

Recent work on the NZ epidemiology of the 1918 pandemic & relevance to pandemic planning



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OTAGO
Te Whare Wānanga o Ōtago
NEW ZEALAND



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(Thanks to co-authors over the years: especially Geoff Rice & Dennis Shanks)

HEIRU

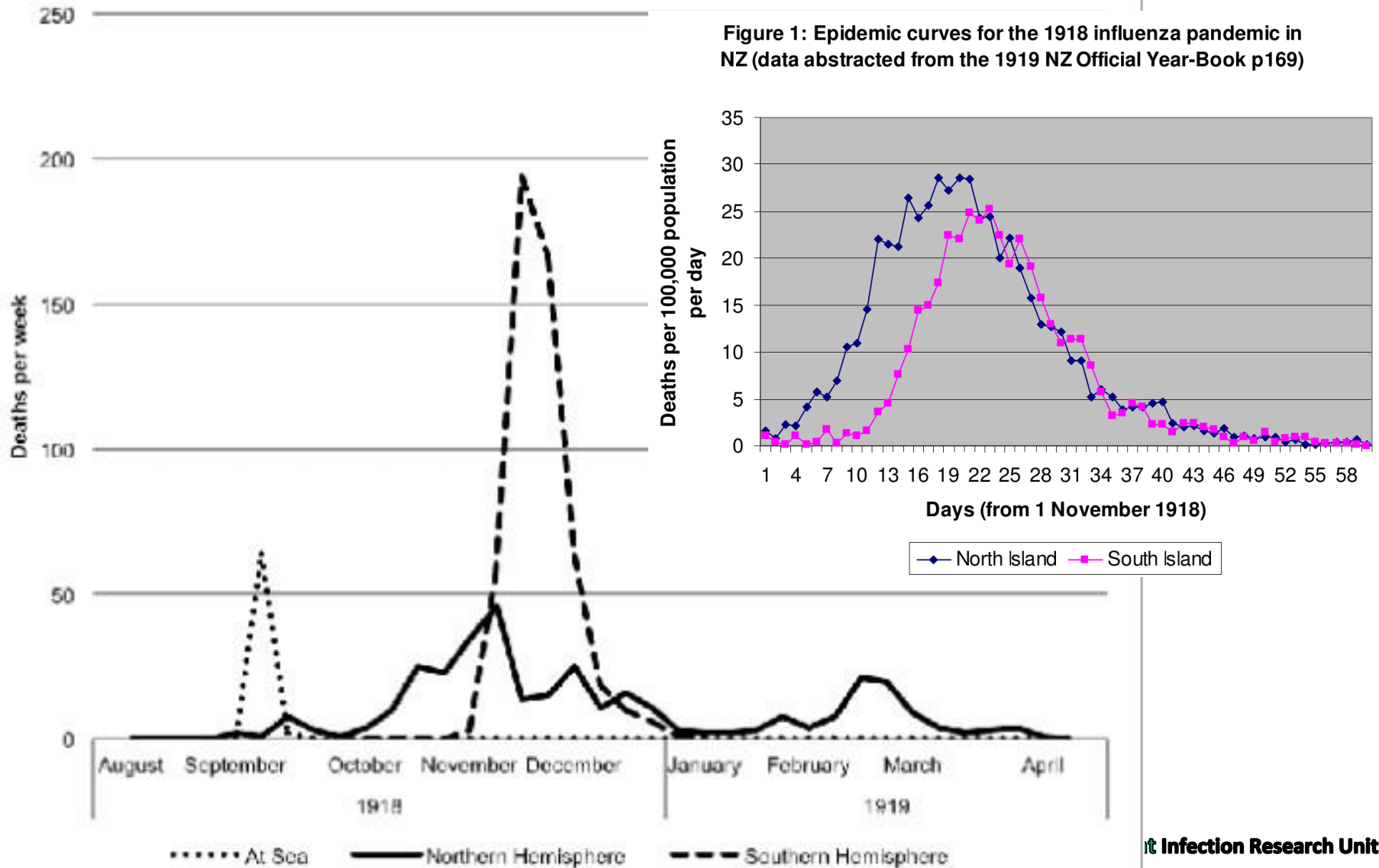
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Outline

- Key pandemic parameters
- Risk factors for death
- Control measures used
- How pandemic was remembered in NZ
- Implications for further research?
- Implications for pandemic planning?

Key parameters: timing

[Summers et al 2013, *NZMJ*; Wilson & Baker 2008, *NZMJ*]



