

**GLOBAL
INFLUENZA
PROGRAMME**

L'OMS et la première ligne de soin

Dr. Sylvie Briand

Influenza and Respiratory diseases, Hepatitis and
PIP framework (HIP).
WHO, Geneva



Organisation Mondiale de la Santé

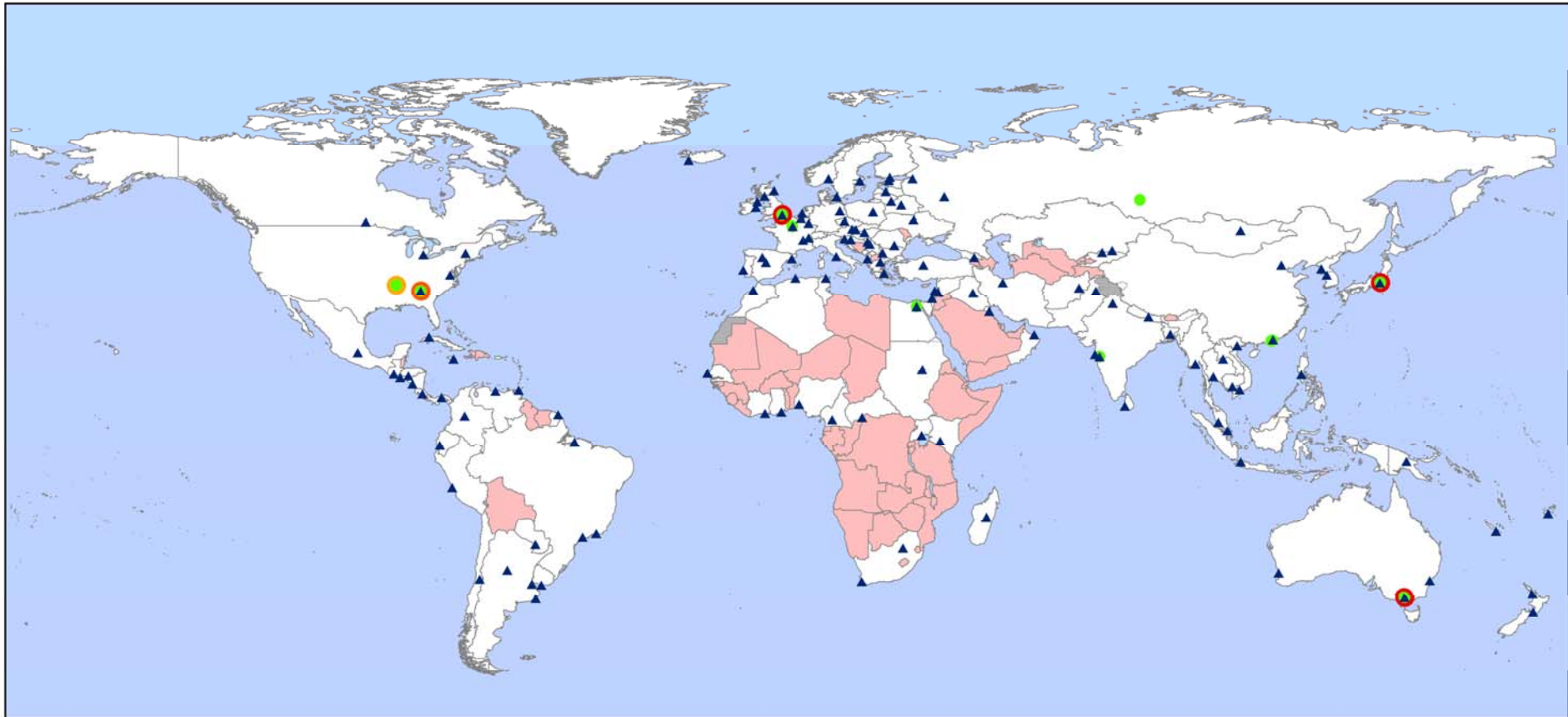
- 194 Etats Membres
- Secretariat de l'OMS: siège, 6 bureaux régionaux, une centaine de bureau pays.
- Une réunion annuelle en Mai à Genève



Programme mondial de lutte contre la grippe

- Depuis 1952: Global influenza surveillance network
 - Réseau de 136 laboratoires (NIC) situés dans 106 pays, 5 centres collaborateurs OMS, centre de référence H5
 - Initialement les laboratoires étaient situés essentiellement dans les pays tempérés, Depuis 2003 (réémergence de H5N1) de nombreux laboratoires des pays du sud ont rejoint le réseau.
 - Rôle dans le monitoring des virus circulants et définition du vaccin saisonnier ou pandémique. (2 réunions - en février et septembre)
 - Surveillance de la résistance aux antiviraux.
 - Envoi de réactifs, contrôle qualité, formation

WHO Global Influenza Surveillance Network (GISN)



17 September 2010

- ▲ National Influenza Centres
- H5 Reference Laboratories
- WHO Collaborating Centre for Studies on the Ecology of Influenza in Animals
- WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza
- WHO Collaborating Centres for Reference and Research on Influenza
- WHO Member States without National Influenza Centre



The boundaries and names shown and the designations used on this map 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.

Data Source: GISN, WHO
Map Production:
Global Influenza Programme
World Health Organization
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INFLUENZA
PROGRAMME



Programme mondial de lutte contre la grippe (2)

- Surveillance épidémiologique et évaluation des risques
- Préparation à la pandémie
- Guide de prise en charge clinique de la grippe- utilisation des antiviraux
- Stock mondial pour les urgences
- Etudes: fardeau de la maladie, communication, agenda pour la recherche.

