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AVIAN FLU AND PANDEMIC INFLUENZA: PROGRESS REPORT

1. Consistent with the International Health Regulations 2005 (IHR 2005), which set out the basic public health capacities a State must develop, strengthen and maintain at the primary, intermediate, and national levels in order to detect, report and respond to public health risks and potential public health emergencies of international concerns, and as a result of the mandates of PAHO's Governing Bodies as well as the Summit of the Americas of November 2005, PAHO supports its Member States in the development of National Influenza Pandemic Preparedness Plans (NIPPPs). This report includes the activities that PAHO has undertaken since the last progress report (CD47/INF/5, 14 September 2006).¹

2. 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. The disruption caused by influenza pandemics is often compared to natural disasters, but a pandemic is likely to cause both widespread and sustained effects and is thus likely to deplete the resources of every Member State. Such a strain emphasizes the need for all countries to develop NIPPPs. The present WHO level of pandemic influenza alert, remains at phase 3, meaning that a novel influenza virus is causing sporadic human cases but is still poorly adapted to humans. Therefore, highly pathogenic avian influenza caused by the H5N1 virus remains primarily a disease of domestic birds.

3. During 2006-2007, PAHO's technical cooperation in influenza preparedness has been directed at supporting Member States in the elaboration, evaluation and implementation of their NIPPPs; helping countries to strengthen core competencies at the community level and establish early warning systems for any public health emergency; preparing and establishing rapid response teams; providing technical advice to Member States in the introduction and targeting of seasonal influenza vaccine; training local

¹ <http://www.paho.org/english/gov/cd/CD47-inf5-e.pdf>

officials in outbreak and crisis communication strategies; coordinating influenza-related activities with other agencies at the regional and national levels; and promoting resource mobilization efforts for the implementation of preparedness activities in the Region.

4. As of May 2007, all Member States were actively engaged in influenza preparedness activities and PAHO had received draft national plans for 28 Member States. In order to help countries test the effectiveness of their national plans, PAHO developed an assessment tool based on WHO's Checklist for Influenza Preparedness.² This tool has already been applied in four subregional assessment workshops for multidisciplinary and multisectoral country delegations, with the participation of 300 officials from health, agriculture, communication, emergency services, and foreign relations agencies of 41 countries and territories, plus PAHO technical advisors in Communicable Diseases, Emergency Preparedness and Disaster Relief, Immunization, Health Services Organization, Communications, and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), as well as representatives from international cooperation agencies such as the United Nations Development Program, the Food and Agriculture Organization, the United Nations Children's Fund, the Inter-American Institute for Cooperation on Agriculture, the International Regional Organization for Health in Agriculture and Livestock, the Inter-American Development Bank, and the United States Agency for International Development.³

5. The application of the assessment tool allowed participants to identify those areas in their NIPPPs that needed to be strengthened and discuss the challenges of implementation at the national, subnational and local level. For example, the NIPPPs for Southern Cone countries were stronger in the sections of the Checklist called "emergency preparedness" and "population containment" and weaker in "maintaining essential services continuity." The assessments of the NIPPPs in the Andean Area revealed that, along with the need to improve lines of command and control in pandemic situations, there is an urgent need to review the legal framework and address the ethical issues related to several aspects of the national response to a pandemic contingency. The assessment of Central American NIPPPs showed a great range in the preparedness levels among the countries. The component of the WHO Checklist called "surveillance" is one of the areas requiring the most attention in this subregion. A clear weakness in the NIPPPs from the Caribbean are the issues around "population containment," which include the planning of measures directed at the implementation of non-pharmacological interventions, including community infection control and social distancing measures. In all subregions, the assessment process also revealed the need for further multisectoral collaboration in the development of the preparedness plans. As a result, each country

² <http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf>

³ Panama, February 20-24, 2006; Barbados, July 17-21, 2006; Uruguay, August 14-18, 2006 and Peru, September 11-15, 2006.

elaborated an action plan to address the needs identified by the self-assessment and tabletop simulations.