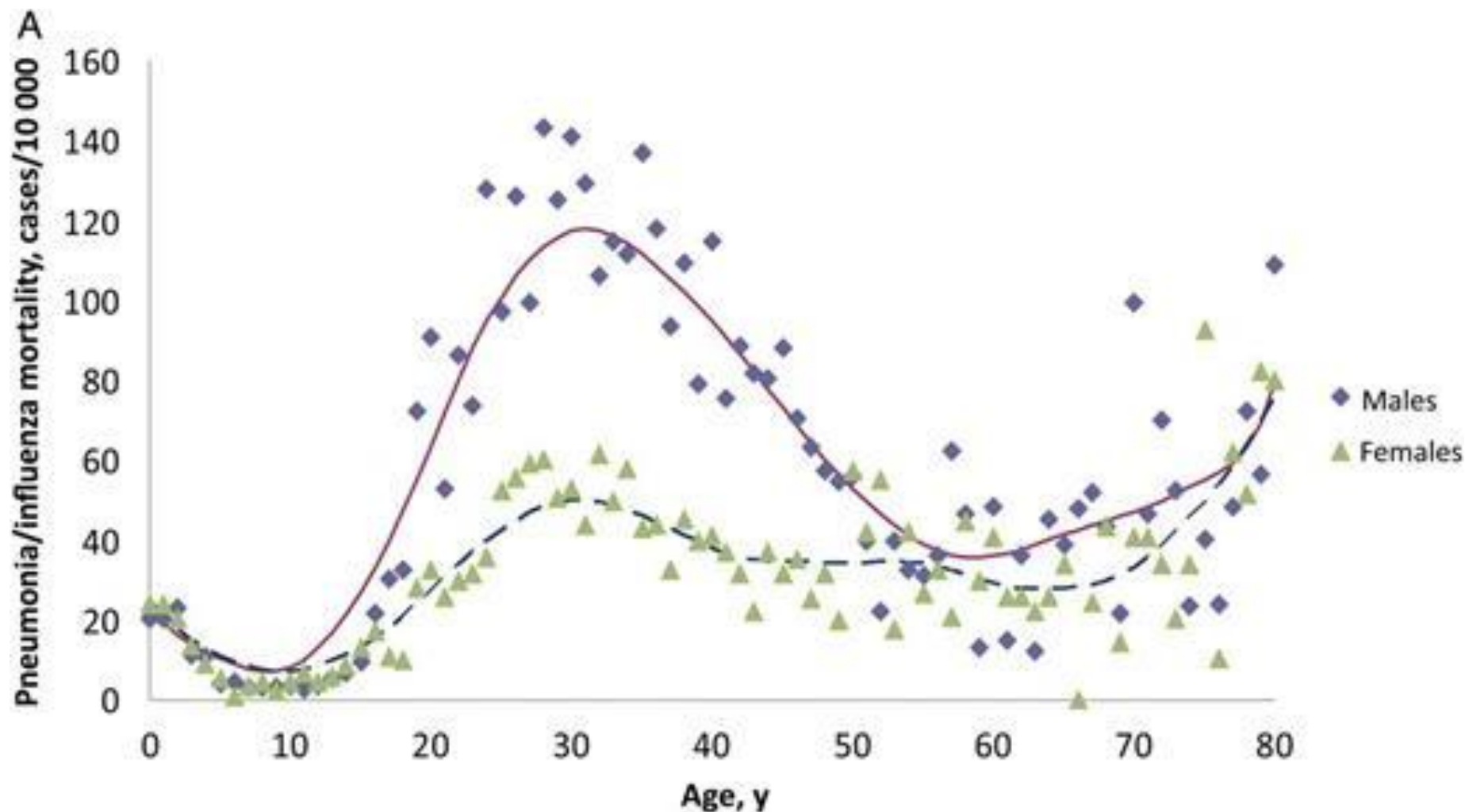
Key parameters: Reproduction Number

Location	Reproduction number (95%CI)	Reference
North Island	1.60 (1.47 to 1.78)	Nishiura & Wilson 2009, <i>NZMJ</i>
South Island	1.47 (1.33 to 1.68)	
Auckland	1.44 (1.33 to 1.61)	
Wellington	1.55 (1.42 to 1.76)	
Christchurch	1.33 (1.22 to 1.50)	
Featherston military camp	Range: 1.3 to 3.1 (3 scenarios)	Sertsou et al 2006, <i>Theor Biol Med Model</i>

Risk factors for death

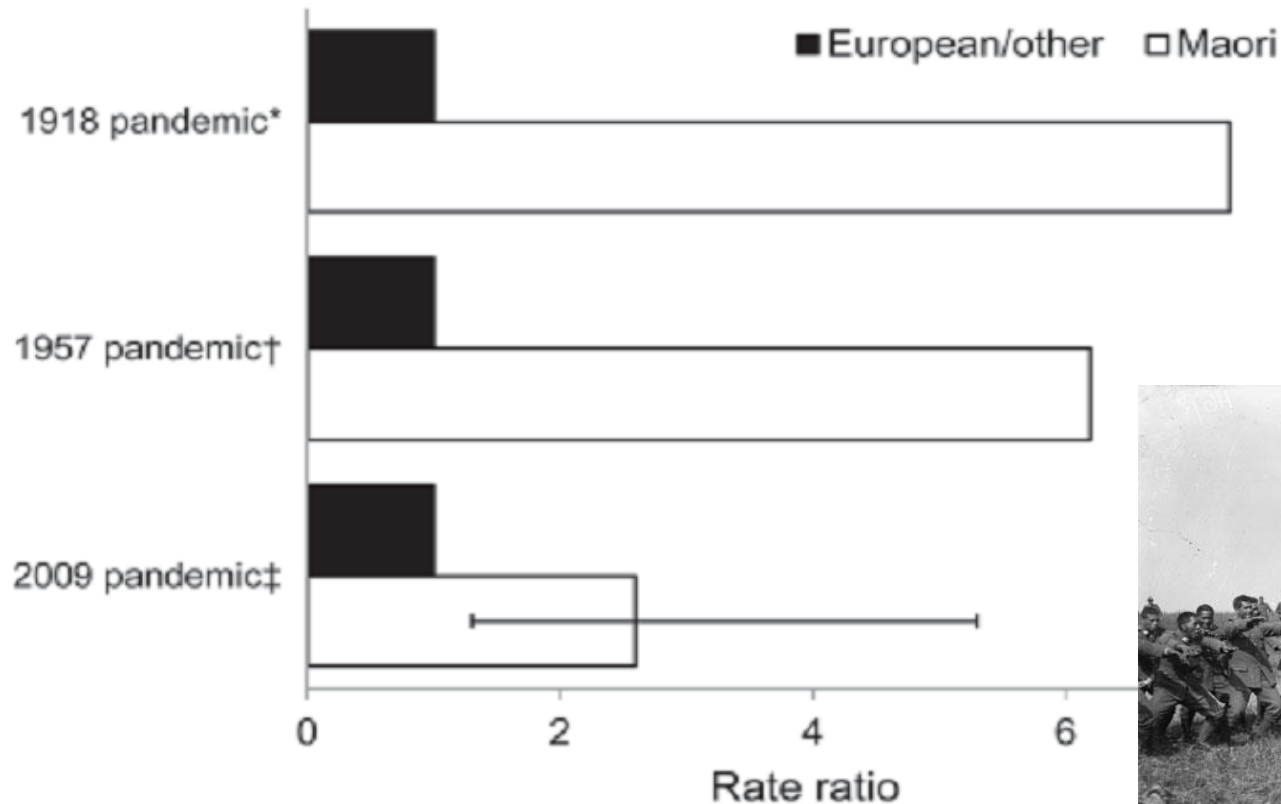
- Age (late 20s)
- Sex (male)
- Ethnicity (Māori)
- Urban living (rurality protective)
- Crowding
- Various others from case-control study: chronic disease (eg, TB)

Age of peak death rate: 28y (birth cohort at time of previous pandemic in 1889-92) [Wilson et al 2014, *JID*]



