In this issue:

Report: International Influenza Networks Meeting.................................1
The Consortium for the Standardization of Influenza Seroepidemiology (CONSISE).................................................................2
Options VIII Update........................................................................4
In the Loop..................................................................................5

Upcoming Events:

Options for the Control of Influenza VIII
5 – 10 September 2013
Cape Town, South Africa
I expect readers of this article will be members of at least one influenza-focused network, such as isirv (the network that provides this newsletter) and it is likely that some will have joined several networks. However it will probably surprise you to hear that there are more than 30 key influenza-focused networks in existence in the world, each operating in its own sphere of activity, sometimes with little interaction and sharing with other networks. It is with such thoughts in mind that from 14 – 16, January 2013, more than 60 government officials, leaders from various influenza-focused networks and representatives from the private sector gathered in Scottsdale, Arizona, USA for the first International Influenza Networks Meeting. It was hosted by the Association of Public Health Laboratories (APHL), in collaboration with the Centers for Disease Control and Prevention (CDC). The aim of the meeting was to create a global forum where influenza networks can increase awareness of global work and share data, best practice methods and lessons learned.

The many networks represented at the meeting were from the fields of human influenza surveillance; animal influenza surveillance; laboratory networks; clinical research networks; education and advocacy. Some were regional networks but most were more global in remit.

The meeting began with an excellent keynote overview on “Lessons for Networks Learned from Seasonal, Pandemic and Novel Influenza and SARS” from Dr Nancy Cox, CDC who stressed that the greater crowding of people and animals world-wide was providing greater opportunities for influenza viruses to transmit, reassort and adapt to new hosts. She pointed out that it was vital that the networks serving influenza communities adapt to use of new technologies, new regulations and new paradigms for sharing information in this increasingly interconnected world. Other keynote talks followed on:

- Education, advocacy and communication—can better coordination and sharing enhance global support?
- Information sharing—challenges, tools, databases
- What needs to be improved for seasonal and pandemic influenza surveillance, preparedness and response

Participants were able to gain a better understanding of the influenza networks and their respective strengths through a series of five panel presentations. The panels were divided according to the network’s areas of focus such as human surveillance, education/advocacy, animal surveillance and research, laboratory and clinical/research. Group exercises and discussion were a significant part of the meeting. The participants were given a charge each day during the group exercise and reported back to the larger group with their findings.

The first day focused on the common gaps revealed during the presentations and group exercise. Some of the common gaps mentioned were lack of communication among networks (insufficient sharing/integration of information and solutions for common problems across networks), lack of ways to link clinicians into research networks, lack of understanding of the determinants of risk for animal diseases (including influenza) to impact human health and the need for a repository for educational materials for different target audiences.
Day two explored topics such as broadening the scope to include other respiratory pathogens, global agencies working well together across animal and human health sectors, and developing a common message (i.e. educational materials) that targets authorities, private sectors and the general public.

The Networks meeting also provided participants with a chance to talk about sustainability in greater detail during an open discussion. This was a recurring theme in many of the network presentations.

This was an important and timely meeting and it is hoped that by such initial interaction (and of course more informal social interaction) between networks, better communication and sharing of ideas and solutions to common problems can be fostered.

When novel influenza viruses first appear in humans (for example the new H7N9 virus), it is vital to assess the risk of the virus becoming established and spreading in human populations. One of the tools to inform public health management of pandemic threats is seroepidemiology. There was widespread use of seroepidemiology during the emerging phases of the 2009 H1N1 pandemic and many of these studies have been reported in the scientific literature. However it was quickly realized that it was difficult to compare one study with another due to the lack of standardization in the seroepidemiology methodology employed and also due to inherent variability of the serology assays being used. Another problem was that seroepidemiology data and analyses were not available in a timely manner to impact policy decisions.

Work to address these challenges has been underway since early 2011, when influenza experts from around the world met in Ottawa Canada, hosted by the Public Health Agency of Canada (PHAC) and then in Stockholm Sweden in December 2011, hosted by the European Centre for Disease Prevention and Control (ECDC). In order to raise the profile of the work and to increase its identity, the consortium has adopted the name of CONSISE – the consortium for the standardization of influenza seroepidemiology.

