

## Issue No.7, March 2013

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*Flu Focus* is an e-newsletter published by the WHO Regional Office for Europe that covers recent developments, research, reports, materials, upcoming events and resources on influenza. It is sent on a regular basis throughout the influenza season (October – May).

This issue of *Flu Focus* will be available shortly on the WHO Regional Office for Europe web site at <http://www.euro.who.int/flufocus> in both English and Russian.

Этот выпуск *Flu Focus* будет также вскоре помещен на сайте Европейского регионального бюро ВОЗ: <http://www.euro.who.int/flufocus> на английском и русском языках.

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### FEATURES



#### European Immunization Week: 22–27 April 2013

Influenza and other vaccine uptake levels in the WHO European Region remain below the WHO targets. To promote immunization in the Region, WHO/Europe

leads and coordinates European Immunization Week, which takes place in April each year.

Awareness-raising activities organized by participating Member States target parents and caregivers, health care professionals, policy-makers and the media. All are encouraged to actively participate through the [EIW 2013 campaign site](#).

### **Novel coronavirus update**

Since September 2012, 14 laboratory-confirmed cases of human infection with NCoV, including 8 deaths, have been reported to WHO by Jordan, Qatar, Saudi Arabia and the United Kingdom. The current understanding of this novel virus is that it can cause a severe, acute respiratory infection presenting as pneumonia. Three cases occurred in the same family cluster in Saudi Arabia, and three in the same family cluster in the United Kingdom (UK), however no sustained person-to-person transmission has been identified.

It is not yet known how humans have become infected with this virus. Investigations are underway to determine the virus source, types of exposure that lead to infection, mode of transmission and the clinical pattern and course of disease.

WHO continues to closely monitor the situation and encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns. WHO does not advise special screening at points of entry with regard to this event nor does it recommend that any travel or trade restrictions be applied.

Further recommendations and regular updates:

[WHO/Europe](#) web page on coronavirus infections

[WHO headquarters](#) Global Alert and Response

[ISARIC](#) (International Severe Acute Respiratory and Emerging Infection Consortium) clinical research protocols related to NCoV

## **SURVEILLANCE**

### **Situation analysis of current influenza season (weeks 40–8/2013)**

In 2012/2013, the influenza season started in the west/north of the Region at the usual time (about week 49) with progression from west to east, with most western European countries peaking around week 5/2013. While in the eastern part of the Region (e.g. Kazakhstan, the Russian Federation, Ukraine) activity is still

increasing as of week 8. This is reflected in the fact that 47% of specimens collected from patients presenting with influenza-like illness (ILI) or acute respiratory infection (ARI) in the Region tested positive for influenza in week 8/2013.

There is co-circulation of all three seasonal influenza viruses this season. Since the beginning of the season, based on data from outpatient and hospital surveillance 68% of viruses detected were influenza A and 32% influenza B. Of the subtyped influenza A viruses, 72% were A(H1N1)pdm09 and 28% A(H3N2). 91% of influenza B viruses for which the lineage was determined were of the B/Yamagata lineage (the influenza B virus recommended by WHO for inclusion in this season's influenza vaccine) and (9%) were of the B/Victoria lineage. This situation is very different from the last influenza season, when A(H1N1)pdm09 and influenza B were detected in less than 10% of circulating viruses.

Regarding the impact of influenza this season, the age groups most affected in outpatient surveillance were 0–4, followed by 5–14 and 15–64. In hospitalized cases, in countries performing sentinel surveillance for severe acute respiratory infections (SARI), the main age groups affected are 15–29 and 30–64. This coincides with a shift to dominance of A(H1N1)pdm09 (which is known to cause severe disease in these groups) in most of these countries, starting in week 3/2013 and reaching 64% of detections in week 8/2013. Influenza activity is still increasing in these countries, which are mainly located in the eastern part of the European Region: in week 8/2013, the per cent of SARI specimens positive for influenza continued to rise and was 36%.

WHO/Europe coordinates influenza surveillance with ECDC. Detailed information is available in the weekly bulletins:

WHO [EuroFlu bulletin](#)

ECDC [Weekly Influenza Surveillance Overview \(WISO\)](#)

### **Meeting report: Subregional meeting on influenza surveillance**

11–14 September 2012, Riga, Latvia

This meeting covered a wide range of topics in influenza virology and epidemiology, including a review of past activities and preparations for the 2012/2013 influenza season, studies on the burden of influenza, and country presentations on national influenza surveillance systems. Clinicians from five countries participating in sentinel SARI surveillance presented case studies of severe influenza cases.