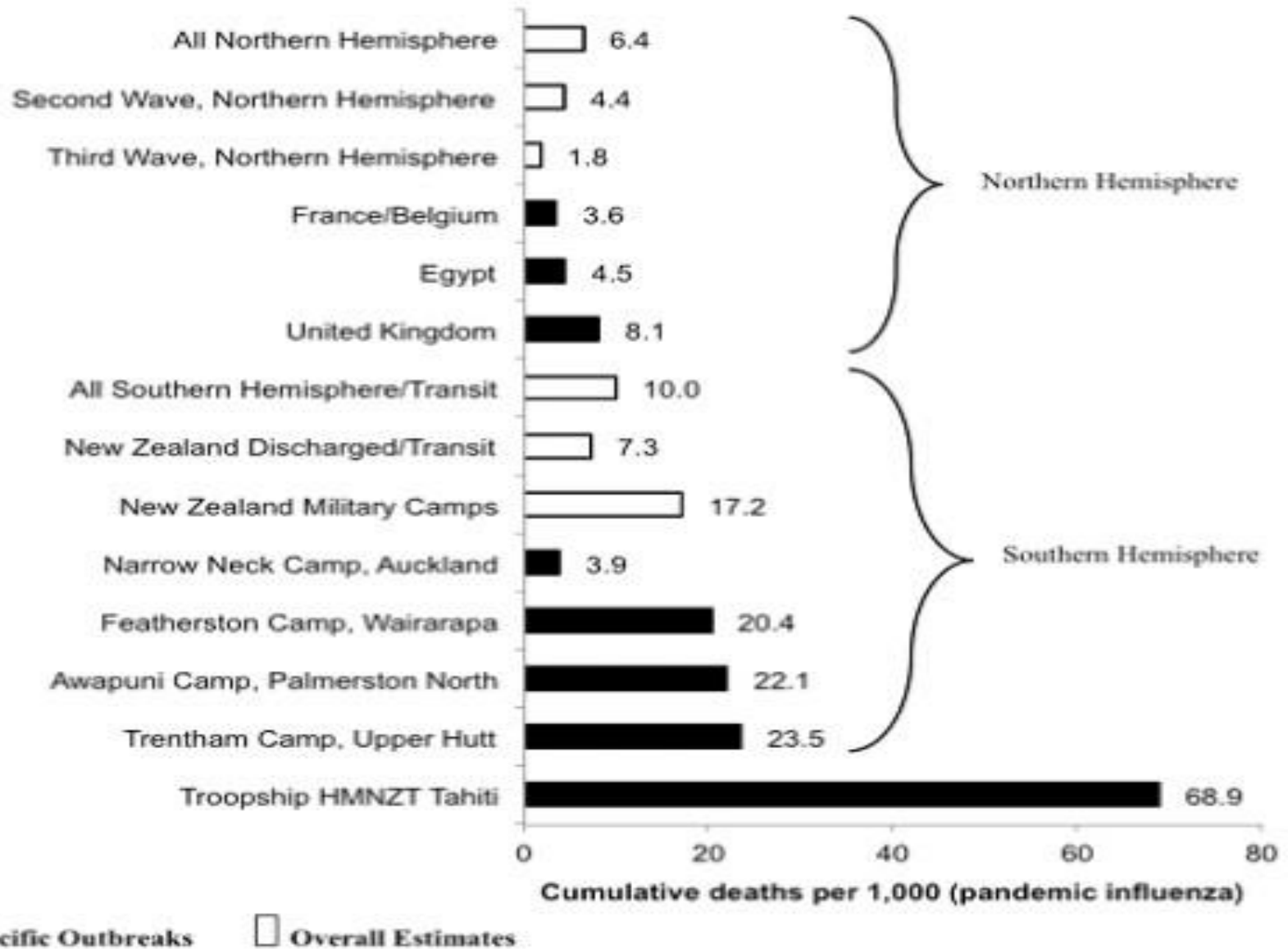
Mortality rates for Māori vs non-Māori in successive influenza pandemics

[Wilson et al 2012, *Emerg Infect Dis*]



Mortality rates by military settings

[Summers et al 2013, *NZMJ*]



NZ Troopship Outbreak in 1918 (*HMNZT Tahiti*)

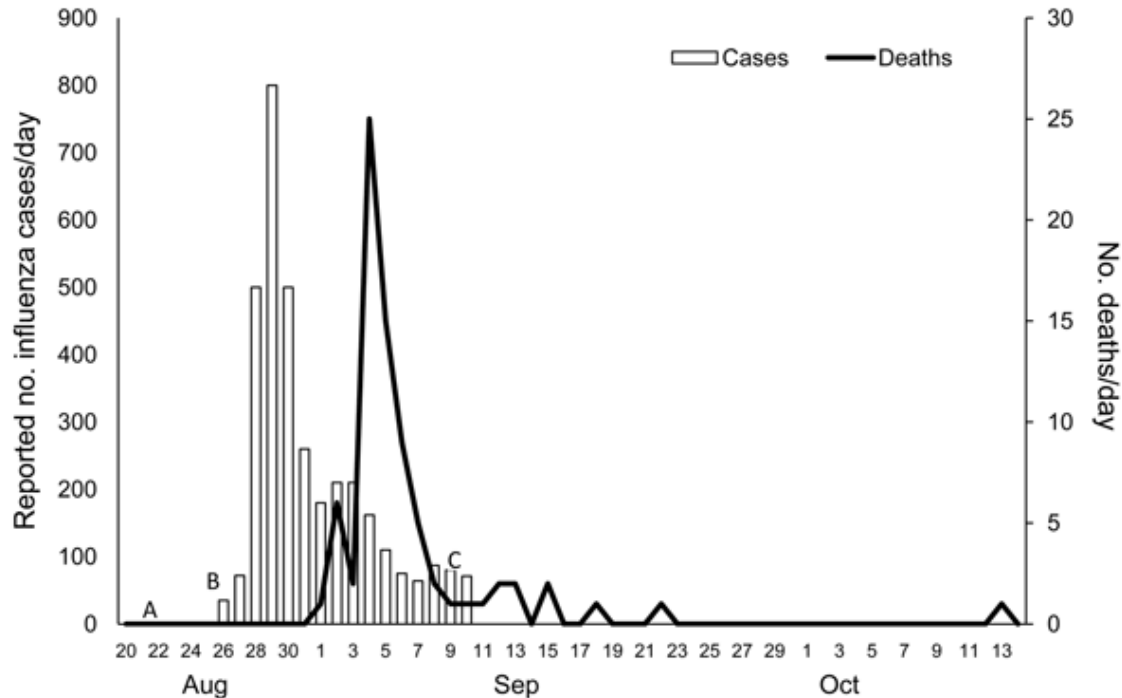
[Summers et al 2010 & Summers 2012, *Emerg Infect Dis*]



