Regional Workshop on Operational Preparedness for Early Response to Emerging Infectious Diseases

4–5 August 2010
Singapore
Regional Workshop on
Operational Preparedness for Early Response
to Emerging Infectious Diseases

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SUMMARY

A Regional Workshop on Operational Preparedness for Early Response was held in Singapore from 4 to 5 August 2010.

The objectives of the workshop were:

1. to introduce the importance of operational preparedness for early response in the context of the Asian region;
2. to update participants on the latest developments on the Japan Project for the Stockpile of Antivirals and Personal Protective Equipment (PPE) against Potential Pandemic Influenza; and
3. to develop operational frameworks for risk communication and response logistics in the context of operational preparedness for early response.

The workshop consisted of technical presentations and group discussions. Technical presentations outlined the concept of "rapid containment" as an extraordinary measure to stop or delay the spread of a novel influenza virus with pandemic potential. The Japan Project for the Stockpile of Antivirals and Personal Protective Equipment against Potential Pandemic Influenza, funded by the Government of Japan, is a key resource in the region, and is jointly managed and supported by the Association of Southeast Asian Nations (ASEAN), Asia-Europe Foundation (ASEF), Japan International Cooperation System (JICS) and World Health Organization (WHO).

Two key components of rapid containment — "risk communication" and "response logistics" — have been highlighted as areas requiring further support in order to effectively prepare for a rapid containment operation.

In the final session, conclusions and recommendations were summarized and all the participants agreed on the proposed changes.
1. INTRODUCTION

The world is changing rapidly, and the Asian region is at the forefront of this dynamic transformation. Evolving risk factors—including higher density living and increases in global travel and trade are particularly heightened in our region, leading to challenges to ensure that outbreak and emergency response systems keep pace with these developments. Over the last decade, outbreaks of severe acute respiratory syndrome (SARS), avian influenza, and pandemic (H1N1) 2009 have exposed our vulnerability to emerging diseases. As well as severely affecting our health, these events showed that the social and economic impact of disease outbreaks and their rapid international spread can be devastating.

"Rapid containment" is a unique concept involving the blanket use of antiviral drugs as prophylaxis to contain an outbreak of potential pandemic influenza at the outbreak source. By containing the spread of the virus, a potential pandemic can be averted. Even if the virus cannot be entirely contained, slowing down its spread can provide valuable time for countries around the world to prepare. Rapid containment requires resources such as human resources, technical support and antiviral supplies that may be beyond national capacity. It impacts not only the country where the operation takes place, but also on neighbouring countries and the rest of the world. Rapid containment requires solidarity to pool risk at the regional level, while also expending individual effort at the country level, for the benefit of all.

1.1 OBJECTIVES

The objectives of the workshop were:

(1) to introduce the importance of operational preparedness for early response in the context of the Asian region;
(2) to update participants on the latest developments on the Japan Project for the Stockpile of Antivirals and Personal Protective Equipment (PPE) against Potential Pandemic Influenza; and
(3) to develop operational frameworks for risk communication and response logistics in the context of operational preparedness for early response.

1.2 ORGANIZATION

The Regional Workshop on Operational Preparedness for Early Response to Emerging Infectious Diseases was held from 4 to 5 August 2010 in Singapore and was jointly convened by the WHO Western Pacific Regional Office, the Association of Southeast Asian Nations (ASEAN) and the Asia–Europe Foundation (ASEF), in coordination with the Government of Japan and the Japan International Cooperation System (JICS). Attending the workshop were more than 50 participants and observers from 12 ASEAN and/or WHO Member States, technical advisers and observers from partner agencies and the Ministry of Health, Singapore. The List of Participants and Programme of Activities are included in Annexes 1 and 2, respectively.

1.3 OPENING REMARKS

1.3.1 Dr Akima Umezawa, Counsellor, Embassy of Japan in Singapore

Dr Umezawa opened the workshop with an expression of his appreciation to the WHO Western Pacific Regional Office for its dedication and cooperation with partners to convene the workshop. He noted that pandemic influenza is a global issue that has impacts across nations and beyond borders, and that the response to emerging infectious diseases such as pandemic influenza and SARS requires strengthened whole-of-society efforts.
The Government of Japan is committed to regional cooperation to respond to the threat of pandemic influenza and other emerging infectious diseases. In particular, this is done through close cooperation with the WHO Regional Office in the development and implementation of programmes, including Japan’s initiative for the rapid containment of pandemic influenza, under the framework of the Asia-Europe Meeting (ASEM). The ASEM initiative was launched at the 9th ASEM Foreign Ministers’ Meeting in Ha Noi in May 2009, and today some 500 000 courses of antiviral drugs and 700 000 sets of PPE have been stockpiled in Singapore. However, the success of the initiative to rapidly contain a novel influenza virus will also rest on prompt risk assessment, well-organized logistics and proper risk communication.

1.3.2 Mr Dhannan Sunoto, Director, Cross-Sectoral Cooperation, ASCC Department, ASEAN Secretariat

Mr Sunoto welcomed participants to the workshop and noted that it was a timely venue to exchange experiences such as those from the response to pandemic (H1N1) 2009, and to discuss operational preparedness frameworks for emerging infectious diseases—particularly response logistics and risk communication aspects. Response logistics has been a focus of capacity-building in ASEAN Member States since 2008, when the importance of developing a logistics plan as part of national pandemic preparedness and response planning was emphasized. In addition, the 10th ASEAN Health Ministers Meeting in July 2010 produced three main outcomes: (1) Strategic Framework on Health Development; (2) Joint Multisectoral Outbreak Investigation and Response, co-developed by ASEAN and WHO; and (3) establishment of an ASEAN Risk Communication Centre in Kuala Lumpur, Malaysia. Together, with the recently developed ASEAN regional risk communication plan, it was hoped to contribute to the discussions on risk communication in this workshop.

Mr Sunoto expressed ASEAN's appreciation to the Government of Japan in providing funds to initiate the regional stockpile, which has allowed ASEAN and Japan to work more closely together. Appreciation was also expressed to WHO for its expert advice and assistance on the initiative. There is a need for complementarity and synergy between ASEAN and WHO in all initiatives in this region, and this workshop is an excellent example of collaboration on important issues that need to be addressed.

1.3.3 Ambassador Nguyen Quoc Khanh, Deputy Executive Director, Asia-Europe Foundation

Ambassador Nguyen welcomed the participants and introduced ASEF and ASEM. Beginning in 1996 with the partnership of 15 European Union member states and 10 Asian countries, ASEM has grown to include 48 partners by the end of 2010. An important goal of this partnership is to build greater understanding and strengthen dialogue and cooperation between the peoples of both regions. ASEF is the permanent institution of the ASEM process and is funded by partner governments.

The ASEM Initiative for the Rapid Containment of Pandemic Influenza was launched at the 9th ASEM Foreign Ministers’ Meeting in Hanoi in May 2009. This Initiative established a stockpile of antiviral drugs and PPE and built the “ASEF Network for Public Health”, which is the first platform dealing with public health issues of common interest to Asia and Europe. In the stockpile initiative, the Ministry of Foreign Affairs of Japan and WHO take responsibility for technical decision-making on stockpile deployment and other supportive activities, ASEF plays the role of financial manager, and JICS acts as procurement agent and implementing agency. Under this arrangement, the required goods are delivered and stored in a specialized warehouse in Singapore.
It was noted that this regional workshop was timely for two reasons. First, most of the stockpile is ready, so the concept of rapid containment is now more relevant than ever. Second, with the experience of pandemic (H1N1) 2009, the region must now take stock of how regional responses can support global efforts. Now is an opportune time to refresh and consolidate these experiences and to continue to strengthen regional health security against emerging infectious diseases, ultimately contributing to global health security.

1.3.4 Dr Takeshi Kasai, Director, Health Security and Emergencies, WHO Regional Office for the Western Pacific

Dr Kasai welcomed the participants to the workshop and expressed WHO's appreciation of the tireless efforts for pandemic preparedness and response and commitment for health security in the region. He noted that pandemic (H1N1) 2009 had occurred in an unexpected way, but despite this, countries in Asia had responded well. He noted that WHO was pleased to convene the workshop in order to provide countries and partners with an opportunity to work collectively to plan for rapid containment.

He noted that rapid containment is an extraordinary, intense operation requiring resources such as antivirals, human resources and technical support that are sometimes beyond the national capacity. Exercises have confirmed that effective collaboration among partners is an essential requirement of a rapid containment operation. Rapid containment also requires solidarity to pool risk at the regional level, and individual effort at the country level, for the benefit of all. Dr Kasai stressed that risk communication and response logistics were two key areas in a rapid containment operation, and that they would be strengthened through this workshop.

In Asia, where the prevalence of and threat posed by highly pathogenic avian influenza remain, the concept of rapid containment is especially important. Addressing the participants, it was emphasized that "It is our responsibility and the expectation of our communities, to prevent a pandemic and therefore, we need to prepare ourselves." He recognized the partners in the stockpile project—Government of Japan, ASEAN, Government of Singapore and ASEF—for their leadership and support for the initiative.

2. PROCEEDINGS

2.1 PLENARY 1: RAPID CONTAINMENT, PANDEMIC PREPAREDNESS AND THE JAPAN STOCKPILE PROJECT

2.1.1 Importance of pandemic preparedness
Dr Takeshi Kasai, Director, Health Security and Emergencies, WHO Regional Office for the Western Pacific

The experience of pandemic (H1N1) 2009 has been both a challenge and an opportunity to test pandemic preparedness. The prevalence of and threat posed by highly pathogenic avian influenza remains high, and other circulating viruses including H2, H6, H7 and H9—along with history and science—indicate that the risk of another pandemic remains.

Pandemic planning is a continuous cycle of development, updating from current knowledge, validation through exercises and revisions. With the recent experience of pandemic (H1N1) 2009, now is the opportune time to review and strengthen pandemic preparedness. A critical part of this preparedness is the strengthening of routine capacities, which, in addition to pandemic response, can be used in response to other public health emergencies. The Asia Pacific Strategy for Emerging Diseases (APSED) is instrumental in supporting the strengthening of core capacities.
2.1.2 Overview of rapid containment
Dr Satoko Otsu, Medical Officer, Communicable Disease Surveillance and Response (CSR), WHO Regional Office for the Western Pacific

The role of pandemic preparedness is to reduce the epidemiological peak (to enable us to cope with the surge of cases) or to move and delay the peak (to gain time to prepare). Rapid containment is an evolving concept, with the goal to stop, or at least delay, the spread of a potential pandemic influenza virus. The concept is based on mathematical models elaborated in 2005, and the current understanding of the concept has been developed through exercises and workshops. Few additional material investments are required to prepare for rapid containment, and any additional investments can be used for other purposes, such as preparedness to respond to other public health emergencies. A successful rapid containment operation will rely on a number of assumptions, limitations and preconditions. However, even "failed containment" may have an effect to slow the spread of the virus; in this case, it is worthwhile to attempt it. Strengthening routine capacity, in particular risk communication and logistics, are essential to conduct a rapid containment operation.

