



IoM Forum on Microbial Threats

Ethical & Legal Considerations in Mitigating Pandemic Disease

pandemic influenza preparedness

regional planning efforts

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Washington DC; September 19, 2006

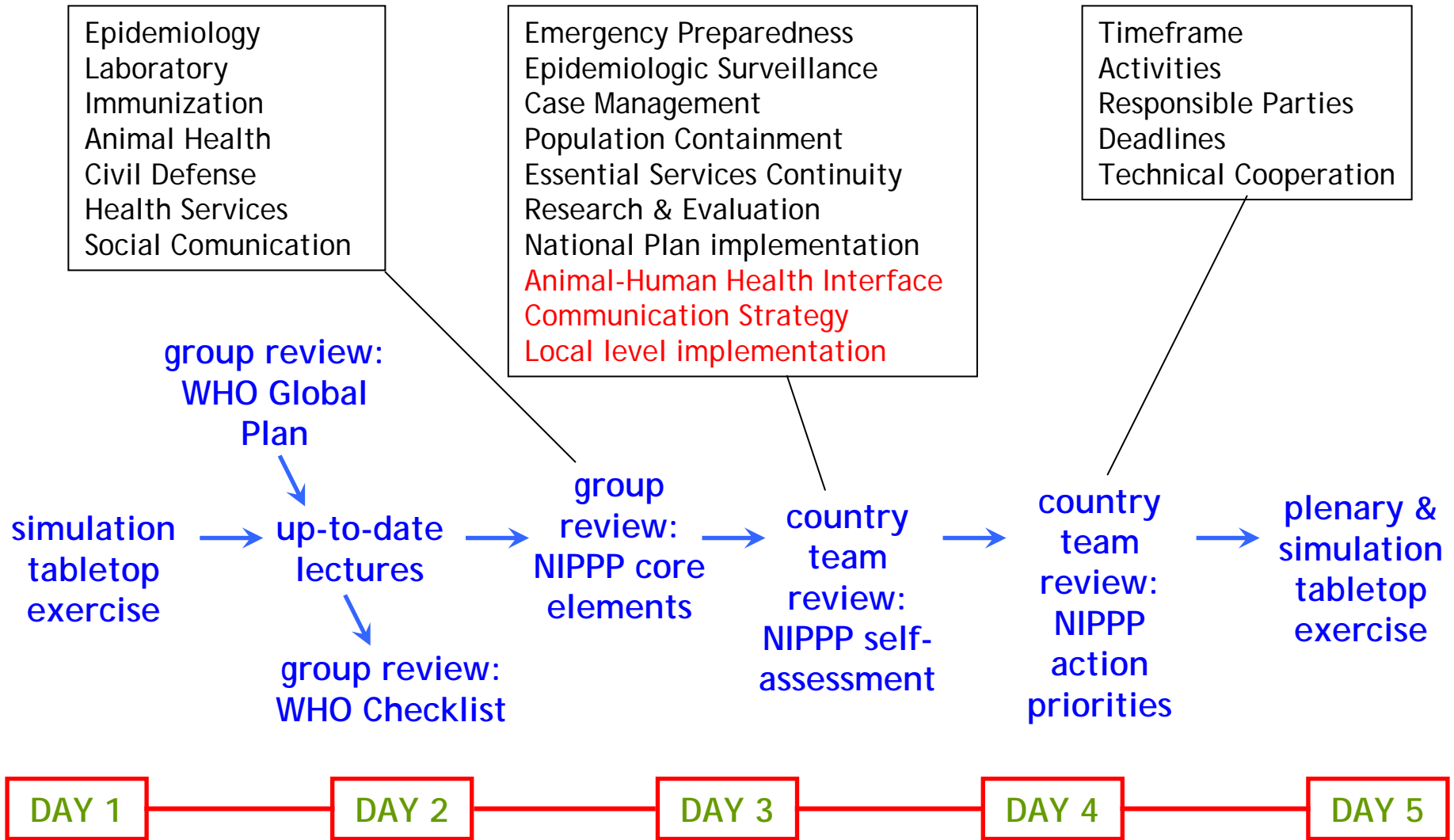
regional planning efforts in The Americas

- ✓ Current global threats, including influenza pandemic preparedness, requires a concerted effort by all those capable of effective action.
- ✓ WHO's Regional Office for the Americas, PAHO, recognizes the importance of partnerships and is actively engaged in close collaboration with several key stakeholders: USAID, CDC, CIDA-Canada, IADB, World Bank, FAO, UNICEF, IICA, OiE, among others;

regional efforts & steps to strengthen NIPPPs

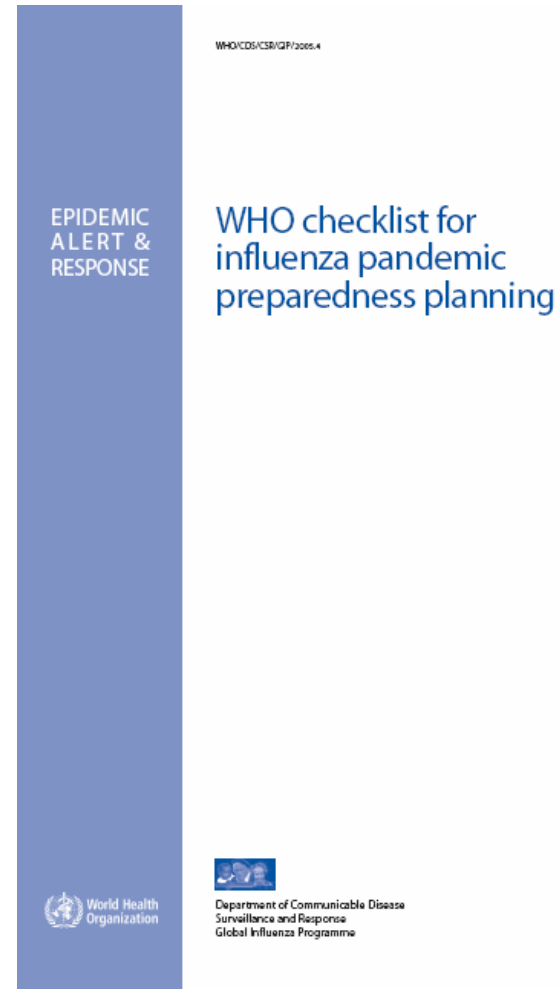
- ✓ multidisciplinary, intersectoral involvement;
- ✓ knowledge sharing & information exchange;
- ✓ implementation of NIPPPs self-assessment tools;
- ✓ priority short- and medium-term actions to ensure NIPPPs implementation.

