



Advocacy, Information & Education

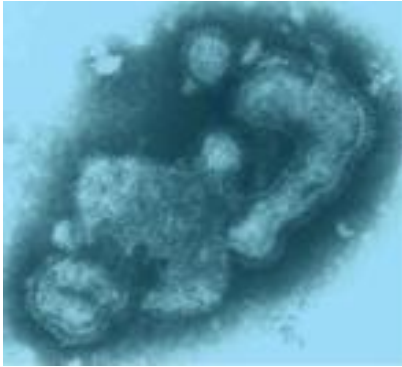
For the Control of Influenza In the Asia Pacific

APACI

DCVMN 15th Annual General Meeting, Delhi, India,
27-29 October 2014

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Asia Pacific Alliance for the Control of Influenza (APACI) Ltd



Overview

- APACI
 - Structure
 - Governance
 - Origin
- Objectives
- Activities: Past, present, and future
- Web-based Resources
- Why APACI is important to you



About APACI

- Incorporated in 2011 in HK as a company limited by guarantee
- Income tax exempt charity
- It is Governed by a Board of Directors, but is reportable to its members

Vision

To be a lead organisation on influenza in the Asia-Pacific region
-A trusted and independent source of information



In the beginning....

Used an existing model

Influenza Specialist Group (ISG) [Australia]



■ Objectives:

- Increase the understanding of influenza
- Reduce the public health impact of influenza
- Foster best practice in prevention and treatment of influenza



ISG's objectives are realized through...

- Annual Scientific Meeting
- Annual awareness program
- Provision of independent expert opinion
 - 2009 pandemic, ISG was seen as an independent voice between government & industry
- Develop educational tools & information



The situation with the ISG today

- ISG is recognised as the pre-eminent independent authority on influenza in Australia
- Flu vaccine doses have increased from 500,000 (1991) to over 7.0m (2014)
- Influenza vaccination is now funded for all at-risk groups (NIP)
- The AMA and RACGP recommend influenza vaccination



Back to APACI....

Mission

To reduce the burden of influenza in the Asia-Pacific region



Objectives

- Raise awareness of influenza, its impact, and the mechanisms for controlling influenza
- Establish and provide ongoing support to national influenza foundations or similar groups
- Identify the burden of disease in the Asia-Pacific region
- Ensure best practice in prevention and treatment of influenza
- Remain consistent with the objectives of WHO and their global agenda on influenza surveillance and control



In the beginning

- Commenced in 2002 as a working committee
- Focus on:
 - Educating KOLs
 - Newsletters and other publications
 - Organising meetings within the region



Influenza Foundations

- Influenza Foundation of India



- Indonesian Influenza Foundation



- Influenza Foundation of Thailand



Associated Organisations

- Influenza Specialist Group (ISG) - Australia
- National Influenza Specialist Group (NISG) – New Zealand
- Philippine Foundation for Vaccination
- Transgovernmental Enterprise for Pandemic Influenza in Korea (TEPIK)



APACI Membership - today



2012

- 1st Asia-Pacific Influenza Summit
- Bangkok 2012
- Over 200 registrations, from over 30 countries
- Sessions:
 - Policy discussion
 - Priority groups
 - Strategies on the way forward



Bangkok, June 2012

■ Antiviral Forum

- Chaired by Prof Paul Chan, HK
- Improve pandemic planning in the region
- Better understanding of therapeutic use
- Analyse official pandemic control policies in the region
- Establish collaborative relationships



2013

Meetings

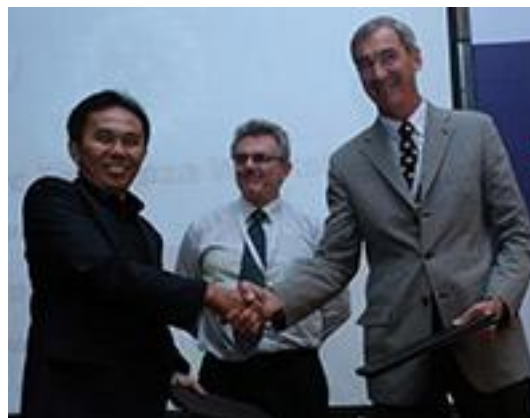
- July 2013: International Influenza Symposium – Seoul, Korea
- October 2013: Influenza workshop for HCPs – Hanoi, Vietnam