CONSISE has developed into a consortium of two closely inter-linked working groups (Working Group 1: Epidemiology and Working Group 2: Laboratory) and a steering committee composed of individuals from several organizations including the World Health Organization, the US Centres for Disease Control and Prevention, the European Centres for Disease Prevention and Control, Public Health England (Formerly the UK Health Protection Agency), Imperial College London, the WHO Collaborating Centre for Reference and Research on Influenza (Melbourne, Australia), University of Hong Kong, Oxford University Clinical Research Unit in Hanoi, and Public Health Agency of Canada. CONSISE recently (January 2013) held a third international meeting in Hong Kong, SAR which had a regional focus on their partners from Asia, Africa and the Pacific and a fourth meeting is planned as a satellite meeting immediately preceding Options VIII in September 2013.
The epidemiology working group is developing seven comprehensive epidemiological, virological and serological investigation protocols that can be used in pandemic or epidemic outbreak settings and for routine serologic collection during non-pandemic seasons. The epidemic/pandemic protocols under development include: 1) Prospective longitudinal cohort study of influenza virus infection during epidemic periods; 2) Cross-sectional seroprevalence study of a novel influenza virus infection prior to- and post-epidemic periods; 3) Household transmission studies for pandemic influenza; 4) Closed setting outbreak investigation protocol for pandemic influenza; 5) Assessment of health care personnel in contact with infected influenza patients; 6) a seasonal influenza protocol. Seroepidemiology of human influenza virus infection using residual sera/convenience samples for establishing baselines and/or monitoring trends over time; and 7) Investigation of zoonotic influenza infection in humans. The protocols are specifically designed for influenza viruses, but may be adapted for other respiratory pathogens. Three of these protocols have recently been adapted for human novel Coronavirus, and all are ready for use in H7N9 investigations.

The Laboratory Group has been working on a number of projects within the three themes identified at the Stockholm meeting: serologic assay standardization; quality assurance and assessment; and cooperation. As Microneutralization (MN) assays using a two-day and a three-day format are both being used for influenza serology, they have been evaluated in a collaborative study of antibody to A(H1N1)pdm09 virus involving 14 laboratories from eight countries. Preliminary analysis concluded that there was no underlying reason why the two assay formats were not comparable. Further assays using H3N2 and H5N1 viruses are planned for the coming months.

There are many differences in assay protocols for the Haemagglutination Inhibition (HI) serology assay, so HI assay protocols from different laboratories are being compared with a view to developing a consensus HI protocol. The next step will be a comparative evaluation of consensus HI protocol and local HI protocols. It is considered premature to implement an External Quality Assessment (EQA) scheme at the moment while standardised assay protocols are still being developed. Laboratories are encouraged to evaluate the Enzyme Linked Lectin Assay (ELLA) neuraminidase inhibition assay which has been developed by Dr Maryna Eichelberger (FDA, USA). The materials generated by CONSISE will be open access and shared on the Global Health Network (http://CONSISE.tghn.org/) website in the coming months. Additional members from public health agencies, academic institutions and other interested parties are sought and for further information please consult the two papers published by CONSISE members 1,2 or contact Maria Van Kerkhove m.vankerkhove@imperial.ac.uk (lead of epidemiology working group) or John Wood john.wood18@virginmedia.com and Othmar Engelhardt othmar.engelhardt@nibsc.org (co-leads of laboratory working group).


Voices of isirv

The isirv board would like to broaden the society’s reach to be of greatest interest to current and potential isirv members, and is keenly interested in your ideas for future events and newsletter articles. Is there a topic you’d like to write about for the newsletter? Do you have an idea for a meeting or satellite symposium? What are the most pressing issues in viral respiratory disease? Please send your thoughts to chris.carter@meditechmedia.com.

About isirv

isirv is a scientific professional society to promote the prevention, detection, treatment, and control of influenza and other respiratory virus diseases. It will:

- Provide a forum for the exchange of information and for international collaboration
- Advocate for research and effective public health measures
- Promote relevant scientific and clinical training and education
- Organises scientific meetings and workshops on key topics and develop international consensus
- Support and develop partnerships with international bodies such as the WHO and other agencies
Abstracts
Options for the Control of Influenza VIII is quickly approaching. At this time, abstracts are being accepted in the following categories until 3 June 2013:

