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Responses from the National Medical Associations on the Involvement of the National Medical Associations in H1N1 activities at national level

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Involvement of the National Medical Associations in H1N1 activities at national level

AT - Austrian Medical Chamber

The Austrian Medical Chamber, together with the social security bodies and the regional Austrian health authorities participated in meetings with the Austrian Ministry of Health regarding the preparation of Austrian H1N1 activities.

All information on H1N1 from the Austrian Health Ministry was put on the website of the Austrian Medical Chamber and thus publicly available.

Naturally, any information on H1N1 was circulated to the regional medical chambers as well.

BE - Association Belge des Syndicats Médicaux and the Belgian Order of Physicians

Immunization against Influenza H1N1 was done in Belgium on patients at risk by their GP in collaboration with the Health Ministry.

They were asked to register through a new eHealth platform on a governmental site which we declined for confidentiality reasons. But we told the doctor to register the lot's number in their file and to give their patient a certificate of immunization with this number.

The Belgian federal government has appointed an influenza commissioner, Dr Van Ranst. An informative internet website has also been created www.influenza.be.

The Order of Physicians has reported on this subject in their 'Advice of January 24th 2009 on the treatment duty at an epidemic'.

The Royal Decree of November 3rd 2009 (L'arrêté royal du 3 novembre 2009 relatif à la création d'une banque de données fédérale relative aux vaccinations contre le virus de la grippe A/H1N1) gives in article 6 a competence to the Order of Physicians.

(http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=20091103E3&table_name=loi)

S'il est nécessaire d'identifier une ou plusieurs personnes vaccinées pour des raisons de pharmacovigilance liées à un ou plusieurs lots du vaccin, la plate-forme eHealth peut, moyennant autorisation de la section santé du Comité sectoriel de la Sécurité sociale et de la santé, visée à l'article 37 de la loi du 15 janvier 1990 relative à l'institution et à l'organisation d'une Banque-carrefour de la Sécurité sociale, procéder à la retransformation du numéro unique sans signification de la personne concernée créé par elle en son numéro d'identification visé à l'article 8, § 1er, de la loi du 15 janvier 1990 relative à l'institution et à l'organisation d'une Banque-carrefour de la Sécurité sociale.

Le responsable de la banque de données fédérale est, dans ce cas, tenu d'en faire une déclaration motivée auprès du Conseil national de l'Ordre des Médecins.

Le Conseil peut déléguer un médecin afin de surveiller la retransformation. (appendix 2).

CH : Swiss Medical Association - Fédération des Médecins Suisses

In Switzerland, vaccinations were carried out mainly in private practices. The process was effective despite important tensions due to practical problems : patients had to be convened in groups of 10 (Pandémrix bottles, preservation 24h once reconstituted) and without knowing enough in advance whether or not the vaccine would be available (just-in-time stock management).

Data is available in the attached presentations from the Federal Office of Public Health, which is now closing the “Pandemic” exercise and drawing its first conclusions.

The medical profession was never involved in the communication of the pandemic to the public, and this communication was not well received by the public. The far too alarmist and affirmative campaigns did not hold true when the pandemic turned to be less dangerous than expected.

The medical world received information almost exclusively from the press, except for some mass mailings sent by the Swiss Medical Association upon request by the Federal Office for Public Health, but which were mainly rehashes or contained nearly outdated information.

CRO – Croatian Medical Chamber

The competent organizations in Croatia are the Ministry of Health and Croatian National Institute for Public Health. The Croatian Medical Chamber as most representative NMA was not involved in any of the mentioned activities as it was not in its competence.

There were several levels of activities:

1. the Croatian National Institute for Public Health informed the public about this disease and possible treatments; public was advised in what cases it is necessary to seek medical assistance;

2. Vaccination – about 1,5 million vaccines *Focetria* (from pharmaceutical company Novartis) were purchased. Vaccination was performed by GPs and was free of charge for the patients insured by Croatian Institute for Health Insurance. However there was very low public interest in taking the vaccines;

Vaccination was strongly recommended for persons with higher health risk especially pregnant women, people suffering from lung deficiency, obese persons, children suffering from chronic diseases aged 6 months to 3 years and health workers;

3. Hospitalization – severe cases of sick persons or those with complications and/or comorbidity were hospitalized;

4. Medicines – antiviral drug Tamiflu (oseltamivir) and Relenza (zanamivir) were obtainable in GPs' offices and in pharmacies; recommendations followed the guidelines issued by European Medicines Agency (EMA).