2.1.3 Background of the Japan Project on the Stockpile of Antivirals and PPE against Potential Pandemic Influenza
Dr Akima Umezawa, Head of Chancery and Counsellor, Japanese Embassy

Pandemic influenza is a global issue of immense impact. However, it is also a national issue of crisis management, as well as a threat to national security, and therefore requires strengthened multisectoral efforts both regionally and globally. Japan has been implementing various projects to fight against avian and pandemic influenza in the region. It has been focusing its efforts on supporting developing countries in Asia and has also been a firm supporter of ASEM, ASEAN and other international cooperation frameworks in the fight against pandemic influenza. The efforts have included the stockpiling of 1.5 million courses of antiviral drugs in Singapore (in collaboration with ASEAN and ASEF), distribution of 4.5 million courses of oseltamivir to ASEAN Member States, and bilateral and technical cooperation through the Japan International Cooperation Agency (JICA). They have also included the ASEM Initiative for the Rapid Containment of Pandemic Influenza, involving a stockpile of antiviral drugs (500 000 courses) and PPE (500 000 sets) in Singapore, in addition to the ASEF Network for Public Health.

2.1.4 Progress of the Japan Stockpile Project
Ms Audiba Suwarso, ASEAN Secretariat

The ASEAN-Japan Project on the Stockpile of Antivirals and PPE against Potential Pandemic Influenza was launched in May 2006, and has now been extended from 2011 to 2013. The regional stockpile in Singapore includes 500 000 courses of oseltamivir and 700 000 sets of PPE. An additional 500 000 courses of antiviral drugs were donated by the Government of Japan and delivered to ASEAN Member States' national stockpiles in 2008, together with 50% of the regional PPE stockpile (35 000 sets to each of the 10 ASEAN Member States). In 2008, 500 000 courses of antivirals were procured for the stockpile, of which 90% were oseltamivir and 10% zanamivir.

Project guidelines were developed, in 2006, to indentify conditions under which a country could access the stockpile. These guidelines are currently under revision to include other eligible countries (e.g. Timor-Leste) and to broaden the use of the stockpile for other purposes, in addition to rapid containment. Activities have included meetings of consignees, warehouse assessments, stockpile delivery, training workshops and exercises. The extension of the expiry date of antivirals held in the regional (2013) and national stockpiles (2011) is being considered with the manufacturer, and will depend on the condition of the warehouse in which they have been stored.
2.1.5 Discussion

There is no particular surveillance system to detect the start of a potential pandemic (i.e. when a rapid containment operation should be launched). The system that should detect the potential pandemic is the routine surveillance system used to detect outbreaks in general. Minimum surveillance systems are defined in APSED. One of these systems, indicator-based surveillance, uses health care facilities as sentinel sites; however, this system is limited by the number and location of the participating sentinel sites. Event-based surveillance is another system that aims to detect unusual cohorts, clusters or symptoms; this may likely be the best routine system to detect an outbreak of potential pandemic influenza virus.

Event-based surveillance in some countries can be very sensitive, and many reports have to be investigated by rapid response teams. False "events" or rumours can be time and resource consuming to investigate, and a system is needed to verify or screen rumours. But this system should not discourage reporting. In a rapid containment operation this will be very important, as prompt reporting and information sharing are critical to effectively carry out the operation. Accurate laboratory diagnosis is also important to support these surveillance systems. WHO now has a system to measure the diagnostic capacity of countries, and it is encouraging to report that accurate diagnosis in the region has improved greatly.

The concept of "containment" used during the H1N1 response was different to "rapid containment". Containment was attempted during the H1N1 response in order to stop the entrance of the virus into a particular country. This differs from the objective of "rapid containment", which is to stop or delay the virus at the source of outbreak. The outbreak of H1N1 in Mexico was first identified as an outbreak of an unusual influenza-like illness (ILI) and stayed in the same location for around two to three weeks. Unfortunately, it then spread into the United States of America and Canada and then internationally. By this point, the virus had spread too widely for rapid containment to be feasible, and an operation was not launched.

Confirmation is currently being sought from the antiviral manufacturer Roche on how to extend the shelf-life of the stockpiled drugs. The regional stockpile of 500 000 courses has been warehoused in stable conditions in Singapore, and can be extended beyond their original expiry date (from 2013 to 2015). Stocks distributed to Member States are due to expire in 2011; depending on the conditions in which they have been stored, they may be extended for a further two years to 2013. The issue of how to change the expiry date markings or packaging for the products is also under discussion with the manufacturer and should be resolved quickly.

Preliminary discussions have been held between ASEAN and WHO on the assessment of the storage conditions of nationally warehoused antivirals to determine if their shelf-lives can be extended. WHO, in cooperation with JICS, may be in the best position to fulfil this role through joint warehouse inspections. This will need to be done before 2011 (i.e. the expiry date of first batch of oseltamivir courses).

Some prepositioned PPE (e.g. latex gloves) have also shown signs of deterioration. As PPE do not have specific expiry dates, it is not clear when they should be disposed of. The manufacturer has been consulted, and these items may need to be inspected to determine if they are useable or should be replaced. This inspection may be carried out at the same time as the proposed inspection of antivirals.
2.2 PLENARY 2: LESSONS LEARNT FROM RAPID CONTAINMENT EXERCISES

2.2.1 Lessons learnt from rapid containment exercises
Dr Vernon Lee, Technical Adviser, WHO

Influenza pandemics have occurred regularly throughout history and are highly likely to occur again in the future. Experiences of applying rapid containment principles to control disease outbreaks, together with mathematical modelling, suggest that rapid containment can be successfully used to control the spread of a novel influenza virus, thus adverting the start of a pandemic. The keys to a successful intervention will be the early detection of the outbreak and the launch of a rapid containment operation.

The Asia Pacific region is prone to emerging infectious diseases. Given the potential impact of a pandemic, the only option is to prepare for them. In recognition of this, in 2006, Member States endorsed the newly introduced concept of "rapid containment", and workshops and exercises including PanStop were conducted to test the concept. To prepare for rapid containment, the concept first needs to be established. Next, the components of rapid containment must be prepared (including response logistics, stockpiles, guideline development, operational management, detection and response capacity, legal & ethical issues), and then the rapid containment plan should be validated through exercises. An actual rapid containment response is an extension of good preparedness, and exercises help to improve preparedness and implementation.

2.2.2 Introduction to risk communication
Ms Wen Qing Yeo, Risk Communications Officer, CSR, WHO Regional Office for the Western Pacific

Risk communication is a key component of pandemic management throughout all phases—preparedness, response and recovery. It includes the process of communicating risk to the people concerned—public, internal audience and decision-makers. It often results from a risk assessment of an event or situation and is an interactive and on-going process of information exchange. There are three key pillars of risk communication, namely: (1) health emergency communications, (2) operation communications, and (3) behaviour change communications. Effective communication can help people overcome fear and anxiety, make informed decisions on how to protect themselves and maintain and build their trust in health authorities. It also keeps internal partners and stakeholders informed in order to work more effectively, and can also help to reduce economic, social and political impact.

Communications is a critical component of a rapid containment operation, and will be essential to build trust and consensus with the community, and to prepare them for what to expect. During this time, communicators should be seen as official, reliable sources of information. Communication strategies should be prepared in advance, and should be integrated into pandemic preparedness plans.

2.2.3 Introduction to response logistics
Mr Munsyi Seksianto, Logistician. CSR, WHO Regional Office for the Western Pacific

Response logistics has been identified and acknowledged as a key component of preparedness and response planning for pandemics, public health crises from natural disasters and outbreaks of emerging infectious diseases. However the level of understanding about logistics and what should be covered in this area still varies. The concept of response logistics is unique and new; it may not yet exist in some countries, while others may already be implementing some part or functions of the overall concept.
Logistics is a critical support function for any effective national, regional or global alert and response system. During a response, there is an urgent need for logistics support including deployment of human resources, transport of supplies and samples, ensuring security and establishing communications. Response logistics is the provision of this expanded logistics support, in a compressed (emergency) time frame. Response logistics includes the provision of essential resources, infrastructure, services, transport and coordination (internal and external) to ensure an effective response operation.

Logistical feasibility is a key issue that will drive rapid containment decision-making, before and during the operation. Thus, for response logistics to carry out its function well during an operation, Member States need to first develop and strengthen their daily or routine logistics capacity.

2.3 GROUP DISCUSSIONS

Participants were divided into four groups, of which two discussed issues on risk communication and two discussed issues on response logistics (see Annex 3 for Group Discussion questions).

2.3.1 Group 1: Risk communication

Risk communication is generally given a low priority in countries, with the majority of resources being directed to surveillance and medical response. The importance of good risk communication becomes evident during an outbreak, with many countries developing at least a basic structure of risk communication after the experiences of SARS and pandemic (H1N1) 2009. However, many countries lack specialists or good frameworks in this area, with many authorities requiring "evidence" on the benefits of risk communication before investing in this area. To counter this, it was suggested that there should be more evidence-based advocacy and training of leaders and decision-makers on risk communication to change the prevailing mindset and attitude.

Operation communication was identified as one of the keys for successful rapid containment. It is important to provide a consistent message to multisectoral stakeholders, and to cultivate opinion leaders who have local knowledge and esteem (such as religious leaders, village chiefs and volunteer groups).

Reaching minority groups and remote/inaccessible geographical areas is difficult, and reaching out to these groups in a short period of time an ever greater challenge. Communications should use traditional methods such as announcements from the village leaders, as well as high-tech methods where appropriate, to communicate messages in the most locally effective way. Building relationships and trust with media partners is also important. This can involve activities such as conducting regular background briefings for media, and holding training workshops for risk communication officers and other health programme officers.

2.3.2 Group 2: Risk communication

The basic purpose of messaging for all rapid containment scenarios is to educate the public of the strategy, provide transparency and assure the public that the actions are based on scientific evidence. Communicating the objectives of the rapid containment operation early and emphasizing successes were also viewed as important. Anticipated challenges included the need to negotiate with different jurisdictions and cultures (especially if foreign nationals are involved), the effects of stigma on affected groups, spread of rumours and potential loss of public confidence. Actions to overcome these challenges include the appointment of a trustworthy spokesperson, taking quick action to dispel rumours and establishing early and consistent communications with other stakeholders (including other countries). Necessary supporting systems include legal systems, business continuity plans and feedback systems (they may or may not be in place in countries).
Rapid containment is a high-signature, high-profile event. Preparedness and anticipation are key. When a rapid containment operation is launched, issues to consider include:

1. Adopt an **adaptive strategy** and develop **anticipatory guidance** for the steps that may ensue from the evolving situation (no 100% guarantee). This will avoid a change of strategy being seen as a failure of the authorities.

