Preparing for the next flu pandemic



MINISTRY OF HEALTH

SINGAPORE

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Pandemic Planning Assumptions

- Two or more waves in same year or in successive flu seasons
- Second wave may occur 3-9 mths later; may be more serious than first (seen in 1918)
- Each wave lasts about 6 weeks

Estimates of cases in a pandemic

- Attack rate of 25%
- > 450,000 do not need care
- > 550,000 outpatients
- > 11,000 hospitalised
- > 1,900 deaths

Singapore's Pandemic Plan

- > Surveillance.
- Response & Impact Mitigation.
- Vaccinate population.

Surveillance

- Detect importation, occurrence as early as possible.
- > External surveillance.
- > Internal surveillance
 - Community ARIs, viral isolation
 - Atypical pneumonias
 - Unexplained deaths + respiratory illness
 - Lab diagnosis PCR

Response & Impact Mitigation

Desired Outcomes

- Minimise disruption to economy and society
- Maintain essential services
- Reduce morbidity and mortality through treatment of influenza-like cases
- Slow down and limit the spread of influenza to reduce the surge on healthcare system

Vaccinate Population

- Obtain vaccines as soon as possible.
- Vaccinate entire population.
- Designated vaccination centres.

- Concept
 - Colour-coded Risk Management approach
 - Green animal disease [WHO 1,2,3]
 - Yellow inefficient human-to-human transmission, small cluster [WHO 4]
 - Orange larger cluster, more efficient H to H transmission, but still limited [WHO 5]
 - Red pandemic; widespread infection [WHO 6]
 - ■Black high mortality, morbidity

- Concept
 - Green/Yellow/Orange -- Effective surveillance to detect the importation of cases with a novel influenza virus;
 - Ring-fence cases through isolation of cases and quarantine of contacts.
 - Tamiflu prophylaxis.

Yellow-Orange

- High risk of importation of cases
- Border control e.g. temp screening (effectiveness?)
- Infection control in health care system
- Quarantine facilities
- Info management

Pandemic – Red : Mitigate consequences of 1st wave

MOH

- Maintain essential services Tamiflu prophylaxis.
- Treatment of cases with ILI in Flu clinics. Role of other GP clinics – manage other cases.
- Public sector hospitals handle flu cases, augmented by selected community hospitals. All elective work cease.
- Private sector hospitals manage other cases.
- Tight infection control in healthcare institutions.

Pandemic – Red : Mitigate consequences of 1st wave

Whole of Govt

- Social distancing to be considered e.g. close schools, child care centres, ban public gatherings (e.g. cinemas, concerts), limit travel.
- Strong public communications.

- Pandemic BLACK : Mitigate consequences of 1st wave
 - Public health considerations take precedence.
 - Social distancing measures ban on public gatherings.
 - Additional health care facilities.

> Post 1st wave:

- Prepare for next wave.
- Vaccine may not come before next wave.
- Increased resistance to antivirals.
- Health care system remains on alert; maintain infection control measures.
- Use of recovered staff.
- When to relax social distancing measures.

Business Continuity Plan

> GREEN:

Maintain situation awareness, develop BCP, preparedness training

> YELLOW/ORANGE:

 Educate staff on good personal hygiene, implement infection control measures, temperature checks, increase cleaning of work areas, limit staff travel to affected areas

Business Continuity Plan

- > Pandemic RED/BLACK
 - Implement BCP
 - Update staff about MOH directives, don't report to work if sick but go to Flu clinics instead
 - Contacts self-quarantine, monitor for fever
 - Limit social gatherings, increase social space, consider telecommuting, no travel to affected countries

"... The Perfume Filling the Air Could Have Come From Paradise ..."

"Kangaree" - D.H. Lawrence.





Thank You

www.flu.gov.sg www.moh.gov.sg