Outil de riposte (1)

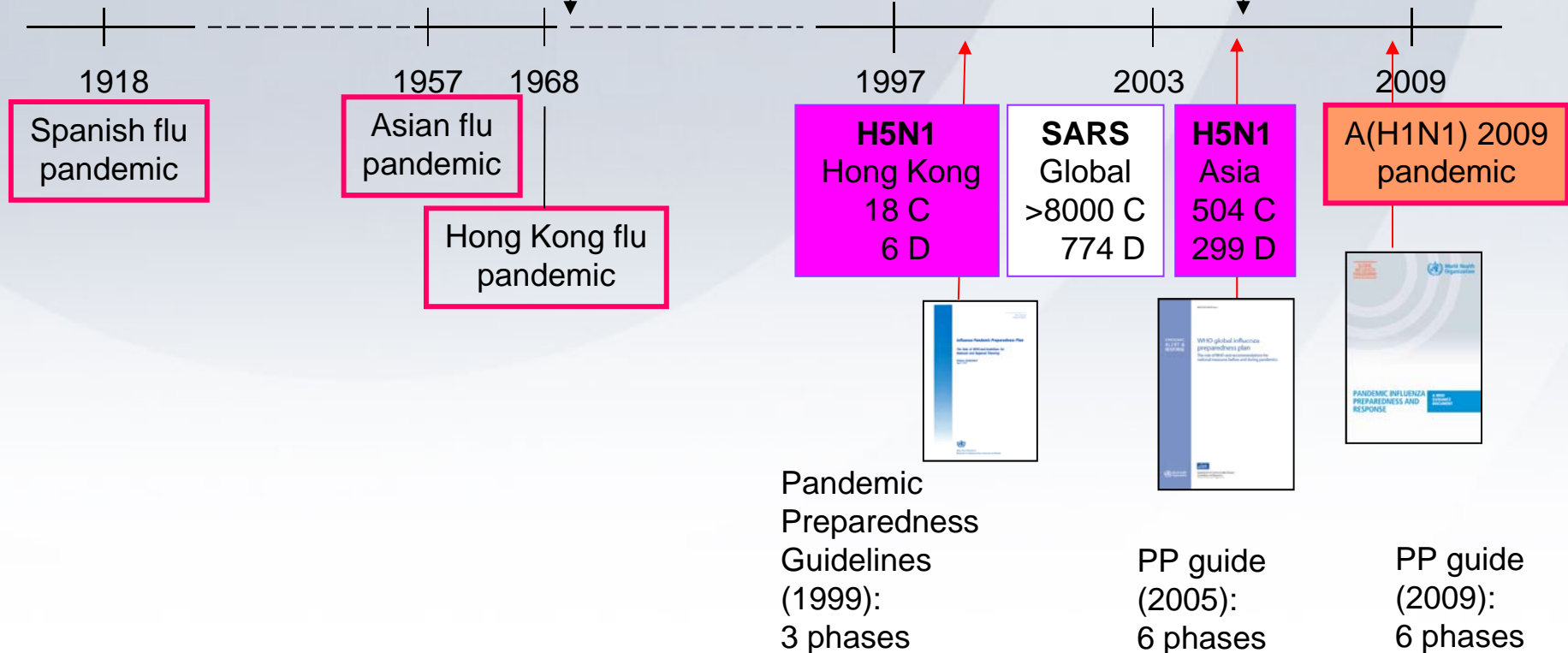
Virus and benefit sharing discussion (2007)

Révision du règlement sanitaire international (RSI) (1969)

- Peste
- Fièvre jaune
- Choléra

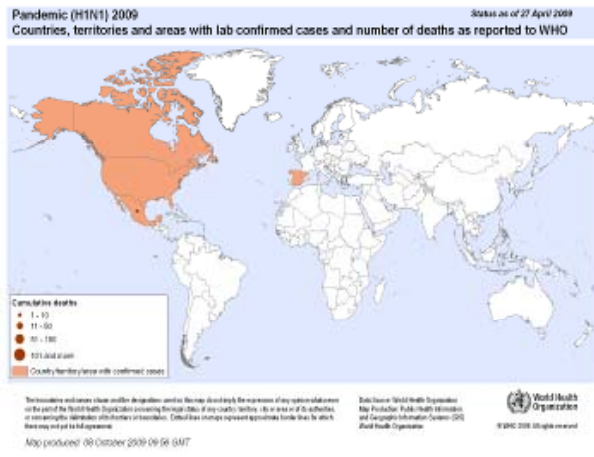


IHR revision
Includes all Public Health Emergencies of International Concern (PHEIC) (2005)

