

Pacific Island HPAI and Pandemic Influenza Preparedness Checklist

Country Name: _____



1 Introduction

Why prepare for pandemic influenza?

The circulation of Highly Pathogenic Avian Influenza (HPAI) in Asia leads to a conclusion that we in the Pacific must stand ready to respond. Poultry keeping is an integral part of the agricultural system in the Pacific. The current pandemic of HPAI, and especially the H5N1 strain, is principally a disease of poultry with zoonotic potential, and disease control currently lies in the hands of veterinarians and animal health workers. However, it is prudent to control the disease in animals while it remains a rarity in the human population. This will minimise the change for the virus to adapt to humans and mutate into a pandemic strain.

Linkages with other areas

It is important to note that national pandemic influenza preparedness plans can be easily used as blueprints for broader contingency plans encompassing other disasters caused by the emergence highly transmissible communicable diseases of humans.

In the context of the World Health Organization (WHO) International Health Regulations (IHR), undertaking planning for pandemic influenza will facilitate the process of strengthening the core surveillance and response capacities required by the IHR. Planning for pandemic influenza can be used as a stepping stone to meeting IHR requirements.

Similarly, the pandemic influenza planning process will assist with the development and strengthening of core surveillance and response capacities recommended by the World Organisation for Animal Health (OIE) to demonstrate freedom from OIE listed diseases.

How to use the Pacific Islands Preparedness Checklist

The Pacific Islands Preparedness Checklist ('the Checklist') has been developed by the Secretariat of the Pacific Community (SPC) to enable Pacific Island countries and territories (PICTs) to assess their early detection and response capacities to avian influenza and during the pandemic alert phase.

The objective of the Checklist is to provide integrated, practical and affordable animal health and human health standards in the form of a simple checklist so PICTs can assess their influenza preparedness planning process keeping priorities in mind. We have chosen to integrate animal health and human health considerations because there needs to be coordination between these agencies at the country level to prepare and mount a response to an influenza outbreak. It is recognised that integration between ministries and departments of agriculture and health presents practical challenges. By combining information for animal health and human health authorities into a single document, we are allowing the respective agencies to gain an overarching perspective, hence setting the scene for integration between ministries and departments of agriculture and health.

It is recommended that responsible authorities or institutions should complete the specific aspects of the Checklist for which they are responsible, but read through the other sections so as to understand 'the big picture'. The National Pandemic influenza Preparedness Taskforce should be responsible for coordinating the completion of the Checklist.

What the Checklist will be used for

The information in the Checklist will assist PICTs to critically assess their pandemic influenza planning activities, and develop an action plan to remedy any gaps or weaknesses. It will also enable support for PICTs from SPC through the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP) to be identified.

* Pandemic Phase 3 (as defined by WHO) is applicable at the time of writing.

2 A note on terminology

Many different expressions can be used

National Pandemic Influenza Preparedness Plan (NPIPP): This is the national country plan to prepare for a global outbreak or pandemic event.

National Response Plan (NRP)[†]: This is the actual response (who does what, how it is done) to an outbreak or pandemic event. It is sometimes referred to as the National Plan of Action or is part of a broader Emergency Response Plan (ERP).

For specific components of the NPIPP, it may be necessary to go into more depth and produce detailed subplans. The need for detailed subplans will vary with the specific needs and resources of each PICT. Some of the key components are:

- communication
- emergency services
- business continuity and non-health sectors
- health services response
- animal health response

The **National Pandemic Influenza Taskforce (NPTF)** is the group charged with developing the NPIPP and NRP. Specialist sub-groups may need to be formed to progress certain areas of the NPIPP and NRP.

An **epidemic** is the occurrence in a population or geographical area, of cases of a disease that are clearly in excess of what is expected. Note this could be one case, and usually refers to local transmission in the case of a communicable disease.

An **outbreak** is a term commonly used by both animal health and human health experts, and has the same meaning as an epidemic. That is, where there are cases of a disease that are clearly in excess of what is expected.

A **pandemic** is the global transmission of disease between humans.

A **panzootic** is the global transmission of disease between animals.

A **standard operating procedure (SOP)** is used to detail the specific actions (who, what, when and how) of a ministry/department/agency/individual in an event.

