PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

48th DIRECTING COUNCIL
60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

Provisional Agenda Item 7.3

CD48/INF/3 (Eng.)
6 August 2008
ORIGINAL: ENGLISH

AVIAN INFLUENZA AND INFLUENZA PANDEMIC PREPAREDNESS

1. The work on avian flu and influenza pandemic preparedness has been carried out in the framework of the International Health Regulations 2005 (IHR 2005), which define the basic public health capacities a State must develop, strengthen and maintain at the primary, intermediate, and national levels to detect, report and respond to public health risks and potential public health emergencies of international concern. PAHO's mandates from the Governing Bodies and the Summit of the Americas (November 2005) have also guided its technical cooperation. This document updates the last progress report (CSP27/8, 24 July 2007).[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, resulting in a pandemic. A pandemic is likely to deplete the resources of every Member State. 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. However, the risk of a pandemic remains high due to the frequent and unpredictable changes of the H5N1 virus.

3. During 2006-2007, PAHO's technical cooperation in influenza preparedness was directed at supporting Member States in the elaboration, evaluation and implementation of their National Influenza Pandemic Preparedness Plans (NIPPPs);[2] helping countries strengthen core competencies and establish early warning systems in the event of a public health emergency. Efforts were also focused on preparing and establishing rapid response

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[1] http://www.paho.org/english/gov/csp/csp27-08-e.pdf
[2] As of March 2008, all Member States were actively engaged in influenza preparedness activities and PAHO had received draft national plans for 35 Member States.

teams; providing technical advice to Member States in the introduction and targeting of seasonal influenza vaccine; training local 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. An assessment tool based on WHO's Checklist for Influenza Preparedness[3] was applied for the second consecutive year. Results showed that the average level of pandemic preparedness in seven areas of evaluation[4] in Latin America and the Caribbean Region increased from 43% in 2006 to 50% in 2007. Moderate progress was attained in all areas of preparedness, except those of research and evaluation activities. However, there are still clear disparities in the level of achievement between subregions. The greatest advances are observed in the Central America and Mexico and the Southern Cone subregions, while moderate progress is observed in the Caribbean and Andean subregions.

5. An influenza pandemic will mostly be felt at the community level. Since 2007, special attention has been directed to strengthening core competencies of Member States to detect and respond to unusual or unexpected public health events, as established by the IHR 2005. This includes increasing the sensitivity of early warning systems within countries to detect events which may pose public health risks. A new Generic Protocol for Influenza Surveillance (GPIS) was developed in collaboration with the US Centers for Disease Control and Prevention (CDC), which 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 (IHR (2005). Generation of robust epidemiological data of the characteristics of influenza will provide a better understanding of viral circulation patterns in tropical areas to guide decision-making regarding the introduction of vaccine. Training on the GPIS has been carried out in every country in Latin America and the Caribbean to move forward to an implementation phase.

6. Reinforcing laboratory capacity in countries in the Region is a key component of the GPIS. Since the last progress report and with the financial support of the CDC and the Canadian Agency for International Development (CIDA), over US$ 300,000 were mobilized for the purchase of laboratory equipment, reagents, and supplies for 22 countries in the Region. Also, 17 countries have received on-site training on influenza diagnostic methods. Three new National Influenza Centers (NICs) were designated in the Americas Region —CostaCosta Rica, El Salvador, and Panama— increasing the number

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[3] http://www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf.

[4] (1) Emergency preparedness; (2) public health surveillance; (3) case investigation and treatment; (4) population containment; (5) essential services continuity; (6) research and evaluation; (7) implementation of the plan; (8) animal-human interface; (9) communication strategy.

of NICs to 26 in 2007. The number of laboratories in the Region participating in the Global Influenza Surveillance Network is steadily increasing, as well as the Region's virological surveillance capacity as evidenced by the NIC designations, the increased number of countries performing influenza virus isolation, and the increase in the number of samples shipped to the Regional Reference Laboratory at the CDC.

7. GPIS introduction has acted as a catalyst in the implementation of nationwide enhanced surveillance systems able to detect cases of unusual or unexpected Severe Acute Respiratory Infection (SARI) or clusters of SARI. The initial step in the implementation of the nationwide enhanced surveillance system has been accomplished through the development of training modules for health care personnel in detection and response to unusual or unexpected events. Training workshops are being programmed for every country in 2008.

8. In an effort to strengthen country response capacity, technical cooperation has included workshops that establish and train rapid response teams. These 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, 34 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. The Caribbean subregion has a trained and equipped multisectoral team. 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.

