

Summary of the Pandemic Influenza Preparedness Plan of the Health Services

Chief Epidemiologist
March 2006

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Introduction

On 8 April 2005 the Department of Communicable Disease of the World Health Organization (WHO) published a revised Global Influenza Preparedness Plan defining the role of the organisation and providing advice to the WHO Member States¹. The new plan represents an update of an earlier plan from 1999, on which planning in Iceland has been based until now. The principal changes involve WHO's redefinition of the levels of alert relating to a new strain of influenza potentially posing a global threat to human health. The organisation urges the Member States to revise their plans accordingly.

This plan which is now being published is a revision of the drafted pandemic influenza preparedness plan which has been available in Iceland. The plan is in line with international measures in order to achieve optimal results, both domestically and in cooperation with other states, in reducing the risk related to this kind of pandemic.

On 1 March 2005 the Icelandic government appointed a committee composed of the Directors General of the Ministry of Health and Social Security and the Ministry of Justice and Ecclesiastical Affairs to review the situation in Iceland with regard to a potential influenza pandemic and submit proposals for appropriate measures. On 7 October 2005 the Icelandic government approved the proposals of the Minister of Health and Social Security and the Minister of Justice and Ecclesiastical Affairs concerning responses and measures with regard to a potential pandemic of influenza². In accordance with the resolution passed by the Government risk assessment and preparedness trends in other countries, the EU and WHO will be closely monitored and the national preparedness plans adjusted accordingly. This is primarily the responsibility of the Ministry of Health, the Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police. Furthermore, emphasis is placed on medicinal products, training, drills and dissemination of information. A decision was made for the committee of the Directors General of the Ministry of Health and Social Security and the Ministry of Justice and Ecclesiastical Affairs to continue to monitor the progress of preparedness plans and assessing their cost.

On 10 February the Government decided to entrust to the National Commissioner of the Icelandic Police and the Chief Epidemiologist the establishment of a steering group to define the assignments and roles of partners and introduce time limits for civil protection operations with regard to responses to the threat of pandemic influenza. The steering group is charged with assembling a working group composed of representatives from the agencies, organisations and associations involved.

March 2006

The Chief Epidemiologist

¹ WHO global influenza preparedness plan: The role of WHO and recommendations for national measures before and during pandemics. World Health Organization 2005.

² Responses and Measures with Regard to a Potential Pandemic of Influenza. Press release No. 6/2005. <http://www.heilbrigdisraduneyti.is/frettir/frettatilkyningar/nr/1970>

Periods and phases of pandemic influenza

In accordance with the new plan of the WHO three periods of pandemic influenza have been defined. Different phases are defined within each period.

PANDEMIC PERIODS	PURPOSE OF MEASURES
<p>Interpandemic period</p> <p>Phase 1. No new influenza virus subtypes detected in humans.</p>	<p>Strengthen influenza pandemic preparedness.</p>
<p>Phase 2. No new influenza virus subtypes detected in humans. An influenza virus strain is circulating in birds and is considered to pose a risk to humans.</p>	<p>Minimize the risk of human-to-human transmission, detect and report such transmission promptly if it occurs.</p>
<p>Alert period</p> <p>Phase 3. A new influenza virus subtype has been detected in humans, but no known human-to-human transmission, except in exceptional cases of very close contact.</p>	<p>Ensure rapid characterization of the new virus subtype. Rapid diagnosis of cases and prompt notification. Rapid response to additional cases.</p>
<p>Phase 4. Small, localized clusters in humans caused by a new influenza virus subtype which does not appear well adapted to humans.</p>	<p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p>
<p>Phase 5. Larger clusters in humans, but still localized. Evidence of the virus having become increasingly better adapted to humans, but not to the extent of posing substantial risk of a pandemic.</p>	<p>Maximize efforts to prevent or delay spread and, if possible, to avert a pandemic and gain time to implement pandemic response measures.</p>
<p>Pandemic period</p> <p>Phase 6. Pandemic: Increasing and sustained spread of human-to-human transmission in general population.</p>	<p>Contain the impact of the pandemic to the extent possible.</p>

Main objectives of influenza preparedness in Iceland

The objectives of pandemic influenza preparedness are:

- To prevent the pandemic reaching the country if possible.
- To reduce its domestic spread to the extent possible.
- To administer medical treatment and care to patients.
- To protect the people involved in the diagnosis, treatment, and care of patients.
- To protect social infrastructures and people responsible for indispensable services in the country.