6. Since it has been widely recognized that an influenza pandemic will be most intensely felt at the community level, technical cooperation has aimed at strengthening core competencies of Member States to detect and respond to unusual or unexpected public health events, as established by the IHR 2005. An assessment tool to measure the level of advancement of such core capacities was developed in coordination with the Inter-American Development Bank. This tool allows for the diagnosis of countries' capacity to implement their NIPPPs, thus facilitating the prioritization of activities by ministries of health and technical cooperation partners.

7. Technical cooperation has also been directed at strengthening early warning systems within countries by enhancing their ability to detect events which may pose public health threats, through the expansion of surveillance targets and strengthening the existing network for virological surveillance. To this end, a new Generic Protocol for Influenza Surveillance (GPIS) was developed in collaboration with the U. S. Centers for Disease Control and Prevention (CDC). The GPIS seeks to harmonize influenza surveillance throughout the Region and ensure that any single case of influenza caused by a new viral subtype be notified immediately to WHO, as required by the IHR 2005.

8. The introduction of the GPIS has started in the Caribbean, Central American, and Southern Cone subregions, where 113 officials from 20 countries participated in technical workshops. In the Caribbean subregion, implementation of the GPIS is underway in seven countries under the coordination of CAREC and ECC focal points. Subregional workshops have been held to introduce the GPIS. Mexico, countries of the Southern Cone and, countries of Central America have already developed plans of actions towards the implementation of the GPIS. The last subregional workshop will be held in Peru in May 2007, with the expected participation of around 50 officials from seven countries of the Andean subregion. In these subregions, most of the implementation of the GPIS will take place in the second semester of 2007.

9. A key component of the implementation of the GPIS has been the reinforcement of laboratory capacity in countries in the Region, with the financial support of the CDC. In the past year, immunofluorescence (IF) microscopes have been purchased for four Caribbean countries and one is being procured for Paraguay. In addition, \$75,000 has been directed to purchasing reagents for influenza surveillance for the Caribbean subregion. In the South Cone, commercial kits for the diagnosis of influenza by IF have been purchased for Uruguay and Paraguay. In terms of training, laboratory technicians from seven Caribbean countries implementing the protocol will receive hands-on laboratory training in CAREC. Also, 12 countries in the region have been trained to perform molecular diagnosis of influenza by polymerase chain reaction (PCR). This effort has resulted in the designation of three new National Influenza Centers (NICs) in

the past year in Costa Rica, El Salvador, and Panama, in addition to the already existing 25 NICs in the Region of the Americas. The advance in virological surveillance is evidenced by the increased number of countries performing influenza virus isolation and shipping samples to the Regional Reference Laboratory, with an observed increase of 46% in 2006-2007 as compared to 2005.

10. In compliance with IHR 2005, technical cooperation has also strengthened countries' ability to respond to epidemic-prone diseases such as influenza, through workshops to establish and train rapid response teams. Rapid response teams are able to identify, characterize, and contain suspected or confirmed outbreaks of human influenza. In addition to field investigation methodologies, training included implementation of effective strategies for adequate infection control; safe handling of clinical samples for suspected cases; risk communication; use of personal protective and communication equipment; stress management; and crisis and mass fatality management. To date, 32 officials have been trained as members of the regional rapid response team and 87 officials from 35 countries and territories have been trained as members of national rapid response teams. This means that every country in Latin America has already at least one rapid response team fully trained and equipped with the required supplies. The Caribbean subregion also has a trained and equipped multisectoral team for this purpose. Members of national (or subregional) rapid response teams are expected to replicate this body of knowledge by leading training workshops at the subnational and local levels.

11. PAHO also managed to secure a donation from the U.S. Agency for International Development of 10,000 personal protective equipment kits for countries in the Caribbean, which allowed the reallocation of \$120,000 to other pandemic preparation activities. Other procurement actions have already taken place with the purchase of personal protective equipment kits, antivirals, and IF kits for rapid response teams.

