



MINISTRY
Of Health
Shaping Fiji's Health

FIJI NATIONAL INFLUENZA PANDEMIC PLAN (FINIP) 2006

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LIST OF ACRONYMS

CD	Communicable Diseases
CHARM	Comprehensive Hazard and Risk Management
CHI	Chief Health Inspector
CMO	Chief Medical Officer
CP	Chief Pharmacist
DISMAC	Disaster Management Committee
DPH	Director of Public Health
Fiji CDC	Fiji Communicable Disease Control Centre
HEADMaP	Health Emergency and Disaster Management Plan
IHR-FP	International Health Regulation - Focal Person
IPPC	Influenzae Pandemic Preparedness Committee
MASLR	Ministry of Agriculture, Sugar and Land Resettlement
NACD	National Adviser for Communicable Disease
NAFH	National Adviser for Family Health
NDMO	National Disaster Management Office
PATIS	Patient Information System
PPHSN	Pacific Public Health Surveillance Network
QM	Quality Management
WHO	World Health Organisation

1.0 GENERAL

1.1 PURPOSE OF THE FIJI PANDEMIC INFLUENZAE EMERGENCY OPERATIONS PLAN

This Influenza Pandemic Plan has been designed to provide an overview of the activities and responses that will be essential for the Ministry of Health of Fiji to prepare for, mitigate and respond to in the event of an influenza pandemic. It should be read in conjunction with the Public Health Emergency and Disaster Management Plan (HEADMaP) and the National Communicable Disease Surveillance & Response Guidelines.

Should the Influenzae pandemic reach Fiji, it will be considered a national emergency, a challenge which will be beyond the Ministry of Health capacity. This therefore highlights the importance of a holistic of government and multisectorial approach in preparedness planning for this nation.

1.2 ORGANISATION OF THIS FIJI'S INFLUENZAE PANDEMIC PLAN

The drafting of this plan was initiated in September 2005 during the review of the Public Health Emergency and Disaster Management Plan (2005). Several existing reference documents such as the WHO Influenzae Preparedness Checklist, Pacific Public Health Surveillance Network (PPHSN) Influenzae Guidelines and several country plans (CNMI, Nauru, Palau, NZ, South Africa, Australia, UK and USA) were considered. The action component of this document is divided into 3 parts chapters according to the six 2005 WHO pandemic phases Plan was reorganized

2.0 Inter-Pandemic Phase

- | | |
|---------|---|
| Phase 1 | No human cases detected, present in animals but poses low risk to human infection |
| Phase 2 | No human cases detected, present in animals and poses substantial risk of human disease/infection |

3.0 Pandemic Alert Phase

- | | |
|---------|---|
| Phase 3 | Human infections with new subtype but no human- to-human spread |
| Phase 4 | Small cluster(s) with limited human-to-human transmission but spread highly localized |
| Phase 5 | Larger cluster(s) but human-to-human spread still localized |

4.0 Pandemic Phase

- | | |
|---------|--|
| Phase 6 | PANDEMIC: increased and sustained transmission in general population |
|---------|--|

Each chapter consists of a matrix table containing the following six sections as key components of a pandemic influenza plan:

- Planning and Coordination
- Surveillance
- Prevention and Containment
- Healthcare and Emergency Response / Public Health Measures
- Communications
- *Antiviral & Vaccines*

Responsibilities for each section are labeled within the matrix table to indicate where the activities within that section would fall under the current Health System structure and also on a national scale under the National Disaster Management framework.

Globally, we are currently in Phase 3 of the pandemic evolution

1.3 INFLUENZAE BACKGROUND INFORMATION

Influenza is an illness caused by viruses that infect the respiratory tract in humans. Signs and symptoms of influenza infection include rapid onset of high fever, chills, sore throat, runny nose, severe headache, nonproductive cough, and intense body aches followed by extreme fatigue. Influenza is a highly contagious illness and can be spread easily from one person to another. It is spread through contact with droplets from the nose and throat of an infected person during coughing and sneezing. The period between exposure to the virus and the onset of illness is usually one to five days.

1.4 WHO PHASES OF INFLUENZAE PANDEMIC

Due to the prolonged nature of a pandemic influenza event, the World Health Organization (WHO) has defined phases of the pandemic in order to facilitate coordinated plans.

Table One: 2005 WHO GUIDELINES FOR PHASES OF INFLUENZAE PANDEMIC	
INTER-PANDEMIC PERIOD	<p>Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, risk of human infection or disease is considered to be low.</p> <p>Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>
PANDEMIC ALERT PERIOD	<p>Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized; suggesting that delay the virus is not well adapted to humans.</p> <p>Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>
PANDEMIC PERIOD	<p>Phase 6: Pandemic: increased and sustained transmission in general population.</p>
POST-PANDEMIC PERIOD	<p>Return to inter-pandemic period.</p>

1.5 PLANNING ASSUMPTIONS FOR INFLUENZAE PANDEMICS

The following assumptions were considered in developing this Influenza Pandemic Plan:

- Influenza is a highly contagious illness that is easily spread by direct personal contact, respiratory secretion droplets that may travel within 3-6 feet of the affected patient and by smaller, microscopic airborne particles that extend well beyond this distance.
- Influenza viruses mutate frequently. These mutations result in changes of two surface proteins on the virus: Hemagglutinin (H) and Neuraminidase (N).
- When animal, (mostly swine or aquatic fowl), and human influenza serotypes are mixed during a concomitant infection, the resultant viral mutations may result in the development of a new influenza serotypes. When new serotypes occur, immunologically naïve populations have no immunity to the resultant new or “novel” strain of influenza virus.
- Due to the highly contagious nature of influenza and its propensity for mutation, worldwide pandemics have been known to occur on a regular basis.
- An influenza pandemic is inevitable as Influenzae virus eventually mutate to a new strain for which the world population would have no immunity.
- Pandemic influenza is a unique public health emergency. No one knows when the next influenza pandemic will occur. However, when it does occur, it will be with little warning. Within months the world will be affected, countries will be affected simultaneously so resources will be committed. Therefore preparations in country is vital
- Experts believe that we will have between one to six months between the identification of a novel influenza virus and the time that widespread outbreaks begin to occur in a place such as the mainland United States. This time may be shorter in the Pacific like in Fiji where direct flights from Asia occur on a daily basis.
- Effective preventive and therapeutic measures, including vaccines and antiviral agents, will likely be in short supply during an influenza pandemic, as will some antibiotics to treat secondary bacterial infections.
- Vaccines will require 5-8months for production and PICTs may not be in the priority list in the initial batch.

1.5.1 IMPACT ON HEALTH SERVICE DELIVERY & INFRASTRUCTURES

- Healthcare workers and other first line responders will likely be at higher risk of exposure to influenza than the general population, further impeding the care of patients.
- Widespread illness in the community may also increase the likelihood of sudden and potentially significant shortages of personnel who provide other essential community services. Absenteeism from illness and fear will be a reality that will affect these services and others
- To some extent, everyone will be affected by the influenza pandemic.
- Medical services and healthcare workers will be overwhelmed during the influenza pandemic
- Healthcare workers may not be able to provide essential care to all patients in need
- Unlike the typical disaster, because of increased exposure to the virus essential community services personnel such as healthcare personnel, police, firefighters,

emergency medical teams, and other first responders, will be more likely to be affected by influenza than the general public.

- Also unlike typical natural disasters, during which critical components of the physical infrastructure may be threatened or destroyed, an influenza pandemic may also pose significant *threats to the human infrastructure* responsible for critical community services due to widespread absenteeism in the workforce. This will impact distribution of food, home meal deliveries, day care, garbage collection and other critical services.
- The first wave of the pandemic may last from 1-3 months, while the entire pandemic may last for 2-3 years.
- The socio-economic impact of Influenzae Pandemic would be surmountable but the actual estimated costs for providing prophylaxis and other necessary resources is anticipated to be sky-rocketing. Using Flu Aid, the crude calculations to cover 25% of the population, it would cost Fiji FJD\$ 585 million for prophylaxis with Tamiflu. This does not include costs for treating hospitalized / confirmed cases, personal protective equipments. To cover for health workers – FJD\$ 13.5 million.