2. Develop an **exit strategy** from the start. Paint an evolving strategy with your stakeholders.

3. Have facts on hand to make rumours easy to dispel. If the situation is unknown, you may need to fall back on the information you have.

2.3.3 **Group 3: Response logistics**

Key response logistics needs were identified, including the need to estimate the scale of the rapid containment operation, taking into consideration accessibility to the affected area and population. Standard operating procedures (SOPs) for domestic transport are needed, as are SOPs for multisectoral roles, with clear delegation of responsibilities. Preparation and permission in advance for the importation of antivirals is critical for smooth custom clearance, and preparations should also be made to receive bulky stockpiles. A smooth communication system should also be established, preferably through regular communication.

2.3.4 **Group 4: Response logistics**

From experiences in disease outbreaks, including the recent H1N1 pandemic, it was found that many countries need to increase their flexibility to move existing stocks from one warehoused location to another. There is a need to develop a storage system that can send an alert when stocks need to be replaced. Distribution is usually done by or in cooperation with private companies, but it is also done with volunteers. Distribution assumptions may need to be revised if they do not fit with the current situation. The importance of communicating necessary information to doctors and patients was emphasized, as otherwise people may not take up available antivirals.

Most countries already have an established National Emergency or Disaster Coordination Committee to coordinate the government response. Private companies are often used for transportation and distribution – in these cases pre-arranged agreements such as a memorandum of understating are very useful. Support to ensure safety and security may need to be requested from the police or military.

2.3.5 **Discussion**

Processes need to be tested and exercised to ensure that they work and are functional. Multisectoral efforts are needed from the start—a rapid containment operation, and moreover a pandemic response, cannot be done alone. The decision to collaborate should be planned for, not ad hoc as the emergency evolves. It is also critical that there is a constant flow of information to all stakeholders, so that they can prepare for a multisectoral response.

Logistics is undoubtedly one of the key elements in rapid containment. However, national plans with clear responsibilities for this area have not been developed. WHO is requested to develop or coordinate clear guidance for the importation, transport and distribution of the stockpile.
2.4 PLENARY 3: BRIEFING ON THE JAPAN STOCKPILE PROJECT

2.4.1 Update of the Japan Stockpile Project
Ms Manami Yamakawa, Office of Special Project Management, Second Management Department, JICS

The regional stockpile held in Singapore consists of two kinds of antiviral drugs (oseltamivir and zanamivir), particulate respirators, surgical masks, disposable gloves, isolation suits and gowns, safety goggles and alcohol hand rub. In addition, oseltamivir and PPE have been prepositioned in each ASEAN Member Country. Antivirals have been sourced from Switzerland, France and Australia, and have varying shelf-lives and expiry dates.

An emergency operation time frame was presented, showing an expected 24-hour period during which a request for stockpile deployment is made and cargo reaches the destination airport. To allow antivirals to be deployed, recipient countries must confirm that oseltamivir and zanamivir have been registered in the country. Consignee and contact points must also be confirmed, and protocols must be developed with national airline carriers.

2.4.2 ST Logistics facilities for stockpile storage
Ms Tan Siow Hwei, Senior Manager, HealthCare, ST Logistics

ST Logistics is an international logistics company, based in Singapore, which primarily supports governments, international nongovernmental organizations (NGOs) and humanitarian missions. The company has been involved in numerous humanitarian assistance and disaster relief operations with government and international NGO partners, and has supported these operations through emergency sourcing, kitting, receiving and sorting, freight and cold chain management. ST Logistics has state-of-the-art storage facilities in Singapore, including temperature and humidity monitoring, in which the regional stockpile of antivirals and PPE is securely warehoused.

2.4.3 How to Access the Japan stockpile
Dr Satoko Otsu, Medical Officer, CSR, WHO Regional Office for the Western Pacific

When an outbreak of human infection of novel influenza virus is detected, a rapid response investigation should be launched and the event reported to WHO by national health authorities. If the investigation finds that a suspected novel influenza virus has spread among humans, the national health authorities, in coordination with WHO, should initiate a risk assessment to confirm that the virus has gained the ability to be sustainably transmitted from human to human. They should also assess the feasibility to conduct a rapid containment operation. At this time, WHO will inform the ASEAN Secretariat (ASEC) or JICS to prepare to mobilize the regional stockpile. WHO will also notify the Ministry of Foreign Affairs of Japan of the event.

Once the risk assessment team judges that a rapid containment operation is warranted and feasible, antivirals and PPE from the regional stockpile will be deployed to the affected Member State. For ASEAN Member countries, the ASEAN stockpile will be utilized (ASEF stockpiles can also be used to supplement if necessary). In this instance, ASEC will instruct JICS to mobilize the requested items based on WHO advice. For countries that are not members of ASEAN, but are members of ASEM, the ASEF stockpile will be used. For these countries, the WHO Regional Office will instruct JICS directly. JICS in turn will notify the forwarder (ST Logistics, Singapore) to prepare and export the items by air to the designated airport in the recipient country. Stockpile support may also be given to neighbouring countries that are neither members of ASEAN or ASEM, and discussions are ongoing to clarify which stockpiles may be utilized.
2.4.4 Response logistics preparedness
Mr Peter Rehse, Logistics Analyst, ARO Logistics, WHO Headquarters

Anticipation and planning are the key elements of logistics for rapid containment. Planning by nature is preliminary and carried out in a state of uncertainty until the actual situation occurs. Response logistics plans therefore need to be flexible to accommodate differences in the anticipated and real situations, and also potential breakdowns in the system. Then, plans must be monitored, evaluated and adapted to the real situation to allow for redundancies, extra capacities and alternative procedures.

Operations Planning Application for Logistics and Supply (OPALS) is a Web application designed for emergency planners, public health specialists, medical doctors and logisticians involved in outbreak preparedness and response planning. The application estimates medical supply demands by using outbreak scenario-based epidemiological modelling and clinical treatment guidelines, and is currently applied to H1N1, H5N1 and rapid containment. OPALS estimates quantities of needed medical supplies, projections on weights and volumes, purchase costs and transport costs. As the numbers produced are based on models, OPALS is not perfect. However, these estimated numbers can greatly reduce uncertainty and can assist in the development of reasonable logistics planning assumptions.

2.4.5 Discussion
It is important that national regulatory authorities register the types of antiviral drugs stockpiled in the regional stockpile to ensure that they are approved for use in their own country. During a rapid containment operation, emergency protocols will be taken into effect to expedite the movement of these drugs. Countries should check the registration status of the antivirals in their own country and update their status with JICS. The numbers presented by JICs reflect stocks held in the regional stockpile only, not stock purchased and held independently by individual countries.

If deployed, stock will be delivered by air freight to the designated airport in the recipient country. The exception to this is Malaysia, where the stock will be transported more quickly by land from Singapore.

The question was again asked of how to assess country storage facilities to determine if antiviral stocks can have their shelf-life extended. A meeting between ASEAN, WHO and JICS will be convened to discuss this issue. A survey is likely to be conducted by WHO and JICS staff, and Member States will be informed ahead of time.

The issue of monitoring the taking of antiviral drugs during rapid containment was raised and needs further discussion.

2.5 SCENARIO-BASED GROUP DISCUSSIONS
Participants were presented with a scenario and divided into four groups, with each group discussing issues related to a different point in the timeline of a rapid containment operation (see Annex 4 for Scenario-Based Group Discussion questions).

2.5.1 Group 1: Risk assessment
Scientific evidence and surveillance data (e.g. virulence, transmissibility, spread of disease, laboratory results) are required to assess risk and to predict possible scenarios. Countries may wish to conduct a joint assessment with WHO to improve the image of international cooperation. NGOs, such as the Red Cross, can be linked to the assessment for third party endorsement.
If a rapid containment operation is deemed feasible, health facilities should be advised to prepare resources. A risk communication plan (including an exit/wind-down strategy) should be developed, and other sectors involved should be coordinated. Mobilization of medical and military human resources may be considered to cope with surge capacity and to ensure essential services. Other issues still need to be addressed, such as how to handle death cases, how to manage fear/morale in staff and how to ensure public compliance with the operation.

Different surveillance strategies should be established in necessary areas such as an index zone where cases are first detected (active surveillance) and outside the containment zone (passive surveillance). If or when cases occur outside the containment zone, rapid containment is no longer useful. Rapid containment is also no longer feasible if there are too many cases (or not enough resources to cope) or if antivirals are scarce and should be used to treat severe cases. Termination of rapid containment should be considered if there are no new cases in the containment zone over two incubation periods.

A communications team will be needed for consistent messaging, and a communications centre will be needed to centralize and coordinate information to stakeholders. Trustworthy spokespersons at different levels (e.g. village, area, national, international) should be engaged to spread key messages about the operation. Participants commented that they would find it useful if they were provided with guidelines for small and medium-sized countries (e.g. how to do it, what to do, what measures to take) and plans for general logistical and multisectoral coordination.

2.5.2 Group 2: Mobilizing the stockpile
Good preparation with sound assumptions and projected scenarios are critical to good planning. Logisticians need to proactively share information and possible logistics solutions and options for the rapid containment operation to help in decision-making. In addition, logistics plans must be flexible and adaptable to change, and should be regularly reviewed to ensure relevancy.

For stockpile mobilization, suggested components of a response logistics plan include checklists for logistics feasibility, alternative transport solutions and warehouse management and inventory systems or manuals. A response logistics focal point should also be designated. A responsible government agency should be engaged to conduct a security assessment to determine the security risk, although in most cases, multisectoral agencies (e.g. military) may also need to be involved.

Logistical decisions mostly come from policy- or decision-makers. In order for technical consistency, the designated logistics department should be consulted or involved in policy decisions (as is the case with military actions). Otherwise, decisions made may be based on political considerations and may not be feasible or appropriate.

2.5.3 Group 3: Risk communication
A crisis communications team, or its equivalent, should be activated according to the National Disaster Response Plan as soon as possible. The risk communication plan should also be activated. This includes the identification of key stakeholders; appointment of relevant spokesperson(s); formulation of a media plan; preparation of key messages; and preparation of press conferences, press releases, frequently asked questions (FAQs) and factsheets. Contact lists (media and key officials), hotlines, communication tools and a media command centre should also be prepared, as well as interpreters if required.

