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V Praze 25.9.2009

Věc: žádost o zařazení zdravotnického personálu pečujícího o dialyzované nemocné a dialyzovaných a transplantovaných nemocných do strategického plánu vakcinace proti viru H1N1

Jménem České nefrologické společnosti se na Vás obracím s naléhavou žádostí o zařazení zdravotnického personálu pečujícího o dialyzované nemocné do cílové skupiny zdravotníků, kteří budou přednostně vakcinováni proti viru H1N1. Přednostní vakcinace této skupiny zdravotníků nám byla přislíbena v dopise hlavního hygienika ČR dne 15.7.2009 (viz příloha mailu). Nicméně v prezentaci „Návrhu vakcinační strategie“ z 15.7.2009 (dostupná na webu MZd) tato skupina zdravotníků chybí. **Žádáme proto, aby byla v tomto směru zjednána náprava a tito zdravotníci byli do strategie urychleně zavzati**. Je nutné upozornit na to, že tento personál je ve velmi vysokém riziku přenosu infekce bezprostředním pravidelným kontaktem s nemocnými a navíc, že jde o velmi specializovaně erudovaný personál, který nemůže být jednoduše nahrazen nikým jiným a v případě jejich onemocnění nedude možné zajistit péči o dialyzované nemocné. Předpokládaný počet zdravotnických pracovníků, kterých se to týká, je **2500** (1606 jsou kmenoví pracovníci dialyzačních středisek, zbytek personál zajišťující služby v nepřetržitém 24-hodinovém provozu).

Současně bychom chtěli požádat o přehodnocení stanoviska MZd neočkovat dialyzované a transplantované nemocné proti viru H1N1. V „Návrhu vakcinační strategie“ tyto skupiny nemocných nejsou uvedeny a dle telefonického rozhovoru jak s MUDr. Kvášovou, tak MUDr. Hlaváčkovou v minulém týdnu mi toto bylo potvrzeno. Jménem ČNS s tímto postojem nesouhlasíme a žádáme o znovuzvážení, zda by tito nemocní neměli být zařazeni do skupiny pacientů přednostně určených k vakcinaci. Důvodem je nejen vysoká mortalita na infekci H1N1 v případě onemocnění u těchto nemocných, ale i fakt, že se začínají objevovat zprávy o neúčinnosti oseltamiviru u

těchto pacientů. Navíc některé země již nyní zvažují zrušit doporučení vakcinovat tyto nemocné preventivně proti sezónní chřipce z důvodu předpokladu zvýšeného rizika onemocnět virem H1N1 (http://www.cbc.ca/health/story/2009/09/23/flu-shots-h1n1-seasonal.html). Většina okolních států nemocné s tímto typem onemocnění do vakcinace zařazuje. V příloze dole zasílám reakci jednoho z poskytovatelů dialyzační péče na sdělení, že dialyzovaní nemocní v ČR nebudou vakcinováni (včetně odkazu na doporučení některých evropských orgánů a WHO). Přílohou tohoto mailu je i doporučení Americké transplantační společnosti týkající se vakcinace u transplantovaných pacientů. Celkový počet nemocných je kolem **9000** (6000 hemo- a peritoneálně dialyzovaných a 3000 transplantovaných s funkční ledvinou).

Vážená paní doktorko, doufám, že všechny tyto naše argumentu budou nyní pečlivě zváženy a že MZd přehodnotí svoje stanovisko k těmto skupinám pacientů.

S pozdravem

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Příloha

We were surprised to learn that contrary to the practise in other countries, dialysis patients will not be part of the population to receive the vaccination. It may be worthwile to point out to the respective authorities that in a large majority of countries dialysis patients are considered as a population at high risk and will be included in the first round of persons to be vaccinated.

