



BACKGROUND MATERIAL FOR THE MEDIA

AVIAN INFLUENZA AND ANIMAL HEALTH

Brussels, 7 July 2006

QUESTIONS AND ANSWERS

1.1 What is avian influenza?

Avian influenza is a highly contagious viral disease which occurs in poultry and other birds, that is caused by several different types of Influenza A viruses. It is primarily a bird disease, although there have been cases of avian influenza viruses being transmitted from infected birds to humans and other animals.

1.2 What is the difference between low pathogenic and highly pathogenic avian influenza viruses?

Most avian influenza viruses are of low pathogenicity, meaning that they do not cause serious disease in birds. Wild birds (ducks, geese and gulls, in particular) often carry these viruses without showing any symptoms. Indeed, these birds are considered to be the main "reservoir" of avian influenza viruses in nature. From these birds, the low pathogenic viruses may also sometimes spread to domestic poultry. Some of these low pathogenic viruses can mutate into highly pathogenic viruses after transmission from wild birds to domestic flocks, causing very serious disease and major epidemics in poultry and other birds. The infamous Asian strain (H5N1) of the avian influenza virus is an example of such a virulent highly pathogenic virus.

1.3 What is the H5N1 virus, that is currently in the spotlight?

H5N1 is a strain of avian influenza, and the virus currently causing concern worldwide is a highly pathogenic form of that strain. It has a high mortality rate in birds, and has been transmitted directly from birds to humans and other animals in certain countries. The current global outbreak of highly pathogenic H5N1, which emerged in South-East Asia in 2003, is the most widespread and severe ever recorded.

1.4 What is the current situation with regard to outbreaks of H5N1 avian influenza?

The first outbreaks of the highly pathogenic strain of H5N1 avian influenza were actively reported in South-East Asia in 2003, although the virus had most likely been circulating in the region since as early as 1996. Avian flu is still endemic in this region and eradication is proving extremely difficult. Starting in spring 2005, the virus spread northwards, affecting birds in Northern China, Mongolia, Russia and Kazakhstan. By the end of 2005, it was clear that the Asian strain of the H5N1 virus also arrived in Europe, with Croatia, Romania, Turkey, Ukraine and the European part of Russia all affected by the virus to varying extents. Early 2006 saw a significant outbreak of the virus in domestic poultry in Turkey, and by February 2006, the disease was also being reported in wild birds in a number of EU Member States, Bulgaria and other Balkan countries. There have also been some outbreaks of H5N1 in poultry in the EU, but thanks to the strong EU eradication and control measures in place, these have so far been quickly contained. Many African and Middle Eastern countries also began reporting confirmed cases of H5N1 avian influenza in the first half of 2006.

For the latest information on avian influenza outbreaks globally, see the OIE daily update at: http://www.oie.int/download/AVIAN-INFLUENZA/A_AI-Asia.htm





1.5 What is the role of wild birds in the spread of avian influenza viruses?

Certain wild birds may act as carriers of avian influenza viruses. Currently, an increasing number of different wild bird species are being found to be infected with the highly pathogenic H5N1 Asian strain of the virus. There has been increasing evidence that migratory wild birds affected by the disease have contributed to the global spread of the H5N1 virus over long distances, for example, from Asia to Europe.

1.6 What EU legislation is in place for the control of avian influenza?

EU legislation on avian influenza is laid down in [Directive 92/40/EEC](#), and the new [Directive 2005/94/EEC](#), which must be transposed by Member States by July 31, 2007. This legislation sets out rules on the surveillance, control and eradication measures that must be taken in the event of a highly pathogenic avian influenza outbreak. The new Directive also provides for the use of preventive vaccination against avian influenza, under certain conditions and subject to specific requirements. The Avian Influenza Control Directive also gives the Commission full flexibility to take ad hoc measures in the case of an outbreak of avian influenza, as it is impossible to provide for every possible scenario in framework legislation. Such measures must be agreed with Member States within the framework of the Standing Committee on the Food Chain and Animal Health (SCFCAH), before they can be adopted by the Commission.

