

WHO response to pandemic (H1N1) 2009

Daniel L. Menucci, Technical Advisor

Ports, Airports and Ground Crossings, Lyon Office
International Health Regulations Coordination (IHR)
Health Security and Environment (HSE)

With contributions from Li Ailan, Medical Officer (IHR)

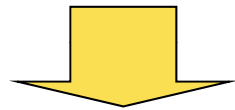
Communicable Disease Surveillance & Response (CSR)
WHO Western Pacific Regional Office (WPRO)

**CAPSCA Americas – First Steering Committee Meeting
Mexico City – 25-26 June 2009**

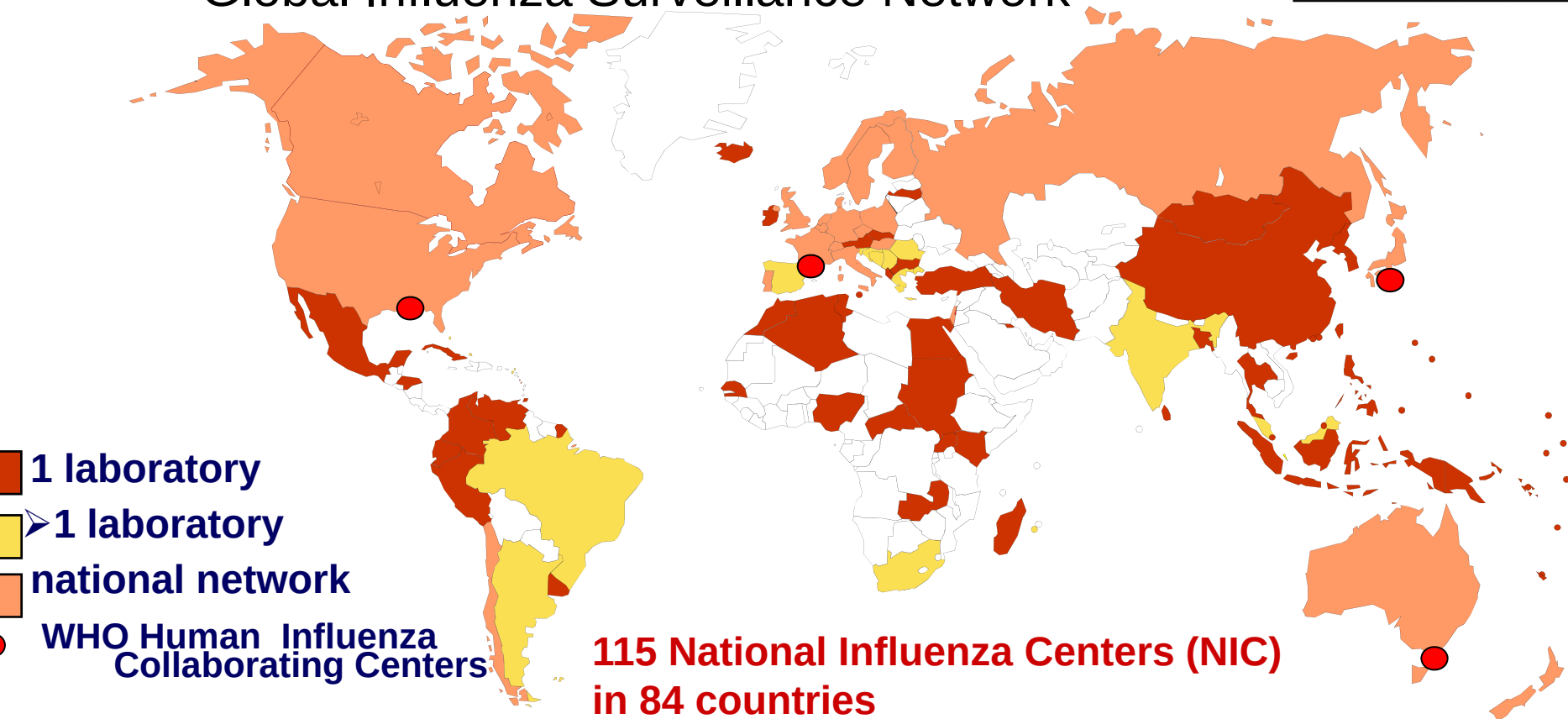


1997 – 2009, H5N1 Avian Influenza and Pandemic Threat

WHO coordinates the first major international effort for (influenza) **pandemic preparedness**