1.5.2 VACCINES

- It will take six to eight months after the novel virus is identified and begins to spread among humans before a specific vaccine would likely be available for distribution.
- Regardless of the availability of a vaccine that protects against the influenza pandemic strain, Pneumococcal vaccine and the seasonal influenzae vaccine will reduce the risk of complications that can result from influenza infection. However, there are many complications of influenza that Pneumococcal vaccine will not prevent.

1.5.3 ANTI-VIRALS

- Four antiviral agents are currently available for prophylaxis or treatment of influenza A.
 - ***Oseltamivir and Zanamivir are neuraminidase inhibitors*** and are recommended for both prophylaxis and therapy, but have far less availability.
- Although antiviral agents are available that can theoretically be used for both treatment and prophylaxis during the next pandemic, these agents will likely be available only for limited distribution.
- Antiviral agents are expected to play a limited role in the prevention and treatment of pandemic influenza.
- The supply of antiviral agents will be well below the anticipated demand during an influenza pandemic.

Adverse effects are not uncommon with the influenza antiviral, ranging from mild gastrointestinal discomfort to significant neurological signs and symptoms.

1.5.4 RISK TO FIJI

With the ease of international travel, all areas are potentially vulnerable to outbreaks of influenza imported from the Northern or Southern Hemisphere winters, or to a novel pandemic strain of influenza, which may occur anywhere, although it classically starts in China or Southeast Asia, as Fiji is in the hub of the South Pacific.

When outbreaks do occur, they might be more severe because:

- PICTs' populations are ageing with more chronic medical conditions (Non-Communicable Disease), known risk factors for severe influenza;
- the remoteness of many health-care facilities and lack of basic medical services in many places poses a definite risk of serious outbreaks of influenza;
- there is a low level of seasonal influenzae vaccine usage due to lack of funds.

1.6 REVIEW OF THE FIJI INFLUENZAE PANDEMIC PANDEMIC PREPAREDNESS PLAN

This plan should not be regarded as the final draft. It has not adequately taken into account inputs from other stakeholders such as the attorney generals office. In view of this, the plan should be considered an evolving document. The this plan will be reviewed through the testing of the plan, table top exercises– it is

This plan will be reviewed annually by the Influenzae Pandemic Task Force ([See Appendix A for the Terms of Reference](#)).

In addition, at the end of any escalation of events to Phase 5 or higher, a debriefing will be carried out through the HEADMaP Taskforce and the Influenzae Pandemic Preparedness Committee (IPPC) to assess the effectiveness of operations during the event and to determine the extent of impact on the community. This information should then be used to update and review the plan.

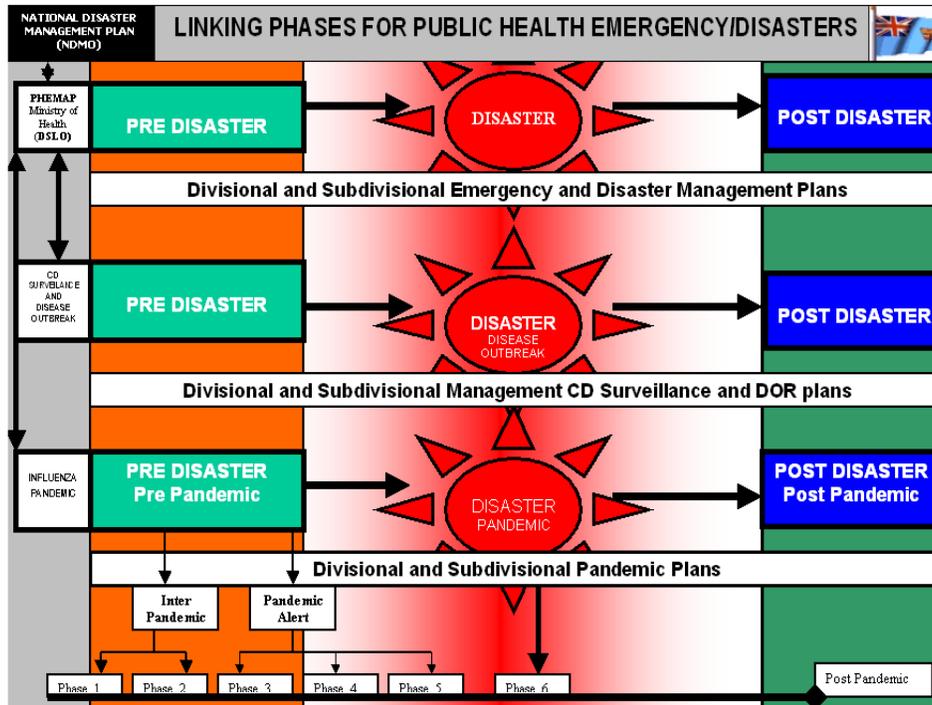
1.7 PRIMARY RESPONSIBILITY OF THE MINISTRY OF HEALTH

- Coordinating national surveillance and collaborating with PPHSN & WHO in regards to regional and international surveillance.
- Developing “generic” guidelines and “information templates” that can be modified within the country
- Identification of public and private sector partners needed for effective planning and response.
- Development of key components of pandemic influenza preparedness plan: to include surveillance, antiviral (and probably through direct assistance of PPHSN/WHO, consideration of vaccines) and communications.
- Integration of Fiji’s Influenzae Pandemic planning with other planning activities conducted under the Public Health Division of the Ministry of Health.
- Coordination with Divisional, Subdivisional and private health care providers to ensure development of local plans and providing resources, such as templates to assist in planning process.
- Development of data management systems needed to implement components of the plan.
- Assistance to the Divisions, Subdivisions and Private Sectors in exercising the plans.
- Coordination with other key stakeholders e.g. National Disaster Management Office.

1.8 LINKS TO SUPPORTIVE PLANS:

NDMO and the National Disaster Management Committee (DISMAC) would be in overall coordination of the Influenza Pandemic once it is declared DISASTER by the State following WHO's Declaration. The CEO-Health and DSLO (Division Services Liaison Officer) represents MoH to NDMC. NDMO and stakeholders are sector agencies.

Fig 1.0 Schematic Illustration of the link of the Influenza Pandemic, CD disease outbreak to NDMO using the 3 tier phases.



The above linkages are crucial to the proper and effective coordination of responses. Operation Centers identified in divisional health services will be used for operational coordination to all affected communities and health facilities. Three (3) core areas have been illustrated and need to be in synergy at all times for effective and efficient health responses in emergency and disaster.

2.0 INTER-PANDEMIC PERIOD

The following section outlines actions to be taken and responsibility for ensuring these are carried out based on the current pandemic phase. All actions should be continued as the situation is scaled up unless they are made obsolete by actions outlined in these higher phases.

Planning and Coordination		
	ACTION	COMMAND RESPONSIBILITY
PHASE 1 No new viral influenzae virus subtypes have been detected in humans.	<input type="checkbox"/> Activate the National Avian Influenzae Taskforce and convene as the Influenza Pandemic Preparedness Committee (IPPC). See Appendix A for the National Avian Influenzae Taskforce	DPH/NACD
	<input type="checkbox"/> Establish responsibility for pandemic planning and develop response plan.	IPPC
	<input type="checkbox"/> Conduct trial exercise to test the plan and use the results to improve and refine preparedness.	IPPC, FCDC
	<input type="checkbox"/> Review networks with partner agencies (i.e. NDMO, WHO, SPC) to address emergency operations plans and practices related to food safety, safe agricultural practices and other public health issues related to infected animals.	IPPC/Div Directors
	<input type="checkbox"/> Assess preparedness against the WHO checklist for influenza pandemic preparedness planning and create a task list to address & improve any identified & gaps.	IPPC/Div Directors
	<input type="checkbox"/> Review options for preparedness including feasibility of development of a domestic stockpile (antivirals, personal protective equipment, vaccines, laboratory diagnostics, other technical support) for rapid deployment when needed.	IPPC/Div Directors
	<input type="checkbox"/> Develop surge-capacity contingency plans for the internal management of domestic resources and essential workers during a pandemic (as part of HEADMaP Plans).	IPPC/Div Directors
	<input type="checkbox"/> Identify & train key personnel to be mobilized in case of a pandemic.	Div Directors
	<input type="checkbox"/> Advocate the importance of pandemic planning to Fiji government administration, legislators and community leadership.	IPPC
	<input type="checkbox"/> Advise the PM's office of any potential need for resources and funding to implement prevention and containment activities.	Minister of Health
	PHASE 2 No human cases, circulating animal influenzae virus subtype	<input type="checkbox"/> <i>If animal cases are occurring in Fiji or in countries with extensive travel/trade links with Fiji:</i> <ul style="list-style-type: none"> ◦ For isolated animal cases, issue standby for activation of the FIPP, ◦ If animal outbreak is occurring immediately activate FIPP.
<input type="checkbox"/> Activate mechanisms for joint management of situation with MASLR according to the Fiji Avian Influenzae preparedness/Response Plan [FNAIPR Plan]		Director Animal Health/SPC