Dr Jennifer Summers

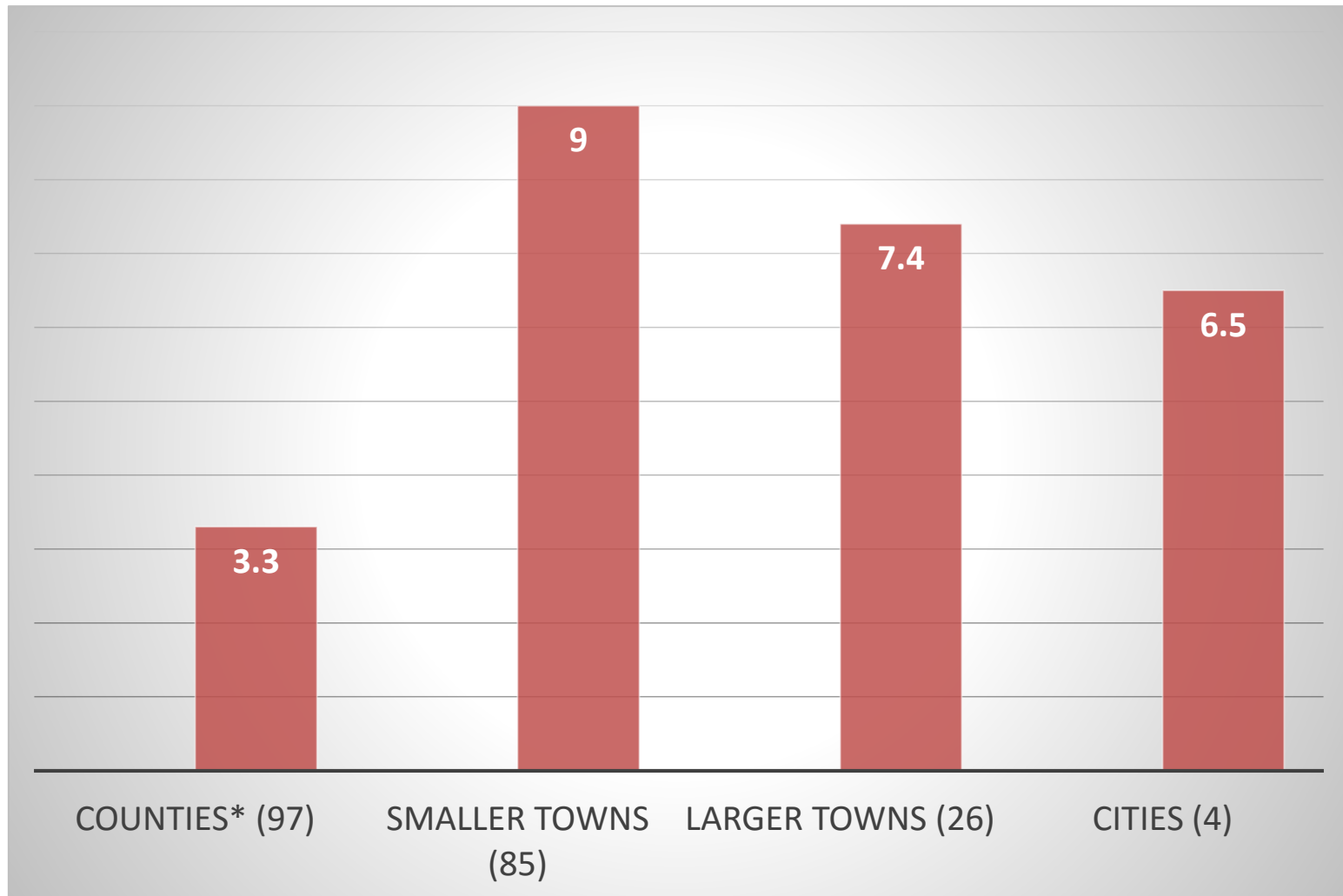


NZ Troopship Outbreak – Risk factors for death



- Accommodations in cabins vs hammocks in other areas, RR 4.3, 95%CI: 2.7–6.8
- Assignment to a specific unit (probably housed in cabins), aOR = 3.0, 95%CI: 1.6–5.8.

Rurality – protective (mortality rates per 1000 popn. over 3 months) [McSweeney et al 2007, *NZMJ*]



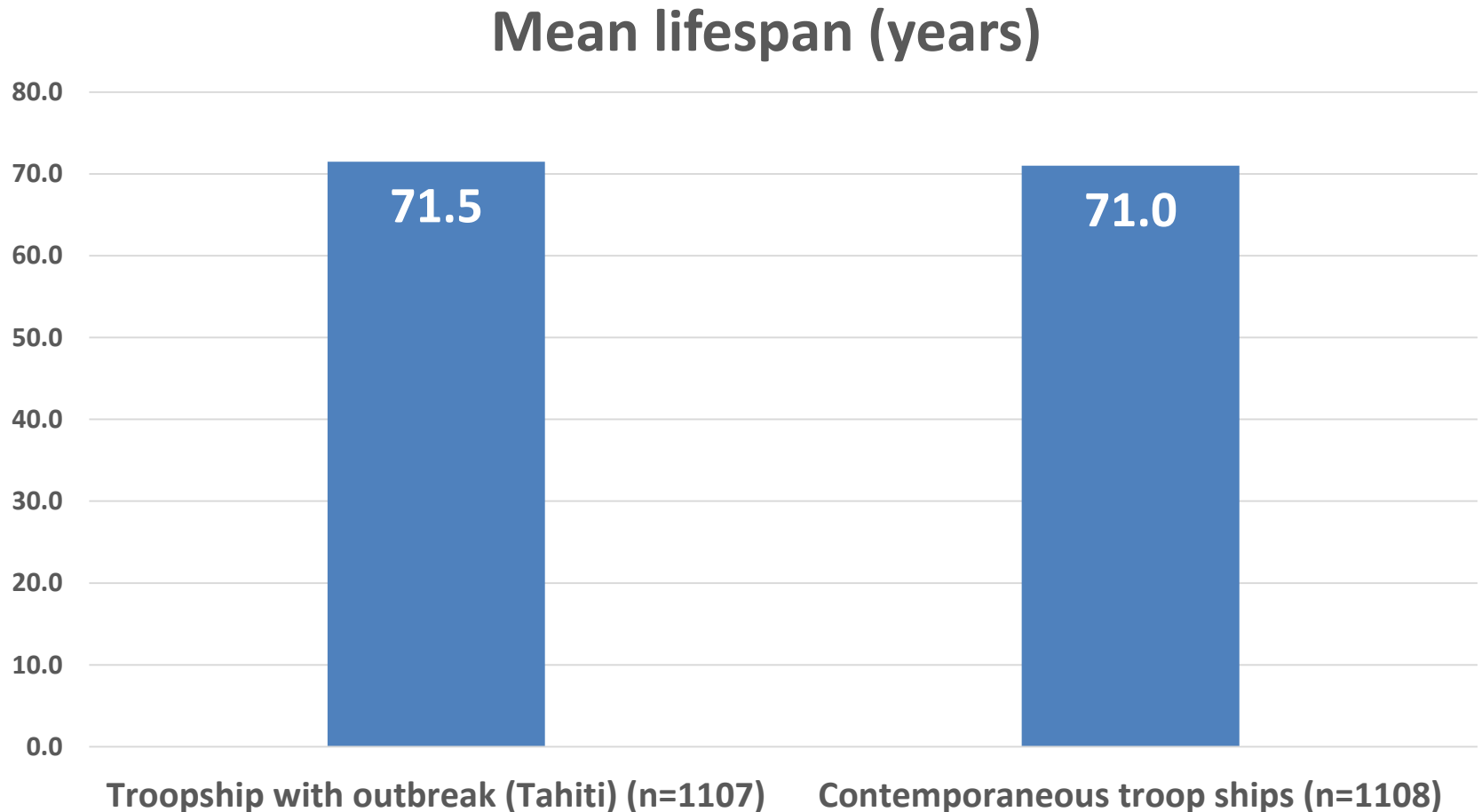
Risk factors for death: case-control study of NZ military personnel

