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INFLUENZA PANDEMIC: PROGRESS REPORT

1. Influenza is a viral disease that affects both animals and humans. When a new strain of influenza virus emerges and adapts to enable transmission from person-to-person, the disease can quickly spread far and wide, resulting in a pandemic.
2. The potential threat posed by the current outbreak of influenza H5N1 was addressed during the Summit of the Americas in Mar del Plata, Argentina, in November 2005. At that time, PAHO was tasked with assisting its Member States in the development of National Influenza Pandemic Preparedness Plans (NIPPPs) through mandate number 34 of the Declaration of the Americas and action point number 47 in the Action Plan developed during the Summit.
3. In order to respond to the increased demand for technical cooperation, an interprogrammatic and multidisciplinary Task Force on Epidemic Alert and Response (the EAR Task Force) was created by PAHO's Director. The role of the task force is to advise, coordinate, and monitor all activities of the Organization related to the planning and implementation of influenza pandemic preparedness and response.
4. All activities of the EAR Task Force are framed under the new mandates set forth by the International Health Regulations¹ (IHR) that were adopted in May 2005, which stipulate that countries develop, strengthen, and maintain core capacities to detect, assess, and intervene to control events of international public health importance. The interprogrammatic nature of the Task Force responds to the complex process involved in the IHR implementation and influenza pandemic planning, which require highly coordinated efforts from a variety of sectors.
5. The EAR Task Force has developed a plan to guide the Organization's technical cooperation activities, entitled Strategic and Operational Plan for Responding to

¹ http://www.who.int/csr/ihr/WHA58_3-en.pdf

Pandemic Influenza² (the PAHO SOP). The PAHO SOP has been conceived as a living document under constant review and revision. The plan was reviewed by WHO and other partners, and their comments have been incorporated. The objectives of the Plan are to direct technical cooperation activities to prepare the Region for an influenza pandemic; to assist countries in their development of national influenza pandemic preparedness plans; and to support countries in enhancing the capacity to detect and respond to diseases such as influenza. Technical units have been actively engaged in the process, and detailed work plans, including timelines and budgets, have been developed in the spirit of interprogrammatic coordination of activities, to avoid duplication of efforts and to maximize resources.

6. The EAR Task Force has also been responsible for drafting the PAHO Staff Contingency Plan for an Influenza Pandemic to address the needs of PAHO personnel in preparation for and during a pandemic to ensure the safety of the staff as well as continuity of operations.

7. Under the interprogrammatic framework of the EAR Task Force and with the strategic lines set forth by the PAHO SOP, technical cooperation in influenza preparedness includes actively promoting the development of National Influenza Pandemic Preparedness Plans and supporting Member States in this effort. PAHO has translated and distributed guidelines to assist in the development of National Plans.

8. Additionally, subregional workshops have been helpful in the use of modeling software to estimate the potential impact of a pandemic based on multiple scenarios. This enables countries to ensure the flexibility of their National Plans by preparing for many contingencies, including a worst-case scenario where there are neither available vaccines nor antiviral medications. As of 30 May 2006, all Member States are actively engaged in influenza preparedness activities and PAHO has received draft national plans for 28 Member States.

9. PAHO has developed an assessment tool based on the WHO Checklist for Influenza Pandemic Preparedness Planning³ to assess National Plans. This tool has already been applied in Central America during an assessment exercise for multidisciplinary country delegations with the support of the U.S. Agency for International Development (USAID). This workshop was extremely successful at identifying areas that needed to be strengthened and highlighted the need for further multisectoral collaboration in the development of such plans.

10. The area that emerged as requiring the most attention within the National Plans is “Emergency Preparedness,” as defined in the Checklist, particularly the issues of “chain

² <http://www.paho.org/English/AD/DPC/CD/vir-flu-PAHO-Plan-9-05.pdf>

³ <http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf>

of command and accountability” and “legal and ethical aspects.” Such issues are critical to control or mitigate a pandemic and are not yet fully reflected in the NIPPPs. Other areas that emerged as requiring priority attention included “basic health services continuity,” “containment,” and “communication.” A comprehensive communication strategy which adequately incorporates risk communication, media training, and social mobilization has yet to be more consistently developed and integrated within the NIPPPs.

11. The workshop also included two tabletop simulation exercises to highlight coordination issues that may be encountered during a pandemic or during the pandemic alert period. Based on both these exercises, action plans were developed to address the needs identified by the self-assessment and tabletop simulations. This methodology will be repeated in workshops for the Andean, Caribbean, and Southern Cone subregions by August 2006.

12. Furthermore, PAHO is supporting its Member States in operationalizing national influenza preparedness plans at the local level to ensure an effective response to a pandemic. To this end, pilot interventions are currently taking place in Costa Rica and Paraguay with funds from the U.S. Centers for Disease Control and Prevention (CDC). Lessons learned from these interventions will then be applied to other countries.

13. As part of its institutional response to a pandemic, the PAHO Secretariat is preparing to establish an Emergency Operations Center (EOC) at Headquarters as part of a Knowledge Center. An Emergency Operations Center is considered a vital factor in allowing PAHO to work operationally and efficiently to bring the whole Organization together to focus on the response using audio and video conferencing capabilities for briefings, monitoring, and management decisions.

