

A Local Flood Trumps Bigger Ones Further Away

Sub tropical storms are not new phenomena for our Northern region but the wind and rain that has blasted across the region so far this month was a little more taxing than usual. The good news is that health facilities have coped well, as did those in the community used to coping with adversity. Not so good was the lack of resilience shown by large sections of the community on Auckland's North Shore. For many of us, electricity has become critical to the functioning of our homes and workplaces. When the power does go off there is no plan B and little adaptive capacity to devise a plan B on the spot.

Hospital generators ran sweetly for many hours and there were adequate diesel stock on hand to stop them running dry. As we move towards acquiring a web based incident management system we were given a timely reminder that electrical spikes play havoc with computers. A smoothed supply through UPS systems and spike guards is essential for any computers required for incident management.

Now a week without hot showers is pretty tough for those who have never touched snow or ice, but to put our troubles in perspective, in the same week flooding was having a more disastrous impact on other areas of the globe.

In Pakistan, relief workers were setting up camps to provide shelter to thousands of people forced from their homes in severe flooding across the south of the country. More than 2.2 million people have been affected in 6,400 villages of Sindh and Baluchistan provinces as a result of early rainy-season storms and flooding, said Farooq Ahmad Khan, chairman of the Pakistan National Disaster Management Authority.

The harsh weather, which has also affected Afghanistan and India, has killed 280 people in the two provinces, while 186 are missing. Last month, about 230 people were killed in the southern city of Karachi in three days of heavy rain and ferocious wind. "Our top priority is the provision of shelter to the affected," Khan said. "We are setting up hundreds of camps.

Huge swathes of the south have been inundated, initially by a cyclone that dumped torrential rain across the region, then by swollen rivers flowing down from the north. Food and clean water, medicines, as well as measures to avert outbreak of epidemics were other priorities, the military is helping organise relief works, and C-130 cargo aircraft and helicopters have

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Its not just earthquakes that buckle railway lines

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carried out hundreds of sorties, dropping hundreds of tonnes of food and medicines.

The damage assessment was likely to take another six weeks. Foreign assistance worth \$6.2 million has already been pledged for relief work. The seasonal rain is vital for the region's agriculture and economy. It also brings welcome relief after many hot, dry months but every year the rains kill hundreds of people.

Sudan

Meanwhile, further west across the Arabian Sea the UN World Food Programme (WFP) is to launch an emergency effort to help thousands of people displaced by heavy rains and flash floods across Sudan that have left 30 dead and scores injured. The announcement on 12 July came just days after a multi-agency emergency response from the international humanitarian community said it was putting in place a Common Pipeline system to deliver aid to those affected by the floods.

The system, a joint supply operation managed by the UN Joint Logistics Centre with support from the UN Children's Agency (UNICEF) and CARE, an NGO, hopes to boost the government's capability to respond to the disaster.

"WFP has joined forces with other UN agencies and the Sudanese government to get emergency supplies, including food and non-food items, moving quickly to the victims of the flooding," said Kenro Oshidari, WFP Sudan representative, in a statement.

Sudan's civil defence authority said the floods had demolished 15,000 houses across Sudan and predicted



In Nanjing, business was slow at the Romantic Feeling Bar as a resident makes his way through the flood waters on an innovative raft made from plastic basins

that this year's rainy season would be more severe than previous years. The floods, which have affected North Kordofan and White Nile States in central Sudan, Kassala in the east and Sennar in the southeast, are already worse than last year's, which killed at least 27 people and destroyed almost 10,000 houses. So far, about 30 people had been killed and an estimated 100 injured by the floods.

"As an immediate first step, the agency plans to distribute food to 20,000 people in five locations near the city of Kassala, close to the Eritrean border, where the Gash River has burst its banks. WFP has 3,000 metric tons of food stockpiled in Kassala, enough to feed the flood victims for three weeks," said WFP.

The government has declared a state of alert in the regions hit hardest by the floods and has also been mobilising help, including providing pumps to drain water and equipment to spray against mosquitoes. Health officials have warned about the spread of disease as a result of pools of stagnant water and the collapse of latrines, but so far there have been no reports of outbreaks.