For more details with respect to vaccination policies please see the extracts of the different sources below or refer to the the originals by following the links.

http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/
WHO recommendations on pandemic (H1N1) 2009 vaccines
The following recommendations were provided to the WHO Director-General:
13 JULY 2009 | GENEVA
All countries should immunize their health-care workers as a first priority to protect the essential health infrastructure. As vaccines available initially will not be sufficient, a step-wise approach to vaccinate particular groups may be considered. SAGE suggested the following groups for consideration, noting that countries need to determine their order of priority based on country-specific conditions: pregnant women; **those aged above 6 months with one of several chronic medical conditions**; healthy young adults of 15 to 49 years of age; healthy children; healthy adults of 50 to 64 years of age; and healthy adults of 65 years of age and above.

http://ecdc.europa.eu/en/healthtopics/Documents/0908_Influenza_AH1N1_On_the_use_of_specific_pandemic_influenza_vaccines.pdf
ECDC HEALTH EDUCATION - On the use of specific pandemic influenza vaccines
ECDC - 19 August 2009

Who should get the vaccine?

When considering who should get vaccinated first, three categories need to be considered:

- risk groups: those at higher risk of severe disease;
- healthcare workers: in this context, this group especially includes those with direct, first-line patient contact; and
- essential service groups: people performing functions that are critical for the functioning of society.

The influenza A(H1N1)v virus is a novel virus. As each pandemic has distinct features and is different from seasonal influenza, pandemic risk groups may also differ somewhat from those for seasonal influenza strains. In this sense, and because of the large numbers of people who may get sick at once, different strategies may come into play, with greater emphasis on the need to maintain healthcare and other essential services by immunisation.

According to current (August 2009) evidence on the pandemic (H1N1) 2009, the following can be identified as risk groups:

- people aged less than 65 years with chronic underlying conditions, namely:
  - chronic respiratory diseases;
  - chronic cardiovascular diseases;
  - chronic metabolic disorders (notably diabetes);
  - **chronic renal and hepatic diseases;**
  - persons with deficient immunity (congenital or acquired);
  - chronic neurological or neuromuscular conditions; and
  - any other condition that impairs a person's immunity or prejudices their respiratory function.
  - young children (especially those younger than two years old); and
  - pregnant women.

This list differs somewhat from the groups for whom many countries recommend seasonal influenza immunisation, especially with regard to people 65 years and older.
Generally, older people seem to be at lower risk of infection — possibly due to prior immunity — but there are indications that if they become infected, they suffer more severe disease than younger adults.
In addition, there are other groups to whom immunisation may be offered based on specific arguments, even though they are not at higher risk of severe disease. They include:

- suppressive therapy or others for whom vaccines are more likely to have lower effectiveness);
- people in close contact with babies: babies younger than six months of age cannot, at this stage, be immunised because of the lack of data on immunogenicity and safety. Therefore, there are arguments for offering vaccination to those that are in closest contact with them;
- essential workers responsible for the response to the pandemic and for delivering other essential functions; and
- children and young people, since initial epidemiological information shows they are experiencing high attack rates (albeit of mild disease) and may be particularly important in amplifying local outbreaks.

The final section of the population to be immunised — the target group — depends on each country's pandemic plan and varies from country to country. In some countries, the target group is (almost) the entire population while in others, it represents only specific segments of the population.

http://www.ecdc.europa.eu/en/publications/Publications/0908_GUI_Pandemic_Influenza_Vaccines_during_the_H1N1_2009_Pandemic.pdf
ECDC INTERIM GUIDANCE - Use of specific pandemic influenza vaccines during the H1N1 2009 pandemic
Stockholm, August 2009
According to the current evidence on the A(H1N1) 2009 pandemic, the following population groups can be identified as risk groups:
• people aged less than 65 years with chronic underlying conditions, namely:
• chronic respiratory diseases;
• chronic cardiovascular diseases;
• chronic metabolic disorders (notably diabetes);
• chronic renal and hepatic diseases;
• persons with deficient immunity (congenital or acquired);
• chronic neurological or neuromuscular conditions;
• any other condition that impairs a person's immunity or prejudices their respiratory function;
• young children (especially under the age of two years);
• pregnant women.

http://www.cdc.gov/h1n1flu/vaccination/acip.htm
USA: CDC - 2009 H1N1 Vaccination Recommendations
CDC - September 11, 2009
The groups recommended to receive the 2009 H1N1 influenza vaccine include:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants younger than 6 months old might help protect infants by "cocooning" them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection

for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;

- All people from 6 months through 24 years of age
  - Children from 6 months through 18 years of age because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
  - Young adults 19 through 24 years of age because many cases of 2009 H1N1 influenza have been seen in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
  - **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**