

Revision of the Pandemic Influenza Preparedness Guidance - An Update on the Drafting Process-

The Background:

Why revise the current pandemic influenza preparedness guidance?

WHO previously published pandemic preparedness guidance in 1999 and 2005. Following the SARS outbreak in 2003, a WHO technical consultation was held to update the 1999 WHO pandemic preparedness guidance. During that time, impetus to update the 1999 guidance was the combined result of the circulation of H5N1 in Asia, a new urgency over concerns about pandemic influenza as well as advances in influenza virology, vaccine development, laboratory diagnostics and pharmaceutical interventions (such as antiviral drugs).

Since 2005, further advances in these and additional areas have continued at a rapid pace. For example, stockpiles of antiviral drugs are now a reality, a WHO protocol has been developed to support efforts to try to stop pandemic influenza at its inception, and development and approval of some H5N1 vaccines with others on the way. Moreover, WHO is in the midst of creating a stockpile of H5N1 vaccine for international use. These developments have been paralleled by more advanced understanding of past pandemics, strengthened outbreak communications, more insights on disease spread and potential approaches to control as well as increasingly sophisticated modelling of various aspects of influenza. In addition, extensive practical experience has been gained from responding to outbreaks of avian H5N1 influenza, and from the pandemic preparedness process in many countries which, in turn, have led to a greater recognition that pandemic preparedness planning requires the involvement of both health and non-health sectors. Finally in 2007, the International Health Regulations (IHR, 2005) came into force providing a major step forward in efforts by the international community to address international public health concerns.

In light of these and other developments, WHO has decided to update its guidance to enable countries to be better prepared for the next pandemic.

The Process:

Working Groups and Task Forces

On 27-29 November 2007, the WHO Global Influenza Programme (GIP) convened a working group meeting in Geneva, Switzerland to begin the process of updating WHO's pandemic influenza preparedness guidance. Experts from national and international technical institutions, and international organizations joined WHO staff from the headquarters and regional offices. The working group formed five task forces at the start of the process (Table 1).

Table 1. Five Task Forces and Chairs

Task Force	Chair
1. Core Guidance	Ms. Jill SCIBERRAS, Public Health Agency, Canada
2. Communications and Social Mobilization	Mr. John RAINFORD, WHO/HQ
3. Public Health Interventions	Dr. Hitoshi OSHITANI, Tohoku University, Japan
4. Medical Interventions	Dr. Salah AL-AWAIDY, Ministry of Health, Oman
5. Non-health sector preparedness	Mr. Michael MOSSELMANS, OCHA/UN

The working group reviewed existing evidence and held discussions by e-mail, teleconferences and a password protected cyber platform. The second working group meeting was held on 5-7 March 2008 in Lyon, France. Additional workshops were also convened by the public health interventions and medical interventions taskforces to further discuss areas including disease control measures during pandemic and global pandemic influenza surveillance.