[†] The NRP and NPIPP may be combined depending on the approach in the country.

3 Preparing for an emergency

It is recommended that Section 3 be completed by the National Influenza Pandemic Taskforce.

3.1 A snapshot of where you are at (Questions 1- 4)

	NPIPP completed	NPIPP in progress	NPIPP not started
1. Has your country/territory developed a National Pandemic Influenza Preparedness Plan (NPIPP)?	<input type="checkbox"/> NPIPP has been endorsed/approved by government? <i>Date endorsed:</i> <input type="checkbox"/> NPIPPP submitted but not yet approved <i>Date planned for submission:</i>	Please describe:	Please explain in a few sentences what you would need to enable you to start.
2. Does the NPIPPP identify linkages between animal health and human health authorities?	Please describe		
3. Have detailed subplans been developed where required?	Please list the subplans and any other key documents		
4. Does the National Response Plan (NRP) identify responsible officers, timeframes and budgets?	Detail where these processes are at.		

3.2 Getting started (Questions 5- 9)

5. Who is the National Pandemic Influenza Taskforce focal point?

Name:
Position & Organisation:
Contact Details:

6. Is the National Pandemic Influenza Taskforce (and related bodies) a whole of government body? Check which representatives are on your Taskforce:

- Ministers (Cabinet)
- Human health authorities
- Animal health authorities
- National disaster council/committee
- Border control authorities (e.g. immigration, quarantine, aviation, maritime, customs authority)
- Emergency response authorities (e.g. the military, police, fire brigade)
- Representatives of essential services (e.g. electricity, water supply)
- Non-government organisations and churches
- Community leaders and businesses
- Media
- Volunteer organisations

Detail any other members of the National Pandemic Influenza Taskforce.

Comments & Details of other Taskforce members

7. Does the National Pandemic Influenza Taskforce (and related bodies) meet regularly? Please note the date of the last meeting and how regularly meetings are held.

8. Is there a contact list for the National Pandemic Influenza Taskforce? (names, positions, organisations, phone number, email address)?
YES/NO

9. Have animal health and human health surveillance and response officers identified their mutual counterparts?
YES/NO

3.3 Command and control during a pandemic (Questions 10-11)

10. Who has the authority to declare a state of emergency? (What is their title?)
11. Is there a lead agency for each pandemic phase? Who is it? Phase 3: Phase 4: Phase 5: Phase 6:

3.4 Legal assessment (Questions 12-15)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
12. Is there a legal basis to prohibit mass gatherings?	Yes/No				
13. Is there a legal basis to allow quarantine officers to declare infected zones and control movement of human, animals and goods?	Yes/No				
14. Is there a legal basis to destroy infected/contact animals?	Yes/No				
15. Have the compensation issues associated with the destruction of animals been addressed?	Yes/No				

4 Surveillance by animal health authorities

It is recommended that Section 4 be completed by animal health authorities.

4.1 Surveillance capacity within the Ministry/Department of Agriculture (Questions 16-19)

16. Please describe the animal health surveillance system being used in your country.

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
17. Is there an officer(s) in the ministry/department of agriculture responsible for coordinating surveillance activities?	Yes/No	Who is this Officer, what is their title and who do they report to?			
18. Is there a duty statement for the officer(s) for the <i>surveillance component</i> of their role?	Yes/No				
19. Are there field personnel trained to conduct surveillance activities and report back to the surveillance officer(s)?	Yes/No	Please describe, including any training plans which are in place.			

4.2 Animal health routine surveillance (Questions 20-22)

Are the surveillance systems that are in place designed to detect unusual or unexplained events of bird deaths? Do you know if wild birds migrate to or through your country? What are the species? Where do they originate from? What are the locations of relevant migratory routes and congregating sites and the disease status of these sites and along these routes?

Surveillance may comprise passive measures (these rely on detection and reporting by livestock owners and handlers and the community of clinical signs of disease and abnormally high mortalities) or active measures (which rely on the collection of specimens from a sample of the animal population by officials and detection of exposure to or presence of influenza viruses).

