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## DRAFT REPORT

on pandemic influenza preparedness and response planning in the European  
Community  
(2006/....(INI))

Committee on the Environment, Public Health and Food Safety

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## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### on pandemic influenza preparedness and response planning in the European Community (2005/....(INI))

*The European Parliament,*

- having regard to the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on Pandemic Influenza Preparedness and Response Planning in the European Community (COM(2005)0607),
  - having regard to the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on strengthening coordination on generic preparedness planning for public health emergencies at EU level (COM(2005)0605),
  - having regard to Article 152 of the Treaty governing Community action in the field of public health,
  - having regard to its resolution of 26 October 2005 on the strategy against an influenza pandemic<sup>1</sup>,
  - having regard to the international Donor Pledging Conference on Avian and Human Influenza, Beijing, of 17 and 18 January 2006 and the Declaration made at that conference,
  - having regard to the WHO global influenza preparedness plan (document WHO/CDS/CSR/GIP/2005.5),
  - having regard to Rule 45 of its Rules of Procedure,
  - having regard to the report of the Committee on the Environment, Public Health and Food Safety and the opinion of the Committee on ... (A6-0000/2006),
- A. whereas the recent developments of increased numbers of cases of avian influenza and of human casualties from it in Asia, Africa and also in European countries are increasing concerns, and whereas there is a need to address this disease at its roots and to assist affected countries and countries at risk in need;
- B. whereas the key issues in both the Communication on pandemic influenza preparedness and the Communication on strengthening coordination on generic preparedness are the preparation and testing of national plans, surveillance by and networking among national reference laboratories to identify pandemic strains quickly, effective outbreak management through the provision of timely advice, the early notification of cases, the provision of outbreak assistance and the coordination of the responses of Member States, and the adequate and timely supply of vaccines and anti-viral drugs;

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<sup>1</sup> Texts Adopted, 26.1.2005, P6\_TA(2005)0406.

- C. whereas the surveillance of influenza infections among animals, in particular among bird populations, is important and a requirement of Community law;
  - D. whereas anti-virals constitute the first pillar of medical prevention and intervention until vaccines become available;
  - E. whereas there is a need to strengthen communication with and among national institutes responsible for public health surveillance, risk assessment and monitoring;
  - F. whereas public awareness should be increased by means of information campaigns, and whereas it is also important to undertake complementary reforms in related sectors and to mitigate the socio-economic effects on the poorest people and households,
  - G. whereas, since 2003, significant volumes of infected poultry around the world have died or been destroyed, jeopardising commercial poultry production and particularly the livelihood of small and medium-sized livestock farmers,
  - H. whereas any pandemic would be likely to affect different Member States in different ways,
  - I. whereas the provision, within the context of a long-term strategic partnership, of adequate financial and technical support to developing countries that are either affected or at risk, and particularly the least developed countries, will be vital to controlling global threats to finance, trade and safety arising from avian influenza,
1. Welcomes the Commission Communications on pandemic influenza preparedness and response planning in the European Community and on strengthening coordination on generic preparedness planning for public health emergencies at EU level as well as the assessments of national pandemic influenza plans that are currently being undertaken by the European Centre for Disease Prevention ('the ECDC'), the Commission and the WHO, European Region;
  2. Welcomes the ECDC's work in identifying, assessing and providing information on influenza-related threats and its commitment to helping Member States and the Commission prevent a pandemic outbreak; stresses that sufficient funding should be guaranteed for the ECDC's operations;
  3. Stresses that the Commission must play a strong co-ordinating role between the Member States in all activities relating to pandemic preparedness in the European Union and that it should strengthen the ECDC's capacity to identify the key public health measures that must be taken in the event of a pandemic;
  4. Considers that in Member States there is a need for strong political commitment to preparedness planning, increasing resources and research, the resolution of complex legal and ethical issues, and developing common solutions and cross-border co-operation;
  5. Emphasises that rapid and decisive action must be taken to control avian influenza and so prevent a human pandemic, first of all with respect to animal health, as this is the primary source of risk, and that measures must also be taken to prepare for a possible human pandemic, so that the means to control it, should it occur, are available; considers that

particular attention should be paid to developing further the capacity to produce pandemic vaccines and anti-virals in Member States and strengthening the infrastructure in the animal and public health sectors;