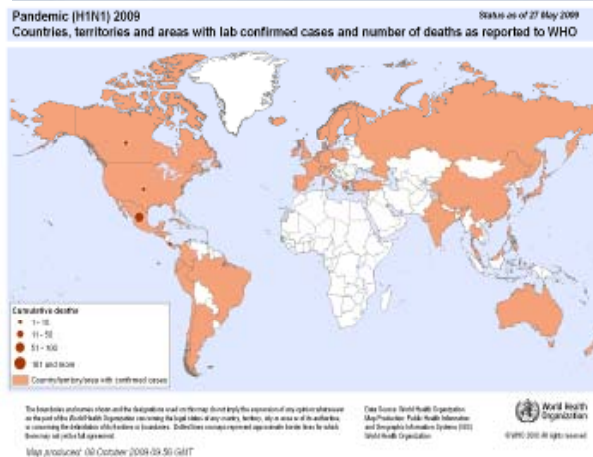


Diffusion mondiale du virus pandémique H1N1

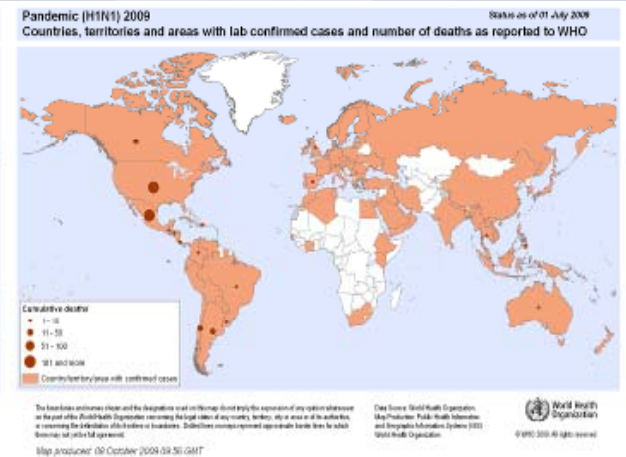
Avril 2009 - Février 2010



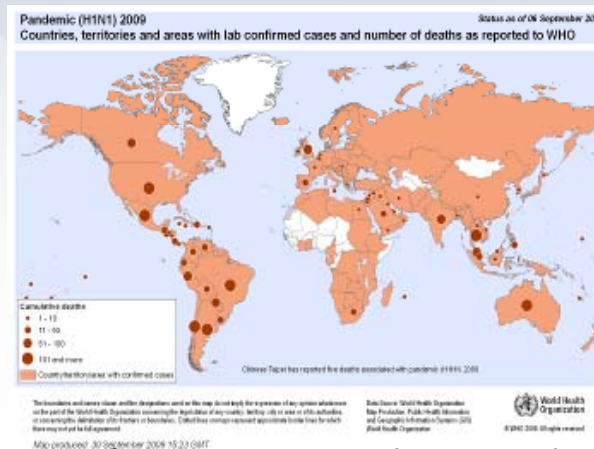
April 2009



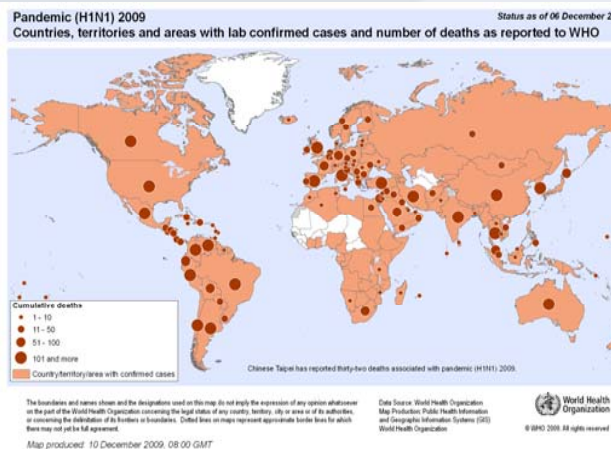
May 2009 (1 month)



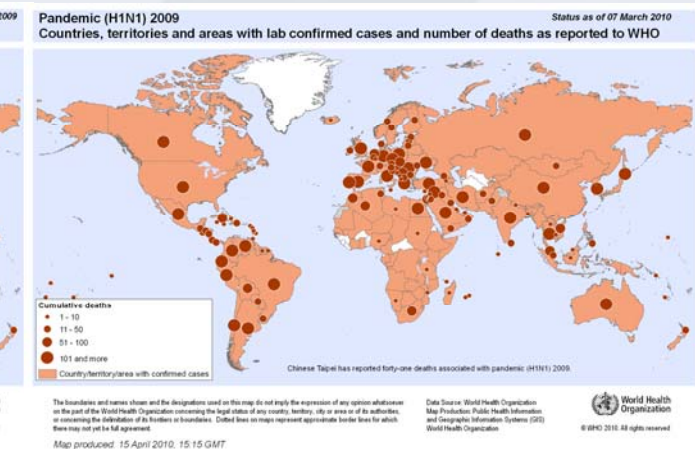
July 2009 (3 months)



September 2009 (5 months)

