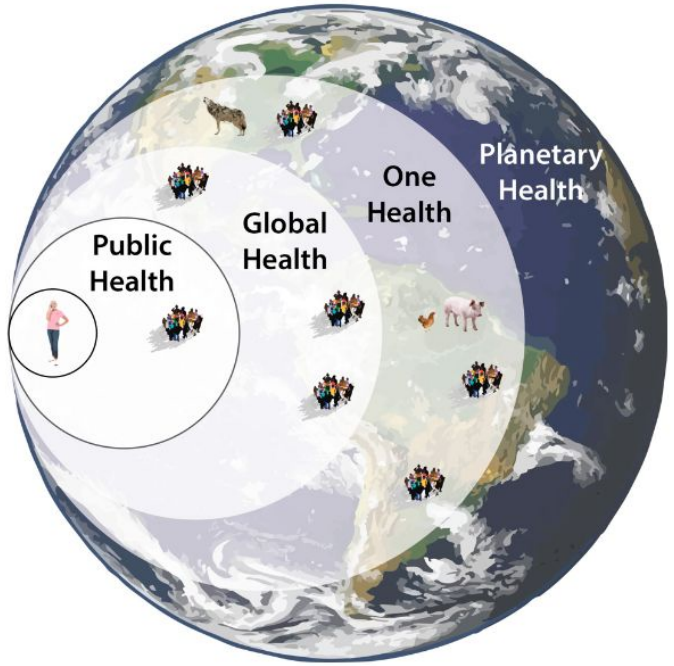
Pandemic preparedness

Dr. Anja Schreijer, MD, PhD, MPH
Medical Director PDPC
VSAE 4 maart 2025



Bron: What is planetary health? (forbes.com)

Pandemic and Disaster Preparedness Center
PDPC

Erasmus MC

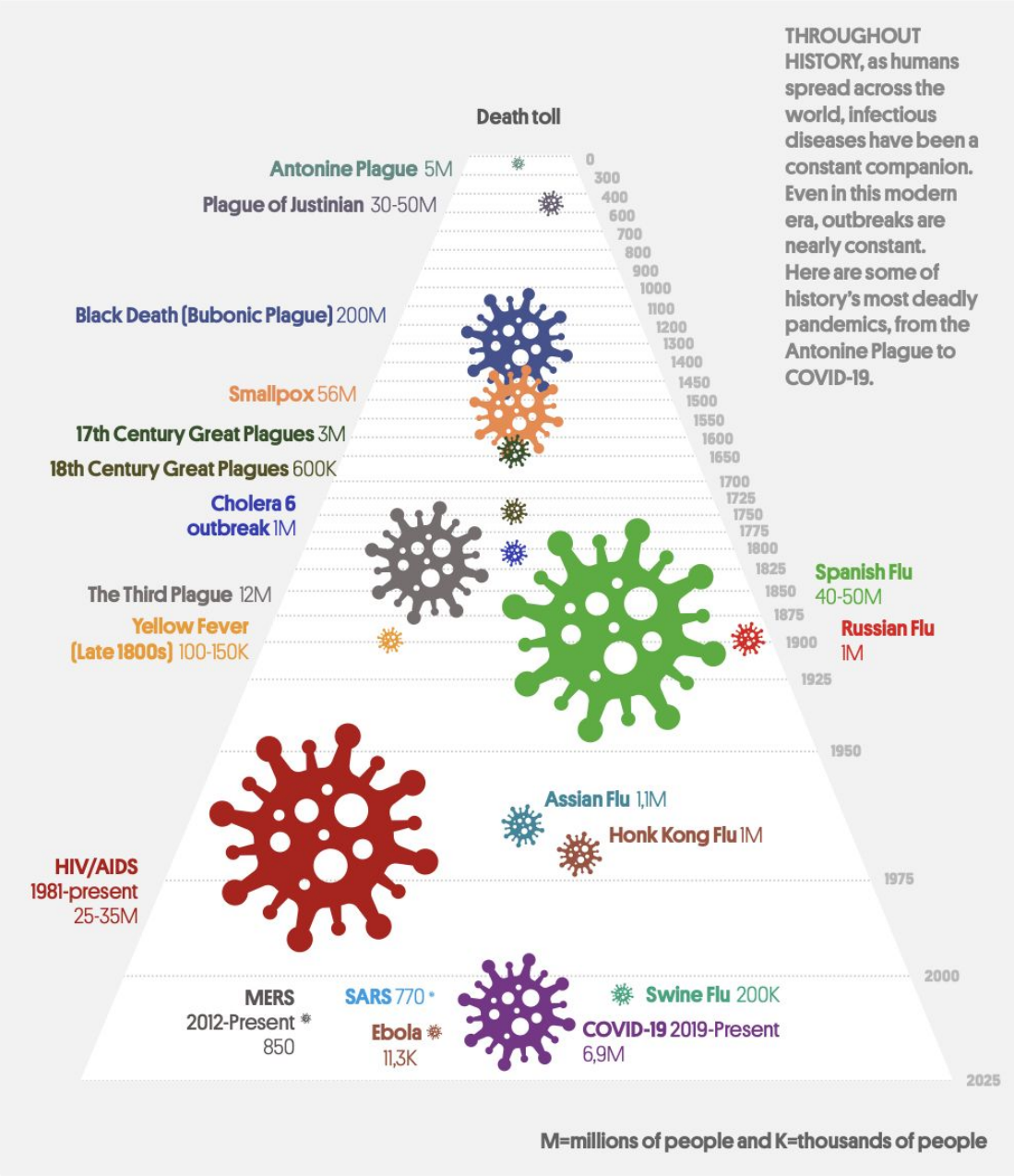
TU Delft

Disclosure of speaker's interests

(Potential) conflict of interest	None
Potentially relevant company relationships in connection with event [1]	-
Sponsorship or research funding [2] **Fee or other (financial) payment** [3] **Shareholder** [4] **Other relationship, i.e. …** [5]	-

History of pandemics

Figure 1. The history of pandemics



Source: Adapted from LePan N. (2020), Visualizing the History of Pandemics. Visual Capitalist. https://www.visualcapitalist.com/history-of-pandemics-deadliest/

INTERNATIONAL HEALTH REGULATIONS (IHR)

– from policy to people's health security

What are the IHR?

The IHR are legally binding and help countries work together to protect lives threatened by the spread of diseases and other health risks, including radiation and chemical hazards

5 reasons why the IHR matter

1 HEALTH THREATS HAVE NO BORDERS

The IHR strengthen countries' abilities to control diseases that cross borders at ports, airports and ground crossings

2 TRAVEL AND TRADE ARE MADE SAFER

The IHR promote trade and tourism in countries and prevent economic damage

3 GLOBAL HEALTH SECURITY IS ENHANCED

The IHR establish an early warning system not only for diseases but for anything that threatens human health and livelihoods

4 DAILY THREATS ARE KEPT UNDER CONTROL

The IHR guide countries to detect, assess and respond to threats and inform other countries quickly

5 ALL SECTORS BENEFIT

The IHR prepare all sectors for potential emergencies through coordination and information sharing

World Health Organization
REGIONAL OFFICE FOR Europe

Until all sectors are on board with the IHR, no country is ready

www.euro.who.int/ihr

International Health Regulations (IHR) Protecting people every day

What are the IHR?

The International Health Regulations (IHR) represent an agreement between 196 countries, including all WHO Member States, to work together for global health security. Under the IHR, all countries must report events of international public health importance.

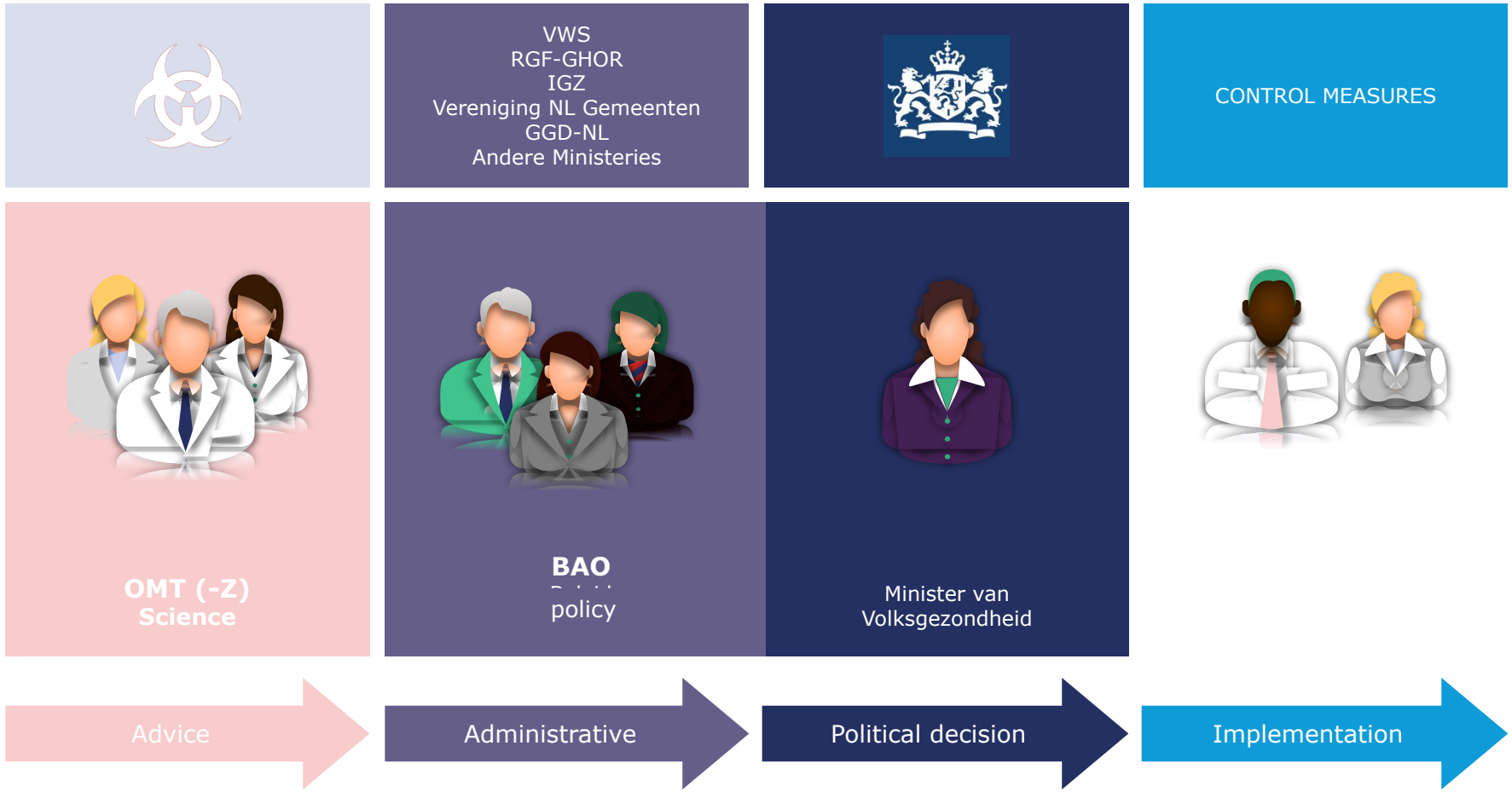
We share a responsibility to protect our world from outbreaks of infectious diseases and other health threats. The goal of the IHR is to stop events in their tracks before they become international emergencies.

Source: Report to the Director-General of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, November 2014

CDC

CS256813-D

Risk assessment and risk management in crises



Acknowledgement: A. Timen/ LCI

When was the first OMT meeting ever?