<input type="checkbox"/>	Consider need to request PPHSN/SPC and WHO to provide on-site expert assistance.	IPPC/SPC
<input type="checkbox"/>	Ensure ability to rapidly deploy stockpile resources (or internationally supplied resources) to clinics and outlying areas.	Chief Pharmacist
<input type="checkbox"/>	Decide whether to deploy part of the stockpile components according to risk assessment.	IPPC
<input type="checkbox"/>	Establish a policy on compensation for loss of animals through culling, in order to improve compliance with emergency measures.	MASLR

Surveillance		
	ACTION	RESPONSIBLE
<p>PHASE 1 No new viral influenzae virus subtypes have been detected in humans.</p>	<input type="checkbox"/> Strengthen and maintain National Notifiable Disease Surveillance System (NNDSS) & Patient Information System (PATIS) to monitor cases of influenza-like illness, (ILI); voluntary syndromic surveillance of outbreaks in schools, high-risk congregate settings etc.	MoH Stats & Fiji CDC
	<input type="checkbox"/> Reactivate and strengthen the Avian Surveillance Subcommittee (established in Feb 2004) collaboration between MoH with the MAFF (Animal Health Services), the Fiji Poultry Association, SPC Veterinary Unit to establish network for notification of clusters of animal (domesticated bird and pig) deaths.	Avian Taskforce
	<input checked="" type="checkbox"/> Develop and test procedure for sending appropriate clinical samples for laboratory testing overseas to the PPHSN referral laboratory and/or a regional WHO reference laboratory (in Australia and Japan, if necessary).	Fiji CDC
	<input type="checkbox"/> Improve influenza surveillance to include the following activities: <ul style="list-style-type: none"> ◦ Assess the feasibility and utility of collection of hospital admission or census data and emergency department and diagnosis data. ◦ Enhance the sentinel clinician network for reporting and specimen submission to improve geographic distribution statewide ◦ Develop and assess the efficacy of a sentinel school surveillance system using weekly student absentee rates from selected schools in the state. 	Divisional CMO's
	<input type="checkbox"/> Report unusual surveillance findings to IHR Focal Point, Fiji CDC, PACNET and WHO-WPRO.	NNDSS reporting sites (influenzae sentinel sites)
	<input type="checkbox"/> Distribute influenza surveillance data to laboratories, DPH, healthcare providers, infection control professionals (ICPs) and other key stakeholders (e.g. MAFF, SPC, WHO)in Fiji	Fiji CDC/MoH Stats Unit
	<input type="checkbox"/> Through PACNET and WHO-WPRO, maintain a communication networks with epidemiologists and public health laboratories in the region to share information regarding the detection and circulation of novel influenza viruses	Fiji CDC
	<input type="checkbox"/> Use NNDSS to assess the burden of seasonal influenza to help estimate additional needs during a pandemic.	Fiji CDC

	<input type="checkbox"/> Regularly report surveillance results to PacNET/SPC & WHO	Fiji CDC
PHASE 2 No human cases, circulating animal influenzae virus subtype	<input type="checkbox"/> <i>If animal cases are occurring in Fiji or in countries with extensive travel/trade links with Fiji:</i> ◦ Implement active surveillance by actively following up all cases of ILI reported via NNDSS.	IPPC
	<input type="checkbox"/> Actively implement animal surveillance.	MASLR
	<input type="checkbox"/> Regularly report surveillance results to PACNET/SPC & WHO-WPRO.	FIJI CDC
	<input type="checkbox"/> Urgently transport representative samples from infected animals to WHO and MAFF reference laboratory.	FIJI CDC
	<input type="checkbox"/> Conduct field investigations in affected area(s) to assess spread of the disease in animals and threat to human health.	MASLR/FIJI CDC

Vaccination, Prevention & Containment		
	ACTION	RESPONSIBLE
PHASE 1 No new viral influenzae virus subtypes have been detected in humans.	<input type="checkbox"/> Prepare strategies to stop the spread of infection (travel advisories, assessment of those returning from high risk areas, assessment of boats/fishing vessels).	CHI/MASLR
	<input type="checkbox"/> Ensure that proposed interventions are discussed with the Cabinet, local governments, MoH and MASLR.	NDMO
	<input type="checkbox"/> Review legal authority to implement proposed interventions (i.e. quarantine and isolation).	CHI
	<input type="checkbox"/> Set priorities and criteria for targeted deployment for antivirals and pandemic vaccines (should they become available)	AF Clinical Management Subcommittee (AFCMS)
	<input type="checkbox"/> Explore strategies to allow access to vaccines through agreements with funding agencies such as WHO and PPHSN.	WHO/UNICEF
	<input type="checkbox"/> Review logistic and operational needs for implementation of pandemic vaccine strategy (vaccine storage, distribution capacity, cold-chain availability, vaccination centers, staffing requirements for vaccine administration).	Chief Pharmacist/NAFH
	<input type="checkbox"/> Develop necessary standing orders and other written materials for healthcare providers that include recommendations to develop a vaccine strategic plan, a summary of the most recent influenza vaccine recommendations (check WHO website), clinic flow charts and handling and storage instructions.	Chief Pharmacist/NAFH
	<input type="checkbox"/> Check to ensure emergency health powers legislation/policy on quarantine is in place and ready for implementation.	MOH
	<input type="checkbox"/> Ensure delivery/distribution systems are geared up for response to possible human cases (including ensuring dispensary staff are familiar with protocols)	MASLR/MOH

	<input type="checkbox"/> Develop contingency plans for procuring seasonal vaccine (or specific vaccine if available) and for distribution once available.	IPPC
	<input type="checkbox"/> Model potential public health impact of influenza pandemic in Fiji using CDC “Flu-Aid” software available for download at: http://www2a.cdc.gov/od/fluaid/ and model potential hospital impact using “Flu Surge” software available for download at: http://www.cdc.gov/flu/flusurge.htm	FIJI CDC
PHASE 2 No human cases, circulating animal influenzae virus subtype	<input type="checkbox"/> If animal cases are occurring in Fiji: ◦ Implement a disposal plan for culled/dead livestock including education on disposal procedures and infection control measures.	MASLR
	<input type="checkbox"/> Recommend measures to reduce human contact with potentially infected animals	MASLR
	<input type="checkbox"/> Prepare for use of further interventions if human infection is detected.	MASLR/MOH

Healthcare and Emergency Response		
	ACTION	RESPONSIBLE
PHASE 1 No new viral influenzae virus subtypes have been detected in humans.	<input type="checkbox"/> Benchmark health system preparedness with the help of the WHO checklist for influenza pandemic preparedness planning and address gaps.	IPPC
	<input type="checkbox"/> Ensure influenza pandemic response plan is incorporated into the HEADMaP Plan.	Divisional Directors
	<input type="checkbox"/> Ensure infection control guidelines are current and implemented.	Infection Control Committee (ICC)
	<input type="checkbox"/> Ensure implementation of routine laboratory biosafety, safe specimen handling, and hospital infection control policies.	Fiji CDC QM/ICC
	<input type="checkbox"/> Estimate pharmaceutical and other material supply needs; commence arrangements to secure supply.	Chief Pharmacist
	<input type="checkbox"/> Increase awareness and strengthen training of health-care workers on pandemic influenza.	Divisional Directors/IPPC
	<input type="checkbox"/> Develop mass fatality plans for facility-based deaths (hospitals, nursing homes, mental health units etc.).	AFCMS
	<input type="checkbox"/> Participate, if requested, in mass fatality disaster exercises.	Divisional Directors/IPPC
	<input type="checkbox"/> Identify essential services within each division/subdivisions and develop a plan to assure as little interruption of these services. Services may include local agriculture and farms, home healthcare and delivery of food to those in need.	Divisional Directors/IPPC