[Summers et al 2014, *Influenza Other Respir Viruses*]

- Age-group: 25-29y
- Pre-pandemic hospitalisations for a chronic condition (eg, tuberculosis)
- Early year of military deployment
- Short time from enlistment to foreign service
- Larger chest size (eg, aOR for 90-99 cm vs <90 cm = 2.45; 95%CI=1.47-4.10).
- **Nil associations:** military rank, occupational class at enlistment, and rurality at enlistment

Long term sequelae of infection?: Probably no

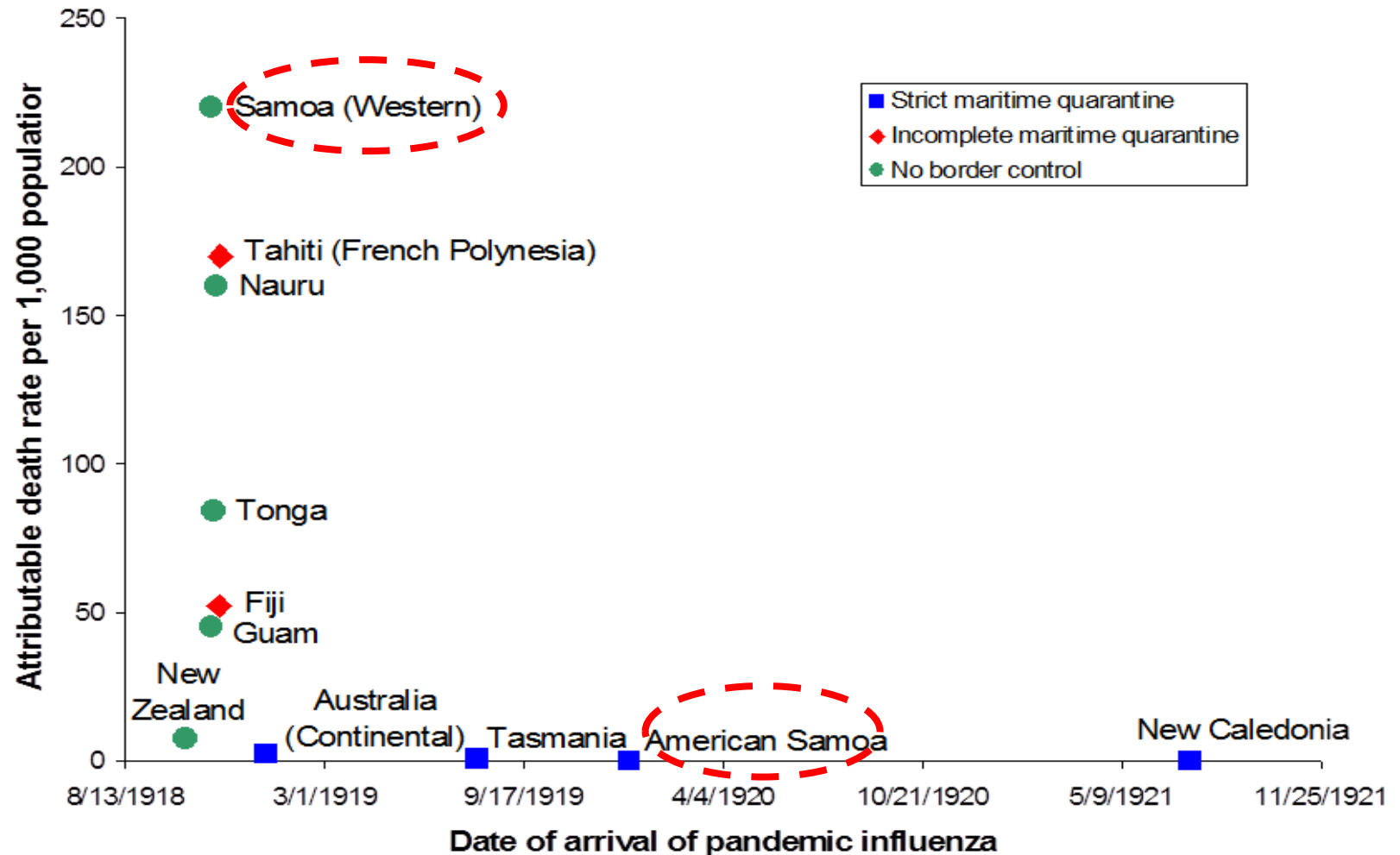
[Wilson et al 2016, *Epidemiol Infect*]



Control measures used

- **Quarantine** in the Pacific [McLeod et al 2008, *EID*]
- **Travel restrictions:** Comparison of NZ vs Iceland: Iceland's use of travel restrictions and ship quarantining, appeared to protect 36% of the population [Summers, Wilson, Baker, Gottfredsson 2013, *NZMJ*].
- **Local quarantine:** Incoming travellers to Coromandel – associated with lower death rate in this County [Wilson et al 2005, *NZMJ*]