6. Points out that pandemic influenza simulation exercises are vital in order to test the effectiveness of each Member States' national pandemic influenza plans and that they should be conducted regularly, as a precautionary measure, even if there is no pandemic outbreak; emphasises that the results of and lessons learned from these exercises will be important to the efforts to improve plans and their interoperability;
7. Stresses that these simulation exercises should be extended to outlying regions and rural areas;
8. Emphasises that there is a need to strengthen surveillance systems, rapid reporting and alerting systems, data analysis and epidemiology for animal and human diseases, so as to enable the early detection and identification of avian and human infection and to enable the rapid implementation of effective counter measures;
9. Stresses that, at the same time, rapid assessment is required of the immediate socio-economic impact of avian influenza and of compensation issues and associated incentives;
10. Welcomes the unequivocal commitment to transparency and information sharing given by the Member States, the Commission and the ECDC and emphasises the importance of rapid sharing of information and of biological specimens derived from suspected and confirmed cases among humans and animals so as to facilitate adequate and comprehensive preparedness and response;
11. Urges the Commission, the ECDC and the Member States to put in place a system for the continuous exchange of information between them and affected countries and thus to assist in the development of best practices;
12. Notes that, following the example of the ECDC, communication strategies at national and European level should be improved and should include the publishing of regular reports on the internet, the use of e-mails or restricted websites for professionals and the media;
13. Stresses however that Member States should examine the best ways of approaching their citizens, so that information reaches the whole population, including the old, the young, the illiterate or those who do not have access to modern means of communication;
14. Acknowledges that a potential solution for strengthening communication with national institutes responsible for public health surveillance is to develop an early warning and response system to be operated by the ECDC for the coordination of risk assessment and monitoring;
15. Stresses that sufficient funds should be made available by the Commission and the Member States in order to provide people with more pertinent, understandable and tangible information and thus raise public awareness;
16. Calls for well-structured and multidisciplinary collaboration among experts in human and

animal health, specialists in the fields of virology, epidemiology, pathology and agriculture, as well as communication experts and experts in translating science into policy at a global level; suggests, therefore, the creation of a European Influenza Task Force in which all the above-mentioned fields of expertise are brought together at European level; emphasises that this Task Force should work together with representatives of European vaccine and antiviral industries;

17. Emphasises that the planning and assessment of national pandemic preparedness plans must be multi-sectoral and involve all relevant ministries and stakeholders;
18. Stresses that the existing surveillance network established through Community co-funding (European Influenza Surveillance Scheme, EISS) provides a good basis for carrying out this crucial task but needs to be further developed and supported, as should the network of laboratories dealing with influenza in the Community;
19. Stresses that planning for obtaining and using pandemic vaccines is in most countries underdeveloped and measures should thus be taken to further develop it in accordance with WHO recommendations, possibly by giving the Commission a mandate to establish a Community stockpile;
20. Calls on the Commission to liaise with vaccine manufacturers to evaluate progress towards vaccine production capacity increase and equity of supply in pandemic situations and to address, together with the Member States, questions of liability and the establishment of a European mechanism for equitable distribution of pandemic vaccines that does not breach contractual agreements established by Member States;
21. Emphasises the role of the European Medicines Agency, EMEA, in determining the use and effectiveness of anti-virals and pandemic vaccines, as well as its role in detecting and investigating any adverse effects or reports of reluctance to take medication;
22. Stresses that full, accurate and practical implementation of the national legislation transposing the Community directives on health and safety at work is of vital importance in ensuring the adequate protection of workers, particularly those in high infection risk groups; emphasises that employers must assume their specific obligations laid down by Community law (for example risk avoidance, risk assessment, prevention and protection measures), in accordance with Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work;
23. Stresses that political commitment should be translated into the provision of human and financial resources and support for research and development in order to obtain the most efficient vaccine;
24. Welcomes the proposal for a regulation establishing the Solidarity Fund (COM(2005)0108) and in particular its provisions concerning public health emergencies and measures to protect the population against imminent health threats, including meeting the cost of vaccines and the supply of medical products, equipment and infrastructure;
25. Points out that adequate funding should be provided in the 7<sup>th</sup> Research Framework Programme in order to support projects addressing various aspects of pandemic influenza

and other epidemics;

26. Welcomes the Commission's pledge of EUR 80 million to third countries to combat influenza and a further EUR 20 million to research funds earmarked from the 6th Research Framework Programme, bringing the total Commission pledge to EUR 100 million;
27. Stresses that sufficient financial support must be provided in the context of international collaboration with Asian and African countries currently affected by avian influenza, to improve their surveillance and disease control capacities;
28. Points out that the European Union has a legitimate reason to provide technical, scientific and economic assistance to countries already affected and in particular to contribute to raising global awareness and to a global master plan coordinated at international, regional, sub regional and national levels, with a proper road map and timetable, to be endorsed by international and regional organisations as well as by national governments;
29. Instructs its President to forward this resolution to the Council, the Commission and the Member States.

## **EXPLANATORY STATEMENT**

### **INTRODUCTION**

Outbreaks of highly pathogenic avian influenza (HPAI) viruses in domestic poultry have been increasing since the late 1990s and have affected poultry in Europe as elsewhere. Essentially there are two forms of risk to human health: either direct infection of humans with the avian virus, or - potentially - the emergence of a new pandemic strain of type A influenza. Considering the massive exposure in Asia there have been very few human infections resulting from HPAI.