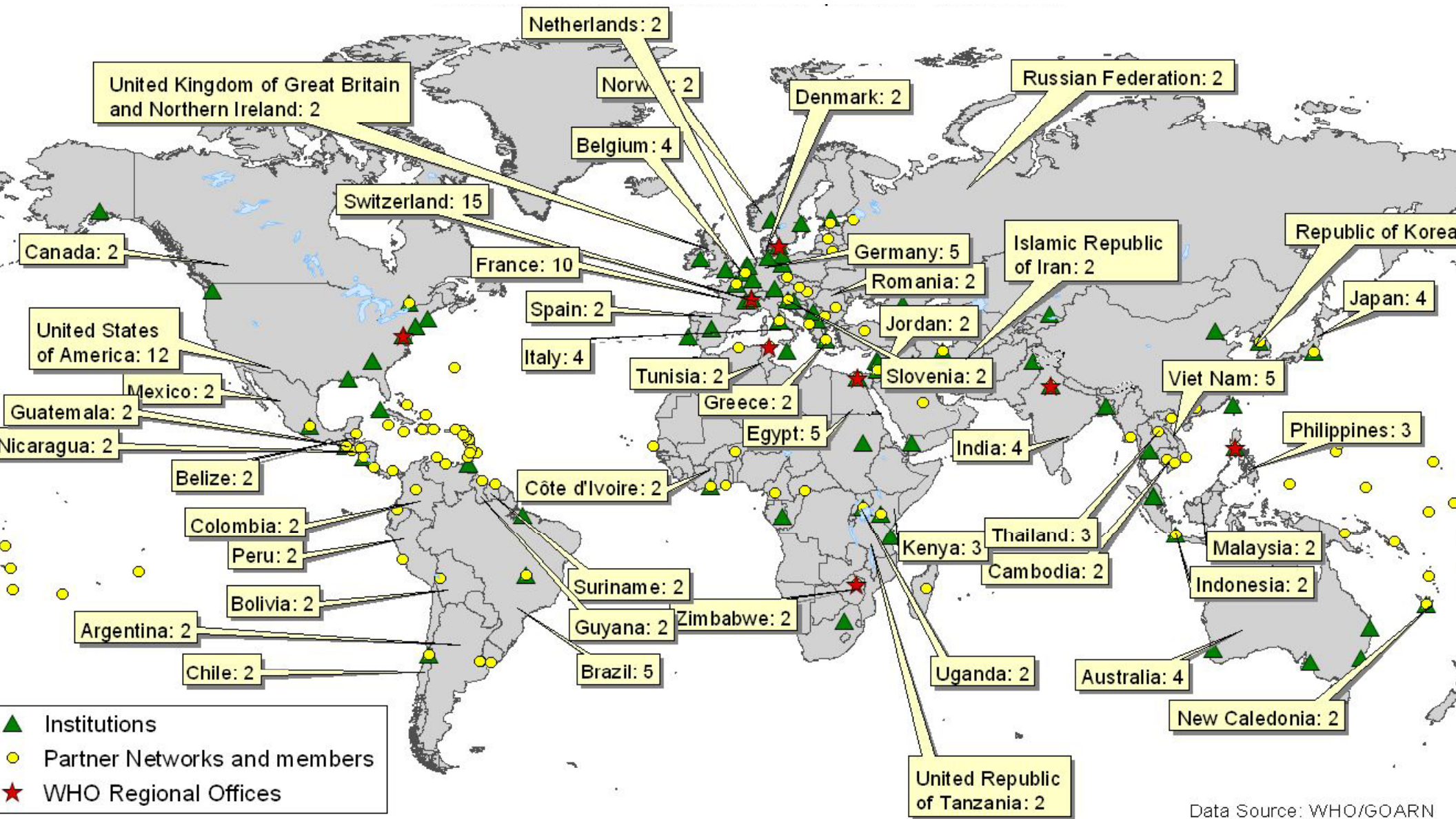
Global Influenza Surveillance Network



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Global Outbreak Alert & Response Network (GOARN)

Institutions and Partner Network



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Data Source: WHO/GOARN
 Map Production:
 Public Health Mapping & GIS
 Communicable Diseases (CDS)
 World Health Organization
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GOARN WHO Support System, Geneva

Operational Support Team

GOARN management

Field epidemiology unit

Logistics unit

Field logistics

Stockpiles

Logistics mobility unit (Dubai)

