

ECDC's Role in Strengthening Pandemic Preparedness in Europe

(subject to discussion and approval)

Media Seminar on Flu Pandemic Preparedness – Brussels 17th October 2006

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Seasonal Influenza Vaccination - An Effective Prevention

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Working on Seasonal Influenza – the Rationale

- Every year there are many preventable deaths in the EU
- Seasonal influenza immunisation works
- Overall EU is doing poorly compared to North America on immunisation
- Increasing vaccine uptake and antiviral use will strengthen industrial capacity for a pandemic
- The personal measures are the same as for a pandemic – it prepares the public
- The research agenda will strengthen pandemic response
- The pandemic may be years away and the potential threat from H5N1 may stay a potential threat

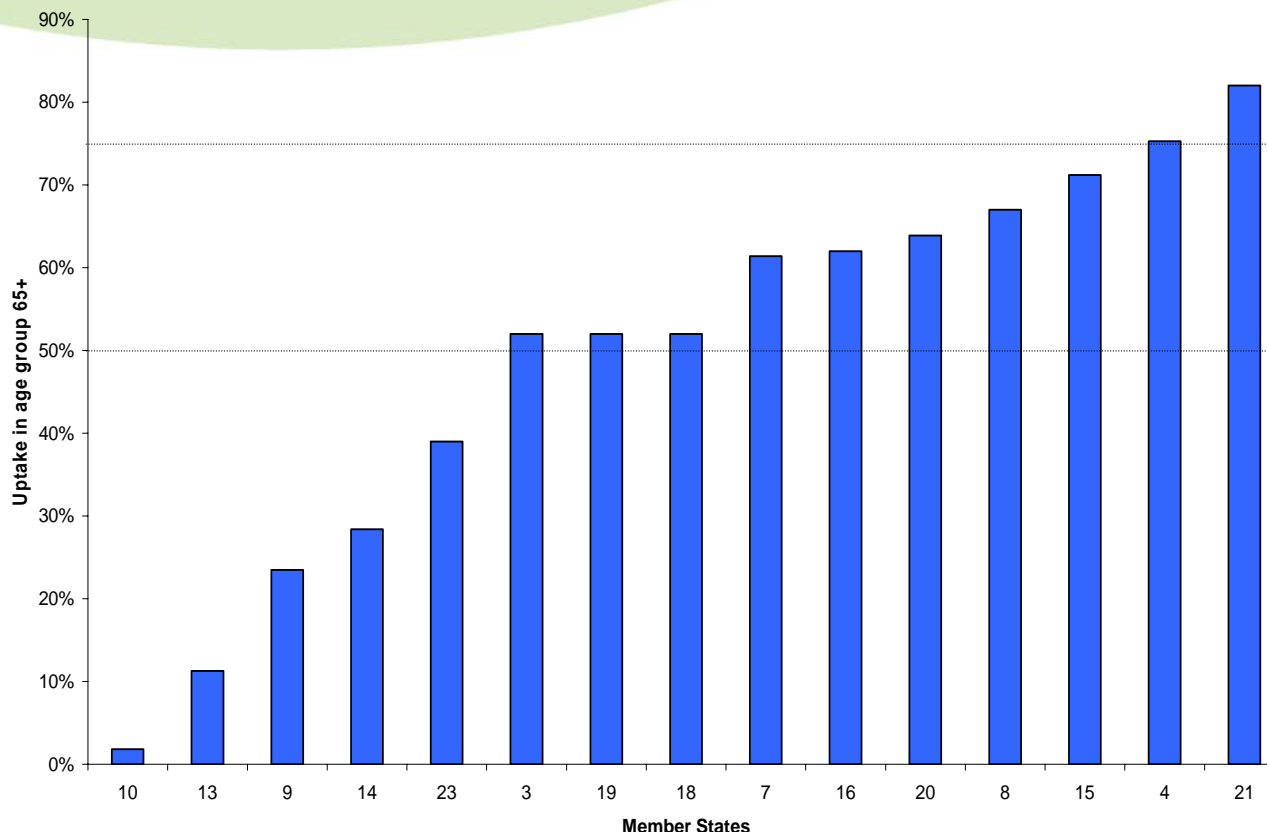
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Estimated Elderly Population Immunized (Percentage)

n = 18 EU countries

ECDC Survey April 2006



Source Population (2003) Data: Eurostat

http://epp.eurostat.ec.eu.int/portal/page?_pageid=1996,45323734&_dad=portal&_schema=PORTAL&screen=welcomeref&open=/&product=EU_MAIN_TREE&depth=1

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Specific Areas of Work

Public Health Measures

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Personal (non-pharmaceutical) protective measures for reducing transmission of influenza – ECDC interim recommendations

<http://www.eurosurveillance.org/ew/2006/061012.asp#1>

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What does the Scientific Evidence Support for Seasonal Influenza or in a Pandemic?