The floods have submerged villages and caused immense damage to infrastructure, including roads and

bridges. Victims accused local authorities of not making the necessary preparations such as erecting dykes, while officials blamed residents for ignoring warnings by the authorities. Rations are being handed out along a tarmac road on higher ground where people displaced by the flood waters have taken refuge.

It added that it was teaming up with other UN agencies to send

assessment teams to central Sudan to determine the extent of the damage and level of assistance needed. Common Pipeline partners said they were providing essential supplies to flood victims such as plastic sheeting, blankets, cooking sets, jerry cans, sleeping mats and mosquito nets.

China provides the third venue for this watery trifecta. A total of 403 Chinese have died, 105 are missing and 3.17 million people have been relocated as the rainy season coupled with ferocious flood waters continues to batter central and southern China.

Millions of people strung across 24 provinces, autonomous regions and municipalities have been lashed by torrential rains and floods. More than 5.5 million hectares of grain crops have been damaged while 30,000 houses are partially or wholly destroyed. Economic losses had risen to 31.9 billion yuan (about US\$4.25 billion). The damages to hydrological projects amounted to nearly five billion yuan (about US\$667 million) or 15 percent of the total.

Cheng Dianlong, deputy director of the State Flood Control and Drought Relief Headquarters, said that the

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water levels of the trunk Huaihe River are still above warning marks, with Wujiadu registering a water level of 20.86 meters and Jiangjiaba as much as 13.85 meters. Seven flood buffer zones have been used to reduce flood peaks in the middle reaches of the Huaihe River, he said.

A total of 511,200 people including civilians, armed forces and reserve military personnel in Henan, Anhui and Jiangsu provinces along the river have been mobilized to patrol river banks and water dams. More relief materials including 80 rubber boats, 40,000 square meters of water-proof fabric, 6,000 life jackets and 100,000 knitted sacks have been sent to the flood-hit provinces. The three provinces have suffered a direct economic loss of 8.4 billion yuan (about US\$1.12 billion), more than a quarter of the country's total.

The China Meteorological Station forecast further heavy rain in the Huaihe River valley and the middle and lower reaches of Yangtze River. #



Boats replace buses in China's Sichuan province

Electricity Commission Guidelines require action by DHBs

The death of a woman in Mangere this May was most surely unconnected to the disconnection of electricity to her home but the Electricity Commission's Guideline on arrangements to assist low income and vulnerable consumers is certainly connected to that event and the subsequent storm of "public outrage."

The guidelines, issued in July 2007 and available on the Commission's website, sets out the (Commission) expectations of electricity retailers in dealing with low income and vulnerable consumers in line with the Government Policy Statement

The guideline is intended to, amongst other things, ensure no consumer who meets the definition of vulnerable consumer is inappropriately disconnected for non payment; and ensure that no consumer who is dependent on electricity for critical medical support is disconnected for non-payment.

So who are those consumers "dependent on electricity for critical medical support" and how do DHBs fit into the picture? Sections 14 to 17 of the guidelines provide the answer.

14. Any consumer who is dependent on electricity for critical medical support (a 'medically dependent vulnerable consumer') will not be disconnected for reasons of non-payment.

15. A District Health Board will notify the retailer supplying a household if a person in that household has equipment issued by the District Health Board that requires electricity to provide critical medical support.

16. Where a District Health Board is not able to establish directly from the consumer which electricity retailer they are supplied by, retailers will assist them in the identification of the correct retailer for the premises involved.

17. Retailers will maintain a register of medically dependent vulnerable consumers that they have been notified of.

Retailers must report annually on their level of compliance with the guideline, and where the guideline has been deviated from, provide reasons for each type of deviation. The information received will be made publicly available on the Commission's web site.

The Commission will monitor the performance of retailers in complying with the guideline and if the uptake of the guideline is not satisfactory, will consider recommending regulation

The definition of a vulnerable consumer for the purposes of the guideline is:

A consumer is vulnerable if for reasons of age, health or disability disconnection of electricity presents a clear threat to their or a member of their household's health or wellbeing.

A vulnerable consumer who is dependent on electricity for critical medical support is called a 'medically dependent vulnerable consumer'.