Delegation of responsibility

Icelandic legislation provides for responses to epidemics and events posing a threat to human health. The legal basis for the organisation and coordination of preparedness against pandemic influenza is laid down in Chapter IV of Act No. 19/1997 on Public Measures against Communicable Diseases, Article 3 of the Health Service Act No. 97/1990, and the Civil Defence Act No. 94/1962, as amended.

Measures against communicable diseases

The Minister of Health is the authority for measures against communicable diseases, including pandemic influenza.

The Chief Epidemiologist is responsible for measures against communicable disease, including global influenza preparedness under the authority of the Minister of Health.

The National Committee on Communicable Diseases is an advisory body for the health authorities concerning measures to prevent the spread of communicable disease.

The Medical Director of Health is responsible for the professional inspection of the operations and working facilities of health professionals, health institutions and measures against communicable disease.

Civil Protection

The Minister of Justice is the authority for civil protection, apart from aspects falling within the scope of the Medical Director of Health.

The National Commissioner of the Icelandic Police governs civil protection activities under the authority of the Minister of Justice.

- The Civil Protection Department of the National Commissioner of the Icelandic Police is responsible for the implementation of civil defence, including the management of general measures to keep social infrastructures operable, and support for official measures against communicable disease.

Special decision of the Government of Iceland of 7 October 2005

Pandemic influenza preparedness plans are primarily the responsibility of the Ministry of Health, the Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police.

The cooperation of the Chief Veterinary Officer and the Chief Epidemiologist should be increased as regards communicable diseases with the potential for interspecies transmission between animals and humans.

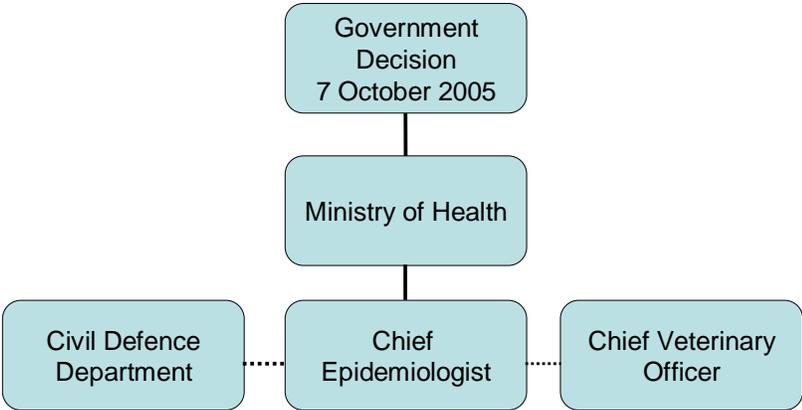
The Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police shall be responsible for the organisation of education, training and dissemination of information for the purpose of clarifying the situation at any time to the public.

The committee of the Directors General of the Ministry of Health and Social Security and the Ministry of Justice and Ecclesiastical Affairs, appointed in the spring of 2005 to conduct an assessment of the national situation concerning the potential influenza pandemic and submit proposals on national measures, shall continue its work.

Organization Chart 1

Parties responsible for the development of a preparedness plan pursuant to the decision of the Government of 7 October 2005.

The Command of Preparedness and Response to Influenza Pandemics



Measures to prevent the spread of infection

The Chief Epidemiologist and the Civil Protection Department of the National Commissioner of the Icelandic Police are jointly involved in the planning of general measures against communicable disease in close cooperation with the Government and organisations outside the Health Sector. General measures against communicable disease refer to the following strategic actions aimed at preventing the spread of infection:

- Quarantining of the country as a whole or individual communities.
- Surveillance of people arriving in the country, especially people coming from areas where influenza is circulating.
- Measures preventing the grouping of people – official ban on mass gatherings:
 - closure of schools and day-care for children, prohibition of public gatherings (cinemas, theatres, religious services, gyms, outdoor festivals, big celebrations together with other functions that encourage people gathering together) and closure of workplaces as applicable.
- Quarantining of those who might be infected and isolation of the sick in private homes. Organisation of the distribution of necessities and other assistance to people in need of help.
- Sterilisation of environment and clothing as applicable.
- Procedures on the handling of deceased persons.

