Improving the GISRS for novel influenza viruses with pandemic potentials

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The History and development of GISRS

- Initiated since 1947- Vaccine made with 1943 Weiss strain failed to protect new variant (71 years)
- 1952-birth of the network(GISN)(66years)
- 1962-2 WHO CCs, 59 NICs/49 countries
- 1984-3 WHO CCs, 108 NICs/76 countries
- 2004-5 WHO CCs, 112 NICs/83 countries
- 2010-6 WHO CCs, 136NICs/106countries
- 2011-rename as GISRS
- 2018-6 WHO CCs, 144NICs/114countries

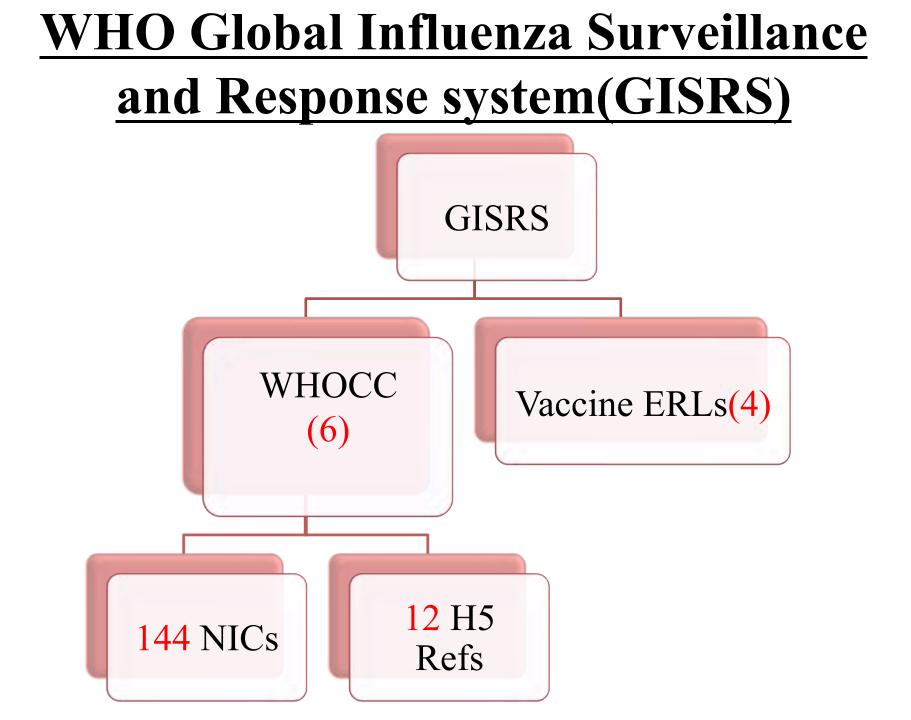
WHO Global Influenza Surveillance and Response System

20 December 2017

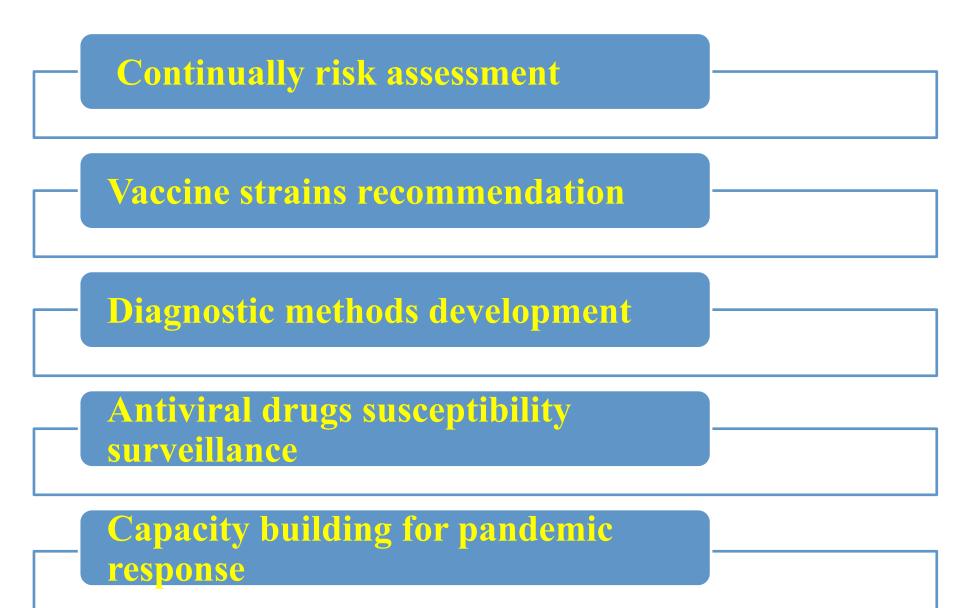


- National Influenza Centre
- WHO Collaborating Centre for Reference and Research on Influenza
- WHO Collaborating Centre for the Surveillance, Epidemiology and Control of Influenza
- WHO Collaborating Centre for Studies on the Ecology of Influenza in Animals
- WHO Essential Regulatory Laboratory
- WHO H5 Reference Laboratory