2013

Projects

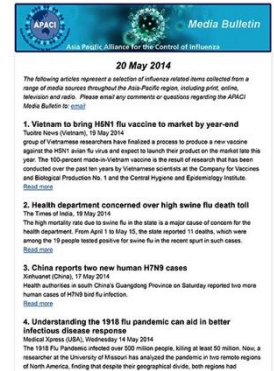
- Influenza Risk Perception and Communication (Dr Cornelia Betsch, Erfurt University).
- Effectiveness of prior vaccination, antibody responses and duration of protection in adults in old age (Dr Madhu Khanna and VP Chest Clinic, Delhi University)
- Signed MoU with DCVMN



2013

APACI e-Publications

- Increased newsletter editions to 4 p.a.
- Created a media bulletin – issued 2 x pw
- Developed an Influenza Literature Alert (monthly)
 - Last month's journal articles
 - Review articles published in that month
 - Update on influenza topics (QIV, H7N9, Burden of disease etc)
- Subscription is free



Resources available to you now

<http://www.apaci.asia/>



The screenshot shows the APACI website homepage. At the top left is the APACI logo, a globe with the text 'APACI Asia-Pacific Alliance for the Control of Influenza'. To the right of the logo is a navigation menu with links for 'Home', 'About', 'Influenza', 'Resources', and 'Meetings'. A search bar is located in the top right corner. The main heading reads 'Reducing the Burden of Influenza In the Asia Pacific Region'. Below this, there are two main content blocks. The left block is titled 'Asia-Pacific Alliance for the Control of Influenza' and contains a welcome message and a list of resources: 'QIV', 'Burden of Influenza', 'Translated flu resources', and 'New journal articles'. The right block is titled '2013 Influenza Workshop Hanoi, Vietnam' and features a photo of a woman and a 'Read More' button. At the bottom, there is a 'Subscribe Here' section with a list of resources: 'Hanoi 2013 Workshop', 'Benefit of Vaccination', 'Latest H7N9', 'Translated Resources', 'Latest Review Articles', and 'Subscribe'. A footer at the bottom right contains the navigation links: 'Home | About | Influenza | Resources | Meetings'. A small caption at the bottom left reads 'Background image supplied by Prof Paul Chan, Chinese University of Hong Kong'.

APACI
Asia-Pacific Alliance for the Control of Influenza

Home About Influenza Resources Meetings

Reducing the Burden of Influenza In the Asia Pacific Region

Asia-Pacific Alliance for the Control of Influenza

Welcome to the website of the Asia-Pacific Alliance for the Control of Influenza (APACI), an organisation consisting of leading international experts in the field of influenza, within the Asia-Pacific. APACI's aim is to reduce the burden of influenza in the Asia-Pacific region, by enhancing control measures and boosting pandemic preparedness in the region, through the provision of educational information and activities.

Some of our informative resources can be found here:

- ✓ QIV
- ✓ Burden of Influenza
- ✓ Translated flu resources
- ✓ New journal articles

2013 Influenza Workshop Hanoi, Vietnam

Influenza Workshop for Healthcare Professionals, Hanoi Vietnam.

On 9 October 2013, APACI held an Asia Pacific Influenza Workshop at the Westlake InterContinental, Hanoi, Vietnam. Working closely with the National Institute for Hygiene & Epidemiology (NIHE), and the National Hospital for Tropical Diseases, the workshop (which was specifically targeted to Healthcare Professionals in Vietnam), was a great success, with over 100 registrations from 24 countries. The workshop

[Read More](#)

Subscribe Here

Subscription is free, and you can opt to receive the APACI Influenza Newsletter, the APACI Media Bulletin, the APACI Journal Alert and APACI Conference information. Short cuts to some of the other important information on the site can be found here also.

- ✓ Hanoi 2013 Workshop
- ✓ Benefit of Vaccination
- ✓ Latest H7N9
- ✓ Translated Resources
- ✓ Latest Review Articles
- ✓ Subscribe

Background image supplied by Prof Paul Chan, Chinese University of Hong Kong

Home | About | Influenza | Resources | Meetings



APACI Website – in any language



हिन्दी



Search...