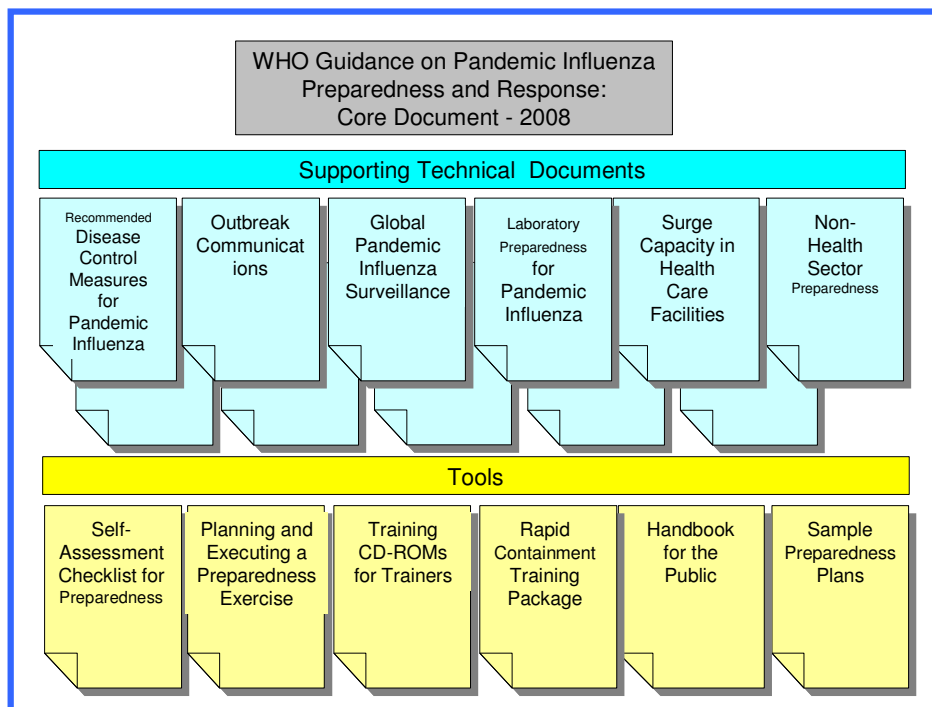
Additional WHO Consultations

WHO hosted two consultations on focused technical aspects in pandemic preparedness (Global Pandemic Influenza Surveillance on 10-12 December 2007, and Disease Control Measures on 1-4 April 2008) in Geneva, Switzerland.

To consolidate the results from all these meetings, a WHO consultation on pandemic preparedness guidance was convened on 5-9 May 2008 in Geneva, Switzerland. A range of technical and other issues related to pandemic preparedness and response were addressed and number of draft documents and proposed approaches were reviewed.

Next Steps:

In mid-September, the current draft document will be posted on the web for additional comment and then final revisions will be made. The updated WHO pandemic influenza preparedness and response guidance “package” is scheduled for publication in December 2008. The document will be available initially in English and then in the other official UN languages and disseminated to the Member States and other stakeholders in collaboration with regional offices. WHO will continue with developing supplemental materials such as toolkits to support updating existing national pandemic preparedness plans and tailored guidelines for special settings.



For more information on the revision of the Pandemic Influenza Preparedness Guidance, please contact whoinfluenza@who.int

A draft of new WHO Guidance on Pandemic Preparedness and Response at a Glance

Emphasis on sustainable preparedness:

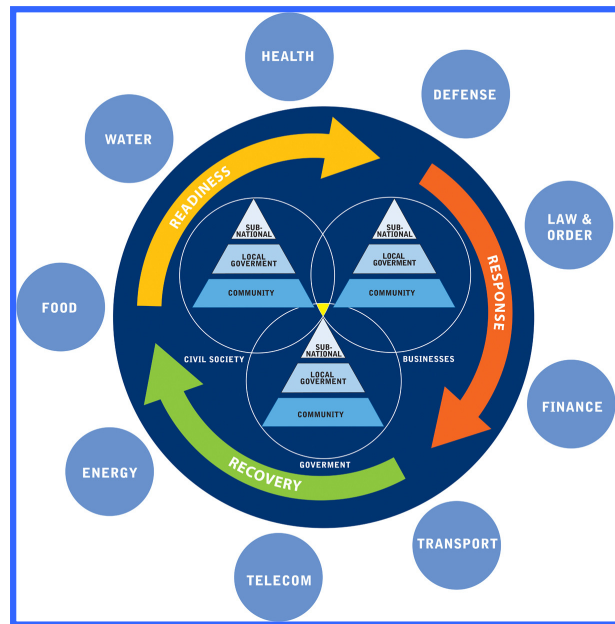
- ❖ Integrating pandemic plans into general national emergency preparedness frameworks
- ❖ Using preparedness activities as one focused approach to strengthen general basic capacities required for multiple public health emergencies
- ❖ Using preparedness activities to actively build communication channels among sectors and communities
- ❖ Periodically reassessing and updating current plans based on new developments and information

Legal and ethical considerations:

- ❖ Building pandemic influenza preparedness and response plans that reflect ethical considerations such as equity, utility/efficiency, liberty, reciprocity, and solidarity.
- ❖ Protecting the basic human rights principle even if individual rights and civil liberties are curtailed for public health purposes so there is full compliance with national and international laws.

