

**EU Health Security Committee (HSC) / Early Warning and Response
System (EWRS)**

**HSC/EWRS Statement on Influenza A(H1N1) 2009: target and priority groups for
vaccination**

25 August 2009

The representatives of the EU Member States in the Health Security Committee and in the Early Warning and Response System, with the scientific support of the European Centre for Disease Prevention and Control and the European Medicines Agency, have discussed¹ a shared approach on target and priority groups for vaccination against Influenza A(H1N1) 2009.

This statement is a reflection of the views of Member State representatives on what would constitute a shared approach towards identifying priority groups for vaccination. This approach is based on the epidemiological, clinical and pharmaceutical evidence currently available. Therefore, this approach may need to be changed as additional evidence becomes available, and as the pandemic progresses.

It should be stressed that it is within the mandate and responsibility of Member States to develop a vaccination strategy for Influenza A(H1N1) 2009. The priority groups identified below are indicative and countries may wish to adapt the prioritisation in line with their epidemiology, health service provision and resources.

Useful definitions and assumptions:

Target groups: All the people who should be recommended vaccination according to the national plan. In some countries this will be almost the entire population, in others specific sectors of the population. Of course, the entire target group cannot be vaccinated at once; there will probably not be vaccine available for everyone initially, and even if there is, distribution will take time.

Priority groups: The people in the target groups who should be vaccinated first.

Vulnerable groups/risk groups: Those who are at higher risk of severe disease if infected by influenza virus A(H1N1) 2009.

Health care workers: In this context, this group especially includes those with direct, first-line patient contact

Essential services groups: People performing functions that are critical for the functioning of society, as defined by the responsible authorities in the Member States.

Both the priority groups and the target groups may include people from the vulnerable, the healthcare workers, and the essential services groups.

Member State representatives have considered that there is an added value in having a shared approach towards identifying target and priority groups for vaccination of people who are at higher risk of influenza A(H1N1) 2009 infection and/or severe disease resulting from such

¹ HSC/EWRS meetings by audio link on 31 July, 7 August, 14 August, 18 August and 21 August 2009.

infection. In addition, according with the WHO recommendation, there is a consensus that healthcare workers should be immunised, both to protect the essential health infrastructure and individual patients.

Taking into account the above and the guidance developed by the European Centre for Disease Prevention and Control as well as the World Health Organisation recommendations (see links below), the following groups are proposed as priority groups for vaccination with influenza A(H1N1) 2009 vaccine, taking into account licensing considerations as appropriate.

First priority groups²

The first priority groups are the persons that should be vaccinated first when limited amounts of vaccine are available:

- all persons from 6 months with underlying chronic conditions increasing the risk for severe disease, starting with the ones who have a severe underlying condition (e.g. severe asthma, unstable coronary heart disease, uncompensated heart failure, etc.), the proposal optimally being made by the patient's direct healthcare provider
- pregnant women
- health care workers

Subsequent priority groups

After the first priority groups have been vaccinated, the vaccination could continue until the national targets have been reached.

It is important to note that target and priority groups would be subject to close and continuing review especially according to the proportions of groups that are appearing in the health care system.

It should be again stressed that Member States have the mandate and responsibility to develop a vaccination strategy for Influenza A(H1N1) 2009 and may choose to develop a different approach to take into account specific national considerations. The decisions on priority and target groups may also be influenced by the choice of the type of influenza A(H1N1) 2009 vaccine (e.g. adjuvanted versus unadjuvanted vaccine, or inactivated whole virion vaccine versus surface antigen/split virus vaccine) and any licensing considerations.

This statement is on vaccination against influenza A(H1N1) 2009 and should not be confused with seasonal influenza vaccination, which should take place as usual as per the recommendations at Member State level.

The advice from ECDC and WHO can be found at the following websites:

http://www.ecdc.europa.eu/en/publications/Publications/0908_GUI_Pandemic_Influenza_Vaccines_during_the_H1N1_2009_Pandemic.pdf

<http://www.who.int/wer/2009/wer8430.pdf>

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² The age group 0 – 6 months has not been included, given the absence of vaccine for this age group. This vulnerable age group can be protected through other pharmaceutical and non-pharmaceutical public health measures. Such decisions will be taken by Member State competent authorities.