
The request for advice

Date of request: 20 July 2009; reference: PG/CI-2944999

On 8 May 2009, the Health Council of the Netherlands produced the advisory report I had requested on the matter of New Influenza A (N1H1) and possible vaccination against this strain of flu virus. Since then, based in part on the contents of your report, I have ordered the procurement of a sufficient quantity of vaccine to offer every person in the Netherlands two doses, should this prove necessary.

A logistical plan for the vaccination programme is currently in preparation. I am aware that a number of uncertainties remain with regard to the new Influenza A virus. My decision to proceed with a vaccination programme, and the exact form of that programme, will very much depend on the transmission pattern and virulence of the virus itself. Nevertheless, I wish to prepare as thoroughly as possible for the wave of cases which is expected to occur in the autumn, and to plan the various possible scenarios for the vaccination programme. Advice concerning the specific target groups to whom vaccination can and should be offered is of particular importance in this context.

I therefore request the Centre for Infectious Disease Control to prepare a report which answers the following questions, and to liaise with the Health Council of the Netherlands, thereby providing me with the benefit of a joint advisory report. The questions to which I require answers are:

- 1 Which groups should receive vaccination against New Influenza A (H1N1), based on the international information currently available regarding the morbidity and mortality caused by the new virus?
 - 2 It is unlikely that the vaccine against A (H1N1) will be delivered as a single consignment, but in several successive batches over a period of months. Based on the medical risks, which groups should be the first to be offered vaccination, and what order of priority should be observed?
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- 3 During an influenza pandemic, the healthcare system will be under particular pressure. Moreover, certain groups of healthcare professionals will be exposed to the virus on an extremely regular basis through their contact with patients. In view of this, do you consider it necessary for healthcare staff to be among the first groups to be offered vaccination? Can you identify the particular subgroups or professionals for whom vaccination is particularly important, and how this will affect the proposed prioritisation of the medical risk groups?
- 4 When procuring the vaccine, we assumed that every individual will require two doses. Should the priority groups you identify be given both doses before vaccination is offered to other groups, or will one dose be sufficient for the time being? This could, for example, be the case with elderly people, who may already have some degree of residual immunity.
- 5 In the autumn, all individuals aged 60 and over and the members of certain designated risk groups will be offered vaccination against the 'regular' seasonal influenza viruses (i.e. influenza A H3N2/H1N1 and influenza B). Can the new vaccine against influenza A (H1N1) be administered at the same time, or are there contra-indications to this approach? If simultaneous vaccination is not possible, what would be the optimal vaccination schedule?

I further request you to inform me of all other aspects that you consider to be of importance in this context.

I assume that you will base your answers to these questions in part on the findings and current recommendations of the WHO and the ECDC. Because your advisory report will play a decisive part in shaping the plans for the vaccination programme, I would appreciate its prompt submission. I therefore look forward to receiving your report no later than 15 August 2009.

The Minister of Health, Welfare and Sport,
(signed)
Dr Ab Klink