Retailers must follow a number of steps to give consumers an opportunity to identify themselves as a potentially 'vulnerable consumer' or a 'medically dependent vulnerable consumer.' #

New CDC Infection Control Guidelines

Our pandemic planning has reminded all of us of the need to continually follow infection control guidelines. Further, "The transition of healthcare delivery from primarily acute care hospitals to other healthcare settings (e.g., home care, ambulatory care, free-standing specialty care sites, long-term care) has created a need for recommendations that can be applied in all healthcare settings using common principles of infection control practice, yet can be modified to reflect setting-specific needs," write Jane D. Siegel, MD, and colleagues from the US Centres for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee.

"The emergence of new pathogens such as SARS and Avian influenza in humans; and a renewed concern for evolving known pathogens like *C. difficile*, noroviruses, community-associated MRSA; the development of new therapies (e.g., gene therapy), and increasing concern for the threat of bio-weapons attacks, has established a need to address a broader scope of issues than in previous isolation guidelines."

The CDC has revised their guidelines for preventing transmission of infectious agents in hospitals and healthcare settings. The new "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" updates and expands the "1996 Guideline for Isolation Precautions in Hospitals."

The revised guidelines are addressed to infection control staff, healthcare epidemiologists, healthcare administrators, nurses, other healthcare providers, and other persons responsible for developing, implementing, and evaluating infection control programs in a variety of healthcare settings.

With 219 pages to wade through the guidelines are not a quick read but rewarding pearls of practice can be found for providers in all health care settings. They can be downloaded from www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf

The Standard Precautions recommendations, first introduced in the 1996 guideline, are reinforced as the foundation for preventing transmission of infectious agents in all healthcare settings. New additions to these recommendations are Respiratory Hygiene/Cough Etiquette and safe injection practices, including the use of a mask when performing certain high-risk, prolonged procedures involving spinal canal punctures.

Increasing evidence that environmental controls lower the risk for life-threatening fungal infections in the most severely immunocompromised patients led to updated recommendations on the components of the Protective Environment (PE).

The revised guidelines emphasize administrative involvement in the development and support of infection control programs to improve adherence to recommended infection control practices.

The guidelines describe specific infection control considerations for high-priority diseases that may result from bioterrorist attacks or that are considered to be bioterrorist threats. These include anthrax, botulism, Ebola hemorrhagic fever, plague, smallpox, and tularemia.

Specific Standard Precautions recommendations for all patients in all healthcare settings are:

* Hand hygiene should be performed after touching blood, body fluids, secretions, excretions, and

contaminated items, both immediately after removing gloves and between patient contacts.

- * Personal PE should include gloves for touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes, and non intact skin; gown during patient procedures and activities involving contact of clothing or exposed skin with blood or body fluids, secretions, and excretions.
- * Mask, eye protection (goggles), and face shield should be worn during procedures such as suctioning or endotracheal intubation that are associated with splashes or sprays of blood, body fluids, secretions. For patients with suspected or proven infections transmitted by respiratory aerosols, such as SARS, a fit-tested N95 or higher respirator should also be worn.
- * Soiled patient-care equipment, textiles, and laundry should be handled appropriately to prevent transfer of micro organisms to others and to the environment (wear gloves if visibly contaminated, and perform hand hygiene).
- * Procedures should be developed and implemented for routine care, cleaning, and disinfecting environmental surfaces, especially frequently touched surfaces in patient care areas.
- * Used needles should not be recapped, bent, broken, or manipulated by hand. A 1-handed scoop technique only should be used when recapping is required. Safety features should be used when available, and used "sharps" should be placed in a puncture-resistant container.
- * For patient resuscitation, a mouthpiece, resuscitation bag,

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and other ventilation devices are needed to prevent contact with the mouth and oral secretions.

- * Respiratory hygiene and cough etiquette should include source containment of infectious respiratory secretions in symptomatic patients, starting with emergency triage and reception areas and clinician offices. Those who are sneezing or coughing should cover their mouth and nose, use tissues and dispose of them in no-touch receptacles, practice hand hygiene after soiling their hands with respiratory secretions, and wear surgical masks or keep more than 3 feet away from others.