NIPPP workshop roadmap

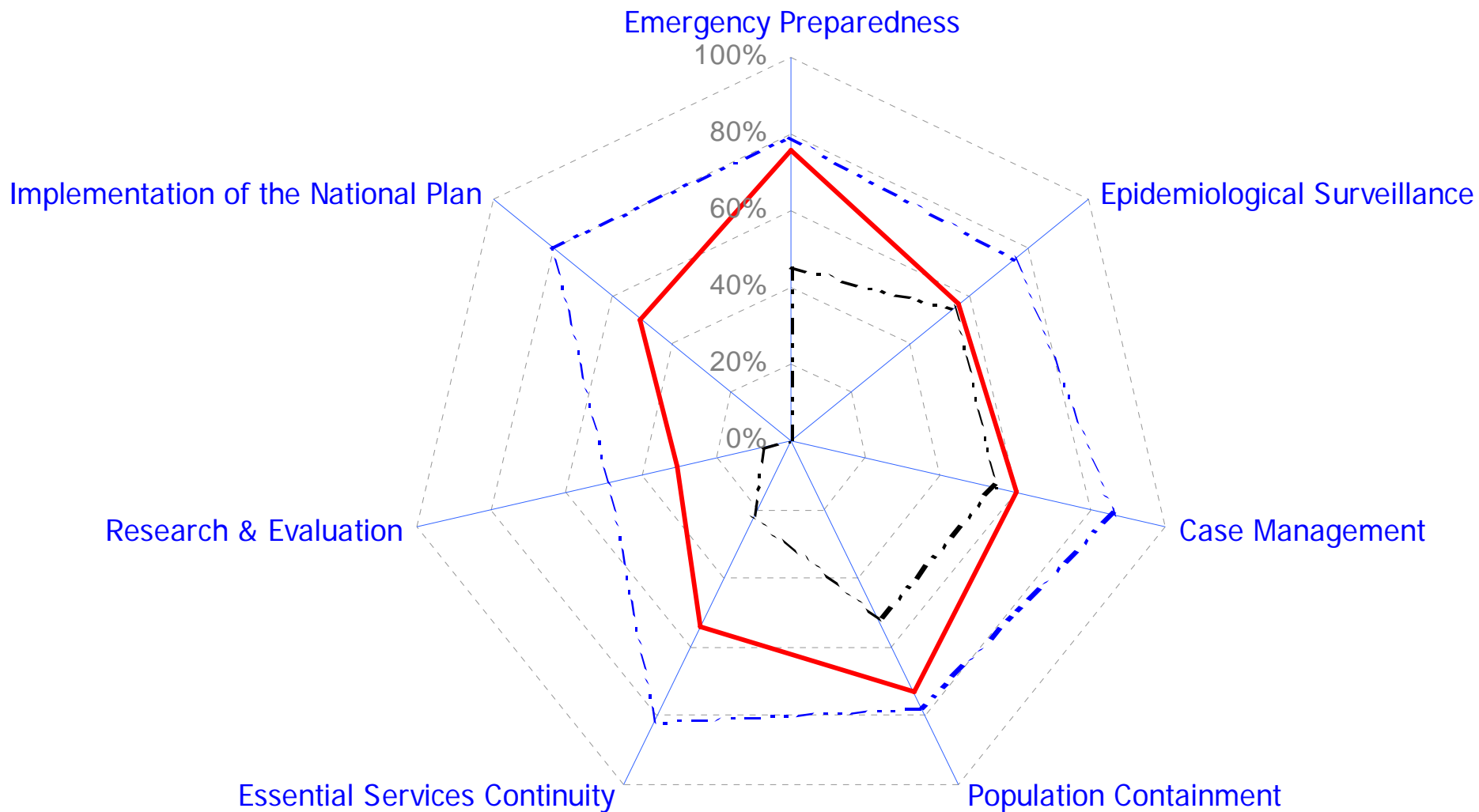


WHO Checklist: 7+ core NIPPP components

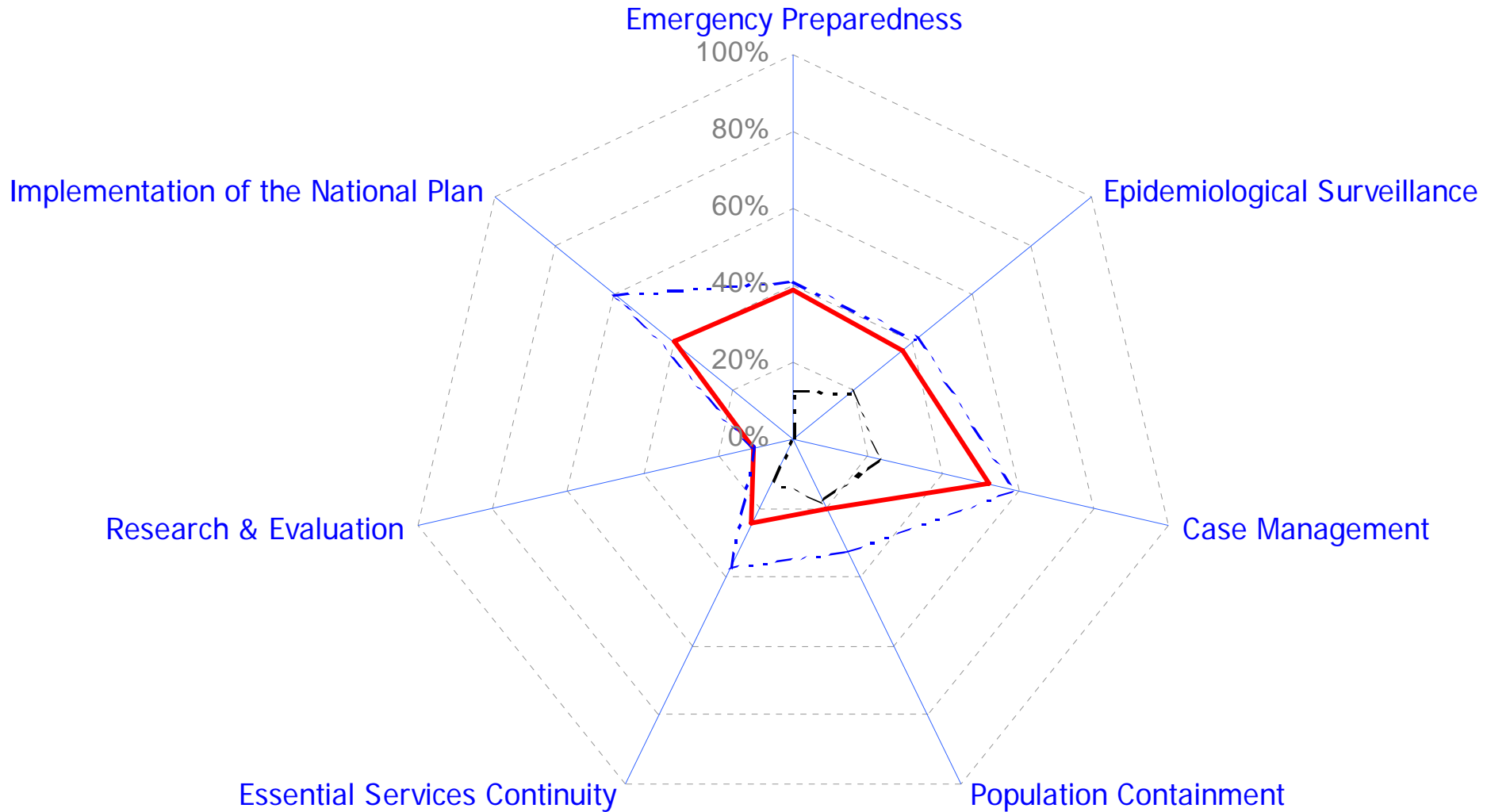
1. emergency preparedness
2. epidemiological surveillance
3. case management
4. population containment
5. essential services continuity