Some measures that may be adopted to enhance the detection of influenza virus and/ or disease are:

- establishment of sentinel flocks;
- investigation of unexplained bird deaths (in both commercial and subsistence/backyard holdings and wildlife);
- rumour surveillance of unexplained bird deaths (in both commercial and subsistence/backyard holdings and wildlife);
- establishment of base-line prevalence of animal influenza viruses; and
- establishment of disease-reporting networks that include labourers, farm workers, hunters, bird watchers, trackers and paravets.

20. How many paravets are located in your country?

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
21. Have you undertaken public awareness with your reporting networks so they are familiar with clinical signs of disease in birds?	Completed In Progress Not Started	Please describe animal health public awareness activities.			
22. Are any of the following activities being undertaken? a. Immediate reporting and investigation of unexplained or unusual mortality in commercial or backyard bird flocks or animal herds	Yes/No	Please describe			
b. Rumour surveillance to identify clusters of unusual diseases or unexplained deaths for animals?	Yes/No				

4.3 Animal health outbreak investigation and management (Questions 23-30)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
23. Is there a response plan that addresses: a. disease containment and restricting spread of the infection out of the infected zone?	Yes/No	Please document			
b. delimiting surveillance and the trace-back and trace-forward of animals/products/vehicles in and out of the infection zone?	Yes/No				
c. infected premises management: slaughter, disposal, vaccination, disinfection and decontamination?	Yes/No				
24. Have standard operating procedures (SOPs) for the following areas been identified? a. Procedures for alert, verification and outbreak investigation of an animal disease outbreak	Yes/No	Please document			
b. Rapid and humane destruction of livestock	Yes/No				
c. Disposal of carcasses	Yes/No				
d. Methods of decontamination and disinfection and biosecurity	Yes/No				
e. Valuation and compensation	Yes/No				
f. Vaccination of animals	Yes/No				
25. Is there an outbreak investigation reporting form?	Yes/No				

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
26. Do you have the necessary personal protective equipment (PPE) for animal health workers stocked and readily available?	Yes/No	Detail PPE kits (items and quantities) available for animal health workers and their location.			
27. Are there facilities and equipment (other than PPEs) to undertake outbreak investigations?	Yes/No	Please describe			
28. Are animal health workers trained in:					
a. Use of PPE kits	Yes/No				
b. post-mortem techniques?	Yes/No				
c. identification and collection of correct specimens?	Yes/No				
d. preservation of specimens?	Yes/No				
29. Is there a person designated to declare infected or quarantine zones and to control movement between zones?	Yes/No	What is the title of this person?			
30. Have policies for infected and buffer zones been established?	Yes/No	Please describe			

5 Public health surveillance

It is recommended that Section 5 be completed by the Ministry/Department of Health.

5.1 Surveillance capacity of the Ministry/Department of Health (Questions 31-32)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
31. Is there a surveillance officer(s) (or similar) from the Ministry of Health responsible for coordinating surveillance activities?	Yes/No	Who is this Officer, what is their title and who do they report to?			
32. Is there a duty statement for the officer(s) for the <i>surveillance component</i> of their role?	Yes/No				

5.2 Early warning surveillance (Questions 33-35)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
33. Are any of the following activities being undertaken?		Please describe			
a. Immediate reporting in case of any Influenza Like Illness (ILI) increase detected by health facilities	Yes/No				
b. Immediate reporting and investigation of unexplained deaths caused by ILI in the community or health-care workers	Yes/No				

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
c. Immediate reporting and investigation of unexplained deaths caused by ILI in health-care facilities	Yes/No				
d. Rumour surveillance to identify clusters of unusual diseases or unexplained deaths for humans?	Yes/No				
34. Is there a 24/7 or 'on call' system to respond to incidents?	Yes/No	Please describe			

35. How are reports verified and how quickly does this happen?

5.3 Epidemiological investigation and initial response (Questions 36-42)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
36. Is a designated rapid response team identified (e.g. EpiNet team)?	Yes/No				
37. Have the training needs (if required) of the rapid response team been identified?	Yes/No	Please detail, including information on any training plans			

38. Have SOPs for alert and outbreak verification been established?	Yes/No	Please detail any other relevant SOPs			
39. Are there criteria for mobilising rapid response teams, including a joint response with animal health officials	Yes/No	Please describe			
40. Do you have the necessary personal protective equipment (PPE) for human health workers stocked and readily available?	Yes/No	Detail how many PPE kits for human health workers are available and their location.			
41. Have human health workers involved in response activities/at high risk received training in the use of the PPEs?	Yes/No	Please describe			
42. Do you have a minimum stock of influenza antiviral drugs (oseltamivir)?	Yes/No	Please describe			