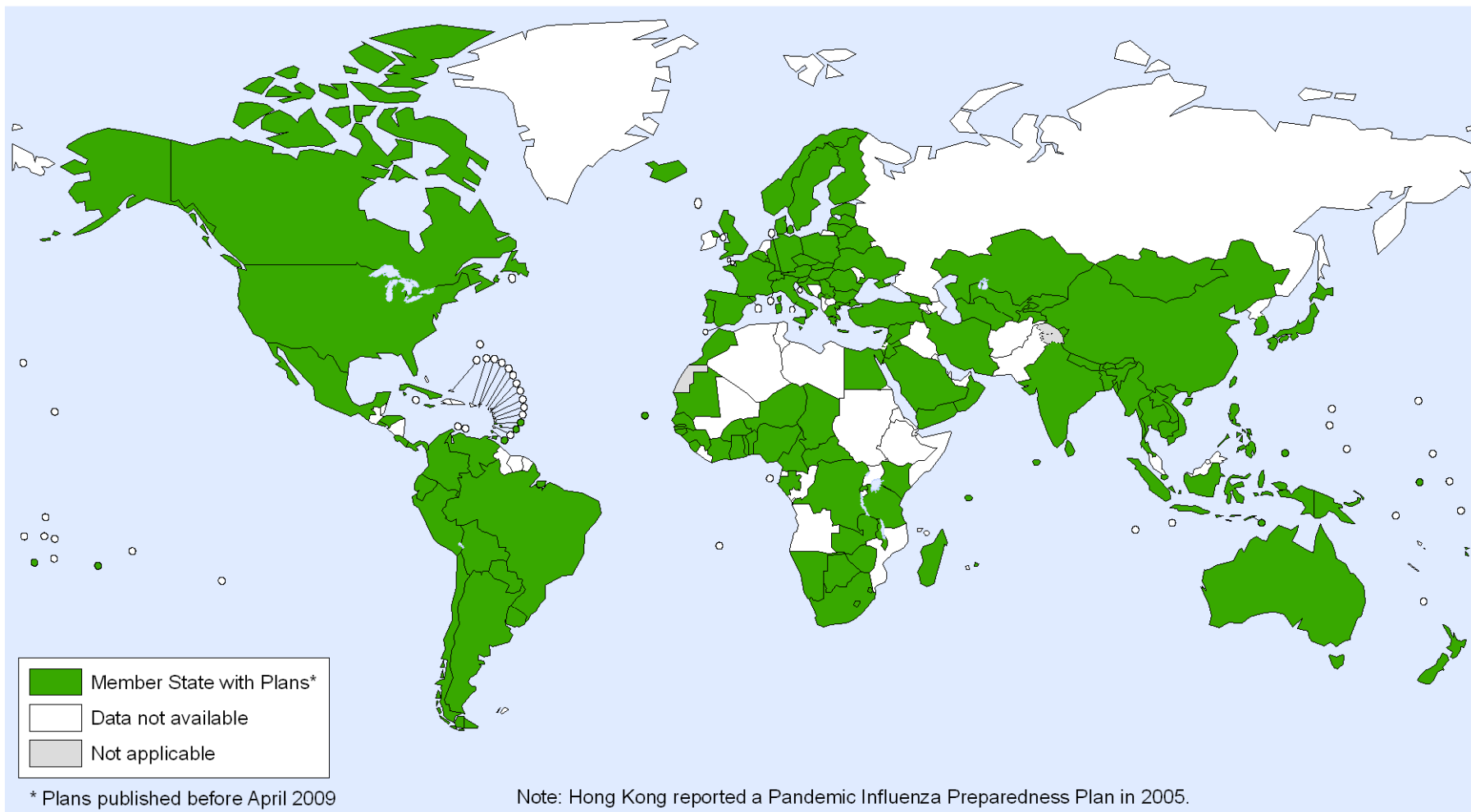


December 2009 (8 months)



February 2010 (10 months)

WHO Member States with publicly available Pandemic Preparedness Plans at the start of the Pandemic (H1N1) 2009

