Objective 1: increase in seasonal vaccine use

Third European Influenza Summit: Organized by the European Scientific Working group on Influenza (ESWI)
16 December 2013 / Volume 31, Issue 52, Pages 6161-6167
On 2 May 2013, the European Scientific Working group on Influenza (ESWI) held its third influenza summit at the Institute of European Studies at the Free University of Brussels. ESWI brought together more than 90 representatives of organizations of healthcare providers, senior citizens, at-risk patients and public health authorities for a day of tailored lectures, Q&A sessions and networking. Since recent studies, surveys and reviews have shed new light on some of the most intriguing influenza issues, the Summit faculty translated the newest scientific data into practice. The first part of the Summit programme focused on the current flu status in Europe, paying special attention to the protection of pregnant women and the elderly as well as to the issues of vaccine safety and effectiveness. The programme continued to highlight future challenges and evolutions like novel antiviral drugs against influenza, improved flu vaccines and the prospect of a universal flu vaccine. The annual ESWI flu summits are the pinnacles of ESWI's efforts to bridge the gap between science and society. ESWI's members are convinced that the fight against influenza can only be won when all parties are well informed and ready to work together.

Ethical analyses of institutional measures to increase health care worker influenza vaccination rates
16 December 2013 / Volume 31, Issue 52, Pages 6172-6176
Health care worker (HCW) influenza vaccination rates are modest. This paper provides a detailed ethical analysis of the major options to increase HCW vaccination rates, comparing how major ethical theories would address the options. The main categories of interventions to raise rates include education, incentives, easy access, competition with rewards, assessment and feedback, declination, mandates with alternative infection control measures, and mandates with administrative action as consequences. Given the ethical imperatives of non-maleficence and beneficence, the limited success of lower intensive interventions, and the need for putting patient safety ahead of HCW convenience, mandates with additional infection control measures as consequences for non-compliance are preferred. For those who opt out of vaccination due to conscience concerns, such mandates provide a means to remain employed but not put patient safety at risk.

Sanidad prolonga hasta el 20 de diciembre la campaña de vacunación antigripal
Mon, 02 Dec 2013 / Europapress.es
La Consejería de Sanidad y Servicios Sociales ha decidido prolongar la duración de la campaña de vacunación antigripal hasta el 20 de diciembre con el fin de dar más facilidades a quienes aún no se han vacunado y así aumentar la cobertura de vacunación.

Study finds no decrease in flu hospitalization in vaccinees
Tue, 26 Nov 2013 / Vaccine
The influenza vaccine did not reduce the risk of hospitalization for flu after vaccine failure, according to an analysis of 8 years of data published yesterday in Vaccine.

Best way to protect yourself against the flu is to get vaccinated, and soon
Tue, 26 Nov 2013 / Washingtonpost.com
Did the flu knock you flat last year? Count yourself among the tens of thousands hit by one of the country’s worst flu seasons in 15 years. The rate of flu-related hospitalizations among people 65 and older was the highest since officials began tracking laboratory-confirmed cases in 2005. How
severely the flu will strike this year is impossible to predict, experts say. But the flu strain that predominated last year typically causes more hospitalizations and deaths than others do — and, unfortunately, it’s expected to be one of the strains going around this winter. The best way to protect yourself is no surprise: You need to get vaccinated, and soon.

**Objective 2: increase in vaccine production capacity**

**FDA clears first adjuvanted H5N1 vaccine**
*Fri, 22 Nov 2013 /CIDRAP*

The US Food and Drug Administration (FDA) today approved the first adjuvanted vaccine against H5N1 influenza, a product destined for the US government's pandemic emergency stockpile. It is also the nation's first adjuvanted flu vaccine to gain FDA clearance. The vaccine, made by a Canadian subsidiary of GlaxoSmithKline (GSK), is indicated for use in people age 18 and older who are at increased risk of exposure to H5N1 avian influenza, the FDA said in a statement.

**Objective 3: research and development**

**EDUFLUVAC project receives $6.1 million from European Commission**
*27 November 2013 /Vaccine News Daily (USA)*

The EDUFLUVAC project, a public-private partnership with the goal of developing a universal flu vaccine, announced on Friday that it received a $6.1 million grant from the European Commission. The EDUFLUVAC consortium consists of seven renowned organizations from Europe on a four-year mission to develop a broad-spectrum, long-lasting vaccine against influenza. The project is attempting to develop a combinatorial immunization strategy that will teach the immune system to cross-recognize common regions within multiple viral strains of influenza.

**The Quest to End the Flu**
*Thu, 21 Nov 2013 /TheAtlantic.com*

On April 28, 2009, a box containing a newly isolated virus showed up at Doris Bucher’s lab. She and her colleagues at New York Medical College opened it up right away. Thousands, or perhaps millions, of lives might depend on what they did next. The virus was a new kind of influenza, known as 2009 H1N1. It had abruptly started spreading across North America in the previous month, and was beginning to appear in countries around the world. Once scientists at the Centers for Disease Control and Prevention analyzed it, they realized that the vaccine already in production for the next flu season probably wouldn’t be effective against it. And because it was so new, people’s immune systems might also be unable to stop the virus, which meant that it could become a global outbreak—a pandemic.

**Outbreak news**

**H1N1**

**H1N1 flu epidemic 'killed 203,000' according to WHO study**
*27 November 2013 / South China Morning Post (Hong Kong)*

The 2009 H1N1 "swine flu" epidemic killed up to 203,000 people across the world, 10 times greater than initially estimated by the World Health Organisation, researchers say. In a study published in the journal PLOS Medicine, epidemiologists used data on respiratory deaths in 20 nations to calculate a global mortality rate.
**China reports 3rd H7N9 case in Nov.**  
**Thu, 28 Nov 2013 /Xinhua**

A new human H7N9 bird flu case was reported in east China's Zhejiang Province, the fifth in China this autumn, according to local health authorities on Thursday. The patient surnamed Zhang, 57, from Anji County tested positive for the H7N9 virus on Wednesday when he went to the First Affiliated Hospital of College of Medicine, Zhejiang University, for treatment for a fever, said the Zhejiang Provincial Health Department.

**Analysis of H7N9 reveals time and location clusters**  
**Thu, 21 Nov 2013 / Eurosurveillance**

An analysis of the location and timing of cases reported in China's H7N9 avian flu outbreak this spring found that the event occurred in three stages, which may have been affected by weather conditions, researchers from China and Sweden reported today. Their *Eurosurveillance* report covers 131 cases that were reported from Mar 28 through May 31. Most of the cases occurred in eastern coastal provinces of Zhejiang, Shanghai, and Jiangsu. The main cluster included 30 counties in Zhejiang from early to mid-April, while two secondary ones in March and April spanned 21 counties near the Shanghai-Jiangsu boundary.