

## ECDC EXECUTIVE UPDATE

# Pandemic influenza A(H1N1) 2009

Issue 11

Monday, 21 September 2009

## Meetings and events

### *15-16 September, meeting on vaccine safety project (VAESCO II) in Basel*

ECDC representatives attended a vaccine safety project (VAESCO II) meeting in Basel on 15 and 16 September.

### *17-18 September, meeting on the development of a pandemic vaccine risk-benefit assessment model in London*

ECDC participated in a meeting in London on 17 and 18 September, bringing together several European experts for the purpose of developing a pandemic vaccine risk-benefit assessment model. The meeting was hosted by EMEA.

### *Regional Committee meeting in Copenhagen*

An ECDC delegation headed by its Director Zsuzsanna Jakab, participated in the 59<sup>th</sup> session of the Regional Committee of the WHO European Region. ECDC coordinated with the Commission delegation and the EU presidency the contribution to the deliberations of the assembly, notably on the current pandemic and on the implementation of the International Health Regulation. ECDC was also requested to provide a presentation at the technical briefing session on the European response to the pandemic.

# Weekly digest on pandemic influenza A(H1N1) 2009 from ECDC's Daily Updates

## *Weekend Daily Updates discontinued*

ECDC will now discontinue producing Daily Updates on the weekends until further needs arise. Starting from Monday, the [ECDC Daily Updates](#) will be produced by 09.00hrs every morning Mon-Fri and will include information on pandemic (H1N1) 2009 epidemiology in EU and EFTA countries. The following statistics are from EU and EFTA countries as of 21 September 2009:

- Cumulative case number of confirmed cases: 52725
- Cumulative number of deaths reported among confirmed cases: 158

Disclaimer: Several countries have announced recommendations on treatment on clinical signs only and restricted laboratory testing to specific population groups or in outbreaks. For these countries, the reported numbers of cases will severely underestimate the true incidence in the country, thus the presented cumulative numbers are not necessarily representative of the true incidence.

## 18 September 2009

### *Weekly Influenza Surveillance Overview published*

During week 37/2009 only three (Ireland, Sweden and the UK) of 20 countries for which data was available for reported ILI/ARI activity above their baseline levels. Out of the total number of sentinel specimens that tested positive for influenza, 96% were influenza A(H1N1) 2009. Seven SARI cases were reported by the Netherlands.

The full overview can be found at: [http://ecdc.europa.eu/en/activities/surveillance/EISN/Pages/EISN\\_Bulletin.aspx](http://ecdc.europa.eu/en/activities/surveillance/EISN/Pages/EISN_Bulletin.aspx)

### *Other updates*

The HPA reported two cases of oseltamivir-resistant pandemic influenza. According to media reports, the UK Chief Medical Officer also commented on increases of ILI consultation rates seen in England's sentinel surveillance system. The Northern Ireland Department of Agriculture and Rural Development announced that influenza A(H1N1)v has been identified in a number of piglets in the country. The US government announced it will donate 10% of its vaccine orders through the World Health Organization (WHO) to other countries. Several EU and non-EU countries will also join this effort.

## 17 September 2009

Preliminary, unpublished, study results from Australia suggest most pregnant pandemic influenza patients referred to the ICU in three Melbourne hospitals were deficient in IgG2. The results were presented at the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) and quoted by media sources.

## 16 September 2009

### *EC communication published*

The European Commission (EC) published a Communication on the Pandemic (H1N1) 2009 outlining five key strategy strands on response: Joint procurement of vaccines, Support to third countries, Vaccination strategies, Regulatory process for antiviral medicines and vaccines and Communication.

The full communication and attachments are available at: [http://ec.europa.eu/health/ph\\_threats/com/Influenza/novelflu\\_en.htm](http://ec.europa.eu/health/ph_threats/com/Influenza/novelflu_en.htm)

### *US FDA approves pandemic vaccines*

US Food and Drugs Administration (FDA) approved the intramuscular pandemic vaccines produced by CSL Limited, Novartis, and Sanofi Pasteur and the nasal spray vaccine of Medimmune. The Novartis, Sanofi, and MedImmune vaccines are approved for both adults and children, while the CSL vaccine is indicated only for adults. Clinical trials indicate that one 15-microgram dose produces seroconversion in adults, while two doses are required for children.

More information available through the FDA website:

<http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm181950.htm>

### ***Influenza A(H1N1)v shedding studies presented***

According to media, results of two unpublished studies presented at the Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC) in San Francisco indicate that a proportion of H1N1 patients shed virus for longer than 7 days. US CDC and experts do not expect these results to change self-isolation recommendations.

