

# Press kit



**“EUROGRIPPE” CONFERENCE**  
Conference Centre, ANGERS,  
3, 4 & 5 September 2008



# Contents

- General outline of the “Eurogrippe” Conference.
- Coordination of European preparedness for pandemic influenza.
- Pandemic influenza: an issue for society.
- Proposals of the seminar
- Information portal.



## **“EUROGRIPPE’ CONFERENCE** **General outline**

The European Union must be capable of rising to the numerous challenges facing it. Today, climatic, ecological, migratory, food-related, health-related, economic or financial challenges are key issues resulting from globalisation. They are a major concern for European citizens and increasingly demand a collective commitment and response. The French Presidency has made the theme of health security one of its programme’s priorities, in order to address citizens’ main concerns. The aim of reinforcing health security in Europe, in line with the principle of subsidiarity, will be to find avenues for improving the way the management of major health risks is coordinated within the Union.

As part of the French Presidency of the European Union France organised an intergovernmental “Eurogrippe” Seminar in liaison with the European Commission and with the support of the European Centre for Disease Prevention and Control (ECDC), from 3 to 5 September 2008 in Angers.

The Eurogrippe seminar helped to further advance into the identification of the needs for coordination among Member States of the European Union and of the European Economic Area, and on how to actually implement such coordination.

Thus, without claiming to be exhaustive, the seminar addressed through different workshops the issues that seemed the most important:

- The institutional and border issues related to crisis management of pandemic influenza;
- Public health strategies (epidemiological surveillance, vaccines/antivirals, non-medical and behavioural measures, etc.);
- The economic and social consequences (continuity of essential services and of economic activities, closure of schools, etc.);

Thanks to this work, participants agreed on a common analysis and on proposals to further deepen inter-sectoral and inter-ministerial cooperation, as well as the coordination and interoperability of the European preparedness plans to a pandemic flu



## **Coordination of European preparedness for pandemic influenza**

The Director-General of WHO, Mrs Chan, said in her opening speech at the World Health Assembly held in Geneva that pandemic influenza is one of the three main global public health threats of the moment.

Furthermore, the experts brought together by WHO for the consultation meeting on updating the WHO global pandemic influenza preparedness plan stressed that the pandemic's level of threat has not lessened.

Preparedness for pandemic influenza has now moved onto a new development phase.

On a global scale, avian influenza is now endemic and the virus is deeply rooted in South-East Asia, on the Indian sub-continent, in China and in some parts of the Middle East and Africa, Egypt in particular.

The disease affecting humans has not significantly developed as the virus is still not transmissible between humans, despite some non-efficient family clusters being identified.

The H5N1 virus has undergone changes and genetic mutations and today it seems that it is most likely to cause an influenza pandemic.

Most states have started to prepare and introduce a specific avian and pandemic influenza planning policy. In addition to strengthening these national public policies, regional interoperability of the various plans is now a priority, as underscored in the road map proposed by India during the New Delhi International Ministerial Conference held in December 2007.

On an EU level, significant work has been conducted to foster commitment and share knowledge and expertise between Member States. A number of crisis management tools, not specific to pandemic influenza, have been developed, in particular the early warning and response system (EWRS) of the EU's Network for the Surveillance and Control of Communicable Diseases and the specific "influenza" group of the Health Security Committee.

The European Commission, encouraged, in particular, by the DG Health and Consumers, the Health Security Committee and the ECDC, have all worked hard on this issue. Today, each EU Member State has developed a pandemic preparedness plan.

However, this work shared on an EU scale must be stepped up, for several reasons:

- Such a crisis would have a political dimension and would involve a major communication challenge. Winning and maintaining people's trust and circulating the information necessary to protect the public will be the main priorities for EU Member State governments.
- Current European coordination efforts remain focused on public health issues that, although they are at the centre of pandemic influenza planning, do not encompass all aspects of a crisis which will affect society as a whole.

Two conclusions can be made from these observations:

- The apparent or real differences and contradictions between two Member States could be the cause of problems and complications in crisis management and must be kept to a minimum;
- Coordination between sectors must also play a greater role on an EU level, as is already the case within each Member State.

