

Responding to influenza pandemic (H1N1) 2009

Basic guidance
for National Societies

YOUR BEST DEFENCE IS YOU.



WASH YOUR HANDS.



COVER YOUR MOUTH.



KEEP YOUR DISTANCE.



SEPARATE YOUR SICK.



DISPOSE OF YOUR WASTE.



International Federation
of Red Cross and Red Crescent Societies

The International Federation's Global Agenda (2006–2010)

Over the next years, the collective focus of the Federation will be on achieving the following goals and priorities:

Our goals

Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Goal 4: Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

Our priorities

Improving our local, regional and international capacity to respond to disasters and public health emergencies.

Scaling up our actions with vulnerable communities in health promotion, disease prevention and disaster risk reduction.

Increasing significantly our HIV/AIDS programming and advocacy.

Renewing our advocacy on priority humanitarian issues, especially fighting intolerance, stigma and discrimination, and promoting disaster risk reduction.

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2009

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Table of contents

Introduction _____	2
A/ Goal _____	2
B/ Background _____	2
Elements of guidance for National Societies _____	4
A/ Helping your National Society: business continuity planning (BCP) _____	5
B/ Helping your staff and volunteers: protective measures _____	6
C/ Helping your communities: effective pandemic mitigation and response _____	10
Coordination _____	12
Sustainability _____	12
Additional information _____	12



The Humanitarian Pandemic Preparedness (H2P) program is a collaborative effort, led by the International Federation of Red Cross and Red Crescent Societies, in partnership with UN agencies and NGOs to reduce excess preventable mortality and morbidity by undertaking preparedness and response measures.

Responding to influenza
pandemic (H1N1) 2009

Basic guidance for National Societies

Introduction

A/ Goal

This document has been developed by the International Federation of Red Cross and Red Crescent Societies (IFRC) influenza unit as guidance for National Societies. This document should not be considered as a comprehensive approach for influenza pandemic preparedness and response, nor an assurance of funding by the IFRC. It is however a basic technical guidance document and will provide the main recommended activities the National Society can undertake. Additionally, this basic guidance is part of a global plan the IFRC is putting in place:

- The secretary general of the IFRC has sent a letter to all National Societies to stress the urgency of the pandemic situation. The letter will describe the IFRC's global approach and urges National Societies to strengthen their auxiliary role with their governments (> **Annex 1**).
- A call to action was issued on 17 August by the WHO, IFRC, UNSIC, OCHA and UNICEF, who, prompted by the humanitarian imperative, will work with partners such as the Red Cross and Red Crescent Societies, non-governmental organizations (NGOs) and civil society to help governments and communities reduce the impact of the influenza pandemic (H1N1) 2009 (> **Annex 2**).
- A communication and media campaign has been developed as a set of information tools for National Societies to advise the public on simple actions that will help to prevent individuals from catching and spreading the Novel influenza A (H1N1) virus (> **Annex 3**).
- A web-based e-learning package aimed at informing National Societies' staff and volunteers but can also be accessed by the public. The e-learning package will give better information and understanding of the pandemic, its causes and consequences, and what can be done about it.

The communication campaign and the e-learning package can be accessed at www.bestdefence.org.

The information has been collected from different sources, including IFRC, WHO and humanitarian pandemic preparedness (H2P) partners (CORE, AED, InterAction, UN system). With this contribution, we hope to help National Societies to reduce excess preventable mortality and morbidity by undertaking preparedness and response measures through maximizing their available capacities.

B/ Background

Influenza is an acute viral infection that circulates worldwide and can affect anybody. It is a serious public health issue. There are different types of influenza viruses.

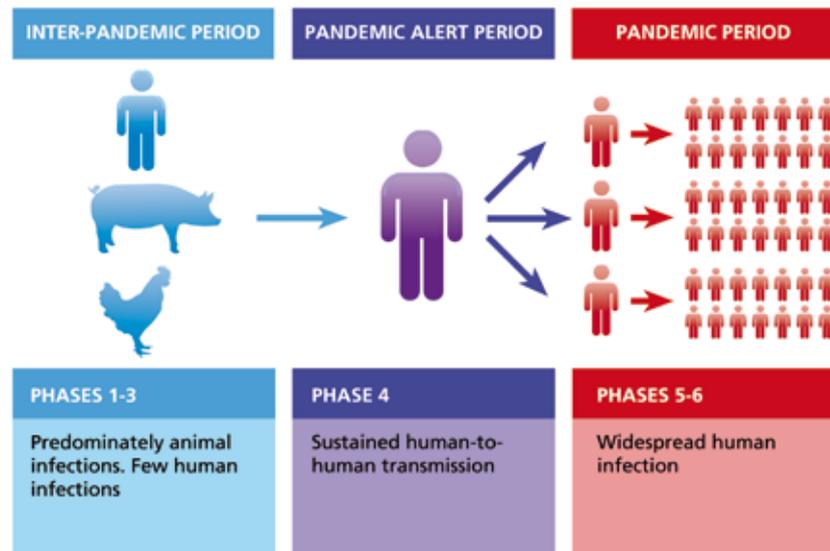
Seasonal influenza is a contagious respiratory illness caused by influenza viruses occurring every year. Epidemics of seasonal influenza happen every year and result in 3-5 million cases of severe illness and between 250,000 to 500,000 deaths globally (WHO).