CZ - Czech Medical Chamber

The Czech Medical Chamber offered the Ministry of Health cooperation namely in terms of information of the physicians. However the Ministry has not used the offer and has not cooperated with the CMC at all. Since the physicians did not have sufficient information from the Ministry the Scientific Board of the Czech Medical Chamber has prepared its own recommendation for the physicians concerning use of antivirals and vaccination against the influenza H1N1.

The CMC rejected the Ministry's intention that the vaccination would be obligatory for the health care professionals.

Distribution of the vaccine started too late – as late as in the time of influenza epidemic.

Organization of vaccination is very difficult because only the general practitioners who carry out vaccination and patients with certain diseases recorded in the official lists created by health insurance companies and approved by the general practitioners are entitled to vaccination. Impractical package of the vaccine for 10 persons, which is necessary to use within 24 hours after preparation, brings problems. As the most of patients refuse vaccination by the vaccine in which security they do not trust against the influenza that has not more serious course than seasonal influenza, considerable amount of the vaccine goes to waste.

On the other hand people who are not in the lists cannot even buy the vaccine. However, considering the surplus of the vaccine this practice will probably change.

The whole organization of vaccination against the influenza H1N1 is very chaotic and the Ministry is changing rules all the time.

The Ministry of Health only cooperates with the associations of general practitioners on this subject, while it ignores the Czech Medical Chamber.

DE- German Medical Association

The German Medical Association (GMA) has been actively involved in measures as precaution and containment of the influenza pandemic (H1N1). The GMA has provided the federal ministry of health with constructive proposals for the conduct of vaccination against novel influenza. Furthermore the physicians of Germany have expressed their desire to maintain a satisfactory level of ambulatory and outpatient care in case of a pandemic.

The GMA has used its expertise to contribute to the decision-making process. It has provided the national authorities with comments on drafts on regulatory options to contain the pandemic. In this regard the BMA has been actively involved in the consultation process for different regulations:

- Compulsory notification for influenza, and later the limitation of compulsory notification to lethal aetiopathology
- Obligation of the statutory health insurance to render services in connection with the vaccination

In addition the GMA has been active informing the physician's chambers in the different federal-countries on activities, notification procedures and vaccination logistic using circulars or articles in the official journal "Deutsches Ärzteblatt". At the invitation of the federal minister of health, Dr Philipp Rösler, the GMA participated in the so-called Vaccination-Summit on December 12th 2009.

Apart from recent activities relating to the novel influenza the GMA has been involved in the national strategy on influenza pandemic since 2005. A coherent risk-communication was achieved by close contact and cooperation between the GMA, the Robert-Koch-Institute and the Paul-Ehrlich-Institute.

DK - Danish Medical Association

The Danish Medical Association (DMA) has not been engaged in information to the public about H1N1.

The DMA has informed its members about the national plans and official recommendations regarding health professionals.

The Organisation of General Practitioners in Denmark has cooperated with the Danish National Board of Health on information to the GP's.

Information to the public has been handled by The Danish National Board of Health in cooperation with the Danish Medicines Agency.

FI - Finnish Medical Association

In Finland health authorities have the responsibility on H1N1 activities. Therefore, the Finnish Medical Association has not had its own activities on this issue. However, the FMA has encouraged everyone to get the vaccination. It is perhaps also worth mentioning that most of the key actors of health authorities are members of the FMA.

GR - Panhellenic Medical Association

The Panhellenic Medical Association, in collaboration with the National Action Centre and the Hellenic Centre for Disease Control and Prevention drew a National Strategic Plan for the A H1N1.

Thus, a Network for the support of Primary Health Care against the pandemic of A H1N1 has been set up, which contributes to the total of healthcare structures of the country. In this framework, a communication was sent to doctors in free practice and to doctors collaborating with the various Social Security Funds, general practitioners and doctors practicing internal medicine, pediatricians, pneumonologists and cardiologists of country for their attendance in the network. Objective of this network is treating incidents at a primary level, in order that doctors treat the disease or address it properly, and have incidents, possible diagnosis and their reference or not, to the Hospital, recorded.

The implementation of the above mentioned network functions as a “screening gate” and offers an important reduction in the unnecessary admissions in Hospitals.

Moreover, further action has been taken as follows:

Awareness campaign on the measures for the prevention of the flu and guidelines to doctors and public, about places of healthcare provision (hospitals etc) with press release to the local Medical Associations and to the Mass Media and publications in our Medical Journal.

Measures were taken for the preparation of hospitals and healthcare centres and personnel for the treatment of flu.

Guidelines and recommendations were drawn for public health prevention. These include guidelines and measures of individual hygiene and prevention of transmission towards the gynecological - obstetrical clinics, schools, nursery schools, playgrounds, correctional institutions (prisons) of the country etc.