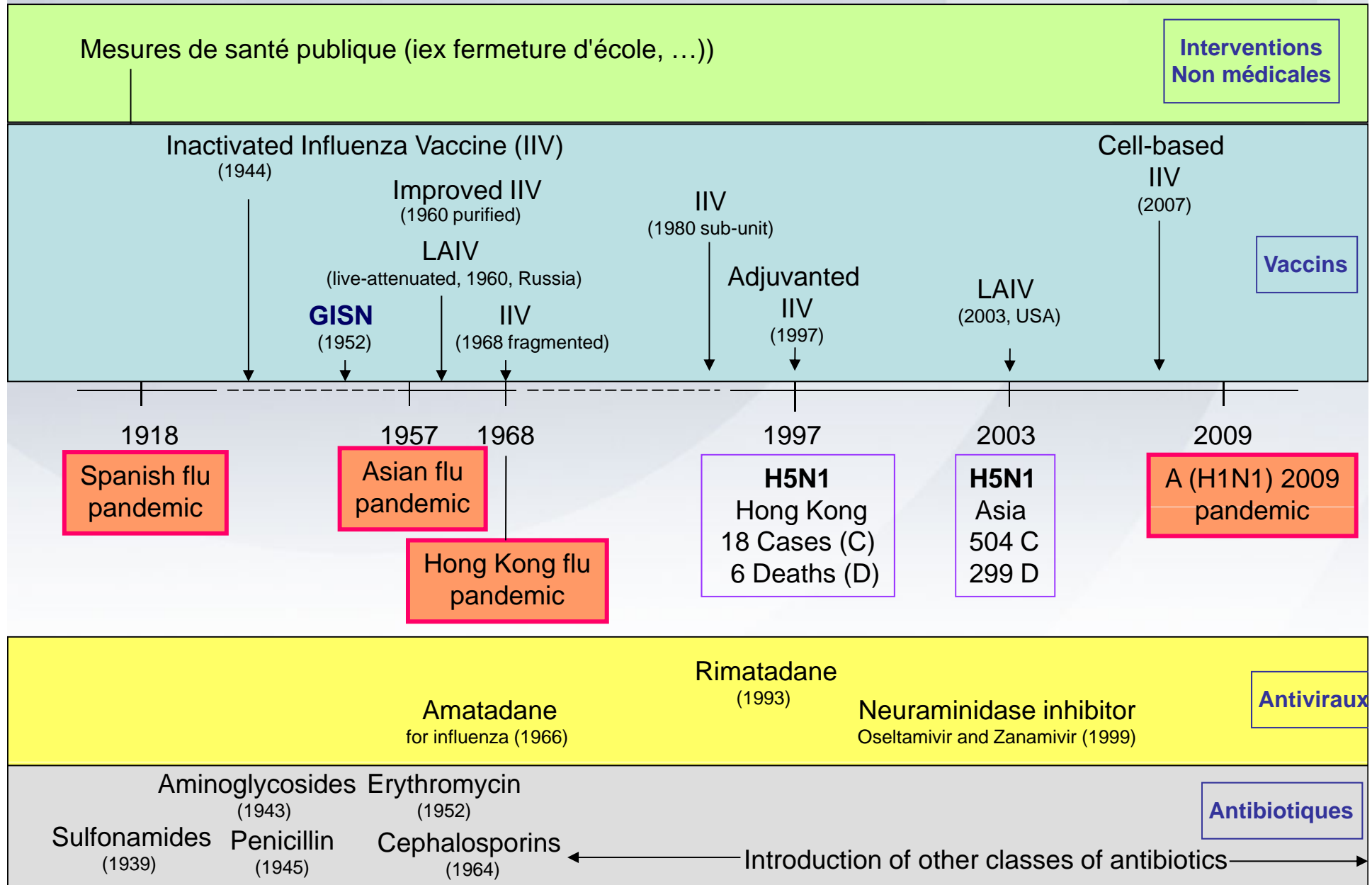


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Data Source: World Health Organization
 Map Production: Public Health Information and Geographic Information Systems (GIS)
 World Health Organization


World Health Organization
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Outils de riposte (2)



Partage des virus/partage des bénéfices

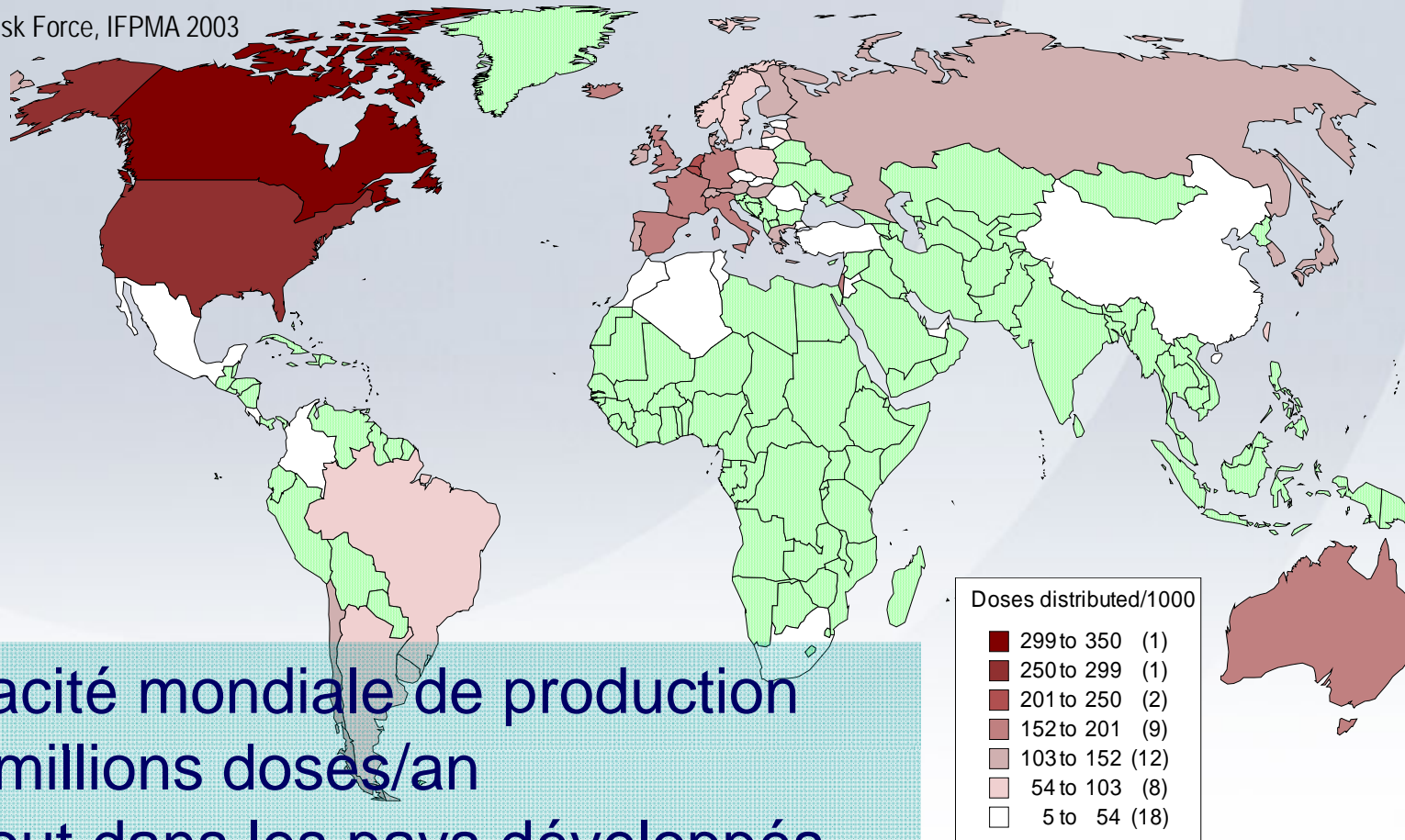
- Extension du réseau mondial de surveillance de la grippe (GISN)
- Production mondiale très limitée: Global action plan 2006 :
 - Augmentation de la production mondiale des vaccins,
 - Transfert de technologie,
 - Recherche et développement
- "Virus and benefit sharing"

**Fadilah Supari demande
un partage plus équitable des bénéfices**



Vaccin Grippe (2003)

