Japan-WHO Joint Meeting on Early Response to Potential Influenza Pandemic

Tokyo, Japan
12 - 13 January 2006
REPORT

JAPAN-WHO JOINT MEETING ON EARLY RESPONSE TO POTENTIAL INFLUENZA PANDEMIC

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The views expressed in this report are those of the participants of the Japan-WHO Joint Meeting on Early Response to Potential Influenza Pandemic and do not necessarily reflect the policies of the World Health Organization.
GLOBAL OVERVIEW OF
HEALTH CARE FINANCING (HCF)
WITH FOCUS ON UNIVERSAL COVERAGE

by

Dr David Evans

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SUMMARY

With the world facing a continuously growing pandemic threat from avian influenza A(H5N1), an important and timely meeting which focused on early response to a potential influenza pandemic was convened jointly by the Government of Japan and the World Health Organization (WHO) in Tokyo, Japan, from 12 to 13 January 2006.

In the early stages of the emergence of a potential pandemic, it may be possible, in some situations, to avert further virus spread by responding rapidly and, if appropriate, implementing containment measures, including large-scale administration of antiviral drugs to the population in the affected area(s) together with additional complementary public health measures. If such rapid interventions are successful, hundreds of millions of cases of serious illness, millions of deaths, and the adverse social and economic consequences expected to result from a future pandemic might be prevented.

However, attempting rapid containment is realistic only if the earliest signals of a potential influenza pandemic are detected and reported swiftly, and comprehensive measures are implemented fully within a very short period. The window of opportunity for action is narrow.

Containment measures require the rapid availability of antiviral drugs and additional supplies and equipment. The Government of Japan has made a commitment to assist in the stockpiling of 500,000 courses of antiviral drugs, and to provide other equipment to be used for rapid response and early containment activities in Asia.

This important meeting focused on identifying key issues and recommending priority actions necessary to develop rapid response and containment capacity in Asia. The meeting discussed and provided recommendations on:

1. early response measures that should be implemented, if and when a potential human pandemic strain emerges;
2. regional and international coordination in several areas, including early detection and reporting of events with pandemic potential, stockpiling of antiviral drugs and other supplies, and operational support; and
3. early response measures at the country level, particularly those related to early detection and reporting and the implementation of containment measures.

More than 130 participants, representatives and experts attended the meeting from 14 Asian countries (including all those affected by the H5N1 virus), donor countries and agencies, as well as regional and international organizations. Some countries were represented at ministerial level.

Although containment of a potential influenza pandemic has never been attempted and could either succeed or fail, the participants called for urgent development of the national, regional and international capacities and effective mechanisms necessary for early response and rapid containment. Several unusually complex issues and possible solutions in such early interventions in Asia were identified and examined.
The main conclusions from the meeting were as follows:

(1) The avian influenza A(H5N1) virus has become entrenched in many parts of Asia, and has also spread to other regions. The virus has caused more than 140 human infections, mainly in Asia, but more recently in Turkey. The H5N1 virus threatens increasingly to cause a pandemic and poses a serious global public health threat.

(2) An influenza pandemic has the potential to cause a health, social and economic catastrophe for the region and the world. Therefore, it is imperative for all countries in Asia and the international community to affirm their shared responsibilities and make every possible effort to prevent a pandemic.

(3) Mounting a rapid response to contain the earliest emergence of pandemic influenza is critical. This requires that any events with pandemic potential are detected and assessed rapidly, and that appropriate decisions and actions are implemented in a timely manner.

(4) Immediate action areas for reducing the threat of an influenza pandemic include:

- early detection and rapid reporting of any signals of a potential influenza pandemic among humans;
- development and implementation of a rapid response and pandemic response containment strategy, which should be integrated into national, regional and international influenza preparedness plans; and
- establishment of coordinated national, regional and international response mechanisms for facilitating such a rapid response.

(5) Top priorities in developing rapid response and containment capability are to strengthen national, regional and international capacities, particularly in the areas of surveillance, epidemiology, laboratory capacity, risk assessment and risk communication, and for countries to implement the new International Health Regulations as soon as possible.

(6) Developing the capability to respond rapidly and contain a pandemic in its earliest stages will strengthen basic local, national and international capacities to respond to other public health emergencies of international concern.

Given that a future human influenza pandemic may pose serious a public health threat to all countries and cause severe social and economic disruption in the globalized world, the participants agreed that any possible public health interventions with the potential to prevent a pandemic or delay its spread should be considered. Based on the major issues and challenges identified during the meeting, the participants recommended the following priority actions for countries, WHO and other partners:

Recommendations to countries:

(1) Countries should strengthen national and local capacities to detect and respond to early signals of a potential pandemic and any other public health event. Areas that should be strengthened include:

(a) disease, virus and other surveillance measures, such as rumour surveillance; and
(b) increasing community awareness and educating health workers to facilitate early detection and reporting.

(2) Countries are strongly encouraged to comply, as soon as possible, with the provisions of the International Health Regulations (2005) that facilitate early recognition and reporting of events or warning signals of public health emergencies of international concern, such as a potential influenza pandemic.

(3) Countries should notify WHO immediately if early signals of a potential pandemic are detected. Urgent risk assessments of such signals should be conducted in collaboration with WHO.

(4) Countries should share specimens and virus isolates obtained from persons thought to be infected with a novel influenza virus, such as H5N1. Those specimens and isolates should be shared with the WHO Reference Laboratory Network in a timely manner. The results of the tests should be reported by the reference laboratories to the originating country and simultaneously to WHO as rapidly as possible.

(5) Countries, with the assistance of WHO, should review and test their relevant protocols and standard operating procedures (SOPs) to identify important gaps and to allow necessary modifications to be made, including those reflecting unique or important considerations related to individual countries.