A: 1995

B: 2000

C: 2020

Public Health Events of International Concern (PHEIC)

Updated	Country	Hazard	Syndrome	Disease	IHR Assessment	Created
2020-12-22	Netherlands (the)	Infectious		Influenza due to identified avian or animal influenza virus	Public Health Risk (PHR)	2020-12-22
2020-03-17	Netherlands (the)	Infectious	Acute Respiratory Syndrome	COVID-19	PHEIC	2020-03-17
2020-03-04	Netherlands (the)	Infectious		COVID-19	PHEIC	2020-03-04
2019-11-26	Netherlands (the)	Infectious		Lassa Fever	Public Health Risk (PHR)	2019-11-25
2019-04-10	Netherlands (the)	Infectious		Yellow Fever	Public Health Risk (PHR)	2018-11-24
2018-04-20	Netherlands (the)	Infectious	Acute Respiratory Syndrome	Influenza due to identified human influenza virus	To be assigned	2018-03-22
2017-07-17	Netherlands (the)	Infectious		Poliomyelitis, acute paralytic, wild virus, indigenous	Public Health Risk (PHR)	2017-04-13
2017-03-15	Netherlands (the)	Infectious		Zika virus disease	PHEIC	2016-02-17
2017-02-28	Netherlands (the)	Infectious		Zika virus disease	PHEIC	2016-03-02
2017-02-23	Netherlands (the)	Infectious		Zika virus disease	PHEIC	2016-01-29

Acknowledgement: Corien Swaan/ LCI

The case COVID-19

Door Job van der Plicht

First year of COVID-19

Q1 2020

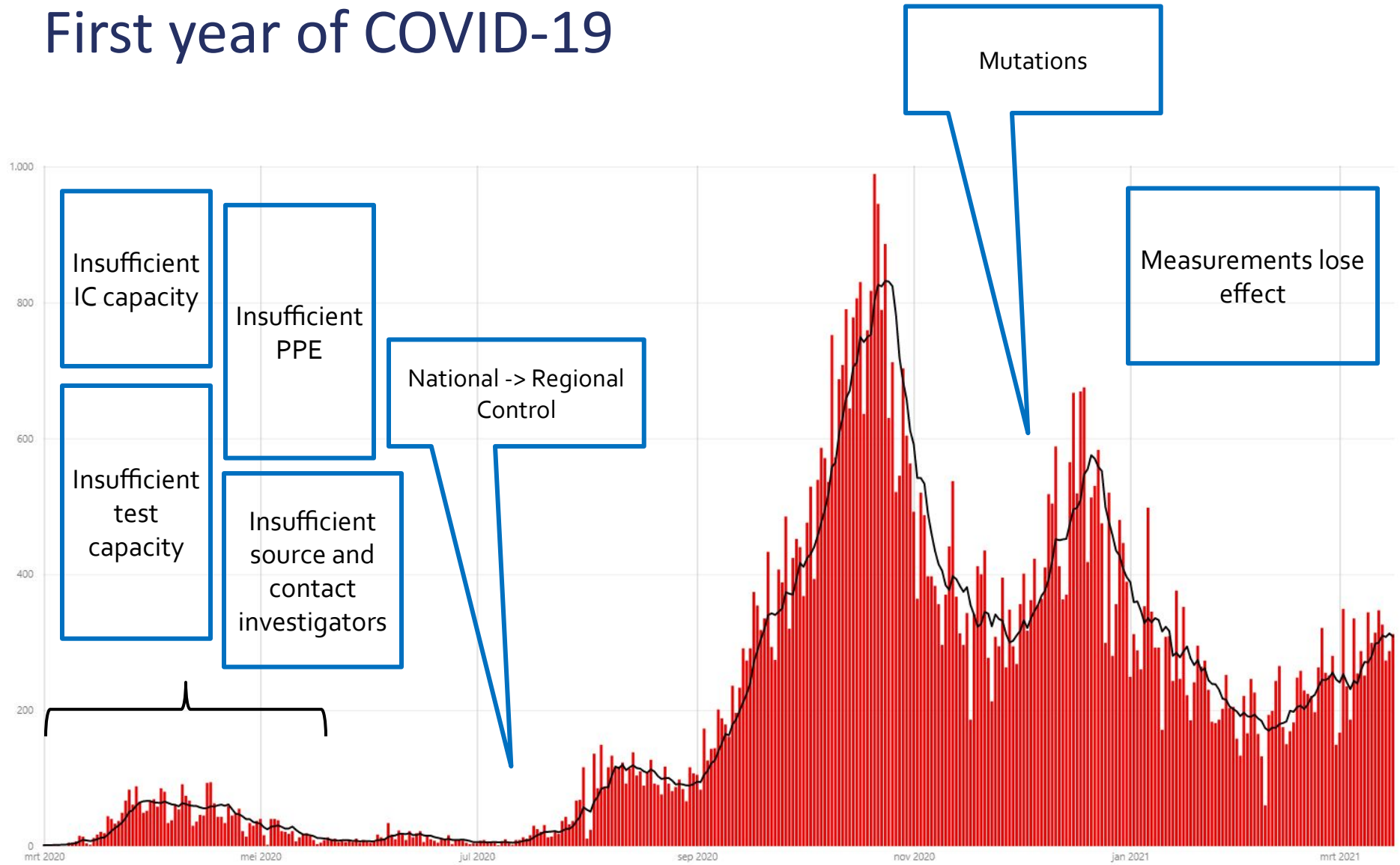
Q2 2020

Q3 2020

Q4 2020

Q1 2021

First year of COVID-19



Massive scaling-up and bottlenecks forced various public sectors to cooperate

Question

How many lives were saved in the WHO european union region by covid vaccination?

- A: 550.000
- B: 1,1 Million
- **C: 1,6 Million**

1,6 million lives saved by COVID-19 vaccination in WHO euro region

Estimated number of lives directly saved by COVID-19 vaccination programmes in the WHO European Region from December, 2020, to March, 2023: a retrospective surveillance study

Margaux M I Meslé, Jeremy Brown, Piers Mook, Mark A Katz, José Hagan, Roberta Pastore, Bernhard Benka, Monika Redlberger-Fritz, Nathalie Bossuyt, Veerle Stouten, Catharina Vernemmen, Elisabet Constantinou, Marek Maly, Jan Kynčl, Ondrej Sanca, Tyra Grove Krause, Lasse Skafte Vestergaard, Tuija Leino, Eero Poukka, Kassiani Gkolfinopoulou, Kassiani Mellou, Maria Tsintziloni, Zsuzsanna Molnár, Gudrun Aspelund, Marianna Thordardottir, Lisa Domegan, Eva Kelly, Joan O'Donell, Alberto-Mateo Urdiales, Flavia Riccardo, Chiara Sacco, Viktoras Bumšteinas, Rasa Liausediene, Joël Mossong, Anne Vergison, Maria-Louise Borg, Tanya Melillo, Dragan Kocinski, Enkela Pollozhani, Hinta Meijerink, Diana Costa, João Paulo Gomes, Pedro Pinto Leite, Alina Druc, Veaceslav Gutu, Valentin Mita, Mihaela Lazar, Rodica Popescu, Odette Popovici, Monika Musilová, Maja Mrzel, Maja Socan, Veronika Učakar, Aurora Limia, Clara Mazagatos, Carmen Olmedo, Gavin Dabrera, Meaghan Kall, Mary Sinnathamby, Graham McGowan, Jim McMenamin, Kirsty Morrison, Dorit Nitzan, Marc-Alain Widdowson, Catherine Smallwood, Richard Pebody, on behalf of The WHO European Respiratory Surveillance Network

Lancet Respir Med 2024; 12: 714–27

Published Online August 7, 2024 https://doi.org/10.1016/S2213-2600(24)00179-6

See Comment page 663

World Health Organization Regional Office for Europe, Copenhagen, Denmark (M M I Meslé PhD, J Brown PhD, P Mook PhD, M A Katz MD, J Hagan MD, R Pastore MPH, D Nitzan MD, M-A Widdowson ScD, C Smallwood DPhil, R Pebody PhD); **Österreichische Agentur für Gesundheit und Ernährungssicherheit, Vienna, Austria** (B Benka MD); **Medical University, Vienna, Austria** (M Redlberger-Fritz MD); **Sciensano, Brussels, Belgium** (N Bossuyt MSc, V Stouten PhD, C Vernemmen MSc); **Medical and Public Health Services, Ministry of Health, Nicosia, Cyprus** (E Constantinou MPH); **National Institute of Public Health, Prague, Czechia** (M Maly PhD, J Kynčl PhD); **Third Faculty of Medicine, Charles**

Summary

Background By March, 2023, 54 countries, areas, and territories (hereafter CAT) in the WHO European Region had reported more than 2·2 million COVID-19-related deaths to the WHO Regional Office for Europe. Here, we estimated how many lives were directly saved by vaccinating adults in the WHO European Region from December, 2020, to March, 2023.

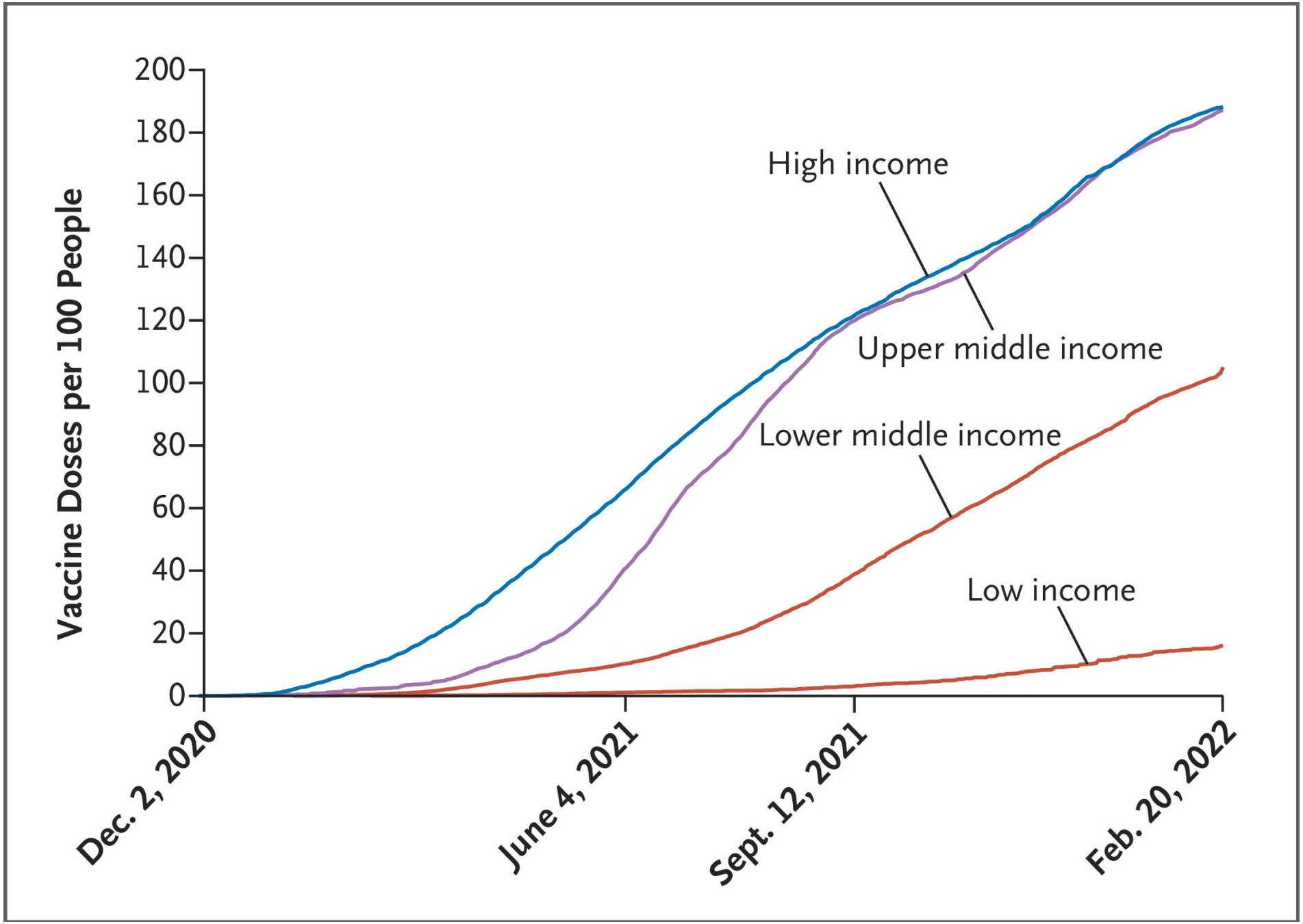
Methods In this retrospective surveillance study, we estimated the number of lives directly saved by age group, vaccine dose, and circulating variant-of-concern (VOC) period, regionally and nationally, using weekly data on COVID-19 mortality and infection, COVID-19 vaccination uptake, and SARS-CoV-2 virus characterisations by lineage downloaded from The European Surveillance System on June 11, 2023, as well as vaccine effectiveness data from the literature. We included data for six age groups (25–49 years, 50–59 years, ≥60 years, 60–69 years, 70–79 years, and ≥80 years). To be included in the analysis, CAT needed to have reported both COVID-19 vaccination and mortality data for at least one of the four older age groups. Only CAT that reported weekly data for both COVID-19 vaccination and mortality by age group for 90% of study weeks or more in the full study period were included. We calculated the percentage reduction in the number of expected and reported deaths.

Findings Between December, 2020, and March, 2023, in 34 of 54 CAT included in the analysis, COVID-19 vaccines reduced deaths by 59% overall (CAT range 17–82%), representing approximately 1·6 million lives saved (range 1·5–1·7 million) in those aged 25 years or older: 96% of lives saved were aged 60 years or older and 52% were aged 80 years or older; first boosters saved 51% of lives, and 60% were saved during the Omicron period.

