



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*

H1N1: an International Perspective

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Emergency Preparedness and disaster relief



Objectives of the session

- Describe the main facts from a global perspective
- Identify main lessons from this epidemic from a crisis management point of view



General Context

- A greater public awareness of bioterrorism and ways to prevent it.
- For more than three years, regular warnings from WHO on the possibilities of the appearance at anytime of a new virus.
- A new virus was announced in Mexico on the 23 of April 2009 and was associated with many deaths (IHR)



Main facts

- **April 25:** The Director General of WHO declared a public health emergency of international importance
- **April 27:** Declaration of pandemic phase 4 (community transmission)
- **April 29:** Phase 5 (two countries in one region)
- **June 11:** Phase 6 (two regions)



Country Response

- Till April 23 mostly a concern of defining whether it **is, or is not**, a new virus.
 - A group of highly qualified and specialists work tirelessly
- A soon as diagnosed as a new virus it became officially the first disease to be notified under the new IHR (international Health Regulation 2005)



Country Response

- Massive health sector response
 - Multiplicity of national and international institutions
 - Finding the first cases and understanding the disease
 - Constant changing situation
 - Keep a balance between investigating and doing
- Immediate engagement and decision taking at highest levels of government
- Media: extensive coverage



PAHO/WHO's response

- Up to April 23: active participation of communicable disease department in notification process
- On April 23 PM: activation of the Emergency Operation Center and disaster response task force,
- On April 24: mobilization of experts to characterize the epidemics and assist in coordinating local response
- By April 27: 220,000 treatment mobilized to cover 39 countries/territories



The specific of epidemic crisis

- Unknown behavior of new virus
 - Measures to be taken are evolving with the improvement in knowledge of the disease
 - Strong interference of specialist from any place in the globe
- Anybody can be affected at anytime
 - Response staff or decision level
- A huge variety of disciplines are needed.
 - no single discipline has the complete answer
- Fear of releasing staff from other countries/ institutions as one may be affected too. (Roster)



The specific of epidemic crisis

- What triggers the crisis is not the number of cases but the first case that the central level of the institution has to deal with.
 - The emergency starts when the maximum authority (institutional or national) has to deal with a major unknown event
- Crisis level increases with the first death
- Crisis decreases when news decrease
 - (not paralleled with the evolution in the number of cases or death)



Phases of demands to respond to crisis

- Rumor of the first cases: tendency to downplay (threat seems manageable), request for guidelines, request what practical measure should be implemented. Ask disease specialist, lab specialist
- First news of spreading and of first death: fear increases quickly, media amplifies further the crisis, sudden demand for media/communication specialist.
- Overwhelming of Health Services: request huge amount of treatments and consultation, request of physicians able to treat complicated cases and organized health services



Crisis Coordination vs Case Investigation

Crisis Coordination

- Fear Management
- Public information
- Provide logistical support
- Ensure institutional/national continuity

Case Investigation and monitoring

- Identify and provide scientific information
- Strengthen national capacity for detection, case management and monitoring of disease



Challenges for National Plans

- National Plan should not be too disease-specific and more multi-hazard (by subject matter specialist)
- The crisis evolves with the disease in the country (national level and then states/department)
- Emergency Operation Center is the key stone of the response plan



Economical impact

- Post Disaster Economic Impact Assessment tool (ECLAC- PAHO) applied in Mexico (US\$ 9 billons) more then the earthquake of 1985
- Assessment prior to impact: Tool estimating potential impact according to attack rate and measures taken (tested Jamaica, ELS).
- Tourism Industry



Key lessons

- The process of preparing the plan was more important than the plan itself
- The strategic stockpiling of Osetamivir and having trained staff proved to be vital
- Timely and transparency outbreak information has been essential to sustain confidence in governmental decision and action



Key lessons

- National unity is essential to cope with emergency
- Massive health sector response allowed to maintain pandemic under control and increase public confidence
- Few highly effective and easy to comply preventive measures have far more impact than many exhaustive recommendations
- Available resources should be wisely used to control and respond to the epidemic



General Conclusions

- There was a good national , regional and global response but the virus circulating is “mild” (We have to plan to be even more on our own in case of a more dangerous virus; “Yo-Yo principle”)
- The overall management of the crisis is more related to the fear generated by novelty than by the strict medical impact.
- National plan must have a more comprehensive multi hazard approach