14. In addition to the collaboration for the development of national plans, technical cooperation is aimed at strengthening the supporting actions that are required in order to operationalize such plans. These activities have included strengthening early warning systems by expanding surveillance targets, and strengthening the existing network for virological surveillance. Significant advances have been made in virological surveillance as evidenced by the increased number of countries performing influenza virus isolation and shipping samples to the Regional Reference Laboratory (CDC). This has been a result of the support that PAHO, with the collaboration of the CDC, is providing to strengthen surveillance, laboratory diagnosis, and funding of sample shipments. Virological influenza surveillance has also been strengthened through multiple hands-on training in viral isolation and immunofluorescence, and through on-site laboratory technical cooperation by regional experts.

15. PAHO is also working with Member States to assist countries in their decision to obtain antivirals and pandemic influenza vaccine, when available. Mechanisms are actively being sought to supply antivirals to the Region. An assessment of the regional

production capacity is being carried out, and PAHO is participating in negotiations between Brazil and Roche over technology transfer.

16. Influenza vaccine is gradually being introduced in the Region, and the recommendations of WHO and the Technical Advisory Group on Vaccine-Preventable Diseases concerning the target population are being adapted. The best use of vaccines for seasonal epidemics will help guarantee the production capacity needed to respond to a future pandemic. A survey carried out by the immunizations unit yielded that influenza vaccination has been introduced in the public sector in 19 countries or territories. In nine countries or territories, vaccination is administered only in the private sector. In the remaining countries or territories, vaccination against influenza is not administered at all. The formulation used and the time of the year when the vaccine is administered vary with the country's geographical location.

17. Twenty-eight countries or territories are planning to extend vaccination into additional coverage groups or add influenza vaccine into their immunization schedules. The target groups vary among countries; however, most countries target the very young and elderly. Three countries or territories also vaccinate populations in close contact with birds. Brazil has also included the vaccination of additional at-risk groups, including indigenous and incarcerated populations.

18. Countries purchase influenza vaccines from different suppliers. In 2005, 14 countries or territories purchased influenza vaccines through the PAHO Revolving Fund. Brazil and Mexico have technology transfer agreements to produce influenza vaccine in the Region.

19. To prepare the Region for the possible overburdening of the health care systems during a pandemic, the Health Services Organization Unit has been working with national counterparts in planning and preparing for the capacity needed to attend to a surge in the number of illnesses and deaths, especially regarding intensive care requirements. With support from Canada, guidelines for the Health Services Network Response Capacity Plan in the event of a pandemic were prepared and tested in Paraguay as well as a survey to identify the health services' capacity required to face an eventual pandemic. A regional workshop was carried out in Bogota, Colombia, to assist in the preparation of the response of health services during a pandemic.

20. In order to reduce opportunities for human infection, the Veterinary Public Health Unit has been working on strengthening veterinary services and promoting national plans which integrate human and animal health. Interagency integration has been required in this issue considering the great importance of poultry production and export for the economy and food security of the Americas. To this end, PAHO and IICA have carried out several joint activities such as the Hemispheric Conference on Avian Influenza in

Brasília in 2005 and the Ambassadors briefing session at the Organization of American States in Washington, D.C., in March 2006.

21. Communication and the transmission of key, unified messages during a pandemic will be an essential part of a coordinated response. PAHO's technical cooperation in this area is aimed at having detailed communication strategies included within National Influenza Pandemic Preparedness Plans. In addition, PAHO has offered continued support to Member States in risk communication, working with ministries on media training, and working with journalists.

22. To this end, workshops on risk communication have been carried out in the Bahamas, Jamaica, and Trinidad and Tobago. Two workshops are currently being planned, in collaboration with the CDC in June and July 2006 to train communication specialists from ministries of health and agriculture in the production and dissemination of messages. In addition to training in risk communication, this exercise will assist them in developing or assessing the national communication strategies and fostering integration of the sectors.

23. Influenza preparedness has propelled further strengthening of interagency collaboration. In a recent meeting of UN Regional Directors in Panama, influenza preparedness planning was discussed concerning establishing the lines of leadership in an effort to garner the expertise of each organization to mitigate the impact on the Americas Region. Following instructions from the United Nations Secretary General Kofi Anan, country teams composed of UN system agencies have been established to respond to a pandemic, and PAHO has been designated as the coordinator for this purpose in 22 countries in the Region.

24. In addition, PAHO has participated in numerous interagency activities including the recent participation in a communicators meeting of the United Nations Children's Fund (UNICEF) along with the Food and Agriculture Organization of the United Nations (FAO), Inter-American Institute for Cooperation on Agriculture (IICA), United Nations Information Center (UNIC) and CDC. PAHO has also coordinated briefing sessions for the Inter-American Development Bank (IDB) Board of Governors, the Permanent Council of the Organization of American States, and the World Bank. A conference was also organized in coordination with the Center for Strategic and International Studies in order to further galvanize efforts in the Americas Region. Such efforts have yielded an interagency project on avian and pandemic influenza between PAHO and the IDB and rekindled the possibility for further interagency initiatives at the country level in the Latin American and Caribbean region.