



PAN AMERICAN HEALTH ORGANIZATION
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CONTINGENCY PLAN FOR AN INFLUENZA PANDEMIC

1. Influenza is a viral disease that affects millions of people worldwide and kills approximately one million people annually. Annual outbreaks of influenza are caused by minor antigenic changes in circulating influenza viruses. Another characteristic of influenza viruses is its capacity to cause pandemics. This occurs when a new strain of influenza virus emerges and is capable of being transmitted from person to person. The lack of previous exposure to this virus renders the world population susceptible, which facilitates the spread of the virus. It is impossible to predict when the next influenza pandemic will occur or the resulting severity of illness. Nevertheless, it has been almost 37 years since the last pandemic, and the longest recorded interpandemic interval is 39 years.

2. Outbreaks of influenza in animals, especially when occurring simultaneously with annual outbreaks in humans, increase the chances of a pandemic through the reassortment of animal and human influenza viruses. In 2004, an extensive outbreak of influenza in poultry was identified in Asia, caused by a highly pathogenic avian influenza virus (H5N1). The virus showed a capacity to cross the species barrier when it was found that it could be transmitted directly from infected birds to other animal species, such as felines and humans. All that is necessary for a pandemic to occur is for the H5N1 strain to become adapted to person-to-person transmission. In the event of a pandemic, it is estimated that even in the best case scenario, 2-7 million people would die and tens of millions would require medical attention in a matter of a few weeks.

3. The recent spread of the virus in birds beyond their initial focus in Southeast Asia to Russia, Mongolia, and Kazakhstan emphasizes the virus's ease of mobility and the potential risk for the Region of the Americas. In fact, human global spread is likely to occur more rapidly than in previous pandemics due to increased travel and urbanization. The economic consequences for countries whose economies are largely dependent on travel or tourism could be devastating.

4. Influenza pandemic planning is a complex process, which involves authorities from public health, agricultural, regulatory, transportation, law enforcement, and national disaster sectors, as well as from private industry. It is further complicated by the difficulties in predicting the time of inception and severity of a pandemic influenza strain. It is important to note that in the case of an influenza pandemic, the health care system will be quickly overwhelmed by the number of patients seeking medical care and requiring hospitalization.

5. As the conditions favoring another pandemic have been unfolding, countries, the international community, and PAHO/WHO have several opportunities to intervene at national and regional levels to: (a) limit the transmission from human to human, so as to have the necessary time in order to develop and produce the pandemic vaccine; and (b) increase national treatment capacity to reduce the economic and social impact. Phasewise approaches involve a mix of measures that immediately address critical problems with longer-term measures that sustainably improve the Region's capacity to protect itself against the recurring pandemic threat.

6. To this end, the Fifty-sixth World Health Assembly and the Pan American Health Organization's 44th Directing Council issued resolutions urging countries to strengthen their capacity to prevent, detect, and diagnose influenza virus infection, and to be prepared to respond to a pandemic situation. The Governing Bodies also requested WHO and PAHO to provide the necessary support to countries to reach those objectives. WHO has recently updated the guidelines it developed in 1999 to assist countries in the development of pandemic-preparedness plans. Several other related documents were also published late in 2004, and are available on the Organization's Web site. PAHO has translated these reference documents into Spanish and has begun their dissemination in the Region.

7. PAHO has also carried out numerous training meetings with the participation of all its Member States to strengthen virological and epidemiological surveillance of human influenza. In an attempt to integrate veterinary and human health, a questionnaire has been developed to determine a baseline of information from the countries on the actions taken on animal influenza and their needs for technical cooperation. To bolster this integration, contacts with pertinent organizations in animal health are being established. Influenza has also been included on the agenda of all meetings of the Subregional Surveillance Networks and the 14th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA 14) organized by PAHO and hosted by Mexico. In 2004, influenza vaccination also became an issue discussed in the PAHO Technical Advisory Group on Vaccine-Preventable Diseases. A major accomplishment was the inclusion of the influenza vaccine in the PAHO Revolving Fund portfolio (2004). The lower price afforded through this fund will certainly foster the introduction of the vaccine in many countries.

8. As a result of these efforts, tangible progress on influenza surveillance and prevention has been made; the disease is becoming a priority topic on the health agenda of several countries in the Americas. Many countries have developed national surveillance networks or are in the process of developing and strengthening their systems. Argentina, Brazil, Chile, Colombia, Costa Rica, El Salvador, Panama, and Uruguay have introduced partial influenza immunization for the population 60 years of age and older, health care workers, and the chronically ill. In Costa Rica, El Salvador, and Uruguay, the vaccine was also introduced for children younger than 2 years of age. With regard to laboratory capacity, the number of countries performing viral isolation has increased from 11 in 2003 to 18 in 2004-2005.

9. In the Region of the Americas, Argentina, Canada, Chile, Mexico, the United States of America, and Uruguay have already developed national plans to address a potential influenza pandemic. Many countries have begun the process of developing a national plan through the organization of Influenza Pandemic Committees, which is the necessary first step for the development of the plan. Surveillance of influenza-like illness (ILI) in conjunction with virological surveillance is being introduced in the Region.

10. In the recently adopted International Health Regulations (IHR-2005), human influenza caused by a new subtype is classified as one of four diseases in which a single case would be considered unusual and may have serious public health impact, and thus shall be immediately notified to WHO. To fulfill this requirement, the revised IHR also emphasizes the need to strengthen core capacities to detect and respond to public health emergencies such as an influenza pandemic. Addressing the countries' generic core capacities will be necessary in order to assist countries in the development of and in sustaining the implementation of their National Influenza Pandemic Preparedness Plans.

11. The Director of the Pan American Sanitary Bureau has established an interprogrammatic and inter-disciplinary task force to develop and implement a technical cooperation plan to direct the actions of PAHO in preparing and responding to a pandemic. Based on a global strategic framework set forth by WHO, this task force is in the process of developing a strategic and operational plan that will direct PAHO technical cooperation activities. A draft of the plan has been reviewed by an External Advisory Group composed of influenza experts from the Region and WHO. Considering the input received from the External Advisory Group, the budget for the implementation of the strategic plan will be developed followed by resource mobilization activities among partners. The technical cooperation plan will be submitted in full to the 137th Session of the Executive Committee (Document CE137/INF/1).

12. In spite of all these efforts in implementing useful activities, there is still much to be done to have a full national and regional response capacity. Several areas deserve special attention such as mobilization of resources as well as the full intersectorial participation of health and other key institutions at national and subnational levels in responding to the pandemic.

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