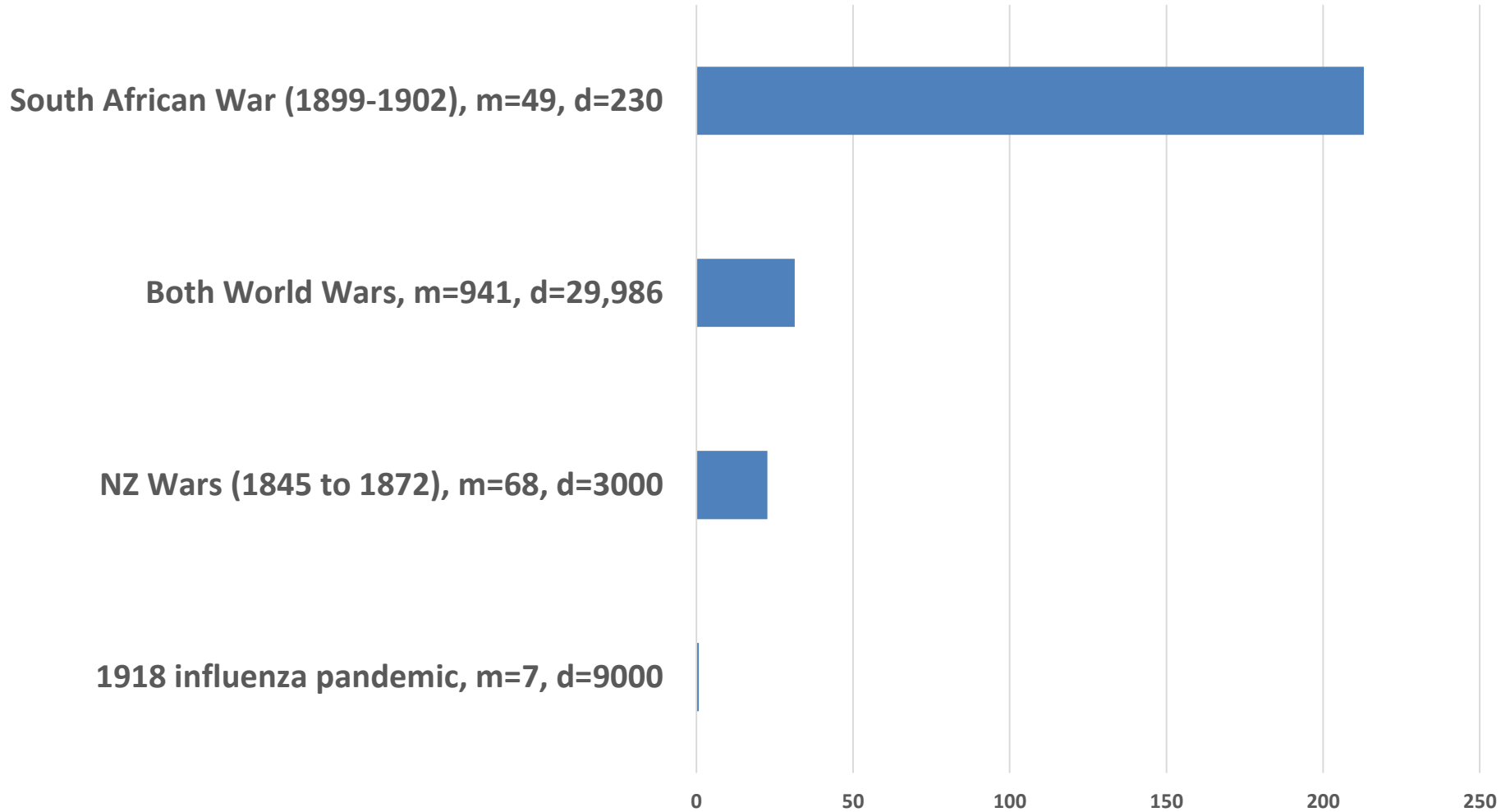
Protective effect of maritime quarantine on South Pacific Islands in 1918-19 [McLeod et al 2008, *EID*]



How the pandemic was (not) remembered in NZ

- Only 7 public memorials identified & no national memorial [Wilson et al 2017, *NZMJ*]
- 11 memorials in private settings (9 for Māori)
- Very rare compared to war memorials
- Erebus disaster has more memorials
- Of the 7 public memorials:
 - Nil have signage leading to them
 - Nil have links to online educational resources

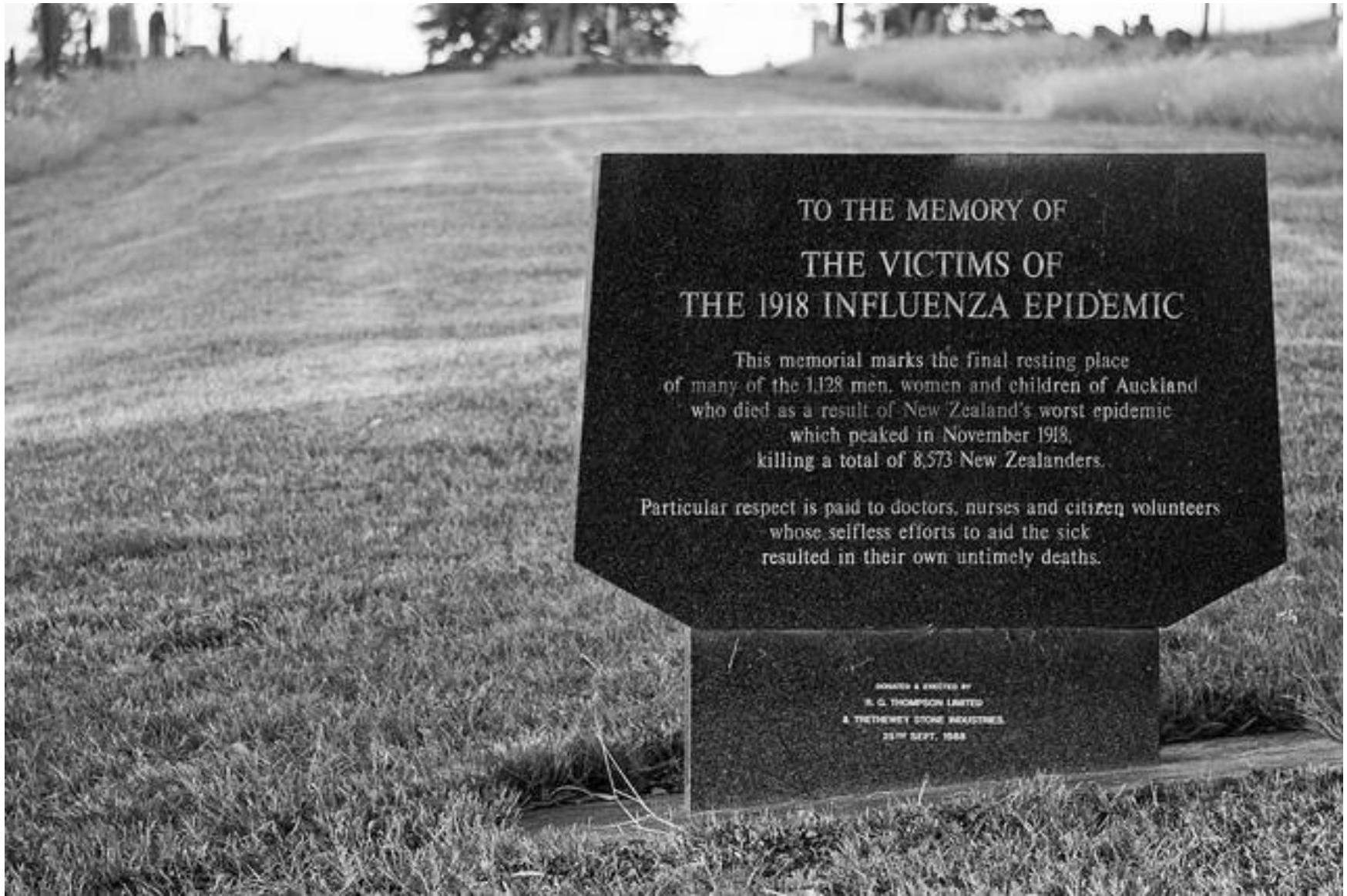
Memorials (m) per 1000 deaths (d)