All influenza viruses change constantly.

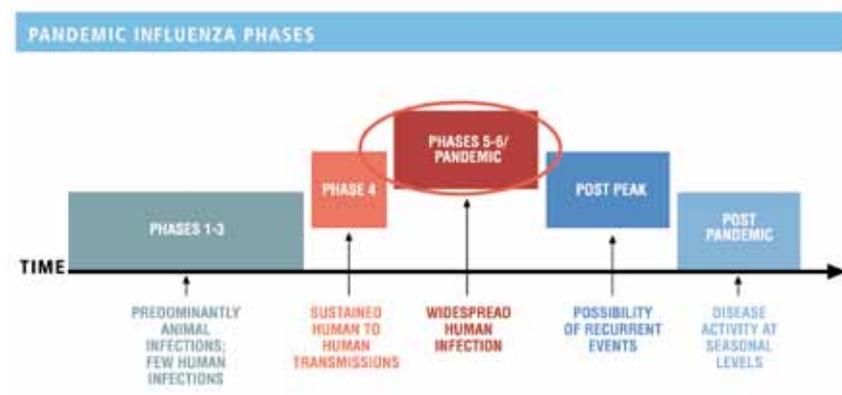
An influenza pandemic occurs when a new form of an influenza virus forms

and starts spreading globally. Because it is a new virus, people have little or no immunity to it and therefore, it is transmitted easily. People are also more likely to become seriously ill in a short period of time. Previous influenza pandemics occurred in 1918, 1957 and 1968 and have led to widespread disease and death. Influenza pandemics usually go through subsequent waves.

The world is now facing a pandemic caused by the novel influenza A (H1N1) virus (commonly referred to as “swine flu”). It is a mix of avian, human and swine flu viruses that have “re-assorted” to form a new influenza virus. Experts still report a lot of uncertainty on the development of the current pandemic. It is important to keep getting informed through the media and following regular official updates with IFRC, local governments, WHO, CDC etc.



On 11 June 2009, WHO declared phase 6 of the influenza pandemic, which is characterized by human-to-human spread of the virus in at least two countries in one WHO region and at least one other country in a different WHO region.



Phase 6 does not describe the severity¹ of the sickness, but rather its geographical spread among humans. WHO has characterized the first wave of the current pandemic as moderate, but this can change over time. However, many other factors influence the overall severity of a pandemic’s impact, such as today’s highly mobile and closely interdependent societies. The same virus that causes mild illness in one community can result in much higher morbidity and mortality in another.

Although early treatment of the illness with anti-virals can be effective, and a vaccine may be available in September/October, both are unlikely to meet all demands. Non-pharmaceutical interventions and community-based action are essential to reduce transmission.

¹ WHO Assessing the severity of an influenza pandemic – 11 May 2009 (http://www.who.int/csr/disease/swineflu/assess/disease_swineflu_assess_20090511/en/index.html)

Elements of guidance for National Societies

There is little time to prepare National Society staff and volunteers as the influenza pandemic has been already declared, but being prepared for a pandemic will help to reduce public panic and anxiety when a national outbreak occurs.

Each National Society needs to first set up a business continuity plan (BCP) to ensure essential services and guaranty the protection of staff and volunteers during the pandemic.

First and foremost, the National Society will need to maintain service to their beneficiaries according to the Red Cross Red Crescent mandate. As auxiliary to their governments, National Societies assist in different areas, including support to health activities. Through their vast network of volunteers, National Societies will assist communities for effective pandemic mitigation and response.