Surprising Little Evidence – has not been a research priority

- Hand washing strongly recommended
- Respiratory hygiene – recommended
- Early Self Isolation at home – recommended
- Mask-wearing by the sick in caring situation - recommended
- Mask-wearing by the public – neither supports nor rejects – a permissive approach
- Quarantine – generally not recommended

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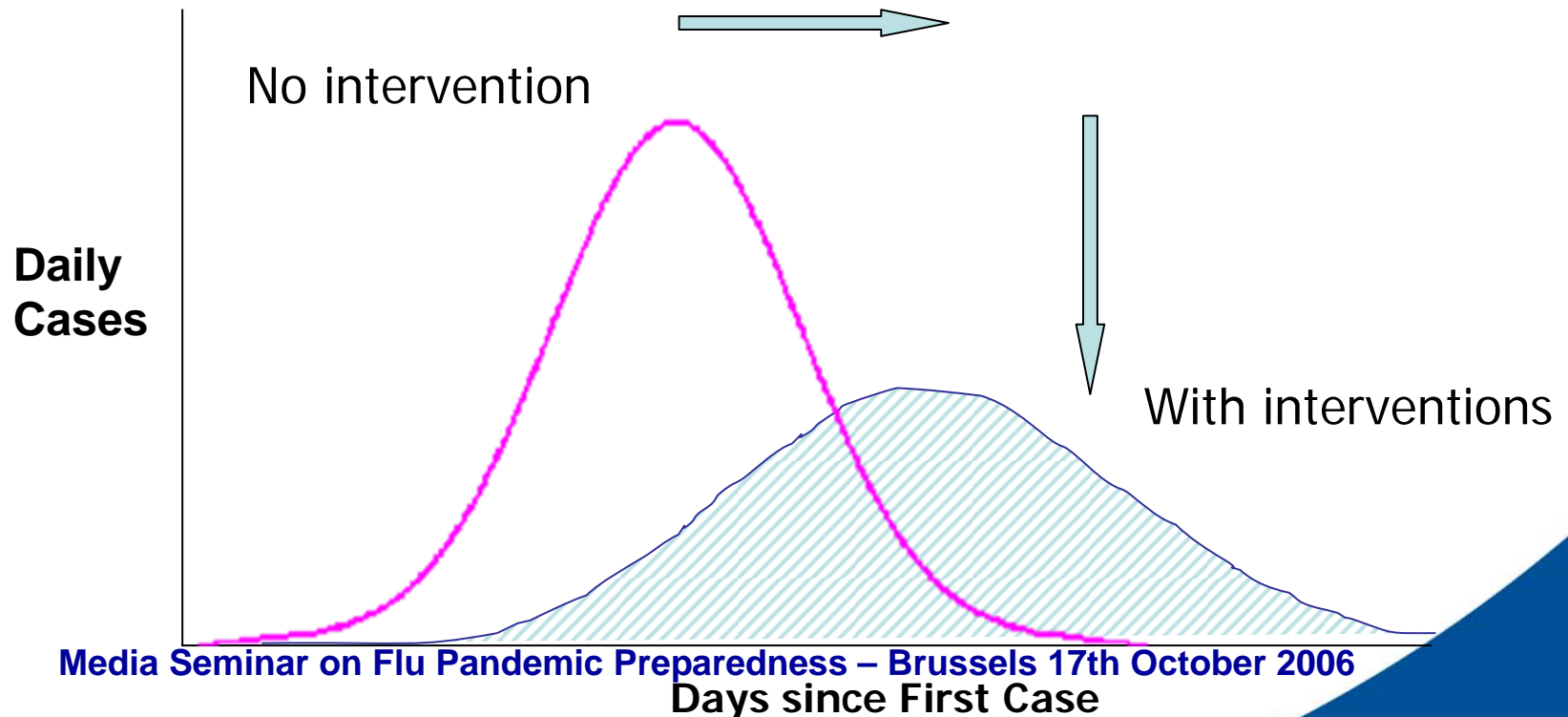
Community Public Health Measures

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Aims of community mitigation of influenza transmission (adapted from CDC, USA)

1. Reduce number of cases
2. Delay and flatten outbreak peak
3. Reduce peak burden on healthcare system
4. Buy a little time



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Days since First Case

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Influenza in Hong Kong During SARS Greater decline in 2003 than usually seen in the Spring

Lo JYC, Tsang THF, Leung Y-H, Yeung EYH, Wu T, Lim WWL.
Respiratory infections during SARS outbreak, Hong Kong, 2003.