Interpretation Over nearly 2·5 years, most lives saved by COVID-19 vaccination were in older adults by first booster dose and during the Omicron period, reinforcing the importance of up-to-date vaccination among the most at-risk individuals. Further modelling work should evaluate indirect effects of vaccination and public health and social measures.

Funding US Centers for Disease Control and Prevention.

Vaccine inequity



Addressing Vaccine Inequity — Covid-19 Vaccines as a Global Public Good NEJM 2022

Pressure cooker COVID-19: OMT -> BAO -> Catshuis

Catshuisstukken 13 januari 2022

Vergaderstuk | 13-01-2022

Hier vindt u documenten die zijn besproken tijdens de informele bijeenkomst op het Catshuis op 13 januari 2022. De bijeenkomst ging over de aanpak van het coronavirus.

- Catshuisstukken 13 januari 2022 (PDF | 24 pagina's | 3,9 MB)
- Presentatie NCTV: Maatschappelijk Beeld en Uitvoeringstoets (PDF | 13 pagina's | 5,2 MB)
- Presentatie SCP, CPB, PBL en RIVM: Maatschappelijk beeld van Nederland in coronatijd (PDF | 26 pagina's | 3,7 MB)
- Presentatie NCTV: Opties maatregelenpakket besluitvorming 14 januari 2022 (PDF | 14 pagina's | 4,6 MB)

Zie ook

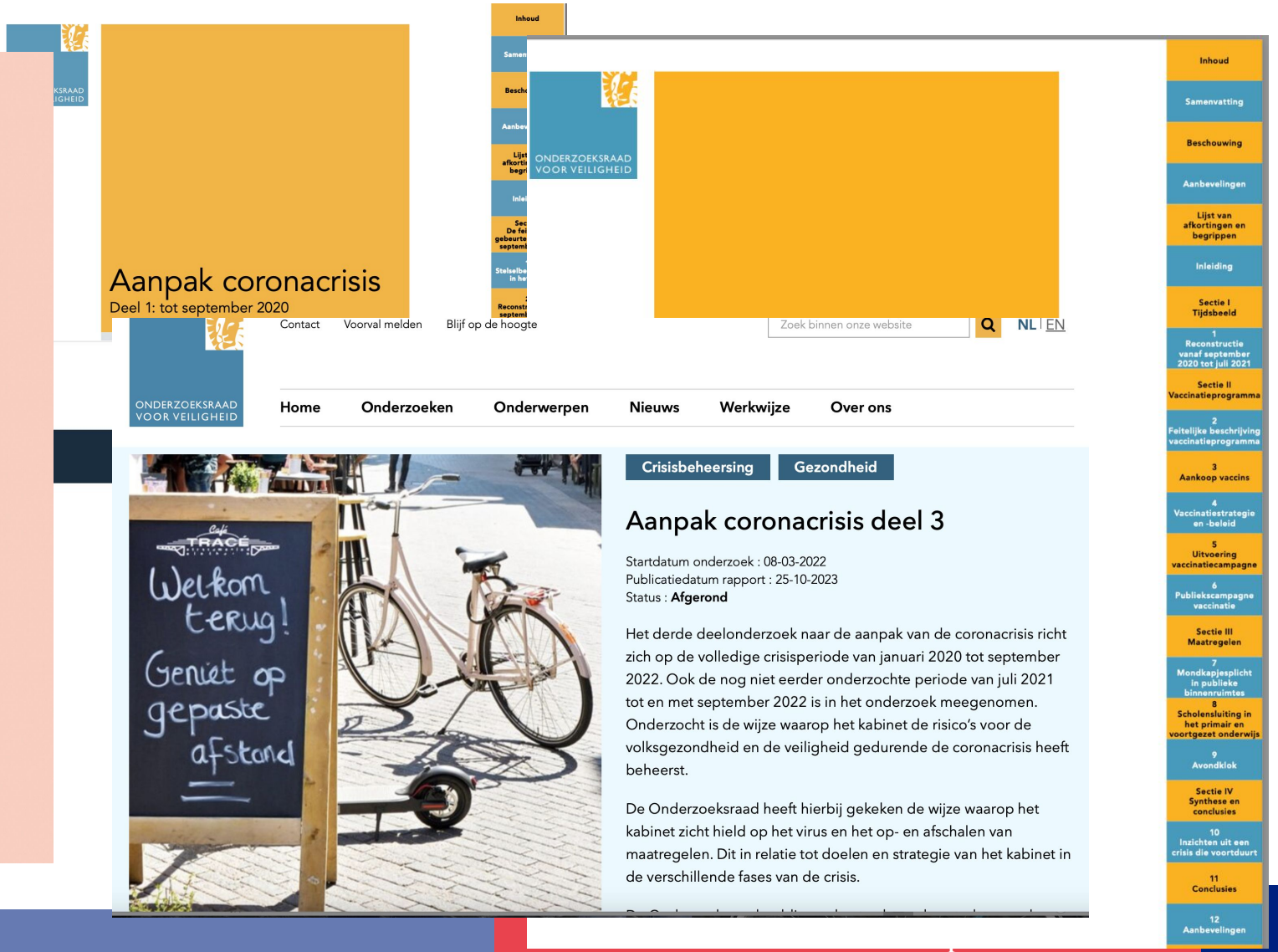
- Coronavirus COVID-19
  Onderwerp

Verantwoordelijk

- Ministerie van Volksgezondheid, Welzijn en Sport
- Ministerie van Algemene Zaken

Tension between society, experts, politicians

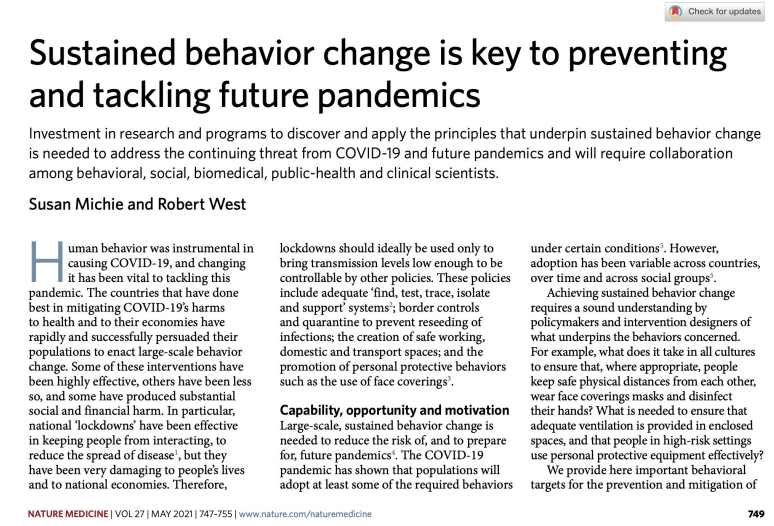
Evaluations COVID-19: call for integrated approach & long term vision



Key lessons

- Bottlenecks

- Important role surveillance, modelling & scenario thinking
- Knowledge of behavior is key in testing, tracing, vaccination, measurements


Check for updates

Sustained behavior change is key to preventing and tackling future pandemics

Investment in research and programs to discover and apply the principles that underpin sustained behavior change is needed to address the continuing threat from COVID-19 and future pandemics and will require collaboration among behavioral, social, biomedical, public-health and clinical scientists.

Susan Michie and Robert West

Human behavior was instrumental in causing COVID-19, and changing it has been vital to tackling this pandemic. The countries that have done best in mitigating COVID-19's harms to health and to their economies have rapidly and successfully persuaded their populations to enact large-scale behavior change. Some of these interventions have been highly effective, others have been less so, and some have produced substantial social and financial harm. In particular, national 'lockdowns' have been effective in keeping people from interacting, to reduce the spread of disease[1], but they have been very damaging to people's lives and to national economies. Therefore, lockdowns should ideally be used only to bring transmission levels low enough to be controllable by other policies. These policies include adequate 'find, test, trace, isolate and support' systems[2]; border controls and quarantine to prevent reseeding of infections; the creation of safe working, domestic and transport spaces; and the promotion of personal protective behaviors such as the use of face coverings[3].

Capability, opportunity and motivation

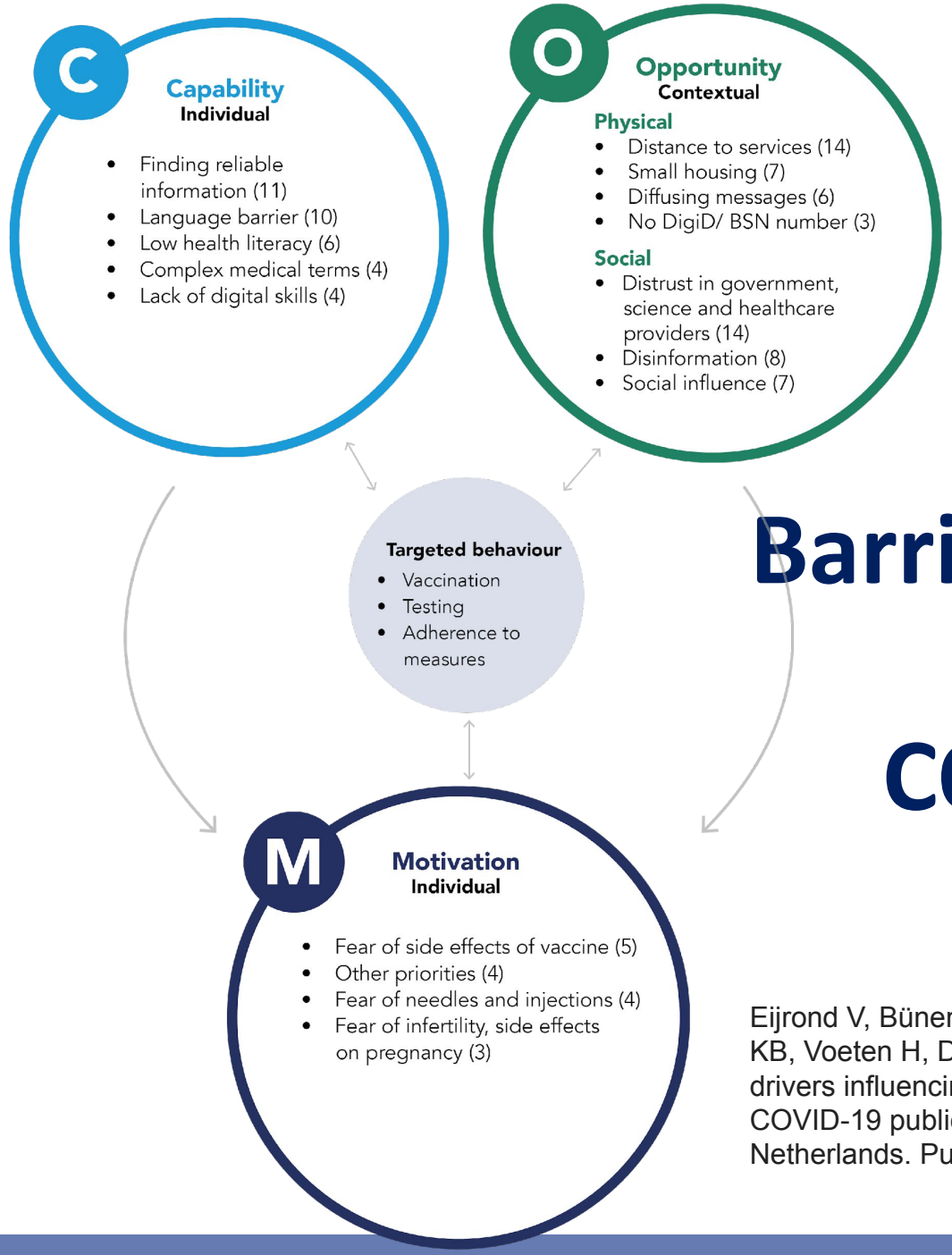
Large-scale, sustained behavior change is needed to reduce the risk of, and to prepare for, future pandemics[4]. The COVID-19 pandemic has shown that populations will adopt at least some of the required behaviors under certain conditions[5]. However, adoption has been variable across countries, over time and across social groups[5].