होम के बारे में इन्फ्लुएंजा संसाधन बैठक

इन्फ्लूएंजा के बोझ को कम करने एशिया प्रशांत क्षेत्र में

एशिया प्रशांत एलायंस इन्फ्लूएंजा के नियंत्रण के लिए

एशिया प्रशांत के भीतर, इन्फ्लूएंजा के नियंत्रण के लिए एशिया प्रशांत गठबंधन (APACI), इन्फ्लूएंजा के क्षेत्र में अंतरराष्ट्रीय विशेषज्ञों अग्रणी से मिलकर एक संगठन की वेबसाइट में आपका स्वागत है. APACI के उद्देश्य शैक्षिक जानकारी और गतिविधियों के प्रावधान के माध्यम से, नियंत्रण के उपार्यों को बढ़ाने और क्षेत्र में महामारी की तैयारियों को बढ़ाने के द्वारा, एशिया प्रशांत क्षेत्र में इन्फ्लूएंजा के बोझ को कम करना है. **दक्षिण पूर्व एशिया में वैक्सीन वकालत** APACI घोषणा की थी कि बहुत खुश है यह होटल अशोक, नई दिल्ली में दक्षिण पूर्व एशिया की बैठक में वैक्सीन वकालत में भाग ले रहा है 6 पर -. 7 नवंबर 2014, 8 नवंबर को वीपी चेस्ट संस्थान में दिल्ली कार्यशाला को तुरंत पहले बैठक एक इन्फ्लूएंजा कार्यशाला में शामिल हैं, और एक नवम्बर 6 बैठक पर इन्फ्लूएंजा नियंत्रण रणनीतियों पर विशेष बैठक भारत के बुजुर्गों सोसाइटी के डॉ ओपी शर्मा, भारत की इन्फ्लूएंजा फाउंडेशन के प्रोफेसर अनिल प्रसाद, और भारतीय बाल चिकित्सा अकादमी के डॉ ए जे चितकारा द्वारा आयोजित किया जा रहा है. की संख्या APACI सदस्यों नए APACI अध्यक्ष, डॉ जॉन टैम सहित बैठक में पेश किया जाएगा. अधिक जानकारी

2014 इन्फ्लूएंजा कार्यशाला नई दिल्ली, भारत



विश्वविद्यालय.

इस कार्यशाला IFPMA द्वारा समर्थित है

[Read More](#)

महामारी विज्ञान एवं इन्फ्लूएंजा 2014 नई दिल्ली,
भारत के नियंत्रण पर कार्यशाला

8 वीं स्वास्थ्य देखभाल पेशेवरों के लिए विशेष रुचि का हो जाएगा जो नवंबर 2014, - APACI वल्लभभाई पटेल चेस्ट इंस्टीट्यूट के सहयोग से, नई दिल्ली 7 पर एक इन्फ्लूएंजा कार्यशाला धारण किया जाएगा.

स्थान: वल्लभ भाई पटेल चेस्ट इंस्टीट्यूट, दिल्ली

[Quadrivalent Influenza Vaccines \(QIV\)](#)[Influenza Vaccination](#)[Non-Pharmaceutical Influenza Prevention](#)[Burden Of Influenza & Benefit Of Vaccination](#)[Prevention Of Influenza](#)[Influenza Antiviral Drugs](#)[Influenza Surveillance](#)[Healthcare Professionals And Influenza Vaccination](#)[Non-Communicable Diseases/Conditions And Influenza](#)[Pandemic Preparedness](#)[H5N1 Avian Influenza](#)[H7N9 Avian Influenza](#)[Consensus Statements](#)[FAQ](#)

worldwide causing up to one million deaths each year.¹ Annual estimates of illness, hospitalization and death.²

result in increased healthcare costs and workplace absenteeism. Data suggest the total annual cost of influenza is between US\$10.4 billion annually in direct medical costs and US\$16.3 billion in indirect costs. The economic burden of the flu in the United States is \$87.1 billion. Data indicate that 49% of low productivity days among working adults aged 50-64 are due to influenza.

of influenza and its severe outcomes. Recent studies show that the most characterized circulating influenza viruses are like the viruses that influenza vaccines offer approximately 70-90% protection against.

by the disease. Studies have shown universal vaccination of children can reduce the disease. Studies have shown universal vaccination of children can reduce the disease.