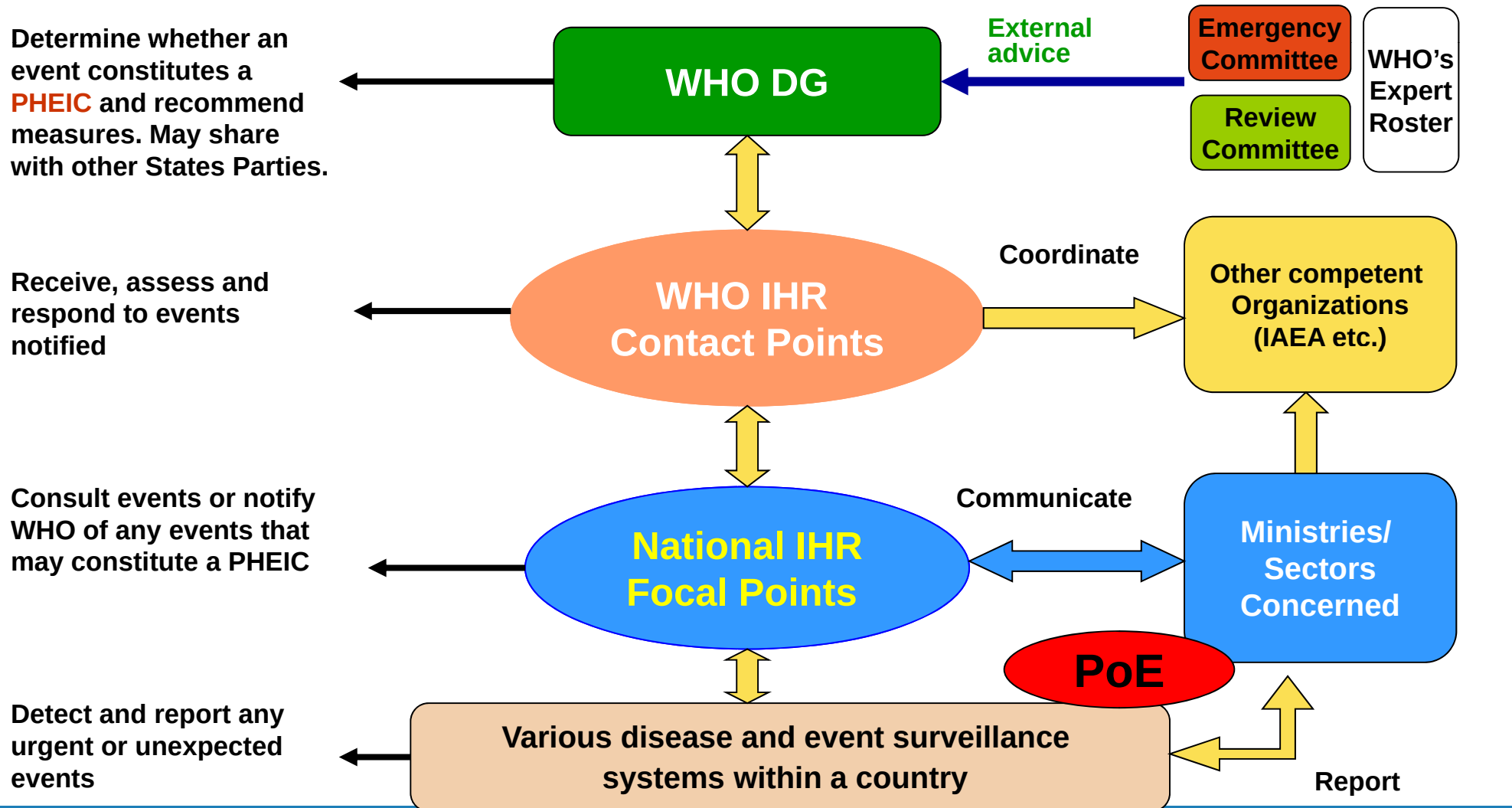
Electronic tools

Event Management System (EMS)

Field Information Management System (FIMS)



Event-related communication and determination of a PHEIC



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Friday, April 24

- Dr Margaret Chan DG WHO visits the EOC
- PAHO/WHO/GOARN team begins arriving in Mexico
- Tele-Conference w/Mexico team & SHOC room GVA
- Daily 9 am Mexico Data Review Meetings begin
- Daily EOC Situation Reports begin
- Daily Task Force meetings begin



Declaration of a PHEIC

- On 25 April 2009, based on the advice of the first meeting of the **IHR Emergency Committee**, the WHO Director-General has determined that the current new H1N1 events constitute -

“a public health emergency of international concern (PHEIC)”



Dr Margaret Chan
Director-General



WHO calls for intensified surveillance

- In response to the new H1N1, WHO Director-General was recommending that all countries *intensify surveillance for unusual outbreaks of influenza-like illness and severe pneumonia*, on 25 April 2009,



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WHO Temporary Recommendations

- On 27 April 2009, the 2nd Meeting of the IHR Emergency Committee held to review available data
- Based on the advice of the Committee, the WHO Director-General recommended
 - *not to close borders*
 - *not to restrict international travel.*
 - It was considered prudent for *people who are ill to delay international travel* and
 - It was considered prudent for *people developing symptoms following international travel to seek medical attention.*