### ***Study on respiratory protection for healthcare workers presented***

In another unpublished study presented at the ISAAC, results of a 5-week trial of surgical masks vs. N95 respirators among 1 936 healthcare workers in China were shown. According to this study, N95 masks (with or without fit-testing) provide protection against influenza and other respiratory viruses, while surgical masks were ineffective.

## **Media highlights, 14-18 September**

Vaccination and the varying strategies around the EU have been covered widely in the European press. Many reports have focused on the possible side effects and impact of vaccination as many countries around Europe start to take hold of their orders and start advising on administration.

Vaccine availability has also been a central theme in many reports as some reports suggest one dose may be sufficient to protect against A (H1N1)v. There has been wide coverage of the US decision to provide 10% of their vaccine stock to poorer countries.

The spread of A (H1N1)v has been continually reported in the European press. In particular Swedish reports have indicated that they believe the spread has slowed and possibly stopped at the present time, whilst reports from the UK show the opposite trend with a significant increase in the weekly figures.

## **Public health development**

### ***ECDC issues revised planning***

Using data from the Southern Hemisphere and from the most affected country in Europe (the UK), ECDC has revised its recommended planning assumptions for European countries and extended these out to May 2010 (for the first year of the pandemic). These scaled down the assumptions, generally, from ones issued in July and for the first time include a recommended estimate of the intensive care capacity which countries might use. There is also an ECDC comment.

The full review is available at:

<http://ecdc.europa.eu/en/activities/sciadvice/Lists/ECDC%20Reviews/DispForm.aspx?ID=650>

## **Scientific advance**

### ***First published trials of specific pandemic vaccines***

Two new articles report first immunogenicity and safety data after vaccinating with one dose of monovalent unadjuvanted or one-two doses of monovalent adjuvanted influenza A (H1N1) 2009 vaccines.

The full ECDC review and CDC comments are available at:

<http://ecdc.europa.eu/en/activities/sciadvice/Lists/ECDC%20Reviews/DispForm.aspx?ID=649>

## **Updates from Eurosurveillance**

***Sub-optimal hand sanitiser usage in a hospital entrance during an influenza pandemic, New Zealand, August 2009***

The hand hygiene behaviours of the public in response to the current H1N1 influenza pandemic 2009 (or other pandemics) have not previously been described. An observational study was undertaken to examine hand hygiene behaviours by people passing a hand sanitiser station in the foyer of a public hospital in New Zealand in August 2009. Of the 2,941 subjects observed, 449 (18.0%, 95% confidence interval: 16.6, 19.6) used the hand sanitiser. This is a far from optimal result in response to the health promotion initiatives in the setting of a pandemic. These findings suggest the need for more effective health promotion of hand hygiene and also provide baseline measurements for future evaluation of hygiene practices.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19331>

### ***Economic consequences to society of pandemic H1N1 influenza 2009 – preliminary results for Sweden***

The article describes simulation experiments showing that vaccination against pandemic H1N1 influenza is highly cost-effective. Swedish society may reduce the costs of pandemic by about SEK 2.5 billion (approximately EUR 250 million) if at least 60% of the population is vaccinated, even if costs related to death cases are excluded. The cost reduction primarily results from reduced absenteeism. These results are preliminary and based on comprehensive assumptions about the infectiousness and morbidity of the pandemic, which are uncertain in the current situation.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19333>

## **Upcoming events**

### ***ECDC Nineteenth Advisory Forum***

ECDC is pleased to announce that the Nineteenth Advisory Forum will convene on 22-23 September 2009. Of note, Influenza (seasonal and pandemic) issues will be discussed in depth during the initial morning plenary session. Throughout the meeting, as is customary, three working groups will assemble and explore the following timely topics: i) Working with Member States: Needs, Expectations and Capacities; ii) A(H1N1) pandemic: Study of Natural History of the Disease and Epidemic and Particularly Risk Factors of Severe Clinical Course or Death and; iii) Syndromic Surveillance.

### ***ECDC to host influenza A(H1N1)v mathematical modelling meeting***

A meeting on mathematical modelling of influenza A(H1N1)v will take place at ECDC on 24 and 25 September, lead by ECDC's Scientific Advice Unit. The aim of the meeting is to communicate early results from the ECDC influenza A(H1N1)v modelling working group members and from modelling experts from Australia, USA, Canada and China. The meeting will especially highlight data needs for modelling, non-pharmaceutical interventions (with special emphasis on school closures) and vaccination strategies. Updates from modelling activities in European countries will also be given.