

Pandemic Influenza Preparedness in Chinese Taipei

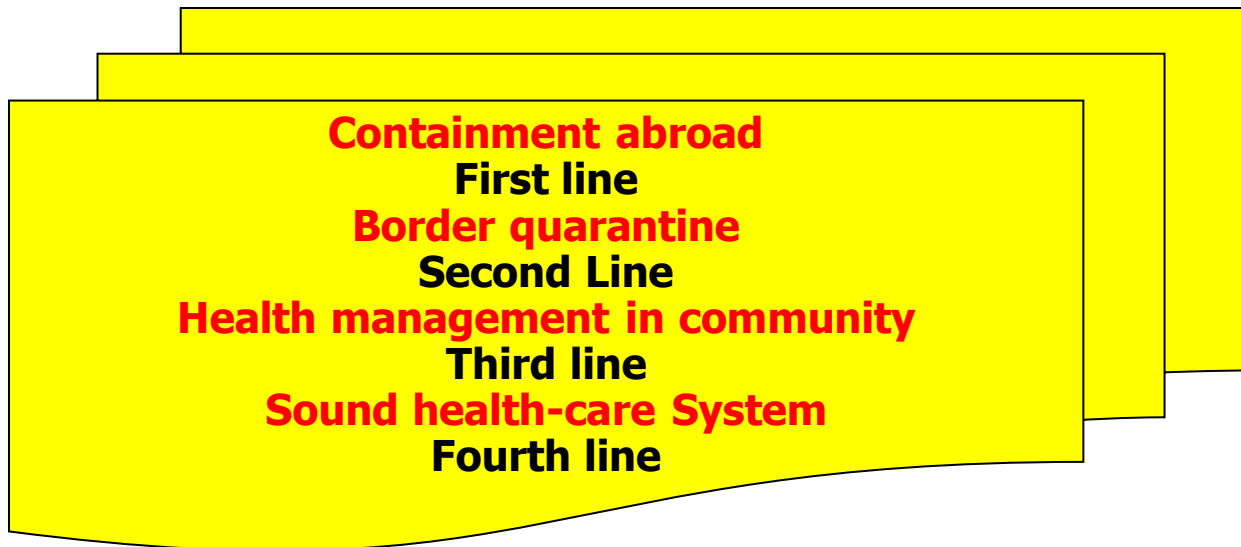
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Department of Health
Chinese Taipei
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Topics of Interest

- Critical functions
- Tabletops or other preparedness exercises/drills
- Enhanced surveillance
- Surge capacity
- Stockpiling
- Public education on pandemic influenza
- Business continuity

Critical functions

- 4 Lines of Defense
- 5 stages of pandemic influenza
 - Stage 0, A1, A2, B, C
- National preparedness plan



Tabletops or Exercises/Drills

- Tabletops:
 - Leadership, communication and system
 - By different mobilized levels (0, A1, A2, B, C)
 - July 2005 (0, A1, A2), December 2005 (B,C)
- Small-scale field exercises
 - Poultry industries
 - Response to an Animal Avian Influenza Outbreak
 - Patient transportation
 - Designated shelters
 - Operation
 - Patients sorting and beds arrangement
 - Transportation
 - Health care providers
 - Family support from video communication

Enhanced Surveillance

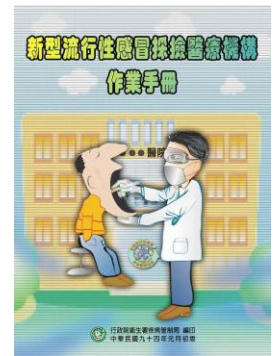
- animal health inspection

- The Bureau of Animal and Plant Health Inspection and Quarantine (BAPHIQ) , Council of Agriculture
 - Animal Health Research Institute for routine diagnosis
 - smuggled birds, migratory birds, chickens, ducks, geese, pigs
 - Strengthening import quarantine inspection
 - Vaccinating and educating poultry farm workers
 - Frequency, and spectrum according stage
- Taiwan is currently a HPAI free country
 - Only was H5N2 strain detected in January 2004
 - One farm in Changhwa prefecture,
 - One farm in Chiayi prefecture
 - Over 370 thousand poultry in the two farms were culled

Enhanced Surveillance

-novel influenza as notifiable

- Establish active surveillance network
 - 485 certificated sampling clinics
 - For **early detection, early intervention**
- If A type, non-H1, H3
 - Case will be sent to isolation room
 - Contact tracing: quarantine and prophylaxis
- **No human avian influenza case**
 - 2004 till now: total 91 persons
 - 4 H3, 3B, 84 negative



Surge capacity

- Infectious Disease Control Hospital Network :
 - 23 hospitals, one/county
 - 546 negative pressure isolation rooms
 - PPE preparation
 - A1: 30 days
 - A2: 30 days
 - C: 12 wks
- According to the Acts we are enabled to mobilize
 - All-out defense and mobilization preparedness act
 - Disaster response and prevention act
 - Infectious disease control act
- Pre-event: well training

