

TABLE

A selection of non-occupational PEP recommendation from European countries

Country	Web page
Germany	http://www.rki.de/INFEKT/AIDS_STD/AZ_ENG/HIVPEPL_E.HTM http://www.rki.de/INFEKT/AIDS_STD/AZ_ENG/HIVPEPK_E.HTM
Italy	http://www.inmi.it/news/LineeGuida/RecommendationsNONOCC.htm
Poland	http://www.msi.com.pl/pub/hiv/vol_1/no_1/3177.pdf
Spain	http://www.msc.es/profesional/preProSalud/sida/pdfs/guia_actuacion_profilaxis.pdf
Switzerland	http://www.hiv.ch/rubriken/therapie/pep/pepsex/pepsexi.htm (in Italian) http://www.hiv.ch/rubriken/therapie/pep/pepsex/pepsexf.htm (in French) http://www.hiv.ch/rubriken/therapie/pep/pepsex/pepsexf.htm (in German)
United Kingdom	http://www.bashh.org/guidelines/draft_04/pepse[1]_010404.doc

As there cannot be a randomised control trial for this intervention, it is important that countries share data and recommendations to build up the evidence available. Members of the Euro-NONOPEP group are promoting an initiative to analyse cases of high-risk exposure to HIV supplied by registries in Europe, Australia and the United States. The Euro-NONOPEP group has also submitted a protocol for a Cochrane review on NONOPEP to the Cochrane Review Group on HIV Infections and AIDS. Some of these registries have had difficulties sustaining operational funding; some have been discontinued, while others are operating on a voluntary basis of case reporting.

Since the publication of the Euro-NONOPEP recommendations for PEP, some studies of PEP regimens with a better adherence and fewer adverse events have been conducted [3-6]. These studies, and the recent publication of the US guidelines, have highlighted the need to revise and update the Euro-NONOPEP and other national guidelines. Thus, the comprehensive US guidelines will no doubt provide an important focal point in the future.

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RESULTS OF SURVEY OF NATIONAL INFLUENZA PANDEMIC PREPAREDNESS IN EUROPE

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The World Health Organization (WHO) and the European Commission are currently working together to improve influenza preparedness in the European Region. So far, only a few countries have submitted national influenza pandemic plans to WHO and/or the European Commission. To help countries that do not yet have a draft national influenza preparedness plan, and to update plans where they already exist, the European Commission and WHO held a two day workshop for all countries in the WHO European region on 2-3 March 2005.

The specific objectives of this workshop were to:

- facilitate the processes involved in planning influenza pandemic preparedness
- provide an opportunity to discuss the priorities of a pandemic plan with colleagues and facilitators
- identify the way forward for WHO/EU member states as they develop their pandemic plans
- identify whether further assistance is needed and, if so, what form it should take

To determine the stage of pandemic planning in the different European countries, a questionnaire was sent to all member states of the WHO European Region (56 countries, including 25 European Union member states) before the workshop, all of whom responded. Fifty of the respondents stated that a responsible national body exists which is working on pandemic preparedness. Thirty-one have a national preparedness plan available and Published; of these, 18 are European Union (EU) states. The remaining states and entities either have a draft plan at differing stages of development, or do not have a plan [TABLE 1].

Within the European Union, considerable progress in influenza pandemic planning has been made in the last few years. In 2005, 18/25 (72%) EU countries had Published plans. In 2000, just 4 of 11 (36%) EU countries surveyed had plans that were accepted by health authorities [1,2].

TABLE 1

Response from states/entities about the existence of a national influenza pandemic plan, 2005

National Plan and Responsibilities	All respondents (56)		EU Member States (25)		non-EU states/entities (31)	
	Yes	Percentage	Yes	Percentage	Yes	Percentage
Is there a responsible body and/or a responsible person working on influenza pandemic preparedness planning?	50	89%	25	100%	25	81%
Is there a national influenza pandemic preparedness plan available and Published?	31	55%	18	72%	13	42%

National plans differ as far as the elements considered. The table below shows 10 components considered to be important and the percentage of countries which have these in their Published or draft plan. Based on the response, it is clear that surveillance and provision of laboratory facilities are the two most developed components included in the pandemic plans [TABLE 2].