Among the key conclusions of the meeting was a recognition of the great strides in surveillance made in countries in the eastern part of the Region in the past decade and a call for further strengthening of virological and epidemiological surveillance

for mild and severe disease caused by influenza. Sharing this data with WHO will help to better inform global risk assessment and influenza vaccine strain selection.

[Meeting report](#)

### **International Influenza Networks Meeting**

14–16 January 2013, Scottsdale, Arizona, USA

Influenza networks across the globe came together to gain an overview of key influenza-focused networks and discuss ways to better integrate and share information, leverage resources and create synergies across networks to enhance global capacity building, preparedness and response. The primary focus was to promote better use and visibility of the existing capacities and outputs of the networks.

The first of its kind, this meeting was organized by the United States Association of Public Health Laboratories (APHL) in collaboration with the Influenza Division of the U.S. Centers for Disease Control and Prevention (CDC), Atlanta.

[More information](#)

## **LABORATORY**

### **Better Labs for Better Health initiative in Tajikistan**

WHO/Europe is leading an initiative to improve laboratory services in Kyrgyzstan, Republic of Moldova and Tajikistan, with the dual aims of improving the health systems in these countries and developing a model of laboratory strengthening that can be applied in countries throughout the Region and beyond.

Under the umbrella of this initiative, a training of trainers workshop to enhance biosafety and biosecurity took place in Tajikistan on 28 January–7 February 2013.

Laboratory professionals from key national laboratories in Dushanbe participated in the course conducted by WHO experts working in collaboration with the International Science and Technology Center (ISTC) and EuropeAid – the Development and Co-operation Directorate–General of the European Union. As a next step in establishing the Regional Biosafety Training Centre in Dushanbe under this ISTC project, WHO is supporting development of a training curriculum in biosafety for national and regional laboratories in Tajikistan.

Also under the Better Labs for Better Health initiative, experts from WHO, the Royal Tropical Institute Amsterdam and Lab Quality for All will start on 25–27 March 2013 working with the newly established National Committee on Coordination and Laboratory Management in Tajikistan to develop a national

laboratory policy and strategic plan.

More information:

[Training of trainers workshop](#)

[International Health Regulations \(IHR\)–Health Laboratory Strengthening](#)

## INFLUENZA VACCINE

### **WHO Consultation on the Composition of Influenza Virus Vaccines for the Northern Hemisphere 2013/2014**

18–20 February 2013, Geneva, Switzerland

This season, 29 National Influenza Centres from 26 Member States of the WHO European Region shared viruses with WHO collaborating centres for reference and research on influenza, contributing to the recommendations of WHO on the composition of influenza virus vaccines for the northern hemisphere 2013/2014. These viruses were selected to be representative of viruses circulating in the European Region up until January 2013.

Globally, influenza A(H1N1)pdm09 viruses co-circulated in varying proportions with A(H3N2) and B viruses during the period of September 2012 to January 2013. The majority of A(H1N1)pdm09 viruses were antigenically similar to A/California/7/2009 and the recommendation for inclusion of an A/California/7/2009 (H1N1)pdm09-like virus remains unchanged.

For the A(H3N2) vaccine component, A/Victoria/361/2011-like virus that had been propagated in cells was recommended, the same strain recommended for use in influenza vaccines in the 2012/2013 northern hemisphere influenza season and 2013 southern hemisphere season. However, the egg-propagated A/Victoria/361/2011-like viruses used in vaccine production were shown to undergo antigenic changes resulting from adaptation to propagation in eggs. By contrast, both the cell- and egg-propagated A/Texas/50/2012 viruses are antigenically like A/Victoria/361/2011 cell-propagated virus. Therefore it was recommended that A/Texas/50/2012 be used.

Regarding the recommendation for the influenza B component of influenza vaccines for the 2013/2014 season, viruses of the B/Yamagata/16/88 lineage remain the recommended lineage due to their predominance above the B/Victoria/2/87 lineage. The majority of recently reported B/Yamagata/16/88 lineage viruses were antigenically distinguishable from the previous vaccine virus B/Wisconsin/1/2010 and were more closely related to B/Massachusetts/2/2012-like viruses. WHO has therefore recommended that these viruses be included as the influenza B component of the vaccine.

In summary, the WHO consultation recommended that vaccines for use in the 2013/2014 influenza season (northern hemisphere winter) contain the following:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011;
- a B/Massachusetts/2/2012-like virus (Yamagata lineage).

B/Victoria/2/87 lineage viruses predominated in some countries, including Australia and China. The majority of recent B/Victoria/2/87 lineage viruses were antigenically and genetically closely related to B/Brisbane/60/2008. It is therefore recommended that vaccines containing two influenza B viruses contain the above three viruses and a B/Brisbane/60/2008-like virus (Victoria lineage).