There was information on the vaccination aiming at the protection of sensitive population (elders, newborn-babies, pregnant women, people afflicted by a heart disease/aids, etc) and to the healthcare staff protection. Vaccination centres have been established in Hospitals, in Health Care Centres, in branches of the Social Insurance Institute, etc.

Moreover, a program of pharmacovigilance was put into effect, under the supervision and responsibility of the National Organisation for Medicines on possible side-effects related with the vaccine.

Finally, communication measures have been taken, such as information and training of health professionals, information and training of the population on the protective measures

and information and training of Mass Media which play a huge role in the communication with the wide public.

HU – Hungarian Medical Chamber

The Hungarian Medical Chamber was not directly involved in the national actions. Nevertheless when asked for advice, - after ascertained of its correctness - we supported the recommendations of the Hungarian Institution responsible for pandemics.

IRE – Irish Medical Organisation

What official IMO activities were undertaken during the pandemic?

The Irish Medical Organisation (IMO) provided professional advice to doctors and sought clarification with the Health Service Executive on a number of issues regarding doctors participation in the H1N1 Vaccination Programme.

What measures were implemented by the doctors?

Doctors undertook individual actions within their own surgeries, so this varied from practice to practice.

Was the IMO asked by the authorities to take on a role in the communication to the public?

No.

IS : Icelandic Medical Association

The Icelandic Medical Association has not been involved in the National activities on N1H1

LU - Association des Médecins et Médecins-Dentistes du Grand Duché de Luxembourg

The Luxembourg Medical Association has been involved in the elaboration of the pandemic plan by assisting meetings.

The vaccination in itself has been performed in state-run regional vaccination centers. GPs have been asked to voluntarily (against payment) supervise the vaccinations which have been performed by paramedical staff.

In a second phase (after 1 month) the Ministry of health has also involved GPs, gynecologists and pediatric specialists in the vaccination campaign. The vaccine was distributed on request in their private practices.

The information to the public was widespread and there have been specific e-mail alerts to the physicians by the health authority. Quality of the information was high.

Response to the vaccination was low as there has been a polemic about the type of vaccine and also mostly because of the choice to open regional state-run vaccination centers.

NL - Royal Dutch Medical Association

The Royal Dutch Medical Association (RDMA) is the federation of the professional associations of the diverse medical specialists in the Netherlands. The federation RDMA as such has not been involved, however our federation partner, the National Dutch Association for General Practitioners (LHV) has been quite heavily involved in the national program.

The LHV was deeply involved in the national consultative structure on the H1N1 pandemic initiated by the Dutch Ministry of Health. The consultative structure involved weekly meetings/consultations of the key participants in the combat of the H1N1 pandemic, among which are/were also the Dutch National Institute for Public Health and Environment (RIVM), the Dutch Scientific Society for General Practitioners (NHG) and the Dutch Public Health Services (GGD's).

In the consultative structure, decisions on the national strategy were discussed and decisions, for example on which population groups should be vaccinated were made. It was decided that the Health Council of the Netherlands' advice (Gezondheidsraad) was required before making important decisions.

A special communication subgroup within the consultative structure was responsible for the information to the public on the pandemic. The LHV has been involved in the provision of information to general practitioners (the way how it was provided and the content of this information) but also in the development of patient information brochures.

Since the H1N1 pandemic is on its way back in the Netherlands the activities of the national consultative structure are diminishing at the moment. In the near future a national evaluation of the structure will take place.

In general the LHV is satisfied with the way the structure worked and the way the general practitioners' input was taken into account. There are however some (smaller) points for improvement - among which is a more univocal way to cope with the media attention - that should be taken into account in future situations. The LHV will discuss these points in the evaluation process.

NO - The Norwegian Medical Association (NMA)

- The Norwegian Medical Association (the NMA) has been deeply involved at the national level concerning the H1N1 pandemic and has also had broad and frequent contact with our members.

- Last summer the NMA took an initiative to establish a collaboration with the National Health Authorities (including the Norwegian Directorate of Health and the Norwegian Institute of Public Health) and has had regular and ad hoc meetings with them since.

- In the summer of 2009 the NMA established our own working group on the H1N1 pandemic. We have also established an Expert group of doctors from different medical specialties, to give professional advice on the H1N1 pandemic to the NMA.

- The NMA has from the summer of 2009 collaborated closely with the Health Authorities in regards to organisation and use of GPs in both handling the capacity challenge during the peaks of the epidemic in Norway and the vaccination process. We have contributed with reports and suggestions for solutions to these challenges - of which several were later implemented.