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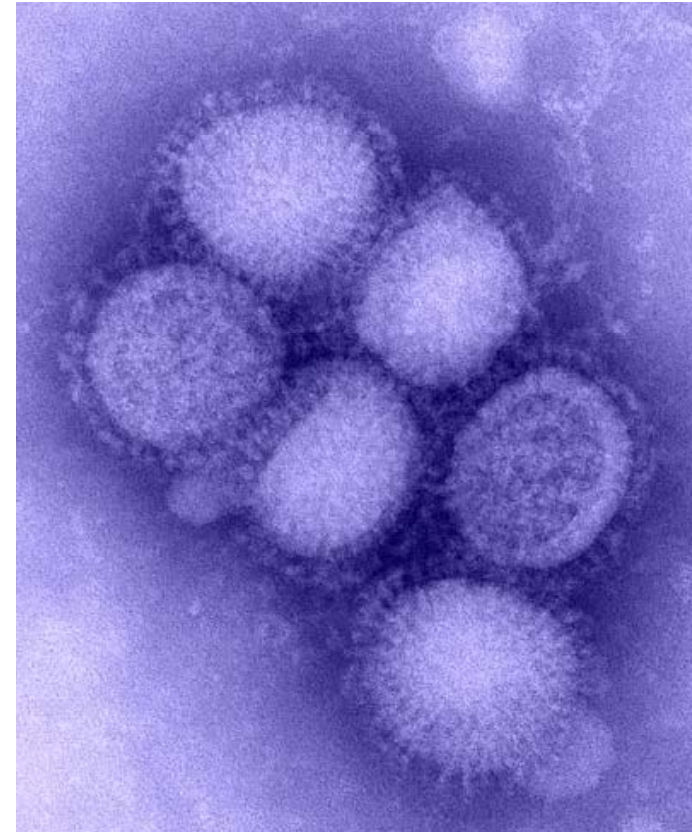
Other advice on border screening

- WHO has not recommended entry and exit screenings to detect if ill people are travelling, as they are unlikely to prevent or reduce the virus spread
 - Not all H1N1 infected travellers develop fever
 - Infected travellers may be in the incubation period
 - Infected traveller may be asymptomatic
 - Sensitivity and specificity issues of thermal scanner
 - Cost-effective issue (resource intensive)
- However country-level measures to respond to a public health risk are the decision of national authorities



What do we know about pandemic (H1N1) 2009?

- A new influenza virus that was first detected in April 2009
- The virus is spreading and has caused sustained human-to-human transmission
- Appears to droplet transmission and the incubation period is about 1-7 days
- Still a lot of “unknown” (including attack rate and case fatality ratio)
- The current situation is evolving...



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WHO's response to this PHEIC

- **Emergency response rooms – mobilised – 24/7**
- **Operations**
 - Field team of 26 experts to Mexico (from WHO and CDC/GOARN)
 - GOARN (Global Outbreak Response and Alert Network) network activated
 - Initiated distribution of oseltamivir stockpile
- **Laboratory support**
- **Global monitoring and assessment**
 - Triage of information and follow up of alerts
 - Coordination with Regions and National Focal Points (NFP)
 - Case report form and daily aggregated data
 - EIS web updates
- **Antivirals Taskforce**
 - Oseltamivir stockpile distribution to regions and 72 priority countries (including Mexico)
 - Quantities proportional to population
 - Consultation with manufacturer



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WHO's response to this PHEIC

- **Technical guidance**

- Guidelines on surveillance, lab and diagnostic, infection control, health care management, pandemic response plan, vaccines made available to the public
- **WHO technical advice for case management in air transport, in cooperation with ICAO and IATA.**
- **WHO technical advice for case management on ship travel (draft)**

- **Vaccine Taskforce**

- Consultation with manufacturers
- Consultation with scientific experts

- **Communication**

- Regular press conference and interviews with hundreds of media
- EIS and Disease Outbreak News web updates
- Media monitoring

- **Trade, travel, tourism and transport sectors**

- Participation at Tourism Emergency Response Network - TERN
- Travel and trade measures monitoring
- Coordination and support for response to events on board conveyances