Specific recommendations for components of a PE are:

- * Standard and expanded precautions require hand hygiene before and after patient contact. Although gown, gloves, and mask are not required for healthcare workers or visitors for routine entry into the room, these are indicated for suspected or proven infections for which Transmission-Based Precautions are recommended.
- * Patients needing both a PE and airborne infection isolation should have an anteroom to provide proper air balance relationships and independent exhaust of contaminated air to the outside, or a HEPA filter should be placed in the exhaust duct. In place of an anteroom, the patient may be placed in an airborne infection isolation room with portable ventilation units and industrial-grade HEPA filters to enhance filtration of spores.
- * Horizontal surfaces should be wet-dusted daily with cloths moistened with Environmental Protection Agency-registered hospital disinfectant and detergent. Methods that stir up dust should be avoided, as should carpeting in patient rooms or hallways, upholstered furniture

and furnishings, and fresh or dried flowers or potted plants in PE rooms or areas. When vacuum cleaning is needed, the vacuum should be equipped with HEPA filters.

Some Highlights from the Guideline Recommendations:

- * When hands become visibly soiled or there is possible contact with spores (like *C difficile*) in a patient care setting, they should be carefully washed with soap and water. Otherwise, alcohol-based hand gels are the preferred method for hand decontamination between patients. Decontamination should be performed after contact with a patient as well as after contact with medical equipment.
- * Artificial fingernails should be avoided among healthcare providers.
- * In paediatric practices, toys provided to patients should be easy to clean and disinfect. Sharing of stuffed animals should be avoided.
- * Patients who are coughing or sneezing in the waiting area should ideally be separated by at least 3 feet.
- * Personal protective equipment, such as gloves and gowns, should be readily available at all times. Healthcare workers should don such equipment prior to contact with a potential pathogen and remove and discard it in the patient room.
- * Healthcare workers should wear an appropriate mask in caring for inpatients with droplet precautions in their hospital room, but masks are not necessary for workers transporting such patients as long as the patient is wearing a mask. No recommendation was made regarding the use of eye protection when caring for patients with droplet precautions.
- * Patients with airborne infection precautions should be placed in an appropriate isolation room with at least 6 air changes per hour (for newer buildings, 12 or

more air changes per hour) and a direct vent to outside the building for exhausted air.

- * Patients suspected of having illnesses such as tuberculosis or SARS in ambulatory settings should be placed in an examination room and should wear a surgical mask. This room should not be used for 1 hour after the patient departs to ensure an adequate exchange of air.
- * The issue of whether healthcare workers with a presumed immunity to measles or varicella zoster and who care for patients with active measles or varicella should wear personal protective equipment is unclear, as is the best type of equipment to wear to prevent transmission of infection from these patients.
- * Dried and fresh flowers should be prohibited from patient care areas, as should potted plants.
- * For injected medications, single-dose vials are preferred to multiple-dose vials. #

A couple of pearls for your practice

The use of alcohol-based solutions is preferred to hand washing with soap and water in most situations following contact with a patient or medical equipment.

According to the current guidelines, healthcare workers should wear masks when caring for patients with droplet precautions. However, masks are not necessary during patient transport if the patient is wearing a mask, and there were no recommendations made regarding eye protection for such patients.

Avian Flu Update

Bird flu has continued to re-emerge across Southeast Asia, killing 2 people in Viet Nam in June, the 1st deaths there since 2005.

Another Indonesian child died of bird flu on the 8th of July. She appears to have caught the virus from dead or sick chickens in the area carrying the disease. "She [previously reported as "he" by the Indonesian Health Ministry and the World Health Organisation (WHO)] had indirect contact with dead chickens near her school," said Joko Suyono, an official at the Ministry's bird flu centre. ,

Tests on dead chickens found near the girl's school showed they were infected with bird flu. "We cannot know whether she touched sick chickens or not because she died. But we know surrounding her school the virus is endemic (in fowl)," he added. Suyono said tests for the virus on people who may have had contact with the girl had proved negative and also said the findings in this case ruled out the possibility of the virus being transmitted between humans. "So far, there have been no human-to-human cases in Indonesia," he said.

Bird flu is endemic in bird [poultry] populations in most parts of Indonesia, where millions of backyard chickens live in close proximity with humans.