- The NMA has regularly sent information on important issues on the H1N1 pandemic from the Health Authorities to our members. The NMA has also followed it up by answering questions and inquiries from our members.

- The NMA has established a special site at our website on the H1N1 pandemic - <http://www.legeforeningen.no/id/155303> - containing the most important information from the Health Authorities as well as information from us. We have regularly been issuing newsletters on the H1N1 pandemic and informing our members about our contact and collaboration with the Health Authorities.

- The Health Authorities have regarded the NMA as an important contributor regarding the handling of the H1N1 pandemic.

PO – Polish Chamber of Physicians and Dentists

The authorities, including the Ministry of Health, have not involved the Polish Chamber in the H1N1 campaigns.

The Polish Chamber adopted the text of the position paper below, in November 2009.

The position on H1N1 vaccines was sent to the Ministry of Health and it was disseminated to the public in mass media.

Text of the position paper of the Polish Chamber of Physicians and Dentists:

***Position No 17/09/V
of the Supreme Medical Council
of 6 November 2009
regarding the AH1N1 vaccines***

The Supreme Medical Council of the Polish Chamber of Physicians and Dentists expresses its concern about the current public debate and decision making process on AH1N1 flu vaccines. The Council underlines that the media hysteria causing detrimental panic does not serve well in making reasonable decisions.

Reservations as to the safety of the vaccines and the possibility of using them, expressed by the Ministry of Health, raise significant doubts in a situation where the vaccines went through the authorisation procedure of the European Medicines Agency and the World Health Organization recommends their use.

The Supreme Medical Council is of the opinion that when decisions regarding indications and contra-indications for vaccination are taken, they should first of all take into account available scientific findings.

Therefore the Supreme Medical Council expresses an opinion, that in view of the limited resources in Poland it is purposeful to acquire vaccines at least for the persons in the risk groups.

RO - Romanian College of Physicians

The action taken by The Romanian College of Physicians was in the field of ethics and protection of the patient's rights. We have intervened when non-voluntary vaccination or the use of presumed consent for minors were attempted. No such cases were reported afterwards.

SI - Medical Chamber of Slovenia

In Slovenia, the National Institute of Public Health (NIPH) coordinated the preparation of the recommendations for the health care workers and general public for pandemic influenza. Epidemiologists and clinicians (mainly infectious disease specialists, pediatricians) prepared the recommendations for containment and mitigation phase of pandemic. Guidelines (e.g. Clinical guidelines for patients with pandemic influenza, Recommendations for testing patients with influenza-like illness, Guidelines for infection control in hospitals and in nursing homes, Chemoprophylaxis in special settings, Vaccination with pandemic vaccine etc.) were published on NIPH official side.

The Medical Chamber of Slovenia assisted and facilitated in the dissemination of guidelines and recommendations through official publication (ISIS) and by regularly informing and updating the members through e-mail messages.

SE - Swedish Medical Association

The Swedish Medical Association has not been involved in national actions regarding the H1N1 pandemic and the information to the public on this issue.

In Sweden it is the National Board of Health and Welfare that is the competent authority for communicable disease prevention and control and epidemiology. The NBHW has set up recommendations for vaccinations for the county councils. As of January 1st 2010 there is sufficient access to vaccine and it is estimated that 70% of the population will be inoculated.

The Swedish Institute for Infectious Disease Control (SMI), a governmental expert agency, monitors the epidemiological situation for infectious diseases in humans. It is also responsible for promoting protection against such diseases.

UK - British Medical Association

The BMA and its subsidiary the BMJ Group worked very closely with the Government and with the medical profession both in anticipation of the pandemic and during the pandemic itself. Work included the following:

- Senior representatives of the BMA were closely involved with Government planning both in anticipation of the pandemic and during the pandemic itself. This included representation on the Department of Health's Emergency Preparedness Clinical Liaison Action Group (EPCLAG) and on the Committee on the Ethical Aspects of Pandemic Influenza (CEAPI).
- Once the pandemic started BMA members were involved in the twice weekly meetings of the Chief Medical Officer's Pandemic Influenza Clinical Advisory group.
- The BMA negotiated the arrangements to ensure proper treatment for all patients suspected of having flu, and in particular that these arrangements would integrate well with the rest of clinical practice and not increase the risk to patients with other illnesses.

- Advice on ethical issues arising during a pandemic were developed in advance of the pandemic and were fed into both national and international guidance
- Advice on clinical aspects of the pandemic were disseminated via the British Medical Journal, both in print and via a variety of new media resources including regular podcasts.
- Throughout the pandemic the BMA maintained a joint web microsite with the BMJ with all the latest information, including fast-tracked research articles, links to podcasts and response to questions from clinicians.