6. research & evaluation
7. implementation of the National Plan
8. animal-human health interface
9. communication strategy
10. implementation at the local level



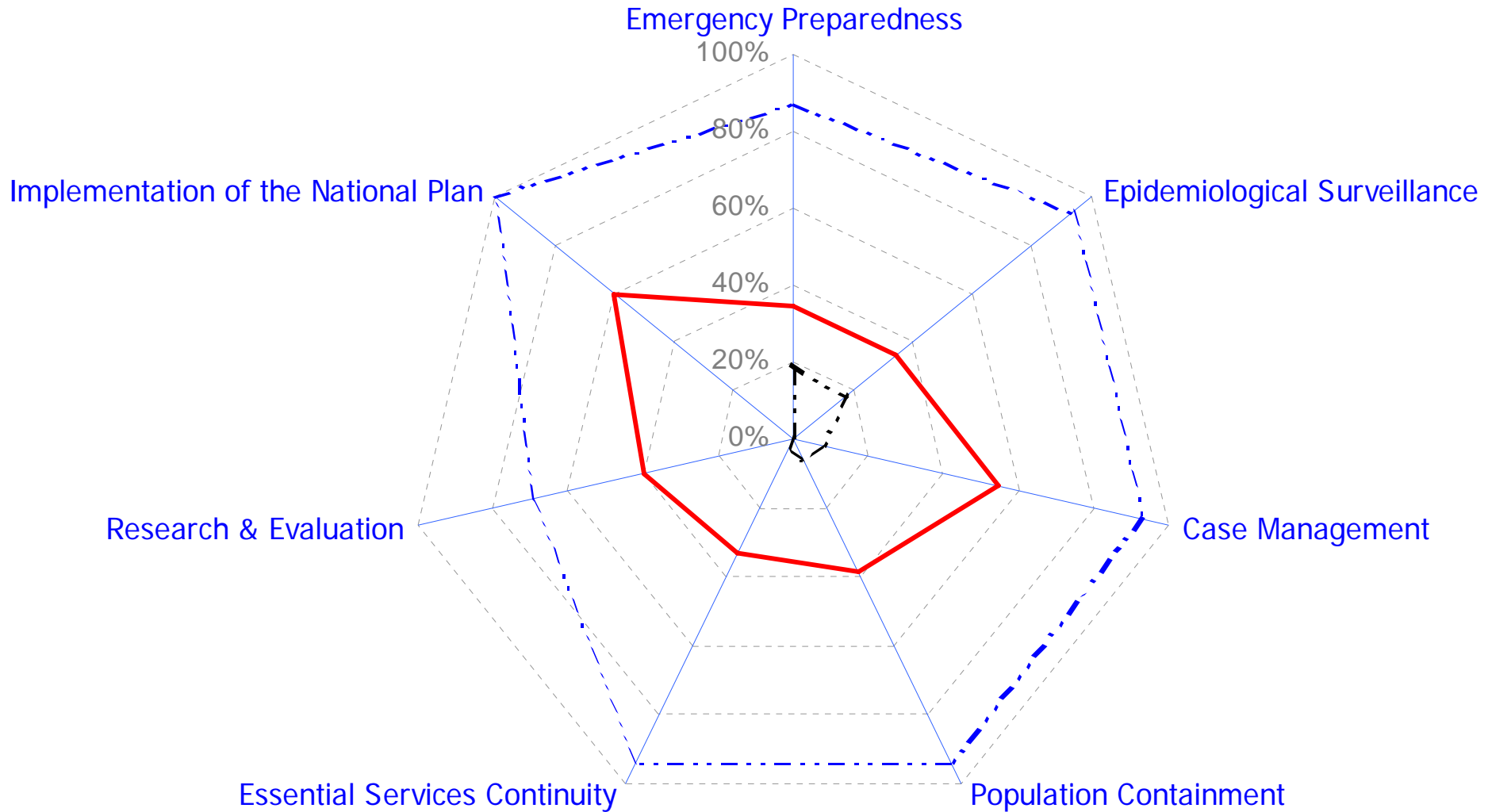
pandemic preparedness readiness: Southern Cone