1.7 What recent measures have been put in place to prevent and control highly pathogenic avian influenza in the EU?

A number of legislative Decisions in relation to avian influenza have put forward by the Commission and agreed by Member States in the Standing Committee on the Food Chain and Animal Health (SCFCAH). These aim to respond to the latest avian influenza situation and to new threats, and are kept under continual review. For example, following confirmation that the H5N1 virus was spreading westwards from Asia, new rules for the surveillance of wild birds and heightened bio-security measures were agreed. Import bans on poultry and poultry products from affected third countries were also implemented. Decisions on measures to be taken in the event of a highly pathogenic outbreak of avian influenza in wild birds, and in poultry, were adopted by the Commission as the risk of the H5N1 virus heightened in the EU, and these have been implemented in any Member State in which there was an outbreak to date. In June 2006, the Commission adopted Decision 2006/416/EC which strengthens the legal framework for Member States to apply control measures in case of an outbreak of highly pathogenic avian influenza in poultry and other captive birds, as laid down in the new Avian Influenza Directive. In particular, the Decision sets out a much clearer legal base for "special cases" e.g. the control of highly pathogenic avian influenza in zoo or ornamental birds.

[The latest Decisions agreed in SCFCAH can be found here.](#)

1.8 Under EU legislation, what measures must be taken if there is a suspected outbreak of highly pathogenic avian influenza in poultry or captive birds on a holding?

If there is a suspected outbreak of highly pathogenic avian influenza in poultry flocks, all poultry on the holding concerned must be kept indoors or confined in an isolated area where they will have no contact other poultry. No poultry may enter or leave the affected holding. People, animals, vehicles, poultry products, animal feed or anything else liable to transmit the avian influenza virus cannot move to or from the holding without the authorization of the competent national authority. Bio-security measures, such as the disinfection of entrances and exists of poultry houses and the holding itself, must be applied. National authorities must carry out an epidemiological inquiry on the possible source of the disease. If the Member State authorities consider it necessary, they may also immediately cull and destroy all the poultry in the holding, pending confirmation of the disease.





1.9 What measures must be taken if there is a confirmed outbreak of highly pathogenic avian influenza in poultry?

In the case of a confirmed outbreak of avian influenza in poultry, the affected Member State must put in place the strict measures set out in the new Avian Influenza Directive due to be implemented by July 2007, and that are reflected as transitional measures in Decision 2006/415/EC and 2006/416/EC .

The following measures must be taken on that holding when there is an outbreak in poultry:

- All poultry on the holding must be culled and destroyed immediately
- All meat eggs, meat and poultry products must be traced and destroyed
- Movement of vehicles, persons and other animals to and from the holding will be controlled.
- The affected holding and any vehicles used for transportation to or from the holding must be thoroughly cleansed and disinfected.
- No poultry may be reintroduced onto the holding for at least 21 days after the cleansing and disinfection operation is complete.

In addition, national authorities must establish a protection zone with a radius of 3km around the site of infection and a surveillance zone with a minimum radius of 10km around the protection zone. Wider risk areas must be set up around the protection and surveillance zones, which should act as a buffer between the infected and non-infected part(s) of the Member State and neighbouring countries.

In these zones, there are a series of restrictions and controls must be applied. These include a block on live poultry and birds, meat, eggs and poultry products leaving the areas except under very limited conditions. Stringent bio-security measures must also be applied, and monitoring of poultry and birds must be stepped up. If the Member State authorities deem it necessary, further culling in holdings close to, or which had interaction with, the infected holding may be carried out. For more information, see: [MEMO/06/79](#).

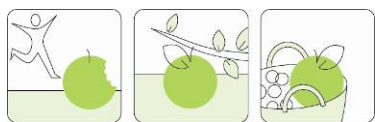
1.10 What measures must be taken if a case of highly pathogenic avian influenza is found in wild birds in a Member State?

The priority when a case of highly pathogenic avian influenza is detected in wild birds in a certain region is to prevent the spread of the virus to poultry and captive birds. Therefore, Member States where avian influenza is suspected or confirmed in wild birds must immediately apply EU measures which were first set out in the EC Decision on avian flu in wild birds (see IP/06/180), and then revised in mid-2006 to take into account experience gained over the previous months. National authorities must set up a control zone and a monitoring area around the location where the infected wild bird was found, unless thorough assessment of the situation indicates that there is no risk of disease spreading to poultry in the area. In the control zone, poultry must be kept indoors, the movement of poultry is banned except directly to the slaughterhouse, and the dispatch of meat outside the zone is forbidden except under very controlled and limited circumstances. In both the control zone and the monitoring area, on-farm biosecurity measures must be strengthened, hunting of wild birds is banned and disease awareness of poultry owners and their families must be carried out.

