

## Current major event

### Pandemic Influenza Vaccine Deployment

Pandemic influenza products such as antiviral medicines, vaccines and diagnostics play a critical role in limiting the impact of an influenza pandemic and is an essential element of pandemic influenza preparedness and response. National deployment and vaccination plans for pandemic influenza vaccines are national tools which ensure that during a pandemic, processes and structures are functional so that vaccines are rapidly deployed and administered to target populations. The existence of a national deployment and vaccination plans for pandemic influenza vaccines is also a pre-requisite to requesting, processing, and accessing vaccines from WHO-secured influenza vaccine stockpiles.

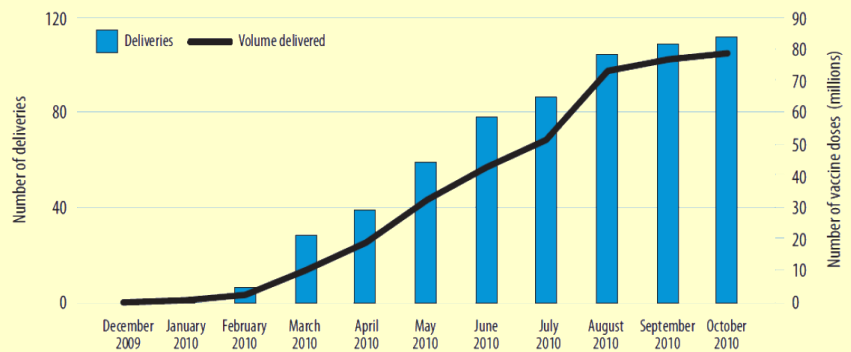
#### Editorial note

The WHO Headquarters (HQ) organized a Training of Trainers workshop on Pandemic Influenza Vaccine Deployment from 10 to 12 September 2019. The ToT training aimed to ensure availability of a trained pool of consultants or experts who could be deployed to help Member States (MS) in updating their national deployment and vaccination plans for pandemic influenza vaccines. Thirty four participants from five WHO regions (namely AFRO, EMRO, PAHO, SEARO and WPRO) and HQ attended the training workshop.

The training covers all the processes and structures that need to be functional for vaccine deployment and operations before and during a pandemic. Vaccination against seasonal influenza can contribute to pandemic preparedness efforts by promoting regulatory readiness, encouraging health workers to be familiar with the use of the influenza vaccines, and establishing distribution and delivery mechanisms to vaccinate key target groups even in case of a pandemic.

Planning for the vaccine deployment and operations before and during a pandemic is the same, regardless of its severity, requiring vaccination of the majority of the population, or in moderate situations, where only selective groups with high risk for severe infection are targeted. The scope of the effort will be different but the goal is the same: to rapidly deploy and quickly vaccinate the targeted populations with specific pandemic influenza vaccines. (See graph). Before the pandemic vaccine is deployed, each country will need to decide on the selection of target populations for vaccination. The clinical and public health impact of the pandemic will determine the target groups and coverage

### Cumulative vaccine deliveries made through the WHO Deployment Initiative, Pandemic Influenza 2009 \*



\*[https://www.who.int/influenza\\_vaccines\\_plan/resources/h1n1\\_deployment\\_report.pdf](https://www.who.int/influenza_vaccines_plan/resources/h1n1_deployment_report.pdf)

#### Target populations during pandemic influenza A(H1N1) 2009

Health-care workers
Pregnant women (regardless of their trimester)
Persons with underlying conditions (diabetes, chronic respiratory conditions, cardiac diseases, renal disorders, etc.)
Age specific populations:
◆ Children aged 6 months to 5 years
◆ Adult and elderly populations

goals for planning further deployment and defining vaccination strategies. In response to the last influenza pandemic on 2009, cumulatively, the WHO Deployment Initiative delivered over 78 million vaccine doses during the period.

Each country should develop a national vaccine deployment plan that will reinforce the existing routine immunization capacity. The WHO has recommended five priority risk groups to be targeted for seasonal influenza vaccinations. These groups include: 1) pregnant women at any stage of pregnancy (highest priority); 2) children aged between 6 months to 5 years; 3) elderly individuals (aged more than 65 years); 4) individuals aged >6 months with chronic medical conditions; and 5) health-care workers including those working in long-term care facilities. Identifying the risk groups and the number of people in each group is challenging. Therefore, careful planning will be required to determine what target groups should be vaccinated first and how to reach them (See table).

WHO will continue providing the technical support to Member states to review their operations and exercise both moderate and severe pandemic scenarios to ensure that their current health infrastructure and operational requirements are able to support these different vaccination scenarios.

#### Update on outbreaks

in the Eastern Mediterranean Region

**MERS** in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Multidrug-resistant typhoid fever** in Pakistan.

#### Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

##### Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 33.98%]

Egypt (A/H9N2) [4 (0)]

##### Ebola virus disease (EVD): 2018-2019

Democratic Republic of Congo [3 188 (2 129), 66.78%]

##### Cholera: 2017-2019

Somalia [8 753 (46), 0.53%]

Yemen [2 014 110 (3 588), 0.18%]

##### Diphtheria: 2018-2019

Yemen [3 906 (218), 5.58%]

Bangladesh [8 779 (45), 0.51%]

##### MERS: 2012-2019

Saudi Arabia [2 073 (772), 37.24%]

##### Multidrug-resistant typhoid fever: 2016-2019

Pakistan [10 825 (0)]