Healthcare professionals recognize particular groups at higher risk from influenza.^{2,8} These include: **the elderly (over 65 years of age), people with underlying health conditions and healthcare professionals.**



Burden of Influenza & Benefit of Vaccination

Go straight to Burden of Disease articles

Seasonal influenza is a major burden on public health worldwide causing up to one million deaths each year.¹ Annually it is estimated that it attacks 5-10% of adults and 20-30% of children globally and causes significant levels of illness, hospitalization and death.²

Seasonal influenza is a major economic burden. It can result in increased healthcare costs and workplace absences and reduced productivity. The World Health Organization cites studies from developed countries that suggest the total annual cost of influenza is between US\$1 million to US\$6 million per 100,000 population.³ Another report⁴ investigating the cost of flu in 2003 calculated US\$10.4 billion annually in direct medical costs and US\$16.3 billion in indirect costs associated with lost earnings and loss of life. From a societal perspective, the total economic burden of the flu in the United States is \$87.1 billion. During influenza season it is estimated that influenza-like-illness is responsible for 45% of workdays lost and for 49% of low productivity days among working adults aged 50–64 years.⁵

Vaccination is the most effective measure at preventing influenza and its severe outcomes. Recent studies show vaccine can reduce the risk of influenza by about 60% among the overall population during seasons when most characterized circulating influenza viruses are like the viruses included in the vaccine.⁶ When there is a good match between the vaccine antigens and the circulating viruses influenza vaccines offer approximately 70-90% protection against clinical disease in healthy adults.²

Vaccination can reduce the economic burden caused by the disease. Studies have shown universal vaccination can produced substantial cost savings from individual and societal perspectives.⁷

Seasonal influenza risk groups

A growing number of countries and international bodies recognize particular groups at higher risk from influenza.^{2,8} These include: **the elderly (over 65), children, pregnant women, those with chronic disease and underlying health conditions and healthcare professionals.**

The Elderly (over 65)

Burden – Studies indicate that nearly all influenza vaccination recommendations target older adults who are generally over 65 but can range from as low as 50. The elderly are known to suffer more frequently from serious morbidity and mortality due to influenza and it is suggested that low- and middle-income countries may have a higher mortality than in higher income countries.⁸ In addition, people aged ≥85 years were 16 times more likely to die from an influenza-related illness compared with persons aged 65 to 69 years.⁹

Benefits –Influenza vaccination is known to reduce severe illness and complications. Influenza vaccination of the elderly not living in care may reduce the number of hospitalisations by 25-39% and overall mortality by 39-57% during influenza seasons³ Among nursing home residents, influenza vaccination can reduce hospitalizations (all causes) by about 50%, the risk of pneumonia by about 60% and the risk of death (all causes) by 68%.^{2,8} It should be noted however that vaccine effectiveness



इन्फ्लुएंजा और टीकाकरण के लाभ का बोझ

सीधे रोग लेख का बोझ जाओ

मौसमी फ्लू सार्वजनिक स्वास्थ्य पर एक बड़ा बोझ दुनिया भर में हर साल दस लाख लोगों की मृत्यु तक का कारण है।¹ सालाना यह वयस्कों के 5-10% और विश्व स्तर पर बच्चों के 20-30% हमलों और बीमारी, अस्पताल में भर्ती के महत्वपूर्ण स्तर और कारण बनता है कि अनुमान है मौत।²

मौसमी फ्लू एक प्रमुख आर्थिक बोझ है। यह वृद्धि की स्वास्थ्य देखभाल की लागत और कार्यस्थल अनुपस्थिति और कम उत्पादकता में परिणाम कर सकते हैं। विश्व स्वास्थ्य संगठन, इन्फ्लुएंजा की कुल वार्षिक लागत के बीच यू \$ 1,000,000 यू 100,000 आबादी प्रति \$ 6,000,000 है सुझाव है कि विकसित देशों से पढ़ाई का हवाला देते³ एक अन्य रिपोर्ट में⁴ गणना 2003 में फ्लू की लागत की जांच यू प्रत्यक्ष चिकित्सा लागत में सालाना \$ 10400000000 और खो आय और जीवन की हानि के साथ जुड़े अप्रत्यक्ष लागत में यू \$ 16300000000. एक सामाजिक दृष्टिकोण से, संयुक्त राज्य अमेरिका में फ्लू के कुल आर्थिक बोझ \$ 87100000000 है। इन्फ्लुएंजा के मौसम के दौरान यह इन्फ्लुएंजा की तरह बीमारी खो दिया और 50-64 वर्ष आयु वर्ग के वयस्कों के काम के बीच में कम उत्पादकता दिन के 49% के लिए कार्यदिवस के 45% के लिए जिम्मेदार है कि अनुमान है।⁵

