



**To: Staff at Otago and Southland District Health Boards
External Stakeholders**

Advisory 11 – 21 May 2009 at 1700hr

From: District Health Board Incident Controller Pip Stewart

Subject: Influenza A (H1N1)

Note:

1: This advisory remains current until the situation changes or new information is made available.

2: All clinical teams please collect this information and subsequent information in folders. Department heads please print this information and make it visible e.g. on staff notice boards.

Despite waning New Zealand reports of cases of Influenza A (H1N1) swine flu, the threat of widespread infection in the New Zealand population remains real. Should this happen, there would be significant burden on and disruption of our health services, even if the actual illness is comparatively mild. Therefore we need to remain alert to this threat.

National Health Co-ordination Centre Co-ordinator Steve Brazier says: "Given the continued rapid growth of the (H1N1) epidemic overseas, we should remain cautious and vigilant".

New Zealand's "apparent success in containment so far is thanks to the swift and co-ordinated efforts of frontline public health and other DHB staff, and the strong support from many others in the health sector, and from other agencies", he said.

The risks in New Zealand include having an increasing number of new cases arrive in the country and the virus starting to spread from person-to-person. Therefore, efforts to stop the importation of the disease and planning for managing the spread and impact of disease are the main activities of the health sector at the current time.

As of today (21 May), there are 10,243 confirmed cases of H1N1 in 41 countries. The real number is likely to be much higher. In New Zealand, there have been 9 confirmed cases, 10 probable cases and currently 21 suspected cases – but no evidence to date of community spread. There are no cases in Otago and Southland.

Experts believe the virus is more infectious than ordinary seasonal influenza with a secondary attack rate of 22% or higher. Seasonal influenza has a secondary attack rate of 5% to 15%. The overall fatality rate is estimated to be 0.4%. Most people have had a mild typical influenza-like illness – with their symptoms including feeling tired, and having a fever, cough, runny nose and headache. But some people have also had diarrhoea and vomiting. People with pre-existing health problems are at more risk of medical complications. Experts also believe that the H1N1 virus could also combine with seasonal or avian influenza to create a novel virus to which no-one is immune.

In Otago and Southland, we still have three major pieces of work underway:

- Nurses at Dunedin and Queenstown airports meeting every international flight
- Planning on how to escalate hospital responses to increasing levels of admissions due to influenza
- Planning for setting up Community-Based Assessment Centres around Otago and Southland

Some DHB staff are now dedicated to working on these plans.

We would also like to remind health professionals that any cases of suspected Influenza A (H1N1) swine flu must be reported immediately to our Medical Officer of Health on duty, in order to co-ordinate the management of the case and any contacts.

The case definition for H1N1 has not changed – if you need to refresh your memory, visit the Ministry of Health web site on www.moh.govt.nz

The site also has a lot of other useful information.