<p>PHASE 1 No new viral influenzae virus subtypes have been detected in humans.</p>	<input type="checkbox"/> In conjunction with HEADMaP Plan, develop and maintain an inventory of voluntary healthcare personnel that includes: <ul style="list-style-type: none"> ◦ physicians / clinicians ◦ nurse practitioners ◦ pharmacists ◦ nurses ◦ medical assistants, and ◦ other persons who may be trained in the event of an emergency to render care 	Divisional Directors
	<input type="checkbox"/> Maintain an inventory or appropriate listing of the following items within their division/subdivisions: <ul style="list-style-type: none"> ◦ bed capacity (hospital and long-term care) ◦ ICU/CCU capacity ◦ ventilators ◦ negative pressure air isolation rooms ◦ sources of medical supplies and other personal protective equipment (PPE) ◦ a listing of contingency medical facilities (within the division/subdivision) ◦ mortuary/funeral services ◦ social services, mental health services, faith services 	Divisional Directors
<p>PHASE 2 No human cases, circulating animal influenzae virus subtype</p>	<input type="checkbox"/> Review Hospital Emergency Operations Plan and preparedness for presentation of patients requiring isolation and clinical care.	DIV DIR/PH DIV
	<input type="checkbox"/> Train all MoH staff in the use of the emergency operational plans (Refer to <i>Clinical Guidelines for Avian Influenzae</i>)	DIV DIR/PH DIV
	<input type="checkbox"/> Ensure procedures in place to detect and respond to nosocomial transmission of influenza.	DIV DIR/PH DIV
	<input type="checkbox"/> <i>If animal cases are occurring in Fiji or in countries with extensive travel/trade links with Fiji:</i> <ul style="list-style-type: none"> ◦ Alert local health-care providers to consider influenza infection in ill patients with travel or epidemiological link to an affected country, and to recognize the need for immediate reporting to hospital epidemiologist. 	MASLR/MOH
	<input type="checkbox"/> Verify availability and distribution procedures for personal protective equipment and antivirals and for vaccine for the protection of persons at occupational risk (such as nurses in isolation wards); consider measures to implement.	CP/DIV DIR
<input type="checkbox"/> Ensure rapid deployment of diagnostic tests when available.	FCDC	

Communications		
	ACTION	RESPONSIBLE
<p>PHASE 1 No new viral influenzae virus subtypes have been detected in humans.</p>	<input type="checkbox"/> Establish & maintain networks between and key response stakeholders, including private health clinics, NDMO's, MAFF, SPC and MOH staff.	IPPC, Divisional Directors, Minister of Health
	<input type="checkbox"/> Familiarize news media with the national response plan and preparedness activities.	IPPC, Divisional Directors, Minister of Health
	<input type="checkbox"/> Establish lines of communication and define MoH staff roles and responsibilities clearly to avoid confusion and facilitate the best possible communication with partners.	IPPC
	<input type="checkbox"/> Maintain a system to effectively communicate with public health officials, healthcare professionals and other target audiences.	IPPC
	<input type="checkbox"/> Develop a list of media spokespersons from each agency in Fiji	NCHP
	<input type="checkbox"/> Coordinate with IPP Committee to provide information to the media via the PHEDM when activated.	IPPC
	<input type="checkbox"/> In cooperation with the National Centre for Health Promotion (NCHP), develop education materials for healthcare professionals and the public regarding the use of antiviral medication for treatment and prevention of influenza	IPPC/NCHP
<p>PHASE 2 No human cases, circulating animal influenzae virus subtype</p>	<input type="checkbox"/> Plan process to inform the media of the novel virus alert when it is confirmed in Fiji.	IPPC
	<input type="checkbox"/> <i>If animal cases are occurring in Fiji or in countries with extensive travel/trade links with Fiji:</i> <input type="checkbox"/> Update the cabinet, NDMO, at-risk groups and the public, with current information on virus spread and risks to humans.	MOH
	<input type="checkbox"/> Establish dedicated communications channels to answer questions from health-care providers and the public.	Div Dir/IPPC
	<input type="checkbox"/> Communicate information on risk and prevention (risk of infection; safe food; animal handling) using fact sheets/ brochures.	Div Dir/IPPC
	<input type="checkbox"/> Address possible stigmatization of individuals/ populations in contact with the animal strain.	MASLR/MOH

Antiviral		
	ACTION	RESPONSIBLE
	<input type="checkbox"/> Undertake scoping exercise to establish governments ability to procure antivirals	CP/DIV DIR

<p>PHASE 1 No new viral influenzae virus subtypes have been detected in humans.</p>	<input type="checkbox"/> The IPP Clinical Management Team will be responsible for developing criteria for use of antiviral medication from state stockpiles. This criteria will include: <ul style="list-style-type: none"> ▪ Estimates of the amount of antiviral medication needed to maintain essential services ▪ Methods of distribution of antiviral medication ▪ Maintain an interim stockpile of antivirals ▪ Assist divisional/subdivisional with developing lists of pharmaceutical outlets 	<p>IPPC</p>
	<input type="checkbox"/> Update recommendations for prophylaxis and treatment with antivirals; consider implementation after formal risk assessment.	<p>CP/IPPC</p>
	<input type="checkbox"/> Identify vendors and other potential sources of prophylactic and therapeutic antiviral medications.	<p>DONOR AGENCIES</p>

3.0 PANDEMIC ALERT PERIOD

The following section outlines actions to be taken and responsibility for ensuring these are carried out based on the current pandemic phase. All actions should be continued as the situation is scaled up unless they are made obsolete by actions outlined in these higher phases.

Planning and Coordination		
	ACTION	RESPONSIBLE
PHASE 3 Human cases, but no human-to-human spread	<input type="checkbox"/> If cases are occurring in Fiji ◦ Activate Emergency Operation Plan.	IPPC
	<input type="checkbox"/> Brief Cabinet and key Fiji leadership regarding the status of the incident and the potential need for additional resources, interventions and the use of emergency powers.	MoH
	<input type="checkbox"/> Establish and maintain a public health incident command system	MoH/NDMO
PHASE 4 Small cluster(s) with limited human-to-human transmission	<input type="checkbox"/> Notify NDMO's office and key Fiji leadership regarding the potential need for more resources, and need for business continuity planning in all essential service areas.	MoH
	<input type="checkbox"/> Develop a business continuity plan for MoH operations in the face of mass staff absenteeism.	Div Dir/IPPC
	<input type="checkbox"/> Assess preparedness status using the WHO checklist for influenza pandemic preparedness planning ; implement actions required to close priority gaps.	Div Dir/IPPC
	<input type="checkbox"/> If cases are occurring in Fiji ◦ Activate both the PHEDM and Hospital Emergency Plans (extract from Avian Clinical Guidelines)	Div Dir
	<input type="checkbox"/> Obtain political commitment for ongoing and potential interventions/countermeasures.	IPPC
	<input type="checkbox"/> Ensure information-sharing and coordination of emergency responses through NDMO, PPHSN and WHO-WPRO.	IPPC
	<input type="checkbox"/> Identify needs for PPHSN, WHO and International assistance.	IPPC
PHASE 5 Larger cluster(s) but human-to-human spread still localised	<input type="checkbox"/> Update government officials of pandemic status and the potential need for more resources.	IPPC
	<input type="checkbox"/> Initiate daily briefings (via email) with IPPC members, CEO and DPH and Clinical Directors.	IPPC
	<input type="checkbox"/> Alert for activation of HEADMaP. Identify roles as appropriate.	IPPC

PHASE 5 Larger cluster(s) but human-to-human spread still localised	<input type="checkbox"/> Assess legal barriers to surveillance, containment and treatment strategies.	Legal, FCDC
	<input type="checkbox"/> If cases are occurring in Fiji ◦ Activate HEADMaP and Hospital Emergency Plans.	MOH
	<input type="checkbox"/> Request international assistance/expertise as required.	IPPC
	<input type="checkbox"/> Finalize preparations for imminent pandemic, including addressing any remaining gaps.	IPPC

