

# WHO Influenza Pandemic Task Force

Report of the first meeting

Geneva, Switzerland  
25 September 2006

# **WHO Influenza Pandemic Task Force**

Report of the first meeting

Geneva, Switzerland  
25 September 2006

© World Health Organization 2006

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

This publication contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

## **I. Introduction**

The World Health Assembly in resolution WHA59.2 requested the Director-General of WHO "to use the influenza pandemic task force as a temporary mechanism until entry into force of the International Health Regulations (2005) in order to advise the Organization on the response to avian influenza, the appropriate phase of pandemic alert and the corresponding recommended response measures, the declaration of an influenza pandemic, and the international response to a pandemic." Accordingly, the WHO Secretariat made arrangements to convene the first meeting of the Influenza Pandemic Task Force ("IPTF" or "the Task Force") in order to prepare and organize the Task Force for any emergency and other relevant advice that may be required of it.

Dr David L. Heymann, Acting Assistant Director-General, Communicable Diseases Cluster, WHO, opened the meeting by welcoming the participants on behalf of the Acting Director-General, Dr Anders Nordström. He then highlighted the importance of the roles of the IPTF and described the objectives of the meeting as follows:

- Review the organization of the IPTF, including appointment of officers, establishment of operational, legal and procedural requirements, nature of meetings, member roles and responsibilities, and the IPTF's terms of reference and duration;
- Review influenza-related activities at WHO and anticipated urgent contexts in which the IPTF may be convened, and related issues; and
- Request for advice from the IPTF on important technical issues related to influenza.

Members endorsed the nomination of Dr Ali Jaffer Mohammad as Chairperson of the Task Force after which Drs Maria Zambon and Nancy Cox were confirmed as Vice-Chairs and Drs Theresa Tam and Marja Esveld as Rapporteurs.

## **II. Background, role, composition and mandate**

Dr Heymann handed over the meeting to Dr Ali Jaffer Mohammad. The WHO Secretariat then described the background, role, composition and mandate of the IPTF. These can be summarized into two groups of functions:

1. To provide advice at the request of the Director General of WHO pursuant to the mandate of the IPTF under resolution WHA59.2, and, in particular, on key changes to the pandemic alert phase and declaration of a pandemic and on the appropriate response measures to be recommended.

2. To provide technical advice when requested by the Director-General of WHO on other relevant matters relating to avian and/or pandemic influenza.

Consistent with its mandate, the IPTF will terminate as of 15 June 2007; accordingly, terms of membership will also last until that date. If events arise after that date which are considered preliminarily by the Director General to constitute a public health emergency of international concern under the International Health Regulations (2005) (IHR (2005)), an Emergency Committee will then be constituted and convened in accordance with the (IHR (2005)). With regard to its other advisory function, WHO will consider at that time a new technical advisory body on influenza-related issues.

The WHO Secretariat discussed with the participants their obligations as IPTF members, and key aspects of the IPTF membership and meeting documentation, including the Rules of Procedure for the IPTF, and the members' Confidentiality Undertaking and Copyright Assignment and the Declaration of Interests for WHO Experts.

The convening of the Task Force in an emergency situation was also discussed, including practical aspects of rapid communication and teleconferencing.

The Global Influenza Programme briefed the Task Force on current WHO structures and activities related to both seasonal and pandemic influenza. The IPTF then considered some of the potential emergency events for which their advice might be sought by the Director-General of WHO.

### **III. Technical discussions**

Technical discussions were held on the following items:

#### **1. Anticipated urgent situations related to avian and pandemic influenza.**

GIP provided an overview of anticipated issues that may confront WHO at the time the start of a potential influenza pandemic is identified. A key expectation discussed was that advice may need to be provided by the IPTF in urgent circumstances when some potentially relevant information may not be available. The IPTF noted the importance of being provided with information that was as accurate as possible given the specific circumstances of the particular event in which advice was requested. IPTF members provided examples of several potentially important parameters depending upon the specific questions and circumstances at issue, such as age-specific mortality, the severity of the illness, the geographical extent of the event, and control measures being implemented. The IPTF also suggested that WHO consider developing a pandemic severity index. In general terms, it was felt that clarification of criteria for assessing the need to make an influenza pandemic alert phase change was desirable. At the same time, it was recognized that when faced with a real event many of the assumptions made would have to be revisited and flexibility was needed to allow many variables associated with a potential pandemic event to be taken into consideration. The need for a minimal dataset

about cases and outbreaks of disease was discussed. The importance for WHO to assess the reliability of the information and evidence provided to the IPTF was also noted.

