

ECDC EXECUTIVE UPDATE

Pandemic influenza (H1N1) 2009

Issue 18

Monday, 9 November 2009

Meetings and events

Management Board meeting at ECDC, Stockholm 5–6 November 2009

The 17th Management Board meeting took place at ECDC on 5–6 November 2009. During the meeting, the latest Risk Assessment as well as the revised Planning Assumptions for the pandemic influenza H1N1 were presented by Professor Angus Nicoll, ECDC.

Weekly influenza surveillance overview (WISO) highlights

WISO main highlights

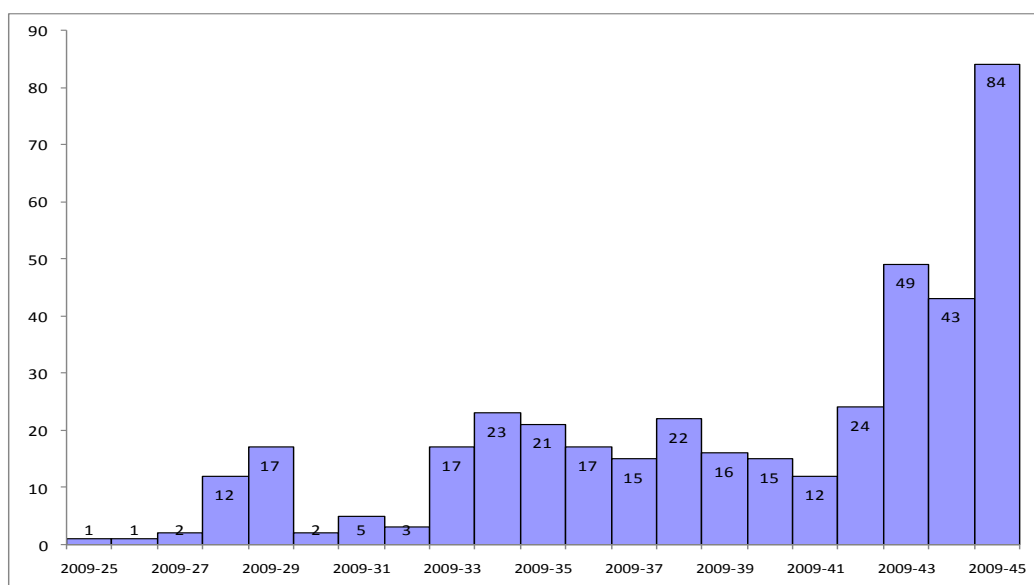
- Pandemic influenza continues to spread across Europe. Of the six countries reporting high influenza activity, four are new and four others reported an increasing trend (out of 16).
- Pandemic A(H1N1)v is the dominant strain circulating, while seasonal strains, mostly A(H3N2) and influenza B, are only sporadic.
- The percentage of influenza positive sentinel specimens further increased since last week and is now at 48%.

Of the 492 SARI patients notified by five countries between weeks 40 and 44/2009, 60% needed ventilator support and 50% had no underlying condition.

The ECDC weekly influenza surveillance overview is published on Friday afternoons and is available at: http://www.ecdc.europa.eu/en/activities/surveillance/EISN/Pages/EISN_Bulletin.aspx

Weekly digest on pandemic influenza H1N1 from ECDC Daily Updates

As of 9 November, the cumulative number of reported deaths since the beginning of the pandemic in EU/EEA Member States totals 401. Figure 1 (below) shows the number of confirmed deaths among influenza A(H1N1)v 2009 cases by week of notification for EU and EFTA countries (week 25–45/2009).



Discrepancies are due to unsynchronised reporting related to the ongoing transition to TESSy. ECDC will continue to monitor the number of fatal cases by country. It must be emphasised that the numbers of fatal cases associated with pandemic influenza are likely to be gross underestimates. Access to healthcare, the quality of the laboratory network in the country, the quality of the surveillance system and the case definition used for identifying fatal cases all affect these figures and will vary from country to country.

9 November

A(H1N1)v detected in animals

On 5 November 2009, WHO issued a short note concerning pandemic influenza A(H1N1)v in animals. A small number of infections have been reported in pigs probably following direct transmission from infected humans to swine. These isolated events have had no impact on the dynamics of the pandemic that is spreading readily via human-to-human transmission

Full WHO note available at: http://www.who.int/csr/disease/swineflu/notes/briefing_20091105/en/index.html

6 November

Pandemic H1N1 outbreak, Ukraine

On 5 November, the Ukrainian Ministry of Health reported 633 877 cases of acute respiratory illness and 95 deaths related to acute respiratory illness, that represents a significant increase compared to the previous day (+32% for the number of cases and + 10% for the number of deaths). Influenza A(H1N1)v has been identified in a number of samples in domestic laboratories and confirmed by the WHO reference laboratory in London. A nine-person WHO outbreak assessment team, including experts from ECDC and EU Member States, has been deployed at the request of the Ministry of Health in Ukraine and are presently in Kiev and Lviv.

Ukraine called on the EU through the Community Civil Protection Mechanism on 31 October for help to deal with the situation. On 6 November, the European Commission's Monitoring and Information Centre (MIC) dispatched a coordination and assessment team of experts. Additionally, several countries have already offered their help to control this outbreak.

