



Up To Date

Number 4 | May/June 2007



In this number	Fourth combined newsletter INSIGHT & BIOSAFE	From The Coordinator	In The Spotlight
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From The Coordinator



We had a fruitful second **INSIGHT** workshop on risks, threats and core principles of preparedness for emergency vaccination on May 24th + 25th in Copenhagen, Denmark. The first day concentrated on 'learning from others'. There were presentations in the fields of food safety, veterinary preparedness, the International Health Regulations and emergency preparedness in Denmark. The second day concentrated on the core principles of emergency preparedness by vaccination. The preliminary results of the structured interviews, a state of the art presentation on 'Tularemia' and a presentation on when vaccines should be given and when not, were given. Most participants of the workshop agreed that we need new vaccines for pandemic influenza, smallpox, malaria, TBC and anthrax. Most of the participants were of the opinion that the development of the vaccine for pandemic influenza has priority.

Most participants of the workshop also agreed that we do not need new vaccines for SARS. A majority of the participants decided that a common EU approach on emergency vaccine issues is desirable. Some of the topics of the workshop are highlighted in this Up To Date. Other topics will be highlighted in upcoming Up To Dates.

Kind regards,
Ben van der Zeijst

Second **INSIGHT** workshop 'Risks, Threats and Core Principles of Preparedness' – Learning from others – International Health Regulations

Prof Johan Giesecke of the ECDC presented on the new International Health Regulations (IHR) which entered into force on June 15th of this year. The IHR are legally binding regulations adopted by most countries to contain the threats from diseases that may rapidly spread from one country to another. Such diseases include emerging infections like SARS, or a new human influenza virus. The threats also come from other public health emergencies that may affect populations across borders, such as chemical spills, leaks and dumping or nuclear melt-downs. The newest IHR (2005) are an update of the IHR (1969), which addressed only four diseases: cholera, plague, yellow fever and smallpox (which has since been eradicated). They were focused on the control at borders and relatively passive notification and control measures. Under the new regulations countries should notify

a potentially wide range of events to WHO on the basis of defined criteria indicating that the event may constitute a public health emergency of international concern. WHO is obliged to request verification of events that it detects through its surveillance activities with the countries concerned, who must respond to such requests in a timely manner. Countries are required to ensure that their national health surveillance and response capacities meet certain functional criteria and have a set timeframe in which to meet these standards. Nations notify events in confidence to WHO which has no immediate consequences for a country. The EU already has its own system, namely the Early Warning and Response System (ERWS) designed to alert public health authorities in member states and the European Commission to outbreaks with multinational significance. The European Commission coordinates the response. Prof Giesecke suggested that EU member states possibly could make their IHR notification through the EWRS. The ECDC could perhaps coordinate notification and investigation of multi state outbreaks in the EU. Please go to www.who.int/csr/ihr/en/ for the new IHR.

MODELREL workshop

The final MODELREL workshop took place on May 29th + 30th in Luxemburg. The aim of the MODELREL project is establishing a robust/consensual/coordinated EU capability in modelling that is useful in countering deliberate releases of biological agents and potential high impact natural epidemics (e.g. pandemic influenza). The project started in 2004 and will end this year. MODELREL will be complemented by the INFTRANS project which will focus on longer-term, more research-oriented issues. Models will predict the impact of planned countermeasures, discover potential unanticipated negative effects, and determine the appropriate level of control intensity. Ideally, the result of models will feed back into the process of policy formulation, planning and decisions making. During the workshop the pros and cons of different models were presented by expert modellers to representatives of EU member states. According to the modellers policy makers should be aware of the fact that models

are not a panacea: They are a tool and should be used accordingly. Models more readily explain past occurrences and provide a range of plausible outcomes and not one answer. For each known emerging infection several models exist. Models however are not a surrogate for a complete lack of data and knowledge. Policy makers need to now very specific what the question is they want to have answered. After the question had been established a model can be developed. Policy should not be based on modelling alone, real time exercises also need to be done. All models involve some assumptions, and both the policy maker and the modeller should make sure that these assumptions are clearly communicated. More assumptions are made when a model becomes more complex. There should be a checklist/ minimal requirements for models so policy makers know what model they can use and for what purpose. For more information on the MODELREL project or INFTRANS project please go to www.uni-tuebingen.de/modeling/Mod_EID_MODELREL_en.html