(6) Countries should identify and address all practical issues, including legal, logistical and operational issues that must be addressed to allow full implementation of rapid containment.

(7) Countries should integrate rapid response and containment concepts, strategies and implementation steps into national pandemic influenza preparedness plans.

(8) Countries should promote and facilitate collection of the scientific evidence needed to further develop an evidence-based strategy for rapid containment measures.

(9) Countries should establish intersectoral coordination mechanisms for national, regional and international partners.

Recommendations to WHO

(1) WHO should, as a matter of urgency, help countries to develop and strengthen their national capacities to detect early signals of a potential pandemic.

(2) WHO and its partners should, as a matter of urgency, help countries to develop or strengthen their local and national laboratory facilities so that early signals of a potential pandemic can be confirmed rapidly. WHO should also continue to strengthen regional and global laboratory networks.

(3) WHO should establish a full-time working group immediately to further develop rapid response and containment strategies and to develop a concrete action plan that proposes protocols, a timeframe, coordination and participation of partners, and other critical elements.
(4) WHO and its partners should, as a matter of urgency, draft a feasible overall strategy and related protocols and SOPs to allow and facilitate a rapid, coordinated and effective response to early signals of a potential pandemic.

(5) WHO, with the assistance of its partners, should develop training modules and programmes to educate and train local and international staff on important concepts, strategies and procedures related to early detection, rapid response and containment.

(6) WHO should, in collaboration with the United Nations Children’s Fund (UNICEF) and other partners, coordinate the development of an appropriate risk communication strategy (including outbreak communication and communication for behavioural change). Appropriate messages should be formulated and provided to the general public and key groups about rapid response and containment, pandemic influenza, and other related and important topics. Such messages must be accurate and should enhance the effective social mobilization necessary to implement important public health interventions.

(7) WHO should establish a decision-making process as part of a rapid response and containment process that includes the establishment and utilization of an external advisory Influenza Pandemic Task Force. The Task Force would consist of public health and influenza experts and its purpose would be to provide an independent assessment of critical events related to pandemic influenza and make recommendations to WHO about responding to the pandemic threat. The Task Force would have a specific advisory role when assessing potential early signals of pandemic influenza.

(8) WHO should use its Global Outbreak Alert and Response Network (GOARN) and other necessary means to identify and mobilize the local and international staff and experts necessary to facilitate and implement rapid response and containment operations. Furthermore, WHO should provide training for those staff to make them as effective as possible in rapid response and containment operations.

Recommendations to other partners

(1) International partners, in collaboration with WHO, should, as a matter of urgency, help countries to develop and strengthen their national capacities to detect early signals of a potential pandemic.

(2) International partners, such as UNICEF, should help develop communication strategies and appropriate materials in collaboration with WHO and countries.

(3) Japan and countries of the Association of Southeast Asian Nations (ASEAN), in collaboration with WHO, are asked to develop a detailed operational plan on stockpiles, including antiviral drugs, and to share information on the operational plan with other Asian countries.

(4) All partners creating multinational stockpiles for rapid response should coordinate the supply contents and their release and use for rapid containment and other potential uses.
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Keywords:

Influenza, Human – prevention and control / Influenza
A virus, H5N1 subtype / Disease outbreaks – prevention and control
1. INTRODUCTION

Since December 2003, avian influenza A(H5N1) has swept through poultry populations across Asia and parts of Europe. The outbreaks are unprecedented in their scale and geographical spread. Evidence shows that the H5N1 virus is most likely endemic in many parts of Asia. It has established an ecological niche in poultry, making it extremely difficult to prevent outbreaks. Outbreaks continue to occur despite aggressive control measures, including the culling of more than 160 million poultry.

To date, more than 140 human cases of H5N1, with an overall fatality rate of approximately 50%, have been confirmed in five Asian countries, namely Cambodia, China, Indonesia, Thailand and Viet Nam. More recently, confirmed human cases have been reported in Turkey. Most human infections can be linked to contact with infected poultry, but isolated instances of inefficient human-to-human transmission may have occurred. The risk of further human cases remains and, if the virus acquires the capability of efficient human-to-human transmission, a global pandemic could occur. It is expected that the next pandemic would have huge economic and social consequences, as well as an enormous impact on human health. Influenza viruses are genetically unstable and their behaviour cannot be predicted. For these reasons, the current outbreaks of influenza A(H5N1) in poultry and humans in Asia have moved the world closer to a pandemic than at any time since 1968, when the last such event occurred.

In the early stages of the emergence of a potential influenza pandemic, it may be possible, in some situations, to avert further virus spread by responding rapidly and implementing containment measures. If such rapid interventions are successful, hundreds of millions of cases of serious illness, millions of deaths and the adverse social and economic consequences expected to result from a future pandemic might be prevented.

The term rapid response refers to rapid reporting, assessment and response of any kind after possible signals of a potential pandemic have been detected. The term rapid containment refers specifically to attempts to stop the spread of a potential pandemic virus. Containment measures may include large-scale administration of antiviral drugs to the population in the affected area(s), together with additional complementary public health measures, such as quarantine and social distancing.

However, attempting rapid containment is realistic only if the earliest signals of a potential influenza pandemic are detected very rapidly and comprehensive measures are implemented fully within a very short period. The window of opportunity for action is narrow. Containment also requires the rapid availability of antiviral drugs and additional supplies and equipment. The Government of Japan has made a commitment to assist in the stockpiling of 500,000 courses of antiviral drugs, and to provide other equipment to be used for rapid response and early containment activities in Asia.