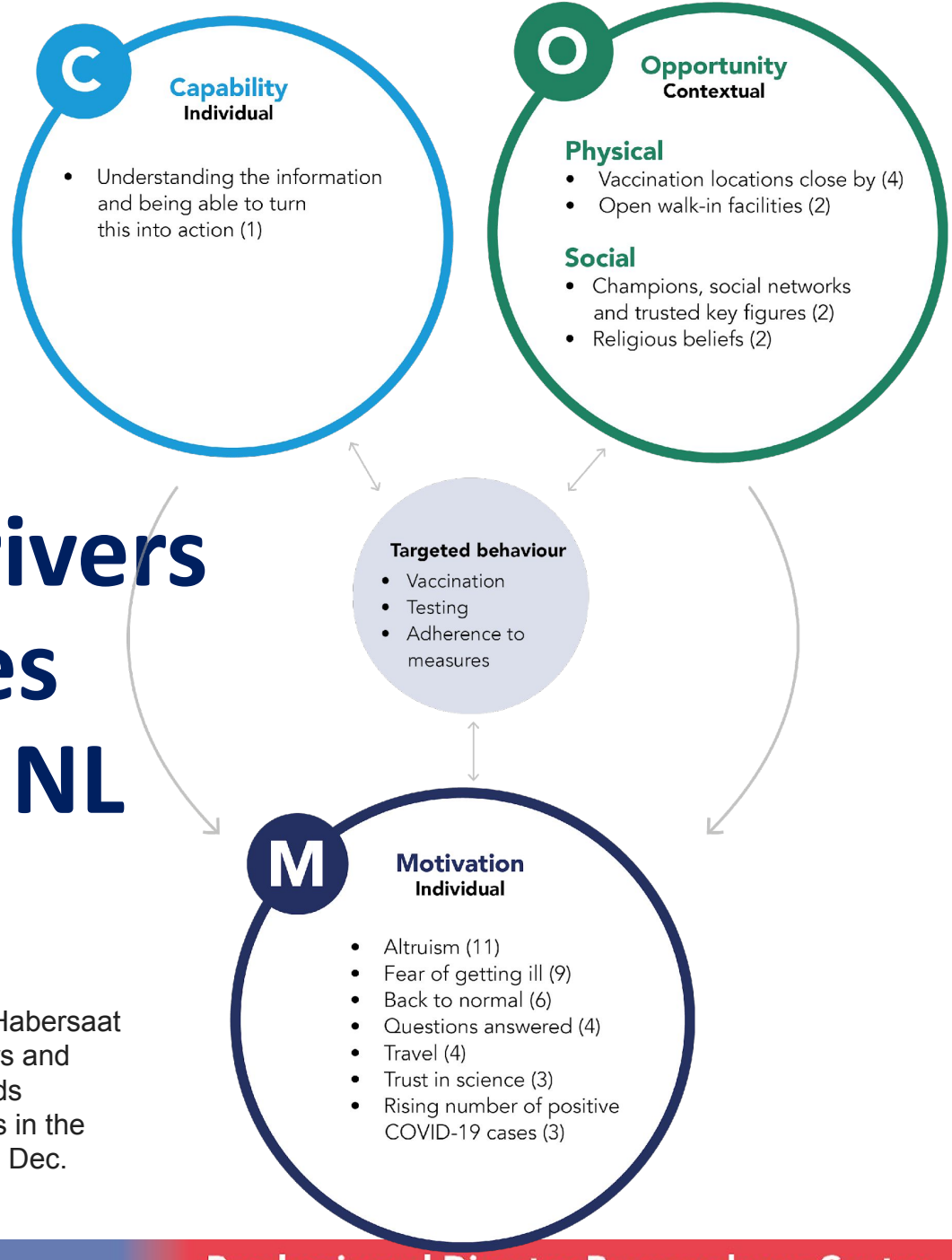
Achieving sustained behavior change requires a sound understanding by policymakers and intervention designers of what underpins the behaviors concerned. For example, what does it take in all cultures to ensure that, where appropriate, people keep safe physical distances from each other, wear face coverings masks and disinfect their hands? What is needed to ensure that adequate ventilation is provided in enclosed spaces, and that people in high-risk settings use personal protective equipment effectively?

We provide here important behavioral targets for the prevention and mitigation of

NATURE MEDICINE | VOL 27 | MAY 2021 | 747–755 | www.nature.com/naturemedicine

Barriers & Drivers Measures COVID-19 NL



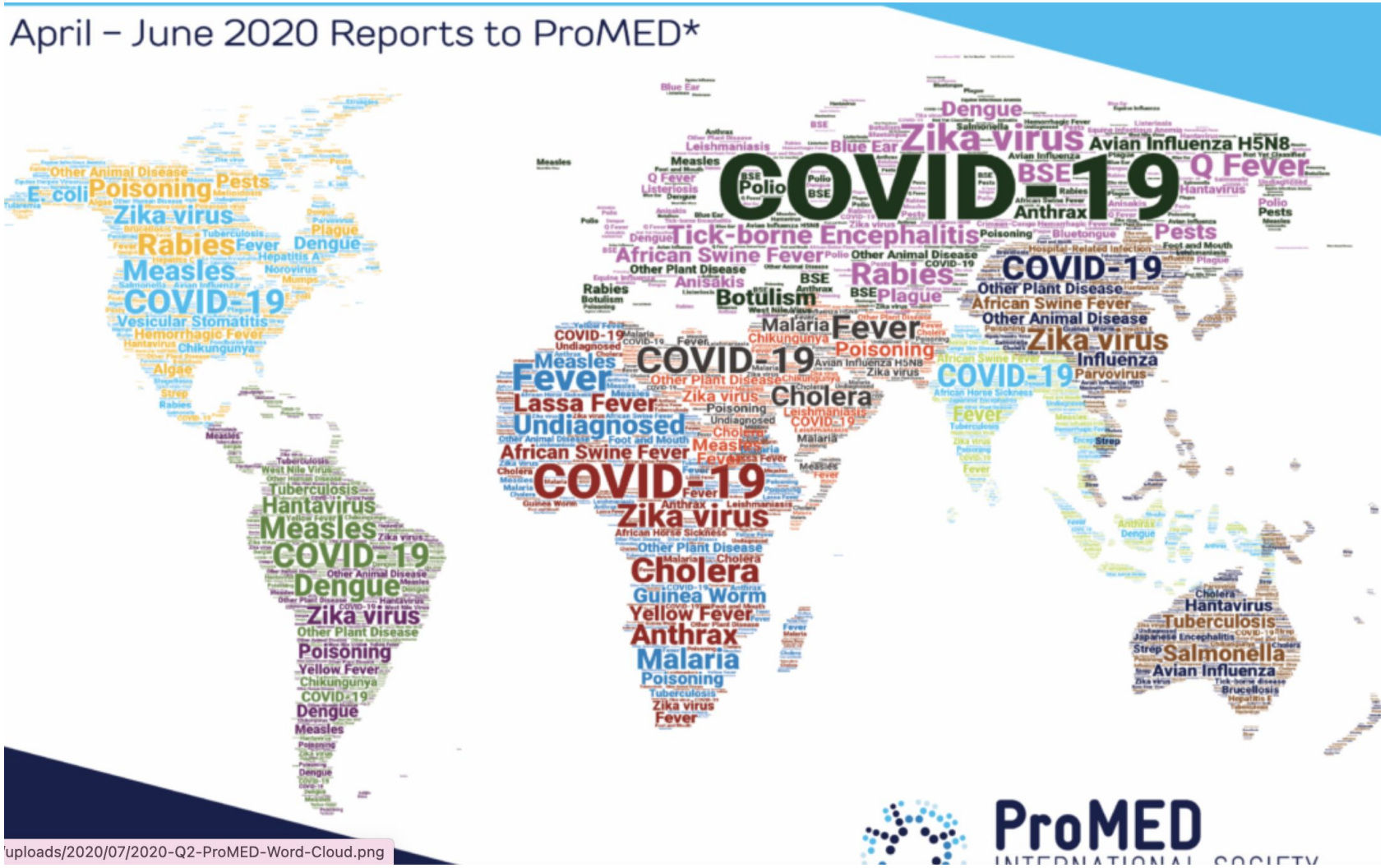


Eijrond V, Bünemann N, Renna N, Craig B, Habersaat KB, Voeten H, Dykstra P, Schreijer A. Barriers and drivers influencing people's behaviour towards COVID-19 public health and social measures in the Netherlands. Public Health Pract (Oxf). 2024 Dec.

Lessons learned

- Challenges in data access – data analytics – actionable insights – capability for action
- Scenario thinking and long-term vision (and long term effects) needs further development in infectious disease control
- Lack of large cohort studies that combine epi and social/economic data
- Knowledge of behavior (-change) is key – including targeted intervention
- The current crisis structure is a good basis for short-term outbreaks, but not for long-term pandemics
- We need a better decision-making framework that includes societal, economic, mental, medical impact
- Structural financial investments by the government in infectious disease control and research is necessary

So what's next?



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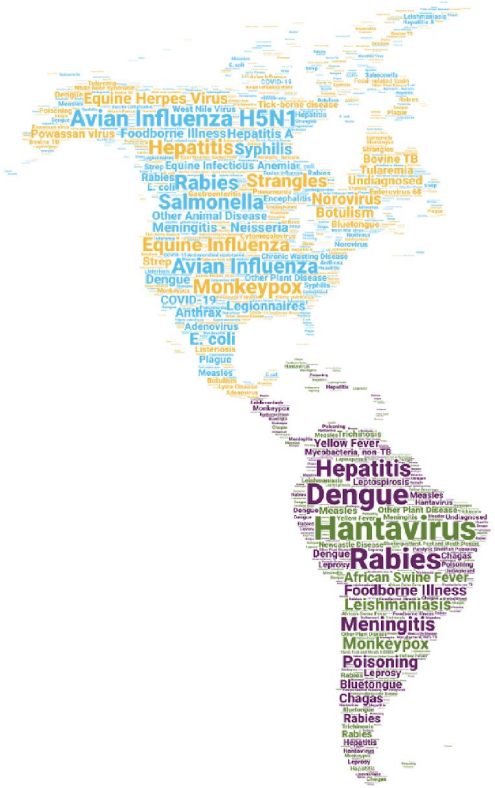
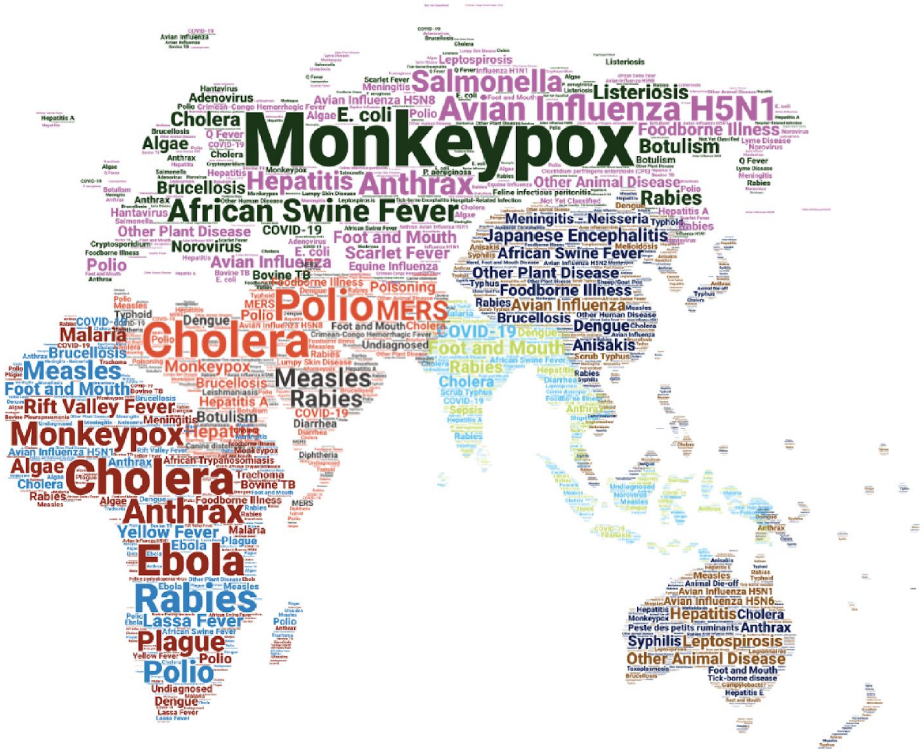
https://promedmail.org