Surveillance		
	ACTION	RESPONSIBLE
PHASE 3 Human cases, but no human-to-human spread	<input type="checkbox"/> Review case definition for influenza based on WHO guidance.	IPPC
	<input type="checkbox"/> If cases are occurring in Fiji or in countries with extensive travel/trade links with Fiji ◦ Confirm and report cases promptly to PACNET and WHO-WPRO.	Epidemiologist, FCDC, DPH
	<input type="checkbox"/> Exclude laboratory accident or intentional release as the cause of the human cases.	Epidemiologist, FCDC, DPH
	<input type="checkbox"/> Investigate to determine the epidemiology of human cases (source of exposure; incubation period; infection of contacts (clinical and sub-clinical); period of communicability).	Epidemiologist, FCDC, DPH
	<input type="checkbox"/> Ensure rapid dispatch of clinical samples to Fiji CDC, the PPHSN referral laboratory or WHO regional reference laboratories.	Div Dir
	<input type="checkbox"/> Enhance human and animal surveillance, including daily contact with dispensary locations.	Div Dir / FCDC / MASLR
	<input type="checkbox"/> Assess effectiveness of treatment protocols and infection control measures and revise if necessary.	AFCM
PHASE 4 Small cluster(s) with limited human-to-human transmission	<input type="checkbox"/> Implement surveillance and identify suspect cases.	FCDC
	<input type="checkbox"/> Identify reference laboratory to support diagnostic confirmation.	FCDC
	<input type="checkbox"/> Enhance surveillance to include active case finding.	FCDC
	<input type="checkbox"/> If cases are occurring in Fiji ◦ Describe and (re)assess the epidemiological, virological and clinical features of infection; identify possible source(s) of infection.	FCDC
	<input type="checkbox"/> Report case information (de-identified so as to protect patient confidentiality) to WHO-WPRO and PACNET.	IHR FP
	<input type="checkbox"/> Assess sustainability of human-to-human transmission.	WHO

	<input type="checkbox"/> Forecast likely impact of the spread of infection.	FCDC /WHO
	<input type="checkbox"/> Attempt to assess the impact of containment measures to allow for adjustment of recommendations.	FCDC/ IPPC
	<input type="checkbox"/> Enhance surge capacity for surveillance.	FCDC/ IPPC
	<input type="checkbox"/> Notification of public health providers to collect respiratory specimens from patients who present with ILI and: <ul style="list-style-type: none"> ◦ had recent travel to a region where the novel strain of influenza has been identified; ◦ or had received influenza vaccine within the previous year and present with ILI; ◦ or present with unusually severe symptoms of ILI regardless of their travel history 	FCDC/ IPPC
PHASE 5 Larger cluster(s) but human-to-human spread are localised	<input type="checkbox"/> Discourage travel to and from countries with human infections with pandemic potential virus.	CHI/ Immigration
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <ul style="list-style-type: none"> ◦ Implement appropriate interventions identified during contingency planning, and consider any new guidance provided by WHO 	Div Clinical Team
	<input type="checkbox"/> Evaluate the effectiveness of these measures in collaboration with PPHSN and WHO.	FCDC
	<input type="checkbox"/> Distribute pandemic vaccine if available.	Chief Pharmacist
	<input type="checkbox"/> Discourage or ban public gatherings/ school closure if indicated.	Police
	<input type="checkbox"/> Ensure security necessary for vaccine storage and mass vaccination clinic locations.	Military
	<input type="checkbox"/> Re-emphasize infection-control measures in the hospitals & health centers around Fiji.	IC Committee
	<input type="checkbox"/> Evaluate necessity of establish temporary and isolated clinical care sites dedicated to seeing influenza cases so as to prevent cross infection of other patient care.	MOH

Public Health: Vaccination, Prevention and Containment		
ACTION		RESPONSIBLE
PHASE 3 Human cases, but no human-to-human spread	<input type="checkbox"/> Ensure there is a legal framework in place in support of possible sanctions of public meetings or school closures or isolation.	CHI
	<input type="checkbox"/> Review vaccine use strategies and supplies.	CP/IPPC

	<input type="checkbox"/> Resolve liability and other legal issues linked to use of the pandemic vaccine for mass or targeted emergency vaccination campaigns	CP/IPPC
	<input type="checkbox"/> Assess inventories of vaccines and other material resources needed to carry out vaccinations (e.g. syringes).	CP/IPPC
	<input type="checkbox"/> If cases are occurring in Fiji <ul style="list-style-type: none"> ◦ Implement appropriate interventions as identified during contingency planning 	Div Dir/IPPC
	<ul style="list-style-type: none"> ◦ If associated with animal outbreak(s): (a) consider deploying supplies of antivirals for post-exposure (and possibly pre-exposure) prophylaxis of individuals who are most likely to be exposed to the animal virus; (b) promote vaccination with seasonal influenza vaccine to limit risk of dual infection in those most likely to be exposed to the animal virus, and potentially decrease concurrent circulation of human strains in the outbreak 	MOH/MASLR
	<input type="checkbox"/> Assist MAFF Animal Health Service unit in the implementation of Fiji Animal Disease Emergency Management Plan	MOH
<p>PHASE 4 Small cluster(s) with limited human-to-human transmission</p>	<input type="checkbox"/> Discourage or disallow travel to and from countries with human infections with pandemic potential virus	DPH, Minister of Health & Immigration
	<input type="checkbox"/> Implement intensive control measures including isolation, quarantine, antiviral therapy and prophylaxis, vaccination and removal of potential reservoirs in domestic animals.	CHI, Immigration
	<input type="checkbox"/> Ensure availability of testing kits	FCDC
	<input type="checkbox"/> Revise and review vaccination and antiviral strategies based on lessons learned from use in countries with cases (if applicable).	CP
	<input type="checkbox"/> If pandemic vaccine has already been developed <ul style="list-style-type: none"> ◦ Activate emergency procedures for use of pandemic vaccines (from all countries). 	IPPC, FP
	<input type="checkbox"/> Implement vaccination program (initially targeting priority groups) with pandemic vaccine.	IPPC
	<input type="checkbox"/> If cases are occurring in Fiji <ul style="list-style-type: none"> ◦ Implement interventions identified during contingency planning, implement as an emergency measure; assess impact. 	IPPC
<p>PHASE 5 Larger cluster(s) but human-to-human spread are localised</p>	<input type="checkbox"/> Implement travel advisories, travel restrictions where applicable.	Immigrations
	<input type="checkbox"/> Implement intensive control measures including isolation, quarantine, antiviral therapy and prophylaxis, vaccination and removal of potential reservoirs in domestic animals.	CHI, Immigration
	<input type="checkbox"/> Ensure availability of testing kits	FCDC

	<input type="checkbox"/> Revise and review vaccination and antiviral strategies based on lessons learned from use in countries with cases (if applicable).	CP
	<input type="checkbox"/> Plan for vaccine distribution and accelerate preparations for mass vaccination campaigns (e.g. education, legal/liability issues) for if/when pandemic vaccine becomes available	IPPC
	<input type="checkbox"/> <i>If pandemic vaccine has already been developed</i> <input type="checkbox"/> Activate emergency procedures for use of pandemic vaccines (from all countries).	IPPC, FP
	<input type="checkbox"/> Implement vaccination program (initially targeting priority groups) with pandemic vaccine.	IPPC
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <input type="checkbox"/> Implement interventions identified during contingency planning, implement as an emergency measure; assess impact.	IPPC

Health Care and Emergency Response		
	ACTION	RESPONSIBLE
PHASE 3 Human cases, but no human-to-human spread	<input type="checkbox"/> Review Hospital Emergency Plan with key hospital managers and staff to ensure readiness for surge capacity that can deal with a sustained increase in infectious patients	DIV DIR
	<input type="checkbox"/> Prepare health care and emergency response systems to meet needs in pandemic outbreak by training all MoH incident management staff with the MoH PHEDM Plans with emphasis on the Emergency Operations Plans	Div Dir/IPPC
	<input type="checkbox"/> Provide all health-care providers with updated case definitions and case management protocols	IPPC
	<input type="checkbox"/> Assess infection control capacity at hospitals and clinics	AFCM
	<input type="checkbox"/> Review infection control manuals/guidelines	AFCM
	<input type="checkbox"/> Ensure availability of protective equipment for healthcare workers and laboratory technicians	Div Dir
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <input type="checkbox"/> Activate the PHEDM Plan and request the NDMO to declare an emergency	MoH IPPC
	<input type="checkbox"/> Review contingency plans at all levels, with special attention to surge capacity.	Div Directors/IPPC
	<input type="checkbox"/> Ensure health care-workers trained in response procedures/ identification of cases	Div Directors/IPPC
	<input type="checkbox"/> Ensure implementation of infection-control procedures to prevent nosocomial transmission.	Div Directors/IPPC
	<input type="checkbox"/> Assess capacity to meet pandemic needs	IPPC