Feedback needed from scientists to integrate data on human pathogens

The National Institute of Allergy and Infectious Diseases (NIAID) began a bioinformatic venture in July 2004 intended to integrate the vast amount of genomic and other biological data that are both available and being produced by the rapid increase in biodefense research. Eight Bioinformatics Resource Centers for Biodefense and Emerging/Re-Emerging Infectious Disease (BRCs) were funded to provide the research community working on a variety of pathogens access to integrated genomic data to aid in the discovery and development of innovative therapeutics, vaccines and diagnostics for these pathogenic organisms. Among the chief goals of the BRCs is to offer users easy web access and graphical user interfaces as well as other types of software interfaces to pathogens' genomic and related data that are stored in a relational database management system, such as Oracle. However, for the BRC program to succeed there is an absolute need for scientists to actively provide feedback, request refinements and enhancements, contribute data and annotations, and most importantly, use the valuable BRC resources relevant to their research. Please go to the 'Infection and Immunity' of July 2007 at <http://iai.asm.org/cai/reprint/75/7/3212> for the complete article.

News flash

In the News - USA

Vulvar Vaccinia Infection after Sexual Contact with a Military Smallpox Vaccinee

The CDC published on May 7th 2007 that on October 10th 2006, an otherwise healthy woman visited a public health clinic in Alaska after vaginal tears that she had first experienced 10 days before became increasingly painful. The patient reported having a new male sex partner during September 22nd October 1st, 2006. A viral swab specimen from a labial lesion of the woman was submitted to the Alaska State Virology Laboratory (ASVL) for viral culture. The viral isolate could not be identified initially and subsequently was sent to CDC on January 9th 2007, where the isolate was identified as a vaccine-strain vaccinia virus. After vaccinia was identified, investigators interviewed the woman more closely and learned that her new sex partner was a male U.S. military service member stationed at a local military base. Further investigation determined that the service member had been vaccinated for smallpox 3 days before beginning his relationship with the woman. This report describes the clinical evaluation of the woman and laboratory testing performed to identify the isolate. Health-care providers should be aware of the possibility of vaccinia infection in persons with clinically compatible genital lesions who have had recent contact with smallpox vaccinees.

Please go to www.cdc.gov/mmwr/preview/mmwrhtml/mm5617a1.htm for the complete article.

Second INSIGHT workshop 'Risk Threats and Core Principles of Preparedness' – Learning from others – Core principles Denmark

Mr Henrik G. Petersen of the Danish Emergency Management Agency (DEMA) described the organisation of DEMA as part of the Ministry of Defence. By the Danish Preparedness Act, which came into force on January 1st 1993, the former fire service and civil defence were integrated into one single-strand rescue preparedness service to be used in peacetime as well as during a crisis and in war. Nationwide, 750 civilians have been trained for a minimum of 6 months to plan and handle emergency hazards of all kind. The DEMA is responsible for nuclear and chemical preparedness. DEMA aims at keeping society safe and maintaining society's ability to function without severe disruptions during civil emergencies. The authority, company or institution with the day to day responsibility for a given area is also responsible for that area in the event of a major accident or disaster for example an energy provider. Coordination is handled by the DEMA. DEMA provides a clear understanding of the planning needs, sets out 'good practice', provides guidance to relevant stakeholders and provides basic tools and methods. The ability of both the public and the private sector to manage crisis depends on adequate preparations by all stakeholders. DEMA recommends the use of risk and vulnerability analysis (RVA) when working with crisis management and business continuity planning. They are using an electronic model with easy input facilities to validate 'responsibility', 'threats', 'assessment', 'profile' and 'proposals' in a "risk matrix" to visualize a vulnerability assessment. This RVA model is available at www.brs.dk/fagomraade/tilsyn/csb/Eng/RVA/the_RVA_model.htm

In The Spotlight - The Norwegian Institute of Public Health (NIPH)

The Norwegian Institute of Public Health (NIPH) is an integral part of the central administration of health in Norway. NIPH is organised under the Ministry of Health and Care Services. The institute is a national centre of excellence in the areas of epidemiology, mental health, infectious disease control, environmental medicine, forensic toxicology and drug abuse. It employs around eight hundred persons with broad professional and technical competence.

NIPHs slogan is "Knowledge for better public health". Its aim is a healthier population. In order to achieve this aim, NIPH:

- **Monitors** the development of the nation's state of health
- **Conducts research** on the causes of disease and conditions that affect human health.
- **Provides practical advice** to public health authorities, public health services and the general public.

NIPH collaborates closely with other medical and technical experts in the field of public health, both in Norway and abroad. For more information please see www.fhi.no