Key messages that need to be communicated include an explanation of the need for rapid containment (interim measure only), why there can be no exception to break containment rules, reassurance to those affected that the action is being taken to help them, and an estimation of the
containment timeline. People should also be informed of disease symptoms, availability of antivirals, procedures to follow when sick and health advisories (e.g. wash hands). The messages should be simple, useful and translated and should correct misconceptions and dispel rumours. They should also address any claim of discrimination and stigmatization.

Issues that may need decision-making and communication include: what happens to people who are “caught” outside/inside the containment zone (e.g. accommodation issues), whether health care workers within the zone are allowed to leave, and what happens if the containment period lasts longer than planned.

2.5.4 Group 4: Launch of rapid containment

Participants emphasized the response continuum: preparedness; case identification and investigation; rapid response and assessment; and rapid containment. Within rapid containment operations, a number of components were discussed. Command and coordination (including assignment of roles) was a priority. The containment zone also needed to be established clearly, with restrictions enforced with police and military support if required. It would also be necessary to provide essential supplies to those within the zone.

Health care capacity was also a key concern, and good planning estimates should be used to calculate potential spread of disease. If required, additional field hospitals and/or clinics should be set up, larger hospitals should be designated for referrals, and support from NGOs, international organizations and the military should be requested if necessary. Public health interventions such as distribution of antivirals should be "socialized" to locals through local leaders (community, religious, etc). Implementation of these interventions may also be done door-to-door through local leaders, health care workers or healers. Communication, education and training are required for both containment workers and the local population, and good risk communication is essential.

Who will be the targeted recipients of antivirals, and who will get them first, are questions that need to be answered clearly and early on. In some communities, modern medicine may be regarded as foreign and may not be accepted easily. Communicators who are trusted by local people should be engaged. Public perception, particularly of those in the containment zone, needs to be carefully addressed. The term “containment” must be communicated well to people. Being contained is to protect others or for their own benefit.

As much as possible, normal activities should go on. The least disruptive social distancing measures should be used, and essential supplies and compensation should be provided to those affected (containment and buffer zones). Monitoring and evaluation should also be established and implemented throughout the operation.

2.5.5 Discussion

It was emphasized that the decision whether or not to launch rapid containment is dependent on the level of confidence to implement such a high-profile activity. Authorities need to be aware of the practical realities and feasibility of rapid containment. It should not be attempted if confidence is low because a poorly implemented operation may cause more chaos and the public to lose trust.

The resources needed to launch a rapid containment operation should be immediately available in the country or in the region (e.g. the regional stockpile). If more resources are needed to sustain the operation, support can be requested; however, there is no guarantee that they can be supplied within the operation time frame. This highlights the importance of proper advance planning for successful rapid containment.
By definition, the pandemic phase at which a rapid containment operation is conducted is Phase 4—where there is sustained human-to-human transmission of the disease. However, a change in the pandemic phase is not a trigger for a rapid containment operation, or vice versa. Decision should be made based on the risk assessment, not on the global pandemic phase as declared by WHO.

Transmissibility of the disease can be determined during the rapid response and assessment of the situation, using data from the investigation to conduct modelling. Guidelines are always changing as we learn more about pandemic influenza. Early guidelines stated that a cluster case was needed to establish transmissibility, but we have now had examples where this was not true. Countries should make their decision to launch rapid containment based on the local situation (e.g. transmission between blood relatives). The more we learn, the better we can adapt and establish guidance based on the best knowledge available.

2.6 PLENARY 4: SUMMARY AND CLOSING

Ms Qiu Yi Khut, Technical Officer, CSR, WHO Regional Office

APSED is a five-year strategy to provide a common framework for Member States of the WHO Western Pacific and South-East Asia Regions to strengthen their capacity to manage and respond to disease outbreaks. Originally developed in 2005, it was updated in 2010 to reflect the expanded scope of the revised International Health Regulations (2005), also known as IHR (2005), to include both emerging disease threats (such as pandemic influenza) and other acute public health emergencies. The revised Asia Pacific Strategy for Emerging Diseases, called APSED (2010), identifies eight focus areas for core capacity-building: (1) Surveillance, Risk Assessment and Response, (2) Laboratory, (3) Zoonoses, (4) Infection Prevention and Control, (5) Risk Communication, (6) Public Health Emergency Preparedness, (7) Regional Preparedness, Alert and Response, and (8) Monitoring and Evaluation.

Having a national pandemic preparedness plan (including rapid containment plan) does not guarantee that the plan can actually be implemented. Based on this understanding, APSED (2010) advocates the "two-tier approach" to pandemic planning and readiness, which provides a systemic approach and platform for institutional capacity-building to build capacities to plan, as well as to implement those plans.

APSED (2010) can be used to guide national and local capacity-building required for emerging infectious diseases and other acute public health threats. It can also be used as a mechanism to promote regional health security through collective effort and action, and also to prioritize country activities and coordinate support and regional collaboration. APSED (2010) can also be used as a strategic document to advocate and mobilize financial and technical resources.

2.6.2 Closing remarks
Dr Takeshi Kasai, Director, Health Security and Emergencies, WHO Regional Office for the Western Pacific

Dr Kasai thanked the participants for the excellent discussion, collaboration and joint planning efforts enjoyed during the workshop. Without good preparation and collaboration, a rapid containment operation cannot succeed. This concept emphasizes the need to shift our pandemic mentality from nationally response-driven, to regionally preparedness-driven.

Dr Kasai expressed his warm appreciation of the support and collaboration of ASEAN, the Governments of Japan and Singapore, ASEF and JICS, and his hope that all partners and participants can continue to work together beyond this workshop.
3. CONCLUSIONS & RECOMMENDATIONS

3.1 CONCLUSIONS

The workshop made the following conclusions:

3.1.1 The H5N1 virus is entrenched in the region, and other influenza sub-types are also sporadically reported. The threat of an outbreak of a new influenza virus still remains.

3.1.2 This is an opportune time to revise country pandemic preparedness plans and strengthen response capacity.

3.1.3 Rapid containment, a measure to stop or delay the spread of a novel influenza virus, requires collective national and international efforts.

3.1.4 The principles of the rapid containment of a novel influenza virus are also applicable to the rapid containment of other emerging infectious diseases.

3.1.5 The Japan Stockpile Project contributes significantly to rapid containment preparation. It also has spillover effects such as bringing partners and countries together to work on this issue.

3.1.6 Strengthened routine response capacities, including risk communication and response logistics, are essential components for a successful rapid containment operation. These routine capacities are also applicable to other emerging infectious diseases.

3.1.7 The risk communication framework provides a common and systematic platform for communications during a rapid containment operation.

3.1.8 Logistics for a rapid containment operation is a complex issue and requires more detailed guidance. Rapid containment logistics should be planned in line with the broader concept of response logistics.

3.1.9 The shelf-life of antiviral drugs is a concern, particularly stocks prepositioned in country.

3.1.10 Registration of antiviral drugs has not been completed in all countries. All countries that expect to receive oseltamivir and zanamivir from the regional stockpile need to complete the registration of both drugs.

3.1.11 Collaboration between health and non-health sectors is critical for effective rapid containment. The health sector will provide clear leadership in the preparation and operationalization of rapid containment.

3.1.12 Exercises and workshops provide good opportunities to consolidate the rapid containment concept, and to revise and develop rapid containment plans.

3.1.13 APSED (2010) continues to support Member States to strengthen core and routine capacities to manage threats of emerging infectious diseases and public health emergencies, including rapid containment.
3.2 RECOMMENDATIONS

The workshop made the following recommendations:

3.2.1 Member States should revise their national pandemic preparedness plans to incorporate or strengthen rapid containment plans.

3.2.2 Member States should continue to advocate the importance of risk communication and response logistics to their senior management.

3.2.3 Communicators should look for possible “entry points” to raise the profile of risk communication and to engage stakeholders and partners within and beyond the health sector (e.g. education).

3.2.4 Logisticians should be involved in decision-making processes and should also be linked closely to risk communication.

3.2.5 National rapid containment plans should be developed or revised in accordance with a WHO operational manual, as appropriate.

3.2.6 Member States should conduct or participate in exercises to develop, revise and adapt rapid containment plans to their country context.

3.2.7 WHO and ASEAN will develop more detailed guidance for response logistics, allowing countries to develop their own SOPs and to further develop their response logistics capacity.

3.2.8 WHO, ASEAN and the Government of Japan should review the issue of expiring drugs and PPE, and develop a way forward.

3.2.9 WHO should develop an operational manual for rapid containment to assist countries to develop their own plans and to coordinate with relevant multisectoral agencies.

3.2.10 WHO should continue to support Member States in preparing for rapid containment (including through national exercises) and strengthening their routine response capacities.
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ANNEX 2. PROGRAMME OF ACTIVITIES

Day 1 – Wednesday, 4 August

08:00 – 08:30 Registration

08:30 – 09:30 Opening Session

Opening remarks
- Dr Akima Umezawa, MoFA Japan
- Mr Dhannan Sunoto, ASEAN
- Ambassador Nguyen Quoc Khanh, ASEF
- Dr Takeshi Kasai, WHO

Self-Introduction

Objectives and agenda
- Dr Satoko Otsu

Administrative announcements
- Ms Qiu Yi Khut

Group photo

09:30 - 10:00 Coffee break

10:00 – 12:00 Plenary 1: Rapid Containment, Pandemic Preparedness and the Japan Stockpile Project

10:00 – 10:15 Importance of Pandemic Preparedness
- Dr Takeshi Kasai

10:15 – 10:45 Overview of Rapid Containment
- Dr Satoko Otsu

10:45 – 11:15 Questions and answers

11:15 – 11:30 Background of Japan Project for the Stockpile of Antivirals and PPE against Potential Pandemic Influenza
- Dr Akima Umezawa, MoFA Japan

11:30 – 11:45 Progress of the Japan Stockpile Project
- Ms Audiba Suwarso, ASEAN

11:45 – 12:00 Questions and answers

12:00 – 13:00 Lunch break
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Day 2 – Thursday, 5 August

08:45 – 09:00  Wrap up of Day 1
- Dr Vernon Lee

09:00 – 10:00  Plenary 3: Briefing on the Japan Stockpile Project
09:00 – 09:15  Update of the Japan Stockpile Project
- Ms Manami Yamakawa, JICS
09:15 – 09:30  ST Logistics Facilities for Pandemic Stockpile Storage
- Ms Tan Siow Hwei, STL
09:30 – 09:45  How to access the Japan Stockpile
- Dr Satoko Otsu
09:45 – 10:00  Logistics Preparation
- Mr Peter Rehse
10:00 – 10:30  Coffee break

10:30 – 12:30  Scenario-Based Group Discussion
12:30 – 13:30  Lunch break

13:30 – 15:30  Plenary 4: Group Feedback and Summary
13:30 – 14:30  Group Feedback
- Group 1
- Group 2
- Group 3
- Group 4
14:30 – 15:00  Discussion and Summary of Scenario Based Group Discussion
15:00 – 15:15  APSED (2010)
- Ms Qiu Yi Khut
15:15 – 15:30  Closing remarks
- Dr Takeshi Kasai, WHO
ANNEX 3. GROUP DISCUSSION QUESTIONS

Group 1: Risk Communication
4th August

• Identify key elements within the risk communications framework that are important to your country for further development as part of your preparedness plan.