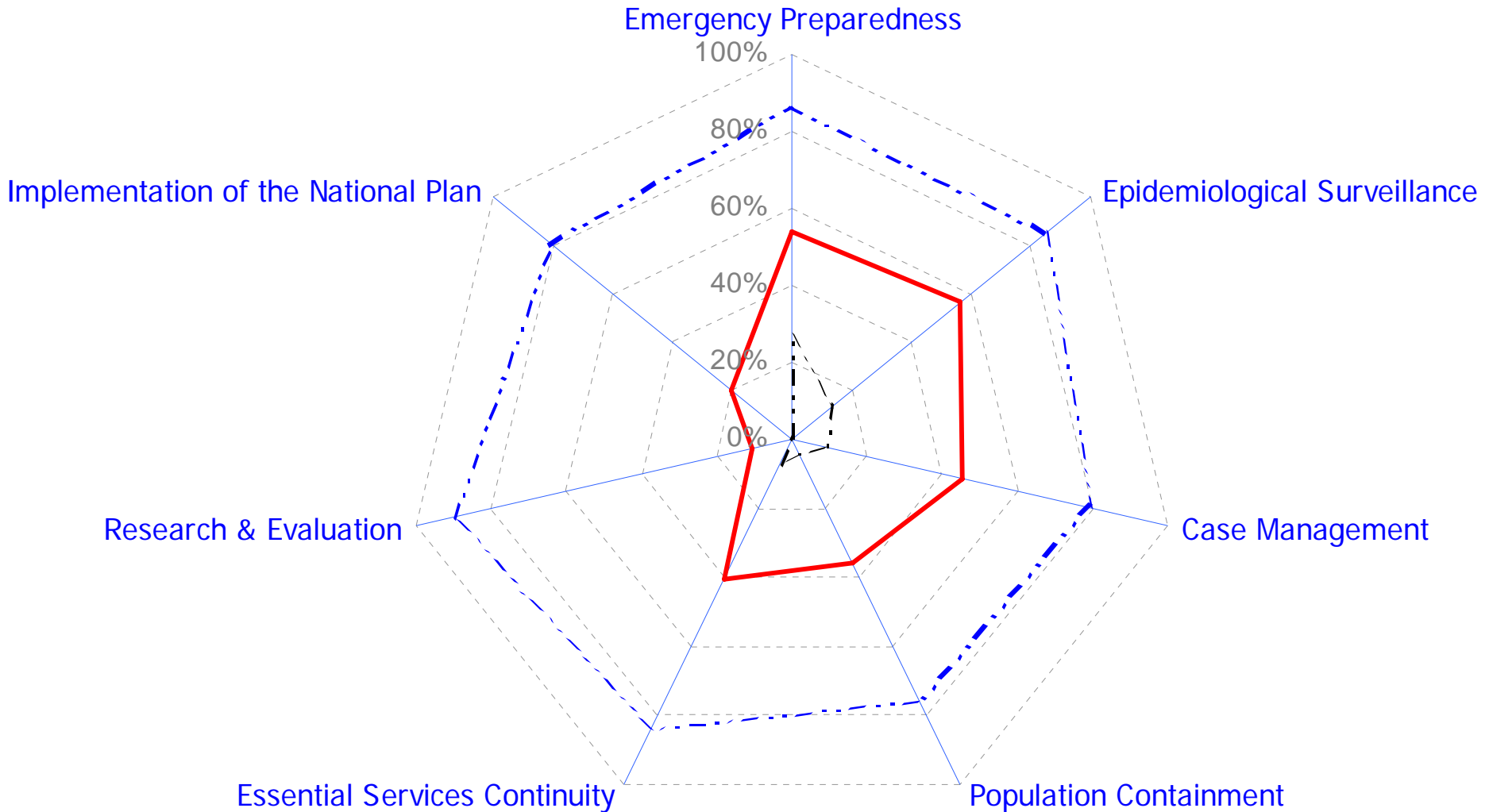
pandemic preparedness readiness: Andean Area