टीकाकरण इन्फ्लुएंजा और इसके गंभीर परिणामों को रोकने में सबसे कारगर उपाय है। हाल के अध्ययनों से सबसे इन्फ्लुएंजा वायरस वैक्सीन में शामिल वायरस की तरह हैं घूम विशेषता जब टीका सीजन के दौरान कुल मिलाकर आबादी के बीच लगभग 60% द्वारा इन्फ्लुएंजा के जोखिम को कम कर सकते हैं दिखा।⁶ टीका पंटीजन और घूम वायरस के बीच एक अच्छा मैच है जब इन्फ्लुएंजा टीकों स्वस्थ वयस्कों में नैदानिक रोग के खिलाफ लगभग 70-90% संरक्षण प्रदान करते हैं।²

टीकाकरण बीमारी की वजह से आर्थिक बोझ कम कर सकते हैं। अध्ययन सार्वभौमिक टीकाकरण कर सकते हैं व्यक्तिगत और सामाजिक दृष्टिकोण से काफी लागत बचत का उत्पादन दिखाया है।⁷

मौसमी फ्लू जोखिम वाले समूहों

देशों और अंतरराष्ट्रीय निकायों की बढ़ती संख्या इन्फ्लुएंजा से उच्च जोखिम में विशेष समूहों को पहचानते हैं।^{2,8} इनमें शामिल हैं: बुजुर्ग (65 से अधिक), बच्चों, गर्भवती महिलाओं, पुरानी बीमारी और अंतर्निहित स्वास्थ्य की स्थिति और स्वास्थ्य पेवोरों के साथ थे।

(65) वृद्ध

बोझ - अध्ययनों से लगभग सभी इन्फ्लुएंजा टीकाकरण सिफारिशें 65 से अधिक आम तौर पर कर रहे हैं, लेकिन बुजुर्ग होने के कारण इन्फ्लुएंजा के लिए गंभीर रुग्णता और मृत्यु दर से अधिक बार पीड़ित करने के लिए जाना जाता है के रूप में कम 50 रूप से लेकर कर सकते हैं, जो पुराने वयस्कों को लक्षित और यह कम सुझाव दिया है कि संकेत मिलता है कि और मध्यम आय वाले देशों में उच्च आय वाले देशों में से एक उच्च मृत्यु दर हो सकती है।

⁸ इसके अलावा >85 वर्ष आयु वर्ग के लोगों को 65 से 69 साल के आयु वर्ग के व्यक्तिगतों के साथ तुलना में एक इन्फ्लुएंजा से संबंधित बीमारी से मरने की संभावना 16 गुना है ⁹

Influenza Surveillance

Listed here are influenza surveillance reports from across the Asia Pacific region.

World Health Organisation

WHO. [Influenza Updates](#)

WHO. [Number of confirmed human cases of avian influenza A\(H7N9\) reported to WHO](#)

WHO. [FluNet](#)

Australia

Commonwealth Department of Health and Ageing. [National Notifiable Diseases Surveillance System](#)

Commonwealth Department of Health and Ageing. [Australian Influenza Report](#)

China

Chinese National Influenza Center. [Weekly Reports](#)

China [influenza map surveillance](#)

Hong Kong

Centre for Health Protection, Department of Health. [Flu Express](#)

Indonesia

Sub Directorate of Surveillance and Outbreak Response Ministry of Health Indonesia. [Weekly Surveillance Bulletin](#)

Japan

Infectious Disease Surveillance Center. [Infectious Diseases Weekly Report](#)

National Institute of Infectious Diseases. [Infectious Agents Surveillance Report](#)

Korea

Transgovernmental Enterprise for Pandemic Influenza in Korea (TEPIK). [Weekly Influenza Report](#)

New Zealand

Public Health Surveillance. [Influenza Weekly Report](#)

Philippines

National Epidemiology Center. [Influenza-Like Illness Morbidity](#)

Research Institute of Tropical Medicine. [Influenza Virus Surveillance](#)

Singapore

Ministry of Health. [Weekly Infectious Diseases Bulletin](#)

Non-communicable Diseases/Conditions and Influenza

Non-communicable diseases like cardiac and respiratory disease, neurological and immunocompromising conditions, diabetes and other metabolic disorders, renal disease and haematological disorders combined with influenza can increase a person's risk of serious illness from influenza. In addition, influenza can also make chronic health conditions worse. For example, people with asthma may be more likely to experience asthma attacks while they have the flu, and if people with chronic congestive heart failure get sick with the flu, they could experience a worsening of this condition.