• Discuss how you can implement these in your country and how you intend to incorporate the framework into your system.

• What are some of the challenges you foresee? (from your own country experience)

Group 2: Risk Communication
4th August

• Assume you are leading the communications team for this operation
• Go through the scenarios and come out with the following:
  – What are the key messages?
  – What will be the key areas of focus (for communications) in this scenario?
  – What are some anticipated challenges?
  – What are the actions that the communications unit need to take? (bear in mind that this is a multi-sectoral operation)
  – What are the systems in place in your countries that can support such a framework?

Scenario 1
• A rapid containment zone was set up in Country A and rapid containment operation launched. (Anti-viral is given to everyone in the zone).
• Two foreigners were in the CZ when the operation was declared.
• They were not having any flu symptom.
• They demanded for their immediate release.
• One of the foreigners contacted a prominent international media who filed a report saying that the foreigners were “wrongfully detained in zone with bad living conditions”
• Embassy of this national is making a request to visit the two foreigners.
• It was ascertained by the local operations officials that adequate food and accommodation were indeed provided.

Scenario 2
• A rapid containment zone was set up in Country A and rapid containment operation launched. (Anti-viral is given to everyone in the zone).
• The area happens to have a large proportion of a minority ethnic group sparking rumour that the disease is ethnic specific.
• Even though there are other ethnic groups in the zone who are also to be subjected to the same anti-viral treatment.
• However, the media seems to be making a big deal of this and try to imply that this group of people are more vulnerable by virtue of their ethnicity.
• As a result, the minority group is being stigmatized in other parts of the country.
• As a communication officer, you need to quickly dispel this rumour and also work with the social mobilization group on the ground.
Scenario 3

- A rapid containment zone was set up in Country A.
- After 6 weeks of operation, cases are spotted outside the initial containment zone.
- The authorities after doing a risk assessment decided that the containment had not managed to contain the virus.
- They decided to gradually wind down the operation.
- But a message needs to be told to the public – who is now accusing the government of wasting tax payers money and launching a useless operation.
ANNEX 4. SCENARIO-BASED GROUP DISCUSSION QUESTIONS

Group 1: Risk Assessment
4th August

You must advise your senior officials in MoH about next steps.
- In the context of a Rapid Containment operation, what areas do you need to prepare and plan for?
- Who do you advise to coordinate with?

Group 2: Mobilizing Stockpile
7th August

Oseltamivir and PPE stocks have to be deployed to the Containment Zone
- Based on the available information which logistics issues/bottlenecks impacting the deployment of Oseltamivir and PPE can you identify? List them.
- What are possible solutions to those issues?
- Which actors (in-country and external) could be contacted for support to resolve the identified issues?

Group 3: Risk Communication
9th August

You are the responsible officer for Risk Communication in MoH
- What key actions need to be taken immediately?
- At this stage - what messages do you need to send and to whom?
- Who do you need to coordinate with?

Group 4: Rapid Containment Launched
11th August

You are requested to advise
- What are the key action plans needed in order to ensure the smooth rapid containment operations? (remember that this is a multi-sectoral operation)
ANNEX 5. RISK COMMUNICATIONS OPERATIONS FRAMEWORKS FOR RAPID CONTAINMENT

THE OPERATION FRAMEWORK IS RELEVANT FOR COMMUNICATIONS PROFESSIONALS AT THE NATIONAL, DISTRICT AND LOCAL LEVEL IN ALL RELEVANT DEPARTMENTS. IT IS CRUCIAL TO THE SUCCESS OF A RAPID CONTAINMENT OPERATION.

THIS FRAMEWORK IS MEANT TO BE A GUIDE FOR MEMBER STATES TO DEVELOP THEIR RESPECTIVE COMMUNICATIONS PLANS. IT IS BY NO MEANS EXHAUSTIVE OR DEFINITIVE AND SHOULD BE ADAPTED ACCORDING TO THE LOCAL CONTEXT.

THE FRAMEWORK CAN ALSO BE ADAPTED FOR USE IN OTHER EMERGING INFECTIOUS DISEASES, OUTBREAKS AND HEALTH EMERGENCIES.
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RISK COMMUNICATIONS DURING A RAPID CONTAINMENT OPERATION

A. Overview

- Communications and the dissemination of information are important in any outbreak situation - in a Rapid Containment operation the speed of events make a well-rehearsed communications plan vital.

- Advocacy for Rapid Containment should start before the actual operation, as part of the pandemic preparedness plan, so that the public is sensitized to the concept.

- Time available during a Rapid Containment operation is expected to be very short, therefore those involved must know what is expected of them.

- The main purpose of risk communications during a Rapid Containment operation is to build trust and a shared understanding with the public of the situation including uncertainty, and to communicate the risk involved and measures that may be in place to respond.

- Proper risk communications also helps ensure the people affected understand what is being asked of them, and even if they do not support all aspects of the operation, at least they have a measure of trust in the authorities trying to implement Rapid Containment.

B. Features of Communications and Media

- Rapid containment will be a global high profile media story and information demand from the public, partners and the media is likely to far exceed normal dissemination capacity, especially in its early stages.

- While many aspects will be similar to routine outbreak communications - building on existing systems and approaches - communications for Rapid Containment will also pose unique challenges, particularly in terms of transmission speed and efficacy of message.

- Rapid Containment is an INTERIM solution with the aim of SLOWING DOWN the spread – this must be clearly communicated to the affected public.

- Rapid Containment puts community interest above that of the individual. The communications strategy must re-enforce this.

- The specific challenges of Rapid Containment will demand novel solutions for effective communications during this period.

- In addition, communicators need to have a well thought out "exit strategy" – to communicate the rationale that lies behind the concluding of the operation.

C. Planning Assumptions:

- The National Authority or MOH will lead any public communications associated with a domestic containment operation through established communications mechanisms.

- Where necessary, WHO will take the lead on the global communications aspects of the operation with its own direct public communications and a communications co-ordination role between National Authorities, International Agencies and Partners.

- Communications strategies for Rapid Containment operations will be based on knowledge of local communities, built on existing infra-structures.
- FOR REFERENCE ONLY -

- Levels of uncertainty and anxiety will make the maintenance of trust and ongoing confidence in authorities challenging.

- Many critical information (such as case fatality, effectiveness of antivirals) will not be accurately known for weeks and this delay will likely magnify anxiety and provide room for further "speculation".

- Information about the outbreak is likely to be incomplete, evolving and, at times, wrong.

- Extreme time pressures will require national authorities and all concerned parties to provide as much information as possible rapidly to minimize the likelihood of speculations and rumors.

- International communications – the world will be watching the Rapid Containment attempt and any Member State involved will have to deal with international media, international bodies, and international partner governments.

- It will be necessary to address multiple audiences and agencies (local authorities, opinion leaders, various ministries etc) inside and outside of the affected geographic area simultaneously to ensure that
  - affected populations have the information they need to minimize risk
  - public communications reinforce the international collaboration and co-operation required for containment
  - economic disruptions and stigmatization are minimized.
COMPONENTS OF RISK COMMUNICATIONS

Risk communications in a health-emergency such as during a Rapid Containment operation can be widely categorized into three interlinked functional areas:

- Health emergency communications
- Operation communications
- Behavior change communications

Health emergency communications refer to the rapid dissemination of information and health messages to target audiences during a health emergency. The objectives of health emergency communications are to build public trust, enable and empower populations to adopt protective measures, reduce confusion, and facilitate enhanced disease surveillance. This component includes the initial announcement and information dissemination through mass media.

Operation communications are the timely exchange of information among internal stakeholders including health authorities, clinicians, laboratories, decision-makers and other disciplines and sectors. Effective operation communications ensure coordinated response and keeps decision-makers informed of the situation, enabling them to make informed choices on possible next steps and policy changes. In addition, operation communications should also take into consideration inter-country communications, especially when disease outbreaks or other public health emergencies affect cross-border areas.

Behaviour change communications refer to the establishment and implementation of health promotion programmes for prevention and control of emerging diseases and other threats to public health, including the promotion of protective behaviours and social mobilization during public health emergencies. Behaviour change communications adopt a long-term approach and works closely with communities.
STRUCTURE OF RISK COMMUNICATIONS AND CORRESPONDING NEEDS

Mandate for Risk Communications

Risk communications incorporated as a division under ministry of health or equivalent

Public communications coordination with external stakeholders/departments

HEALTH EMERGENCY COMMUNICATIONS
Quick and accurate dissemination of information during a public health event or crisis.

Components
- Effective risk assessment, including level of uncertainty
- Preparation for first announcement
- Standard operating procedures/structure for media relations
- Command and control
- Information dissemination structure
- Identification of spokespersons
- Communications channel
- Media training

OPERATION COMMUNICATIONS
Timely exchange of information among public health authorities and with decision-makers to ensure a smooth chain of command and coordination.

Components
- SOPs for operation communications
- Chain of command within organization
- Identification of stakeholders and parties involved
- Decision-making process
- Clearance and approval structure and processes

BEHAVIOUR CHANGE COMMUNICATIONS
Delivery of health programmes through health promotion - i.e. encouraging the active prevention of disease and outbreaks through positive behaviour changes. It involves social mobilization

Components
- Setting up of informal/community network and feedback channel
- Resource and logistical mobilization
- Stakeholder coordination
- Identification of cultural, social and economic factors that may affect behaviour change
- Listening through dialogue
RISK COMMUNICATIONS CHECKLIST

A. Guide to using the checklist

- The information below provides a sample checklist for risk communications preparation. It includes items such as media contact lists and Standard Operating Procedures (SOPs).
- This checklist is to be prepared as part of the overall preparedness plan and revised regularly to ensure its relevance.
- The list is not exhaustive and member states are to adapt it according to their local context and needs.