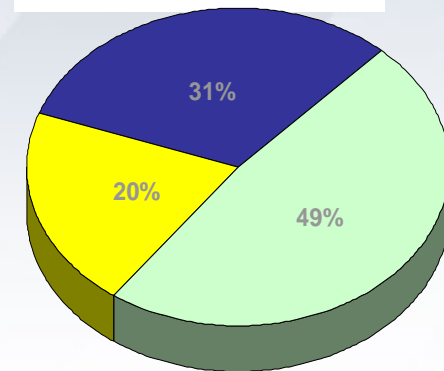
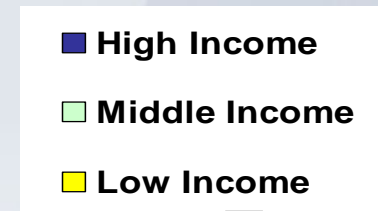
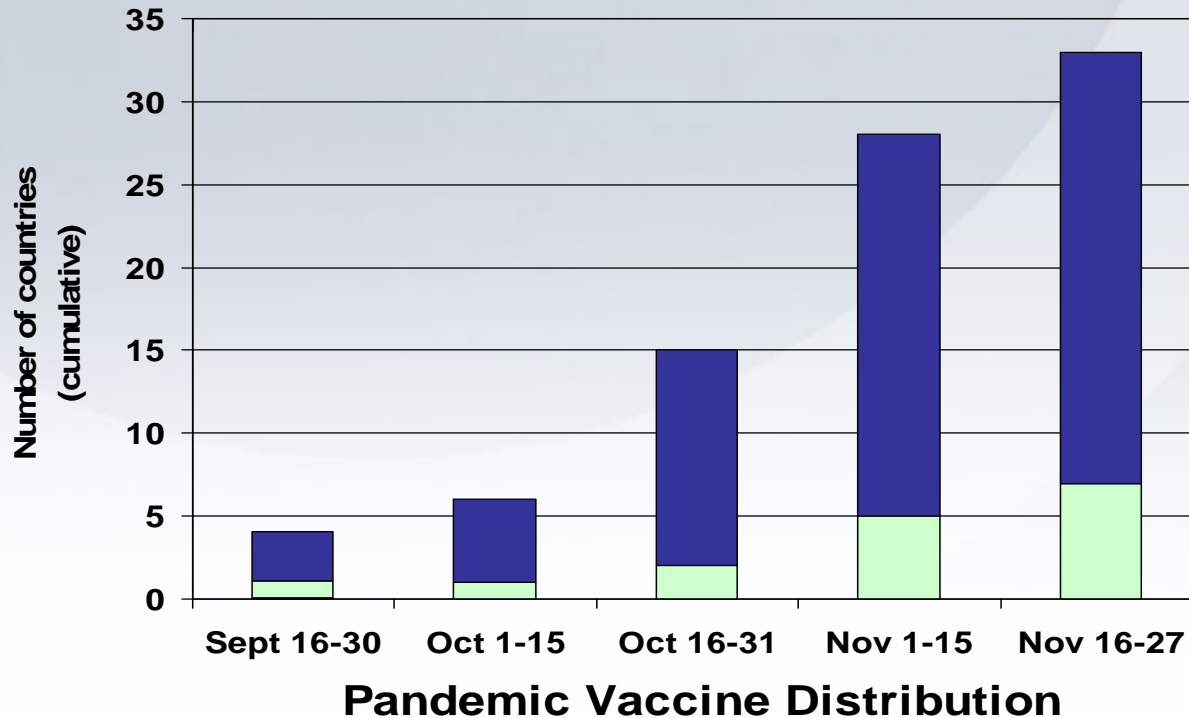
IVS Task Force, IFPMA 2003



- Capacité mondiale de production 300 millions doses/an
- Surtout dans les pays développés
- >95% de la production dans 5 pays