1.11 What has the EU done to increase surveillance for avian influenza?

Recognising the importance of disease surveillance for the early detection and control of highly pathogenic avian influenza, the EU has intensified its programmes for the surveillance of avian influenza both in wild birds and poultry. Member States have drawn up and implemented national surveillance programmes, for which the Commission has made almost €2.9 million available for the period July 2005 to December 2006 ([see IP/06/172](#)). Guidelines on enhanced surveillance for avian influenza in wild birds were also issued by the Standing Committee on the Food Chain and Animal Health. Between July 2005 and May 2006, around 100 000 tests for H5N1 were carried out on wild birds across the EU, the results of the increased surveillance for avian influenza in wild birds were presented in a report by the Commission and Community Reference Laboratory for Avian Influenza (see IP/06/704). The intensified surveillance has allowed a clearer overview of the avian influenza





situation in the EU to be established, and has helped in rapidly detecting and responding to any outbreaks that occurred.

1.12 Is vaccination an option in preventing and containing avian influenza outbreaks?

There is much discussion about the pros and cons of using vaccination as a preventive measure against avian influenza. On one hand, vaccination can help reduce the infection, transmission and mortality rate of avian influenza and reduces the amount of the virus shed by a bird if it does become infected. On the other hand, vaccination does not provide 100% protection against avian influenza, and the virus can be more difficult to detect in a vaccinated flock which could delay the implementation of control and eradication measures. Strict surveillance and control measures must be carried out on vaccinated poultry under EU legislation, and these, along with the initial work and costs required to administer the vaccine, can make it prohibitively expensive to vaccinate commercial birds.

Preventive vaccination may be used in a targeted way, for example among zoo animals, to prevent them from needing to be culled. The Commission has approved the vaccination plans for zoo birds of 17 Member States. The new Avian Influenza Directive also enables Member States to carry out preventive vaccination programmes on certain species of poultry, under specific conditions, if they are at high risk of avian influenza. Targeted preventive vaccination programmes were recently carried out by France and the Netherlands, but only after their plans had been submitted to and approved by the Commission (IP/06/210). Vaccination has also been used in certain categories of poultry in specific areas in Italy, where low pathogenic avian flu viruses frequently recur.

The use of vaccination will always be strictly monitored and the EU rules will require that vaccinated birds can be differentiated from infected birds (DIVA strategy - Differentiating between Infected and Vaccinated Animals) and that specific surveillance and control measures are in place. This is very important both for disease control and for trade purposes, as in this way, restrictions on trade in poultry and poultry products from the vaccinated areas can be minimised. Eventual restrictions on trade will be decided on a case-by-case basis.

For more information on avian influenza vaccination, see: [Memo/06/92](#).

1.13 What financial support would the EU provide in the event of a widespread avian influenza outbreak in the EU?

In the event of certain animal health crises, including an outbreak of highly pathogenic avian influenza, farmers are compensated by national authorities for the losses incurred in applying disease eradication measures such as culling of livestock and disinfection measures. Member States may obtain up to 50% EU co-funding for the compensation paid to farmers, which is provided from the EU veterinary fund. In addition, EU funding may be provided for up to 100% of the costs of supplying, and 50% of the costs of applying, emergency vaccination in such a situation. It should be noted that there is no EU funding for preventive vaccination.

1.14 What has the EU done to support the poultry sector as a result of the effect this avian influenza crisis may have had on public consumption of poultry and eggs?

Due to the avian flu situation, consumption of poultry and eggs has fallen dramatically in some Member States, leading to a sharp reduction in prices. Until recently, EU legislation only allowed co-financing to compensate the egg and poultry sector in cases where there was a disease outbreak or where farmers were prevented from moving their poultry because of veterinary restrictions imposed. In view of situation with regard to H5N1 avian influenza however, the European Commission put forward a proposal to enable market support measures for the eggs and poultry sector to be provided from the EU budget. The measure was approved by the European Parliament and adopted by Council on 25 April. Under the new support measures, EU co-financing will cover up to 50% of the cost of market support measures linked to a drop in consumption and prices of eggs and poultry.