Now, the basic issue that has not yet been sufficiently tackled on a European level is the coordination between Member States when major decisions must be made, in particular when these decisions are likely to differ or be made at different times.

Governments will have to make decisions in extremely complex environments due to the broad spectrum of people concerned, as well as the diversity in terms of the European legal integration levels. While avian influenza is naturally coordinated on a European level due to the weight of EU law in this field, the human health management of a pandemic is part of each Member State's sovereign rights. Each government will also have to make decisions on law and order, border checks, education, etc.



## **Pandemic influenza: an issue for society**

In addition to its major impact on health, pandemic influenza could also cause long-term disruption to the health system as a result of rapid saturation of healthcare services, social and economic disruption and partial paralysis of the essential services required for society to operate.

In a pandemic situation, individuals need to be aware of the limitations of public and local authority intervention and of the actions of private organisations and, consequently, to take responsibility for themselves, adapting their behaviour to the existing context. It will be easier for people to assume their responsibilities in such a situation if they have had their awareness of these types of issues raised in advance. This is particularly important since, historically, major epidemics have always drastically disrupted the societies they have affected. A variety of different attitudes may exist simultaneously or in turn in some people: withdrawal into oneself or into one's close family, panic, depending on the level of mortality, behaviour that could jeopardise public safety/security or, conversely, deliberate generosity and support for others.

It is therefore important that Governments, businesses and associations with a structured organisation contribute to gradually raising awareness of the risks related to a pandemic among the people they reach and of appropriate behaviours in terms of individual and collective management, highlighting the ethical aspects. Risk management will therefore depend – to a very significant extent – on the individual and collective behaviour of citizens in terms of their own and their families' actions. While it is difficult to consider that individuals should draw up their very own business continuity plan, it will be important to explain the reasons for the recommendations that will be made to the population in terms of the attitudes to adopt, so that everyone understands what is at stake for themselves and their families.



- Continuity of countries' life and interdependencies within the EU
  - o Economic continuity
  - o Continuity of essential services, apart from health and public security
  
- Impact on populations:
  - o School closure / class dismissal measures
  - o Health care, internal borders and movements of populations

Meanwhile, a preparatory meeting of communicators was held to prepare the network of "health crisis" communicators.

A communication exercise was proposed during the seminar and realised with the delegations represented. It consisted in the writing of a press release after the appearance of the first cases of human-to-human transmission.

The workshops of this seminar highlighted the following aspects.

### **1. Current situation**

Several speakers have observed some fatigue in the work undertaken in this subject.

Nonetheless, the influenza pandemic still constitutes one of the main threats for our societies (cf, most recently, the report of the House of Lords, July 2008).

The evolution of the animal epidemiological situation indicates that the risk of an H5N1 pandemic has not decreased with the virus endemic in several African and Asian countries.

Confronted to this severe threat, which moment of occurrence remains unknown, important preparatory works has been made by:

- The Member States: planning, acquisition of products, training, information, implementation of organisations in the field of public health.
- European Commission: impulsion of initiatives, coordination, execution of exercises.
- ECDC structural self-assessment of pandemic preparedness: scientific and technical expertise, evaluation of preparedness in Member State, guidance elaboration.
- WHO process of revision of the pandemic influenza preparedness guidance.

These initiatives occur in an international context of relationships with neighbouring countries, the WHO, the OIE and the UNSIC.

However, the results of this preparedness work show heterogeneity among Member States. It is incomplete in public health sector but even more so in other sectors (some countries need to take further into account an inter-sectoral dimension in their preparedness plans). Moreover, during the workshops and the communication exercise of the seminar it has been shown that discrepancies

between Member-States actions could complicate the interoperability in case of a pandemic, and therefore strengthened a potential media crisis.

Several priorities were identified as leading to critical distances, among which several are inter-sectoral.

The delegates of the countries have declared that they wanted the current work to be continued. An anonymous poll among the delegations of the represented countries helped to roughly draw out actions appearing as priorities.