## **2. Proposal to Strengthen Influenza Collaborating Centres and the H5 laboratory network**

GIP provided an overview of the proposal. IPTF members discussed several issues relating to the H5 laboratory network, including its sustainability, WHO's capacity to manage this potentially large network and the need for such networks to contribute to national capacity building actions in all regions.

## **3. The virus and sequence sharing issues**

The IPTF endorsed WHO's proposal to define best practices for timely sharing of influenza viruses and genetic sequences and recommended a draft resolution be submitted to WHO's Executive Board in January 2007 for consideration by Member States. GIP noted that participation of countries in influenza surveillance and provision of viruses to the WHO laboratory network were of high public health importance. Laboratories participating in the WHO Network routinely analyze the influenza viruses received through surveillance for genetic and antigenic characterization; some also analyze for resistance to antiviral drugs. The results of such analyses should be made publicly available through WHO as part of global public health risk monitoring and response activities. There was general consensus that the countries providing the viruses should be notified of, and offered inclusion in, other research contemplated or conducted by the other countries receiving the viruses collected through surveillance. There was also a consensus that influenza vaccine strain candidates should continue to be provided free of charge to any qualified laboratory and vaccine producer who requests them. The timeliness of the release of sequencing information was identified as a key concern by IPTF members.

## **IV. Conclusions and Recommendations**

The following conclusions and recommendations were endorsed by the IPTF:

### **Conclusions**

The Influenza Pandemic Task Force members understood the roles and responsibilities of the Task Force and members, and practical issues to be addressed when participating in any emergency or other meetings convened in the coming months prior to 15 June 2007. They also understood that the Task Force, and hence membership in the Task Force, expires upon entry into force of the International Health Regulations (2005) on that date.

In conclusion, the Task Force members are willing and prepared to provide advice in accordance with the mandate give in WHA59.2.

## **Recommendations**

The Task Force endorsed the proposed rules of procedure.

WHO to prepare operational procedures and support for emergency teleconferences and meetings of the Task Force.

WHO to develop a list of important data elements (e.g., age specific mortality, geographic extent of the event, control measure implemented on the ground) that, to the extent available at the time of the meeting, should be provided to the Task Force in preparation for emergency meetings. WHO to share the list with the Task Force members for further refinement.

WHO to indicate an assessment of the reliability of any data or information provided to the Task Force members related to an urgent event upon which advice is requested.

WHO to inform the Task Force members on information coming from other WHO technical work groups relevant to the discussions and activities of the Task Force.

WHO to develop further clarification on the criteria for moving between pandemic alert phases. The Task Force had not been presented with any evidence to indicate that any change from the current pandemic alert phase 3 is indicated at this time.

The Task Force endorsed the steps proposed by WHO to strengthen the WHO Collaborating Centre system on influenza and recommended that WHO work to further strengthen both influenza laboratory and disease based surveillance.

The Task Force endorsed steps by WHO to define, collect and make available critical clinical and epidemiological data on human cases and outbreaks of avian influenza.

The Task Force endorsed the WHO proposals for best practices in sharing of influenza viruses/specimens and genetic sequences and recommended that after further refinement they be put before the WHO Member States for further consideration.

**Annex 1. Agenda**

<b>25 September 2006</b>	<b>Item</b>
<b>9:00</b>	Registration and Coffee
<b>9:30</b>	Welcome, Introductions and Membership  Objectives of the meeting  Appointment of Officers <ul style="list-style-type: none"> <li>• <i>Chairperson</i></li> <li>• <i>Vice-Chairs</i></li> <li>• <i>Rapporteurs</i></li> </ul> Administrative matters <i>(Dr David L. Heymann)</i>
<b>10:00</b>	Introduction to the IPTF and its Mandate <i>(Drs Keiji Fukuda and Dr Max Hardiman)</i>
<b>10:45</b>	Explanation and discussion of practical aspects of operations <i>(Mr Bruce Plotkin and Dr Max Hardiman)</i>
<b>11:15</b>	The Global Influenza Program and influenza activities at WHO <i>(Dr Keiji Fukuda)</i>
<b>11:45</b>	<b>Lunch</b>
<b>13:15</b>	Technical discussions
<b>14:00</b>	Further technical discussions
<b>15:00</b>	<b>Coffee break</b>
<b>15:30</b>	Further technical discussions
<b>16:30</b>	Consensus on recommendations and conclusions
<b>17:00</b>	<b>Meeting closes</b>