pandemic preparedness readiness: Central America



pandemic preparedness readiness: The Caribbean



emergency preparedness

1 EMERGENCY PREPAREDNESS

1.1 Political mobilization

1.2 Command & control

1.3 Risk assessment

1.4 Risk communication

1.4.1 public communication

1.4.2 internal communication

1.5 Legal & Ethical issues

1.5.1 legal issues

1.5.2 ethical issues

1.6 Response plan by pandemic phase

emergency preparedness: legal & ethical issues

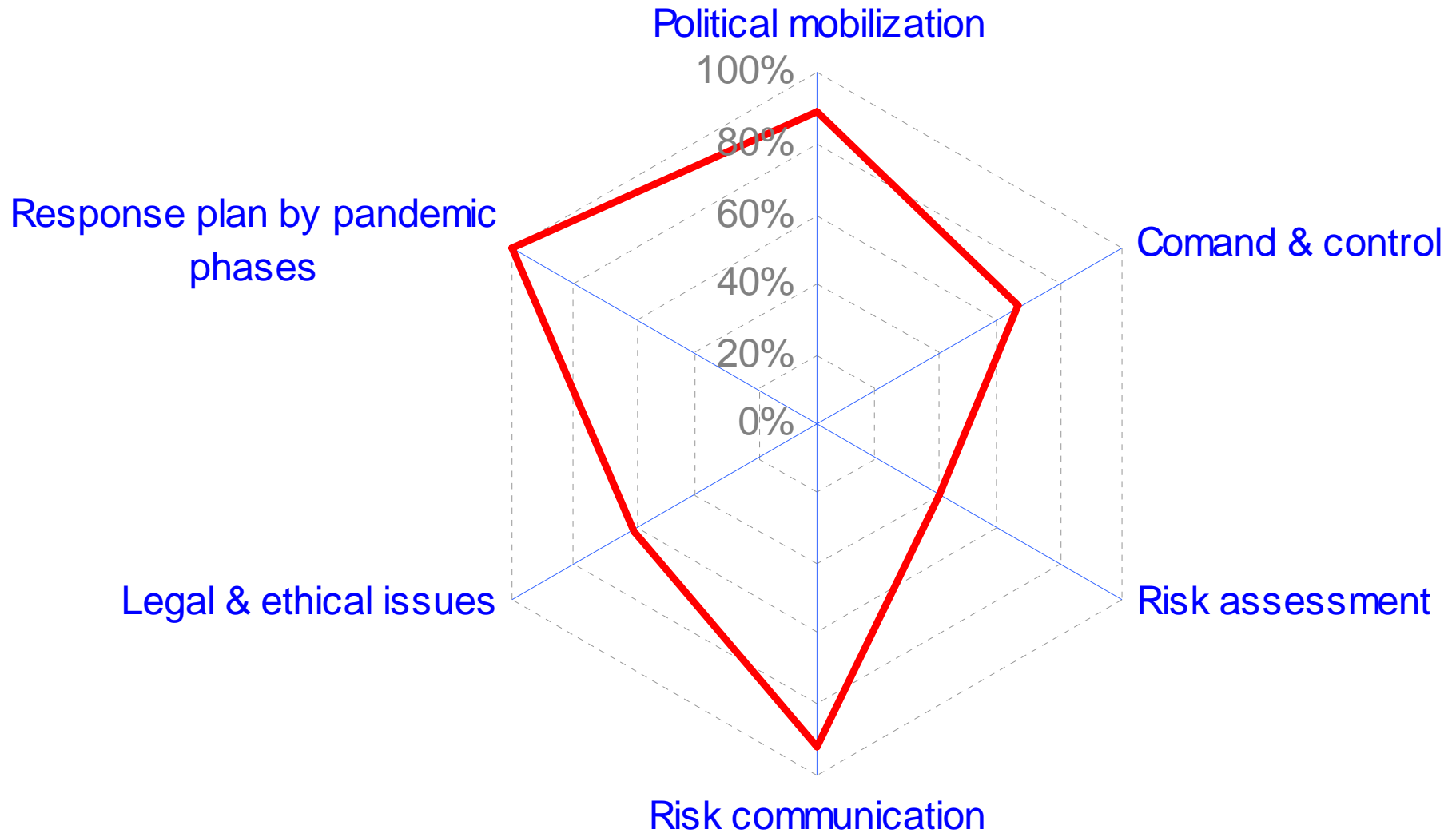
1.5.1 legal issues

- 1.5.1.1 Existence of a legislative framework in place for the national response plan
- 1.5.1.2 Legal dispositions for contingencies (maintenance of essential services and other crisis management measures)
- 1.5.1.3 Legal basis for travel & movement restrictions assessed
- 1.5.1.4 Legal basis for closure of educational institutions assessed
- 1.5.1.5 Legal basis for isolation & quarantine of infected persons or of persons suspected of being infected assessed
- 1.5.1.6 Legal basis for prohibition of mass gatherings assessed
- 1.5.1.7 Standing policy & legal basis for influenza vaccination of essential personnel assessed
- 1.5.1.8 Legal issues (liability, insurance, licencing) related to the mobilization of temporary workers assessed
- 1.5.1.9 Liability for unforeseen adverse events attributed to vaccine & antiviral use considered
- 1.5.1.10 Legislative framework for compliance with the International Health Regulations in effect
- 1.5.1.11 Inclusion of pandemic influenza in national legislation for the prevention of occupational diseases considered

1.5.2 ethical issues

- 1.5.2.1 Ethical review on the limitation/restriction of access to scarce resources
- 1.5.2.2 Ethical review on the compulsory nature of vaccination of essential personnel
- 1.5.2.3 Ethical review on the limitation of personal freedom & movement
- 1.5.2.4 Ethical framework for research during the influenza pandemic established

