Pandemic Preparedness Forum
Previously known as the
Southeast Asia Regional Inter-Agency Information Sharing/Coordination Meeting on Avian & Human Influenza
Hosted by the Asian Disaster Preparedness Centre

Organized by the Asian Disaster Preparedness Center and Nestle Thailand

6 August 2009 (Thurs), 2 - 5 PM
Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok
3rd Floor, Bangkok Panorama II Room

Theme: Pandemic Vaccinations and Communicable Diseases Policy Research Group (CDPRG) Update

These minutes, presentations, handouts, and information about future and past meetings can be found on the **AHI-NGO-RC/RC Asia Partnership on Strengthening Community-Based Approaches to Management of Avian and Human Influenza in Asia**, comprised of the Asian Disaster Preparedness Center (ADPC), CARE, the International Federation of Red Cross and Red Crescent Societies (Federation) and the International Rescue Committee (IRC) and funding partnership by the Canadian Government via ADB. project website: http://www.adpc.net/communityAHI-Asia/MEETING/Default-MEETING.asp

Full project details can be found here: http://www.adpc.net/communityAHI-Asia/

Chair: Richard Coker (CDPRG, London School of Hygiene and Tropical Medicine)

Organizations Present:

1. ADPC
2. Embassy of Japan
3. IFRC
4. UNSIC
5. AED
6. FAO/ECTAD
7. WHO/SEARO
8. TNS
9. World Vision Foundation Thailand
10. World Vision
11. AusAID
12. European Commission
13. LSHTM
14. UNICEF
15. WSPA

Total: 22

14:00 hrs. Introductions and round table discussions

Project updates:

UNSIC: Dr. Koji Nabae has left UNSIC and replaced by Dr. Hitoshi Murakami. UNSIC is currently working with UN organizations to prioritize the global need for the Influenza A/H1N1 pandemic with focus on developing countries. Among them, twenty-one countries were selected as target countries in the Asia-Pacific region. Tools to assist governments to identify needs are being developed. The World Bank is also involved in building capacity of this project.

AUSAID: The Australian Government has special funds to support research for the ongoing pandemic and emerging infectious diseases in Australia. It is expected that the findings from this research will be very useful for global preparation.

JAPAN: Guidelines for infection prevention for individuals and families have been developed and shared with the Forum's participants. Comments on these guidelines are welcome.

14:12 Presentation: **Associate Professor Tawee Chotpitayasunondh, Senior Medical Officer, Queen Sirikit National Institute of Child Health, "Pandemic Vaccinations"**

Please see PDF of presentation slides

15:10 Q&A

Q: Will subsequent waves of the novel H1N1 pandemic be the same strain, i.e. will the vaccine still be effective?
Ans: We don't know, the virus is very unstable, but in North America we haven't seen much change so far. With seasonal flu vaccines, they still work the following year, but there is a drop in efficacy e.g. from 90 % to 70 %.

Q: Will the seasonal flu vaccine work at all for novel H1N1?
A: Tests on schoolchildren in US have shown no cross-protection.

Q: How effective are face masks?
A: N95 masks a effective, but mainly for use by health care workers. With paper masks you see most people wearing, they may provide some protection but need to be worn the correct way around (green side on outside).

Q: Elaborate on the side effects that are being observed from Tamiflu in UK?
A: Gastro-intestinal upset is common, around 50% in children, because the drug is very bitter. Of greater concern is some initial evidence of some psycho-behavioural side effects (nightmares etc), but data on these are not conclusive.

Q: What is the timescale for development of a nasal live attenuated vaccine in Thailand?
A: The technology is from Russia where it is already used. However it is very important not to take shortcuts during vaccine development, even though the various phases mean it takes a long time.