A Helping your National Society: business continuity planning (BCP)

In each National Society, senior management should take quick decisions to sustain and continue core business activities and ensure the safety of their own staff and volunteers in the event of a crisis such as a pandemic. If not already done, creating a BCP for pandemic is one step of a larger process called business continuity management (BCM) that includes:

- Assigning an individual or team responsible for seeing the project to completion
- Developing a critical incident management protocol to manage the organizational response to the pandemic
- Conducting a risk assessment to determine the existing threats to the organization and a business impact analysis
- Developing crisis-specific BCPs for the threats that have been identified in the risk assessment
- Training, exercises and review of plans to maintain a permanent state of organizational readiness.

A BCP may vary in complexity and detail depending on the organization and activities that must be sustained. Given the extremely short timelines to prepare for the influenza pandemic (H1N1) 2009, National Societies are advised to focus on two elements – a critical incident management protocol and a matrix of critical functions and services. With these two elements in place, staff should be able to continue working towards established objectives, even if their capacity has been diminished.

> **Annex 4: BCM a quick reference guide**

The critical incident management protocol will identify and define the role of a critical incident manager. The position should have clear authorities to commit the appropriate personnel, equipment and finances to ensure an effective and timely response to the crisis.

In addition, the organization must identify its strategic priorities – i.e. what it wants to achieve during the crisis. These priorities will determine what critical functions must be sustained during any disruption. This process can be broken down into a series of seven questions/elements, best captured in the following organizational matrix.

> **Annex 5: BCP matrix used by the secretariat in Geneva.**

Before implementing a BCP, the plan must be clearly communicated and explained to staff to ensure it is well known and understood by all, particularly those designated as essential staff. The BCP should be tested and revised and should include roles and responsibilities with partners and other stakeholders.



Helping your National Society: business continuity planning (BCP)

B Helping your staff and volunteers: protective measures

Each National Society needs to discuss and manage the issue of liability and protection of volunteers in the influenza pandemic preparedness and response. Rules and code of conduct sends an important message that the National Society takes its responsibilities towards volunteers seriously. In turn, volunteers must take their responsibilities abiding by these rules.

It is important for a National Society to have appropriate insurance policies for accident and liability. The insurance might be needed to pay compensation to volunteers or their families if they become sick or died. Equipment and protective materials should be provided. The programme manager needs to be sure that volunteers receive necessary and updated information, training, supervision, personal and technical support.

As of August 2009, pregnant women and people aged between 25 and 64 with chronic health disorders or compromised immune systems have been identified to be the most at risk groups who may develop a more severe illness. Therefore, they should not participate in any response activities, even if they are provided with personal protective equipment.

Additionally, volunteers and staff need to consider their own risk analysis in terms of their activities and can decide whether or not to participate in the National Society response activities. The volunteers' psychological needs and stress management should be considered as part of the support and protection provided by the National Society.

Personal hygiene and prevention

Both personal hygiene and prevention are essential to stay safe and healthy. There are several steps that can be taken to greatly reduce the risk of infection. Some of these are the common preventive behaviours that all of us are already aware of:

- Cover your coughs and sneezes (with tissue, cloth or elbow)
- Wash your hands frequently and in the recommended manner
- Keep your distance (stay at least one or two metres away from others)
- Separate sick people (keep them at home and away from others)
- Properly dispose of used tissues and other exposed materials.

> ***These messages have been included in a global communication campaign launched by the IFRC in August 2009. The campaign includes posters, leaflets, a script for radio spot, a 30 second animated video clip and guidelines to National Societies (Annex 3).***

A tool kit have been developed for staff and volunteers, it can be found at the following internet links:

http://www.ifrc.org/Docs/pubs/health/H1N1_tool_kit-en.pdf

Helping your staff and volunteers: protective measures



Jorge Perez/IFRC

Personal protective equipment (PPE)

A PPE kit usually contains:

- A mask which complies with N95 or FF2P standard
- Gloves (standard disposable examination latex glove, non-sterile)
- Disinfectant gel (alcohol based or water based with chlorhexidine one per cent)
- Disposable gown for volunteers as first responders only

For optimal protection, it is not recommended to wear the mask for more than one day, only wear it when in close proximity of suspected ill persons or in crowded areas. The patient should at all times wear a mask (or a scarf) when anyone is in close proximity and dispose of it (and tissues) properly.

The use of gowns should be restricted to persons visiting or caring for the ill.

> *Annex 6: Guidelines for using face and respiratory masks*



José Manuel Jiménez/IFRC

**Helping your staff and volunteers:
protective measures**



Helping your staff and volunteers: protective measures

Pharmaceutical interventions

Although early treatment of the illness with anti-virals can be effective, and a vaccine may be available in September/October, both are unlikely to meet all demands. Non-pharmaceutical interventions and community-based action are essential to reduce transmission.

