Background on the situation was first presented. During April 2009 a novel swine-origin novel 2009-H1N1 virus was identified in specimens obtained from two epidemiologically unlinked patients in the United States. Similar viruses were rapidly identified in Mexico, Canada, and subsequently other countries throughout the world. The novel A(H1N1) virus has continued to spread rapidly on a global scale, and, while most human cases have been relatively mild, deaths have occurred, and there is concern that increased morbidity and mortality may be associated with the virus during the upcoming 2009-10 influenza season.

In fall of 1976, concerns about a possible large outbreak of a swine-origin influenza virus (influenza A/New Jersey/76 [Hsw1N1]; influenza A/NJ/76 (H1N1) virus), prompted a mass vaccination campaign in the United States among civilian and military persons. An influenza epidemic did not materialize, and cases in 1976 were geographically and temporally confined to one outbreak at Fort Dix, New Jersey. However, epidemiologic investigations demonstrated a small, but significant, risk of Guillain-Barré syndrome (GBS) among adult vaccinees in the 6-8 weeks following immunization. The underlying reasons for this association between the vaccine and the cases of GBS remain unknown.

Vaccines against the H1N1 influenza virus were released in early October 2009. Both a live attenuated, nasal mist vaccine and an inactivated injectable vaccine are currently in use. The vaccines will first be directed at high-risk populations; namely, health-care workers, children, and pregnant women. The association of GBS with the influenza A/NJ/76 (H1N1) vaccines, which were similarly directed at a swine-origin influenza virus, has led to questions about a similar association of neurologic disease with vaccines against the 2009(H1N1) influenza virus, which is also partially of swine origin.

At present, it is unknown whether the novel 2009-H1N1 vaccine would be associated with any significant increased risk of GBS. However, careful vaccine safety monitoring is going to be critical in the setting of the vaccination campaign. The Centers for Disease Control and Prevention (CDC) has begun implementing several strategies to detect any potential increased risk of GBS during the vaccination campaign. It was emphasized that the active involvement of neurologists, the principal providers diagnosing and treating persons with GBS, is going to be very important.

The various ways in which CDC was requesting the assistance of the neurologic community in this very important national public health effort was then outlined:

- Neurologists are being asked to report any cases of GBS, or any other adverse events that are suspected of being associated with vaccines in general, and the novel 2009-H1N1 vaccine specifically, to the Vaccine Adverse Events Reporting System (VAERS), a national vaccine safety
reporting system operated by CDC and FDA. Neurologists are asked to complete brief VAERS reports on any cases of GBS or other illness that occur in the setting of H1N1 vaccination. A suspicion of a causal association with the vaccine is NOT a requisite for completing a VAERS form. Information on VAERS and case report forms will be made available on the American Academy of Neurology website, and at the CDC website at [http://vaers.hhs.gov/](http://vaers.hhs.gov/) or to access the form directly [http://vaers.hhs.gov/pdf/vaers_form.pdf](http://vaers.hhs.gov/pdf/vaers_form.pdf). Completed forms may also be faxed to 1-877-721-0366.

- In specific areas where active surveillance for and identification of cases of GBS is being planned, neurologists are asked to actively report cases of GBS that they diagnose during the influenza season. In these particular sites, which participate in CDC’s Emerging Infections Program (EIP), surveillance coordinators will be making direct contact with neurologists, by letter, email, and telephone, to request active reporting of diagnosed cases of GBS, regardless of vaccination status. Further information on specific EIP sites, as well as information on how to report cases of GBS to surveillance coordinators will be provided on the AAN website. Neurologists who are contacted and asked to provide active case reports are strongly requested to participate and assist in these surveillance efforts.

The active participation of the neurologic community is going to be a cornerstone of these critical GBS surveillance efforts, in order to rapidly detect potential cases of vaccine-associated GBS in a timely fashion.

- The question arose as to whether there is an increase in risk of a relapse of GBS following influenza vaccine in general, and following H1N1 vaccine specifically. It was explained that there are very limited data on this subject, but at least one assessment suggested that relapse of GBS or CIDP was low following vaccination in general ([Pritchard et al; J Neurol Neurosurg Psychiatry. 2002;73:349-49.](http://journals.lww.com/jnnp/Article.aspx?永続ID=1562163676)) Although this particular study was limited by the fact that it assessed self-reported symptoms among members of a GBS patient group, it did suggest that risk of relapse was extremely low.

The question about whether there was any experience to be gained by influenza activity in Central and South America was raised. Since the H1N1 vaccine has only been available for 2 weeks, there are no data that are available from South America on this.

The session was closed with a general agreement and hope that there would be good participation by the neurologic community in this endeavor.