Statue of Dr Margaret Cruickshank (Waimate) – died caring for her patients during the pandemic



Memorial to 1128 Aucklanders who died (and acknowledging the health workers) at Waikumete Cemetery, Glen Eden, Auckland



TO THE MEMORY OF
THE VICTIMS OF
THE 1918 INFLUENZA EPIDEMIC

This memorial marks the final resting place
of many of the 1128 men, women and children of Auckland
who died as a result of New Zealand's worst epidemic
which peaked in November 1918,
killing a total of 8,573 New Zealanders.

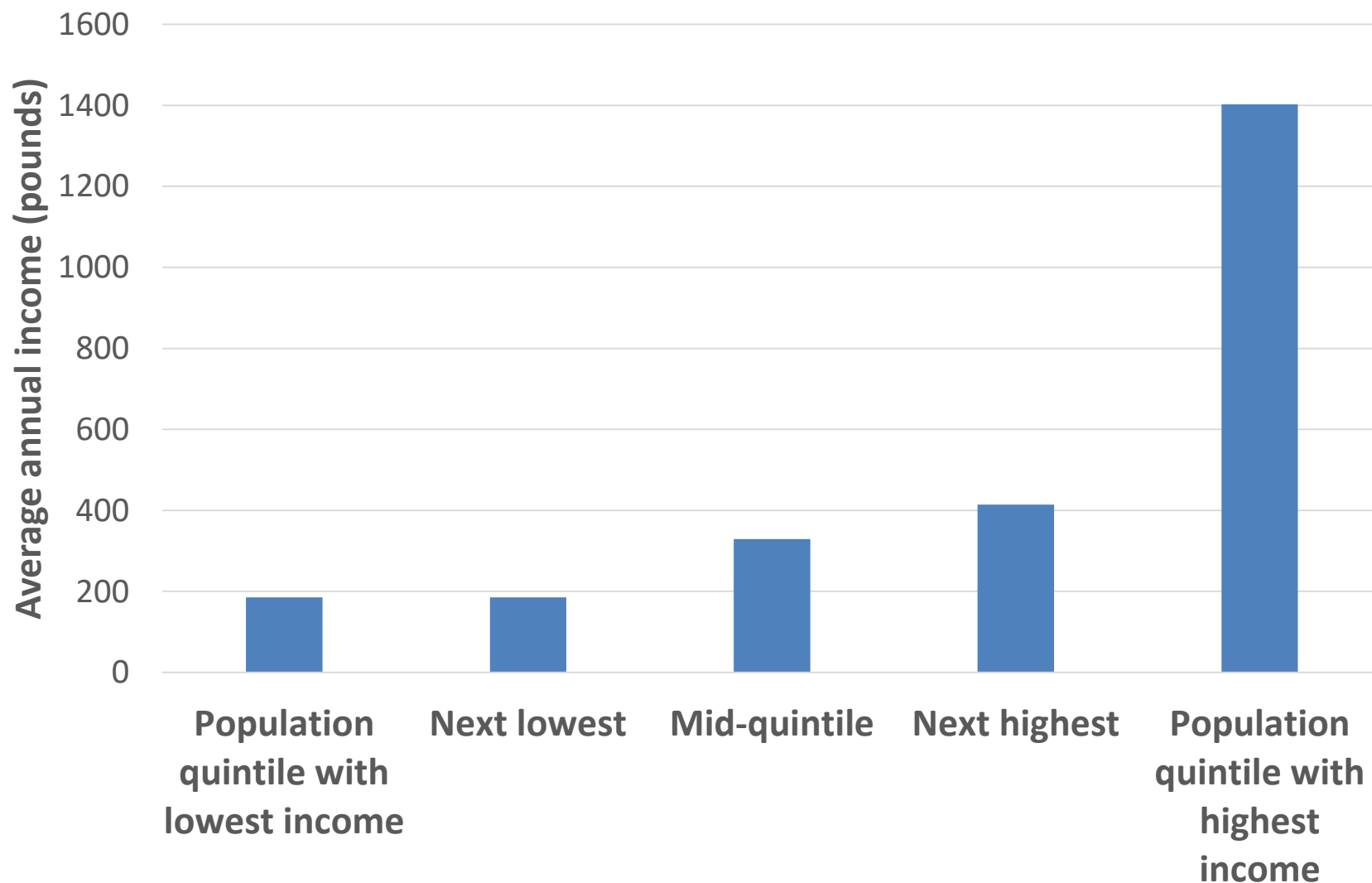
Particular respect is paid to doctors, nurses and citizen volunteers
whose selfless efforts to aid the sick
resulted in their own untimely deaths.