As a critical step to move the above agenda forward, an important and timely meeting, focusing on early response to a potential influenza pandemic, was convened jointly by the Government of Japan and the World Health Organization (WHO) in Tokyo, Japan, from 12 to 13 January 2006.
1.1 Objectives

The meeting aimed to discuss key issues and challenges in responding rapidly to a potential influenza pandemic and to recommended priority actions necessary to develop and implement rapid response and containment strategies in Asia.

The specific objectives of the meeting were:

1. to discuss the early response measures that should be implemented, if and when a potential human pandemic strain emerges;
2. to discuss and recommend regional and international mechanisms, including early detection and reporting of events with pandemic potential, stockpiling of antiviral drugs and other supplies, and operational support for early response efforts in Asia; and
3. to recommend necessary actions to address major issues and challenges associated with implementing early response measures at country level, particularly those related to early detection and reporting and the implementation of containment measures.

1.2 Participants

The meeting was attended by more than 130 participants, including country representatives from 14 Asian countries: Brunei Darussalam, Cambodia, China, Japan, the Lao People's Democratic Republic, Indonesia, Malaysia, Mongolia, Myanmar, the Philippines, the Republic of Korea, Singapore, Thailand, and Viet Nam. Some countries were represented at ministerial level. Participants from other countries, including Australia, Austria, Canada, France, New Zealand, Russia, United Kingdom of Great Britain and Northern Ireland, and the United States of America also attended the meeting.

Representatives from regional and international partners were also in attendance, including the Association of Southeast Asian Nations (ASEAN) Secretariat, the Asian Development Bank (ADB), the European Commission (EC), the Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF), the World Bank, and Roche, as well as technical experts, mainly from Japanese institutions.

The WHO secretariat, headed by Dr Shigeru Omi, WHO Regional Director for the Western Pacific, worked closely with the Government of Japan to provide the secretariat and technical support for the meeting. Annex 1 lists all the participants, representatives and secretariat members who attended the meeting.

1.3 Organization

The meeting was co-chaired by Dr Takahiro Shinyo, Director-General, Global Issues Department, Ministry of Foreign Affairs, Japan, and Dr Takashi Toguchi, Assistant Minister for Technical Affairs, Ministry of Health, Labour and Welfare, Japan.

Each of the two days was divided into presentations followed by discussions. On day one, a round table discussion on early response to a potential pandemic and other technical sessions were chaired by Dr Eiichi Seki, Ministry of Health, Labour and Welfare, Japan. The meeting presentations can be accessed at http://www.wpro.who.int/sites/csr/data/Presentation_TokyoMeeting.htm.
Three working group discussions were held on day two, co-chaired by representatives from Asian countries. The Philippines and the Republic of Korea co-chaired Group 1 (early detection and reporting); Malaysia and Brunei Darussalam, Group 2 (issues and challenges at country level); and the Lao People's Democratic Republic and Singapore, Group 3 (Regional and international coordinated response mechanisms). A member of the WHO secretariat served as rapporteur for each group.

A final plenary session reviewed and agreed the main conclusions and recommendations of the meeting.

1.4 Opening remarks

Mr Katsutoshi Kaneda, Senior Vice-Minister for Foreign Affairs, Japan, welcomed participants to the meeting on behalf of the Government of Japan and expressed sincere gratitude to WHO for its contributions. He emphasized the growing threat arising from highly pathogenic avian influenza and the urgent need for countries to cooperate to stop a new influenza pandemic in the spirit of "human security". He explained that the Government of Japan has committed resources and taken actions to combat influenza pandemic threats in Asia, including the provision of an estimated US$ 135 million by March 2006, as announced by Japanese Prime Minister, Junichiro Koizumi, in December 2005. Japan's commitment will also include 500,000 courses of antiviral drugs for the purpose of rapid response in Asia.

Ms Kyoko Nishikawa, Parliamentary Secretary for Health, Labour and Welfare, Japan, also welcomed the participants and expressed appreciation for WHO's contribution to the event. She emphasized the importance of the task ahead by mentioning the following points: (1) the tragedy of three influenza pandemics during the 20th century; (2) the experience and lessons learnt from severe acute respiratory syndrome (SARS); and (3) the need for a shift from broader discussions to concrete actions to prevent or minimize the harm of an influenza pandemic. She concluded her opening remarks by expressing her profound hope for meaningful discussions during the meeting.

Dr Shigeru Omi, WHO Regional Director for the Western Pacific, began by thanking the Japanese Government for co-sponsoring the vitally important and timely meeting. He pointed out that Japan's involvement in the meeting was another reflection of the Japanese Government's commitment to the global fight against avian influenza. Dr Omi emphasized the following points: (1) while human H5N1 cases have been reported recently in Turkey, Asia is still the epicentre of the threat to global health posed by the virus; (2) the world is dealing with a virus that is, not only very resilient, but also extremely unstable and unpredictable; (3) despite everybody's best efforts, the challenges are still considerable; (4) we should be ready to respond instantly with all the weapons at our disposal should the early signs of an influenza pandemic appear. He called for a clear understanding of what needs to be done to contain a virus with pandemic potential and a focus on practical issues, such as the distribution of stockpiles of antiviral drugs.

2. PROCEEDINGS

2.1 Meeting objectives and agenda

The WHO secretariat briefly presented the background, objectives and agenda of the meeting. The speaker then posed the question "Why are we highly concerned about the growing risk of an influenza pandemic?" and illustrated this with a number of reasons including: the
H5N1 virus has become entrenched in Asia and is expanding to other regions; the unstable and unpredictable nature of the virus; risk factors are still not fully understood; the increase in human cases; and that a potential pandemic strain is likely to emerge from Asia. The speaker also said that the world needs to be better prepared for a potential pandemic, including joint efforts for rapid response and, where possible, containment at the earliest emergence of a potential influenza pandemic event, as no single institution or country has all the capacity.