1.15 Can avian influenza affect other animals, including domestic pets?

Cases of domestic cats found to be infected with the H5N1 were confirmed in both Germany and Austria in early 2006. Germany also confirmed a case of a stone marten (small wild mammal) infected with H5N1. The infected animals were all found within surveillance zones where there had been outbreaks of H5N1 in wild birds. The fact that these animals have been detected shows the strength of the EU surveillance system. Other carnivores, such as civet cats in Asia, have also been shown to be susceptible to H5N1 and most likely caught the virus through close contact with/ eating infected birds. There is no evidence of humans catching avian flu from cats or mammals. In light of the current situation, however, the European Centre for Disease Prevention and Control (ECDC) and the Standing Committee on the Food Chain and Animal Health issued guideline recommendations for people in areas where H5N1 has been detected in wild birds, advising them not to let their cats roam freely outside, to avoid wild or stray cats, and to contact their vet immediately in the case of sick/dead cats or dogs which may have been in contact with wild birds.

See: http://www.ecdc.eu.int/avian_influenza/pdf/ECDC_advice_cats_H5N1.pdf

1.16 What has the EU done to try to improve the situation internationally?

The EU has actively offered assistance to third countries affected by H5N1 avian influenza, and has worked closely with international bodies in their efforts to combat it. EU experts and resources needed to tackle avian influenza have been sent to a number of accession, neighbouring and other third countries when requested.

At an international Pledging Conference held in Beijing in January 2006, the Commission and EU Member States committed a total of around 211 M€ towards the fight against avian influenza and preparations for a possible human influenza pandemic. The Commission and the World Bank have established a multi-donor trust fund, called the Avian and Human Influenza Facility, through which a large part of the EU pledged funds will be administered to countries in need of assistance in Asia, Eastern Europe and the Mediterranean region. A significant amount of international funding will also be made available to African countries to help them prevent and control avian influenza and increase human pandemic preparedness.

As a follow up to the Beijing Pledging Conference, senior officials met in Vienna on 7 June 2006 to discuss the technical as well as political questions related to providing assistance to developing countries in fighting avian influenza and preparing for a possible human pandemic. Further follow up meetings on this issue will be held every 6 months, with the next one scheduled to take place in Africa in December 2006.

For more information, see: http://ec.europa.eu/comm/world/avian_influenza/index.htm

Avian influenza and human health: where is the link?

2.1 Are avian influenza viruses able to cause disease in humans?

The vast majority of avian influenza viruses do not cause any disease in humans. Moreover, only some of the viruses that are highly pathogenic for poultry are also capable of infecting and causing disease in humans, and when this happens they often cause only mild disease (conjunctivitis, flu-like symptoms). However, on rare occasions a highly pathogenic avian influenza virus (such as the Asian subtype H5N1) emerges that is capable of causing serious illness and death when transmitted to humans from infected birds and poultry.

2.2 Could avian influenza result in a human flu pandemic?

Avian influenza is primarily a bird disease, which so far has only been transmitted to humans who were in close contact with infected live birds. No sustained human-to-human transmission of virus has occurred.





Whenever there are serious animal or bird influenza epidemics caused by virus strains that can also spread to humans (such as the Asian H5N1 subtype of the avian influenza virus), and in particular, when these epidemics occur at the same time as the "normal" seasonal flu outbreaks, the chances rise of a human flu pandemic virus developing. This is because the bird virus could change its capacity to cause disease when it infects and replicates itself in humans, often by interacting with the milder human virus (the one which causes the normal "seasonal" influenza - see below) to produce a better adapted mutant virus which is rapidly and efficiently transmissible from human-to-human. Humans would have no natural defences against such a new virus, and if it is a highly contagious strain, a pandemic could then ensue.

To prevent such interactions between human infections and the avian influenza virus, it is therefore important to diminish the amount of virus particles available, by controlling the virus at its source – whether in animals or humans. This means doing everything possible to eradicate avian influenza as quickly as possible, wherever it occurs.

Important! At the moment, there is much attention on the H5N1 Asian subtype avian influenza virus as the possible source of a new pandemic-causing human virus. However, a human influenza pandemic could occur from any highly contagious new influenza virus which emerges and against which the human population has no immunity.