Whole-of-Society approach:

- ❖ Adopting a multisectoral collaborative approach to mitigate the impact of an influenza pandemic within the society.
- ❖ Involving all sectors in pandemic preparedness so that delivery of key services continues in a pandemic.
- ❖ Support at high levels of governments and organizations for cross-cutting functions such as planning and monitoring, coordination and communication.

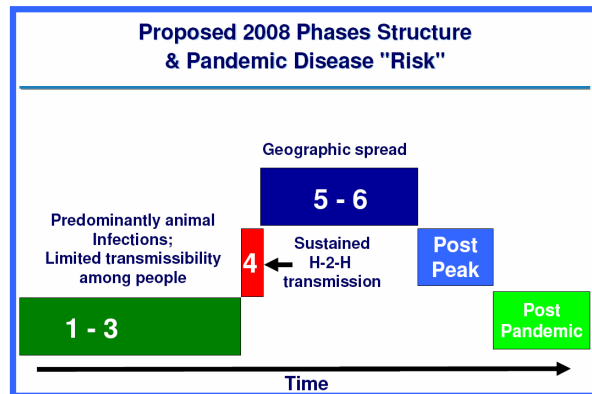


Crucial role of communication:

- ❖ Effective communications at every stage of preparedness and response, and incorporation of communications into effective risk management.
- ❖ Use of outbreak information and recommendations to extend beyond dissemination of only technical considerations so there is deeper understanding of the complex issues that will arise in an influenza pandemic.
- ❖ The building of an emergency communication system and approach that can be used in response to any number of public health emergencies including pandemic influenza.

Restructuring pandemic phases and its definitions:

- ❖ Elaborating simpler and more precise definitions for each pandemic phase based upon verifiable phenomena rather than speculation or inference.
- ❖ Grouping of phases to emphasize critical considerations for pandemic planning:
 - Phases 1–3 correlate broadly with planning activities
 - Phase 4 signals that a qualitatively different event is under way potentially signifying a major change in the risk of a pandemic.
 - Phases 5–6 highlight the need to implement response and mitigation efforts.



- ❖ “Post peak” and “post pandemic” periods for specific guidance covering the recovery phase while recognizing the potential for further pandemic waves.

Some Proposed Key Actions by Pandemic Phases:

Phase 1-3

- ❖ To produce, test, and harmonize the Pandemic Influenza Preparedness and Response plans.
- ❖ To develop and implement communication campaigns both addressing ongoing public health issues and helping prepare a population for a pandemic, such as basic infection control.
- ❖ To develop or strengthen systems for influenza surveillance both in human and animals.
- ❖ To strengthen health systems so they are more ready to scale-up in response as soon as a country becomes affected.

Phase 4

- ❖ To collaborate with WHO in undertaking rapid containment activities in the affected area.
- ❖ To rapidly notify and regularly update about the status of the outbreak and investigation.
- ❖ To escalate surveillance activities to detect, notify and characterize disease clusters.

Phase 5- 6

- ❖ To provide leadership and the coordination of multisectoral resources to minimize morbidity and mortality, societal disruption, and the economic impact of a pandemic.
- ❖ To actively monitor the epidemiological, virological and clinical features, and the course and impact of the pandemic in order to forecast trends and optimize the use of finite resources.
- ❖ To implement planned interventions to reduce transmission.

Immediate Post-Peak Period

- ❖ To determine need for additional resources for possible subsequent pandemic waves.
- ❖ To communicate to public the on-going need for vigilance with disease prevention steps.

Post Pandemic Period

- ❖ To review national plan based on experiences.
- ❖ To provide psychosocial services as needed to facilitate recovery.