Common medical non-communicable diseases that may increase the risk of problems with influenza.

Click on the heading to find recent articles on the topic. This list is updated monthly.

Non-communicable diseases – general articles

Cardiovascular diseases

Chronic gastrointestinal diseases

Chronic musculoskeletal diseases

Chronic respiratory diseases

Haematologic diseases

Immunocompromised diseases

Kidney diseases

Metabolic disorders

Neoplasms

Neurodevelopmental and Neurological Conditions

Non-communicable diseases

Mauskopf J. et al. The burden of influenza complications in different high-risk groups: a targeted literature review. *J Med Econ.* 2013;16(2):264-77.

[Abstract](#)

Tsui HY. et al. Prevalence of seasonal influenza vaccination and associated factors in people with chronic diseases in Hong Kong. *Epidemiol Infect.* 2013 Feb;141(2):377-89.

[Abstract](#)

Zhang PJ. et al. Risk factors for adult death due to 2009 pandemic influenza A (H1N1) virus infection: a 2151 severe and critical cases analysis. *Chin Med J (Engl).* 2013 Jun;126(12):2222-8.

[Full text](#)

Cardiovascular Diseases

Estabragh ZR, Mamas MA. The cardiovascular manifestations of influenza: a systematic review. *Int J Cardiol.* 2013 Sep 10;167(6):2397-403.

[Abstract](#)



H5N1 Avian Influenza

Avian influenza (AI), commonly called bird flu, is an infectious viral disease of birds.

Most avian influenza viruses do not infect humans; however some, such as H5N1, have caused serious infections in people.

Outbreaks of AI in poultry may raise global public health concerns due to their effect on poultry populations, their potential to cause serious disease in people, and their pandemic potential.

Reports of highly pathogenic AI epidemics in poultry can seriously impact local and global economies and international trade.

The majority of human cases of H5N1 infection have been associated with direct or indirect contact with infected live or dead poultry. There is no evidence that the disease can be spread to people through properly cooked food.

Controlling the disease in animals is the first step in decreasing risks to humans.

For more information

[WHO Avian influenza\(English \)](#)

[WHO Avian influenza \(Chinese\)](#)

[→ Review Articles on Avian Influenza](#)



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Recent Journal Articles

August 2014

Barasheed O. et al. Influenza Vaccination Among Australian Hajj Pilgrims: Uptake, Attitudes, and Barriers. *J Travel Med.* 2014 Aug 21.

[Abstract](#)

Cauchemez S. et al. Determinants of influenza transmission in South East Asia: insights from a household cohort study in Vietnam. *PLoS Pathog.* 2014 Aug 21;10(8):e1004310.

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Chan TC. et al. Immunogenicity and safety of intradermal trivalent influenza vaccination in nursing home older adults: a randomized controlled trial. (Hong Kong) *J Am Med Dir Assoc.* 2014 Aug;15(8):607.e5-607.e12.

[Abstract](#)

Cowling BJ. et al. The effectiveness of influenza vaccination in preventing hospitalizations in children in Hong Kong, 2009-2013. *Vaccine.* 2014 Sep 15;32(41):5278-84. Epub 2014 Aug 1.

[Abstract](#)

Cowling BJ. et al. Incidence of influenza virus infections in children in Hong Kong in a 3-year randomized placebo-controlled vaccine study, 2009-2012. *Clin Infect Dis.* 2014 Aug 15;59(4):517-24.

[Abstract](#)

Hatagishi E. et al. Establishment and Clinical Applications of a Portable System for Capturing Influenza Viruses Released through Coughing.(Japan) *PLoS One.* 2014 Aug 1;9(8):e103560.

[Full text](#)

Imai C. et al. Tropical influenza and weather variability among children in an urban low-income population in Bangladesh. *Glob Health Action.* 2014 Aug 12;7:24413.