More information is available in [6 November](#) Daily Update and older updates on Ukraine are available on [5 November](#) and [4 November](#). A summary of the [WHO pandemic \(H1N1\) 2009, Ukraine Update 1](#) can be found in [3 November](#) daily Update. The first Daily Update coverage of the situation in the Ukraine was published on [2 November](#).

5 November

Norway decided to relax prescription requirement for antivirals

In Norway, the Department of Health and Care services announced that temporary arrangements will be made to make the antivirals oseltamivir and zanamivir accessible in the pharmacies without prescription from 5 November.

See full [press release](#)

4 November

Study on hospitalised cases in California published

A study describing the clinical and epidemiologic features of the pandemic H1N1 2009 cases by the California Pandemic Research group was published in the Journal of the American Medical Association. Among the 1088 cases identified, 118 had a fatal outcome, most commonly due to viral pneumonitis or acute respiratory distress syndrome.

The article can be found at: <http://jama.ama-assn.org/cgi/content/short/302/17/1896?home>

3 November

Pandemic influenza H1N1 updates from the USA and Canada

The Daily Update includes a weekly update on the pandemic from the USA and Canada.

2 November

WHO SAGE Committee advises on pandemic vaccines 30 October 2009

The WHO Strategic Advisory Group of Experts (SAGE) met last week and considered its position on pandemic vaccines; specifically on the status of vaccine availability, results from clinical trials on immunogenicity and early results from safety monitoring in countries where immunisation had started. This is reported on the WHO website. Notable conclusions with relevance for European countries included:

- SAGE recommended use of a single dose of vaccine in adults and adolescents starting at age 10 years provided such use is consistent with indications from regulatory authorities;
- data are not yet available for making recommendations on younger or immunocompromised persons, but where national authorities have decided to vaccinate children they should start with single doses;
- that seasonal and pandemic vaccines can be administered simultaneously ;
- Early results from the monitoring of people who have received pandemic vaccines were encouraging. Though there were side effects, they were in the range seen for seasonal influenza vaccines and there was no indication of unusual adverse reactions. However, monitoring for adverse events should continue.

Pregnancy studies in experimental animals using live attenuated vaccines and non-adjuvanted or adjuvanted inactivated vaccines found no evidence of direct or indirect harmful effects. Because of the substantially elevated risk for a severe outcome in pregnant women infected with the pandemic virus, SAGE recommended that any licensed vaccine can be used in pregnant women, provided no specific contraindication has been identified by the regulatory authority

Scientific advances

Background rates of disease useful for assessment of pandemic vaccine safety

An international group including WHO has published an evidence based review of what are the background rates of key health events that are occurring continuously in the background, miscarriages, sudden unexpected deaths, Guillain-Barré Syndrome etc. This is important as a reminder that when many people are being immunised with

influenza vaccines, especially people perhaps at higher risk of these events, they will occur in temporal association with immunisation and that such event (so-called Adverse Events Following Immunisation; AEFI) will be mostly or entirely due to coincidence. The article and an ECDC comment goes onto to explain how though these events are taken very seriously by national and EU regulatory agencies so that real causative associations are considered and investigated.

Description of the study and ECDC comment can be found here: [Background rates of disease](#).

Recent ECDC publications on A(H1N1)v influenza

ECDC Update Pandemic Risk Assessment

ECDC on Friday updated its [Pandemic Risk Assessment](#) that is the main repository of its scientific analyses of the epidemiology and experience of the pandemic in Europe and elsewhere. The update is informed by the first experiences from this autumn in Europe and North America as well as further analyses from the Southern Hemisphere's temperate countries during their winter season. It includes details of the clinical experience of people who are becoming severely ill; the first adjusted planning assumptions for European countries not significantly affected by the earlier wave; the basic parameters of the pandemic, drawing on work undertaken with WHO and ECDC Advisory Forum.

Updates from *Eurosurveillance*

Eurosurveillance published this week the following articles related to pandemic H1N1 influenza:

- [Syndromic surveillance: the next phase of public health monitoring during the H1N1 influenza pandemic?](#)
- [Surveillance of the first 205 confirmed hospitalised cases of pandemic H1N1 influenza in Ireland, 28 April – 3 October 2009](#)
- [Measures against transmission of pandemic H1N1 influenza in Japan in 2009: simulation model](#)
- [Interpreting "Google Flu Trends" data for pandemic H1N1 influenza: The New Zealand experience](#)
- ["I-MOVE" towards monitoring seasonal and pandemic influenza vaccine effectiveness: lessons learnt from a pilot multi-centric case-control study in Europe, 2008-9](#)
- [Influenza-like illness surveillance using a deputising medical service corresponds to surveillance from sentinel general practices](#)

A brief overview of each article can be found in [Friday's Daily Update](#)

Upcoming events

12 November 2009: ECDC Director and ECDC immunization expert participates in meeting on pandemic influenza (H1N1) vaccination, Hungary

12-13 November 2009: ECDC contributes to Health Security Committee meeting, Luxembourg

16 November 2009: ECDC speaks to Committee for Medicinal Products for Human Use (CHMP) meeting at EMEA, London.

17-20 November 2009: ECDC participates in WHO Research meeting