

## Fact sheet for facilitators

<b>Title</b>	<b>Fact sheet for facilitators</b>
<b>Responsible/facilitators</b>	The facilitator him or herself (self-training) or the agency medical coordinator for the facilitators
<b>General objective</b>	Understand why pandemic influenza is a problem and sensitize facilitators to the risk
<b>Specific objectives</b>	<ul style="list-style-type: none"> <li>• Convey the recurrence and inevitability of pandemic influenza</li> <li>• Explain the logic of pandemic preparedness and mitigation</li> <li>• Understand the four main areas of action and their relative emphasis before and during a pandemic</li> <li>• Understand priority activities to undertake now and as the risk increases</li> <li>• Understand the main transmission mechanisms of influenza</li> <li>• Understand key methods of limiting transmission</li> </ul>
<b>Methodology</b>	Presentation: PowerPoint or printed in A3 (laminated)
<b>Instructions for facilitators</b>	<p>Included in body of module.</p> <p>During the first ½ hour of the presentation, it is important to get to know the participants, their level of work, beliefs, expectations and prior knowledge.</p> <p>This is done initially through self-presentation but also throughout the course via interaction.</p>
<b>Messages to retain</b>	<p>The importance of pandemic influenza preparedness</p> <p>That simple methods are available to limit disease transmission and therefore death</p> <p>Their immediate application can limit transmission of many other communicable diseases, including influenza, now and in the future</p>
<b>Contents</b>	See text
<b>Documents</b>	PowerPoint or printed in A3 presentation
<b>Bibliography</b>	None

# **Pandemic influenza preparedness and mitigation in refugee and displaced populations**

**Training resources for facilitators  
(2) Pandemic influenza fact sheet**

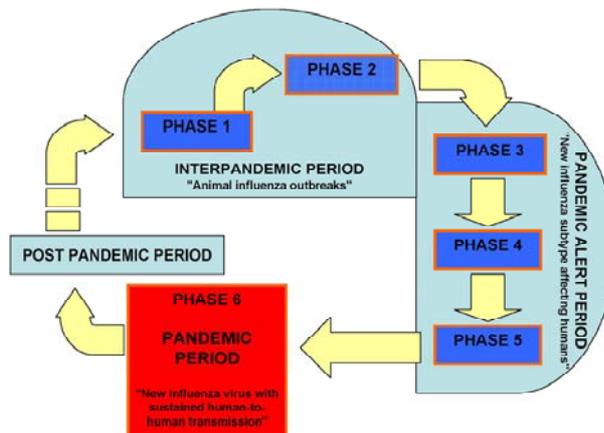


**World Health  
Organization**

## Pandemics

Influenza  
pandemics are  
recurrent events

About ten  
pandemics in the  
past 300 years



- An influenza pandemic occurs when a new influenza virus appears against which humans have little or no immunity. This can result in many simultaneous epidemics worldwide and lead to considerable disease and death.
- An influenza pandemic is a rare but recurrent event.
- About 10 pandemics have occurred in the past 300 years, with a range of about 10–40 years between each pandemic.
- Three pandemics occurred in the previous century: “Spanish influenza” in 1918, “Asian influenza” in 1957, and “Hong Kong influenza” in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. That pandemic, which was exceptional, is considered one of the deadliest disease events in human history. Subsequent pandemics were much milder, with an estimated 2 million deaths in 1957 and 1 million deaths in 1968.
- The next influenza pandemic is thus overdue; however, it is impossible to predict its exact onset.
- A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.
- **Overcrowding, malnutrition, poor access to health services and poor infection control and hygiene practices will lead to even higher disease and death rates.**
- WHO has designated pandemic preparedness “phases” – a system of informing the world of the seriousness of the threat of pandemic influenza and to allow preparedness planning.
- Phases 1–2 are in the *interpandemic period* (where there is a new virus in animals but no human cases).
- Phases 3–5 are in the *pandemic alert period* (where the new virus causes human cases but is not spreading efficiently in humans – people mainly contract the illness from infected animals).
- Phase 6 covers the *pandemic period* – when there is efficient transmission of a new influenza virus BETWEEN humans.
- The world was in phase 3 as of July 2006.
- There is not necessarily a gradual change of phase to phase 6; phases 4–5 may be very short or by-passed altogether.
- Thus it is important to ensure that populations are well prepared in phase 3.

## Pandemic phases and areas of action

- Pandemic preparedness  
Phases 3-5

→ focus on actions 1 to 3

- Pandemic mitigation  
Phase 6

→ focus on actions 2 to 4

\* Health care facility

### AREAS OF ACTION

1. Strengthening surveillance/early warning
2. Informing and mobilizing the community
3. Infection control (home and HCF\*)
4. Case management (home and HCF\*)

- Stress the importance of preparedness, how any action in pandemic phase 6 depends on prior preparedness.
- Preparedness activities should be linked (as much as possible) to the national pandemic preparedness plan, if available.
- Develop on the areas of preparedness:
  1. early warning/surveillance
  2. social mobilization for risk communication and health education for implementation of respiratory etiquette, social distancing and hand hygiene.
  3. infection control – in the home and health care facility (including triage)
  4. case management (in the home and health care facility)
- **In phase 6** of pandemic preparedness, efforts will focus on minimizing the health and social impact of the pandemic by implementing measures 2,3 and 4, which have been prepared for in earlier phases.
- Early/warning surveillance is important in detection of the initial cases but will have a less prominent role once a pandemic is ongoing in phase 6. Strengthening surveillance in general will also allow early detection and response to other epidemic-prone diseases.