[Abstract](#)

Kim MC. et al. Influenza M2 virus-like particles confer a broader range of cross protection to the strain-specific pre-existing immunity.(Republic of Korea) *Vaccine.* 2014 Aug 26. pii: S0264-410X(14)01153-0.

[Abstract](#)

Komeda T. et al. Post-marketing safety and effectiveness evaluation of the intravenous anti-influenza neuraminidase inhibitor peramivir (I): A drug use investigation. (Japan) *J Infect Chemother.* 2014 Aug 11. pii: S1341-321X(14)00247-5.

[Abstract](#)

Kucharski AJ, Edmunds WJ. Cross-immunity and age patterns of influenza A(H5N1) infection. *Epidemiol Infect.* 2014 Aug 13:1-6.

[Abstract](#)

Translated Influenza Resources

Translated information about influenza for health professionals and their patients

The information provided does not imply medical recommendation or endorsement and should not be used as a substitute for consultation with a health care provider. All medical information needs to be carefully reviewed with your health care professional.

The material is in a range of languages from the Asia Pacific region. The selected documents are developed and maintained by the following authoritative sources:

- **New South Wales Health, Australia (NSW Health)**
- **Department of Health, Hong Kong**
- **Immunize Action Coalition, USA (IAC)**
- **Department of Health - Washington State, USA**
- **Health Information Translations, USA**

Please note: The information provided does not imply medical recommendation or endorsement and should not be used as a substitute for consultation with a health care provider. All medical information needs to be carefully reviewed with your health care professional.

Click on the language you want to find that language's influenza resources



Bengali



Cambodian



**Chinese - Traditional
Chinese - Simplified**



Hindi



Ilokano (Philippines)



Indonesian



Japanese



Korean



Laotian



Nepali



Punjabi



Tagalog (Philippines)

Hmong

Khmer

Asia Pacific Influenza Newsletter



The Asia Pacific Influenza Newsletter of APACI is now published 4 times a year. It features articles on new developments and recent events relating to the disease and its control and prevention, as part of APACI's commitment to contribute to the regional and global response to influenza.

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Symposium 2013

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Of Influenza 2012

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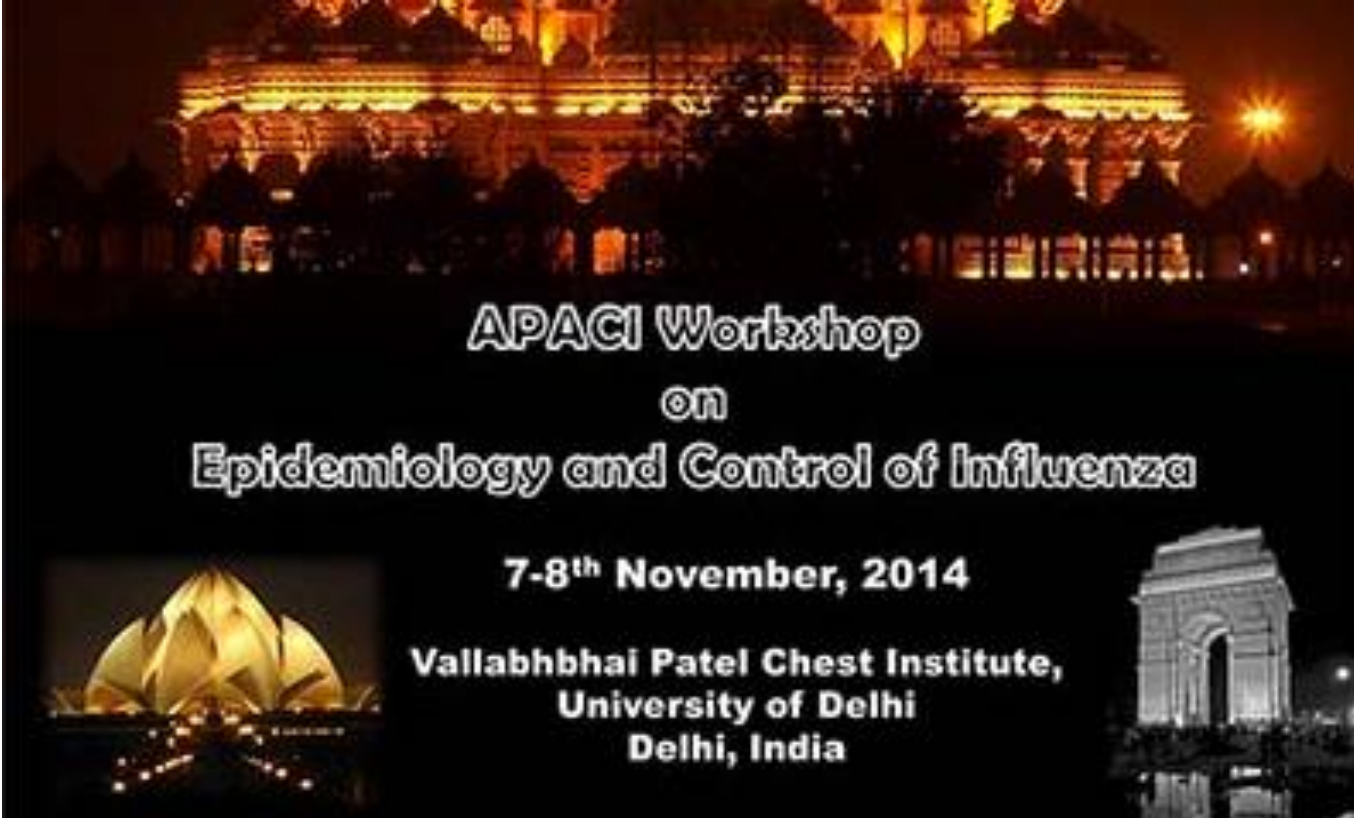
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2014