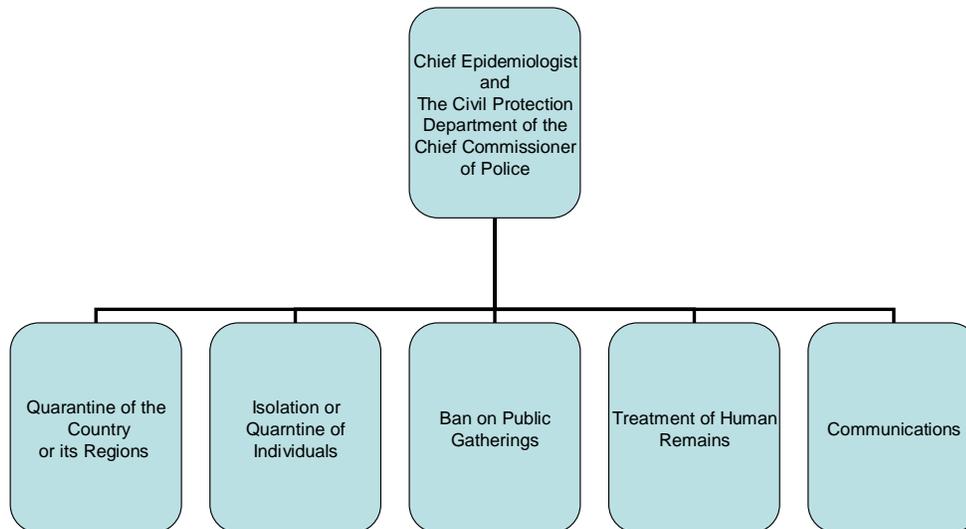
The basis for the above measures can be found in the Act on Communicable Diseases and it is probable that measures to prevent public gatherings could reduce the spread of infection if applied at the onset of an epidemic. General measures against infection are therefore important while a vaccine has not yet been marketed.

An important factor in the implementation of public measures against infection is to define and secure communications between the public and the health services and civil protection authorities as well as communications between public parties. The steering group of the National Commissioner of the Icelandic Police and the Chief Epidemiologist are in charge of the organisation of communications in cooperation with agencies, organisations and associations involved.

Organization Chart 2

Organisation of public measures against communicable disease

Official Measures Against Communicable Diseases



Monitoring

Monitoring is used to observe the spread of infection, the consequences of the influenza and the pressure on the health services. Monitoring yields important epidemiologic information helpful for the assessment of the effectiveness of the use of antivirals, vaccinations and general measures against infections and constitutes the basis for continued actions. The Chief Epidemiologist is responsible for the documentation of cases of influenza, the use of antivirals, vaccinations against influenza and also the documentation of adverse effects of vaccinations and antivirals.

Monitoring of cases of influenza has two aspects: As soon as possible, information concerning cases of influenza and the relevant number of deceased victims is obtained on the one hand from the laboratory of the Department of Medical Virology of Landspítali – University Hospital and on the other hand from practising physicians. Information to the Chief Epidemiologist concerning death statistics resulting from influenza is received from Statistics Iceland. The Chief Epidemiologist processes the data received and reports the results to parties concerned and the general public.

The Medical Director of Health inspects measures against infection during pandemic influenza. For the performance of this role the Medical Director of Health needs to monitor hospital bed occupancy and illness amongst health professionals (primarily those taking care of or assisting patients with influenza) at any time. It is the responsibility of health institutions (hospitals and health care centres) to gather this information.

Laboratory monitoring

The characterization of the influenza virus is performed at the Department of Medical Virology of Landspítali – University Hospital. The influenza virus subtypes circulating at each time are reported to the Chief Epidemiologist and at the same time the Department of Medical Virology will also send the information to the WHO (the World Health Organization). The Department of Medical Virology is responsible for the characterization of the influenza virus subtypes (H and N immunogens) infecting humans at any time. At the onset of an epidemic, physicians in Iceland will be encouraged to increase sampling from patients for the diagnosis of influenza in order to obtain optimal information to enable detection of the first cases of influenza reaching the country. Once the influenza is known to have spread in the community, sampling will be reduced. The Department of Medical Virology will prepare procedures for the characterization and treatment of the virus in the high-level biosecurity laboratory (P3) at Ármúli 1a in Reykjavík. Procedures for the sending of samples are prepared by the microbiology and virology laboratories at the Department of Medical Virology of Landspítali – University Hospital in cooperation with the Chief Epidemiologist.