DONATED & ERECTED BY
H. G. THOMPSON LIMITED
& THE NEW ZEALAND STONE INDUSTRIES
23RD SEPT. 1968

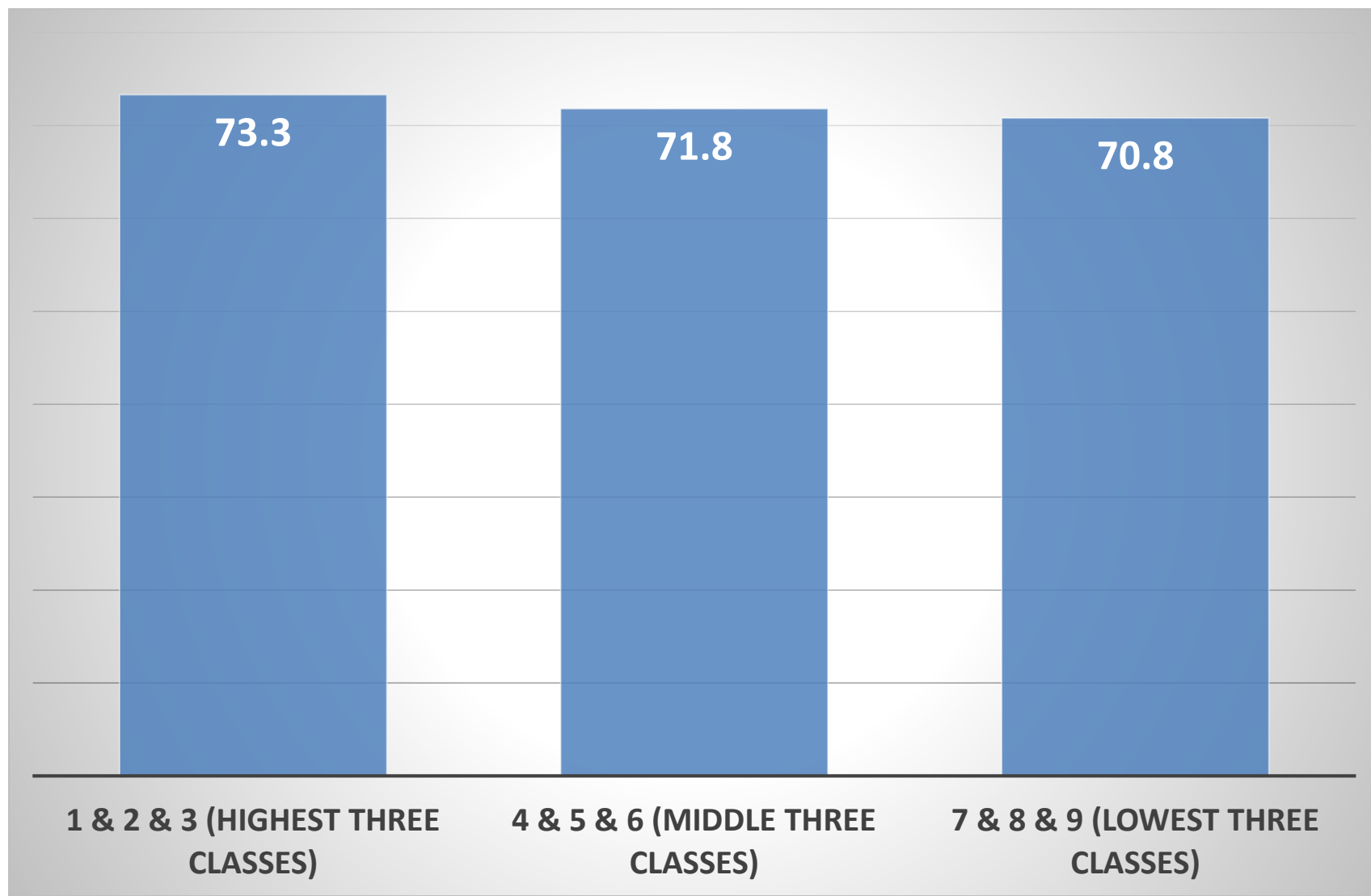
Implications for further research?

- Why ethnic inequalities but no apparent socio-economic gradient in contrast with some international studies?
 - Better understand impact of social class on health at this time [*work in press*]
 - Further use of the occupational class system developed by Olssen et al for this period?
 - Consider modern statistical analysis of Auckland suburb mortality data (eg, in Linda Bryder's 1980 thesis)

Average annual assessed income in NZ (in £) by population quintile for tax returns for the 1922-1923 period (calculated from Yearbook data, Wilson et al, in press *ANZJPH*)



Small but statistically significant differences in mean lifespans of 2046 non-combat male NZ military personnel by occupational class in 1918, Wilson et al, in press *ANZJPH*)



Implications for further research?

- What were the overall **demographic impacts** (eg, the 9% drop in birth rates in 1918 & 17% in 1919, vs 1917)?
- Were there long-term impacts from **fetal exposure** to the pandemic virus in 1918 (as suggested in some international literature)?

Implications for pandemic preparations & planning?

- Enhanced strategies to reduce future impact & ethnic health inequalities
 - Reduce chronic disease burdens (eg, Smokefree NZ 2025, prevent diabetes)
 - Address crowding (housing interventions)
 - Reduce deprivation

Implications Continued

- Border control / internal travel restrictions may have potential in island nations → investigate further
 - Eichner et al 2009, *BMC Infect Dis* (modelling border control & islands)
 - Boyd et al 2017, *PLoS ONE* (modelling border closure in NZ – severe pandemic threats)

Implications Continued

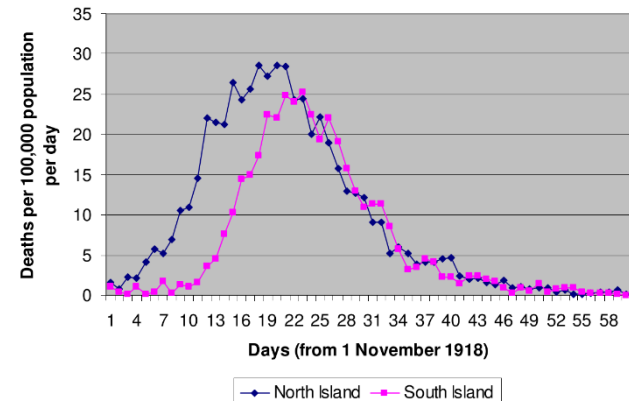
- Use memorials for public education on pandemic threats?
- Enhance social capital – linked to other civil defence preparations (should there be a national disaster preparation day?, should everyone have a smartphone & internet access?)

Implications Continued

Given the speed of pandemic spread:

- Enhance public health capacity in the NZ health sector now – particularly MoH
- Enhance pandemic planning & use of simulation exercises

Figure 1: Epidemic curves for the 1918 influenza pandemic in NZ (data abstracted from the 1919 NZ Official Year-Book p169)



Conclusions

- The 1918 influenza pandemic in NZ – relatively well described
- But still much potential for further research (SES issues, natality etc)
- Some implications for pandemic preparations & planning (eg, addressing ethnic inequalities in health)

Questions?