2.3 Are there travel restrictions on avian flu infected countries?

The European Centre for Disease Prevention and Control (ECDC) has drawn up an advice document for travellers, outlining sensible precautions to take when travelling to countries infected with avian influenza. Such precautions include avoiding bird markets, farms or contact with live poultry. Travellers are reminded that they may not bring back products which are banned from import in the EU for personal consumption or use.

See: http://www.ecdc.eu.int/avian_influenza/travel_advice.php

2.4 Is it safe to eat poultry and eggs?

Yes, it is safe to eat poultry meat and eggs in the EU. To begin with, there are strict veterinary controls in place in slaughterhouses across the EU and in establishments in third countries from which we import poultry meat and meat products, to ensure that any poultry meat unfit for human consumption (for whatever reason) does not enter the food chain.

Furthermore, in the few incidences where the virus was found in the EU, immediate measures were adopted at EU level and by the Member States to eradicate the disease in poultry and prevent poultry meat or eggs from infected birds entering the food chain. Measures are also in place to restrict imports of risky poultry products from affected countries. The risk therefore that poultry meat or eggs containing or contaminated with the Asian strain of the virus enter the EU food chain can be considered to be extremely limited.

Food safety experts already recommend that poultry and eggs are always thoroughly cooked, to prevent other diseases such as salmonella occurring. This would also destroy any virus, if present. However, the only recognised way of transmission of the influenza virus from birds to humans is through direct contact with infected birds.

For all the above reasons consumers can be reassured about the safety of eating poultry meat and eggs.





2.5 Shouldn't there be country of origin labelling for poultry meat and products in the event of an outbreak of avian influenza in the EU?

The only recognised way of transmission of the influenza virus from birds to humans is through direct contact with infected birds. Even in the most heavily affected countries in South-East Asia, there is no evidence that people have been infected through eating of poultry meat. As a precautionary measure, meat imports from third countries affected by the H5N1 virus have been blocked from the EU. When there has been an outbreak of highly pathogenic avian influenza in poultry in the EU, no meat or poultry products from infected holdings could enter the market.

Any chicken and eggs sold in the EU are safe to eat - no matter what Member State they come from - because EU animal health and food safety rules mean that only meat and eggs from healthy animals can enter the food chain. The Commission is fully committed to providing EU consumers with clear and informative information on food labels, to help them with their purchasing choices and to ensure that they are aware of exactly what they are consuming. There is EU legislation in place to this end. However, origin labelling of poultry meat could mislead consumers into thinking that a link exists between the origin of the meat and its safety in relation to avian influenza, and could also lead to competition problems on the poultry market. For all the above reasons, the Commission is not in favour of labelling of origin for poultry meat and products in response to avian influenza.

For more information on EU food labelling rules, see:

http://ec.europa.eu/food/food/labellingnutrition/betterregulation/index_en.htm

2.6 Has any safety advice been issued at EU level for poultry workers and other people in close contact with poultry?

Member States have issued national guidelines for poultry workers and other people who come into close contact with poultry infected with avian influenza viruses. In general, the use of good hygiene practices (e.g. washing hands properly after contact with birds) and protective clothing and masks form the basis of recommendations. The European Centre Disease Control (ECDC) has published guidelines for risk groups, such as cullers and people working and living on poultry farms in regions affected by the Asian H5N1 strain.

See: http://www.ecdc.eu.int/avian_influenza/pdf/Guidelines-human_exposure_HPAI.pdf

2.7 What is the Commission doing to support research on Avian Influenza?

Several research projects are on-going on avian influenza as well as human influenza. The Commission is funding many research projects in this area, and in 2006 alone will provide 20 million euros for such research.

Human health and influenza: seasonal influenza

3.1 What is seasonal influenza?

Seasonal influenza is a disease that circulates on an annual basis, affecting around 5-15% of the population. It is caused by a virus that attacks mainly the upper respiratory tract - the nose, throat and bronchi and in some rare cases also the lungs.

The virus is easily transmitted from person-to-person through the air, by droplets and small particles excreted when infected individuals cough or sneeze. The influenza virus enters the body through the nose or throat, and then takes between one and four days for the person to develop symptoms. Someone suffering from influenza can be infectious from the day before they develop symptoms until seven days afterwards. Influenza spreads very quickly among the population, especially in crowded circumstances. Cold and dry weather enables the virus to survive for a longer period outside the body than under other conditions, which is why seasonal influenza occurs almost always in winter.