emergency preparedness readiness: Southern Cone



Response plan by pandemic phases

Legal & ethical issues

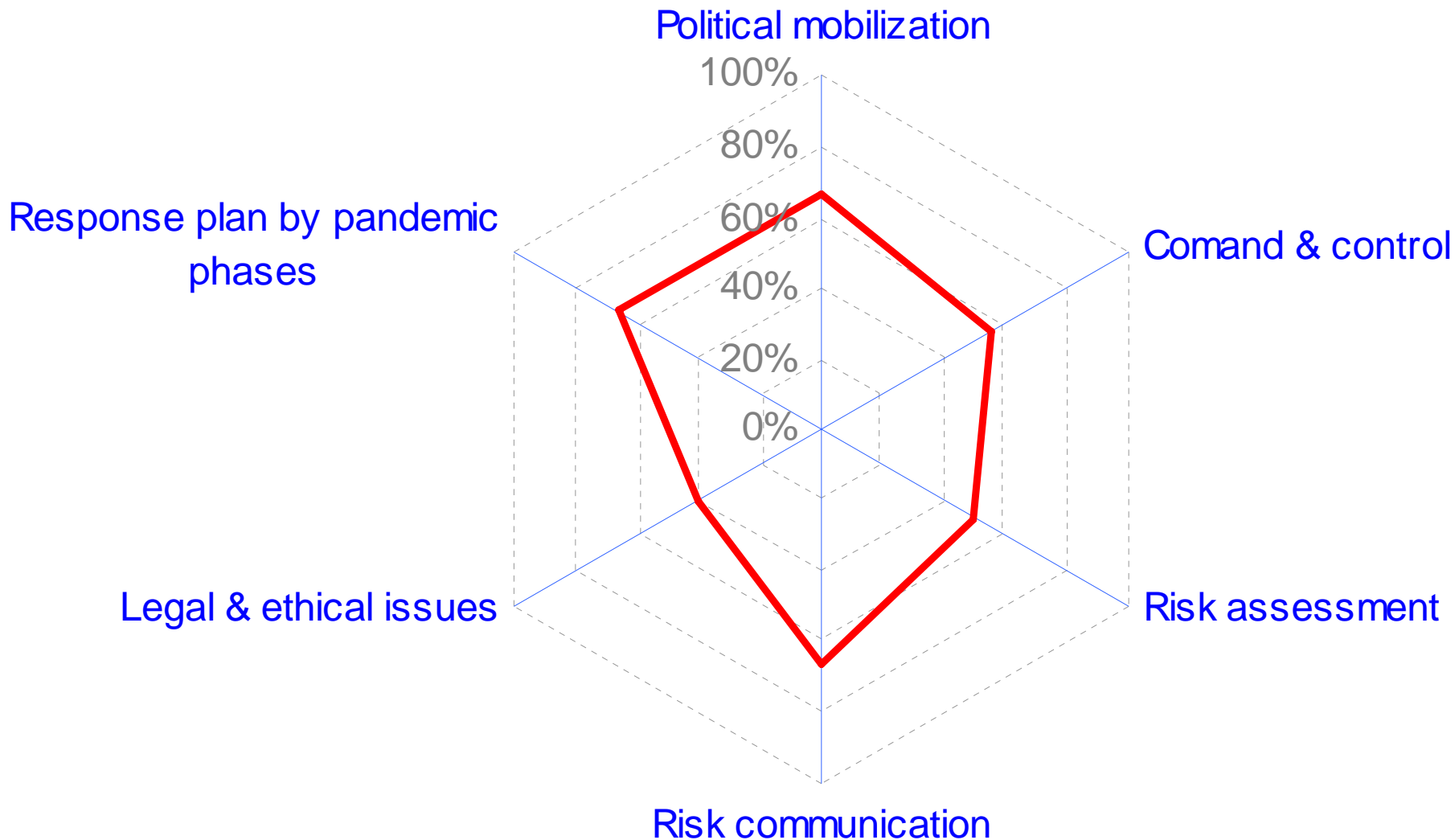
Political mobilization

Command & control

Risk assessment

Risk communication

emergency preparedness readiness: The Caribbean



emergency preparedness readiness: Central America

Response plan by pandemic phases

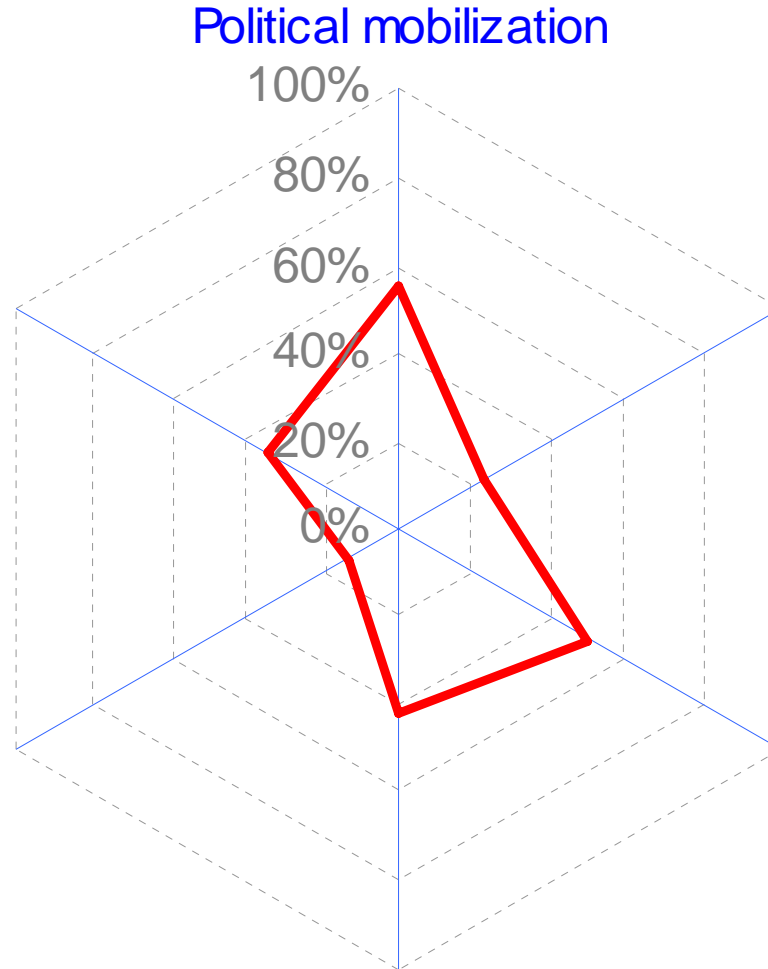
Legal & ethical issues

Political mobilization

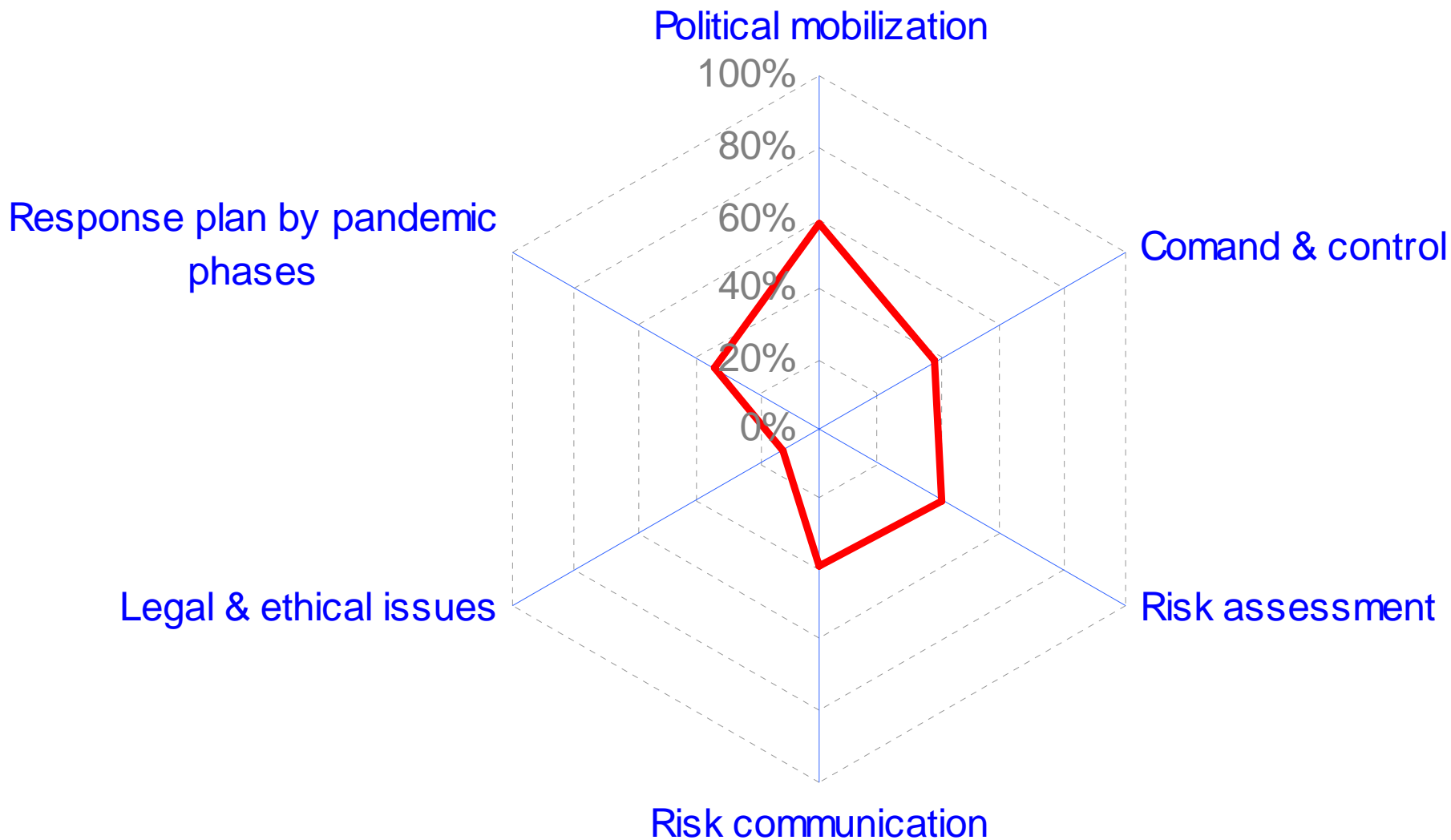
Comand & control

Risk assessment

Risk communication



emergency preparedness readiness: Andean Area



Response plan by pandemic phases

Legal & ethical issues

Political mobilization

Comand & control

Risk assessment

Risk communication

PAHO/CDC pandemic impact assessment workshops

- ✓ to estimate the burden of disease attributable to influenza pandemic: excess of deaths, hospitalizations, and outpatient visits
- ✓ to evaluate the response capacity (i.e., the potential to cope with excess demand) from hospitals and outpatient health facilities (surge capacity)
- ✓ to estimate the magnitude of the loss of workdays
- ✓ to derive gross estimates of direct economic impact attributable to pandemic influenza