In Viet Nam animal health officials have warned that there is a high risk of widespread bird flu outbreaks in the Mekong Delta during the summer-fall crop due to the increase in numbers of free-range ducks. People in the Mekong delta have a habit of letting their flocks of ducks roam the fields to eat the leftover rice.

Farmers in the Kien Giang and An Giang provinces and in the southern city of Can Tho have begun

harvesting their summer-fall crop and therefore many ducks are now flocking to these areas. Unfortunately, the local authorities do not have enough forces to keep an eye



Soldiers on the Ivory Coast chase a chicken during a culling operation

on the bird-flu situation amongst such large numbers of free-roaming fowl.

On July the 11th, Dinh Cong Than, the head of the Kien Giang Animal Health Branch, said that more than 300 000 newly-hatched chicks are being vaccinated each month. However, the province total vaccination rate has only reached 70 percent of the target. Since the beginning of the year, 153.5 million fowls have undergone a mass national vaccination throughout the country.

Viet Nam is spending hundreds of billion dong to import H5N1 and H5N2 vaccine, mainly from China, and H5N9 from Italy to vaccinate for fowls. [One billion Dong is \$62,000 US Dollars]. Viet Nam plans to import around 500 million doses of the vaccine in 2007-2008. However, in mid-2007, provinces used most of the volume of vaccine imported for the year so the country has to import an additional 200 million doses.

In related news, according to the city's Animal Health Department, 10 slaughterhouses in Districts 9 and

Can Gio have been shut down for violating pollution standards. As part of the city's plans, the construction of 32 new sanitary slaughterhouses has begun, replacing those that were forced to move from residential areas in the city.

On 11 Jul 2007, The Animal Health Department announced that the central province of Quang Nam has now been free from bird flu for 21 days. Bird flu had however reoccurred in 6 farms in the northern province of Dien Bien. The disease has killed 500 out of a flock of 2400 unvaccinated ducks aged 25 days old. Bird flu still plagues 8 other provinces.

1500 fowls culled in Naogaon

Across the bay of Bengal in Bangladesh some 1500 domestic fowls were culled in the district town of Naogaon on Thursday July 12th following detection of avian influenza.

Two separate teams, led by a first class magistrate, searched local houses at Pramanikpara, Mandolpara, Mollapara and Shibpur areas from 8:00 PM to midnight and culled the birds, district Livestock office sources said.

Earlier, a sample of dead chicken was sent to Joypurhat Animal Disease Laboratory for a test that detected the virus. Later, the deputy commissioner's office received a faxed message from the Bangladesh Livestock Research Institute at Savar in Dhaka which said that poultry birds and pigeons in the areas have been affected with bird flu.

Healthy chicken flocks culled as a prevention measure

Travelling on east to Europe the H5N1 spread seems to be spreading via the wild bird population. Forty one wild birds – made up of

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19 swans, 19 grebes, 2 geese, 1 duck - have tested positive for H5N1 with 37 cases in Germany, 3 in France and 1 in the Czech Republic.

Control methods have concentrated on vigorous culling – sometimes in the face of strong protests. Czech vets decided, after having consulted the European Commission and the Czech Agriculture Ministry, to liquidate healthy poultry at 3 chicken farms in the area where the emergence of the dangerous H5N1 bird flu virus strain was confirmed on July 11th, Zbynek Semerad from the State Veterinary Administration said.

The poultry will be culled at 2 farms in the village of Loucky and at a farm in the village of Zarecka Lhota. In all, 68 000 birds will be culled though no virus has been discovered among them, Semerad said. Approximately the same number of ill chickens has been liquidated since this morning by the firefighters and soldiers at the poultry farms in Kosorin and Natreby, east Bohemia, where the dangerous H5N1 strain has been detected.

According to the Czech Veterinary Administration, there is no danger of a bird flu epidemic in the Czech Republic.

Vigorous culling also took place in Germany when an infected goose was found in the yard of a commune for intellectually handicapped people in the sleepy German hill village of Wickersdorf.

All poultry within a radius of 3 km were killed by injection with police and veterinarians in white protective clothing going door-to-door in search of birds. Amateur poultry breeders, who said their life's work been ruined by the cull, vented fury at the handicapped group, which had only moved to the village 4 weeks ago and offered animal care as a form of therapy.