## Prioritize (1)

During a pandemic, you can only do as much as you have prepared for:

### WHAT TO DO NOW

- Promote respiratory etiquette/hand hygiene through social mobilization
- Infection control in HCFs
- Strengthen surveillance/early warning and response
- Review level of spare supplies, identify weak points in supply chains, assess community treatment for pneumonia
- Training
- Concrete plans of action (home, HCF, distribution of essentials)
- Stockpile small stocks (personal protective equipment, antivirals) for health staff
- Identify sources for stockpiles of medications and supplies / personal protective equipment for 10 to 15% of population

### In phase 3:

- Universal hygiene behaviours and infection control in health care facilities will have more impact on the outcome of a pandemic than any other intervention. These interventions will reduce disease and death from many other communicable diseases now and in the future, and thereby should be a key objective of all health programmes.
- Concrete plans of action should be developed for home care, health care facility (configuration, protocols developed for triage, admission, discharge, case management) and distribution of basic needs and supplies during the influenza pandemic (food, water etc.).
- Training for staff on infection control including use of personal protective equipment, and case management should occur.
- Surveillance/early warning for epidemic-prone diseases should be strengthened.
- Stockpiling small stocks for staff may also be useful as well as finalizing lists and procurement sources and channels for stockpiles (medical and other) for the population.
- Social mobilization for risk communication and health education must continue through all phases, adapting the messages to the phase.

## Prioritize (2)

### AS RISK OF PANDEMIC INCREASES

- (eg moving from phase 3 upwards), move stockpiles closer to end user:
- Stocks for 10 to 15% of the population at least at a central level in the country
- Initial stocks moved peripherally with mechanisms for ongoing procurement

### PANDEMIC WITHOUT PREPAREDNESS – focus efforts on

- Social mobilization to promote respiratory etiquette/hand hygiene and keeping physical distance from others (social distancing)
- Infection control in HCFs
- Supportive case management at home and in HCFs

**As the risk of a pandemic increases** (e.g. moving from phase 3 upwards), move stockpiles closer to end user:

- Stocks for 10–15% of the population at least at a central level in the country (e.g. phase 4)
- Initial stocks moved peripherally with mechanisms for ongoing procurement (e.g. phase 5)

NOTE: concrete actions for phases cannot be given as phases may be skipped altogether – but rather the principle of moving stocks closer to end user as risk increases (as indicated by WHO).

### Pandemic without preparedness – focus efforts on

- Social mobilization to promote respiratory etiquette/hand hygiene and social distancing
- Infection control in HCFs
- Supportive case management at home and in HCFs

## Commonest transmission mechanism

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- Exposure to **large** particle ( $>5 \mu\text{m}$ ) **respiratory droplets** when someone coughs or sneezes.
- These travel only **short distances (usually 1 m or less) through the air.**
  - The droplets do not remain suspended in the air
  - Transmission via large-particle droplets requires close contact between source and recipient individuals.

- Key measures in preventing infection through the above mechanism of transmission
  - Social distancing (keeping your distance from others)
  - Respiratory etiquette (cover coughs and sneezes)
    - Patients, caregivers and essential staff to wear masks (or scarves tied behind the head if masks unavailable) when in close contact with others
    - sneeze/cough into your sleeve or cover with tissue or scarf or mask
    - if you have coughed/sneezed into your hands, wash hands immediately with soap and water

## Other transmission mechanisms

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- **Self-contamination through hand-to-nose, hand-to-eye, hand-to-mouth transmission**
  - important, but secondary to direct large droplet respiratory transmission.
  - after touching virus-contaminated clothes, objects, surfaces, or skin/hands of another person, AND then touching own nose, eye or mouth.
- **Small particle transmission at several metres**
  - Can be suspended as small particles in air (but only with procedures such as suction, aspiration, intubation...)

- Hand washing is key in preventing hand-mouth, hand-nose, hand-eye transmission.
  - Hand washing before eating or feeding others, after coughing/sneezing onto hands, after touching a sick person or their bed sheets, clothes and utensils, before and after preparing food, after going to the toilet.
- Some procedures practised inside health units, such as aspiration of the throat or intubation, can produce respiratory particles that are smaller, that can remain suspended longer in the air and that can travel longer distances. These are called aerosolized particles.
- In these cases a regular surgical mask will not be sufficient to prevent transmission and specialized, tight-fitting masks called respirators are needed.

## Key measures...

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- **Respiratory etiquette (Cover coughs and sneezes)**
- **Social distancing (Keep your distance)**
- **Hand hygiene (Wash hands)**

## Keep calm, keep others calm

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- **STOP**
- **THINK**
- **OBSERVE**
- **PLAN**

Fear, misinformation and chaos, may do more harm  
than the disease itself

- Widespread illness, health care facilities overwhelmed with sick people, large numbers of deaths and high rates of absenteeism in workers (which can impair essential services) will lead to large-scale social disruption and potentially mass panic.
- Early social mobilization and risk communication to allay fear and provide advice, open access to health care, and preparedness to maintain essential services functioning during the pandemic will help to minimize adverse social consequences.