5.4 Enhanced Surveillance (Question 43)

When several events with pandemic potential occur that may affect a country, enhanced surveillance will be needed[‡]. This will include monitoring the following groups:

- people involved in culling birds or animals suspected of being infected with influenza (phases 3-4);
- incoming travellers from infected regions (phases 4-6);
- other people in contact with birds or animals infected with influenza, for example village communities, farmers and veterinarians (single cases and/or clusters);
- health-care workers caring for patients with suspected or confirmed pandemic strain influenza infection (single cases and/or clusters);
- those people working in mortuary room; and
- laboratory workers handling clinical specimens from patients with suspected or confirmed pandemic strain influenza infection (single cases and/or clusters).

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
43. Is there a coordination process established with the Taskforce members to immediately implement enhanced surveillance activities during a suspected or a pandemic event?	Yes/No	Please describe			

[‡] For more details on the WHO global phases see <http://www.who.int/csr/disease/influenza/pandemic/en/>.

6 Laboratory capacity

For many Pacific countries, animal health diagnostic requirements might need to utilise human health laboratory capacity and facilities. This linkage, based on need, has many positives as it will further strengthen the collaboration between the two professional groups and ensure that there are proper linkages in information sharing and responses arising from surveillance information. One tactic may be to form a combined veterinary medical subgroup to address the linkages between animal health and human health laboratory services.

In order to be able to quickly confirm suspected human cases of a new influenza strain, it is essential to ensure access to basic diagnostic capacity. PICTs with limited resources will need to utilise regional laboratory networks for influenza under the PPHSN framework (LabNet). Protocols for specimen collection and transport of respiratory specimens and blood have been developed by WHO and should be used by countries.

In the early stages of an outbreak, increased testing will be required when the diagnosis of pandemic strain influenza cannot be assumed. Laboratories will need to be able to increase testing at relatively short notice. Laboratory personnel, reagents, funding and training for the increased testing should be identified in advance, if possible. A strategy will be needed for rationing laboratory testing during an established pandemic.

It is recommended that Section 6 be completed jointly by animal health and human health laboratory workers.

6.1 Laboratory capacities for animal health testing (Questions 44-49)

44. Who is the animal health laboratory focal point

Name:

Position & Organisation:

Contact Details:

45. Please specify if testing is available in-country to detect influenza H5N1 type in animal specimens?

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
46. Have animal health laboratory workers been trained in laboratory biosafety?	Yes/No	How many and how recently?			
47. Are sampling and shipping supplies for animal health specimens available in-country?	Yes/No	Please describe			
48. Have animal health laboratory workers been trained in International Air Transport Association (IATA) procedures? §	Yes/No	How many and how recently?			
49. Have the animal health services mapped out the diagnostic referral services for each reference lab available to their country, and transport routes to the reference lab?	Yes/No	Please specify			

6.2 Laboratory capacities for human health testing (Questions 50-55)

50. Who is the human health laboratory focal point

Name:

Position & Organisation:

Position & Organisation:

§ See http://www.iata.org/whatwedo/dangerous_goods/download.htm.

51. Please specify what influenza testing is available in-country for human specimens?

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
52. Are lab staff or clinicians familiar with and well trained on procedures for nasopharyngeal specimen collections?	Yes/No				
53. Are sampling and shipping supplies available in-country?	Yes/No	Please describe			
54. Have the laboratory services identified the appropriate and economical air linkages to the reference lab?	Yes/No				
55. Have human health workers been trained in IATA procedures?	Yes/No	How many and how recently?			

7 Risk and behaviour communication (Questions 56-59)

During an outbreak, it will be very important for the nominated pandemic spokesperson(s) to properly brief the public to alleviate fear and uncertainty. The spokesperson(s) will also need to communicate to the public what the government can do and the limitations of government support, and what is expected of the community.

