GLOBAL INFLUENZA PROGRAMME



A checklist for pandemic influenza risk and impact management

Building capacity for pandemic response



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Abbreviations and acronyms

ERMH emergency risk management for health

FAO Food and Agriculture Organization of the United Nations

FETP Field Epidemiology Training Programme

GISRS Global Influenza Surveillance and Response System

IHR International Health Regulations

ILI influenza-like illness

IPC infection prevention and control

JEE Joint External Evaluation

KAP knowledge, attitudes and practices

NFP national focal point

NIC National Influenza Centre

OIE World Organization for Animal Health

PISA Pandemic Influenza Severity Assessment

PoE points of entry

PPE personal protective equipment

RCCE risk communication and community engagement

SARI severe acute respiratory infection

SOP standard operating procedure

WHO World Health Organization

WHOCC World Health Organization Collaborating Centre

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1.0 Introduction





A pandemic is the worldwide spread of a new disease. Influenza pandemics are unpredictable but recurring events that can significantly affect whealth, communities and economies worldwide. Planning and preparation are critical to help mitigate the risk and impact of a pandemic, and to manage the response and recovery.

Influenza pandemics occur when a new (novel) influenza virus emerges against which people have little or no immunity, and spreads around the world. Influenza viruses that have caused pandemics in the past have typically originated from animal influenza viruses that have mutated to new forms able to infect humans. To prevent or delay potential influenza pandemics, close coordination between animal and human health sectors is needed, to detect and control these novel viruses in animal populations before they are able to infect human populations.

Once a novel influenza virus is able to infect and be transmitted between humans, a pandemic is likely to occur. Because people will have little or no immunity to the new virus, influenza pandemics will affect a large proportion of the global population and put significant stress on health-care systems. A moderate or severe pandemic will also strain other essential services and cause substantial social and economic impacts. Countries should therefore have multisectoral preparedness and response plans that outline their policies, strategies and operations to manage this all-of-society emergency.

The recurring nature of influenza pandemics makes them an important public health threat to prepare for; it also presents opportunities to strengthen preparedness to manage other health threats. Many of the core capacities needed to manage an influenza pandemic – in areas such as coordination, surveillance, laboratories and risk communication – are common to the management of other public health emergencies and are recognized in the International Health Regulations (IHR) (2005) (1). Thus, maintaining a national pandemic plan as part of a multihazard public health emergency plan contributes to overall national preparedness and global health security.

1.2 Purpose

This document is a tool to help national authorities to develop or revise national pandemic influenza preparedness and response plans, in conjunction with the 2017 WHO pandemic influenza preparedness framework, Pandemic influenza risk management (2). It updates and replaces the 2005 WHO checklist for influenza pandemic preparedness planning (3).

This document has been developed to take into account:

- health system core capacity requirements under the IHR (2005), which came into force in 2007;
- lessons learned from the 2009 influenza A(H1N1) pandemic;
- updated WHO guidance on topics related to pandemic influenza and public health emergency planning;
- · risk and severity assessment; and
- other relevant developments in global health security.

In the past, planning for pandemic influenza has focused on activities to prepare for, respond to and recover from a pandemic. The new guidance on pandemic influenza risk management (2) advocates an emergency risk management for health (ERMH) approach to pandemic planning. This approach also emphasizes prevention and mitigation of health risks before they develop into health emergencies.

In the context of pandemic influenza, an ERMH approach highlights proactive assessment and management of pandemic influenza risk, in addition to management activities during a pandemic, should one develop. It also underscores multisectoral and multidisciplinary approaches to

pandemic preparedness planning, in recognition of the contributions needed from all segments of the health-care sector, government, business and civil society. ERMH also uses capacities at community level (e.g. risk communication, community engagement and community care), and long-term and sustainable approaches to capacity strengthening; in addition, it takes ethical principles into consideration throughout health risk management activities.