The meeting objectives (1.1) and the agenda (Annex 2) were also outlined. The speaker concluded by saying that the two-day meeting would provide an important platform for the countries in Asia and other partners to discuss key issues relating to rapid response and containment.

2.2 Threat of pandemic influenza and options for response

The speaker started by describing the impact of three pandemics in the 20th century: 'Spanish Flu' (1918), 'Asian Flu' (1957) and 'Hong Kong Flu' (1968). Spanish Flu was the most devastating, with an estimated 40-50 million deaths worldwide. Since late 2003, avian influenza A (H5N1) has been causing unprecedented outbreaks in poultry in Asia and the virus has also spread into other regions, particularly Europe. Human infections have been confirmed in five Asian countries (Cambodia, China, Indonesia, Thailand and Viet Nam), and more recently new human cases have been reported from Turkey. There is increasing international concern about a potential pandemic caused by the H5N1 virus.

To respond to this global challenge, all the affected countries and the international community have been working together to reduce the risk of a potential pandemic through various control measures in poultry and humans. However, if early signals of a potential pandemic are detected and reported rapidly, it may be possible to avert a pandemic by implementing containment measures. Critical actions for effective containment include the use of antiviral drugs for mass-prophylaxis, quarantine and other public health measures, including social distancing. There are several essential requirements for containment measures to be successful, including improved capacity for detection and reporting of early signals, rapid availability of regional and international stockpiles of antiviral drugs and other supplies, high-level governmental commitment and coordinated international support.

There is no guarantee of success for such measures. However, if fully successful, they could prevent an enormous number of deaths, illness and social and economic impacts. Even if complete containment is not possible, such measures could buy a significant amount of time for countries to become better prepared to respond to a pandemic. Regardless of the outcome, preparing for containment could significantly enhance national and international response capacities for pandemic influenza and all other emerging infectious diseases.

2.3 Steps and issues in responding to early pandemic events

Several key steps should be followed in implementing a rapid response, including rapid containment measures. There are many difficult issues and challenges at each step and these may include logistical issues, legal and policy issues, technical issues and resource issues. They should be addressed in advance so that countries and the international community can be better prepared for rapid response to the emergence of a potential pandemic. A hypothetical scenario of an event with pandemic potential was presented by the WHO secretariat to identify essential steps and a few major issues at each step. It must be emphasized that each step is not mutually exclusive; steps are interrelated. Steps for rapid response are as follows:
Step 1: Detection and reporting of early signals of a potential pandemic

The window of opportunity to contain a potential pandemic is very narrow. To be able to implement rapid response and containment measures, early signals of a potential pandemic should be detected and reported rapidly. However, detection and reporting are often delayed for various reasons, such as lack of effective early warning systems, lack of adequate laboratory capacity, and delays in reporting from local to central levels and from national level to WHO. Capacities and systems should be improved urgently to enable rapid detection and reporting.

Step 2: Assessment and decision-making

As a second step, comprehensive assessment of the situation and the risk of a pandemic should be conducted in a short time period. Different types of information should be collected rapidly for proper risk assessment. International assistance may be necessary to conduct such assessment. WHO should establish a decision-making process as part of a rapid response and containment process that includes the establishment and utilization of an external advisory Influenza Pandemic Task Force. Each government should also establish mechanisms so that high-level decisions can be made quickly.

Step 3: Mobilizing resources for containment measures

Once it is decided to implement rapid containment measures, a lot of resources need to be mobilized quickly to support the implementation. Antiviral drugs, personal protective equipment (PPE) and other supplies should be transported quickly to the affected area(s), and national and international experts should be identified and despatched to provide technical and operational support. There are many logistical challenges to be met, including customs clearance, transportation, security and storage of antiviral drugs and other equipment. It is also challenging to disseminate appropriate messages to the general public so that people in affected areas can understand and support containment measures.

Step 4: Implementation of containment measures

Implementing containment measures, including mass chemoprophylaxis using antiviral drugs, quarantine and other public health measures such as social distancing, also poses a number of difficult challenges. It is necessary to give antiviral drugs to a large number of people in a very short time. This requires huge operational support from national and international partners. Implementing quarantine measures may raise serious legal and ethical issues and the well-being of people in the quarantine area should also be ensured.

Step 5: Monitoring and evaluation

Proper mechanisms should be established to monitor the implementation of measures. It is necessary to monitor different indicators, such as distribution and inventory of drugs, drug coverage, compliance with the drug regimens and adverse events associated with the drugs. It is also necessary to monitor epidemiological and virological changes, including changes in transmission pattern and antiviral resistance. Effective and feasible data management systems and detailed protocols should be established to monitor these indicators effectively.
2.4 Issues and challenges in early response at country level

Presentations were made by countries with human cases of avian influenza A (H5N1) on the issues and challenges faced in providing an early response to a potential pandemic event. Common themes to emerge from the session were the need to:

- increase laboratory capacity to aid detection of early signals of a potential pandemic event;
- increase human and financial resources;
- resolve stockpiling issues;
- engage with the private health sector;
- gain high-level political commitment; and
- coordinate national and international activities.

Summaries of the individual presentations are provided below.

Cambodia:

The flow of surveillance information from local health centres up to central level was presented. It was suggested that unusual clusters of acute respiratory disease might not be detected until several waves had occurred. That problem was said to be compounded by reliance on the private health sector for health care. Other issues highlighted were related to communications, logistics, keeping track of the distribution and administration of antiviral drugs, and adverse-event monitoring.