The infection usually lasts for about a week. It is characterized by sudden onset of high fever, headache, severe malaise, non-productive cough, sore throat, and aching muscles. Most people recover within one to two weeks without requiring any medical treatment. However, in the very young, the elderly and people suffering from medical conditions such as lung diseases, diabetes, cancer, kidney or heart problems, seasonal influenza poses a more serious risk (see below).

3.2 Is seasonal influenza a serious health risk?

In most cases, common influenza does not pose a grave health risk and can be overcome without any lasting health effects. However, for more vulnerable groups, such as the elderly, the very young, and people with respiratory problems or other health conditions, influenza can be more serious and infection may lead to severe complications of underlying diseases, pneumonia and death. Although difficult to assess, these annual epidemics are thought to result in between three and five million cases of severe illness, and between 250 000 and 500 000 deaths every year around the world. Most deaths currently associated with influenza in industrialized countries occur among the elderly over 65 years of age.

3.3 Are there vaccines available against seasonal influenza?

Vaccination is the principal measure for preventing influenza and reducing the impact of epidemics. Various types of influenza vaccines have been available and used for more than 60 years. They are safe and effective in preventing both mild and severe outcomes of influenza.

3.4 Should all Europeans get vaccinated against seasonal influenza?

The EU is following the guidelines of the WHO, which advises that as high a percentage as possible of the risk groups (e.g. the elderly, infants etc) should be vaccinated. Among the elderly, vaccination is thought to reduce influenza-related morbidity by 60% and influenza-related mortality by 70-80%. Among healthy adults, the vaccine is also very effective (70-90%) in terms of reducing influenza morbidity, and vaccination has been shown to have substantial health-related and economic benefits when used in this age group. Influenza vaccination can reduce both health-care costs and productivity losses associated with influenza illness. Constant genetic changes in influenza viruses mean that the vaccines' virus composition must be adjusted annually to include the most recent circulating influenza A(H3N2), A(H1N1) and influenza B viruses.

Human health and influenza: the risk of a pandemic

4.1 What is a human flu pandemic?

Influenza pandemic is the term used for a serious human influenza epidemic, more severe than the normal seasonal outbreaks. Pandemics are rare, the last worldwide one being in 1968 (Hong Kong flu). They are caused by a new virus emerging against which humans have no immunity, resulting in transmission and multiple outbreaks across the globe. Scientists monitoring the evolution of flu viruses think that a virus capable of generating a flu pandemic may arise in the coming years, and the World Health Organisation has issued similar warnings. The European Commission and EU Member States are working continually on pandemic influenza planning and response measures in case of such an eventuality.

4.2 What has the Commission been doing to promote EU-level coordination on pandemic influenza preparedness?

EU Preparedness Plan: A Communication on influenza preparedness was adopted by the Commission on 28 November 2005. This EU preparedness plan updates the Commission working paper of March 2004, which identified key components needed to face up to pandemic influenza. These include: the preparation and testing of national preparedness plans; surveillance and networking of national reference laboratories to identify the pandemic strain quickly; early notification of cases, outbreak assistance and coordination of responses of Member States; and the adequate and timely





supply of vaccines and anti-viral drugs. The Communication of November 2005 updates the earlier plan in line with recent developments, notably the revised WHO definitions of pandemic phases and the opening of the European Centre for Disease Prevention and Control (ECDC). In particular, it sets out a proposed EU response for each phase of an influenza pandemic as defined by the World Health Organisation, and clarifies the responsibilities of the Member States, the Commission and the EU agencies in an influenza pandemic.

Cooperation with all partners: The Commission has been working with Member States and the WHO to help Member States draw up and improve their own national preparedness plans. All Member States now have pandemic preparedness plans in place. These are constantly being studied and assessed by the Commission, ECDC and WHO, to address weaknesses, close gaps and ensure the plans are in line with the latest developments.

