



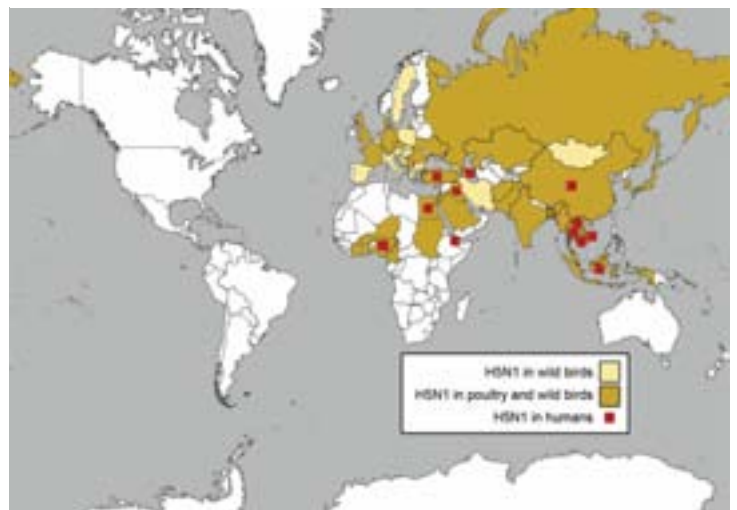
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- **H5N1 influenza vaccine clinical trial results from Glaxo Smith Kline** suggest that a low dose [3.8 micrograms (mcg)] of adjuvanted vaccine could elicit high levels of immunogenicity and cross-clade immunity against A/H5N1 viruses after two doses. By comparison, the first H5N1 vaccine licensed in the U.S. required two 90-mcg doses to induce a good immune response in half of volunteers and two 30-mcg doses of adjuvanted vaccine to induce a good immune response in two thirds of volunteers. Seasonal influenza vaccine contains 15 mcg of hemagglutinin from each strain. See www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/aug2707vaccine.html.
- **A simulation study of patient-staff interactions during evaluation of a suspect avian or pandemic influenza patient estimates need for PPE and antivirals.** The study assessed patient-staff interactions during the initial six hours of hospitalization of a suspect avian or pandemic influenza case who appeared for treatment at nine hospital emergency rooms in Australia. The average number of close contacts and exposures (within one meter of patient) for each suspect case were 12.3 and 19.3 respectively. PPE use was at its highest during the first hour of the simulation. The data suggest that in the initial six hours, HCWs managing the suspect case would require about 20-25 sets of PPE (masks, gowns and a pairs of gloves) and 8-41% of HCW close contacts were likely to require postexposure prophylaxis. Based on the findings, the researchers suggest that the quantity of PPE and antivirals needed to manage suspect avian or pandemic influenza cases, even in a pandemic with low attack rates, would likely be substantially higher than what is currently available in national stockpiles. The authors recommend more studies in other healthcare settings to assess resource needs. See www.cdc.gov/eid/content/13/10/pdfs/07-0033.pdf.
- **Study suggests free chlorine concentrations typically used in drinking water treatment are sufficient to inactivate avian influenza H5N1 virus.** Information about chlorine disinfection in this article may help address the role of water contaminated by H5N1-infected birds in the transmission of the virus to humans and poultry. For more information, see www.cdc.gov/eid/content/13/10/pdfs/07-0323.pdf.

Avian Influenza Update (as of September 10th)

- 328 human H5N1 cases have been confirmed in Azerbaijan (8), Cambodia (7), China (25), Djibouti (1), Egypt (38), Indonesia (106), Iraq (3), Lao People's Democratic Republic (2), Nigeria (1), Thailand (25), Turkey (12), and Vietnam (100), and have resulted in 200 (61%) deaths. H5N1-infected birds have been reported in multiple areas in Asia, Africa and Europe. For an up-to-date list of H5N1-affected countries, please visit: <http://www.ochealthinfo.com/epi/af/index.htm>.
- Please report immediately to OC Epidemiology at 714-834-8180 any patients with fever and respiratory symptoms with history of travel to H5N1-affected areas in the 10 days prior to symptom onset.

Nations with Confirmed H5N1 Avian Influenza Cases (as of September 2007)



Recommended Resources

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

If you have any comments about this flyer, contact Alina Burgi or Pamela Roa Hipp at (714) 834-8180. To receive this newsletter by email, please contact us at epi@ochca.com.