

屋崙中華醫學會通訊

president's message

acma
news

The Official Newsletter of the
AUCKLAND CHINESE MEDICAL ASSOCIATION
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Due to unforeseen circumstances, we were unable to distribute the present newsletter in February. We apologize for the inconvenience.

YACMA Editors



Happy New Year, this year we welcome the year of the Dog. I wish you all good fortune, luck and health this year.

As usual the Chinese New Year signals the end of summer holidays, the start of the rugby season with the sevens and Super 14, and time to get back into the routine of getting the kids to school and me off to work again. Once at work I spend time planning my next holiday as motivation to work again, especially after such a long break.

So to all members planning their year ahead there are a number of events you must put into your calendar. This year heralds the 5th ACMA conference, the theme is "Making a difference", again we will have a great selection of local experts and talent at this event. The committee is hard at work again putting this event together. . Please reserve the 29th July for this event and support ACMA. For those wanting to go further afield the South Australians are hosting the annual ACCMA meeting in Adelaide during Australian Queens Birthday weekend 10-12 June the theme is "The Business of Medicine".

Daniel Wu has worked hard and has put together a great year of our CME meetings these dates will be posted on our website soon. The committee apologies for those who had difficulty getting the CME replies back for the Feb CME, we had a few glitches here. Despite this, it is pleasing to see that we are largely electronic now in communications; this is a major saving of time and money for the committee and ACMA. And on the whole this is working out well. The YACMA webmasters are updating the website so watch out for this.

YACMA this year is planning yet another full on calendar, including a fund raising event, more details later but hope you all support our younger colleagues.

Finally reminder that it is subscription time soon, you all will be getting a membership form in the mail soon please fill it out legibly so that the committee members can decipher it hence get you your CME invites out in a timely manner. Thanks to Mr. Alex Ng for sponsoring this mail out.

I look forward to seeing you at the CMEs and conferences this year

Best wishes

– Dr Colin King



12TH FEBRUARY 2006

**AVIAN INFLUENZA - H5N1 – WHAT SHOULD CASE WORKERS BE PREPARING FOR?
DR LANCE JENNINGS, CLINICAL VIROLOGIST**

Has media blown this out of proportion? We need to go back to the basic sciences. If we look back to the 16th century, there were about 3 'flu pandemics per year. There hasn't been a pandemic for over 36 years now, so there will be one soon.

Geoffery Rice's Black November describes the 1918 'flu pandemic in New Zealand. This pandemic was an incredible burden of disease. Improvised hospitals catered for large numbers of people. If this were to happen again, would we be prepared?

The biggest burden of disease in animals at the moment is the avian influenza. In China, it has costed more than 3980 billion chickens, 660 million ducks, and 228 million geese. The turnover is incredible. H5N1 outbreaks in 2004 including in Korea and in Vietnam showed vivid pictures of birds dying. This has an insidious spread. After the incident in Qinghai, the virus moved North East into parts of Russia and Northern Africa.

The initial migration is probably through the natural migration of birds. New Zealand and Australia are therefore less likely to be affected, since we have our own indigenous species and do not receive many other species from those parts of the world affected by the Avian influenza virus. The more likely route of transmission is through humans or through illegal smuggling of contaminated foodstuffs.

Unlike the H1-H16 influenza viruses, which cause localised upper GIT infections, H5 & H7 viruses are highly pathogenic and infect systemically. Expanding host range of influenza A (H5N1) in pigs, cats, and tigers have been demonstrated experimentally.

In humans, this affects the young (mean age is 17 years) probably exposed to faeces from domestic birds. Mortality is around 50% in human infections. Unhygienic animal keeping practices are to blame.

Pandemic planning includes pharmaceutical interventions (antivirals, vaccines, and antibiotics) as well as public health measures.

'Influenza pandemic preparedness in NZ' This document was first published in 1999. New Zealand was the 1st country in the world to test our plans. We learnt two important things:

1. We need central leadership
2. Another pandemic would not only affect health, but all sectors of government

WHO also has a plan. In New Zealand, we will have bought enough Tamiflu (Oseltamivir) to provide 855,000 courses (21% of the population). This is our insurance policy. Other countries have tried M2 protein inhibitors such as ramantadine and rimantadine, in which resistance develops very quickly.

Experimental data from Japan suggests that very few develop resistance to Tamiflu. In New Zealand, we only have enough to treat those who are already infected and their closest family members. There are not enough courses to treat people prophylactically. There is debate about whether to reserve Tamiflu to use only in a pandemic.

In case of a pandemic, phone triaging and support will play a key part. Keeping influenza out of hospitals will be an important priority. Aerosol transmission and direct & indirect contact will be the most probable ways of transmission, so washing hands and avoiding large gatherings will be important. Schools will have to close. Surgical masks will not protect the wearer.