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Pandemic (H1N1) 2009

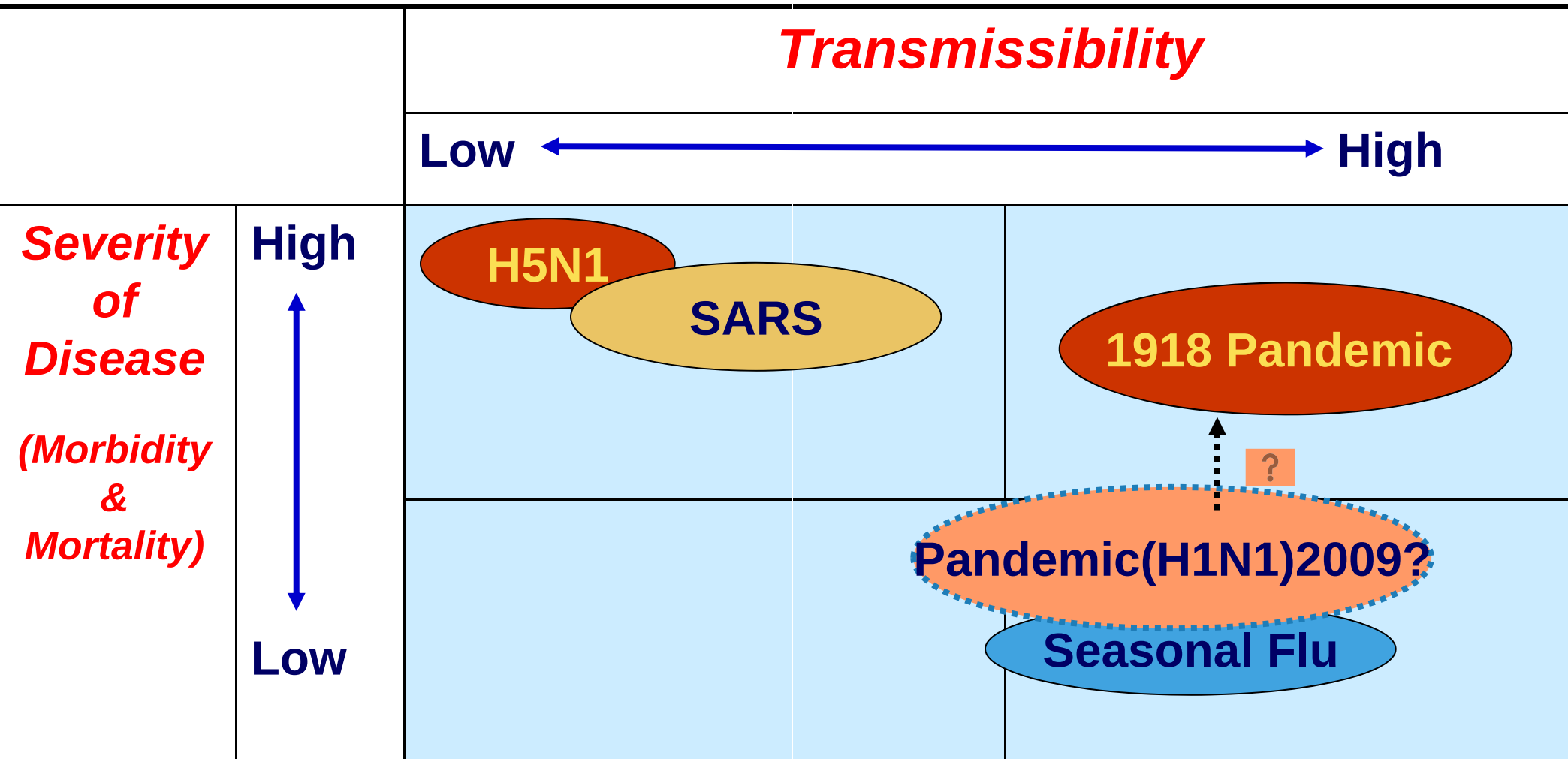
WHO technical advice for case management in air transport

- Developed by WHO in collaboration with International Civil Aviation Organization (ICAO) and International Air Transport Association (IATA) and contributions from several experts.
- Compiles recommendations from WHO-ICAO-IATA and can be used in conjunction with the document *Guide to Hygiene and Sanitation in Aviation*, 3rd edition.
- Should be adapted to the local situation, the national protocols, guidelines, regulations and national pandemic preparedness plan and the airport emergency plan regarding public health events.
- Provides a basic framework of response for cabin crew members to help them manage a person with influenza-like symptoms, in order to reduce potential transmission on board and coordinated actions with air traffic control, airport operators and public health authorities.