B. Health Emergency Communications / Media Communications

1. Appointment of Spokespersons
   a. Central level
      i. Political figure
      ii. Scientific / medical representatives
      iii. WHO representatives (if necessary)
   b. Local level
      i. Community / village leaders
      ii. Religious leaders / respectable elders

2. Important contacts
   a. Media list – local and international media (phones, emails, etc)
   b. Editors' contacts
   c. List of interpreters / translators

3. Communications team
   a. Central level
      i. Contact list of duty officers
      ii. Duty rosters
      iii. Approving officers within team
      iv. Equipments – stationary, recorders
      v. Media monitoring roster
   b. Local level
      i. Media coordination persons

4. Factsheets
   a. General information on village (weather, population, location)
   b. Locality maps
   c. Demographics
   d. Medical and other facilities

5. Media conference preparation
   a. Locations – identify suitable locations for media conferences
   b. Transportation
   c. Logistics for conference set-up (video, recorder, mics etc)
   d. Media accreditations (where necc)
6. Media monitoring
   a. Team for media monitoring (incl. schedule)
   b. Types of media (traditional and new media)
   c. Policy of response
   d. Rumour surveillance and response

C. Operation Communications

7. Standard Operating Procedures
   a. SOPs for senior management clearance (include 1st and 2nd OICs)
   b. SOPs for internal information flow
   c. SOPs for daily meetings / updates / field deployment
   d. System in place to facilitate inter-ministries information sharing

8. Important name lists and contacts
   a. Hospitals and medical centers key officer in-charge
   b. Hospitals and medical centers comms OIC
   c. Laboratory (for testing coordination)
   d. Anti-viral matters
   e. 24/7 emergency contact points
   f. Logistics
   g. Transportation arrangements
   h. Donors
   i. Ministries key focal points
   j. Security

D. Behavior Change Communications & Social Mobilization

9. Target audience (entire community or specific sub-community)
10. Networks within community (formal and informal)
11. Important contacts
   a. Community / village leaders
   b. Religious leaders
   c. Village volunteers
   d. Traditional healers
12. Mode of transport
13. List of NGOs working with community
14. Coordination with other partners
15. Information on affected population:
   a. Language
   b. Culture
   c. Religion
   d. Attitudes & beliefs
16. Infrastructure
   a. Healthcare providers
   b. Transportation
   c. Internet and telephone access
   d. Other infrastructure
FACTORS TO BE TAKEN INTO CONSIDERATION WHEN DEVISING A COMMUNICATIONS PLAN FOR RAPID CONTAINMENT

A. Elements of a Rapid Containment operation

- High profile event attracting huge amount of media attention locally and internationally
- Blanket use of anti-viral as prophylaxis
- Deployment of both pharmaceutical and non-pharmaceutical interventions
- Surge in demand for healthcare services
- Additional resources will be required during the operation especially from within the containment zone
- Short reaction time
- Multi-sectoral approach required
- Unrest or violence may be expected
- Potential confusion over zoning issues especially at the onset of the operation
- Resources will be overwhelmed

B. Communications strategies for a Rapid Containment operation

- Build trust and consensus – be the official and reliable source of information
- Be timely in information dissemination & leave little room for speculations and rumors
- Be transparent
- Plan carefully for the first announcement – which will set the stage for future communications
- Preparation needs to be done beforehand
- Advocate for the Rapid Containment Plan to be incorporated as part of the nation’s pandemic preparedness plan
- Allow for feedback through dialogue and listening
- Be prepared to address concerns
- Frame the communications to emphasize the positive points of the operation (medicine is available, this is an interim solution & we are here to help!)
- Adopt a gradual approach – at every stage, inform and mentally prepare the public on the possible next steps the authority will take pending the turn of the events – and ask for their cooperation.

C. Perceived risk & benefits from the point of view of the affected community

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<th>Benefit</th>
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<td>Healthy people will now have a higher chance of being exposed to the virus – this can potentially a human rights issue</td>
<td>The community is being socially responsible towards the larger community</td>
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<tr>
<td>Possible side-effects from anti-viral</td>
<td>Anti-viral is now available (which will otherwise be hard to obtained)</td>
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<tr>
<td>Perceived limited access to medical services</td>
<td>Dedicated medical services for people in the containment zone</td>
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<tr>
<td>Economic repercussions</td>
<td>Compensation provided by the government</td>
</tr>
<tr>
<td>Apprehension that containment may not work</td>
<td>Community is doing its part to slow down the spread of the virus</td>
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GUIDE ON “TALKING POINTS” & “FREQUENTLY ASKED QUESTIONS”

A Rapid Containment operation will be a high profile event both locally and internationally. It is anticipated that the media spokesperson will face some very tough questions. Hence it is important to be well prepared.

- Generally, *Frequently Asked Questions*, or FAQs can be divided into two types: i) FAQs for public and ii) FAQs for internal spokespersons.

- The FAQs for the public serve to address public concerns on the operation. The information is to be made available via various channels such as websites, pamphlets, village bulletin boards etc.

- Public FAQs should be crafted in a way to ally public fear and to inform them of the measures taken. It has to be regularly updated at different stages of the operation.

- Internal Talking Points (TP) & FAQs are meant for designated spokespersons to address queries during media conferences or media interviews.

- The talking points should focus on key messages (not more than 3-5 key messages per subject).

- The Internal FAQs is a list of anticipated questions from the media.

- Circulation for the internal FAQs should be restricted to internal officials and spokespersons.

- Whether it is a public FAQs or internal FAQs, it is important to ensure that the messages are consistent, and the measures or actions mentioned in the FAQs is aligned with what is happening on the ground.

- FAQs are to be prepared as part of the pandemic preparedness plan and be revised on a regular basis.

- It is also important to keep all internal stakeholders informed of the latest public FAQs.
Example of a list of Public FAQs

1. Why is “Rapid Containment” being carried out? / How does it benefit us?
2. How will the operation affect my daily routine?
3. Where is the containment zone and how long is the containment period?
4. When will the operation cease?
5. Will my presence in the containment zone increase my exposure to the virus?
6. What medicines are we given?
7. Must I take the anti-viral even though I feel completely well?
8. Are there any side effects to the medicine?
9. What is the government doing to assist the affected community?
10. I do not live in the community (I need to travel) – what should I do?

Example of a list of Internal FAQs
(In addition to the list of public FAQs which will be asked, there may also be additional questions from the media)

1. What is the cost of the Rapid Containment operation?
2. What makes you think that it will work?
3. What is the government’s motive?
4. Have you considered human rights issues?
5. We hear that conditions in the containment zone is bad, can you verify that?
6. Why is the media prohibited from visiting the containment zone?
7. Are you planning to compensate your community?
8. Where is the anti-viral from? Are they safe?
9. Are you increasing the risk of the community by containing them?
10. What happens if new cases are discovered outside the containment zone? Will you contain a new area?)
GUIDE ON ANNOUNCEMENT PREPARATION

- The following are potential scenarios of how a Highly Pathogenic Avian Influenza (HPAI) pandemic begins, which eventually leads to a Rapid Containment operation. Reality and timelines involved could be different and should be adapted according to local context.

- The stages depict the various "milestones" based on a Rapid Containment operation. Not all stages of media announcements are to be carried out, nor do they have to be in a sequential order.

- Some key announcements may be broken into several components, announced over a few days – so to spread the messages out and not to inundate the public with too much information. This will also help ensure that important messages are not missed out.

- These scenarios and guidance can be applied to the crafting of media statements and talking points for media interviews and conferences.

- In addition to the templates provided, there may be other extraordinary scenarios which warrant additional announcements (annex A).

- In circumstance where there is heightened media attention, or when the event is significant, a daily update announcement coupled with regular media conferences, on-site interviews may be necessary to keep the public engaged and informed.

- The scenarios and sample announcements are by no means exhaustive nor definitive. Given the variation of local context, communications officers should work closely with the Ministry of Health or its equivalent in designing their own templates.

- We assumed the hypothetical village of Gornali for all scenarios.
The various scenario are presented below:

A – First cluster of cases*
B – Field team dispatched for investigation and risk assessment
C – Pre-containment. High probability of it happening
D – First announcement of Rapid Containment*
E – Operation begin. Arrival of anti-virals
F1 – Operation ceased, virus reasonably contained*
F2 – Operation ceased, virus spread beyond containment zone*
G – First death case confirmed

(*These scenarios require more extensive announcement as they represent key progress of the situation. Apart from issuing statements, media interviews and conferences should be considered)

* Annex B provides sample statements for reference
SCENARIO A

THIS WILL BE THE FIRST TIME YOUR GOVERNMENT ANNOUNCES A CLUSTER OF CASES. THIS ANNOUNCEMENT IS IMPORTANT TO SET THE SCENE FOR WHAT IS ABOUT TO UNFOLD

Scenario A – First Cluster of Cases
- Over the past few days, a number of cases presented themselves at a local medical center exhibiting influenza-like symptoms of unknown origin.
- Some of the symptoms were severe.
- All patients were epidemiologically linked though not all had direct contact with sick poultry.
- A lot of information may not be entirely clear at this stage, but events will unfold very quickly from henceforth.

Objective of media announcement
- Crucial "first announcement" on the incident and should be released as soon as possible, preferably before the news break from other sources.
- Inform & mentally prepares the public of initial case outbreak.
- Authorities are acting on issues.
- Urge public to take pro-active actions – keep away from sick poultry / seek medical help.
- Dispel any possible rumors & establish the authority as official source of information.

Key points of announcement
- MOH were notified of X number of cases of people with flu-like symptoms in Gornali, some of which had contact with sick poultry.
- Samples were being sent for testing.
- While it is not yet confirmed, it may hint to a human-to-human transmission (depending on the initial field assessment).
- MOH informs the public that actions were being taken – such as treatment of the sick.
- The situation is under monitoring.
- While not much is known at this stage, the public is encouraged to be socially responsible and practise good hygiene practice (stay away from sick poultry, hand washing).

Other action points
- Coordinate with WHO, ASEAN and other relevant international partners.
- To prepare for spokespersons with the scientific and medical information.
- To ensure support is given at local level (contact points for reporting, medical facilities to take in more cases).
- To monitor reactions of media, affected population and others.
SCENARIO B

UPDATE ON FIELD INVESTIGATION

Scenario B: Field Team Dispatched for Investigation and Risk Assessment
- A field team has been dispatched on-site for investigation
- More samples are taken for investigation
- Meanwhile, more people turned up at the local medical center reporting similar symptoms

Key points of announcement
- Inform public of work in progress – investigation underway and samples taken for more tests
- Meanwhile, more people reported sick at the medical center
- Remind public of precautionary, proactive measures

Objective of media announcement
- This “interim” statement at this stage serves the purpose of updating the public on actions taken
- To report on the increase in number of cases
- To reiterate the importance of seeking medical help and keeping away from sick poultry

Other action points
SCENARIO C

Even though it is not yet determined at this stage if rapid containment will happen, use this opportunity to prepare the public on the various possible measures that the government will consider taking if the situation turns for the worse.