## **2. Proposals**

Based on the works of the seminar, several proposals can be formulated:

- a) Considering the potential risk of a pandemic, it is essential to maintain a mobilisation at a political level for the fight against avian influenza as well as preparedness of countries against a pandemic.

Preparedness for a pandemic encompasses inter-sectoral implications, essential functions of the organisation of the society and important issues in terms of human resources. In this regard, pandemic preparedness can be used for the management of other threats pending on our societies.

The regular raising of this topic by governments of Member States as well as by European Council would contribute to improve preparedness.

Further work will need to be handled by a structure able to take the inter-sectoral dimensions into consideration. Both a coordination between and a strong mobilisation by the General Directorates of the European Commission must accompany this. In addition, a consultation and a dialogue between Member State before decision making is essential.

- b) Whatever decision taken, the following technical aspects must be tackled:

### In the Health sector,

- The carry through of national and regional preparedness to the local level.
- the continuation of current efforts including accurate surveillance of seasonal flu epidemics, on the one hand, and support of vaccination of targeted populations on the other hand.
- to ensure that national preparedness extends to the local level,

- the mobilisation of European Union resources and collaboration with WHO in order to acquire detailed epidemiological, virological and clinical information during the first weeks of emergence of possible or confirmed cases of transmission between humans,
- issues concerning pandemic vaccines and the more difficult issue of H5N1 or so-called prepandemic vaccine.
- the continuation of research on influenza, vaccine improvement, on new antivirals, on epidemiology, on social context and individual behaviours during a crisis and , eventually, on non medical measures.
- the monitoring of resistance to antivirals.

In other sectors,

- most of the workshops have identified the need for the Commission as well as the Member States to improve their own inter-sectoral coordination on this issue. In terms of economic continuity preparing the general public and sending strong signals for the private sector preparedness are needed to ensure a good coordination,
- border closures should be avoided as far as possible, due to the high level of interdependencies within Europe. Indeed, continuity essential services could be badly impacted by border closures,
- cross-border preparedness at the bilateral or regional level should be encouraged, given the national and local particularities in their preparedness. A European cartography of such coordination as well as interdependent European essential resources and the ways they are stockpiled (for example, electricity, energy) and security, could be set up and regularly updated,

In all sectors

- the conclusions of several workshops have pointed out major communication challenges including in non health sectors.  
Communication strategies should integrate the perception of the populations concerning the understanding of complex measures, the consistency of advices and recommendations and understanding of the differences between Member-States,
- further work is needed concerning the mitigation of potential social and economic consequences of school closure and its triggering conditions.

c ) An ethical dimension should be included in all this further works.

The aspects of solidarity, among others those of a financial nature (the use of the existing Solidarity fund of the European Union), between Member States, must be taken into account.

Furthermore, the experience and information sharing must be encouraged. In this respect, the EU should provide expertise support to Member-States, particularly the ECDC.

The entire works proposed could contribute to updating the Initiative of November 28<sup>th</sup>, 2005 by the Commission<sup>1</sup> in order to take into account the intersectoral dimensions, the evolution of knowledge and of the available means, as well as the recommendations of ECDC on the one hand WHO pandemic influenza preparedness guidance (which should be updated soon), on the other hand.

---

<sup>1</sup>Initiative of November 28<sup>th</sup>, 2005 by the Commission<sup>1</sup> to the Council, the European Parliament, the European Economic and Social Committee, and to the Committee of the Regions, on the planning of the preparedness and the intervention of the European Community in case of pandemic flu

# INFORMATION PORTAL

- French Presidency of the European Union  
[www.ue2008.fr/PFUE/lang/fr](http://www.ue2008.fr/PFUE/lang/fr)
  
- World Health Organisation  
[www.who.int.fr](http://www.who.int.fr)
  
- European Commission  
<http://europa.eu.int>
  
- European Centre for Disease Prevention and Control  
[www.ecdc.eu](http://www.ecdc.eu)
  
- Interministerial website on avian influenza  
[www.grippeaviaire.gouv.fr](http://www.grippeaviaire.gouv.fr)