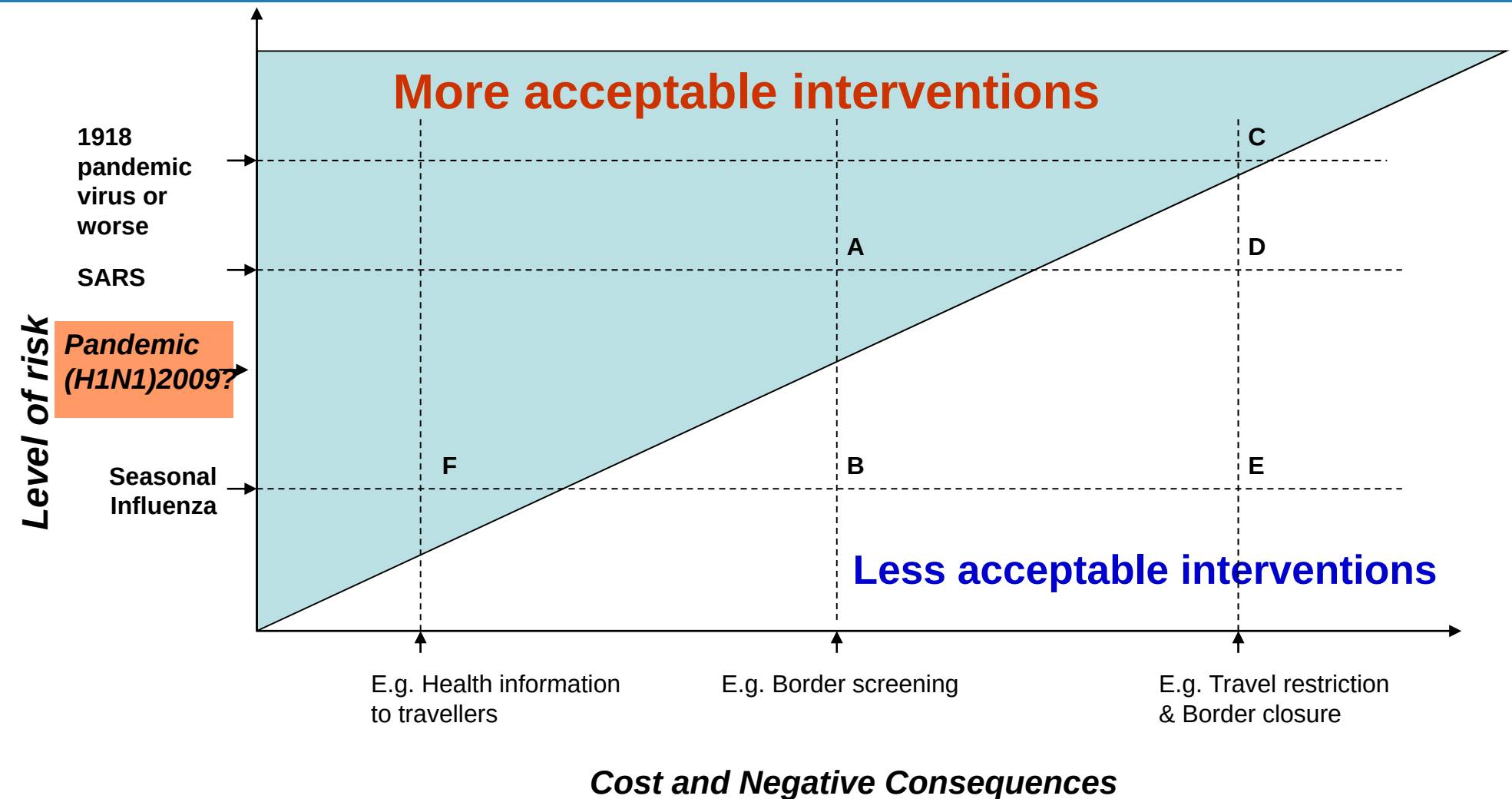
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Comparative risk of outbreaks



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Matching cost and consequences of interventions with risk level (An example)



Measures related to international border and travel implemented by different countries

- ❑ Health information, alerts and advice to travellers
- ❑ Health declaration card/form/questionnaire
- ❑ Thermal scanning/temperature checking
- ❑ Isolation, quarantine and contact tracing
- ❑ Travel advisory, restriction and border closure



Entry and exit screening

Option/purpose	Benefits	Limitations	Decision (Yes/No/pending)
Entry screening <i>To detect a few travel related cases</i> <i>(It is not possible to prevent virus entry)</i>	● Increase public awareness ● May pick up a few cases among travellers (a kind of “sentinel”)	● No evidence to show effectiveness ● May interfere with international travel and traffic ● Resource intensive ● Require a system and SOPs in place to respond to ill traveller detected	
Comment and guidance: See WHO FAQs on travel (7 May 2009)			



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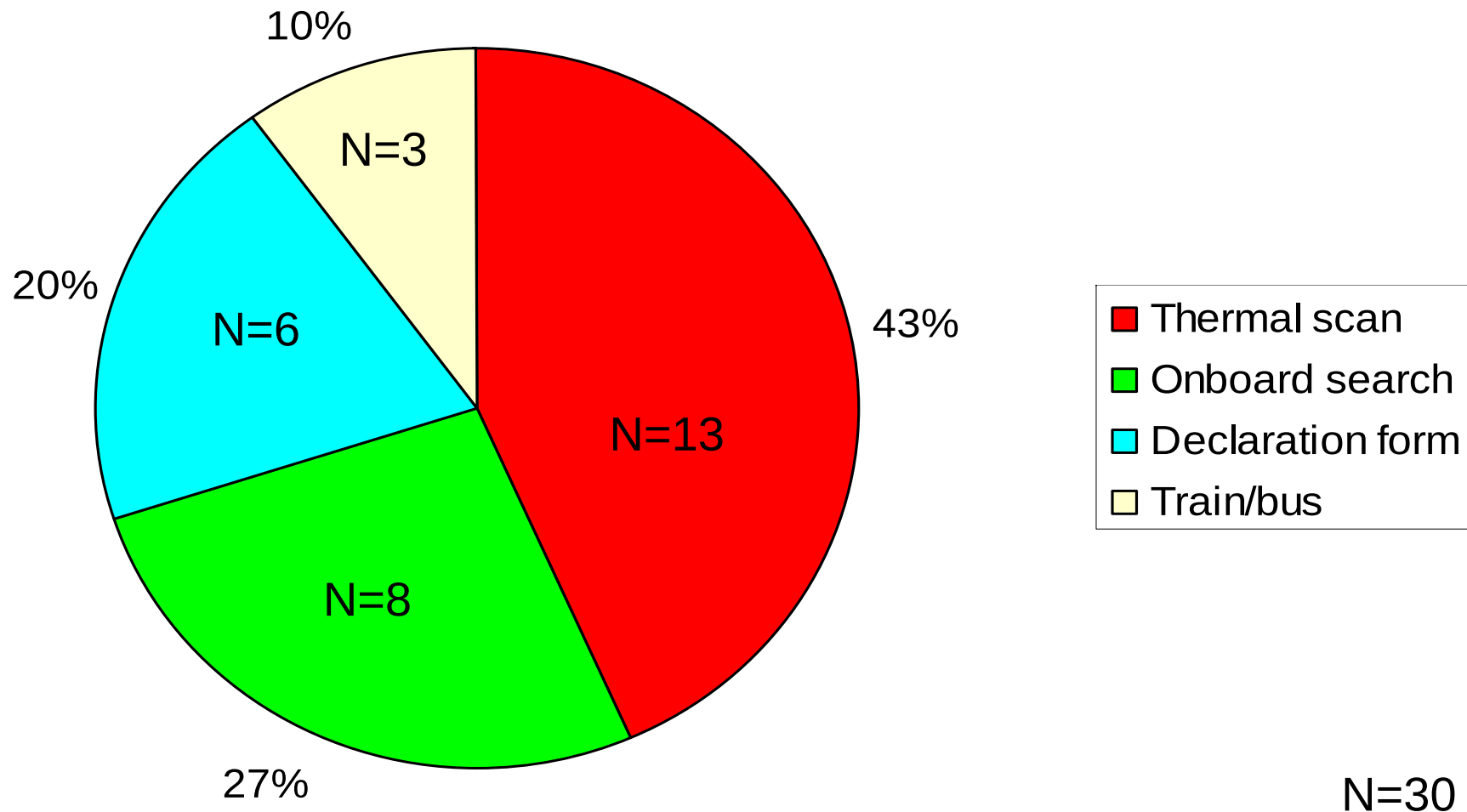
Border measures pandemic (H1N1) 2009 in WPRO