15:45 Prof Richard Coker, Communicable Diseases Policy Research Group, London School of Hygiene and Tropical Medicine

"Update on the novel H1N1 pandemic"

Please see pdf of presentation

Q&A

Comment (WHO): In terms of how the new virus is different from seasonal flu: there is some evidence that older people have higher levels of antibodies to novel H1N1. Appears to have a disproportionate effect on pregnant and obese people. I am surprised when people talk about it being a mild illness – the problem is that a much higher proportion of people a susceptible compared with seasonal flu. Also the virus spreads much faster over a shorter timeframe. Due to the perceived "mildness", there is a problem getting countries interested in hospital infection control, seems we need a real crisis for motivation. The current pandemic is not severe enough to test our preparedness, with most countries just "coping" with it.

Comment (RC): One issue emerging – previously healthy people cannot get ventilated, people are being transferred between countries in Europe because ventilators get saturated very quickly. Even bad seasonal flu tests good health systems.

Comment: Although presentation mentioned that the focus is overwhelmingly on public health sector, UNSIC and World Bank are now trying to look more broadly at management and coordination, aiming to encourage governments to identify socio-economic interventions in addition to public health interventions.

Comment (AusAID): In Australia, health systems are already stretched especially in rural areas. Government is providing funding for research of issues raised in the presentation in Australian population, and the results will be made internationally available.

Q: Vaccines are being dangled as solutions: if we're currently in the "flattened out curve" stage, what impact will it have?
A: Depends on many things but we should see a significant dampening down of the epidemic, with reduced deaths and transmission, but will still see subsequent waves (vaccine supply will be very limited).

Q: Is there a possibility for people presenting with a cough/flu like illness to receive be vaccinated, with a beneficial effect?
A: The vaccine is preventative, not therapeutic.

Q: What is the denominator used for case-fatality rates?
A: Just from estimates, we have little idea of what the true number of cases is.

Q: Would it be more interesting to look at the case fatality rate of confirmed cases?
A: Number of confirmed cases tends to be skewed. There is considerable attention to the first 100 cases or so, and there is work in the EU trying to get some sense of the denominator from web-based reporting systems.

Q: H1N1 in Mexico – showed that countries are prepared to try and prevent the spread, but this attempt failed, what does this say about containment?
A: Personal opinion (shared by many others) is that containment efforts are misdirected. Global surveillance is still very important, but needs to be linked with appropriate subsequent action.

Q: So is containment not possible, or was it not managed well enough in this case?
A: Not possible.
Comment (WHO): If the new virus is mild, as with novel H1N1, then it is much more difficult to detect a cluster. If there is a higher mortality rate, there is a higher chance of early

detection. But there is a moral imperative to try for containment, even if there is low chance of success.
Comment (RC): I disagree. If the mortality rate is very high e.g. 60%, then there is a higher chance that it will die out naturally. If mortality rate is lower but still substantial e.g. 1-2 %, could have a colossal impact but still difficult to detect clusters early. However, a positive aspect of aiming for containment is that it drives capacity building

Q: Due to production limitations for vaccines must we choose between pandemic and seasonal flu vaccines?
A: The production of North Hemisphere seasonal flu vaccine is almost complete, so we will have that anyway.
A: Also novel H1N1 appears to have displaced seasonal flu, so if there is limited seasonal flu vaccine production this may not be a problem.

Q: What interventions should we be looking at regarding re-assortment of H5N1 and H1N1?
A: There is a real need for containment in this scenario. The debate is around virus sharing rather than capacity building for research to take place within countries where this reassortment is most likely to occur (e.g. Indonesia).
Comment: Surveillance in poultry is already quite extensive, but part of this has now moved to surveillance in pigs.
Comment: In hospital-based infection control in Vietnam - people with Avian flu were being put in beds next to those with seasonal flu, could be risky in terms of re-assortment.

17:00 Prof Richard Coker. **Other business:**
Have no speakers for September, any suggestions/ volunteers please email Elizabeth at ADPC elizabeth08@adpc.net

17.05 Close of Meeting.