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. 6 WHO CCs
144 NICS
4 ERLs
12 H5 reference labs







The functions of GISRS

■ Monitoring the evolution of influenza viruses and integration of epidemiological data to provide recommendations in areas including **diagnostics**, vaccines, antiviral susceptibility and risk assessment • Serving as a global alert mechanism for the **emergence** of the novel influenza viruses with pandemic potential

Providing laboratory and epidemiological technical supporting for other emerge infectious disease response

The contributions of GISRS

- 2-3 millions samples tested per year
- Over 20,000 viruses shared with WHO CCs per year
- Over 10,000 viruses characterized by CCs per year

The contributions of GISRS

seasonal influenza vaccine viruses recommendation

- 1973, 1st formal recommendation issued
- Feb 1986, 1st documented WHO annual consultation
- 1998, biannual formal WHO recommendations for northern and southern
- hemispheres
- 2012, fourth vaccine virus components (QIV) recommended by WHO
- 2016,1st cell-propagated Candidate Vaccine Viruses recommended
- 2016 ,guidance on vaccine formulation recommendation for tropics and subtropics

Zoonotic vaccine viruses viruses recommendation

- H5(H1,N6), H7(N7,N9), H9N2, and swine variant viruses

Pandemic vaccine viruses viruses recommendation

- 1957 H2N2, 1968 H3N2 and 2009 H1N1

WHO Consultation on the Composition of Influenza Virus Vaccines for the Southern Hemisphere 2013 17-19 September 2012, BEIJING, CHINA



The contributions of GISRS

providing diagnostics for NICs

- WHO CC Atlanta regular providing reagents for NICs
- WHO CCs providing diagnostics kits for NICs during 2009 pandemic
- WHO CC Beijing providing H7N9 diagnostics kits for NICs

Providing trainings for GISRS

- WHO CCs providing trainings for NICs regularly

Providing diagnostics to NICs during 2009 pandemic response



Training Workshop on Infuenza Laboratory Surveillance Techniques

18-20 November 2015. Beijing, China

National Institute For Viral Disease Control and Prevention



The contributions of GISRS

- providing antiviral susceptibility data for clinic treatment guidance development
- Expert Working Group on Antiviral Susceptibility for the WHO GISRS
- Molecular-bases assays (genotyping)
- NA inhibition assays (phenotyping)

The functions expansion of GISRS

- Disease burden associated with influenza
- Vaccine effectiveness estimation
- Pandemic Influenza Severity Assessment (PISA)
- Tool of Influenza Pandemic Risk Assessment (TIPRA)
- Global RSV Surveillance-based on GISRS

How to improve the functions of GISRS

- Improve the capacity for novel pathogen discovery
- Rapid and sensitive detection assays for patients
- Next-generation sequencing for novel virus dicovery (H7N9, H10N8, H5N6)
- Improve the surveillance capacity especially in developing countries such Africa and Southeast Asia
- Better vaccine strains selection
- Timely virus and information sharing
- Modeling methods
- Better Vaccine
- universal vaccine development

How to improve the functions of GISRS

- Improve data and virus sharing
- PIP framework
- GISAID
- Flumart

PIP Framework

Adopted by sixty-fourth WHA 2011

Two objectives

- Improve sharing of influenza viruses with pandemic potential (IVPP)
- Achieve more predictable, efficient, and equitable access to benefits arising from the sharing of viruses, notably vaccines and antiviral medicines