FluSoftware: FluAid, FluSurge & FluWorkLoss

FluAid 2.0: Estimating State Level Impact of Pandemic Influenza



* If FluSurge does not run, please see **Load and Start** in the manual



* If FluWorkloss does not run, please see **Load and Start** in the manual

FluWorkloss

Version 1.0

Centers for Disease Control and Prevention

Atlanta, Georgia

START

EXIT

EXIT&SAVE

pandemic potential impact in Latin America & The Caribbean

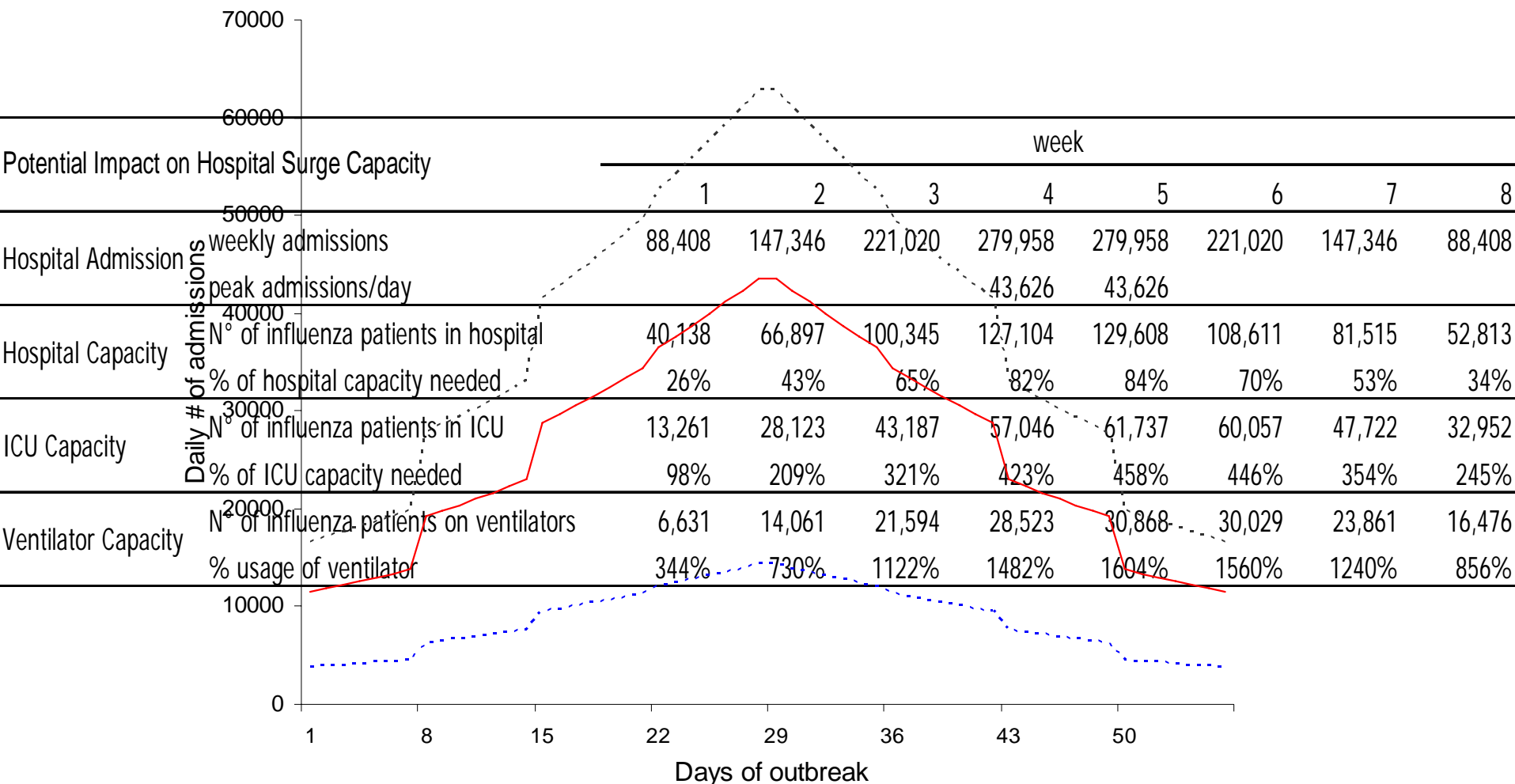
clinical attack rate = 25%; first pandemic wave (8 weeks)

FluAid/FluSurge modeling - Pandemic Impact Subregional Workshops Nov/Dec 2005

probable health impact	pandemic scenario	
	1968 moderate	1918 severe
deaths *	334,163 [131,630 - 654,960]	2,418,469 [627,367 - 5'401,035]
hospitalizations	1,461,401 [459,051 - 1'937,503]	11'798,613 [3'189,747 - 16'418,254]
outpatient visits	76,187,593 [59'738,730 - 109'207,769]	68'470,386 [58'114,124 - 92'227,761]

* annual average burden of mortality observed: 3'410,000 deaths

pandemic surge capacity in Latin America & The Caribbean (AR25%; scenario 1968; 1st pandemic wave)



costs of work days lost due to pandemic influenza (\$ppp) in Latin America & The Caribbean

Costs of Work days lost (\$ppp); LAC scenario 1968

	15%	25%	35%
most likely	9,004,942,587	15,008,237,645	21,011,532,703
minimum	8,262,422,778	13,770,704,630	19,278,986,482
maximum	10,029,486,711	16,715,811,186	23,402,135,660

Costs of Work days lost (\$ppp); LAC scenario 1918

	15%	25%	35%
most likely	12,760,378,982	21,267,298,343	29,774,216,459
minimum	9,901,190,869	16,501,980,870	23,102,776,169
maximum	15,617,331,932	26,028,888,071	36,440,441,997

regional planning efforts: key products

- ✓ a validated set of pandemic simulation tabletop exercises;
- ✓ trained teams, with a practical set of tools, in the estimation of potential impact scenarios due to pandemic influenza;
- ✓ shared, and detailed knowledge of the WHO Global Plan and WHO Checklist for pandemic preparedness;
- ✓ a reviewed, adapted, agreed, and applied Checklist for assessing pandemic preparedness;
- ✓ a comprehensive, honest, user-friendly, self-assessment of the pandemic preparedness in each country;
- ✓ a clear, agreed priority plan of immediate action for completion and implementation of NIPPPs.

regional planning efforts: key achievements

- ✓ Significant advances in the preparation of the NIPPPs.
- ✓ Important intersectoral involvement, primarily at the international level (OiE, FAO, IICA, OIRSA, Development Banks, other UN agencies, etc)
- ✓ Some countries begin to perceive IHR at the driver seat, pandemic influenza as their cart
- ✓ Model for interagency collaborations (PAHO, WHO, CDC, USAID, CIDA-Canada)
- ✓ Inclusion of pandemic influenza preparedness in the Health Agendas of the Regional Integration Systems (MercoSur, CariCom, CAN, SISCA)

regional planning efforts: key challenges

- ✓ Implementation at the local level
- ✓ Increased sensitivity of surveillance systems to detect new types of influenza viruses
- ✓ Mobilization of resources
- ✓ Access to drugs, vaccines, and other supplies
- ✓ Intersectoral involvement and commitment