Clinical monitoring

In the interpandemic period (Phases 1 and 2) influenza is defined as a notifiable communicable disease. The Chief Epidemiologist receives monthly information on the number of cases and the diagnosis is generally based on the clinical assessment of the treating physician, without laboratory confirmation.

In Phase 3 of the alert period the disease caused by a new influenza virus subtype becomes subject to registration and physicians must report new cases with personally identifiable data to the Chief Epidemiologist without delay.

The same applies in Phases 4–6 of the alert period. The Chief Epidemiologist prepares a definition of the disease which will be distributed to physicians. The definition of the

disease is based on information from the WHO and can change as information is received about the pathogenesis of the disease.

The Health Services

Health Care

The outbreak of virulent influenza results in great pressure on hospitals and health care centres. It will become necessary to direct influenza patients not requiring hospitalisation from emergency units. The preparedness plan assumes that service to patients in the community will be organised and provided by health care centres or the Doctors-on-Call Service in the Reykjavík metropolitan area. Directing potential influenza patients to the receptions of health care centres, where many people are waiting for service, should be avoided. Instead, people needing assistance should contact the health care services by telephone, e-mail or through the Internet, after which they will be visited at their homes by a physician. In sparsely populated areas it could be difficult to maintain a visiting programme owing to long distances between patients. The local epidemiologist in each community will decide which areas should have a designated reception for influenza patients instead of a visiting programme. Patients will be urged to stay at home during their illness, except in cases of serious illness requiring treatment in hospital.

Local epidemiologists will organize the activities of the health care services and visiting services of physicians, each in their respective area, in cooperation with local health care centres and visiting services of physicians. The Civil Protection Department of the National Commissioner of the Icelandic Police is also involved in this aspect of the preparedness plan, and in fact the health care centres and civil protection services need to work closely together organizing the distribution of antivirals and the provision of assistance to those in home isolation and in quarantine.

The principal aspects that the health care services and visiting services of physicians need to address in cooperation with the Chief Epidemiologist/community epidemiologists before the onset of a pandemic are the following:

- The organization of visiting services of physicians and nurses to private homes, each in their respective areas.
- The organization of home nursing.
- The assessment of cases of the disease
- The organisation of the distribution of antivirals to professionals and patients.
- The organisation of visits of physicians to service buildings for the elderly.
- Plan for the segregation of influenza patients from other patients.
- Organisation of communications between the public and the health care services.
- The implementation of vaccination when the vaccine against the new influenza virus subtype becomes available.
- Education for professionals.
- Monitoring of sick leave amongst professionals.