April – June 2022
Reports to ProMED*





To learn more and view outbreak reports, visit us at www.promedmail.org

ISID ProMED

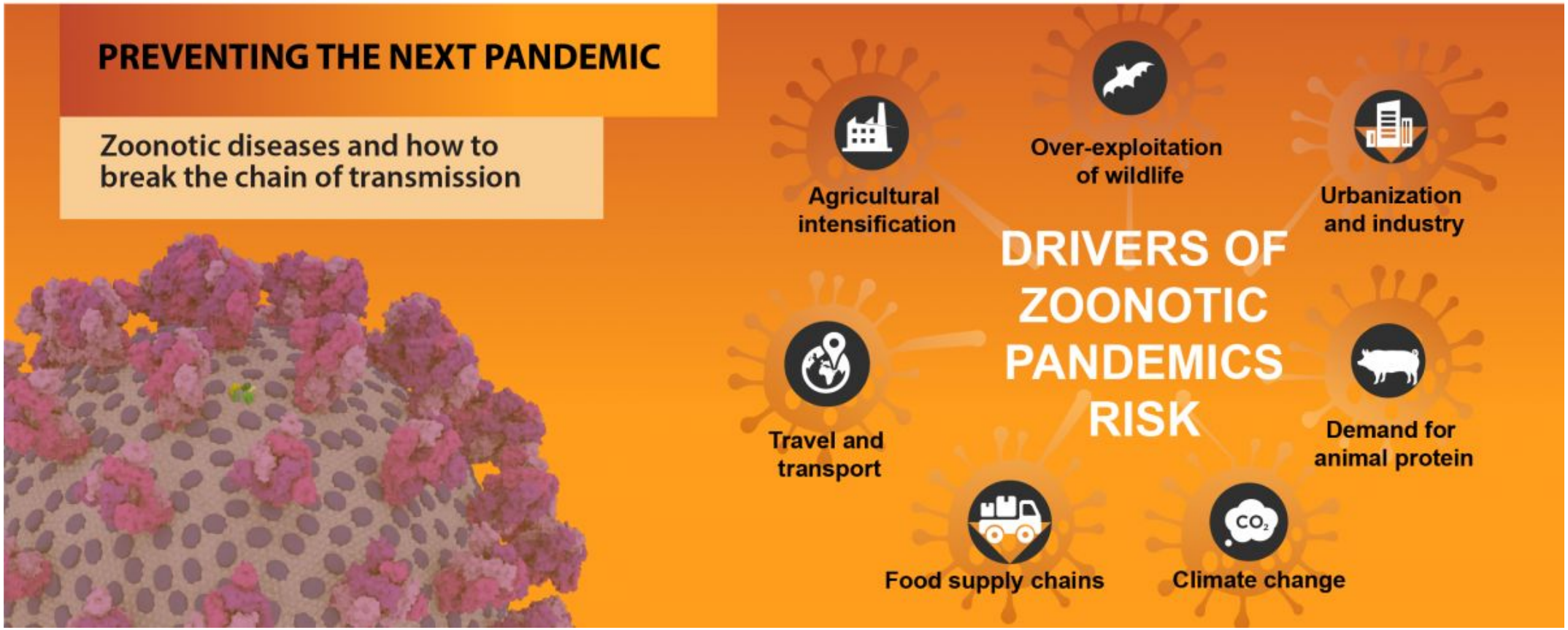
*Words represent number of reports, but word location does not always correspond to the exact location of disease outbreak report

Question

What are important drivers for pandemics?

A: Travel & Transport
B: Climate change
C: Urbanization
D: all of the above

Drivers for pandemics



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WORLD VIEW | 04 September 2024

Why the next pandemic could come from the Arctic — and what to do about it

Only a unified approach across disciplines can reduce the underappreciated threat of emerging diseases arising in the north.

By Christian Sonne

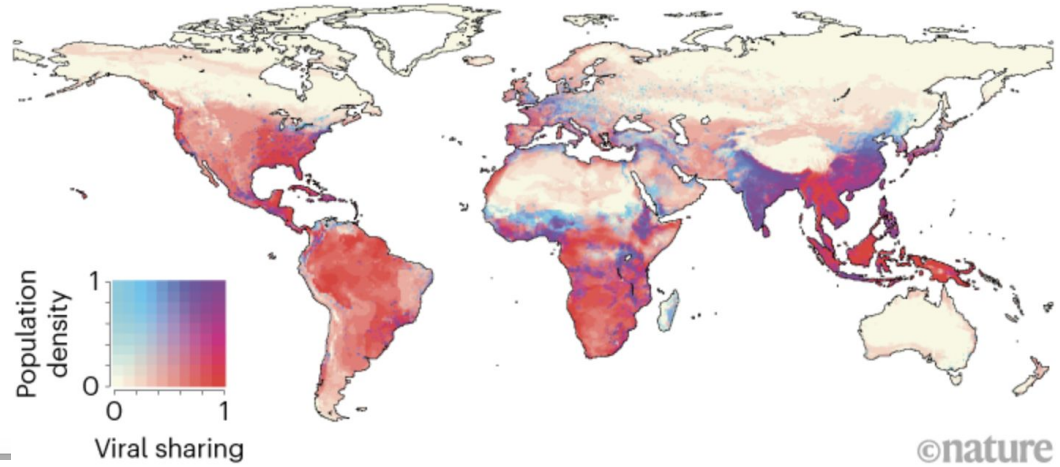
> “ The release of ancient microorganisms long frozen in ice and sediments…”

The Arctic is under stress, that much is known. Between 1979 and 2021, the region warmed four times faster than the global average, with effects — as yet poorly understood — on its ecology and ability to store carbon, on global sea levels and on wider ocean-circulation and weather patterns.

Add in the effects of biodiversity loss and pollution, and people often refer to a triple planetary crisis. I think we should actually be talking about a quadruple crisis. Since starting research in the Arctic in 1997, I have spent nearly all of my summers there, monitoring

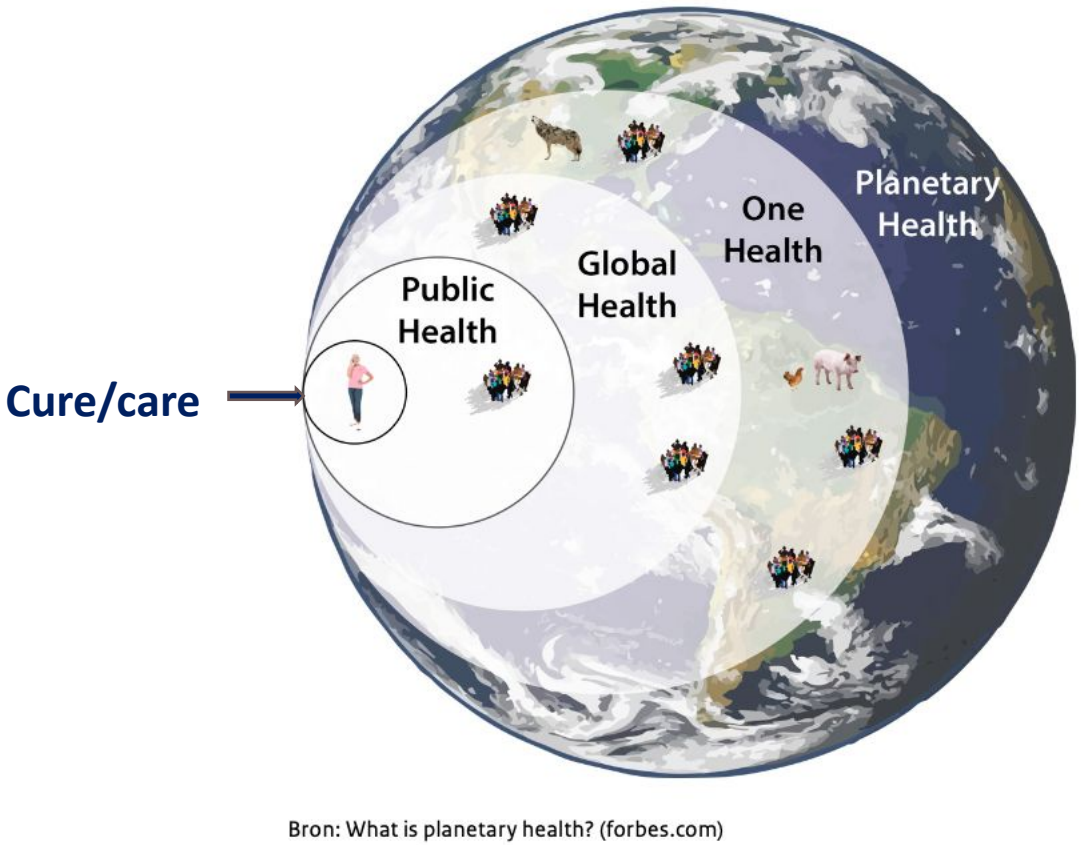
SPILLOVER HOTSPOTS

Models suggest that by 2070, climate change will be driving many mammal species to cooler regions, where they will meet for the first time and could exchange viruses. If Earth warms by 2 °C, they say, the regions with the highest chance of virus sharing will overlap with areas of dense human population, including parts of India and Indonesia. That will increase the risk of pathogens transferring to people.



Source: Ref. 1

Important role for public health



Bron: What is planetary health? (forbes.com)

*While **public health** is about **health protection and health promotion** within the health systems and*

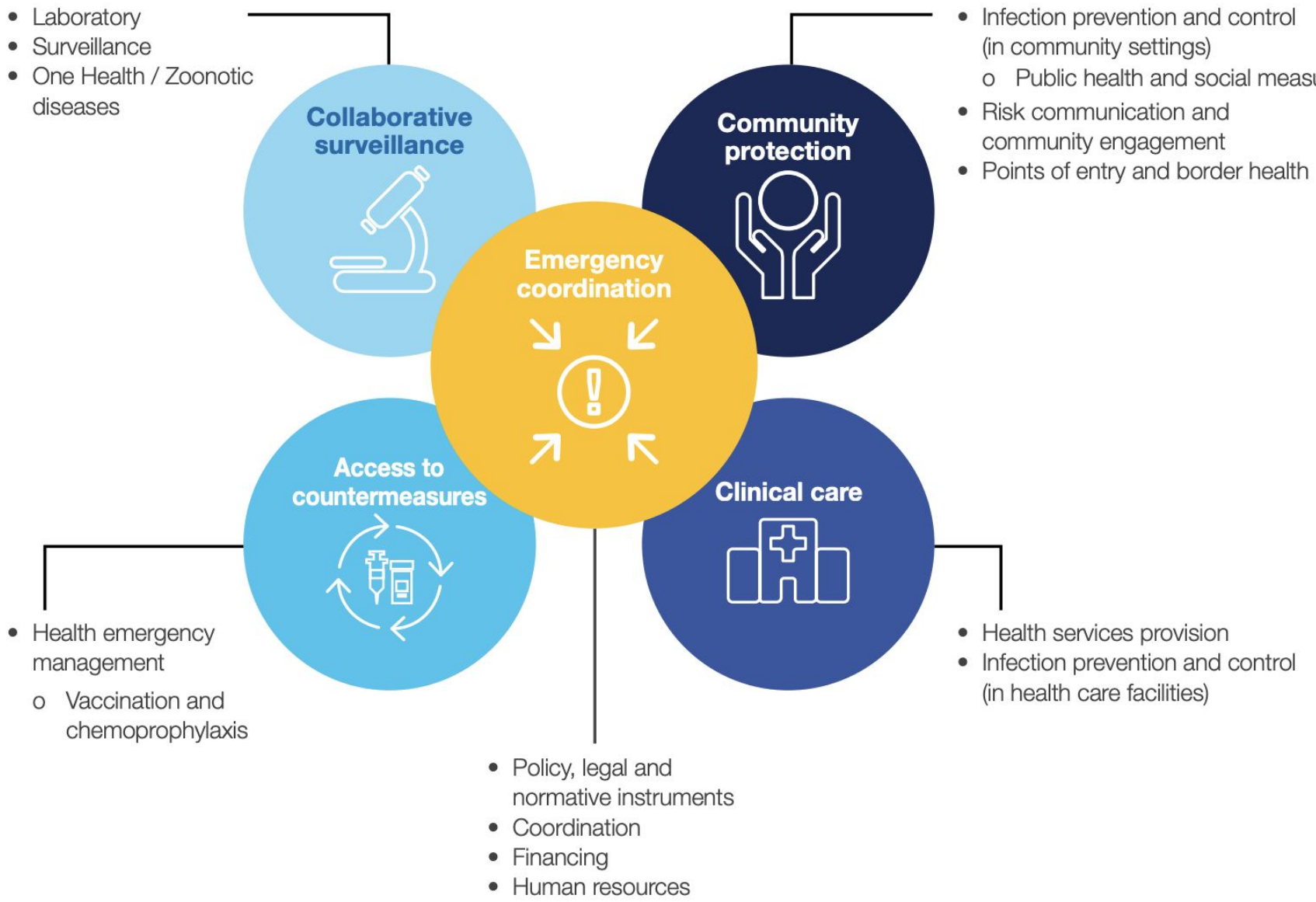
Global health** looks at how to improve the **health of populations worldwide,

***One Health** is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems.*

***Planetary health** broadens this discussion by looking at **the societies, civilizations and the ecosystems** on which they depend..”*

Bron: WHO & The Lancet

Pandemic Prepardness Plans



From: WHO Preparedness and Resilience for Emerging Threats

Complex reality

The New York Times

Reuters

World Business Markets Sustainability Legal Breakingviews Technology

nrc

Mijn nieuws Podcasts

NIEUWS

GGD, RIVM en OVV uiten zorgen over geplande bezuinigingen infectieziektenbestrijding

Dorine Booij
15 september 2024 • Leestijd 1 minuut

Luisteren Leeslijst

A(H5N1) Virus Infection

Published December 31, 2024 | DOI: 10.1056/NEJMc2415890 | Copyright © 2024

TO THE EDITOR:

Highly pathogenic avian influenza A(H5N1) viruses are circulating among wild birds and poultry in British Columbia, Canada.[1] These viruses are also recognized to cause illness in humans. Here, we report a case of critical illness caused by influenza A(H5N1) virus infection in British Columbia.