Pandemic simulation exercise: On 23-24 November 2005, the Commission, Member States, WHO, ECDC and the pharmaceutical industry took part in a command-post exercise on pandemic influenza. The exercise aimed to test communications, information exchange and coordination between Member States, EU bodies and international organisations in a public health emergency. It also tested the interoperability of national pandemic preparedness plans, and provided an opportunity to put into practice plans that had, up until then, only been on paper. For more information, see: **IP/06/406**

Promoting networks: The Commission has also placed great emphasis on promoting various networks to bring key players together in addressing the threat of influenza. Networks of veterinary and human health laboratories are already in place in the EU, as is an EU-funded network known as the European Influenza Surveillance Scheme (EISS), which monitors seasonal influenza outbreaks each winter. The Commission is now working to establish improved co-operation between EISS, the ECDC and the Community Reference Laboratory for Avian Influenza, as well as other European and international organisations dealing with animal and human health, to ensure better preparation in case of a pandemic. This led, in September 2005, to the adoption of a Technical Guidance Document on procedures for communicating influenza A/H5 events in humans to Member States, the ECDC and the Commission.

4.3 What role is outlined for the European Centre for Disease Prevention and Control (ECDC) in preparing for pandemic influenza?

The mission of the ECDC is to strengthen Europe's defences against epidemics. The agency therefore has a central role in providing scientific advice on risk assessment and guidance on how to prepare for and respond to influenza. The Communication on flu pandemic preparedness outlines the main tasks of the ECDC, in terms of general influenza preparedness, but also during each of the WHO pandemic phases. The key responsibilities of the ECDC are to identify, assess and communicate current and emerging human health threats, including those caused by influenza viruses. It should analyse and assess, in real time, the human health risk related to latest developments on influenza. On the basis of its assessments, the ECDC should provide relevant and up-to-date scientific information, and timely advice, for effective outbreak management. Another important function allocated to the agency is the technical operation and round-the-clock monitoring of the early warning and response system (EWRS), which is important for an effective and coordinated EU response in an outbreak.

4.4 What is the Early Warning and Response System?

The Early Warning and Response System (EWRS) is a network set up by the Commission to link the designated authorities in Member States and the Commission in the case of a health crisis. It allows for the immediate exchange of views on risk assessment and risk management, which is crucial for timely reaction. Member States are obliged (under Decision 2119/98) to relay any information that they have of a public health threat that could have international consequences, through the EWRS as soon as possible. They should also give details of any measures they take to counter the threat. The EWRS has





already proven useful during a number of public health emergencies, including the SARS outbreak in 2003 and a rabies case in France in 2004.

4.5 Why is there no vaccination to prevent an influenza pandemic?

The nature of the viruses is that they continuously change, and every year the seasonal flu virus is different. Vaccines have to be developed to respond to the new strains identified. The strain of virus that could cause a pandemic is unknown, and most probably does not even exist yet. It is not possible to create a vaccine against an unidentified virus. The Commission is focusing on ensuring that if a pandemic does occur, vaccine production capacities will be maximised so that doses can be made available in the shortest possible time and to as many people as possible.

4.6 What is the Commission doing to help secure sufficient antivirals in case of a pandemic?

Member States have been encouraged by the Commission to factor stockpiling of antivirals into their national preparedness plans. To help facilitate this, the Commission is pursuing talks with industry to discuss the availability of antivirals in different forms and supply difficulties experienced by several Member States. A Solidarity Fund was proposed by the Commission in April 2004, to reimburse costs that might be incurred in a major public health emergency, to the level of 1000 million euros annually. This would cover part of the costs of vaccines and antivirals, and serve as an incentive for Member States to conclude advance purchase agreements with the industry and help contribute to a more equitable supply. EU Member States will be reimbursed following a proposal by the Commission and a favourable decision taken by qualified majority by the Council.

Will there be a shared EU stockpile of antivirals?

Following a request by Member States at the Health Council in December 2005, the Commission brought forward a proposal for the creation of a European strategic stockpile of anti-virals against influenza. It was foreseen that this stockpile would serve as a pool of anti-virals which could have been re-distributed according to need should pandemic influenza occur in Europe. The aim was not that it would substitute national stockpiles, which must continue to be compiled by every Member State, but that it would be an additional and complementary resource. However, Member States failed to agree with the idea of the EU stockpile at the Health Council in June 2006. Therefore, it is now the full responsibility of to build up their own anti-viral stockpiles and to ensure that there are sufficient resources in the case of a pandemic.

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