Organization Chart 3

Organisation of the health care services in the community

The Community – The Health Care Service in Epidemics

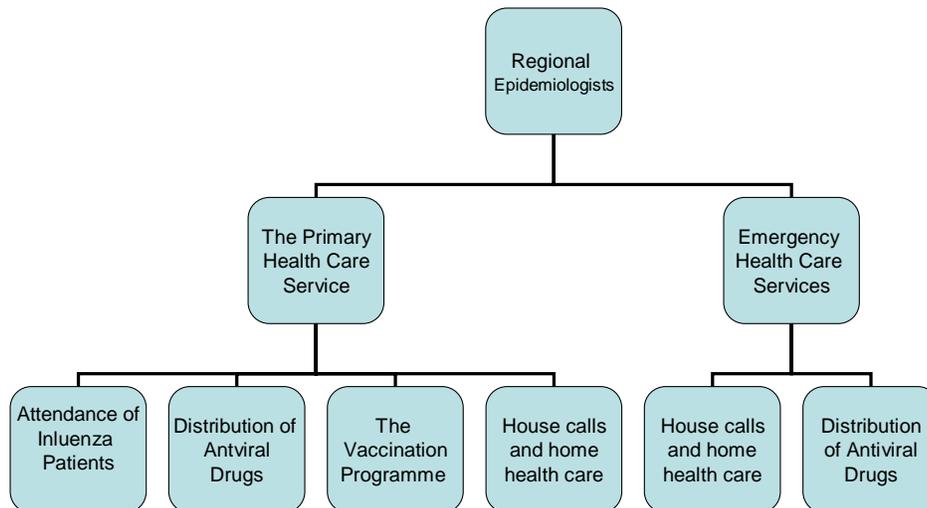


Table 1

The table is intended for the support of parties responsible for organising home visits. The duration of an epidemic is anticipated to be at least 8–12 weeks, and that visits will be equally distributed over the period in question.

Scope of pandemic	Population	Number of patients	Number of visits	Excess mortality
Infection rate 25% and mortality of patients 0.3%	1000	250	50	1
Infection rate 50% and mortality of patients 1.5%	1000	500	150	8
Infection rate 50% and mortality of patients 2.8%	1000	500	200	14

Hospitals

Great pressure can be exerted on hospitals as a result of the large number of patients during pandemic influenza. Response plans for hospitals will be prepared by the institutions in question in cooperation with the Chief Epidemiologist. .

Response plans need to include the following:

- The treatment of patients during a virulent pandemic is the responsibility of physicians, but it may become necessary to prioritize in their treatment.
- Assessment of supplies of antibiotics, intravenous infusions, cardiac and pulmonary medications and general nursing supplies.
- Assessment of the use of housing for patients with regard to safety. Other housing suitable for the care of patients, if necessary, also needs to be considered, e.g. hotels.
- Organisation of the use of human resources. Sick leave must be anticipated and it could be helpful to ascertain the position of professionals as regards working during pandemic influenza.
- Documentation of illness amongst professionals.
- Education for professionals concerning pandemic influenza, measures against infection and use of protective equipment.
- Assessment of the need for various virus-proof masks together with other protective clothing.
- Instructions on the use of influenza medications for treatment of subjects with influenza and prophylactic treatment of health professionals and the closest family of patients in private homes.
- Plan for the cooperation of hospitals with the health care services and on-call services of physicians engaged in the primary diagnosis of cases at community level.
- Registration of respirators and other equipment for respiratory support available in institutions and the estimated need for them.

Organization Chart 4

Organisation in hospitals

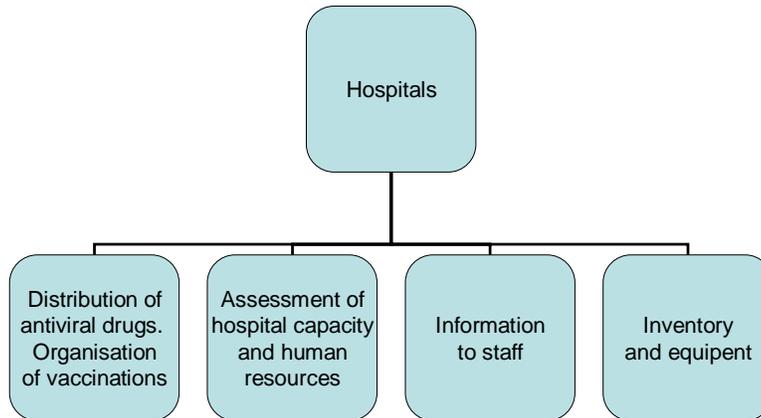


Table 2

The table is intended for the support of parties responsible for the organisation of hospital activities during pandemic influenza. The duration of an epidemic is anticipated to be at least 8–12 weeks, and that visits will be equally distributed over the relevant period.

Scope of pandemic	Population	Number of patients	Number of admissions	Excess mortality
Infection rate 25% and mortality of patients 0.3%	1000	250	2	1
Infection rate 50% and mortality of patients 1.5%	1000	500	20	8
Infection rate 50% and mortality of patients 2.8%	1000	500	40	14

Antivirals

On 31 December 2005, 44.000 domestic treatment doses were available of oseltamivir capsules (Tamiflu), 42 kg of oseltamivir powder (corresponding to 42.000 treatment doses) and 3.000 treatment doses of the influenza medication zanamivir (Relenza). The aggregate amount corresponds to treatment doses for nearly one third of the nation, which conforms with measures in most neighbouring countries and these supplies will not be used until the outbreak of pandemic influenza.