China:

The presentation focused on challenges and concerns related to antiviral drugs, their availability and research on their effectiveness for human avian influenza. The speaker also indicated the need to strengthen mechanisms for multisectoral communication and coordination at all levels and the awareness and capacity of health care facilities and health care workers to detect and report unusual clusters. The importance and necessity of enhancing local capacity for surveillance and response in rural areas was highlighted.

Indonesia:

The presentation began with a brief summary of the resources and structures required for a national rapid response and containment strategy in Indonesia. Operational issues which would delay the deployment of resources for an early response were identified as problems. Clinical and virological research needs were also discussed.

Thailand:

The speaker presented the current status of national influenza pandemic preparedness and how surveillance and response were being carried out at the local level under the direction of an emergency commander. Global preparedness depends upon regional and national preparedness and this would require appropriate training, information sharing and an antiviral drug stockpile. Trigger criteria for implementing other public health measures, such as quarantine and sustainable development of community-based reporting systems, were identified as issues.
Viet Nam:

Lack of laboratory capacity in the provinces was identified as a problem as it adversely impacts upon rapid detection and reporting. Provision of standard protocols, equipment and training for mobile teams would greatly aid rapid response measures. Implementing containment measures is another challenge. In particular, plans and coordination mechanisms for the distribution and mass administration of antiviral drugs and non-pharmaceutical interventions are required.

2.5 Round table discussion on rapid response to a potential pandemic

A round table discussion was conducted to discuss the requirements of a rapid response to a potential pandemic. In addition, the major issues and challenges that need to be addressed in order to implement rapid response and containment measures were also discussed.

Although a rapid containment strategy remains untested and its success cannot be fully guaranteed, participants agreed on the urgent need for joint efforts in developing national, regional and international rapid response and containment capacities. Attempting rapid containment is realistic only if the earliest signals of a potential influenza pandemic are detected and reported very rapidly and comprehensive measures are implemented fully within a very short period of time.

The round table session discussed and identified several complex issues and challenges in the area of early detection and reporting of the earliest signals of a potential pandemic influenza. It was concluded that country capacity building should be considered the highest priority. Developing the capacity to detect and respond rapidly to a potential pandemic will also strengthen basic capacity for other emerging infectious diseases. The key issues identified regarding capacity strengthening were as follows:

- Most countries in Asia do not have national and local surveillance and response capacities to detect such early signals and to conduct timely risk assessment. To strengthen early warning systems, the value of rum our verification, syndromic surveillance and community-based reporting systems should be emphasized. Education of local health workers will be also vital for early detection and reporting.

- The lack of strong laboratory diagnostic capacity is almost a universal challenge in developing countries in Asia, making it extremely difficult to confirm rapidly whether suspect human cases are due to a novel influenza virus in local settings. The importance of strengthening laboratory capacity was emphasized repeatedly.

- Clear guidelines and protocols, including operational definitions of early signals of a potential pandemic, are not available.

- There is a need to further strengthen multisectoral coordination and collaboration at each level.
In order for rapid containment to be possible in Asia, participants recognized that a number of other important requirements should be met. The various requirements identified and discussed during this session included:

- regional and global stockpiling of antiviral drugs and other needed supplies;
- strong coordination mechanisms at national, regional and international levels;
- mechanisms for rapid risk assessment and quick decision-making, such as national and global task forces;
- logistical and operational arrangements;
- standardized protocols and guidelines;
- information and data management systems;
- training for local, national and international staff;
- an effective risk communication strategy;
- national laws and legislation to support containment measures;
- ethical and liability issues;
- involvement and participation of the private sector;
- research on the effectiveness of antiviral drug prophylaxis and the dose requirements for children;
- establishment and increases in country production capacity for antiviral drugs; and
- agreement on the principles and limitations of the rapid containment strategy.

2.6 Donor response to a potential pandemic threat

Rapid response and containment measures require commitment, involvement and strong support from donor countries and agencies, regional and international organizations, and the private sector. Their efforts are essential components for developing rapid response and containment strategies for a potential influenza pandemic.

Roche:

Roche presented its actions to support global pandemic preparedness and its commitment to supporting rapid containment efforts. Given the limited availability of oseltamivir (Tamiflu®) Roche has taken actions to increase its production and global availability. Roche has reserved 30 million capsules (3 million treatment courses) as a WHO international stockpile for rapid containment, and is currently discussing with WHO a second donation to support the establishment of regional stockpiles.

Japan:

Japan has committed approximately US$135 million to assist Asian countries in preventing and responding to the threat of avian influenza and human pandemic influenza. One of the major components of the contribution will be focusing on strengthening rapid response capacities, including the provision of antiviral drugs and other supplies. There will also be funding to train personnel, strengthen surveillance capacities, improve communication and health education programmes in rural areas, and conduct research. The committed support would mainly be delivered in collaboration with relevant international organizations such as WHO, FAO, the World Organisation for Animal Welfare (OIE) and UNICEF.
United States of America:

The United States endorsed the coordinating role of WHO and its leadership in international health work. The United States has provided financial and technical support to Asian countries and further assistance will be provided to enhance surveillance for rapid detection and improve support for stockpiles of antiviral drugs, personal protection equipment and other supplies. Research on social distancing is currently being conducted. However, the need for coordinated international actions for rapid response and containment activities was emphasized.

Asian Development Bank:

The Asian Development Bank (ADB) has based its response to avian influenza and the risk of a potential human influenza pandemic on the experience of SARS. It estimated that the economic impact of SARS was around US$18 billion in East Asia, and that an influenza pandemic could cause much more significant economic damage. ADB’s response encompasses the principles of capacity building, regional cooperation and coordination, flexible financing and easy disbursement. It is expected that US$38 million for the prevention and control of avian influenza in Asia and the Pacific will be approved by February 2006.