La distribution des vaccins plus lente que prévue

- Premières donations à l'Azerbaïdjan & Mongolie- Janvier 2010



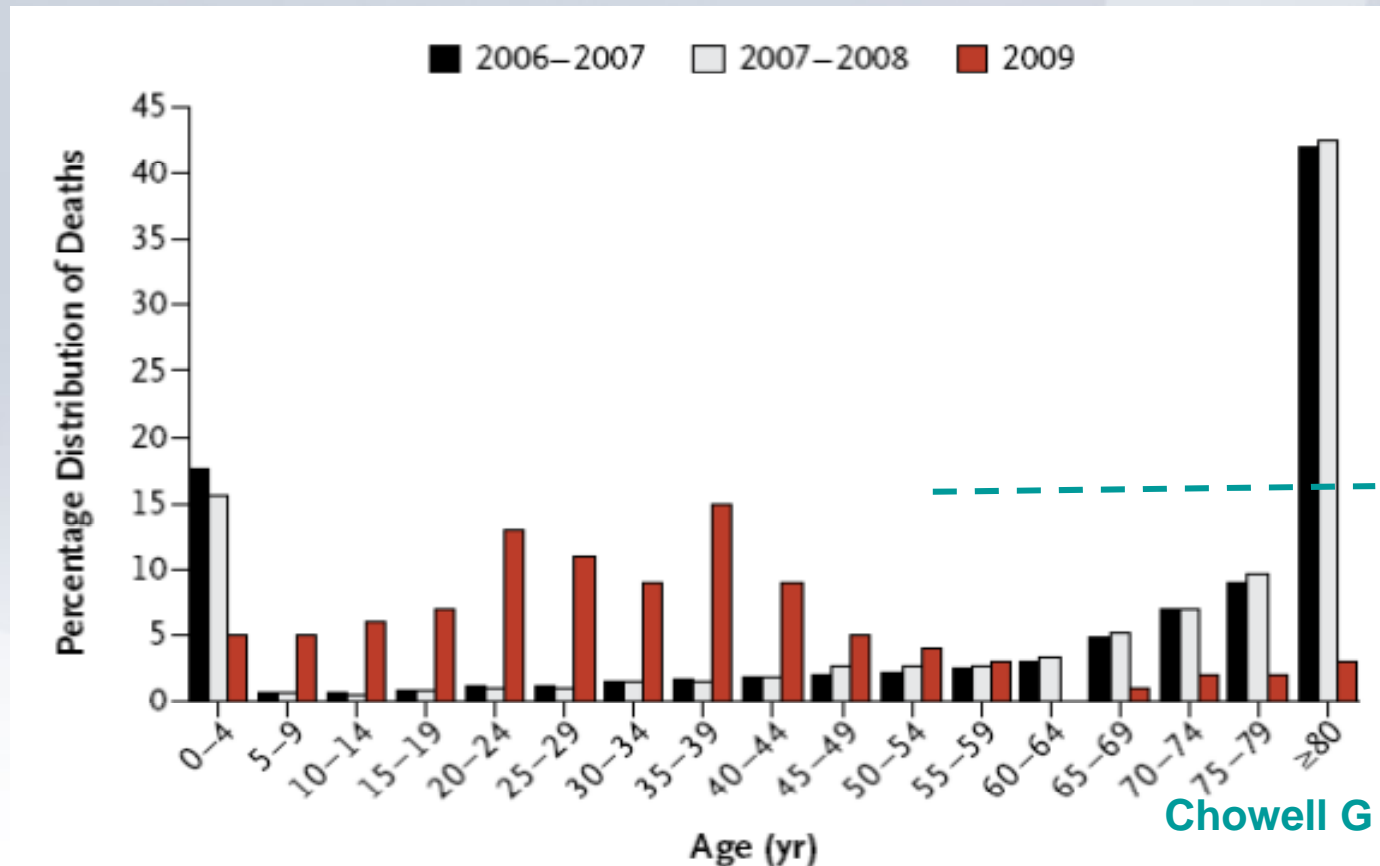
World economies¹

¹ World Bank classification 2009

La première ligne de soins

- Surveillance
- Prévention de la morbi-mortalité
 - Rôle dans la promotion de la vaccination
 - Mesures de protection individuelle
 - Rôle dans la communication du risque
- Réduction de la mortalité

Age-Related distribution of deaths from severe pneumonia, Mexico, 24 March- 29 April 09 compared to influenza seasons 2006-8



- During 5-weeks period, 2155 cases of severe pneumonia with 821 hospitalizations + 100 deaths: 87% of deaths and 71% of severe pneumonia cases aged 5- 59 yrs

Infection H1N1 pandémique

- **Large spectre clinique**
 - **asymptomatiques**
 - 10-50% symptômes **digestifs**
 - Pneumonie grave chez un adulte jeune en bonne santé (40% des décès sans facteur de risque)
 - **10-20%** des hospitalisations dirigées vers les SI

Infection clinique:

Adolescent et jeunes adultes

Hospitalisation:

Enfants <5ans

Décès:

Adultes 50-64
(mediane 35-51)

Mortalité et accès aux soins



Hospitalized patient during SARS outbreak (2003)

Cholera Treatment Unit (2003)



Assessment of Severity Characteristics

Table 1 Selected severity characteristics of pandemic influenza A (H1N1) 2009 virus infections, data as of 6 November 2009^a

Tableau 1 Quelques caractéristiques de la gravité des infections par le virus de la grippe pandémique A (H1N1) 2009 (données au 6 novembre 2009)^a

Country – Pays	% of hospitalized cases with no co-morbidity – % de cas hospitalisés sans comorbidité	% of hospitalized cases who are pregnant – % de cas de femmes enceintes hospitalisées	Cumulative number of hospitalizations – Nombre cumulé d'hospitalisations	Incidence of hospitalization (per 100 000 population) – Incidence de l'hospitalisation (pour 100 000 habitants)	Median age of hospitalized cases (years) – Age médian des cas hospitalisés (ans)	Rate of ICU admission or hospitalization – Taux d'admission dans les services de soins intensifs ou d'hospitalisations	Number of deaths – Nombre de décès	Mortality rate (deaths per million population) – Taux de mortalité (nombre de décès par million d'habitants)
Northern hemisphere temperate zone – Zone tempérée de l'hémisphère Nord								
Canada	38	5	1 999	5.8	24	0.20	95	2.8
Japan – Japon	63	0.3	3 746	2.9	8	–	35	0.2
United Kingdom – Royaume-Uni	43	7.5	–	–	15-24	–	135	2.2
Mexico – Mexique	–	–	10 337	9.3	–	–	328	2.9
United States – Etats-Unis d'Amérique	27	7	9 079	3.0	21	0.25	1 004	3.3
Southern hemisphere temperate zone – Zone tempérée de l'hémisphère Sud								
South Africa – Afrique du Sud	–	–	–	–	–	–	91	1.8
Argentina – Argentine	47	–	9 974	24.5	20	0.13	593	14.6
Australia – Australie	51	6	4 844	22.5	31	0.13	186	8.6
Brazil – Brésil	79	8.3	17 219	8.8	26	–	1 368	7.0
Chile – Chili	47	2.4	1 852	10.8	32	0.39	140	8.1
New Zealand – Nouvelle-Zélande	–	6.5	1 001	23.3	20-29	0.12	19	4.4

Source: *Weekly Epidemiological Record*, 13 November 2009.

Les antiviraux , ça marche?