12. As part of its institutional response to a pandemic, PAHO's Secretariat has also established an Emergency Operations Center (EOC) at Headquarters. The EOC has the required networking capability, computers, communications, software and other equipment to effectively coordinate PAHO's intelligence and response to emergency situations. The EOC is ready to respond to any request from the Communicable Diseases Unit (CD), which gathers and analyzes data and reports from media and nonofficial sources on outbreaks and assesses their public health impact and risk of spread, as mandated under the IHR 2005. Between January 2006 and March 2007, CD registered 74 events of potential importance to international public health. Of these, 47 were verified by the ministries of health, 4 events were unverifiable, 9 events were unsubstantiated and 15 events did not require verification but were registered for information only. During March and April 2007, nine Caribbean countries hosted the International Cricket Council World Cup. Preparing for a potentially increased risk of outbreaks, these countries agreed to set up a special alert system to strengthen their existing communicable disease surveillance, to gather epidemiological intelligence, and to improve response capacity,

under the coordination of the Caribbean Epidemiology Centre (CAREC). The system consisted in a daily report of specific syndromes at selected sentinel sites, with the joint support of approximately 60 national and foreign experts. In the referred period, 24 events were identified by the early detection alert procedure, all of them promptly investigated and most discarded. Only three unusual disease events deserved special attention. This effort contributed significantly to the enhancement of the subregion's core capacities for surveillance and response, as required under the IHR 2005.

13. The seasonal 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. At the end of 2006, influenza vaccination had been introduced in 29 countries or territories. In nine of these countries or territories, vaccination is administered only in the private sector. Twenty-eight countries or territories are planning to extend vaccination into additional coverage groups, apart from the very young and the elderly, or add an influenza vaccine into their immunization schedules.

14. Communication among key actors and the transmission of unified messages during a pandemic constitute an essential component of a coordinated response. PAHO's technical cooperation in this area has aimed at training officials in outbreak and crisis communication and building detailed communication strategies as part of their NIPPPs. To date, 24 countries have completed national communication strategies linked to their NIPPPs. These plans are being tested through simulations and table top exercises. Workshops in Argentina, Bahamas, Barbados, Guatemala, Jamaica, and Trinidad and Tobago brought together communication specialists from many agencies, including ministries of health, agriculture and education from several countries, for risk communication training and creation of national communication plans based on a PAHO-produced communication and assessment tool. This tool enables countries to plan, prepare, and evaluate their communication prior, during, and after a possible pandemic. It also includes an assessment of national communication strategies and planning to address identified needs to assess progress and analyze gaps. A similar workshop is scheduled for June 2007 for the Andean countries.

15. To further stress the need for coherent and comprehensive communication as well as planning strategies, a train-the-trainers workshop was held in Washington, D.C., in July 2006, with the participation of 80 officials from almost every country in the Americas. Currently, all the countries in the Region have at least one trained trainer. In addition, communication planning and outbreak communication were included as components in subregional training sessions for ministry of health staff at workshops in Argentina, Barbados, Colombia, Peru, Turks and Caicos, and Uruguay. The experiences of these workshops allowed PAHO to produce guidelines for creating a communication

strategy for pandemic influenza; a methodology including train-the-trainer modules for risk and outbreak communications; a computer model to assess gaps; and the formation of a network of communicators from throughout the Region.

16. As part of the activities directed to create synergies and coordination strategies with other institutions, in July 2006 PAHO sponsored the Inter-Agency Communication Framework of Avian and Pandemic Influenza in the Americas. The two-day meeting brought together, for the first time, all the regional United Nations agencies. A follow-up meeting was held in April 2007 in Panama. It was widely recognized that as a result of the first meeting and taking advantage of each agency's expertise, there has been an enhanced flow of information and materials exchange, mainly related to avian and pandemic influenza. PAHO serves as Secretariat of this group until October 2007.