The Chief Epidemiologist, in cooperation with the Icelandic Medicines Control Agency, will be responsible for education and instructions concerning the use of the antivirals, which can vary from time to time. The current plan aims at administering influenza treatment to people over the age of 60 and people with underlying diseases and administering prophylactic treatment to approximately 10,000 individuals for 40 days, especially people involved in the care and treatment of patients.

The organisation of the deployment of antivirals is the responsibility of the Chief Epidemiologist and companies involved in the national distribution of medications. Swift deployment of the antivirals at short notice will be emphasised. Procedures on the reconstitution of the powder form of the medicinal product are the responsibility of the Icelandic Medicines Control Agency and the Pharmacy of Landspítali – University Hospital in cooperation with the Chief Epidemiologist.

Vaccines

A vaccine for pandemic influenza cannot be manufactured until its outbreak because the influenza virus subtype causing the next pandemic is not yet known. After the strain is known it takes at least 3–6 months to produce the vaccine.

The organisation of vaccinations is the responsibility of the Chief Epidemiologist. Health institutions are responsible for carrying out the vaccination of the public, patients and professionals of the institutions. Each of these parties is responsible for preparing a vaccination plan in their area in cooperation with the Chief Epidemiologist and community epidemiologist.

In cooperation with the Danish authorities Iceland participates in a tender for influenza vaccine. This measure is taken with the intention of vaccinating every individual in the country during a pandemic. The outcome of this tender is unknown and neither is the contracting pharmaceutical company.

Since a temporary shortage of the vaccine is predictable in the period immediately following the marketing of the vaccine prioritisation will be necessary in the beginning. Such prioritisation is the responsibility of the Chief Epidemiologist.

Inventory

Intravenous infusions

No intravenous infusions are currently produced in Iceland and the national supply is very limited. The use of intravenous infusions is expected to increase significantly during pandemic influenza and their production is anticipated to decrease as a result of illness amongst employees. The health authorities are now working on increasing the national reserve supplies of intravenous infusions and the possibility of producing intravenous infusions domestically is also being considered in accordance with the Government decision of 7 October 2005.

Necessary antibiotics and other medications

Due to known complications of influenza increased use of antibiotics may be anticipated during a pandemic. It is assumed that the Ministry of Health and Social Security will exercise its statutory powers to require importers and producers of medicinal products to maintain a revolving stockpile of necessary antibiotics corresponding to a six months' supply.

Protective equipment

Supplies of protective equipment are determined by strategic planning concerning the use of protective equipment amongst health professionals, employees of the Icelandic Red Cross, rescue workers and others involved in the assistance and care of influenza patients in the community.

Nursing products and technical equipment

Health institutions and private clinics will be required to prepare a list of the number of respirators, their type, year of manufacture and location. The quantity of other equipment (CPAP and PEP-masks) which can be used for respiratory support will also be ascertained. Health institutions are responsible for preparing estimates of the necessary inventory of general nursing supplies in health institutions.

Communications

Communications between the health services and the civil protection services

During a pandemic of virulent influenza it may be assumed that health care centres, hospitals, and 112 – Emergency Alert Iceland will not be able to handle all communications due to overload. The public must be ensured clear lines of communication with the health services. Members of the public may be expected to contact the health care centre in their respective areas but to meet the increased need information centres will also be opened for the public. People with symptoms of influenza are not intended to visit emergency units or the receptions of health care centres. Instead, they should communicate by telephone, e-mail or over the Internet. Information concerning telephone numbers, e-mail addresses and the URL of the website will be advertised in due course. The information centre will send service orders and queries to parties involved in medical care and other assistance. Emergency Alert Iceland and the Red Cross are cooperating on the organisation of the information centre in consultation with the steering group.

Education and information to the public

The Chief Epidemiologist is responsible for the education of the public as regards the spread and consequences of influenza epidemics and, in cooperation with the Civil Protection Department of the National Commissioner of the Icelandic Police, for supplying information on measures against infection and their implementation. Education and information will be supplied to the public with the help of the media, booklets and websites as applicable. The educational material will be prepared before the pandemic strikes but will not be disseminated until it is foreseeable that it will strike.

