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World Health Organization (WHO) Pandemic Influenza Alert Phase

The current situation remains at phase 3: novel virus able to infect humans with no or very limited person-to-person transmission

- **The US Department of Agriculture (USDA) and the US Department of Interior (DOI) are increasing surveillance to detect H5N1 in wild migratory birds:** Samples are being collected from wild birds in North America that may have migrated from H5N1 affected countries. Samples will also be collected from hunter-killed wild birds, noncommercial backyard poultry flocks and ducks in wetland environments. Environmental sampling will also be incorporated into surveillance efforts. The HPAI Early Detection Data System (HEDDS) will be used to track all avian influenza data collected from wild birds. To view the database, visit: <http://wildlifedisease.nbio.gov/ai/>. For more information, visit <http://www.pandemicflu.gov/>.
- **Avian Influenza (A/H11N9) among Waterfowl Hunters and Wildlife Professionals:** A cross-sectional seroprevalence study of past influenza A/H11N9 infection was assessed in 107 persons who were routinely heavily exposed to wild ducks and geese through recreational activities (duck hunting) or through their employment (bird banding). Results showed serologic evidence of A/H11 infection in 1 duck hunter and 2 wildlife professionals, suggesting that handling wild waterfowl may be a risk factor for direct transmission of this avian influenza virus to humans. For more information, see *Emerging Infectious Diseases* (August 2006): <http://www.cdc.gov/ncidod/EID/vol12no08/06-0492.htm>.
- **Researchers at the CDC have developed a model through which the types of genetic changes needed for sustained and efficient person-to-person transmission may be identified.** Hybrid H5N1/H3N2 viruses created in a laboratory setting were not transmitted easily among ferrets, an animal that has similar susceptibility to influenza as humans do. However, human H3N2 viruses were transmitted easily among ferrets and avian H5N1 viruses were not. It is not currently known what changes in the H5N1 viruses would increase the risk of a pandemic strain emerging. For more information: <http://www.cdc.gov/od/oc/media/pressrel/r060731.htm>.



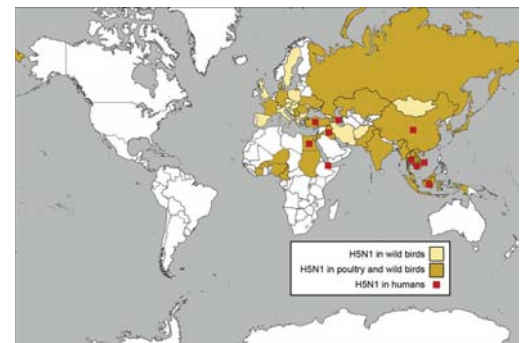
Recommended Resources

General: <http://www.cdc.gov/flu> **OC:** <http://www.ochealthinfo.com/epi/flu/surveillance.htm>
California: <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm> **CDC:** <http://www.cdc.gov/flu/weekly/>
HHS: <http://www.pandemicflu.gov/>

Avian Influenza Update

- China has retrospectively confirmed a human H5N1 case from November 2003, two years before the first reported case in China. For details, see http://www.who.int/csr/don/2006_08_08/en/index.html.
- As of August 9, 2006, 236 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (6), China (20)*, Djibouti (1), Egypt (14), Indonesia (56)*, Iraq (2), Thailand (24)*, Turkey (12), and Vietnam (93), and have resulted in 138 deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe.
*reported a new case since last update (July 28th)
- For an up-to-date list of H5N1-affected countries, see <http://www.ochealthinfo.com/epi/af/index.htm>.

Nations with Confirmed Cases H5N1 Avian Influenza



If you have any comments about the flyer, contact Pamela Roa Hipp or Sandra Nutter at (714) 834-8180.
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