- A few cases have been indeed detected through border screening
 - Australia
 - China: Mainland, Hong Kong, Taiwan
 - Japan
 - Malaysia
 - Singapore
- Only accounted for a very small proportion of all the cases
- The virus eventually introduced to countries (such as Australia and Japan)



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Confirmed H1N1 cases, initially detected through border measures in the WPR (As of 8 June 2009)



POE response: Experiences & Lessons

- Has helped increase public awareness about the pandemic (H1N1) 2009
- Detected a few H1N1 cases among international travellers from affected countries (e.g. Mexico, USA and Canada)
 - Serves as “sentinel” to detect travel related cases at the early stage
- Created a real opportunity to discuss some controversial issues, including thermal scanning and quarantine

Shifting focus in response to Pandemic (H1N1) 2009

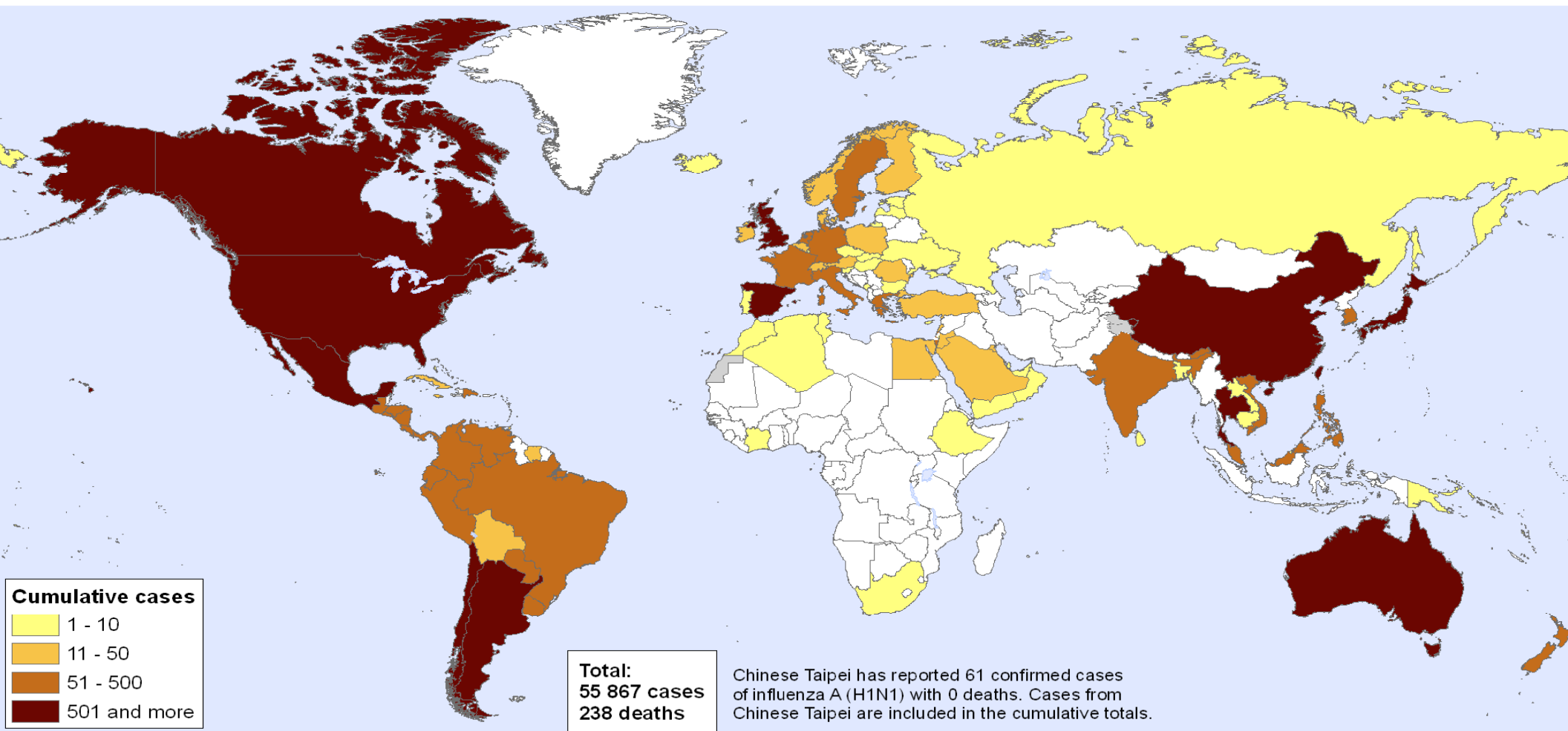
- On 11 June 2009, WHO DG declared pandemic phase 6 – *a global pandemic (the 1st time for more than 40 years)*
- WHO issued three short guidelines and communicated with Member States on 10 June 2009
 - Global severity assessment – “*moderate*” level
 - Communication strategy about “phase 6”
 - Public health measures (depending on country’s stage)
- Every country has to prepare for response to community-level transmission



