Report: H1N1 Working Group  
April 13, 2010  

Dr. David Salisbury  
Working Group Chair  

WG Terms of Reference  
(Established April 2009)  

1. Provide technical advice and support to the WHO Secretariat on identification of essential evidence gaps to inform potential recommendations on the use of Influenza A(H1N1) vaccines, and on possible avenues to acquire priority missing information.  
2. Facilitate a SAGE review and recommendation on the potential use of Influenza A(H1N1) vaccines (e.g. target populations, target age groups, product formulation, and post-market surveillance).
Members

SAGE Members
- David Salisbury
- Jon Abramson
- Supamit Chunsuttiwat

Experts
- Nancy, Cox, CDC, USA
- Neil Ferguson, Imperial College, UK
- Teeranart Jivapaisarnpong, MoPH, Thailand
- Paul-Henri Lambert, CMU, Switzerland
- Joahnnes Loewer, PEI, Germany
- Karen Midthun, CBER, USA
- Phillip Minor, NIBSC, UK
- Albert Osterhaus, EMC, Netherlands
- Stefania Salmaso, ISS, Italy
- Peter Smith, LSHTM, UK

Teleconference
March 5, 2010

Agenda
To review previous SAGE recommendations on H1N1 vaccines and identify those for which a revision is proposed by the WG
Previous SAGE Recommendations
(vaccine production)

1. Opportunity for producing seasonal vaccines during a pandemic (7 July 2009)
   
   *There was no negative impact on trivalent seasonal vaccine production due to switching over to monovalent production*
   
   **BUT**
   
   *In the case of a new pandemic, should not seasonal vaccine production stop asap in order to maximize pandemic vaccine output? In 2009, production of seasonal vaccine continued well into September for a vaccine against mostly non-circulating virus subtypes.*

Previous SAGE Recommendations
(priority groups, doses)

2. Priority target groups for vaccination (7 July 2009)
3. Number of doses (28 October 2009)

   *No change necessary to the current SAGE recommendations on number of doses or priority target groups for vaccination.*
Previous SAGE Recommendations
(safety)

4. Safety and efficacy of pandemic vaccines
(28 October 2009)

With approximately 25 licensed vaccines and over 275 million doses administered, there are no new severe adverse reaction signals. Safety data has come from industrialized nations with more developed pharmacovigilance systems. Vaccine administration is now moving into countries with less sophisticated pharmacovigilance systems. To those countries WHO can give assurances that the vaccines that they will receive have not given cause for concern. These countries are urged to continue to put in place, to the best of their ability, a reliable pharmacovigilance system.