Scenario C: Pre-Containment
- Circumstances point to a high probability of a human to human transmission
- More people fall sick
- Emergency meetings between MOH and WHO to discuss the feasibility of carrying out a Rapid Containment operation
- Medical and logistic teams getting ready for RC operations – stockpile to be activated

Key points of announcement
- Inform public of the increase in number of cases
- Circumstances point to possible human-to-human transmission
- Extraordinary measures may be needed to contain the virus and ask for cooperation
- Purpose is to slow down the spread
- Assure public that medical and daily supplies will be provided
- Inform the public of the various measures the government will consider taking if the situation turns worse – to mentally prepare them

Objective of media announcement
- Pre-empt the community of extraordinary measures that may be taken
- Inform public the high probability of a human-to-human transmission
- Assure public on objective of measures – and prepare them for what is about to come.
- Set the different scenarios and corresponding actions – so that the public is aware of the various options

Other action points
- As this will likely be a "highly sensitive" media announcement, to expect greater media attention
- In addition to spokesperson, prepare relevant and updated FAQs on medical symptoms to look out for
- To activate local community network to disseminate correct message and avert any unnecessary panic
- To activate medical and logistics team

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Scenario D: Announcement of Rapid Containment Operation

- More cases surfaced from Gomali. People begin to get worried
- Epidemiological investigations and preliminary lab results point to a human to human transmission of a high pathogenic avian influenza.
- Risk assessment by field team investigators completed. The team recommended for a Rapid Containment operation to be carried out in Gomali, after studying the feasibility.
- There is a simple medical center in Gomali along with other basic amenities
- MOH in discussion with WHO decided to launch a Rapid Containment operation in an attempt to prevent the further spread of the influenza.
- Medical and command center will be set up in containment zone
- Potential leakage of news to media - hence the urgency to make the announcement

Key points of announcement

- Update on the increase in number of cases
- Inform public of the nature of the disease (based on laboratory results)
- Given the situation, MOH in discussion with WHO will be taking some extraordinary measure to contain the spread. These actions includes closing access to and from Gomali
- Emphasize that this measure is only INTERIM and is meant to SLOW DOWN the spread of the virus
- Give a rough indication on the timeframe for the operation
- Assure residents that the measures taken are meant to help them – they will be given full access to medical assistance including prophylaxis
- In addition, other supports will be provided
- Ask for understanding
- List other related precautionary measures

Objective of media announcement

- Inform the public on the progress and measures to be taken
- Reassure residents that the measures are necessary and that medical help will be given / not be compromised
- Emphasize that residents will be given priority treatment
- Emphasize the objective is to slow down the spread of the virus
- Provide a timeframe for the operation and bring across the point that these measures are only interim
- Assure public by listing down the support given (such as food, shelter etc)
- Urge public to continue to take precautionary measures
- Be the official voice to announce the news rather than for the news to leak out

Other action points

- Use a proper name for the disease – avoid naming it after a country or disease. This will set the precedence for other member states.
- Announcements at central and local level have to be simultaneous
- News conference and spokesperson to explain measures taken.
- Community communications network to be activated
- If necessary, to deploy an official to containment zone to address concerns
- FAQs on operations
- All materials translated into local language where necessary.
**SCENARIO E**

*UPDATE ON SITUATION INSIDE THE containment zone*

Scenario E: Start of Operation
- Containment work has began at Gornali – no in and out movements from village
- First batch of anti-viral stockpile and PPEs arrived at Gornali
- Medical and command center set up
- Distribution center set up

Key points of announcement
- Updated situation of number of cases and setting up of containment zone
- Arrival of stockpile
- Arrangement for mass distribution
- Inform public of the timeframe for the operation and what to expect going forward (e.g. operation may cease if the number of cases decrease)

Objective of media announcement
- Update on situation inside Gornali
- Inform of the arrival of the stockpile of anti viral for mass distribution
- Keep people outside of containment zone informed so as to give a sense of assurance
- Provide a timeline for the operation – and the possible next steps to be considered (such as winding down of the operation if the number of infection decrease / OR a change in strategy is needed if community spread happens)

Other action points
- All community level network and communications should be continued
SCENARIO F1

ANNOUNCEMENT TO INFORM THAT THE OPERATION IS SUCCESSFUL – THIS SHOULD NOT COME AS A SUDDEN ANNOUNCEMENT BUT AS PART OF A SYSTEMATIC APPROACH TO INFORM THE PUBLIC ON PLANS TO WIND DOWN THE OPERATION

Scenario F1: Operation Successful
- After 4-6 weeks, number of cases on the decline with no new cases reported
- X number of people have died from the disease while others have recovered or are on way of recovering

Key points of announcement
- Quarantine / containment has proven to be effective
- After x weeks of quarantine, results are showing – number of cases declining and no new cases reported the past two weeks
- Containment measures will be ceased in xx days if no new cases are being reported
- Residents are allowed to move out of the quarantine zone, however, they are reminded to continue to take precautionary measures.

Objective of media announcement
- Keep residents informed on cessation of operation
- Remind residents the importance of continue vigilance

Other action points

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SCENARIO F2

ANNOUNCEMENT TO INFORM THAT THE NEW CASES ARE OBSERVED OUTSIDE THE CONTAINMENT ZONE AND HENCE THERE WILL BE A CHANGE IN STRATEGY – CONTAINMENT WILL CEASE.

IN ORDER FOR SCENARIO F2 TO BE EFFECTIVELY CARRIED OUT, THE PUBLIC NEEDS TO UNDERSTAND THE UNIQUENESS OF A RAPID CONTAINMENT OPERATION – AND APPRECIATE THAT GIVEN THE LIMITED RESOURCE AVAILABLE AND COMMUNITY SPREAD OF THE VIRUS, IT IS NO LONGER FEASIBLE TO DEPLOY A BLANKET USE OF ANTI-VIRAL

Scenario F2: Operation Failed to Contain
- Number of cases continue to rise
- Sporadic cases are also being reported outside Gornali
- Demand for medical assistance increase
- Following risk assessment, seems like the containment is not very effective
- Decision to move from containment to mitigation – with special attention paid to treating the severe cases
- Other measures such as quarantine of sick people and probable cases, will still be enforced.

Key points of announcement
- Despite containment effort, number of cases continue to rise
- Cases are also being reported outside Gornali, indicating that the disease had already spread beyond the contained borders
- During the period of the containment, we had bought some time to allow us to be better prepared for a wider spread
- There needs to be a change in strategy now – to concentrate on treating the severely ill
- Efforts of the community is not wasted but had helped the community slow down the spread
- Community to practice proper hygiene

Objective of media announcement
- To clearly explain why the abolition of the containment operation
- That since it has spread beyond the containment zone, a change in strategy is required
- Acknowledge the role the community had played in slowing down the spread of the virus, and that the operation had bought time for the community to be better prepared

Other action points
- List down other measures to provide care for the sick

SCENARIO G

ANNOUNCEMENT ON FIRST DEATH CASE

Scenario G: First Death Case Confirmed
- First death case from Gornali
- This happens after the containment zone has been set up

Key points of announcement
- First death case in Gornali
- Information of patient – when he began to fall ill, and how he was treated
- Additional precautionary measures.
Objective of media announcement
- Inform public of first death case
- Provide some background to the case to put things in perspective

Other action points
- Community leaders needed to engage with family on how to deal with the body of the deceased – especially if traditional method of burial or handling will compromise safety
- Provide support and maintain communications with family of deceased
- May be necessary to enforce quarantine for close contacts if they are deemed a probable risk.
- Being the first death case, there will be a great deal of media interest and community unhappiness / outrage if it was deemed that insufficient actions and treatment were done for the patient prior to his death, hence it is important to prepare spokespersons
Chart 1.1 - Stages of Communications During Rapid Containment

STAGES OF COMMUNICATION DURING A RAPID CONTAINMENT OPERATION

1. Conduct a risk assessment
2. Mobilize Stockpile movement
3. Launch RC
4. Stop RC

No of Cases per day

Field risk assessment
Field Team & Response
Cases reported

Rapid Response
Risk Assessment
Operation

Possibility to contain
Chart 1.2: Communications work flow during Rapid Containment

First clusters of cases detected via local EBS

1st case announcement

Field team sent for Risk assessment

Preemptive Announcement

Decision to intervene

YES

Launch of rapid containment operation

Announcement on start of operation

Deploy comms persons on-site

YES

Arrange for on-site rep to provide up to date info

- Check for language, culture compatibility prior to deployment

Announcement to close loop

RC Ops appears to contain spread

Announce: cessation of RC; virus sufficiently contained

Communications work to continue

Spread moves beyond contained zone

Announce: cessation of RC; Change of strategy

Communications work to continue

Continuation of communications process

Arrival of antiviral / update on ops

Regular situational updates

Announcement of death cases

Other relevant announcement

Informative (evidence based) announcements

Cases outside containment zone
Chart 1.3 – Information flow for operation communications
(For further adaption at member state level)

LOCAL LEVEL
- Information collected at local level
  - Provincial government
    - Prepare for local dissemination via diff medium
      - Document translated to local language if necc
        - Local level public dissemination simultaneous
  - Decision taken at central level

CENTRAL / NATIONAL LEVEL
- Central government Outbreak team
  - Risk assessment – Communicated to Senior level on action needed
    - Decision taken to announce
      - First draft of media announcement
        - Internal approval of drafts by senior management
          - Talking pts and spokes persons prep.
    - Central level dissemination: to both national and int'l media
Chart 1.4: Risk assessment and Risk Communications

Cases reported → Preliminary assessment to determine if event is "normal" or "extraordinary"

Cases considered extraordinary → No

Yes

MEDICAL CONSIDERATIONS
Risk assessment of situation
Factors to consider:
- threat (consequence vs likelihood of spread)
- vulnerability
- exposure
Factors to identify:
- high risk / low risk groups
- available control measures
- level of certainty (how much is qualitative / quantitative)
- variables known and unknown

List down available control measures by using an evidence approach / past experience.

Operational communications
- communicate level of risk, uncertainty and rationale of recommended approach to decision makers

Decisions endorsed, backed by available evidence.