[Full report](#)

[Questions and Answers](#) concerning the recommended composition of influenza virus vaccines for use in the 2013/2014 northern hemisphere influenza season

## PREPAREDNESS AND RESPONSE

### **Pandemic preparedness mission to Tajikistan**

27 February–2 March 2013

In collaboration with the Ministry of Health and GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit—the German Agency for International Cooperation), WHO/Europe consultant Andre Jacobi of the Netherlands National Institute for Public Health and Environment conducted a workshop in Tajikistan to address pandemic preparedness at the operational level and priorities for continued work in the short and long term.

In line with the ongoing revision of global pandemic guidance, emphasis was placed on preparedness based on national risk assessment, and parts of the workshop were therefore dedicated to familiarizing participants with the WHO rapid risk assessment manual.

As part of the workshop, a one-day exercise was carried out to explore gaps in preparedness and to further specify in which areas work is needed.

[WHO rapid risk assessment of acute public health events](#)

[GIZ](#) (Deutsche Gesellschaft für Internationale Zusammenarbeit—the German Agency for International Cooperation)

[RIVM](#) (Rijksinstituut voor Volksgezondheid en Milieu - Netherlands National Institute for Public Health and Environment)

## UPCOMING EVENTS

### **Pandemic Influenza Preparedness Framework Advisory Group Meeting and Consultations**

20–22 March 2013, Geneva, Switzerland

The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits ("PIP Framework") brings together Member States, industry, other key stakeholders and WHO/Europe experts to implement a global, Member-State-developed approach to pandemic influenza preparedness and response. The topic of the Consultations on 21 March is: "Use of the Partnership Contribution".

[More information](#)

### **Peer-review meeting on WHO pandemic guidance**

11–12 April 2013, Geneva, Switzerland

A small group of technical experts on pandemic influenza planning from the five WHO regions will join WHO staff at a peer-review meeting 11–12 April 2013 to contribute to the revision of WHO global pandemic influenza preparedness and response guidelines. Participants will give feedback on a draft revision of the guidance document.

[Pandemic influenza preparedness and response: WHO guidance document](#)

### **Third ESWI European Influenza Summit**

2 May 2013, Brussels, Belgium

This summit is an informal platform to exchange good practices and to initiate concrete actions to improve public health protection against influenza. The meeting will be followed on 3 May with a workshop for European public health on the outcome of the ESWI FluQuest survey conducted in 11 countries.

[More information](#)

### **Third annual joint WHO/Europe and ECDC Influenza Surveillance Meeting**

29–31 May 2013

National influenza focal points from all 53 Member States of the WHO European Region will attend this meeting, as well as staff of the WHO Collaborating Centre (WHO CC) for Reference and Research on Influenza, London, United Kingdom, the Centers for Disease Control and Prevention, Atlanta, USA, the WHO CC for Pandemic Influenza and Research, University of Nottingham, United Kingdom, and other international influenza experts.

The meeting will review latest developments in influenza surveillance and vaccination in the Region as well as globally, and discuss strategic directions, particularly with respect to strengthening surveillance of severe disease due to influenza, mortality monitoring and maintaining and strengthening laboratory capacities.

For more information on the meeting please contact [influenza@euro.who.int](mailto:influenza@euro.who.int)

### **The Eighth Options for the Control of Influenza Conference**

5–10 September 2013, Cape Town, South Africa

This Conference is held once every three years to showcase recent advances in the basic science and control and prevention of influenza.

[Conference web site](#)

## **RESOURCES**

### **Publications of WHO/Europe Influenza and other Respiratory Pathogens Programme (IRP) members**

- Dr Caroline Brown, "The role of the WHO Regional Office for Europe in response to seasonal, avian and pandemic influenza", Bundesgesundheitsblatt, Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz, January 2013, Volume 56, Issue 1, pp 47-55.

[Abstract](#)

A limited number of hard copies of this article, as well as the second edition of "Pandemic influenza" textbook, co-authored by WHO influenza experts Dr Caroline Brown and Michala Hegermann-Lindencrone, will be available free of charge at the annual WHO/ECDC influenza surveillance meeting in May 2013. For more information contact [influenza@euro.who.int](mailto:influenza@euro.who.int)

### **ECDC publication**

- Risk assessment: Seasonal influenza 2012/13 in Europe (EU/EEA countries), February 2013

[Abstract and full text](#)

### **Links**

WHO/Europe: [Influenza](#), [Vaccines and immunization](#)

WHO headquarters: [Influenza](#), [Immunization, vaccines and biologicals](#)

ECDC: [Influenza](#)



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