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
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Further thoughts on the limitations of a recently published review of national influenza pandemic plans in Europe

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In their critique of our analysis of national pandemic influenza preparedness plans in Europe, Nicoll and Kaiser raise a number of issues [1,2,3]. Through combining the findings of preparedness, developed by use both of indicators and country visits, they concluded that 'expert opinion at the European Centre for Disease Prevention and Control (ECDC) coincides with many of the overall points made by the researchers.' This suggests that our results are robust.

Nevertheless, they highlighted a number of limitations to our research. First, the delay in reporting our findings and the 'snapshot' nature failed to note the progress that countries have made over the past six months. We noted this latter limitation in our analysis. However, we

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concluded our analysis of plans and submitted the draft manuscript for fast-track publication to The Lancet in mid-January 2006. The subsequent months were taken up by the peer review process – a necessary, if time-consuming, hurdle to getting research findings into the policy arena. During this period, we presented the findings to key national and international policy makers, including the European Commission, the European Parliament, and Chief Medical Officers of Europe. Copies of our research findings were also forwarded in confidence to the ECDC and the World Health Organization (WHO). Our intention was to facilitate the use of our research findings at an early stage in the policy and planning arena without jeopardising academic publication.

A second limitation to our analysis, again noted in our paper, was that 'looking at plans alone often gives an incomplete and sometimes misleading picture of a country's state of preparedness.' National stakeholders have reported that our analysis helped. The comparative nature of the analysis meant that, in some cases, public health officials were able to persuade politicians of the need for greater resources in planning, including addressing the gaps that we highlighted in their plans. Our research helped shift the balance of domestic debates. The independent nature of our analysis meant that objective comparisons could be made between countries, encouraging constructive lessons to be drawn from the gaps and strengths of other countries' plans. This has been a feature of the discussions with high level policy makers in recent months. [4]. While the audience for plans is viewed primarily as domestic, there are advantages to making plans accessible so that other countries are able to draw from them and plan coherently. In translating existing plans into a common language (English), we created a resource for others to use.

A third limitation mentioned and acknowledged in our paper, was that simply reading a country's plans may give an incomplete picture of a country's state of preparedness.' We made a similar point when we stated that plans are only one element of preparedness. The test of countries' preparedness will be the effectiveness of their response. This can be supported by a robust plan, but will also be affected by many other factors, foreseen and unknown. Indeed, to evaluate complex interventions in complex health systems we have argued consistently that innovative multidisciplinary approaches are needed if the complexities of context are to be effectively accounted for [5,6,7]. In their country visits, the ECDC and WHO drew upon knowledge provided by epidemiologists, laboratory and communication experts. In evaluations of communicable disease control, we have considered broader health system impediments to effective control, including legal frameworks, financial processes, and governance arrangements. We believe that these may be important when a highly pressing single disease threat demands rapid transformation of health systems.

[human case in Taiwan, 3 April to 10 May 2013](#)

➔ [Epidemiological link between exposure to poultry and all influenza A\(H7N9\) confirmed cases in Huzhou city, China, March to May 2013](#)



Nicoll and Kaiser note that 'countries were neither visited nor contacted by the experts, and the detailed country-specific results were not fed back to the countries for discussion before publication.' However, our research framework was an analysis of 'published plans in the public domain'. Following presentations of our findings at meetings ahead of publication, a number of public health officials requested that we include their updated plans, which we could not do because of the design of our study. However, this highlights the importance of repeating this evaluation at a future date, although resources and time are limited.

The central messages of our research are that Europe is moderately prepared for pandemic influenza, that unnecessary inconsistencies exist, and that countries need to fill the gaps that we have identified, while learning from the strengths of others. We hope that the editor of The Lancet is wrong when, reflecting on our research, he recently suggested that our 'message is being dismissed as little more than scaremongering.' [8]

Editorial note: Eurosurveillance does not usually publish letters responding to previously published articles in our weekly release section, although we aim to develop this format in 2007. The editors considered that this response to the article of 27 April by the authors of the analysis added further interesting points to the discussion of the very topical subject of pandemic influenza preparedness planning.

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