9. An Emergency Operations Center (EOC) has been established at PAHO 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 Team, 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 and December 2007, the Communicable Diseases Team registered 79 events of potential importance to international public health. Of these events, 67 were verified by the ministries of health, one event was unsubstantiated and 11 events did not require verification but were registered for information only.

10. Seasonal influenza vaccine is gradually being introduced in the Region. Recommendations of WHO and PAHO's Technical Advisory Group on Vaccine

Preventable Diseases concerning target population are being adapted. At the end of 2006, influenza vaccination had been introduced in the public sector of 29 countries or territories. In nine countries or territories, vaccination is administered only in the private sector. Some countries of the Region have targeted vaccination to risk groups other than the very young and the elderly.

11. A key input for the development and production of seasonal and pandemic influenza vaccines, as emphasized by Resolution WHA60.28 of May 2007 is the timely and transparent sharing of samples and equitable access to benefits within the framework of the Global Influenza Surveillance Network. Countries in the Americas have contributed substantially to the progress of ongoing negotiations at the global level. PAHO has ensured the continuous flow of information to all Member States and facilitated technical forums such as a regional meeting held in Buenos Aires in November 2007.

12. Communication is often regarded as a critical component of preparedness planning. WHO guidelines on risk and outbreak communication stress transparency, planning and public involvement. PAHO's technical cooperation in this area is aimed at training officials in outbreak and crisis communication, and in building detailed communication strategies as part of their NIPPPs. To date, 24 countries have completed national communication strategies linked to their NIPPPs.

13. Equally critical is the coordination and synergistic action with other institutions. PAHO sponsored the 3rd Inter-Agency Communication Framework of Avian and Pandemic Influenza in the Americas in March 2008. The one-day meeting brought together the regional United Nations (UN) agencies. PAHO currently serves as Secretariat of this group. Collaborative initiatives were undertaken with the Inter-American Institute for Cooperation on Agriculture (IICA), the International Regional Organization for Health in Agriculture and Livestock (OIRSA), and the Organization of American States (OAS).

14. PAHO and the IICA organized the 15th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 15), held in Rio de Janeiro, 11-12 June 2008. These efforts greatly stimulate the development of a common regional and subregional platform on issues such as animal diseases of interest to public health and the economy; food quality, safety, and trade; the exchange of information on preventing emerging diseases; and the promotion of development in the agricultural sector through the management of the environment, and social equity.

15. At the country level, PAHO Country Offices have taken a leadership role in the technical coordination of UN agencies' country teams for avian and human influenza (AHI) preparedness in the 28 countries. PAHO Country Offices have provided technical

advice on 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 UN System Influenza Coordination (UNSIC) in the interagency preparation and collection of the survey: *Third Status Report: Responses to Avian Influenza and State of Pandemic Readiness 2007*.

16. As part of PAHO's preparedness actions for the Secretariat, delivery of Tamiflu for Headquarters' staff and dependents was completed in November 2007. 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 stock has been completed. To date, the Headquarters' procurement office has allocated $225,647 to acquire 13,998 doses of Tamiflu (10-pill treatments) for 30 of the 36 PAHO PWR offices and centers. Procurement requests from PWR offices in Chile, Cuba, Guyana, Haiti, Mexico and Paraguay have not been received. This purchase includes the orders of the country offices of the UN System, except for Belize, Bolivia, Chile, Cuba, Haiti, Jamaica, Mexico and Suriname.

17. An intense resource mobilization effort in 2006 and 2007 has allowed for the implementation of the Organization plans. Funds for influenza preparedness activities were secured for the period 2006-2008 from the US Agency for International Development ($1,300,000); the US 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 ($1,280,000).[6]

18. The Task Force on Epidemic and Alert Response continues to integrate and build synergies from PAHO's in-house knowledge, skills and resources. As the implementation of national plans gets under way, new challenges are likely to emerge, particularly at the subnational and local levels. Technical cooperation actions are now targeting identified needs and 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. These efforts will strengthen the implementation of the IHR 2005 and serve for any public health emergency, including an influenza pandemic.

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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, $1,000,000 for activities in South America and the Caribbean and $454,000 for continuation of programs in Central America and the Caribbean.

[6] For 2006-2007, $820,000, and for 2007-2008 $460,000 for activities in the Andean Region, Cuba and Haiti.

Action by the Directing Council

19. The Directing Council is invited to review the information provided on progress to date and continue guiding and supporting the Secretariat's activities in influenza pandemic preparedness and response.

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