The human health impact of HPAI epizootics in general was very small - and almost unnoticed - until 1997. Infections were minor and usually self-limiting. The appearance of one particular type, A/H5N1 in Asia, changed this when infection of humans with a high mortality rate was detected during an outbreak of HPAI A/H5N1 in Hong Kong in 1997. This pattern of infection has continued as huge epizootics have extended across the domestic poultry populations of South East Asia. In the some 140 reported human infections in Asia during 2004 and 2005 mortality is around 50%. Mild and asymptomatic infection seems to be rare and the indications are that transmissibility of A/H5N1 to humans is still very low even for those directly exposed. In addition, there has been no efficient person-to-person transmission as yet.

The infection has now also appeared in birds in several European countries (Romania, Kazakhstan, Ukraine, Croatia and Turkey), in several European Union ones (Italy, Austria, Germany, Greece, France and the occupied part of the Cyprus Republic), in Africa and it appears that as we speak it is still spreading. The direct risk to the health of people in Europe from A/H5N1 is very low, but not zero. The risk is almost entirely confined to certain groups of people (those who have close contact with infected domestic poultry). For those people who have no contacts with domestic or wild birds the risk, according to the European Centre for Disease Prevention and Control, ECDC, must be almost non-existent.

### **THE RAPPORTEUR'S COMMENTS**

The Rapporteur points out that confusion in people's minds about avian influenza and pandemic influenza is massive and many people and authorities seem to equate the arrival of A/H5N1 in Europe with the arrival of a pandemic virus. He thus points out that communication strategies at a national and European level should be improved and that Member States should examine the best ways of approaching their citizens, in order for information to reach the whole population.

The Commission should play a strong co-ordinating role between the Member States and the ECDC. The Commission Communications on Pandemic Influenza Preparedness and Response Planning in the European Community (COM (2005) 607) and Generic Preparedness Planning for Public Health Emergencies at EU level (COM (2005) 605) should be read and understood in conjunction with various guidelines and advice on the issue as well as the National Influenza Plans. The triumvirate when it comes to influenza is:

- 1) WHO recommendations and EU communications and legislation;
- 2) Technical information and guidance such as those on the ECDC and WHO web-sites (eg.



ECDC Travel Advice);  
3) National plans and guidance.

### **Communication on Pandemic Influenza Preparedness**

For the Commission, the Early Warning and Response system (EWRS) remains the mainstay of communication. The experience with SARS and two Europe-wide exercises including one on pandemic influenza indicates that there is a need to strengthen communication mechanisms with the national institutes responsible for public health surveillance in charge of the risk assessment and monitoring functions. A potential solution would be to develop a EWRS component operated by ECDC for the coordination of the risk assessment and monitoring function. This will ensure the communication on emerging health threats between ECDC and the national institutes in charge of public health surveillance. However, there will still be a need for Member States to communicate measures taken through a Commission mechanism like the EWRS at a stage prior to the implementation of control measures. That said the current mechanism tends to overload users with outputs in a crisis. Further training of users will assist up to a point, but probably new mechanisms will be needed to communicate effectively in such circumstances.

There is no specific section on multi-sectoral planning at national level though there is some mention of this in the conclusions and this should now be accepted as crucial. More attention should be paid to how events and actions in one country affect others (e.g. closing borders).

The role of EMEA is somewhat unclear. Some of the most important tasks in a pandemic will be rapidly determining the use and effectiveness of anti-virals and then at a later stage the pandemic vaccine. Similarly, there is a need to detect and investigate any adverse effects, reports of reluctance to take medications. It is suspected that in a pandemic the normal EU measured pace of such activities would be far too slow. Therefore, it is important to clarify who would be responsible for this work so that preparations can be made, protocols written and agreed upon.

In more general terms the Rapporteur points out that planning for obtaining and using pandemic vaccines is in most countries underdeveloped and for this reason measures should be taken to further develop it. It is equally important to eventually give the Commission a mandate to establish a Community stockpile. The Commission is also advised to liaise with the vaccine manufacturers in order to evaluate progress towards vaccine production capacity increase and equity of supply in pandemic situations.

The Rapporteur welcomes the fact that sufficient financial support is provided in the context of international collaboration with Asian and African countries currently affected by avian influenza in order for them to improve their surveillance and disease control capacities. In addition to the above, the European Union should provide technical, scientific and economic assistance to the already affected countries and in particular contribute to raising global awareness and a global master plan coordinated at international, regional, sub-regional and national level with a proper road map and timetable.

### **Communication on Generic Preparedness Planning**

One specific concern with this Document is that it is not clear how the disease specialists will be drawn into a specific emergency so that analyses and actions will be evidence-based. Past experiences of emergencies, such as white powder releases (2001) and SARS (2003), is that these place particular strains on the scarce Community specialists who are simultaneously required to give advice and local, national and EU levels. The Rapporteur does not feel that the mechanism of having directories of experts would work in a crisis, as such experts are then needed for work at national level. An alternative, more robust mechanism would be to have additional investment in key "gap" areas and generic specialists through agencies such as ECDC.