NON-MEDICAL CONSIDERATIONS
- Social, economical and political considerations
- Human rights issues
- External pressures from international bodies
- Compensatory issues
- Racial / ethnical sensitivity

IHR Notification through national focal point
Work closely with WHO, ASEAN on deployment

Internal communications with partners & stakeholders

Media & public communications

Community communications
ANNEX A - Other extraordinary circumstances to be considered in the planning process

- Foreign nationals are inside the containment zone. Foreign embassies made request for their nationals to be exempted from the operations and be flown back to their home countries.
- Sick patient escapes from containment zones igniting fear that the virus could have spread to beyond the zone
- Medical center unable to handle the large number of cases requiring isolation rooms – there may be a need to transfer some of the patients to nearby hospitals
- People showing adverse reaction to the anti-viral
- Insufficient anti-viral for distribution
- Protests from within containment zone – demands to open borders and for more supplies
- Ethnic and racial issues – a certain community felt that they are being marginalized and the containment effort was directed at them
ANNEX B - SAMPLE STATEMENTS

Guide to using the sample statements

- The following sample statements correspond to the various scenarios during a Rapid Containment operation.
- They are meant to be a guide for communicators’ reference when crafting statements and talking points for media interviews and media conferences.
- Local context (such as use of certain words, explanation of the situation) need to be taken into consideration during adaptation.
- The measures listed in the statement need to be consistent with what is happening on the ground.
- Misinterpretation may arise during the translation process, hence extra care is to be taken.
- Important messages – such as the objective of the operation and estimated timeline - should be consistently repeated.
- Messages with too many key points should be divided into different announcements spread over a few days.
- The scenarios listed may or may not happen in a sequential manner. Again, important for local adaptation.
SCENARIO A

CASES OF INFLUENZA-LIKE ILLNESSES IN GORNALI

The Ministry of Health has been notified that five persons from the Gornali province have sought medical attention due to severe flu-like symptoms. The symptoms included flu-like illness (sudden onset of high fever followed by muscle aches, headache and sore throat).

Initial investigations revealed that some of the patients had recent contacts with sick poultry while others did not. The origin of the disease is not yet known.

The patients are currently under treatment in a local medical center while awaiting further test results. A team has been dispatched to Gornali for further investigation. The Ministry urges anyone in the community or who had a recent travel history to the affected areas, with similar symptoms to seek immediate medical help.

The ministry would also like to send the following reminder:

- Report sick or dead birds to local or state authorities
- Do not touch sick or dead wild birds with your bare hands.
- If you come in contact with wild birds or droppings you should immediately wash your hands.
- Hunters and backyard farmers should wear gloves when handling killed birds.

The ministry will continue to monitor the situation and keep the public updated.

SCENARIO B

UPDATE ON INFLUENZA-LIKE ILLNESS IN GORNALI

In addition to the five cases reported this week, the Ministry of Health has been notified of six other persons who have been admitted to the local medical center for influenza-like symptoms.

These persons had either been in close contact with the initial five patients or with sick poultry. They had no recent travel history outside Gornali. Two of the patients’ conditions are more severe.

Meanwhile a team comprising of medical doctors and field epidemiologists have been dispatched to Gornali for further investigation. The Ministry is also in touch with WHO to closely monitor the situation. Investigations into the cause of the outbreaks are still on going and no causative organisms have been identified.

The Ministry urges anyone who falls ill with similar symptoms to seek immediate medical help. The public is also reminded not to handle sick poultry and to immediate report them to the local contact point. However, there is no reason for panic and the public is advised to carry on their usual activities.
SCENARIO C

HIGH PROBABILITY OF A HUMAN AVIAN INFLUENZA

The recent outbreak of influenza-like illnesses at Gornali might have been a result of a human avian influenza. While more laboratory tests are being conducted, epidemiological investigations to-date suggest a possible human-to-human transmission due to close contact with patients.

Of all the 20 patients who were taken ill, only five had direct contact with sick poultry. All patients are currently being treated and are stable except five who are in serious conditions.

As a precautionary measure, the local authority at Gornali has advised family members or persons who had close contacts with the patients to self-quarantine. In addition, the local authority has stepped up surveillance work on sick poultry.

The Ministry of Health is in touch with the WHO to closely monitor the situation. Going forward, certain control measures may be needed to limit the transmission of the virus. Control measures may involve a restriction of movement for the people within the affected community. The control measures aim to identify probably cases and to slow down any potential spread.

Once again, the Ministry would like to remind the public not to handle sick poultry and to seek immediate medical attention if they are ill.

An emergency medical center has been set up to cope with the increase in patient numbers. MOH has also set up a hotline to handle all general public enquiries at xxxx.

So far, no other province has reported similar outbreaks.
SCENARIO D

UPDATE ON OUTBREAK IN GORNALI
QUARANTINE ZONE TO BE SET UP
(Title to vary according to what is deemed as more acceptable in local context)

To date, a total of xx number of people have fallen ill with influenza-like illness. The additional 10 people reported today have had close contacts with previous patients. Of these, 15 patients are receiving treatment at the Gornali medical center, with five having more severe conditions. Four of the patients have been discharged and are now recovering at home.

Field investigations and initial lab reports confirmed that the virus could be transmitted from human to human via close contact.

Due to the special circumstance we now face, a quarantine zone will be set up in Gornali. Under this arrangement, residents are required to remain in Gornali** and no movement is allowed in and out of the province unless special permission is granted. Public health personnel and logistical support will be deployed to assist the residents of Gornali. As an added precautionary measure, all residents will be provided with free medicine to reduce their risk of infection.

We do understand that the measures that we are taking will cause some inconvenience and we sincerely ask for the residents' forbearance, understanding and support in joining the community's fight against this disease. This is an interim measure and we hope that by doing so, we can slow down the spread of the virus.

We expect the quarantine to be in-force for a minimum of x weeks. As the situation continues to evolve, MOH will assess the situation and keep the public updated daily.

In our effort to contain the further spread of the outbreak, the following precautionary measures are being taken:

(The below is an example of how the measures can be worded, it should be adapted based on local context)

1. Early identification of cases
   Suspect and probable cases are being identified as early as possible so that they can receive treatment and are isolated early. Symptoms to look out for includes:

   - List of symptoms

2. Isolation of patients
   All patients are being treated in isolation rooms in the medical center or neighboring medical centers until they no longer show symptoms of the illness.

3. Contact tracing
   Tracing of contacts of known cases has been done, and will continue. Contacts with symptoms suggestive of the illness are immediately referred to the MOH for further evaluation.

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4. Decreasing the number of new cases
Besides the measures above to detect cases early, MOH has also advised the public against contact with sick poultry. People who experience flu-like symptoms should also stay away from crowds and seek immediate medical attention. Public should also observe good personal hygiene.

5. Laboratory investigations
Laboratory investigations are ongoing to identify the causative agents. The local health authorities and MOH are also working closely with the WHO and specimens will also be sent to WHO Collaborating Centers in xxxx.

6. Public communications
MOH has and will continue to keep the public update on the situation at Gornali. A list of FAQs has also been released to the media and have been put on the MOH website.
A hotline has been set up a hotline to handle all general public enquiries at xxxxx.

** (It is likely that not the entire village will be contained, hence it will be necessary to detail down the containment / quarantine zone such as "areas within xx roads / rivers etc will fall under within the quarantine zone)
SCENARIO E

UPDATE ON OUTBREAK IN GORNALI
ARRIVAL OF ANTIVIRAL FOR MASS DISTRIBUTION

As of yesterday <date>, no more movement in and out of Gornali is permitted unless under special granted permission.

The first batch of antiviral has arrived at Gornali. All persons in the quarantine zone who are not ill will be given the medication to reduce the risk of infection. Sick patients will be treated as per current practice at the medical center.

Residents will also be provided with daily necessities during this period of time and will also be given regular medical checks. (Based on capacity and resources available)

To date, MOH has recorded a total number of xx cases. All the cases have had contact with sick poultry and / or patients. There is no other recorded case outside Gornali. Laboratory tests have shown positive results for H5N1.

In addition, other precautionary measures should also be taken:

- Avoid contact with sick poultry and report any sick poultry to local authority
- People who feel unwell should seek medical assistance immediately
- Ill persons should also put on a face mask or handkerchief and avoid direct contact with other people

The operation is expected to continue to xx more weeks. These measures taken are meant to be interim and we hope that by doing so, we can slow the spread of the virus.

We advise the community to remain calm and to continue your daily routine. Though the disease is infectious, there is no need for alarm. We are doing our best to slow down the spread of the virus.
SCENARIO F1

CESSATION OF QUARANTINE OPERATION AT GORNALI
NO NEW CASE REPORTED

Since <date>, there has been no new case of human-avian influenza reported. The last probable case was isolated on <date>. XX number of people are still receiving treatment. Regrettably, xx persons have died from the outbreak.

The containment effort seems to have been effective in limiting the spread of the disease. The containment measures will be ceased with effect from tomorrow so that residents will be free to move in and out of the quarantine zone.

Notwithstanding this, the possibility of a future new case cannot be discounted. We must therefore continue to maintain the highest level of vigilance. We should continue to take the necessary precautions to detect, avoid and pre-empt any possibility of infection.

The medical team will remain for a limited period of time in the quarantine zone to continue to monitor the situation. Any persons who fall sick with influenza-like symptoms should seek medical help immediately.

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SCENARIO F2

CESSATION OF QUARANTINE OPERATION AT GORNALI
MANAGING HUMAN AVIAN INFLUENZA OUTBREAK

As of <date>, MOH was notified that new persons outside the containment zone are coming down with influenza-like illness. Initial rapid tests suggested that they were infected with a similar virus. The new cases came from various areas, ranging from 0.5 to 15km away from the containment zone. The patients are currently in isolation receiving treatment.

Given the situation and the increasing number of cases outside the zone, it appears that the containment operation is unable to fully limit the spread of the virus. With effect from tomorrow, the Ministry will progressively open the village borders to allow movements. However, there will still be an effort to identify suspect and probable cases. These people will be home-quarantined and given medicines.

The Ministry will continue to monitor the situation and implement control measures as necessary. The public is reminded to maintain a high level of vigilance at all times.
SCENARIO G

PATIENT WITH HUMAN AVIAN INFLUENZA DIED

A 49-year-old man with multiple co-morbidities (diabetes, hypertension, and high cholesterol) died at the medical center on <date> after one week of flu-like symptoms and was diagnosed with human avian influenza.

The patient had come down with the symptoms a week before and was isolated and treated with anti-viral at the medical center. His family and close contacts have since been in quarantine. They were all given anti-viral and are asked to stay at home.

The local community leader is in touch with the deceased patient's family to make the necessary funeral arrangements.

Meanwhile, the ministry of health would like to remind everyone to continue to take simple precautionary measures that will help in combating the spread of the virus:

<list down precautionary measures>