On November 4, 2024, a 13-year-old girl with a history of mild asthma and an elevated body-mass index (the weight in kilograms divided by the square of the height in meters) of greater

BBC

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US exit from WHO could see fifth of budget disappear

21 January 2025

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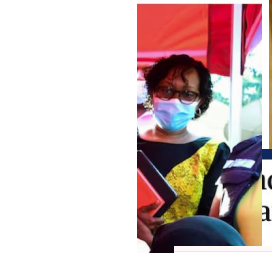
Ana Faguy
BBC News, Washington

Dominic Hughes
Health correspondent



d FDA to restore
after Trump order

Analyse • 10 feb 14:55

The FDA headquarters in Whi

A federal judge has order
Services, the Centers for
and Drug Administration
took down following Do

Het Parool

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Plus Exclusief

Nederland is nu slechter voorbereid op pandemie dan vóór corona: minder ic-bedden en geen noodplan

oor

un baan te
via Pepfar en
gestort.'

Pandemic and Disaster Preparedness Center

PDPC

Erasmus

Erasmus MC

TU Delft

Vision:

The complexity of pandemics and disasters require convergence, a systemic view, a combined approach to pandemics & disasters, and continuous, long-term commitment

Ambition and position:

Build and position a national and global leading center for pandemic and disaster preparedness: the Pandemic & Disaster Preparedness Center (PDPC)

PANDAMIC & DISASTER
Preparedness Center

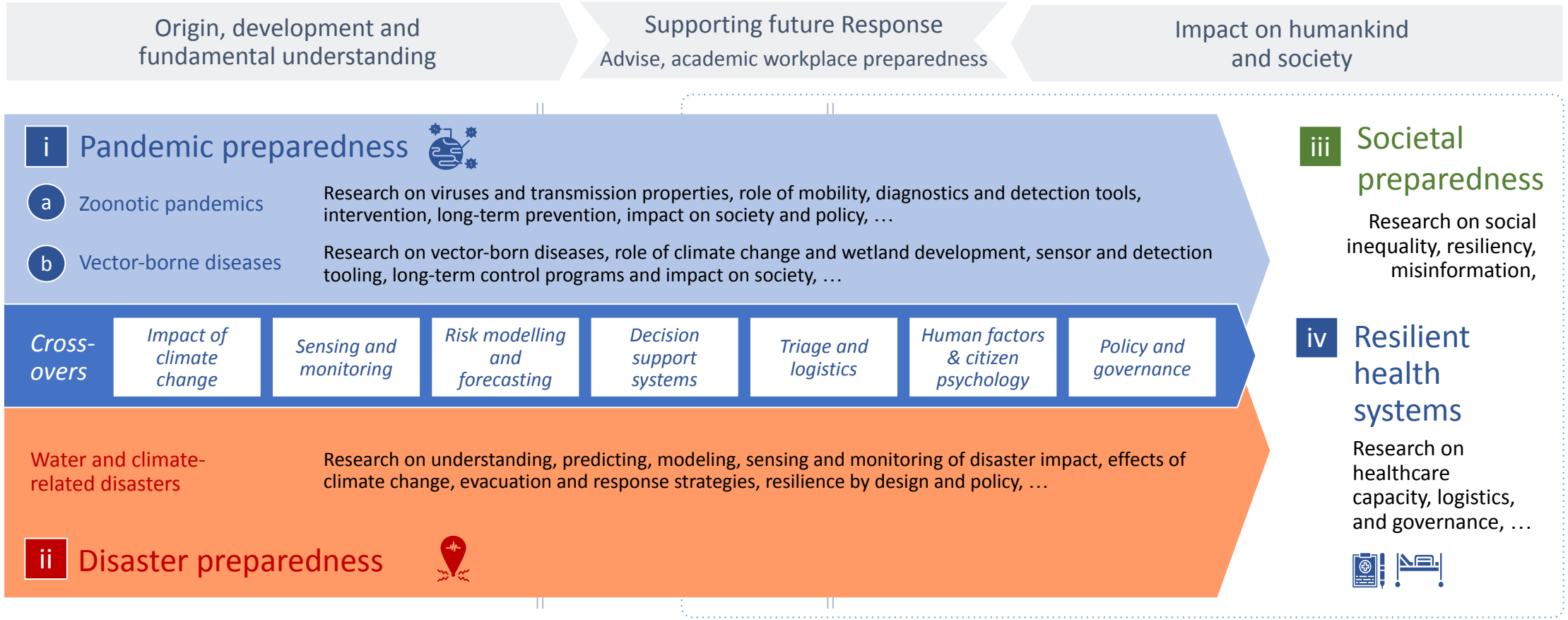
Convergence of disciplines

Systemic view

Combined approach to pandemics & disasters

Long-term, continuous commitment

The PDPC research and innovation program: focus on the origin and development, response and impact of pandemics and disasters



PDPC Leadership team

Marion Koopmans,
ErasmusMC
Scientific director
Director PDPC

Thom Boogaard
Director Disaster
preparedness research

Tom Emery, EUR
Director Societal
preparedness research

Anja Schreijer, ErasmusMC
Director Medical affairs &
Public health preparedness

Bas Jonkman, TU Delft

Pearl Dykstra, EUR

Jeanette de Boer,
ErasmusMC,
director Education

Kickstarting the PDPC philosophy: the Frontrunner projects

1. Climate change and increased risks of vector-borne virus outbreaks
2. Airborne: Predicting, measuring and quantifying airborne virus transmission
3. Pandemic lessons for flood disaster preparedness
4. Towards social and urban resilience for pandemics and disasters
5. Integrated early warning surveillance methods and tools

Plus: PDPC academy!

Interdisciplinary

Key knowledge gaps

Challenging

(inter)national partnerships

FR 1: Climate change & risks virus outbreaks

Deltares

WAGENINGEN UNIVERSITY & RESEARCH

Naturalis Biodiversity Center

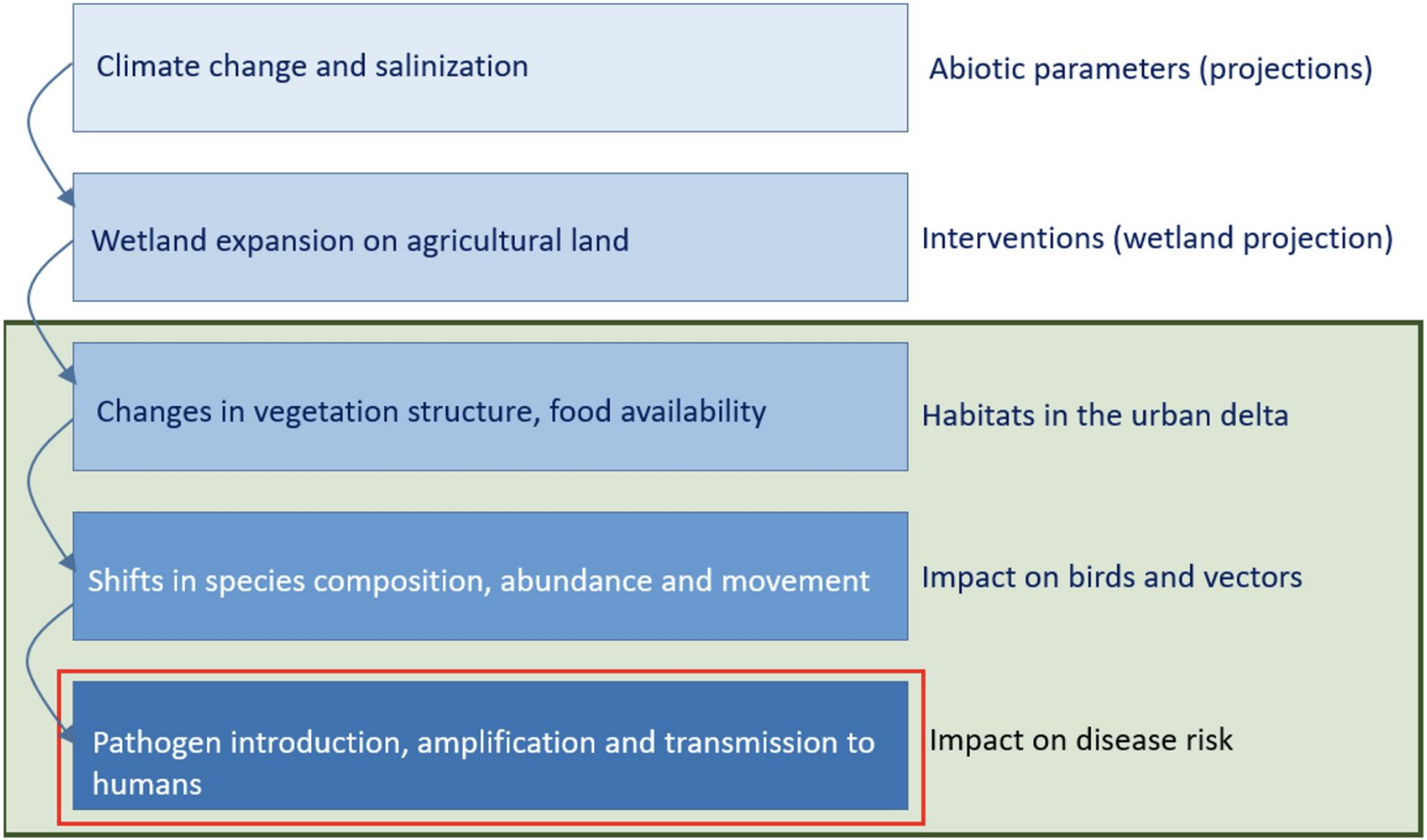
Universiteit Leiden

Koninklijk Nederlands Meteorologisch Instituut
Ministerie van Infrastructuur en Waterstaat

Erasmus MC

frontunner 1: Climate and vectorborne diseases

Important ramifications for disease risk

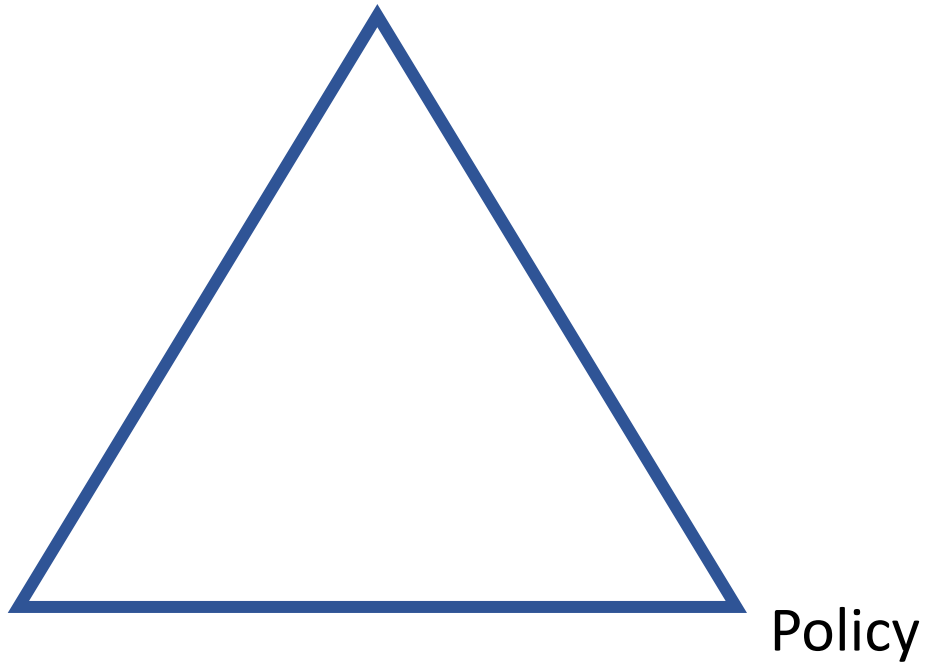


Impact academy

- Underserved groups
- Innovative infectious disease control
- BePrepared
- PRESENT study: school closures
- Integrated science for policy