The outbreak began in Germany 2 weeks ago with wild swans and grebes dying on lakes. Thomas Schulz, spokesman for the state health ministry of Thuringia, said in Eisenach that tissue tests of the hundreds of culled ducks, geese, and hens had found no more H5N1. The remains were being incinerated. "So far, there is no evidence of a wider outbreak," he said. All the handicapped people and their care providers had been checked as well and none had been infected.

Amateur breeders of the Brakel, an ancient European breed of chicken, were dazed and angry after being woken in the night and seeing their flocks destroyed. "It's all the fault of these newcomers," grumbled one

breeder in nearby Volkmannsdorf, who lost all his hens. Another man who has bred the hens for 46 years, said bitterly: "Our pedigree silver Brakel won awards in the national shows. Never again. I'm too old now to start all over from scratch."

Schulz said officials understood the handicapped folk were devastated at losing their other 3 geese and 5 ducks from the commune's pond, but the cull was unavoidable. "The subsequent control and eradication measures are prescribed by EU legislation," he said.

However, other commentators say that EU legislation does not require that all domestic birds within a 3-km radius be culled, only that this be the surveillance zone. It says that it is questionable whether area-culling policies such as these are effective. There is evidence from Turkey that they may be counterproductive, leading to resistance by keepers who do not perceive that their birds are at higher risk and may also delay reporting because owners fear the consequences for their neighbours.

As an indication that such policies are not necessarily required, Turkey had an outbreak of 230 cases over 3 months in 2006, affecting most of the country in which something like 11 000 backyard poultry were culled per outbreak. In 2007, they had an

Ethical Values for a Pandemic

As we began our pandemic planning journey over two years ago, many ethical issues around treatment priorities and looking after our fellow citizens were raised and the National Ethics Advisory Committee was asked to respond.

Their report, *Getting Through Together*, has now been released following consultation on an earlier draft. The NEAC hopes that a wide range of people, including health professionals, planners, policy makers and members of the public and business community, can use the report as they plan for, and think about, their potential response to a pandemic. Emphasis is given to using shared values to assist people to care for themselves, their whānau and their neighbours, and using shared values to make decisions in situations of overwhelming demand.

The report does not offer neat answers to difficult ethical issues. If there were neat answers there would be no need for the report. It does offer a number of case studies for consideration; and these provide a useful toolkit for emergency planners engaged in discussions with key stakeholders and other interested parties.

The report is available from the NEAC website at:

And now there is H7N2

While our attention has been focussed on finding and controlling an H5N1 outbreak, authorities in the United Kingdom now believe a second strain of avian flu -- previously considered of little human risk -- does indeed pose a real danger to people.

When you have to hospitalize someone for respiratory illness in the U.K., where hospital beds are hard to allocate, then the person has a serious illness, said Jonathan Nguyen-Van-Tam, a senior lecturer at Public Health Laboratory Services in London. He was presenting a report in a special late-breaker session at the *Options for the Control of Influenza VI* conference held in Toronto in July and attended by more than 1,400 healthcare professionals.

I think we need to reconsider the H7 strain on the basis of this outbreak, Nguyen-Van-Tam said in reporting how British authorities dealt with the disease encountered on small farms in Wales in the spring of this year. In this outbreak, we had four people who tested positive for H7 influenza strain, and three of them were hospitalized, "One person was a candidate for intensive care before he finally came around.

Authorities were alerted to an outbreak in Wales at a smallholding (a small farm often considered to be inefficient for profitable farming) where 30 to 40 hens were kept. The farmer had purchased 10 new hens from a trader at the Chelford Market in England. When the new hens began dying between May 1 and May 17, health authorities descended on the farm, testing the sick birds and determining that the birds had H7N2 disease.



A bird in the hand is worth two on the floor

Health officials also found illness in the farmer, his wife, a neighbour/visitor and her partner. Only the neighbour's partner tested positive for H7. The partner was not hospitalized but was treated with Tamiflu. Tracking sales at the live poultry market through primitive sales records, Nguyen-Van-Tam said the health agency was led to another smallholding, so small that the birds were being raised inside the home.