Association of Southeast Asian Nations Secretariat:

ASEAN’s response and coordination mechanisms to combat avian influenza were established with the involvement of various sectors of governments and international agencies. At regional level, various experts and working groups have been directed to establish a coordinated multi-agency and multisectoral approach. There are currently a number of initiatives for regional cooperation and intersectoral coordination in preventing and responding to highly pathogenic avian influenza (HPAI) and other emerging diseases, including the ASEAN HPAI Taskforce.

European Commission:

The European Commission (EC) expressed its concern that the EC is not well-prepared for the next influenza pandemic. The EC shared its recent efforts and activities to improve pandemic preparedness, which include conducting a simulation exercise in November 2005. The EC’s position and commitment will be presented in more detail during the pledging meeting in Beijing, China, in January 2006.

UNICEF:

UNICEF has contributed to preparedness for avian influenza and a potential pandemic through developing and implementing a communication strategy and other efforts. The communication strategy focuses on engaging communities in effective prevention activities and influenza pandemic programme preparedness. The importance of providing appropriate and effective communication during all phases of a pandemic was highlighted. UNICEF also mentioned its experience in solving logistical issues.

2.7 Group discussions

On the second day, participants were divided into three working groups to discuss key issues and challenges relating to different aspects of implementing rapid response and containment measures, and to recommend necessary actions to address those issues.
2.7.1 Working group 1: Early detection and reporting

The success of rapid response measures to contain or delay the spread of a potential influenza pandemic virus depends on several assumptions. One of the most important requirements is that any early signal of an event with pandemic potential can be detected and reported rapidly. That requires very sensitive early warning systems and timely reporting to be in place in all countries. However, the current reality is that early warning systems are still very weak and there are a number of other barriers to reporting potential pandemic events rapidly.

Discussions in working group 1 focused on four main issues, and a selected number of proposed actions are provided under each heading.

Issue 1: Lack of capacity for surveillance and epidemiological investigation

- Develop appropriate systems to detect early signals of a potential pandemic event, such as pneumonia detection, cluster surveillance of acute respiratory syndrome, and influenza-like illness surveillance.
- Develop a clear flow of reporting from the grassroots level to the international level: who, what, when and how.
- Review existing laws or regulations to support the reporting system.
- Provide resources in a timely manner to facilitate the development of capacity for surveillance and epidemiological investigation.

Issue 2: Lack of laboratory capacity

- Promote the use of existing standard laboratory protocols for specimen collection, transportation and testing.
- Develop protocols for the use of mobile laboratories in the field, where appropriate.
- Identify a reference laboratory in the ASEAN region.
- Develop a protocol to address information sharing and intellectual property concerns regarding viral sequencing and other data.
- Ensure minimum diagnostic capacity at provincial level.
- Review and revise regulations to facilitate the rapid transportation of specimens to WHO reference laboratories.
- Ensure that recommended biosafety and biosecurity measures are followed at all levels.
- Ensure that laboratories report results in a timely manner.
- Establish quality assurance programmes, which should be carried out by each laboratory.
- Strengthen donors’ and other international organizations’ support to increase laboratory capacity and train the required human resources.
Issue 3: Barriers to early reporting of events

- Accelerate the implementation of the newly revised International Health Regulations (IHR 2005).
- Conduct training and capacity building regarding early detection and timely reporting in accordance with the IHR (2005) requirements.
- Identify and establish national IHR focal points.
- Ensure voluntary compliance with IHR (2005) as soon as possible.

Issue 4: Lack of established mechanisms to assess the risk of a pandemic

- Develop exercises to test countries' capacities for risk assessment and rapid response.
- Establish a WHO Task Force for risk assessment and recommendations.
- Develop national plans for risk assessment and rapid response, which should be incorporated into national pandemic influenza plans.
- Establish national task forces for rapid risk assessment.
- Provide international assistance to enable implementation of rapid risk assessment and response mechanisms.
- Ensure coordination and collaboration with other sectors, such as agriculture.

2.7.2 Working group 2: Issues and challenges at country level

While rapid containment is recognized as one of the most important rapid response strategies to stop the early spread of a novel influenza virus, it remains untested. However, influenza experts suggest that the measure might succeed, and there is, therefore, growing consensus that every effort should be made to develop and implement the strategy as one means of preventing a pandemic or delaying its international spread. To develop and implement rapid response measures effectively, especially rapid containment at country level, there remain many issues and difficulties.

These issues, as identified and discussed by working group 2, are listed below, with a selection of associated proposed actions.

Issue 1: Policies required for quarantine and social distancing

- Develop policies and legal frameworks for quarantine and social distancing.
- Increase public awareness of necessary actions.
- Strengthen regional and international mechanisms for coordinated intercountry border-control measures.
- Consider the ethical and humanitarian issues associated with quarantine measures.
- Ensure the well-being of people in the quarantine area(s).
Issue 2: Stockpiling for containment purposes

• Create rapid response stockpiles.
• Manage and coordinate national, regional and international stockpiles.
• Establish an international coordinator for stockpiles.
• Develop standardized operating procedures (SOPs) for use of stockpiles.
• Define roles and responsibilities to address all logistical aspects (procurement, transportation, storage, security and distribution).

Issue 3: Effective communication

• Identify national focal points for rapid information sharing.
• Develop a package of outbreak and risk communication messages.
• Develop strategies for effective and transparent risk communication at national, regional and international levels.

Issue 4: Intersectoral coordination

• Strengthen intersectoral coordination to develop and implement the rapid response and containment plan.