Plus: education

Pandemic and Disaster Preparedness Center
PDPC
Academy

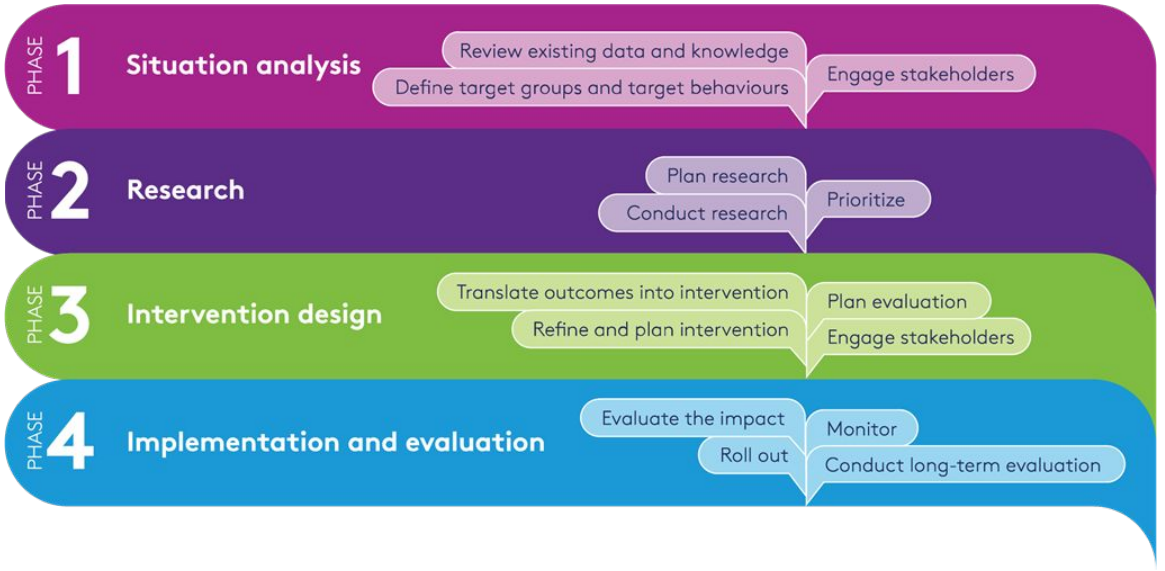


Pandemic Preparedness of Underserved Groups

- Gain insight into **individual and contextual barriers and drivers** to the support for and compliance with measures implemented during a pandemic among **underserved groups**
- Develop **interventions tailored** to the target groups' needs in collaboration with stakeholders
- Using the **WHO Tailoring Health Programme (THP) Approach**

Eijrond, V., Bünemann, N., Renna, N., Craig, B., Bach Habersaat, K., Voeten, H., Dykstra, P., & Schreijer, A. Barriers and drivers influencing people's behaviour towards COVID-19 public health and social measures in the Netherlands. *Under review.* Journal *Public Health*

WORK IN PROGRESS



Gain insight into the individual and contextual factors contributing to the support for and compliance with measures implemented during a pandemic of **older people with a migration background in Rotterdam**

Innovative Infectious Disease Control

Pandemic and Disaster Preparedness Center PDPC

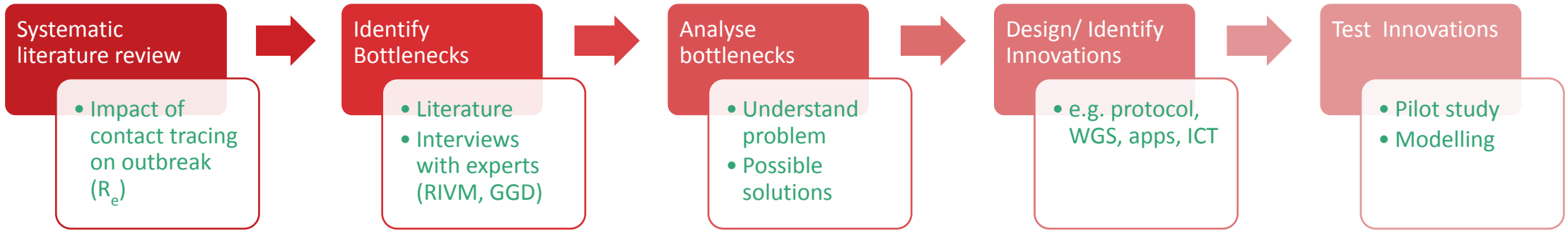
Background

- Goal to improve nonpharmaceutical interventions
- Such as contact tracing, two goals:
  - Limit spread by quarantine
  - Keep track of the virus

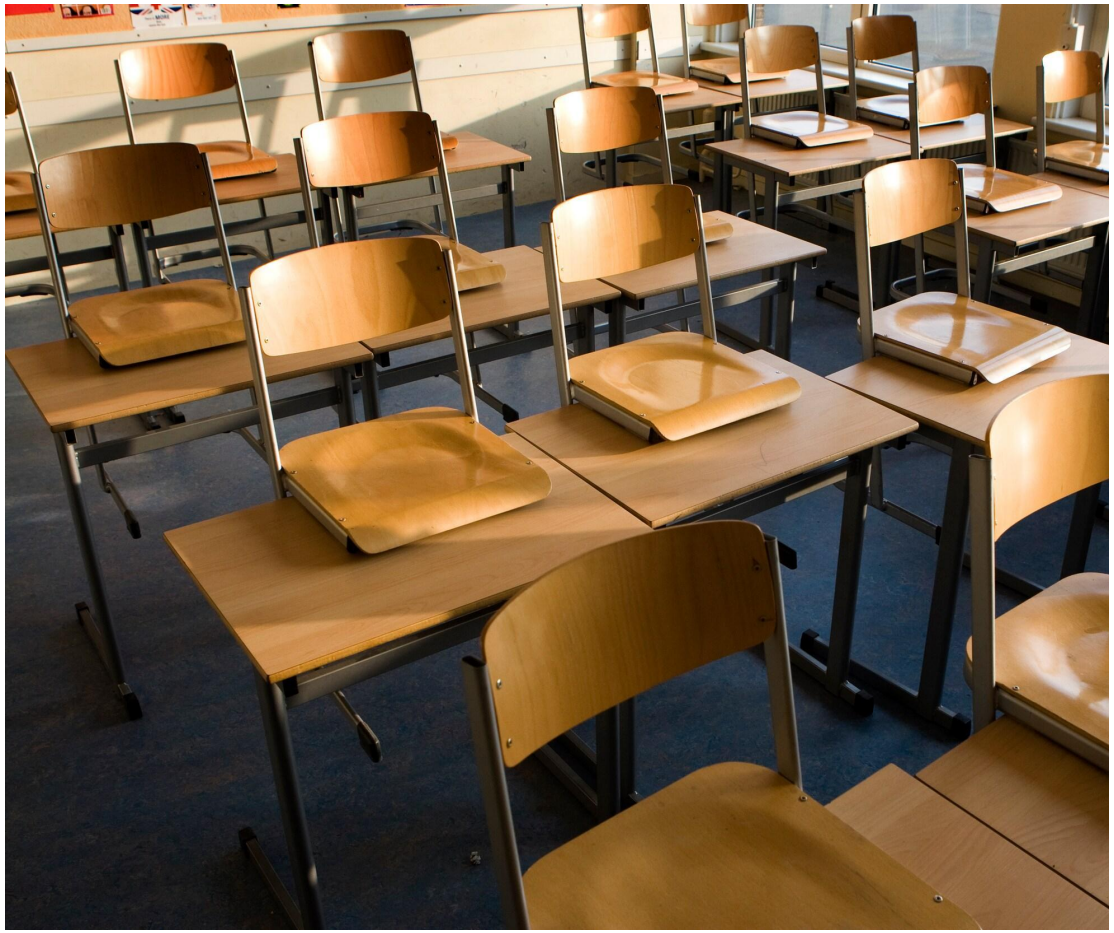
□ Both need to be taken into account

Progress

- Systematic literature review on impact of contact tracing on transmission
- Contact with experts, e.g. AI/machine learning
- ZonMw subsidy application on epidemiologic, social and economic effects



PRESENT study:
Pandemic-related secondary school closures



Differentiated effects of school closures between student subgroups

Consortium members:

PDPC (EMC), EUR, UMCU,

SEO economisch onderzoek, Nivel

PRESENT study

Differentiated effects of school closures between student subgroups, i.e. educational track, grade, socio-economic background etc.

- WP1: Epidemiological effects
  - Transmission rate reduction, diferences between and within schools
- WP2: Socio-educational effects
  - Educational performance, transition to higher education, mental wellbeing
- WP3: Economic effects
  - Effects for children and overall GDP
- WP4: Synthesis and recommendation
  - Stakeholder meetings and workshops, knowledge synthesis

Integrated science for policy

Pandemic and Disaster Preparedness Center
PDPC

Erasmus MC

TU Delft

Background: advice to cabinet in silo's

- **Outbreak management team** -> Biomedical advice -> Cabinet meeting -> Decision -> Press conference
- **Effective control** of an outbreak requires **not only biomedical knowledge** but also **social and economic advice** -> societal impact team
- At the same time, effective pandemic preparedness cannot consist solely of **separate, independent** biomedical, social and economic elements
- Therefore, it is necessary determine how preparations can be made from a **domain-overarching perspective** in order to be better prepared for a new pandemic

Results:

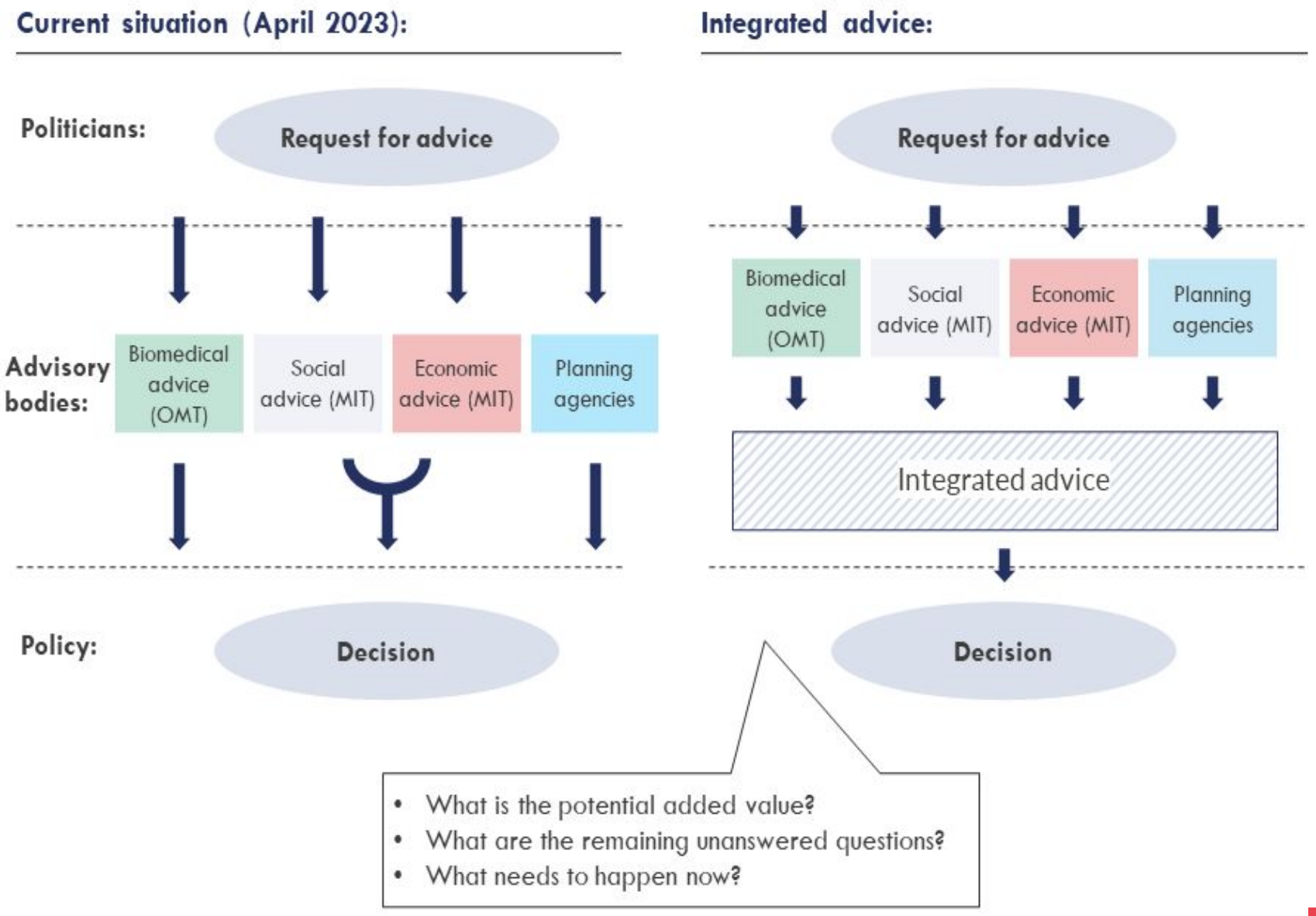
Current state of pandemic preparedness in each domain