1.3 Updates in this document

Several new elements have been incorporated into this revised document. First, pandemic planning activities have been mapped to indicators in the IHR (2005) core capacity monitoring framework and the joint external evaluation (JEE) tool (4). This tool draws direct links between pandemic planning activities and IHR (2005) core capacity requirements, integrating the essential capacities needed to manage pandemic influenza with the core capacities required to manage broader health security threats.

Second, risk and severity assessment (Section 3.6) has been added to the document, to emphasize the importance of performing these assessments at national level. This approach means that countries can determine national pandemic response actions in the context of their own experience, resources and vulnerabilities, rather than being directed by global risk assessment and pandemic phases, as was the case previously.

Third, this document integrates the principles of ERMH into pandemic preparedness planning through an emphasis on multisectoral and multidisciplinary approaches. It includes activities to help planners integrate ethical considerations into pandemic planning, and to ensure risk communication and engagement with affected communities and the general public.

Finally, each section of this document contains links to key WHO resources, to support countries in pandemic preparedness planning at national and local levels.

1.4 How to use this document

1.4.1 Audience and use

This document is intended to be used by national authorities responsible for pandemic preparedness and response, in conjunction with the guidance on pandemic influenza risk management (2). It highlights important pandemic preparedness planning actions and capacity requirements that countries should consider when developing or revising national pandemic preparedness plans, and when strengthening national capacity to detect, respond to and recover from an influenza pandemic.

- Countries with an existing national pandemic preparedness plan can use this document as a guide when updating and revising their plan.
- Countries that do not have an existing national pandemic plan can use this document as a guide when developing a national pandemic plan.
- Countries that have completed an IHR JEE can use this document to link the implementation of JEE recommendations and pandemic influenza preparedness planning.
- Countries that are developing or preparing to develop a national action plan for health security can use this document to integrate pandemic influenza preparedness planning in the process.
- All countries may consider coordinating capacity strengthening efforts across different initiatives by integrating national pandemic influenza preparedness and response plans with other disease-specific preparedness and response plans.

1.4.2 Planning action checklists

Each section of this document presents a checklist of suggested planning actions that countries can take now – in the interpandemic period – in order to be better prepared for a pandemic. These checklists should be used to guide preparedness and capacity-building efforts; they are not intended to be followed as standard operating procedures (SOPs).

Responsible agencies should develop pandemic-specific SOPs according to their own requirements, referring to this document and the cited key resources for guidance.

Key resources are listed at the end of each section. These are not exhaustive, and pandemic planners are encouraged to seek out additional resources to suit their contexts and needs.

1.4.3 "Essential" and "desirable"

The checklists in this document have been divided into "essential" and "desirable" planning actions, depending on the level of priorities and resources generally required to implement them. This is for guidance only – national authorities should determine which actions are truly essential and desirable in their context, based on their own vulnerability profile and level of available resources.

Where applicable, pandemic preparedness planning activities have been directly linked to indicators used to measure progress in achieving IHR (2005) core capacity requirements. These indicators are drawn from two assessment tools used to monitor IHR (2005) progress: Checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties (5) (Annex 1); and the JEE tool (4) (Annex 2). Links between pandemic planning activities and the indicators of these assessment tools are denoted by superscript references in the text; that is, IHR-# and JEE-#.



KEY RESOURCES

WHO. Pandemic influenza risk management: a WHO guide to inform & harmonize national & international pandemic preparedness and response. Geneva: World Health Organization (WHO); 2017 (http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management_update2017/en/, accessed February 2018). (2)

WHO. Technical Framework in Support to IHR (2005) Monitoring and Evaluation: Joint External Evaluation Tool; Second Edition. 2018, Geneva: World Health Organization (WHO); 2018 (http://www.who.int/ihr/publications/WHO_HSE_GCR_2018_2/en/), accessed February 2018 (4).

WHO. Checklist and indicators for monitoring progress in the development of IHR core capacities in States Parties. Geneva: World Health Organization (WHO); 2013 (http://apps.who.int/iris/bitstream/10665/84933/1/WHO_HSE_GCR_2013.2_eng.pdf?ua=1, accessed February 2018). (5)

2.0 Preparing for an emergency



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