Of those that have a Published plan, four countries have also conducted simulation exercises to test its efficiency and efficacy.

As well as specific questions related to the components of a pandemic preparedness plan, countries were also asked to provide details of their national influenza programme in the inter-pandemic period [TABLE 3]. Almost all countries have a functional surveillance system and a vaccination programme for risk groups (100% of EU member states have these two components). Twenty four countries (13 EU and 11 non-EU) maintain stocks of antivirals.

National influenza plans from European countries and other countries worldwide that are available on the internet can be found here: http://www.eiss.org/html/pandemic_plans.html

TABLE 2

Response to questions about important components included in national plan

Components of the plan	All 56 countries (31 have a Published plan; 25 with draft or no plan)				EU member states (18 have a Published plan; 7 with draft or no plan)				non-EU countries (13 have a Published plan; 18 with draft or no plan)			
	% of countries with a plan	% of countries with draft or no plan	Plan	Draft plan	% of countries with a plan	% of countries with draft or no plan	Plan	Draft plan	% of countries with a plan	% of countries with draft or no plan	Plan	Draft plan
Clear division of responsibilities, obligations and mandates?	81%	16%	25	4	78%	14%	14	1	85%	17%	11	3
Surveillance systems?	97%	36%	30	9	94%	71%	17	5	100%	22%	13	4
Laboratory capacity and role?	94%	28%	29	7	100%	57%	18	4	85%	17%	11	3
Healthcare organisation?	87%	20%	27	5	83%	14%	15	1	92%	22%	12	4
Maintenance of essential community services?	77%	16%	24	4	72%	0%	13	0	85%	22%	11	4
Strategy for antivirals?	81%	8%	25	2	83%	0%	15	0	77%	11%	10	2
Strategy for vaccines/vaccination?	87%	20%	27	5	89%	14%	16	1	85%	22%	11	4
Strategy for information to public and media?	84%	16%	26	4	72%	14%	13	1	100%	17%	13	3
Other public health measures (views on public gatherings etc.)?	77%	16%	24	4	72%	14%	13	1	85%	17%	11	3
Has the national plan been tested in a 'table top' or equivalent exercise?	13%		4		6%		1		23%		3	

TABLE 3

Components of national influenza programme (non-pandemic) in European Region countries

Components of national influenza programme	All countries (56)		EU member states (25)		non-EU countries (31)	
	%	n	%	n	%	n
Does a surveillance system for influenza exist?	98%	55	100%	25	97%	30
Is there a vaccination programme for risk groups?	88%	49	100%	25	77%	24
Are influenza vaccines offered free of charge for risk groups?	63%	35	72%	18	55%	17
Does the government maintain a stock of anti-viral drugs?	43%	24	52%	13	36%	11
Is there laboratory capacity for diagnosis of influenza?	80%	45	96%	24	68%	21

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HIB VACCINATION: RECENT PAPER FROM FINLAND SUGGESTS THAT A PROLONGED THREE DOSE SCHEDULE OFFERS EFFECTIVE PROTECTION AGAINST DISEASE

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A recent study in Finland concluded that two vaccine doses in early infancy, followed by a late booster, are efficacious in protecting children from *Haemophilus influenzae* type b (Hib) infection, and will practically eliminate Hib meningitis [1].

Hib vaccine campaigns have successfully reduced mortality from and the incidence of Hib meningitis infection in many countries, but nevertheless vaccine failures have been recognised. Most countries in Europe use four doses of vaccine, with a booster dose in the second year of life. The exceptions include the United Kingdom and Ireland, where three doses are given in early infancy, and many Scandinavian countries (and Italy) where two doses in early infancy are followed by a single dose on or after 11 months of age. (<http://www.euibis.org>)

The authors looked at records of *H. influenzae* cases in the Greater Helsinki area, to see what impact vaccination had made. Since 1988, the Finnish vaccine schedule has included only three vaccine doses, rather than the four doses recommended by the manufacturers, yet