- **Biomedical sciences** relatively well-prepared
- Gaps identified social and economic sciences
- **Little/no domain-overarching research, infrastructure, or organisation**

	Biomedical sciences	Social sciences	Economic sciences	Domain-over arching
Fundamental knowledge	• There is already a lot of fundamental knowledge about pandemics and viruses • Some crucial questions for pandemic preparedness remain	• A lot of general knowledge on social sciences exists already • There was a lack of specific knowledge about COVID-19 • Knowledge could not always be applied in practice	• Fundamental knowledge exists on: the consequences of closing part of the economy support measures and weighting measures • However, specific consequence of lockdown was not yet known	• There was little domain-overarching research
Guidelines & infrastructure	• There were unequivocal (international) guidelines that help to rapidly collect the right knowledge • There is scope for improvement in knowledge infrastructure	• No clear guidelines for knowledge acquisition (which did exist for communication, for example) • As a result it was not clear which information was crucial	• Infrastructure present to gain insight into all groups and make projections • Must subsequently be made more specific • No clear guidelines for knowledge acquisition	• No domain-overarching guidelines exist • Interdisciplinary cohort studies[3] are required as infrastructure
Organisation	• Advice is organised in a clear manner • However, there is scope for improvement • For instance: Organisation of independent studies can be improved	• No domain-wide organisation where advice and different subdomains could be brought together	• No domain-wide organisation where advice and different subdomains could be brought together	• No organisation where advice from different domains could be brought together

Pandemic and Disaster Preparedness Center PDPC

Results: Proposed process of integrated advice



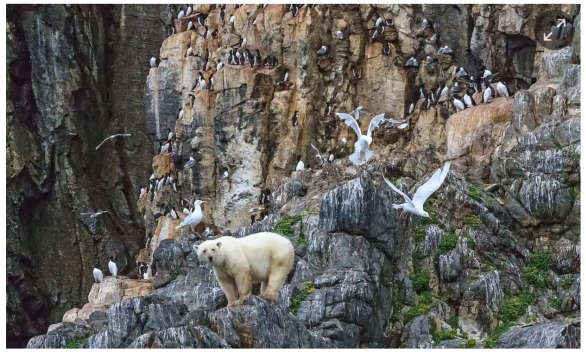
Follow up project: simulation avian influenza

Pandemic and Disaster Preparedness Center
PDPC

South Georgia: Bird flu infects penguins at famous wildlife haven

Polar bear dies from bird flu as H5N1 spreads across globe

Current outbreak, which started in 2021, is estimated to have killed millions of wild birds and thousands of mammals globally



ird flu kills over 900 seals, sea lions in outh Brazil

Diego Vara and Ana Mano

December 11, 2023 6:14 PM GMT+1 · Updated 3 months ago

[1/5] A sea lion with symptoms of bird flu sits on the coast of the Atlantic Ocean during an outbreak of Bird Flu, in Sao Jose do Norte, in the state of Rio Grande do Sul, B

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The New York Times

Bird Flu Spreads to Dairy Cows

U.S. regulators confirmed that sick cattle in Texas, Kansas and possibly in New Mexico contracted avian influenza. They stressed that the nation's milk supply is safe.

Share full article

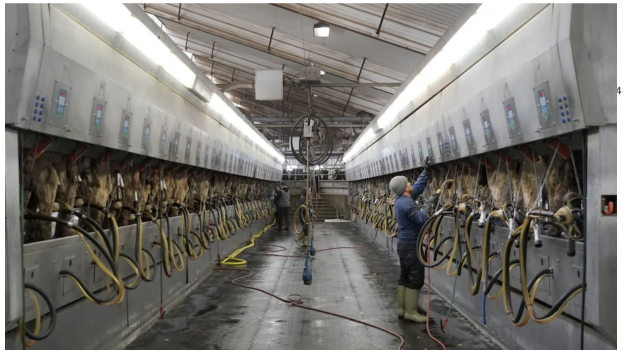
nd Kansas had tested positive for avian pply was safe. Allison Terry for The New York

US to test dairy products including ice cream and butter for H5N1 bird flu virus

The FDA will survey 155 products sold in stores across America to check for the highly pathogenic strain of avian influenza

Maeve Cullinan GLOBAL HEALTH SECURITY REPORTER

8 June 2024 • 12:35pm



Highly Pathogenic Avian Influenza A (H5N1) Virus Infection Reported in a Person in the U.S.

CDC's Risk Assessment for the General Public Remains Low

Print

Press Release

For Immediate Release: Monday, April 1, 2024

United States

Second US dairy worker infected with bird flu confirmed in Michigan

Simulation design & methods

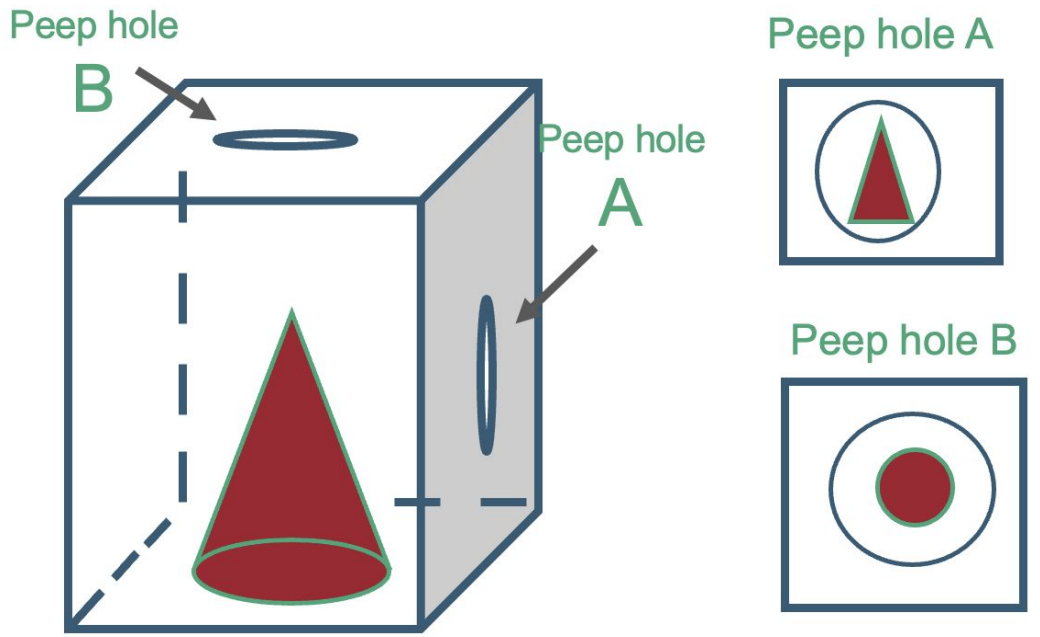
Preparation:

- Literature review (scientific and grey literature)
- Interviews with 30+ experts from biomedical, social sciences and economic disciplines

Two simulation exercises

20-23 Dutch experts from biomedicine, social and behavioural sciences and economics

- April 17: Large-scale outbreak of Avian Influenza among poultry and pig farms in the Netherlands with first human cases
- May 24: Large-scale outbreak of Avian Influenza with human-to-human transmission (mainly those <30yrs affected), including transmission in schools



Key findings:

Interdisciplinary discussions help to recognize blind spots in risk perception, urgency, and unintended consequences of recommendations

Implications for preparedness

- Interdisciplinary advice should be **further explored** to determine when and where it is **most effective**
- Invest in **simulation exercises** to facilitate **mutual understanding**
- Develop **over-arching structures**, tools and approaches to **optimize** pandemic preparedness

-> NOW IS THE TIME!

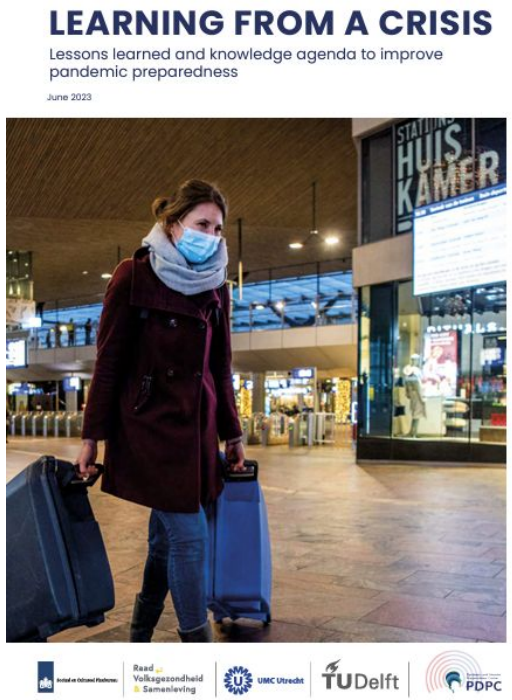
Do you have any questions?

For more information, please visit our website for updates on the topic:

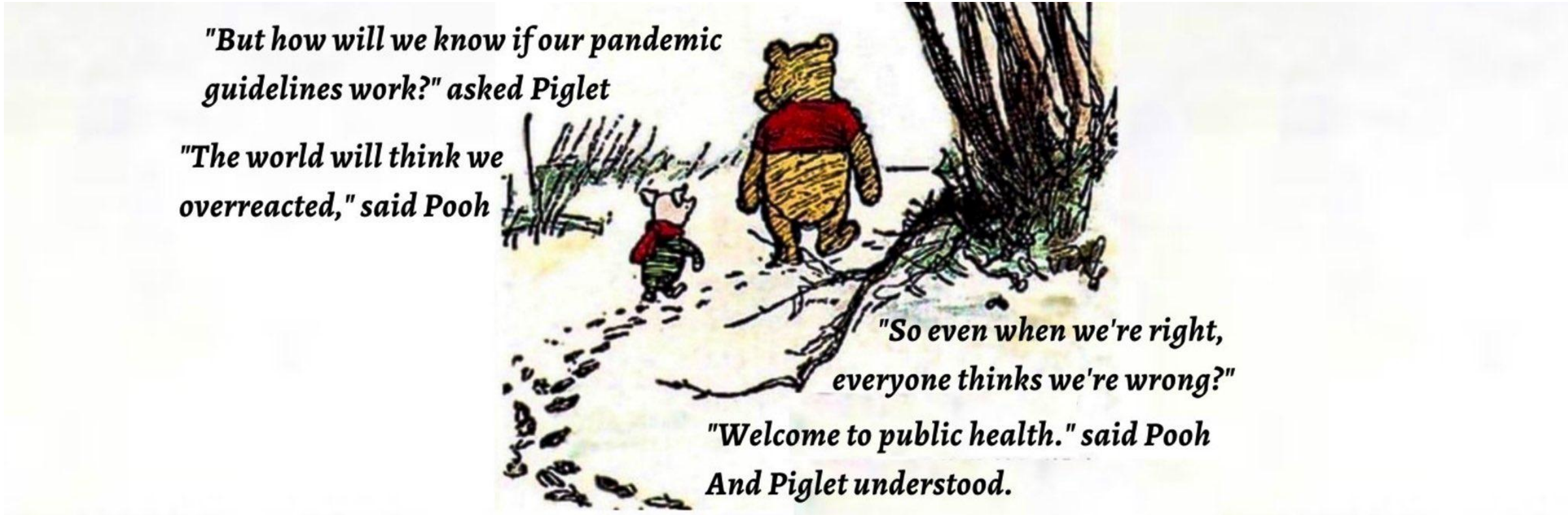
https://convergence.nl/pandemic-disaster-preparedness-center/

&

https://convergence.nl/learning-from-a-crisis/



Questions?


"But how will we know if our pandemic guidelines work?" asked Piglet
"The world will think we overreacted," said Pooh
"So even when we're right, everyone thinks we're wrong?"
"Welcome to public health." said Pooh
And Piglet understood.