Anti-virals: Much reliance is being put on the use of anti-virals (Oseltamivir, known as Tamiflu® or Zanamivir, known as Relenza®) for early treatment and not for prevention. Refer to your National Ministry of Health for guidance and recommendations.

Vaccines: As of August 2009, the H1N1 vaccine is still not available. Governments have started ordering strategic required quantities. Refer to your National Ministry of Health for information.

There is some possibility that the vaccine will initially be available in limited quantities. Although this might change as the situation evolves, the Center for Disease Control (CDC) has identified five target groups that should receive the vaccine before others²:

- pregnant women
- people who live with or care for children younger than 6 months of age
- health care and emergency services personnel with direct patient contact
- children aged six months through to four years of age
- children aged five through to 18 years of age who have chronic medical conditions.

Additionally, other people who can be at higher risk to developing a more severe disease are:

- people with underlying illness
- people living in crowded or closed settings
- people with poor access to health care
- people who suffer from obesity

It is still recommended to advise people to get the seasonal influenza vaccination when and where available.

Personal stockpiling

Stockpiling measures are recommended to cover basic needs in terms of foods and fuel supplies. These measures are highly encouraged if a severe pandemic wave is expected, as it might lead to major social disruption. While we acknowledge that stockpiling might be difficult, it is recommended that individuals maintain a minimum of 14 days' supply of food, water and fuel reserves. The following is a list of what should normally be kept in stock. You should feel free to expand or adapt the list according to local needs and standards:

- Stocks of water and food are most important
 - > separate drinking/cooking-water and water for washing
 - > a good option would be canned or dry food as it can be stored for a long time and doesn't need refrigeration

2 <<http://www.cdc.gov/media/pressrel/2009/r090729b.htm>>

- Hygiene items such as toilet paper and soap
- Communication equipment (radios, mobile or satellite phones, etc.)
- Power supply – generator, batteries for torches and radio
- Fuel stocks – both for generator and fire fuel (gas, firewood, etc.)
- Lighting, including torches and spare batteries, candles and matches
- Medical and first-aid kits
- Plastic rubbish bags.

Others

People should be advised to stockpile sufficient quantities of the medicines they are used to taking, in addition to a few over-the-counter drugs. Special attention should be paid to pneumonia, which is the most serious side-effect of influenza. Access to antibiotics for treatment should be ensured.

If staff or volunteers have any suspicion of flu symptoms (cough, sneeze, fever, diarrhoea), they should stay at home and seek medical advice by contacting their doctor preferably by phone. Put on a mask to protect others from getting the disease and avoid public areas.

For any country specific information and travel recommendations, visit the following website:
www.internationalsos.com (code: 22AMMS000091)



**Helping your staff and volunteers:
protective measures**

C Helping your communities: effective pandemic mitigation and response

The following provides a list of possible and likely activities that National Societies may choose to prepare and respond to the pandemic.

To describe a pandemic situation in a specific country, the IFRC has categorized three stages. These are: i) countries not affected by the pandemic; ii) countries affected with no sustained community transmission, and iii) countries with sustained community transmission.

Planning and activities will depend on the stage the country is in, with mainly preparedness activities in the earlier stages and response activities in later stages.

> Annex 7: Pandemic mitigation and response country planning matrix

The matrix describes the different stages and related activities or groups of activities that may be included in the planning. Summary is below:

- **Effective country planning:** an operational plan developed to ensure an effective and coordinated response to the influenza pandemic. The plan integrates socio-economical, religious and cultural aspects. It also includes roles, responsibilities and coordination mechanisms between all stakeholders, including government authorities, UN agencies, NGOs, community leaders, private sector etc. The plan considers health, food security and livelihoods of communities
- **Business continuity plan:** to work out how to sustain and continue core business activities in the event of a crisis or disaster
- **Protection of staff and volunteers:** each National Society needs to discuss and manage the issue of liability and protection of volunteers in the influenza pandemic preparedness and response
- **Advocacy:** as auxiliary to their governments, National Societies will need to play an active role to sensitize local authorities (Ministry of Health, Education, Defence...), NGOs, UN agencies and others about the need for a coordinated network with clear roles and responsibilities. A call to action has been developed by the IFRC, WHO, OCHA and UNICEF to support National Societies. In addition, some advocacy guidance materials have been developed by H2P partners (Drawing Attention to Pandemic Influenza through Advocacy³)

