **Impact on hospital services:** During recent weeks there have been some media reports of abnormal levels of ILI presentations at emergency departments impacting upon hospital delivery. The Ministry has contacted DHBs and most report lower levels of ILI than they were expecting for the 2010 influenza season, however, three

North Island DHBs have reported that ILI patients are impacting services at levels similar to or above last year, over the past weeks.

3. Notification of Pandemic H1N1 Hospitalisations

Pandemic A (H1N1) 2009 is still a notifiable disease.

Any patient admitted to hospital with ILI symptoms **should** be tested for influenza (Refer Clinical Guidance).

See:

[http://www.moh.govt.nz/moh.nsf/pagesmh/9171/\\$File/diagnosis-and-mgmt-h1n1-v5-19apr10.doc](http://www.moh.govt.nz/moh.nsf/pagesmh/9171/$File/diagnosis-and-mgmt-h1n1-v5-19apr10.doc)

It is important that:

- ***Regional Public Health Units and laboratories must ensure that all cases are entered into EpiSurv and that information about hospitalised cases is completed as fully as and as early as possible as these records are currently the primary source of hospitalisation data.***
- ***Testing of those who are most sick is carried out to ensure that to ensure that any change is the virus may be detected.***

4. Response planning

Although the final size of the second wave of H1N1 is uncertain, it is expected that the second wave is likely to be smaller overall than in 2009. This is due to:

- rapid uptake of the 2010 seasonal influenza vaccine, which includes the pandemic strain
- the national sero-prevalence study indicating a level of population immunity of nearly 30%.

Any updates regarding the establishment of a National Health Coordination Centre will be communicated through the process specified in the New Zealand Influenza Pandemic Action Plan.

For further information on Preparation for the Second Wave Response contact the office of Emergency Management via nhep@moh.govt.nz or your local Regional Emergency Management Advisor.

5. Antivirals Access Policy and Update of Clinical Guidance

Clinical Guidance on the Diagnosis and Management of Pandemic Influenza H1N1, was updated to version 5 (19 April 2010) and is available on the Health Professionals section of the Ministry's Influenza 2010 webpages.

The clinical guidance includes updated policy on eligibility, access and supply of national reserve antivirals. This widens eligibility for national reserve antivirals and makes them available through standard prescribing processes. The antiviral medicines from the national reserve supply will be fully subsidised. However patients may have to pay a consultation fee for a GP or primary care consultation.

The revised antiviral policy aims to minimise barriers to timely access to national reserve antivirals for patients with influenza-like illness. This is expected to lead to easier and earlier patient access to national reserve stocks of antivirals, with the aim of improving clinical outcomes for patients with pandemic influenza, and in particular to lower the risk of severe outcomes.

This policy applies to national reserve supplies only, and does not affect commercial or privately held supplies.

6. Messages

Key information about steps the public can take remain:

- get vaccinated against the seasonal influenza which includes protection against swine flu, there is still time but act quickly
- phone for medical advice early (GP or Healthline) if you have symptoms of influenza, to be assessed for antiviral medicine treatment
- wash and dry hands frequently, cover coughs and sneezes and stay home if you are sick.
- More details about these key messages is available in Update 194.

See:

<http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-update-194-150710?Open>)

- If you or your family are sick with influenza, particularly if you have underlying health conditions, get health advice early by calling your GP or Healthline on 0800 611 116.

It is important that these messages reach communities and people in at risk populations, particularly those with underlying health conditions, those who are pregnant or severely obese.

All documents relating to Pandemic H1N1 to can be access at the Ministry's website

See:

<http://www.moh.govt.nz/influenza-a-h1n1> (for the Public) or

<http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-healthsector> (for Health Professionals)