<p>PHASE 4 Small cluster(s) with limited human-to-human transmission</p>	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <ul style="list-style-type: none"> ◦ Update and reinforce messages to health-care providers to consider influenza infection in ill patients, and report findings to hospital epidemiologist. 	IPPC, NCHP
	<input type="checkbox"/> Develop protocol for physician offices to use during an influenza pandemic (<i>refer to Avian Influenzae Clinical Guidelines</i>)	Clinical Subcommittee
	<input type="checkbox"/> Update case definition and case management protocols as required.	Clinical Subcommittee
	<input type="checkbox"/> Continue activation of HEADMaP and Hospital Emergency Operational Plans as necessary.	All MoH staff
	<input type="checkbox"/> Re-emphasize infection-control measures and issue stockpiles of personal protective equipment.	IC Committee
	<input type="checkbox"/> Assist coroners, medical directors, funeral directors and vital records registrars with the following: <ul style="list-style-type: none"> ◦ development of a local mass fatality disaster plan. ◦ development of plans for filing and issuing death certificates in a mass fatality situation. 	Military
<p>PHASE 5 Larger cluster(s) but human-to-human spread are localised</p>	<input type="checkbox"/> Review contingency plans relevant especially as applicable to healthcare delivery and community support.	MOH
	<input type="checkbox"/> Disperse infection control guideline to healthcare personnel and ministry of health, ensure implementation.	NCHP/Clinical Subcommittee
	<input type="checkbox"/> Provide public and private health-care providers with updated case definition, protocols and algorithms for case-finding, management, infection control and surveillance.	FCDC
<p>PHASE 5 Larger cluster(s) but human-to-human spread are localised</p>	<input type="checkbox"/> Assess capability/capacity for infection control for ill patients, and implement infection control consistent with WHO guidelines.	IC
	<input type="checkbox"/> Train health-care workers to detect/identify cases and clusters.	FCDC
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <ul style="list-style-type: none"> ◦ Full mobilization of health services and full implementation of Hospital Emergency Plans and HEADMaP in affected areas, including coordination with other emergency sectors. 	IPPC
	<input type="checkbox"/> Commence triage arrangements and other emergency procedures for efficient use of health-care facilities.	IPPC
	<input type="checkbox"/> Fully implement emergency plans for deployment of health-care workers.	MOH

PHASE 5 Larger cluster(s) but human-to-human spread are localised	<input type="checkbox"/> Ensure attention to the health and other needs of persons in quarantine.	MOH
	<input type="checkbox"/> Arrange for additional human and material resources, and alternative means of health-care delivery, based on forecasted needs and contingency plans.	MOH
	<input type="checkbox"/> Implement corpse-management procedures.	MOH

Communications		
	ACTION	RESPONSIBLE
PHASE 3 Human cases, but no human-to-human spread	<input type="checkbox"/> Identify target groups for delivery of key messages and develop appropriate materials	IPPC/ NCHP
	<input type="checkbox"/> Ensure that communications systems are functioning and that contact lists are up to date.	NCHP/IPPC
	<input type="checkbox"/> Regularly distribute informational updates to all appropriate partners.	NCHP/IPPC
	<input type="checkbox"/> Develop an internal plans on how to distribute information passed on from MoH to appropriate healthcare facility and laboratory staff both public and private settings	NCHP/IPPC
	<input type="checkbox"/> Utilize the PACNET to notify health partners of new developments, share treatment protocols and other relevant information.	IHR FP/FCDC
	<input type="checkbox"/> If cases are occurring in Fiji <ul style="list-style-type: none"> ◦ Provide regular updates to NDMO, WHO and PPHSN 	IPPC
	<input type="checkbox"/> Produce fact sheets/brochures using WHO and CDC educational materials	IPPC/NCHP
	<input type="checkbox"/> Address the issue of stigmatization of individuals/families/communities affected by human infection with the animal strain.	NCHP
PHASE 4 Small cluster(s) with limited human-to-human transmission	<input type="checkbox"/> Prepare to update the media, local governments.	Media Liaison Officer, MoH
	<input type="checkbox"/> Update public health providers of Fiji when the novel influenza virus is detected.	CEO-H/DPH
	<input type="checkbox"/> Enhance clinician awareness of the potential for a pandemic and the importance of diagnosis and viral identification for persons with ILI.	Clinical Subcommittee
	<input type="checkbox"/> Conduct daily briefing with spokespersons and clinic leaders to determine new information to be relayed to public.	MLO
	<input type="checkbox"/> Update NDMO's office and leaders on at least a daily basis regarding the domestic and international situation.	CEO/DPH
	<input type="checkbox"/> Enhance clinician awareness of the potential for a pandemic and the importance of case identification and reporting.	Clinical Subcommittee

<p>PHASE 4 Small cluster(s) with limited human-to-human transmission</p>	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <ul style="list-style-type: none"> ◦ Establish public health hotline services. 	IPPC
	<input type="checkbox"/> Identify personnel to provide counseling services throughout the community.	St Giles/NCHP
	<input type="checkbox"/> Reinforce and intensify key messages on prevention of human-to-human spread/provide instruction in self-protection to the public.	NCHP
	<input type="checkbox"/> Develop and deliver public health messages at the air and seaports to provide information to incoming people.	NCHP
	<input type="checkbox"/> Develop a 24/7 contact list of key MoH staff	NCHP
	<input type="checkbox"/> Designate spokespeople for local media.	IPPC
	<input type="checkbox"/> Develop and maintain messages appropriate to specific audiences. Information may include: <ul style="list-style-type: none"> ◦ vaccine development and supply ◦ isolation and quarantine recommendations ◦ antiviral use ◦ prevention and infection control methods ◦ contact investigation 	NCHP
	<input type="checkbox"/> Distribute a disease fact sheet specific to pandemic influenza.	FCDC/NCHP
	<input type="checkbox"/> Maintain a system to effectively communicate with public health officials, healthcare professionals and other targeted audiences that will include: <ul style="list-style-type: none"> ◦ Securing venues for holding news conferences, media briefings distance learning and teleconferencing opportunities and other communication-related activities. 	FCDC/NCHP
<ul style="list-style-type: none"> ◦ Information distribution by: <ul style="list-style-type: none"> ▪ the PACNET ALERT NETWORK ▪ Fax emergency messaging ▪ Email lists of targeted specialty groups ▪ Teleconferencing and broadcast media 	NCHP/MLO	

<p style="text-align: center;">PHASE 4</p> <p>Small cluster(s) with limited human-to-human transmission</p>	<input type="checkbox"/> Assign DPH staff into a communication team focusing on a specific audience/communication method. Functions of the communication team will include: <ul style="list-style-type: none"> ◦ clinician communication ◦ message content and clearance ◦ government and media communications ◦ website and hotline management ◦ public health partner communication ◦ identification of spokespersons ◦ communication with laboratories 	<p style="text-align: center;">MOH/IPPC/PH/DIV DIR</p>
<p style="text-align: center;">PHASE 5</p> <p>Larger cluster(s) but human-to-human spread are localised</p>	<input type="checkbox"/> Update all healthcare providers and MOH staff, private clinics of the current situation.	<p style="text-align: center;">MOH</p>
	<input type="checkbox"/> Explain importance of complying with recommended measures despite their possible limitations, and about interventions that may be modified or implemented during a pandemic.	<p style="text-align: center;">MOH</p>
	<input type="checkbox"/> Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	<p style="text-align: center;">MOH</p>
	<input type="checkbox"/> Update all healthcare providers and MOH staff, private clinics of the current situation.	<p style="text-align: center;">MOH</p>
	<input type="checkbox"/> Explain importance of complying with recommended measures despite their possible limitations, and about interventions that may be modified or implemented during a pandemic.	<p style="text-align: center;">MOH</p>
	<input type="checkbox"/> Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	<p style="text-align: center;">MOH</p>
	<input type="checkbox"/> Update all healthcare providers and MOH staff, private clinics of the current situation.	<p style="text-align: center;">MOH</p>

4.0 PANDEMIC PERIOD

The following section outlines actions to be taken and responsibility for ensuring these are carried out based on the current pandemic phase. All actions should be continued as the situation is scaled up unless they are made obsolete by actions outlined in these higher phases.