Reporting to the Chief Epidemiologist

During pandemic influenza the Chief Epidemiologist will maintain a register of;

- a) patients with influenza,
- b) the use of antivirals,
- c) vaccinations against influenza,
- d) adverse effects of vaccinations and antivirals,
- e) mortality resulting from influenza.

Information on patients with influenza, the use of antivirals, vaccinations and hospital bed occupancy will be received from health care institutions, but information on mortality resulting from influenza will be received from health care institutions and the National Register of Persons.

The current register of diseases, subject to registration are based on registrations sent to the Chief Epidemiologist by physicians and laboratories. Most of the registrations are received through ordinary mail on specially designed forms or copies of laboratory results. Information on vaccinations, however, should be delivered electronically from certain regions to the central database of the Chief Epidemiologist. The electronic compilation of information into the central vaccination database is now under way.

There is an urgent need for physicians and laboratories to report influenza cases during pandemic influenza. Electronic notification increases security and speed in communications as ordinary mail is not a dependable means of communications during pandemic influenza. The same applies to notifications concerning the use of antivirals and their adverse effects.

Lines of communication

The Ministry of Health will support clear communication channels between all parties involved in the preparedness measures. A flow chart showing communication channels and contact lists will have to be made available to all concerned and updated regularly.

Cooperation with veterinarians and the Institute for Experimental Pathology of the University of Iceland

The Agricultural Authority of Iceland/Chief Veterinary Officer will organise a preparedness plan in the event of a virulent outbreak of avian influenza in Iceland. Monitoring of influenza virus A in migratory birds and poultry in Iceland has begun. The Chief Epidemiologist and the Chief Veterinary Officer cooperate to protect the employees of the poultry industry and at the Institute for Experimental Pathology of the University of Iceland in the event that influenza H5N1 is detected in Iceland. Instructions have been issued based on the recommendations of the European Centre for Disease Prevention and Control (ECDC).

Cooperation with international organizations

The World Health Organization (WHO)

Iceland is a member of WHO, an agency of the United Nations which is responsible for the organisation of monitoring and response to epidemics posing a global threat to human health. The Member States of WHO have been urged to speed up the entry into force of the provisions of the International Health Regulation concerning pandemic influenza agreed at the World Health Assembly in May 2005. Among the steps that need to be taken as soon as

possible is to issue a government regulation designating an Icelandic party responsible for contact with WHO.

The European Centre for Disease Prevention and Control (ECDC)

The European Centre for Disease Prevention and Control was established in 2005. Its role is to strengthen the defences of the European Union against epidemics, including influenza, SARS and HIV. The Centre works in close cooperation with comparable institutions within the EU and states within the EEA to enhance disease monitoring and alert systems. Close cooperation is also maintained with experts within these institutions for the gathering of expert opinions concerning health threats from new and old communicable diseases. The Chief Epidemiologist holds a seat in the advisory board of the institution and the Director General of the Ministry of Health holds a seat on the board of directors.

The European Commission (EU)

Epidemiological surveillance and control of communicable diseases – ESCON

An advisory board on epidemiological monitoring has been working under the auspices of the European Commission. This counselling may be expected to be transferred to the ECDC. The EEA states are permitted to attend the meetings of the committee as observers and Iceland has been represented by the Chief Epidemiologist.

The Early Warning and Response System - EWRS

The Early Warning and Response Systems is a system based on Decision No. 2119/98/EC setting up a network for the epidemiological surveillance and control of communicable diseases in the Community and the relations between the EU commission and the relevant health authorities in the member states concerning measures provided for in Decision No. 2000/57/EC³.

The EEA states are observing members of these systems and Iceland is represented by the Chief Epidemiologist.

Necessary activities

Illness amongst employees of most domestic companies is to be expected when the influenza pandemic reaches its peak. It is important that disruptions in the vital operations of various organisations, companies and communities are kept at a minimum. Further preparation of the response plan with stakeholders within the community is the responsibility of the steering group of the National Commissioner of the Icelandic Police and the Chief Epidemiologist.

General supervision of the national inventory.

Checking the national inventory in general, such as foods and oil, is the responsibility of the National Board of Economic Defence.