Pandemic (H1N1) 2009 – Situation June 24th

New Influenza A (H1N1),
Number of laboratory confirmed cases as reported to WHO

Status as of 24 June 2009
06:00 GMT



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Data Source: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization



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Map produced: 24 June 2009 10:00 GMT

**Total
confirmed
cases of
influenza A
(H1N1) 2009
at Global level**

Last update 25
June 2009
09:00 (WDC
time)

**Total number of cases:
57,804**

Deaths: 261

Country	count 39988	count New	count Deaths
Argentina	1391	194	21
Antigua & Barbuda	2	0	0
Bahamas	4	0	0
Barbados	5	0	0
Bolivia	47	18	0
Brazil	399	65	0
Canada	6732	275	19
Chile	5186	871	7
Colombia	72	1	2
Costa Rica	222	33	1
Cuba	34	19	0
Dominica	1	0	0
Dominican Republic	108	0	2
Ecuador	125	10	0
El Salvador	160	0	0
Guatemala	235	0	1
Honduras	118	0	1
Jamaica	19	0	0
Mexico	8279	432	116
Nicaragua	265	45	0
Panama	330	0	0
Paraguay	66	8	0
Peru	252	35	0
Suriname	11	0	0
Trinidad & Tobago	25	0	0
United States	21449	0	87
Uruguay	195	0	0
Venezuela	153	18	0
TOTAL	45885	2024	257

Challenges for International Travel & Transport

Phase 6 – Pandemic (H1N1) 2009

- Effectiveness of international border measures?
- Containment and/or Mitigation at PoE?
- Resources and labour intensive
 - Quarantine
 - Passenger contact tracing
- Political pressure in some countries
- Public fear and anxiety
- Need to prioritize the use of limited resources
- Travel, tourism, transport and public health cooperation



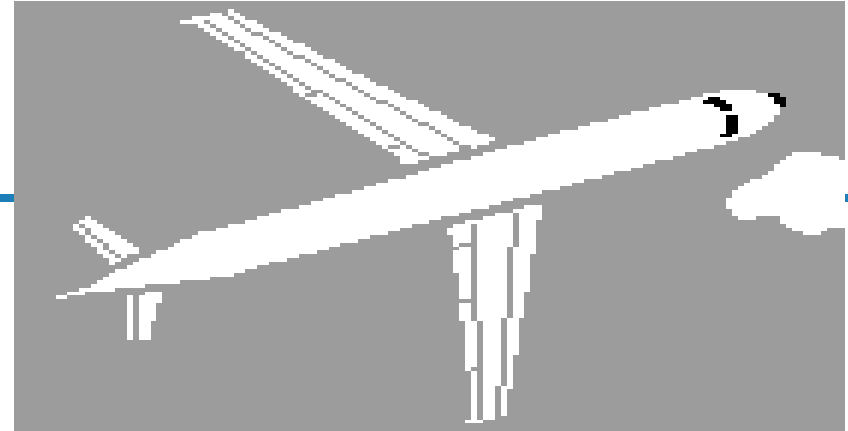
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THANK YOU!

GRACIAS!

OBRIGADO!

MERCI!



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