Emerg Infect Dis 2005; 11:

<http://www.cdc.gov/ncidod/EID/vol11no11/05-0729.htm>

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'Interventions' applied in Hong Kong

- **Closed schools**
- **Work masks**
- **Washed hands**
- **Cleaned the streets**
- **Stopped public gatherings**
- **People did not go out**
- **Work slowed or stopped**
- **International travel ceased**

- **Didn't use antivirals or vaccines**

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Some EU & American modeling suggests strategies will reduce transmission with components like:

Early and Uniform Implementation of:

- Voluntary home isolation of ill persons
- Voluntary home quarantine of household contacts
- Treating the ill and providing antiviral prophylaxis to household contacts
- Closing schools reactively
- Keeping children and adolescents at home
- Social distancing at work and in the community
- Human H5N1 vaccines

But data sparse, practicalities and pandemic specific nature of some of these measures are problematic

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policy

Specific Areas of Work

Antivirals – Public Health Aspects

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ECDC Work in Progress

- How and when antivirals are used in relation to human health and influenza (avian, seasonal and pandemic),
- The types of antivirals used against influenza
- Drug resistance issues
- Who antivirals are given to (risk groups),
- When and where national and international stockpiles might be useful
- Issues around containment and mitigation
- **Timely delivery of antivirals on a population basis – a substantial issue**

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Specific Areas of Work

Preparedness Work with Member States

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Preparedness Work This Autumn



- **Revision of the Assessment Tool including the Indicators**
 - **A more collaborative process**
 - **Indicators**
 - **More on laboratory**
 - **More on local, intersectoral and interoperability issues**
- **European Preparedness Workshops x 3, Uppsala May 2006**
- **Joint Country Assessment Visits x 9 by September 2006**
- **Regional Preparedness Workshops September 2006 for countries not previously visited**
- **Survey of Preparedness for Commission – Questionnaire to Member States**
- **Communications workshop - Athens**
- **Report to the Commission – End October**
- **Further Regional Meeting Stockholm December 4-6th, 2006**
- **4th EC-ECDC-Euro Workshop ? May 2007**

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Pandemic Preparedness Assessment Visits before September 2006



- **France**
- **Germany**
- **Greece**
- **Italy**
- **Lithuania**
- **Poland**
- **Portugal**
- **Slovakia**
- **United Kingdom**

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Regional Workshops September 2006

18-20 September

- Belgium
- Denmark
- Estonia
- Finland
- Iceland
- Latvia
- Luxembourg
- Netherlands
- Norway
- Sweden

20-22 September

- Austria
- Czech Republic
- Cyprus
- Hungary
- Ireland
- Malta
- Spain
- Slovenia

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Pandemic Preparedness Assessment Visits Autumn 2006



- **Austria** 27th-30th November 2006
- **Belgium** 13th-16th November 2006
- **Czech Republic** 6th – 10th November 2006
- **Latvia** 11th- 14th December 2006
- **Spain** 16th- 19th October 2006
- **Hungary** 27th-30th November 2006

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Regional Workshop December 2006



4-6 December

- France
- Germany
- Greece
- Italy
- Lithuania
- Poland
- Portugal
- Slovakia
- United Kingdom

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Pandemic Preparedness Assessment Visits 2007



- Austria
- Belgium
- Bulgaria
- Czech Republic
- Cyprus
- Denmark
- Estonia
- Finland
- Hungary
- Ireland
- Latvia
- Luxembourg
- Malta
- Netherlands
- Romania
- Spain
- Slovenia
- Sweden

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Regional Workshops September 2006

Some preliminary results

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Overall status



- ECDC reviewed preparedness of all 25 MS – through country visits and regional workshops
- Substantial work done by MS
- Pandemic preparedness across EU MS improved considerably over last 18 months
 - Process of European Workshops and country visits supported this strengthening
- ECDC reviewed preparedness of all 25 MS – through country visits and regional workshops
- Preparedness a process that needs to continue
- ECDC will continue preparedness work with MS and partner organizations

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Planning and coordination



- Consider command and control structure above the ministerial level
- Integrate preparedness across sectors
- Plan at regional and local levels
- Define key target groups – health personnel, emergency personnel, or whole population
- Plan to care for visitors in your country
- Plan for your citizens in foreign countries

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Health Service Response

- Develop and test a generic model hospital plan
- Integrate preparedness of primary and secondary health care system
- Prioritize which business as usual to continue
- Training of health care workers
- Define roles of
 - Secondary vs. primary care
 - Home based care
 - Local influenza centres
 - Private sector
- Develop a strategy for antibiotics and other medications

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Communication



- Develop detailed and operational plans
- Nominate spokespersons
- Prepare surge capacity
 - Personnel
 - Back-up communication channels
- Pre-agreed pandemic messages within countries and between countries
- Reach minorities, address language barriers

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Interoperability between countries



- Interactions needed both among EU and bordering countries outside EU
- Discuss borders closures and restrictions
- Discuss cross-border commuting of personnel
- Be prepared for population movements across borders
- Provide health care to visitors
- Develop compatible arrangements for primary and secondary care
- Develop compatible arrangements for delivery of antivirals
- Develop common communication strategies and messages
- Share triggering mechanisms
- Share essential items – mutual aid
- Conduct cross-border exercises

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Thank you!

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