## **Annex 2. List of Members of the Influenza Pandemic Task Force**

**Dr Ximena Aguilera**, Chief, Division of Health Planning, Ministry of Health, Santiago, Chile

**Prof Chantal Akoua-Koffi**, Chef de Laboratoire (Arbovirus/Enterovirus), Institut Pasteur de Côte d'Ivoire, Laboratoire Polio/Rougeole, Abidjan, Cote d'Ivoire

**Dr Terry Gail Besselaar**, Director, National Influenza Center of South Africa, Gauteng, South Africa

**Dr Martin Cetron**, Director of Global Migration and Quarantine, Viral Disease Division, Epidemiology and Control of Influenza, Centers for Disease Control and Prevention, Atlanta, USA

**Dr Muhammad Akbar Chaudhry**, Principal/Professor of Medicine, Fatima Jinnah Medical College, Sir Ganga Ram Hospital, Lahore, Pakistan

**Dr Supamit Chunsuttiwat**, Senior Expert in Preventive Medicine, Department of Disease Control, Ministry of Public Health, Bangkok, Thailand

**Dr Nancy Cox**, Chief, Influenza Branch, Viral Disease Division, Epidemiology and Control of Influenza, Centers for Disease Control and Prevention, Atlanta, USA

**Dr Marja Esveld**, Co-ordinator International Affairs, Centre for Infectious Disease Control, National Institute for Public Health and the Environment, Bilthoven, The Netherlands

**Prof Neil Morris Ferguson**, Imperial College School of Medicine at St Marys Department of Infectious Disease Epidemiology, St Mary's Campus, London, United Kingdom

**Dr Alan Hampson**, Interflu Pty Ltd, Victoria, Australia

**Dr. I Nyoman Kandun**, Director General of the Centre for Disease Control, Ministry of Health, Jakarta, Indonesia

**Prof Dmitri Konstantinovich Lvov**, Chief of the Department of Ecology of Viruses; Director of the Institute of Virology, Director of Ecology and Epidemiology of Influenza, Center of Russian Federation, Ivanovsky Institute of Virology, Moscow, Russian Federation

**Dr Ali Jaffer Mohammed**, Director-General of Health Affairs, Ministry of Health, Muscat, Oman

**Prof Arnold Monto**, Senior influenza epidemiologist, Director, The Michigan Bioterrorism and Health Preparedness, School of Public Health, Dept of Epidemiology, University of Michigan, Ann Arbor, USA

**Dr Albert Osterhaus**, Erasmus University, Netherlands-Animal and Virology, Institute of Virology, National Influenza Centre, Rotterdam, The Netherlands

**Dr Theresa Tam**, Director, Immunization and Respiratory Infections Division, Public Health Agency of Canada, Ottawa, Canada.

**Dr Masato Tashiro**, Director, National Institute of Infectious Disease, Department of Viral Diseases and Vaccine Control, Tokyo, Japan

**Dr Robert Webster**, St. Jude Children's Research Hospital, Virology Division, Department of Infectious Disease, Memphis, USA.

**Dr John Wood**, National Institute for Biological Standards and Control, Vaccines and Regulatory Issues, Herts, United Kingdom

**Dr Maria Zambon**, Head of Influenza Laboratory, Central Public Health Laboratory, Enteric, Respiratory & Neurological Virus Laboratory, Central Public Health Laboratory Specialist & Reference Microbiology Division, Health Protection Agency, London, United Kingdom

**WHO Secretariat**

Dr David Heymann, Acting ADG/CDS

Dr Mike Ryan, Director, EPR

Dr Guénaél Rodier, Director, CDS/IHR

Dr Keiji Fukuda, Coordinator, GIP

Dr Mike Perdue, EPR/GIP

Dr Wenging Zhang, EPR/GIP

Dr Maxwell Hardiman, EPR/IHR

Mr Bruce Plotkin, EPR/IHR

Mr Fernando Gonzalez-Martin, EPR/IHR

Mr Helge Hollmeyer, EPR/IHR

Mrs Anne Huvos, EPR/GIP