Ducklings purchased around May 7 began getting ill and dying on May 10. By May 15, the pregnant resident and a male resident were hospitalized with influenza-like illnesses and both later tested positive for H7 disease.

With two such cases on record, authorities tried to find the dealer who sold the sick animals but had problems finding him on his farm on the Llyn Peninsula in Wales. That was because he had been hospitalized for five days with an influenza-like illness. He also tested positive for H7 disease.

Authorities then discovered another outbreak among hens purchased at Chelford on May 7 at another smallholding in St. Helens in northwest England. The surviving birds tested positive for H7. However, the resident who had an influenza-like ill-

ness and his 3-year-old grandson who developed a fever both tested negative for H7.

Over the course of the investigation, people who had contacts with the birds or with the patients were treated with Tamiflu. Eventually that amounted to 369 individuals, 31 of whom had contacts with the birds.

Nguyen-Van-Tam said 23 people developed some form

of influenza-like symptoms during the course of the investigation and cleanup. Fourteen of those individuals had secondary contact, but none showed immediate exposure to H7 virus.

Blood testing to further determine if there was spread of the disease is under way. Nguyen-Van-Tam said the investigation was even more difficult because the outbreaks occurred during the seasonal influenza outbreak, making it difficult to determine with sophisticated testing if the patients were infected by the seasonal bug or by avian flu.

This was a challenging incident, Nguyen-Van-Tam said, complicated in terms of time and space. No evidence of person-to-person transmission has been found, but serology tests are awaited.

Nguyen-Van-Tam also reported on efforts to contain an H5N1 outbreak in February on a turkey farm in Suffolk, England.

That outbreak was contained in three days, during which authorities slaughtered 160,000 turkeys and treated with Tamiflu 482 people who worked on the large poultry farm or were from public health offices engaged in capturing the turkeys and euthanizing them. #

New law mandates no pets be left behind

Judging by the lack of media comment, looking out for their pets does not seem to have been a big problem for those evacuated in the face of floods around the country this month. That was not the experience of those fleeing from the onslaught of Hurricane Katrina, leaving everything behind - including beloved pets that could not be accommodated by public transport and emergency shelters. In future disasters in the US - whether natural or man-made - pet owners will no longer have to face that dilemma.

The loss of an untold number of pets left behind to fend for themselves during Katrina spurred Congress to approve the Pets Evacuation and Transportation Standards Act. Signed by President Bush in October 2006, the new law requires emergency preparedness authorities to include in their plans accommodation for household pets and service animals. States that don't comply could be in jeopardy of losing disaster relief funds.

Some cities are taking advantage of special funds made available through the law to build shelters that will house both animals and their owners. Others are using the money to expand existing kennel facilities and purchase crates, leashes and other items that would be needed.

Laura Brown, animal care specialist with People for the Ethical Treatment of Animals (PETA), who, along with five others from PETA, worked on a rescue team that searched for abandoned pets after Katrina, says she is happy to see the law passed.

Brown says her group rescued some 300 pets. Hundreds more were found dead, she says, noting that most had drowned because they were left chained in their yards and couldn't get away from rising waters or were trapped in homes that had been filled with flood waters. Many more died from starvation.

"Because a large majority of New Orleans residents didn't own cars, they had no way of getting their pets out, so they left them behind. As a result, many died. Now cities are going to have to look at changing their policies on things like this. I think that anyone who saw what we saw would be happy, too."

She says because rescue groups weren't allowed into the area until a week after the storm, most of the animals they found alive during their initial searches were starving and dehydrated.

Sharon Granskog, assistant director of media relations for the American Veterinary Medical Foundation (V-MAT), says that despite the massive devastation caused by Katrina, some good did come out of the storm.

"It really opened some eyes and got people thinking, 'Oh my gosh. What would I do with my pet if I had to leave my house suddenly?'" Granskog says. "It doesn't even have to be a hurricane - you can be forced from your home if there's a fire or chemical spill nearby."