Issue 5: Decision-making

• Develop pre-existing guidelines and protocols for implementation (who, what, when, where and how).
• Develop guidelines on antiviral use in different containment scenarios.

Issue 6: Capacity building for rapid response

• Provide training for early response teams.
• Ensure the availability of necessary equipment (including PPE) and reagents.
• Develop training modules for health care workers.

2.7.3 Working group 3: Regional and international coordinated response mechanisms

The experience and lessons learnt from SARS and avian influenza A(H5N1) have clearly demonstrated that no single country has all the capacities to address and respond to significant public health emergencies of international concern, especially those caused by emerging infectious diseases.

In order to implement rapid containment measures to stop the spread of a potential pandemic influenza virus in a timely manner and a coordinated way, one essential requirement is to develop effective regional and international coordinated response mechanisms. Such mechanisms should be designed to allow the international community to make critical decisions quickly. The investment in such an international effort would add long-term value and would
benefit regional and global capacities and preparedness to respond to any emerging infectious
disease threat.

The key issues discussed and actions recommended during the discussion of working
group 3 were as follows:

Issue 1: Coordination of the release and use of various stockpiles
- Develop effective coordination mechanisms for the supply, release and use of
  national, regional and international stockpiles of antiviral drugs and other supplies.
- Develop a detailed operational plan for Japan's contribution to regional stockpiles,
  including the location of the stockpiles and other logistical issues, in consultation
  with ASEAN countries.
- Discuss further the issues in establishing, managing, releasing and using regional
  stockpiles in Asia.

Issue 2: Strengthening capacity for rapid response and containment at country level
- Conduct a quick inventory survey of national operational and logistical capacity for
  rapid response and containment.
- Provide support to strengthen national capacity to implement rapid response and
  containment measures, including training of staff and provision of operational
  support.

Issue 3: Clear guidelines and standard operating procedures
- Develop clear WHO guidelines, standard operating procedures (SOPs) and training
  modules on rapid response and containment.
- Use and adapt WHO guidelines and protocols based on country situations.

Issue 4: Communication and social mobilization
- Develop an effective and feasible communication strategy at country and
  international levels to ensure full implementation of rapid response and containment
  measures.
- Identify and disseminate full, timely and accurate messages to the general public and
  concerned groups about rapid response and containment measures.
- Enhance effective social mobilization efforts to minimize social disruption in the
  country of the outbreak.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

(1) The avian influenza A(H5N1) virus has become entrenched in many parts of Asia, and has also spread to other regions. The virus has caused more than 140 human infections, mainly in Asia, but more recently in Turkey. The H5N1 virus threatens increasingly to cause a pandemic and poses a serious global public health threat.

(2) An influenza pandemic has the potential to cause a health, social and economic catastrophe for the region and the world. Therefore, it is imperative for all countries in Asia and the international community to affirm their shared responsibilities and make every possible effort to prevent a pandemic.

(3) Mounting a rapid response to contain the earliest emergence of pandemic influenza is critical. This requires that any events with pandemic potential are detected and assessed rapidly, and that appropriate decisions and actions are implemented in a timely manner.

(4) Immediate action areas for reducing the threat of an influenza pandemic include:
   - early detection and rapid reporting of any signals of a potential influenza pandemic among humans;
   - development and implementation of a rapid response and pandemic response containment strategy, which should be integrated into national, regional and international influenza preparedness plans; and
   - establishment of coordinated national, regional and international response mechanisms for facilitating such a rapid response.

(5) Top priorities in developing rapid response and containment capability are to strengthen national, regional and international capacities, particularly in the areas of surveillance, epidemiology, laboratory capacity, risk assessment and risk communication and for countries to implement the new International Health Regulations as soon as possible.

(6) Developing the capability to respond rapidly and contain a pandemic in its earliest stages will strengthen basic local, national and international capacities to respond to other public health emergencies of international concern.

3.2 Recommendations

3.2.1 Recommendations to countries

(1) Countries should strengthen national and local capacities to detect and respond to early signals of a potential pandemic and any other public health event. Areas that should be strengthened include:
   (a) disease, virus and other surveillance measures, such as rumour surveillance; and
   (b) increasing community awareness and educating health workers to facilitate early detection and reporting.
Countries are strongly encouraged to comply, as soon as possible, with the provisions of the International Health Regulations (2005) that facilitate early recognition and reporting of events or warning signals of public health emergencies of international concern, such as a potential influenza pandemic.

Countries should notify WHO immediately if early signals of a potential pandemic are detected. Urgent risk assessments of such signals should be conducted in collaboration with WHO.

Countries should share specimens and virus isolates obtained from persons thought to be infected with a novel influenza virus such as H5N1. Those specimens and isolates should be shared with the WHO Reference Laboratory Network in a timely manner. The results of the tests should be reported by the reference laboratories to the originating country and simultaneously to WHO as rapidly as possible.

Countries, with the assistance of WHO, should review and test their relevant protocols and standard operating procedures (SOPs) to identify important gaps and to allow necessary modifications to be made, including those reflecting unique or important considerations related to individual countries.

Countries should identify and address all practical issues including legal, logistical and operational issues that must be addressed to allow full implementation of rapid containment.

Countries should integrate rapid response and containment concepts, strategies and implementation steps into their national pandemic influenza preparedness plans.

Countries should promote and facilitate collection of the scientific evidence needed to further develop an evidence-based strategy for rapid containment measures.

Countries should establish intersectoral coordination mechanisms for national, regional and international partners.

3.2.2 Recommendations to WHO

WHO should, as a matter of urgency, help countries to develop and strengthen their national capacities to detect early signals of a potential pandemic.

WHO and its partners should, as a matter of urgency, help countries to develop or strengthen their local and national laboratory facilities so that early signals of a potential pandemic can be confirmed rapidly. WHO should also continue to strengthen regional and global laboratory networks.