Pandemic influenza preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits



Global Initiative of Sharing all Influenza Data GISAID

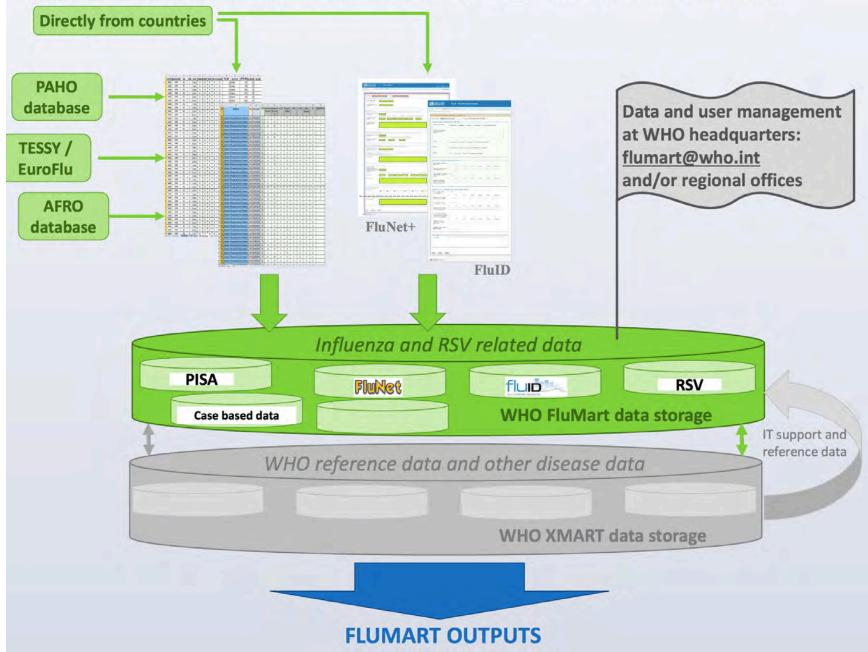


" Ten years after GISAID first introduced its game-changing mechanism, breaking data sharing barriers, it continues to be a most trusted leader in pandemic preparedness & response "

Prof. Dr Yuelong Shu Sun Yat-sen University, Dean School of Public Health, Shenzhen

DATA UPLOAD FROM ANYWHERE IN USER-DEFINED FORMAT

- Upload from EXCEL, form-based data entry, link to existing databases
- Templates for upload available, can be customized according to EXCEL formats available by data provider



Universal influenza vaccine development strategies

- Better match between vaccine and circulating viruses (current target)
- Better vaccines for high risk groups (elderly,
 immunosuppression, Children, et al) (short-term target)
- Vaccines can protect drift viruses (middle-term target)
- ➢ Universal vaccines for all viruses including shift
 - viruses (long-term target)

How to improve the functions of GISRS

Trust and cooperation are the fundamental principles

8/28/2018

China Has Withheld Samples of a Dangerous Flu Virus - The New York Times

The New York Times

China Has Withheld Samples of a Dangerous Flu Virus

Despite an international agreement, U.S. health authorities still have not received H7N9 avian flu specimens from their Chinese counterparts.



By Emily Baumgaertner

Aug. 27, 2018

A News

Disease X: China ignores UK request to share samples of flu virus with pandemic potential

Save





The truth

- March 30,2013, the virus identified by WHO CC Beijing
- March 31,2013, Chinese government reported to WHO according to IHR
- March 31,2013, WHO CC Beijing shared the whole genome sequences through GISAID
- April 10, 2013, WHO CC Tokyo received the H7N9 virus from China
- April 11, 2013, WHO CC Atlanta, Memphis, London received the H7N9 virus from China
- April 11, 2013, UK NIBSC, Hong Kong received the H7N9 virus
- April 12, 2013, WHO CC Melbourne received the H7N9 virus
- April 8, 2013, WHO CC Beijing Shared the diagnostic methods with WHO
- China shared viruses with 11 institutions globally in 2013

The truth

- WHO CC Beijing continuously sharing viruses, genetic and antigenic information with other WHO CCs for vaccine recommendation
- A/Anhui/1/2013-like
- A/Shanghai/2/2013-like
- A/Guangdong/17SF003/2016-like
- A/Hongkong/125/2017-like
- A/Hunan/02650/2016-like
- China shared more than 2500 H7N9 viruses sequence through GISAID
- Since May 2018, USCDC received 4 H7N9 viruses from WHO CC Beijing

The practice

- PIP implementations
- Remove the H5 and H7 from the select agent list
- collaboration

conclusions

Pandemic viruses respect no borders. All countries, rich and poor, large and small, must work together to prepare for its onset and to respond effectively. Access to adequate quantities of life-saving interventions, notably antiviral medicines and vaccines, made available in a timely and equitable manner to all countries, is essential for response.

Acknowledgements

■ WHO

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- Weigong Zhou
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