- Animal Human Interface and Zoonotic Influenza
- Animal Influenza
- Animal Models for Influenza
- Antiviral Drugs and Resistance
- Clinical Management
- Diagnostics
- Disease Burden and Health Economics
- Epidemiology including Seroepidemiology
- Innate and Adaptive Immunity
- Mathematical Models Informing Public Health Decisions
- Novel Therapeutic Strategies
- Pandemic Mitigation: What Worked and What Did Not
- Pathogenesis and Systems Biology
- Risk Communication in Influenza
- Science Policy Interface
- Transmission and Infection Control
- Vaccines
- Viral Genomics and Evolution
- Viral Surveillance and the Global Influenza Surveillance Network
- Virology and Viral Receptors

To submit an abstract, please see http://optionsviii.controlinfluenza.com/call-for-abstracts/

Registration
Regular registration rates apply through 31 May 2013. After that time, the late registration fee will apply. isirv members continue to receive discounted registration rates. To register, please see http://optionsviii.controlinfluenza.com/registration/

Programme
A tentative programme is available at http://optionsviii.controlinfluenza.com/programme/

Scholarships
Several scholarship options are available. The Promising Investigator Scholarship will be awarded to junior investigators who submit abstracts of exceptional scientific merit. Note that recipients of this scholarship should have completed their advanced/professional degree or clinical training no earlier than 2005. International Scholarships will be awarded for scientifically meritorious abstracts submitted by individuals from countries with limited resources. For more information on scholarships, please see http://optionsviii.controlinfluenza.com/call-for-abstracts/scholarships/

Pre and Post Tours in South Africa
Options VIII delegates have numerous exciting activities available to them. Day and extended tours to Kruger National Park, Victoria Falls, and Botswana are just a few of the activities available through the Options VIII preferred travel partner, Dragonfly Africa. Tour packages can be tailored to suit your individual needs. For more details, see http://www.controlinfluenza.com


Ohmit SE, Petrie JG, Malosh RE. Influenza vaccine effectiveness in the community and the household. *Clin Infect Dis.* 2013 [Epub ahead of print 14 February].


**Other reports**


WHO. Real-time RT-PCR protocol for the detection of A (H7N9) influenza virus. Published online, 8 April 2013. http://www.who.int/influenza/gisrs_laboratory/cnics_realtime_rt_pcr_protocol_a_h7n9.pdf
isirv Membership Application

First Name ___________________________________________________________

Last Name ___________________________________________________________

Current Position ______________________________________________________

Academic Title _______________________________________________________  

Institution Name _____________________________________________________

Institution Type:  □ Academic   □ Industry   □ Public Health   □ Governmental

Industry _____________________________________________________________

Department __________________________________________________________

Address 1 __________________________________________________________________________________________________

Address 2 __________________________________________________________________________________________________

City ___________________________ State ___________________________ Postal Code ____________

Country ____________________________________________________________________________________________

Phone _____________________________________________________________________________________________

Fax _______________________________________________________________________________________________

E-mail Address ________________________________

Please indicate your five main areas of interest (rate from ‘1’ to ‘5’, with 5 as the highest score):

[ ] Animal health/disease  [ ] Diagnostics, epidemiology, and surveillance

[ ] Human health/disease  [ ] Vaccines

[ ] Zoonoses/ecology  [ ] Immunology

[ ] Pandemic preparedness  [ ] Antivirals

[ ] Policy for control and prevention  [ ] Viral structure & replication

[ ] Cost benefit and health economics  [ ] Other?

Which virus(es) are your main interest?

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The Society’s members will elect the officers of isirv.

If proposed, would you accept nomination for election? ________________________________________________

Please give any general suggestions you have on priorities for isirv activities for the first 1-2 years:

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New membership fee is 85 GBP (approximately 134 USD or 102 EUR, as of Dec 2012) payable by cheque or bank transfer to isirv account: Barclays Bank, Edgware Branch, 126 Station Road, Edgware, London, HA8 7RY. Sort code 20 29 41. Account #307 876 20. To register for isirv and pay online: visit www.isirv.org. Payment confirmation will be mailed to the address provided on the membership form.

If using a cheque please print and mail a copy of this form together with payment to:

isirv Organiser
22 Tiverton Road
LONDON NW10.3HL
United Kingdom

Make the cheque payable to isirv and write the member’s name legibly on the cheque. The amount of the cheque must match the annual membership fee. Registration can also be completed via the website at www.isirv.org.