Planning and Coordination		
	ACTION	RESPONSIBLE
PHASE 6 Pandemic	<input type="checkbox"/> Declaration of a Pandemic.	WHO/
	<input type="checkbox"/> Activate MoH HEADMaP, Hospital Emergency Plan	Minister of Health, Director PH
	<input type="checkbox"/> Obtain funding to support a pandemic response.	Minister of Health
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <ul style="list-style-type: none"> ▪ Assess requirements for international expert assistance and relay request to PPHSN and WHO. 	Minister of Health, DPH
	<input type="checkbox"/> Assess and publicize the current and cumulative national impact.	Minister of Health
	<input type="checkbox"/> Consider invoking emergency powers act.	MOH
	<input type="checkbox"/> <i>If subsided (end of pandemic or between waves)</i>	MOH
	<input type="checkbox"/> Debriefing and review of response to update the plan based on lessons learned.	
	<input type="checkbox"/> Determine need for additional resources and powers during subsequent pandemic waves.	MOH
	<input type="checkbox"/> Declare end of emergency command-and-control operations, states of emergency, etc.	MOH
	<input type="checkbox"/> Assess the availability of Hospital personnel available to assist in the pandemic response	MOH
	<input type="checkbox"/> Decide if use of alternate facilities during the influenza pandemic will benefit the pandemic influenza response	MOH
	<input type="checkbox"/> Arrange for additional facilities to use for the pandemic response as needed	MOH
	<input type="checkbox"/> Coordinating HEADMaP response activities with other division/subdivisions, as appropriate	MOH
	<input type="checkbox"/> Support rebuilding of essential services, including rotating rest and recuperation for staff.	MOH
<input type="checkbox"/> Address psychological impacts of the pandemic.	MOH	
<input type="checkbox"/> Determine when to advise the NDMO and PM or President on when to declare a “State of Emergency in Fiji” in response to the influenza pandemic.	MOH	

PHASE 6 Pandemic	<input type="checkbox"/> Responsibilities of the Clinical Management Team include: <ul style="list-style-type: none"> ◦ to monitor the state’s daily response to pandemic influenza ◦ assist the Clinical Directors with medical decision and response activities ◦ developing recommendations on health issues related to pandemic influenza ◦ update the risk communication staff development and interpretation of clinical guidelines - creating messages and guidance for clinicians 	MOH
	<input type="checkbox"/> The laboratory will provide testing and technical support to the MoH pandemic response, coordinate the response of the Laboratory Response Network and provide guidance to clinical laboratories throughout Fiji.	MOH
	<input type="checkbox"/> Acknowledge contributions of all stakeholders (including the public) and essential staff towards fighting the disease.	MOH

Surveillance		
	ACTION	RESPONSIBLE
PHASE 6 Pandemic	<input type="checkbox"/> Review ILI definition used in ILI surveillance.	MOH
	<input type="checkbox"/> Continue enhanced surveillance measures.	MOH
	<input type="checkbox"/> Monitor global situation (vaccine/antiviral availability, recommendations for best practices, etc.).	MOH
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> <ul style="list-style-type: none"> ▪ Use enhanced surveillance and case investigation to identify initial cases/contacts and track initial geographical spread. 	MOH
	<input type="checkbox"/> Continue to investigate cases, assess epidemiological factors (efficiency of transmission from person to person, containment of disease).	MOH
	<input type="checkbox"/> As disease activity intensifies and becomes more widespread, adjust surveillance as necessary and adjust case definition to reflect increasing certainty of clinical diagnoses.	MOH

PHASE 6 Pandemic	<input type="checkbox"/> Monitor and assess national impact (morbidity, mortality, workplace absenteeism, regions affected, risk groups affected, health-care worker availability, essential worker availability, health-care supplies, bed occupancy/availability, admission pressures, use of alternative health facilities, mortuary capacity, etc.).	MOH
	<input type="checkbox"/> Assess need for emergency measures, e.g. emergency burial procedures, use of legal powers to maintain essential services.	MOH
	<input type="checkbox"/> Assess uptake and impact of: treatments and countermeasures, including vaccine/antiviral efficacy and safety and non-pharmaceutical interventions, etc.	MOH
	<input type="checkbox"/> Send clinical samples for testing as requested by WHO.	MOH
	<input type="checkbox"/> Monitor adverse reactions to influenza vaccine through the Vaccine Adverse Events Reporting System (VAERS).	MOH
	<input type="checkbox"/> <i>If subsided (end of pandemic or between waves)</i> ◦ Evaluate resource needs for subsequent waves if they occur.	MOH
	<input type="checkbox"/> Identify the most effective surveillance and control measures for subsequent pandemic waves.	MOH
	<input type="checkbox"/> Report current status through appropriate international mechanisms.	MOH
	<input type="checkbox"/> Review lessons learned.	MOH
	<input type="checkbox"/> Reinstate enhanced surveillance for early detection of subsequent wave.	MOH
<input type="checkbox"/> Share experience gained with international community (lessons learned).	MOH	

Vaccination, Prevention and Containment		
ACTION		RESPONSIBLE
PHASE 6 Pandemic	<input type="checkbox"/> Implement pandemic vaccine procurement plans; update vaccine recommendations; re-evaluate dosage and schedule; plan logistics of delivery.	MOH
	<input type="checkbox"/> Distribute vaccine, when available, supplies (e.g., needles, syringes) necessary for influenza vaccine administration through a centralized distribution system to local health facilities using Pharmacy infrastructure for storage and transport of vaccine and supplies.	MOH

PHASE 6 Pandemic	<input type="checkbox"/> Distribute a specified number of doses of vaccine and medical supplies to local health departments based on population and distribution of prioritized essential services personnel. Supplies may be shipped separately from vaccine.	MOH
	<input type="checkbox"/> Implement vaccination of those government officials and MoH personnel deemed as a priority to maintain essential services.	MOH
	<input type="checkbox"/> As soon as available, implement pandemic vaccine program as availability/resources permit; evaluate safety and efficacy; monitor supply.	MOH
	<input type="checkbox"/> Implement distribution plan; monitor supply; be prepared to contribute to evaluation of safety and effectiveness.	MOH
	<input type="checkbox"/> Reassess containment strategies - isolation, quarantine, travel restriction.	MOH
	<input type="checkbox"/> <i>If cases are occurring in Fiji</i> ◦ Implement appropriate public health interventions identified during contingency planning, and consider new guidance provided by WHO and/or CDC.	MOH
	<input type="checkbox"/> When possible, evaluate the effectiveness of such measures.	IPPC
	<input type="checkbox"/> Recommend vaccination prioritization based on current CDC guidelines and consultation with SPC, WHO	DPH
	<input type="checkbox"/> <i>If subsided (end of pandemic or between waves)</i> ◦ Review effectiveness of prevention and containment measures.	IPPC
	<input type="checkbox"/> Evaluate antiviral efficacy, safety and resistance data; review/update guidelines as necessary; assess supply for subsequent wave(s).	MOH
	<input type="checkbox"/> Distribute Pneumococcal vaccine for high-risk individuals to be administered by healthcare providers, home health agencies, visiting nurses and others.	MOH
<input type="checkbox"/> Assess vaccine coverage to date, and carry out immunization of identified population groups if possible with pandemic vaccine according to risk assessment.	MOH	

Communication		
ACTION		RESPONSIBLE
PHASE 6 Pandemic	<input type="checkbox"/> Keep news media, public, MOH and other stakeholders informed about progress of pandemic in affected countries.	MOH
	<input type="checkbox"/> Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	MOH
	<input type="checkbox"/> <i>If cases occurring in Fiji</i> ◦ Activate all elements of communications plan. Including daily meetings between official spokesperson with media for updates gathered from local sites, regional and global.	MOH
	<input type="checkbox"/> Maintain capacity for meeting expected domestic and international information demands.	MOH
	<input type="checkbox"/> Acknowledge public anxiety, grief and distress associated with pandemic.	MOH
	<input type="checkbox"/> <i>If subsided (end of pandemic or between waves)</i> ◦ Evaluate communications response during previous phases; review lessons learned.	MOH
	<input type="checkbox"/> Advise public of status end of pandemic wave according to WHO declaration and make people aware of uncertainties associated with subsequent waves.	MOH
	<input type="checkbox"/> Relevant information relayed to relevant stakeholders e.g. funding agencies (financial analysis).	MOH
<input type="checkbox"/> Formal debrief to be held with all stakeholders.	MOH	

5.0 POST PANDEMIC PERIOD

Return to Inter-Pandemic Period. Ensure that all activities outlines in Phases 1 and 2 are in place.