**INTRODUCTION TO AVIAN FLU AND H5N1
EXPERIENCE IN HONG KONG
PROFESSOR KENNEDY SHORTRIDGE**

We must work in teams to overcome confusing views for the greater good. "Influenza storm clouds" We are living on the influenza knife edge at the moment and must be prepared. Chinese Hippocrates noted science and civilisation in China. Needham Lu Gwel Djen "The best medicine is preventative medicine" (Warring States Period 472-221BC)

The flu virus codes for 10 proteins including haemagglutinin. When the virus attaches to a cell, each gene separates and remixes. The replication cycle is about 13 hours. Single stranded RNA virus. The flu virus is unfaithful; there are lots of errors in replication. There is much potential for replication. All pandemics in the past have been suspected to

come from animal models. Animals closest to humans are going to be the key.

We want to get ahead of the pandemic. Two rice harvests a year in China: July and November. Ducks had established an ecosystem as an adjunct to rice farming (eating the pests which destroy the rice).

We still don't know what gives rise to the pandemic virus strain. Domestic ducks in China. Gene pool of migratory ducks was established 2000 years ago.

In China, there is very close physical connection (distance wise) between humans and animals. In 1972, the Southern Hypothesis suggested that China is an influenza epicentre. In the 1980s, vast numbers of chickens were introduced to Southern China. In 1997, millions of birds were reported dead. This was blamed on bad husbandry, but actually this was fulminating infection. Cheung Sha Wan temporary market in December 1997.

Massive cloacal haemorrhage and people walking in the markets take their shoes off – touching the soil on their shoes with their hands – transfer of germs. Generation of the H5N1 bird flu virus of 1997. Aquatic bird (H5N1 goose) to avian missing vessel (transfer of quail H6N1 / quail H9N2) to H9N1/97 chicken to human. In 1996, Guangdong provinces, millions of geese were wiped out. Probably that H9N1/97 high pathogenicity but low transferability. In Hong Kong, they responded by killing every bird in rural farms. In fact, initially they killed too many birds and they had problems

disposing of them. By 2000, we were picking up H5N1 in a research context.

Post 1997 period in Hong Kong:

- Duck and goose raising ceased
- Separate aquatic / terrestrial markets
- No waterfowl
- The stopping of duck and geese imported live then killed in the markets.

In response to the increasing prevalence of H9N2 in quails, quails were banned.

By 2002 vaccinations (made from Mexico) were occurring in farms. This was reasonably effective. In 2003, SARS was warning. The spread of the virus in 2003-2004 didn't correlate with the natural migration of waterfowl species. There was reluctance to report disease in poultry, because government-killed birds were not monetarily compensated for. In 2004, the first disease was reported in man. Qinghai lake incident with geese. Very similar to a virus isolated somewhere else. We need transparency getting information out.

Vaccines we have now is relatively ineffective, because the antibodies for this was derived from a virus we isolated in 2004 – which is a minor strain now.

We need transparency in politics in order to overcome this.

- compiled by Catherine Yang



As the summer holidays draw to a close (and for many of us, already a distant memory), YACMA is gearing up for an ambitious year ahead. The transfusion of new blood into executive posts has energized YACMA with a fresh vitality and a host of exciting ideas.

Here is a line from each of the 2006 YACMA executives:

- Michael Lee, *pre-clinical rep*: "I am a psychiatrist wannabe so come talk to me, doors always open, hopefully not just about your troubles though!"
- Vivian Fu, *pre-clinical rep*: "... (A busy 3rd year girl who could not be bothered to submit anything - Ed)
- Yu Hwee Tan, *clinical rep*: "I am from Malaysia and used to live in Christchurch! I'm a friendly 4th year, so if any students have any questions, don't be afraid to approach me!"
- Gladys Ko, *clinical rep*: "... (Another busy girl currently in 4th without any submission - Ed)
- Michael Tan, *secretary/treasurer*: "I'm the old (T.I.) stingy Scrooge on the committee."
- Tina Sun, *membership secretary*: "I'm a 4th year student, responsible for sending out invites, let me know if you've been missed out!"
- Catherine Yang, *newsletter editor*: "I'm a budding breast surgeon / gynae wannabe. I look forward to receiving your contributions to the newsletter!"
- Paul Cheng, *editor / webmaster*: "I am from Taiwan and currently in 4th year. I'm the mean editor (cf Catherine) and a self-proclaimed control freak."

- compiled and edited by Paul

ACMA Executive List 2006

PRESIDENT

Dr Colin King

VICE PRESIDENT

Dr Alex Ng

SECRETARY

Dr Catherine Hong

CME CO-ORDINATOR

Dr Daniel Wu

TREASURER / STUDENT CO-ORDINATOR

Dr Norman Ma

GENERAL MEMBERS

Dr Allen Liang

Dr Ann Low

Dr K K Yam

Dr Trevor Young

Dr Wilson Young

Dr Kenneth Tong

Dr Linda Lum

Dr Gee Hing Wong

YACMA REPRESENTATIVES

Pre-Clinical

Michael Lee

Vivian Fu

Clinical

Gladys Ko

Yu Hwee Tan

Newsletter Editors

Paul Cheng

Catherine Yang

Membership

Tina Sun

Secretary

Michael Tan

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Or Check out our new website: www.acma.org.nz