**Helping your communities: effective
pandemic mitigation and response**

- **Training:** materials are available to conduct such training for community responders, volunteers and staff (Annex 8) as well as for district and community leaders (Annex 9). Each National Society will need to adapt the curriculum to the country context in line with government policies. Trainings of trainers will be conducted for selected volunteers who will in turn train more volunteers and health workers as first responders at the community level. In stage three, the training will be scaled up to ensure maximum coverage of the national territory.
 - > **Annex 8: H2P facilitator's guide – Community Planning and Response Curriculum**
 - > **Annex 9: H2P facilitator's guide – Community Planning and Response Curriculum**
- **Communication and health promotion:** according to WHO, the influenza pandemic can no longer be contained, and antivirals and vaccines might not be sufficient or available. Therefore, non-pharmaceutical interventions at the community level throughout all branches can reduce transmission. The five key messages from “b. protection of staff and volunteers” section also apply to communities. These messages have been included in a global communication campaign launched by the IFRC in August 2009 (> Annex 3). WHO and UNICEF have developed a framework for communication strategies (Behavioural interventions for reducing the transmission and impact of influenza A (H1N1) virus⁴)
- **Food security and livelihoods:** during a severe wave of a pandemic, social and economical disruption will most likely happen. This situation will threaten food access and livelihoods of the most vulnerable. Plans for intervention on food stockpiling (in a safe environment) and distribution should be envisaged. Messages to communities on identifying alternative sources of food should be disseminated
- **Care for the ill with influenza and referral to health facilities:** each National Society is in charge of developing and deciding the role and scale of volunteers' involvement as first responders by ensuring adequate training, personal protection (PPE, health insurance...) and clear updates on official health facilities status. Volunteers' involvement should be monitored and adapted according to the evolving situation in the country. It is most likely that bacterial pneumonia will be one of the most frequent side effects of influenza, appropriate preparedness measures should be undertaken. In addition, people with chronic diseases such as HIV, tuberculosis and other respiratory diseases should also be identified as a priority

3 http://www.pandemicpreparedness.org/uploads/PanFlu_Advocacy_Guide_6068.pdf

4 http://www.pandemicpreparedness.org/uploads/WHO_Unicef_Behavioural_interventionsH1N1_6109.pdf



**Helping your communities: effective
pandemic mitigation and response**

Coordination

Coordination between the National Society, government, UN, NGOs and private sector should be promoted to ensure common understanding and acceptance of the influenza pandemic impact in-country. The National Society will coordinate through adequate mechanisms such as steering committees, platforms, technical working groups etc. Guidance, messages and specific activities, commonly agreed between all stakeholders, will be disseminated to staff and volunteers at headquarters, governance, regional centres and branches.

Sustainability

Since many of the preventive messages are related to activities we find in regular programmes, such as Community Based Health and First Aid (CB-HFA), Epidemic Control for Volunteers (ECV) and Community Based Disaster Preparedness (CBDP), the country-level coordination of an influenza programme should, ideally, be incorporated into these regular programmes maintained by the National Society. Such incorporation would not only be logical but also safeguard that the “message” sustainably continues long after the current crisis.

In addition, advocacy with local authorities could lead to change in government contingency planning, incorporation of behavioural changes and personal hygiene measure in communities, schools, gatherings etc.

Finally, all networks and coordination mechanisms created during the pandemic crisis, would last beyond the crisis and be valuable for any other disaster.

Additional information

For further information, please visit the following websites:

<http://www.ifrc.org/what/health/relief/influenza.asp>
www.bestdefence.org
www.pandemicpreparedness.com
<http://www.who.int/csr/disease/swineflu/en/index.html>
www.unicef.org/influenzaresources
http://www.coregroup.org/index.php?option=com_content&view=article&id=8:h2ppreparedness
<http://www.avianflu.aed.org/>
www.cdc.gov/flu/
www.cdc.gov/swineflu
[http://www.ecdc.europa.eu/en/healthtopics/Pages/Influenza_A\(H1N1\)_Outbreak.aspx](http://www.ecdc.europa.eu/en/healthtopics/Pages/Influenza_A(H1N1)_Outbreak.aspx)
www.flu.care.org

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

If you have any questions, please send an email to the International Federation's Secretariat at influenza.committee@ifrc.org or contact your zone office:

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The International Federation of Red Cross and Red Crescent Societies promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.



**Our world is in a mess.
It's time to make your move.**
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