Pandemic influenza preparedness and mitigation in refugee and displaced populations

Training resources for facilitators
(2) Pandemic influenza fact sheet

World Health Organization
Influenza pandemics are recurrent events.

About ten pandemics in the past 300 years.
Pandemic phases and areas of action

- **Pandemic preparedness**
  Phases 3-5
  → focus on actions 1 to 3

- **Pandemic mitigation**
  Phase 6
  → focus on actions 2 to 4

* Health care facility

**AREAS OF ACTION**

1. Strengthening surveillance/early warning
2. Informing and mobilizing the community
3. Infection control (home and HCF*)
4. Case management (home and HCF*)
Prioritize (1)

During a pandemic, you can only do as much as you have prepared for:

**WHAT TO DO NOW**

- Promote respiratory etiquette/hand hygiene through social mobilization
- Infection control in HCFs
- Strengthen surveillance/early warning and response
- Review level of spare supplies, identify weak points in supply chains, assess community treatment for pneumonia
- Training
- Concrete plans of action (home, HCF, distribution of essentials)
- Stockpile small stocks (personal protective equipment, antivirals) for health staff
- Identify sources for stockpiles of medications and supplies / personal protective equipment for 10 to 15% of population
Prioritize (2)

AS RISK OF PANDEMIC INCREASES

- (eg moving from phase 3 upwards), move stockpiles closer to end user:
- Stocks for 10 to 15% of the population at least at a central level in the country
- Initial stocks moved peripherally with mechanisms for ongoing procurement

PANDEMIC WITHOUT PREPAREDNESS – focus efforts on

- Social mobilization to promote respiratory etiquette/hand hygiene and keeping physical distance from others (social distancing)
- Infection control in HCFs
- Supportive case management at home and in HCFs
Commonest transmission mechanism

- Exposure to **large** particle (>5 µm) **respiratory droplets** when someone coughs or sneezes.

- These travel only **short distances (usually 1 m or less)** through the air.
  - The droplets do not remain suspended in the air
  - Transmission via large-particle droplets requires close contact between source and recipient individuals.
Other transmission mechanisms

- **Self-contamination through hand-to-nose, hand-to-eye, hand-to-mouth transmission**
  - important, but secondary to direct large droplet respiratory transmission.
  - after touching virus-contaminated clothes, objects, surfaces, or skin/hands of another person, AND then touching own nose, eye or mouth.

- **Small particle transmission at several metres**
  - Can be suspended as small particles in air (but only with procedures such as suction, aspiration, intubation…).
Key measures...

- Respiratory etiquette (Cover coughs and sneezes)
- Social distancing (Keep your distance)
- Hand hygiene (Wash hands)
Keep calm, keep others calm

- STOP
- THINK
- OBSERVE
- PLAN

Fear, misinformation and chaos, may do more harm than the disease itself