Table 1. Relative Risk of Survival of Patients Treated with Oseltamivir, Compared with Patients Who Did Not Receive Antiviral Treatment (N = 221)

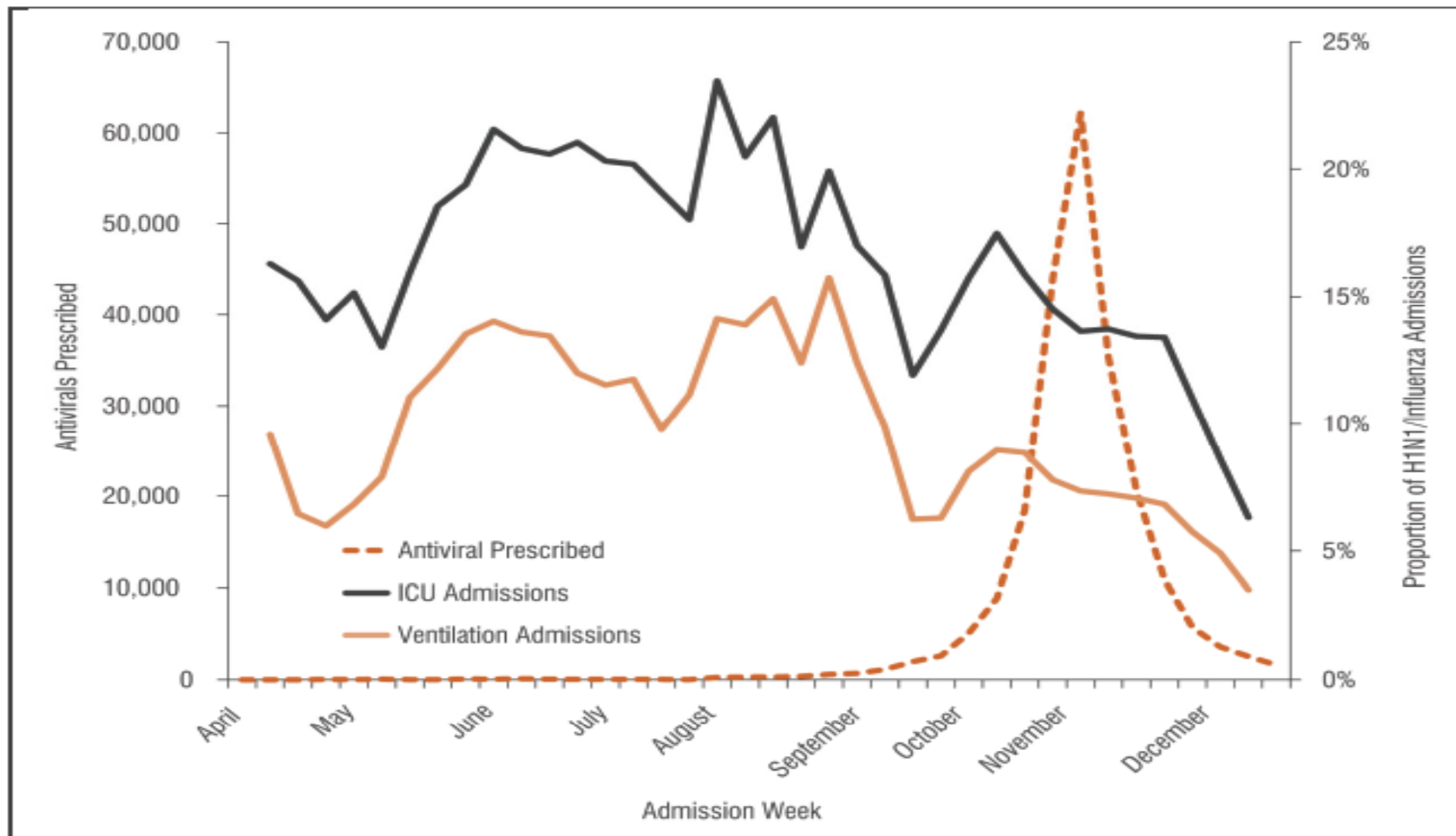
Treatment initiation from symptom onset, days	Oseltamivir treatment, survived/total (%)	No antiviral treatment, survived/total (%)	Difference in survival, %	Relative risk	95% CI	P
0–2	15/18 (83)	19/95 (20)	63	4.17	2.65–6.55	<.001
3–5	15/31 (48)	32/117 (27)	21	1.77	1.11–2.83	.032
6–8	16/32 (50)	31/108 (29)	21	1.74	1.10–2.75	.031
9–11	3/8 (38)	30/70 (43)	–5	0.88	0.34–2.23	.797
≥12	3/9 (33)	29/45 (64)	–31	0.52	0.20–1.34	.105
Any time	52/98 (53)	29/123 (24)	29	2.25	1.56–3.25	<.001

NOTE. Relative risk of survival by interval from symptom onset and first dose of oseltamivir, compared with risk of survival of individuals who presented for medical care during the interval, were alive in the interval, and did not receive any antiviral treatment during the interval. CI, confidence interval.

Effectiveness of Antiviral Treatment in Human Influenza A(H5N1) Infections: Analysis of a Global Patient Registry

Wiku Adisasmito,¹ Paul K. S Chan,² Nelson Lee,² Ahmet Faik Oner,³ Viktor Gasimov,⁵ Faik Aghayev,⁶ Mukhtiar Zaman,⁷ Eburn Bamgboye,⁸ Nazim Dogan,⁴ Richard Coker,¹⁰ Kathryn Starzyk,⁹ Nancy A. Dreyer,⁹ and Stephen Toovey¹¹

Figure 9: Antivirals Prescribed Compared to ICU and Ventilation Admissions (by Admit Date), April to December 2009





Thank you

谢谢

Merci

Gracias