Brown and Granskog agree that the most important element in any evacuation plan was planning how to include companion animals. "You should never - no matter what people tell you - you should never leave your animals behind," Brown insists. "It could be days or even weeks before you can get back to them." "I know a lot of people who left their animals behind when they evacuated for Katrina planned to come back the next day to take care of them, but that didn't happen - not because people didn't want to get their pets but because they couldn't," she continues. "Pet own-

ers have to be prepared for that scenario."

Brown also notes that disasters can strike without warning, so pet owners should always be prepared by keeping an animal emergency kit on hand that includes a bag of food, a gallon bottle of water and a collapsible crate for small animals or a leash or harness for larger dogs. Cat owners should also keep a small litter box and an extra bag of litter. A sheet or blanket to cover



A dog gnaws at a corpse near a breach in a New Orleans levee. According to the Biloxi Sun Herald, packs of abandoned dogs regularly attacked clean up crews.

the carrier can help keep animals calmer, she says.

"That way, if you have to leave in a hurry, you're at least prepared for a few days," Brown says. "Of course, if you know you'll be forced to stay away longer, you should take at least 10 days worth of food and water."

PETA and other organizations, including the Humane Society of the United States, the American Veterinary Medical Foundation and the National Association of Professional [Pet Sitters](http://www.petsitters.org) (www.petsitters.org), all offer suggestions online or for download on preparing for a disaster with pets. The U.S. Department of Homeland Security also offers information and a brochure that can be downloaded at www.ready.gov .#

HEMNZ Bulletin

The HEMNZ Bulletin is published monthly by the Emergency Management Unit of St John for all those interested in emergency management in health care settings

Articles and comment on emergency management issues

Check out our Web site at
www.hemnzt.org.nz

Up coming Events

New Zealand Border Security & Civil Defence Conference

29—31 August 2007

Stamford Plaza Hotel, Auckland

Cost from \$2095 + GST

More information from

www.iir.com.au

Planning for a Volcano Crisis

5—7 September 2007

Auckland

Managing Weather and Flood Hazards

20—21 September 2007

Christchurch

More information from

www.naturalhazards.net.nz/courses

20 - 21 September 2007

The NZ Health Sector: Performance, Productivity and Evolution;

NZIHM and RACMA Conference

Rydges Hotel, Rotorua

Cost \$750 incl GST

More information from

www.nzihm.org.nz

Editor's soapbox



Earthquakes, plane crashes, phosphorous gas clouds, floods, wind storms and the usual terrorist activity (isn't that a commentary on modern life). It has been quite a week so far.

Yet the only cry for help from a hospital has come from one in our capital city which has run out of staff.

This surely underscores our greatest vulnerability. The loss of staff - for whatever reason. With industrial action now being a standard procedure for all health disciplines we are getting used to planning on how to continue delivering services with reduced staff numbers or the loss of particular services.

The national and regional co-ordination processes set up for industrial action provide a bench mark for all emergency response. Can we use this to overcome the antipathy to the regional structures decreed in the Health Emergency Plan?

Exercise Cruikshank is behind us but the work must go on. Our colleagues at the Ministry of Health have sat down and identified all the ongoing projects and work streams with an emergency management component. The list runs on for page after page yet Ministry wants to get the work done. They will require input and "sweat equity" from the whole sector. When you are asked to help your only answer must be "yes."

Despite the many gaps we have identified, our plans and processes are ahead of those in most other countries. Lets build on our pandemic work and keep them that way.

Bruce Parkes

Nurses working alone risk assault

More than one-third of nurses working alone in England have been assaulted or harassed in the last two years, according to a survey by the Royal College of Nursing.

The survey found that 52 per cent of nurses working alone thought the threat of violence or abuse had increased over the same time period. Around 85 per cent of those surveyed worked alone a quarter of the time and over half worked outside normal office hours.

The RCN has launched a 'you're not alone' campaign to call on government to honour commitments to fund training and technology to help protect lone workers.

The Lone Worker Survey Report is available at <http://www.rcn.org.uk/publications/pdf/003167.pdf>

Do You Speak Computer-ese?

Home is where you hang your @.

The e-mail of the species is more deadly than the mail.

You can't teach a new mouse old clicks.

C:\ is the root of all directories.

The modem is the message.

Too many clicks spoil the browse.

Don't byte off more than you can view.

What boots up must come down.

Windows will never cease.