Stockpiling

- Oseltamivir (Tamiflu)
 - For 2.8% population this February
 - Goal quantity: 10% population in June 2006
 - Self-manufacturing ability (by NHRI)
- Flu Vaccine
 - 2005-2006 seasons: 2.15 million (**9.5 %** population)
 - half of persons aged over 65 and aged 6 m/o~2y/o
 - 94.7% of health care workers and 92.7% of poultry workers
 - H5N1 vaccine under R &D
- Protective personal equipment
 - N95: 3.6 million pieces, stage B **107 days**
 - Protective clothing: 4.6 million, stage B **37 days**
 - Plain mask: 24.9 million, stage B **44 days**

Public Education

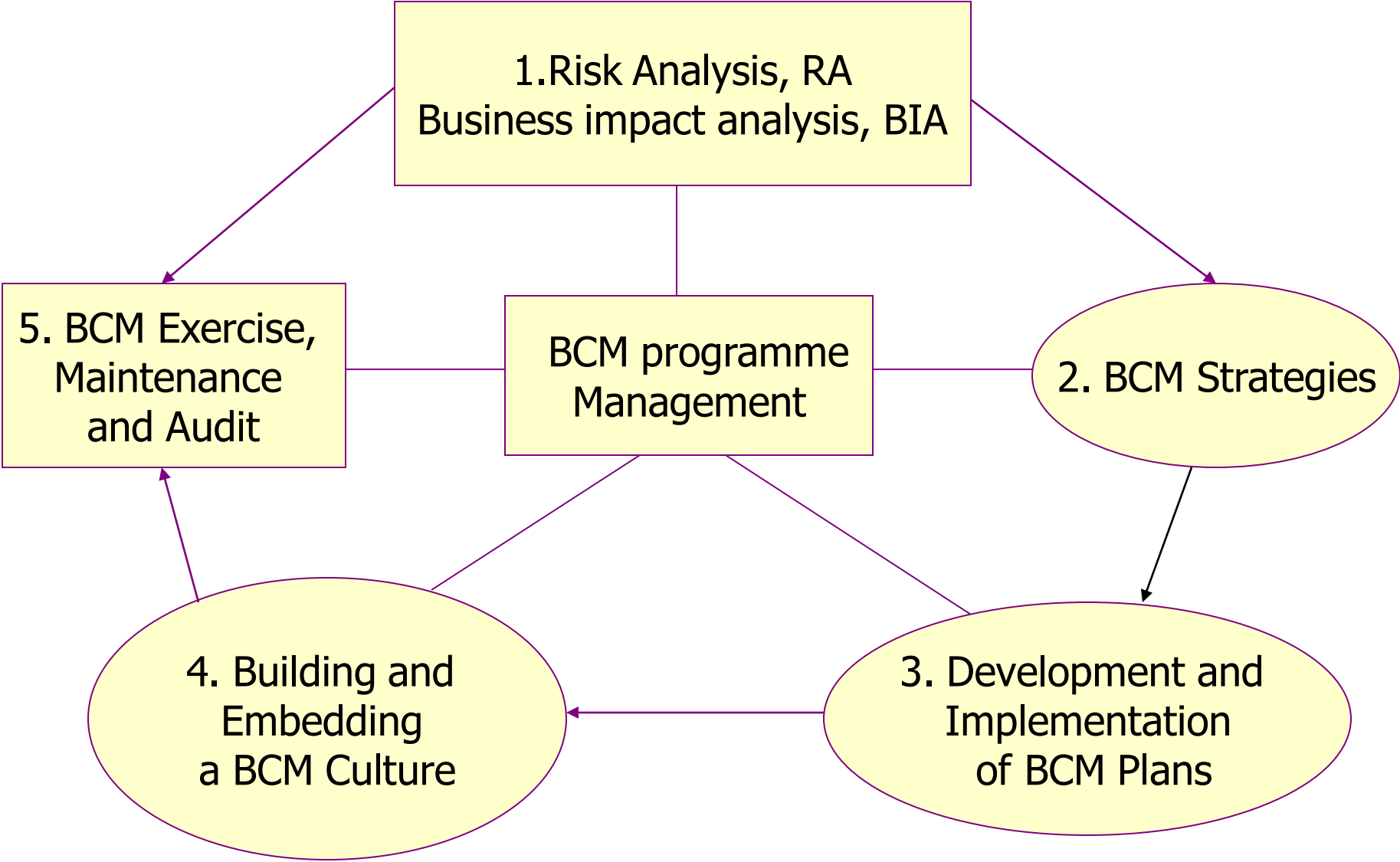
Full community mobilization

- Cooperate with
 - local NGOs, organization, society
- 100 Thousand Public Health Volunteers
 - seeds in the community
 - organize and mobilize as military troops
 - training with standardized materials and courses
 - whole-of-society response

Business continuity

- Communication and Education
 - (stage 0)
 - Web-based, mass media
 - Employers:
 - understand disease mechanism and their business
 - Preparedness Team
- Alert Warning
 - (stage A1, A2)
 - Announce the BCM plan and related control measures
 - Backup manpower for staff absences
 - Shortage of supplies
- Initiate Business continuity management
 - (stage B,C)
 - Implementation and follow up

Business Continuity Management



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**Thank You
for Your Attention**

Merci