Some of the **key messages** for risk and behaviour communication that need to be communicated to the public and animal health workers are:

- awareness by the public of signs of illness in birds;
- control of birds and products that may contain the virus;
- quarantine measures to be applied to affected farms and associated premises;
- changes to industry practices to reduce risks;
- who to report suspicious cases to; and
- requirements for the importation of poultry and poultry products in to the country.

Some of the **key messages** for risk and behaviour communication that need to be communicated to the public and human health workers are:

- isolation of patients and quarantine of contacts;
- social distancing (avoiding crowding, closing schools and child-care centres, cancelling gatherings);
- coughing and sneezing etiquette, and personal hygiene, i.e. how to avoid infecting or being infected by others;
- personal protection (wearing masks in public);
- personal hygiene measures (hand-washing, disinfection of contaminated materials and surfaces);
- the isolation of sick family members (i.e. the index patient);
- coordination between health-care authorities to avoid migration to centres where enhanced services are perceived to exist; and
- measures for people entering or exiting an (un)infected area, which include travel and trade restrictions and exit and entry screening of travellers.

It is recommended that Section 7 be completed jointly by animal health and human health authorities.

56. Please describe any communication with the public in relation to the key messages listed above.

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
57. Has the pandemic alert communication team been identified? (e.g. nominated spokesperson, human health communication officer, animal health communication officer)	Yes/No	Please describe			
58. Has printed material about preventing transmission of avian influenza from birds to humans been distributed to the more at risk groups?	Yes/No	Please describe			
59. Have human and animal health field workers been trained in basic infection control practices for influenza/avian influenza?	Yes/No	Please specify who, when and where			

8 Health care services (Questions 60-63)

It is recommended that Section 8 be completed jointly by human health authorities.

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
60. Are quarantine facilities identified (esp. close to international airports) for asymptomatic people possibly infected with avian influenza?	Yes/No	Please explain what, where and for how many people.			
61. Are there isolation facilities for suspected cases of avian influenza?	Yes/No	Please explain what, where and for how many cases.			
62. Are clinical management guidelines for patients with suspected and confirmed avian influenza infection in place?*	Yes/No				
63. Are there Ministry/Department of Health infection control guidelines including procedures relevant for avian influenza patients?	Yes/No				

* WHO clinical management guidelines can be located at: www.who.int/csr/disease/avian_influenza/guidelines/pharmamanagement/en/index.html.

9 Other essential services (Question 64-65)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
64. Is there a plan to secure & distribute food and essential supplies, particularly water, power and fuel?	Yes/No	What duration has been planned for? How will supplies be distributed?			

65. Have identified essential services developed emergency contingency plans? If so, please list the plans:

10 Implementation, testing and revision of the national plan (Question 66)

66. Have you tested your NPIPP? Please describe the testing activities undertaken, or the testing activities which are planned.

11 Questions added by the Pacific Avian & Pandemic Influenza Taskforce (PAPITaF) March 2007 (Question 67 – 71)

Activities	Status	Comments	Actions for Completion	Responsible	Timeframe
<p>67. Are there plans for implementing key social distancing measures?</p> <p>For example: restriction of travel between affected and unaffected islands, social gatherings, and school closures?</p>	Yes/No				
<p>68. Are there plans for border management measures?</p> <p>For example:</p> <ul style="list-style-type: none"> • To decrease numbers or prevent people entering the country? • Management of tourists/overseas visitors in country who are unable to leave? • Planes in the air when border management measures are implemented? • Management of ships? 	Yes/No				
<p>69. Are triggers for when measures would start or stop identified and documented?</p>	Yes/No				
<p>70. Is there for provision of investigation, response and supplies in outer islands?</p>	Yes/No	Please describe			
<p>71. For those countries with stockpiles of Tamiflu or other key products, are there plans for distribution, administration, control and use of the stockpile?</p>	Yes/No	Please describe			

**Thank you, Merci, Fa'a fetai, Si yuus maase,
Ghilisou, Meitaki maata, Kalangan, Kulo, Kilisou, Kammagar, Vinaka,
Dhanyabad, Mauru'uru, Si yu'os ma'asi, Mahalo, Ko bati n rabwa, Kommol
tata, Tubwa kor, Fakaauae lahi, Sulang, Tenk yu, Mauru'uru, Fa'a fetai, Tanggio
tumas, Fakafetai, Malo!**