APACI Workshop
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Epidemiology and Control of Influenza

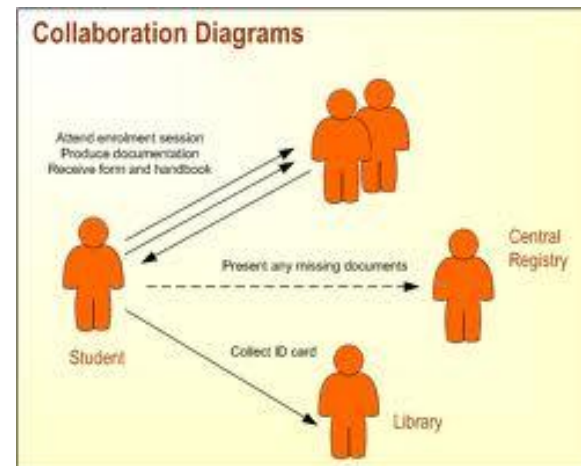
7-8th November, 2014

**Vallabhbhai Patel Chest Institute,
University of Delhi
Delhi, India**



Back to the future

- Vietnam
 - 2nd Asia-Pacific Influenza Summit (2015)
 - A Train the Trainer program
 - An Influenza Foundation in Vietnam,
- Influenza Foundations in Singapore, Malaysia
China & Japan



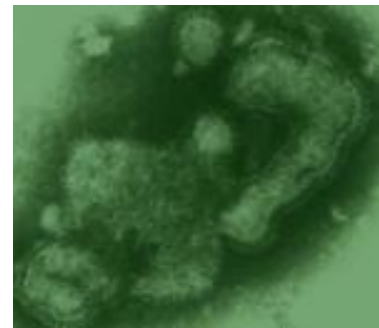
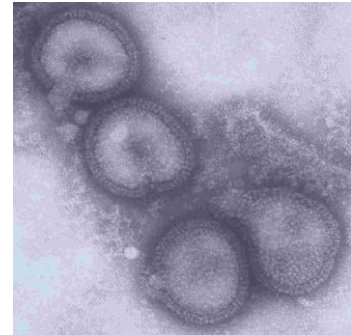
Where we plan to be

- All major nations in the Asia-Pacific region represented by membership to APACI
- Active Influenza Foundations (or equivalent) in each of the nations represented
- An established pool of APACI affiliated KOLs within the region.
- Strong relationship with the WHO in each of the regions where they are present
- Well developed educational tools for healthcare workers, available through the APACI website.



Why is APACI important to you?

1. Unique: Specialising in influenza in the A/P region
2. The information is tailored for healthcare professionals, policy makers and industry throughout the A/P region.
3. The information is up to date.
4. Subscription to our resources is **FREE!**
5. A pool of experts within the region
6. A growing subscriber base
7. An independent voice in the region



If you have any questions, please write to me:

kim@apaci.asia