17. PAHO coordinated briefing sessions for the U.S. Congress, the Inter-American Development Bank Board of Governors, the Permanent Council of the Organization of American States, the U.S. State Department, and the World Bank. Such efforts have yielded an interagency project on avian flu and pandemic influenza between PAHO and the IDB, and rekindled the possibility for further interagency initiatives at the country level across the Region.

18. At the country level, PAHO PWRs were designated as coordinators of UN agency country teams for avian and human influenza (AHI) in 25 of 28 countries with UN offices. In that role, PAHO country offices have provided technical advice in national preparedness and response planning, health protection for UN staff and their families, procurement of drugs orders, and the elaboration of UN System contingency and business continuity plans at the country level. PAHO country offices also supported the UNCT in the interagency preparations for collection of the following surveys: UN System pandemic preparedness; quick survey for AHI focal points; and pandemic planning and preparedness for the United Nations System. The results of these surveys were presented in the report "Responses to Avian and Human Influenza Threats: Progress, Analysis and Recommendations, July-December 2006," elaborated by the UN System Influenza Coordinator and the World Bank.⁴

19. As part of PAHO's preparedness actions, delivery of Tamiflu for Headquarters' staff and dependents is expected at the end of June. The quantity of the stockpile, (sufficient for 30% of the staff and others working at Headquarters plus their dependents) is based on WHO standards. A basic emergency distribution system to provide pills in the event local health officials do not have a sufficient quantity has been completed. To date, the Headquarters' procurement office has allocated \$184,244.26 to acquire 11,089 doses of Tamiflu (10-pill treatments) for 32 of the 36 PAHO PWR offices and centers. Procurement requests from PWR offices in Chile, Cuba, Guyana and Haiti have not been

⁴ <http://siteresources.worldbank.org/INTTOPAVIFLU/Resources/UNSIC2006UpdatePart1.pdf>

received. This purchase include the orders of the country offices of the United Nations System, except in the cases of Belize, Bolivia, Chile, Cuba, Haiti, Jamaica, Mexico, Nicaragua, Suriname, and Venezuela.

20. The release of a general business continuity plan for PAHO's Headquarters is expected this month. An annex specifically dealing with avian influenza will be added in the future. The basic plan covers the response to a variety of general emergencies at the HQ site, however many of the preparations and responses are similar, if not the same, for avian influenza.

21. The above-mentioned activities were possible as a result of an intense resource mobilization effort undertaken in 2006 and 2007. Funds for influenza preparedness activities were secured for the period 2006-2008 from the U.S. Agency for International Development (\$1,300,000); the U.S. Centers for Disease Control and Prevention (\$3,386,044)⁵; the Inter-American Development Bank (\$149,000); WHO (\$664,359); and the Canadian Agency for International Development (\$820,000 for the first year of a \$2.5 million 3-year agreement).

22. The Task Force on Epidemic and Alert Response continues integrating and building synergies from PAHO's inhouse knowledge, skills and resources, to provide technical assistance to Member States. As implementation of national plans gets under way, new challenges emerge in the process of updating contents and maintaining them relevant, as well as preparedness at the subnational and local levels. Technical cooperation actions are now targeted at addressing the identified needs and the construction of capacities at the subnational and local levels, through an integrated strategy of capacity building, planning tools, and simulations exercises involving the active participation and ownership of national and subnational governments. Such capacity building will strengthen the implementation of the IHR 2005 and serve for any public health emergency, including an influenza pandemic.

Action by the Executive Committee

23. The Executive Committee is invited to review the information provided on progress to date and to continue supporting the Secretariat's activities in influenza pandemic preparedness and response.

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⁵ For 2006-2007, \$200,013 for the Caribbean countries and territories; \$932,001 for programs mainly in South America and \$800,028 for programs in Central America and the Dominican Republic. For 2007-2008, negotiations for \$1,000,000 for activities in South America and the Caribbean and \$454,000 for continuation of programs in Central America and the Caribbean are currently taking place.