WHO should establish a full-time working group immediately to further develop rapid response and containment strategies and to develop a concrete action plan that proposes protocols, a timeframe, coordination and participation of partners, and other critical elements.

WHO and its partners should, as a matter of urgency, draft a feasible overall strategy and related protocols and SOPs to allow and facilitate a rapid, coordinated and effective response to early signals of a potential pandemic.
(5) WHO, with the assistance of its partners, should develop training modules and programmes to educate and train local and international staff on important concepts, strategies and procedures related to early detection, rapid response and containment.

(6) WHO should, in collaboration with the United Nations Children’s Fund (UNICEF) and other partners, coordinate the development of an appropriate risk communication strategy (including outbreak communication and communication for behavioural change). Appropriate messages should be formulated and provided to the general public and key groups about rapid response and containment, pandemic influenza, and other related and important topics. Such messages must be accurate and should enhance the effective social mobilization necessary to implement important public health interventions.

(7) WHO should establish a decision-making process as part of a rapid response and containment process that includes the establishment and utilization of an external advisory Influenza Pandemic Task Force. The Task Force would consist of public health and influenza experts and its purpose would be to provide an independent assessment of critical events related to pandemic influenza and make recommendations to WHO about responding to the pandemic threat. The Task Force would have a specific advisory role when assessing potential early signals of pandemic influenza.

(8) WHO should use its Global Outbreak Alert and Response Network (GOARN) and other necessary means to identify and mobilize the local and international staff and experts necessary to facilitate and implement rapid response and containment operations. Furthermore, WHO should provide training for those staff to make them as effective as possible in rapid response and containment operations.

3.2.3 Recommendations to other partners

(1) International partners, in collaboration with WHO, should, as a matter of urgency, help countries to develop and strengthen their national capacities to detect early signals of a potential pandemic.

(2) International partners, such as UNICEF, should help develop communication strategies and appropriate materials in collaboration with WHO and countries.

(3) Japan and countries of the Association of Southeast Asian Nations (ASEAN), in collaboration with WHO, are asked to develop a detailed operational plan on stockpiles, including antiviral drugs, and to share information on the operational plan with other Asian countries.

(4) All partners creating multinational stockpiles for rapid response should coordinate the supply contents and their release and use for rapid containment and potential other uses.
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PROVISIONAL AGENDA

Day 1

08:00 – 09:00 Registration

09:00 – 09:30 Opening session
- Chaired by Dr Takahiro Shinyo, Director General for Global Issues Department, Ministry of Foreign Affairs (MOFA), Japan; and
Dr Takashi Toguchi, Assistant Minister for Technical Affairs, Ministry of Health, Labour and Welfare (MHLW), Japan

- Honorable Mr Katsutoshi Kaneda, Senior Vice-Minister, MOFA, Japan
- Honorable Kyoko Nishikawa, Parliamentary Secretary, MHLW, Japan
- Dr Shigeru Omi, Regional Director, World Health Organization, Western Pacific Regional Office (WHO/WPRO)

09:30 – 09:40 Group Photo

09:40 – 10:00 Coffee break

10:00 – 12:00 Session 1 – General overview
- Chaired by Dr Toguchi (MHLW, Japan) and Dr Shinyo (MOFA, Japan)

- Objectives of the meeting (Dr Babatunde Olowokure, WHO/WPRO)
- Pandemic influenza threat and options for response – (Dr Keiji Fukuda, WHO/HQ)
- Coordinated approach for responding to early pandemic events - Different steps and possible major issues in each step (Dr Hitoshi Oshitani, WHO/WPRO)

12:00 – 13:30 Lunch
13:30 – 15:00 Session 2 – Country presentations
- Chaired by Dr Eiichi Seki, Director for Blood and Blood Products Division, MHLW, Japan

Issues and challenges in affected countries for early response
  - Cambodia
  - China
  - Indonesia
  - Thailand
  - Viet Nam

15:00 – 15:30 Coffee break

15:30 – 17:00 Round table discussion on early response to potential pandemic
- Chaired by Dr Seki, MHLW, Japan

Discussions may focus on the following
  - Key issues on early detection and reporting
  - Major issues and obstacles at country level (based on country presentations)
  - Key issues on regional and international coordinated response mechanisms
  - Major requirements for implementing rapid contaminant strategy in Asia

18:00 – 20:30 Reception hosted by the Japanese Government

Day 2

08:30 – 09:15 Session 3 – Donor presentations
- Chaired by Dr Shinyo (MOFA, Japan) and Dr Toguchi (MHLW, Japan)

- Brief description of plans of donors/partners
  - Roche
  - Japan
  - United States
  - Asian Development Bank
  - ASEAN

09:15 – 09:30 Instruction for group discussions (WHO)
- Chaired by Dr Seki, MHLW, Japan

09:30 – 10:30 Group discussions

- Group 1: Early detection and reporting (Rapporteur: WHO/WPRO)
- Group 2: Issues and challenges to implement rapid response measures at country level
  (Rapporteur: WHO/SEARO)
- Group 3: Regional and international coordinated response mechanisms
  (Rapporteur: WHO/HQ)

10:30 – 11:00 Coffee break
11:00 – 12:00  Group presentations and plenary discussions  
  - Chaired by Dr Seki, MHLW, Japan

12:00 – 14:00  Lunch

14:00 – 15:30  Conclusions and recommendations  
  - Chaired by Dr Seki, MHLW, Japan

15:30–15:45  Closing ceremony  
  - Chaired by Dr Toguchi (MHLW, Japan) and Dr Shinyo (MOFA, Japan)