6.0 SPECIFICS

6.1 CLINICAL

Clinical Management

The Clinical Management Guidelines of MoH have already been developed and endorsed by the Avian Influenzae Taskforce. The Divisional Health Services will activate their clinical management plans and other related procedures, protocols and guidelines where necessary, in accordance with the Divisional Influenzae Pandemic Plan.

Infection Control

The National and Divisional Infection Control Guidelines and policies in place will be activated and followed accordingly

Antiviral and Vaccines

The decision to procure, stockpile, distribute and administer the antivirals and vaccines will be made by cabinet in view of the costs, scientific and technical issues and other related implications. If the decision is made to procure the antivirals and vaccines, the WHO recommended guidelines; criteria and protocols will be followed.

6.2 ENVIRONMENTAL HEALTH MEASURES

Border Control

Stringent border control surveillance and measures will be undertaken by MoH in all the ports of entries in accordance with the International Health Regulations in collaboration with the Customs Authorities and Ministry of Home Affairs (Navy).

Quarantine

Stringent quarantine surveillance and protocols will be implemented in all the ports of entries in accordance with the International Health Regulations in collaboration with the Ministry of Agriculture.

6.2.1 COMMUNICATION STRATEGIES

The National Communication Strategies which includes Massive Repetitive Intensive Persistence (MRIP) information awareness and health promotional messages will be delivered through the mass media. Regular updates on the impacts of the Influenzae Pandemic will be disseminated to the public, within government agencies and to other key stakeholders, in accordance to the standard Communication Strategies Plan.

6.4 LABORATORY FACILITIES AND TESTING

Referral of clinical specimens to the WHO reference laboratory in Melbourne, Australia will be made for confirmation of causative agents.

6.5 COORDINATION OF REQUEST AND RESPONDERS

The National Disaster Management Office will coordinate with the MoH and other key agencies to address the current situation.

6.6 LOGISTICS

The National and Divisional MoH Disaster Management teams will be responsible for the operational logistics in the divisions. The NDMO will facilitate further logistics assistance when necessary.

7.0 PANDEMIC REPORTING

A Rapid Health Assessment report will be submitted to Cabinet and NDMO in accordance with the Health Emergency and Disaster Management Plan.

A detailed Situation Report shall be compiled and submitted to Cabinet and NDMO in accordance with the Health Emergency and Disaster Management Plan.

Post-Pandemic Report will be prepared and submitted to Cabinet and NDMO in accordance with the Health Emergency and Disaster Management Plan.

Annex A Fiji Influenzae Pandemic Task Force Membership

- CEO of Health
- Director of Public Health
- Director Clinical Services
- Director Nursing Services
- National Adviser on Communicable Diseases
- National Adviser on Family Health
- MoH Media Liaison/Public Information Officer
- Epidemiologist
- Infection Control Coordinator
- Chief Pharmacist
- MAFF/Animal Health Services - Veterinarian in Charge
- NDMO
- SPC Veterinarian
- WHO WPRO
- PPHSN EPI-NET Focal Points

Terms of Reference

- Terms of Reference
- Membership
 - Government: MOH, Tourism, MASLR (Ag.), MoFA, Min of Finance, WHO, SPC, AFL, Immigration, FSM, SPH and GPs, FBO's, Police., Prisons., Legal, NDMO,
 - Min of Information, Customs, Fiji Red Cross, FMF, MoE,
 - Poultry Associations, Fiji Meats Industry Board, FVB, FHA. USP, MoLabour, FTUC, Consumer Council Services.
- Actions:
 - Areas of planning and coordination (Stakeholders, Immigration, Quarantine,)
 - Monitoring and Surveillance (veterinary G and P)
 - Border Control Strategies
 - PH Measures (non pharmacological measures, vaccines and antivirals).
 - Health care and Emergency Response Communications.
 - Roles and Responsibilities of governmentt agencies and sectors

Annex B - Infection Control Guidelines

Healthcare Facilities:

1. Place suspect cases on droplet and standard precautions
2. All persons entering isolation rooms should wear a suitable mask and practice good hand hygiene (see CDC guidelines for hand hygiene in healthcare settings at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1>).
3. Healthcare workers displaying influenza-like symptoms should be removed from direct patient care when possible.
4. Visitors with febrile respiratory illnesses should be restricted from visitation as much as possible.
5. Patients and staff should cover their mouths and noses with tissue when coughing or sneezing, dispose of used tissues immediately after use and wash hands after using tissues.
6. Restrict elective admissions in hospitals.
7. Isolation should be initiated at symptom onset and continue for duration of illness (usually 4 to 5 days.).

At Home:

1. Persons should remain at home during their illness (usually until four to five days after symptoms appear).
2. Restrict visitors to the home should as much as possible.
3. Persons entering homes of suspect influenza cases should wear a surgical mask when within 3 feet of the patient, and should wash hands after patient contact and before leaving the home.
4. Patients should cover their mouths and noses with tissue when coughing or sneezing, dispose of used tissues immediately after use and wash hands after using tissues.
5. Family members should wash hands after contact with the patient.

Annex C - Target Groups for Vaccination Prioritization

The scheme, in order of priority may include:

- The President, Vice-President
- The Prime Minister
- Persons essential to maintain basic community infrastructure contingent on the epidemiology of the pandemic and the quantity of influenza vaccine available, include:

Category A Group and their household members

- Licensed healthcare workers including physicians, physician assistants, nurses, mental health professionals
- State public health officials including the Chief Medical Officer and State Health Officer, members of the Clinical Management Team
- First responders (Fire, Police, EMT's)
- Medical laboratory workers
- Emergency management personnel
- National Guard members that have been called into service by the president
- Long term care facility staff
- Utility field workers (gas, electric, water, sewer, etc.),
- Communications personnel
- Fuel suppliers
- Food suppliers
- Waste management workers (general and medical)
- Public transportation drivers
- Air travel personnel (pilots, air traffic controllers, etc.)
- Corrections workers
- Morticians/Coroners/Medical Examiners
- Pharmacists
- Red Cross field workers
- Postal Service workers
- Contracted persons involved in the transportation of vaccine

Category B Group

- Day care providers
- Teachers
- Clergy
- Other non-licensed mental health professional

References

List of References Used in Development of the Fiji Influenzae Pandemic Plan (FIPP Plan)

- ❖ Secretariat of the Pacific Community, Pacific Public Health Surveillance Network, *PPHSN Influenza Guidelines*
<http://www.spc.org.nc/phs/pphsn/Publications/Guidelines/Influenza.htm>
- ❖ WHO *Global Influenza Pandemic Preparedness Plan* (WHO/CDS/CSR/GIP/2005.5)
http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html
- ❖ WHO *Checklist for Influenza Pandemic Preparedness*
http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/index.html
- ❖ New Zealand Ministry of Health, *Influenza Pandemic Action Plan*
<http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/5f5694e4a5736dd2cc256c55000788a3?OpenDocument>
- ❖ Centers for Disease Control and Prevention, Pacific Emergency Health Initiative (PEHI)
<http://www.cdc.gov/nceh/ierh/PEHI.htm>
- ❖ US Department of Health and Human Services, *Pandemic Influenza Response and Preparedness Plan*
<http://www.hhs.gov/nvpo/pandemicplan/index.html>
- ❖ Commonwealth of Northern Marianas Islands Department of Public Health
Emergency Operations Plan for Pandemic Influenza
- ❖ Nauru Ministry of Health
Emergency Operations Plan for Pandemic Influenza

INTERNET RESOURCES

List of Internet Resources Related to Pandemic Influenza

- World Health Organization, *WHO Pandemic Preparedness*
<http://www.who.int/csr/disease/influenza/pandemic/en/>
- US Department of Health and Human Services, National Vaccine Program Office, *Pandemic Influenza* <http://www.hhs.gov/nvpo/pandemics/index.html>
- Centers for Disease Control and Prevention, *Information about Influenza Pandemics*
<http://www.cdc.gov/flu/avian/gen-info/pandemics.htm>

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