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# Pandemic Influenza Preparedness: Partnerships and continuity planning for critical systems

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# Preparedness and Response Plan for Potential Pandemic Influenza - Peru (PRPPPI-Peru)

Nov-2005



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# Background

- **CDC – PAHO: Atlanta 2004, Agreements for developing Contingency Plans to face pandemic influenza.**
- **Andean workshop on epidemiology and diagnosis of influenza. Lima 2004**
- **Andean Region Health Ministers Meeting Lima 2005. Commitment to making country plans for influenza emergency. ORAS**
- **Global WHO Pandemic phase 3.**



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# Development Methodology

- Contingency Plan Working group MoH, and SENASA - MoA.
- WHO Pandemic Influenza Preparedness recommendations and Logical Framework.
- Budget estimation using national and international referential data.



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# Technical Guidelines: National Surveillance Standards

- Influenza and other respiratory viruses sentinel surveillance system. (March 2005)
- Severe Acute febrile Respiratory Syndrome Surveillance System (2003).



**DIRECTIVA N° 057 - MINSAI/OGE-V.01**

**"VIGILANCIA CENTINELA DE LA INFLUENZA Y OTROS VIRUS RESPIRATORIOS"**

En vista del incremento sostenido de infecciones respiratorias agudas y ante la circulación de diferentes cepas de influenza a nivel mundial, la Oficina General de Epidemiología, en coordinación con el Instituto Nacional de Salud, han elaborado esta Directiva.



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• Oficina General de Epidemiología  
• Dirección General de Salud de las Personas  
• Instituto Nacional de Salud

• Vigilancia de formas graves de síndrome febril respiratorio agudo  
**NORMA TECNICA N° 017 - MINSAI / OGE / DGSP / INS**

II. En vista del incremento sostenido de infecciones respiratorias en nuestro país, habiéndose notificado un brote de SARS en China y ante la presencia del brote en humanos de influenza aviar AH5N1 en Vietnam y Tailandia, caracterizado por cuadro clínico grave, acompañado de alta letalidad, así como por la propagación de nuevos serotipos de influenza AH3N2 y de influenza B en los países de Europa y América, aunado al constante incremento de los viajes internacionales, lo cual favorece la diseminación del virus influenza y del coronavirus del SARS, la Oficina General de Epidemiología, la Dirección General de Salud de las Personas y el Instituto Nacional de Salud, emiten la presente Norma Técnica apuntando a fortalecer la vigilancia de formas graves de síndrome febril respiratorio agudo.

I. OBJETIVOS

OBJETIVO GENERAL

- Fortalecer la vigilancia de formas graves de síndrome febril respiratorio agudo.



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# Goal

To lead and organize the national and regional response against a potential influenza pandemic with the purpose of diminishing its impact on public health in Peru through an effective multi-sectorial response.



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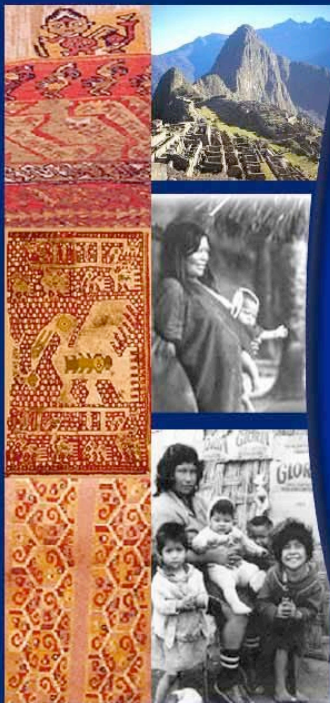
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# Objectives

1. **Strengthen intra- and inter-sectorial coordination to confront a potential influenza pandemic.**
2. **Develop and implement containment measures to limit possible pandemic.**
3. **Strengthen Preparation and response capacity of health services, for case management.**
4. **Strengthen human influenza surveillance .**



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## Objectives (cont...)

5. Improve avian influenza (AI) Surveillance in domestic birds and wild birds.
6. Implement mass Education, Information and Communication (EIC) strategy to ensure effective organized population response to AI and pandemic influenza (PI) threats .
7. Implement Prevention and control measures through active social participation designed to tackle AI and PI



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# Estimated Budget Total



	Total (S/. )
<b>Total (US\$)</b>	<b>\$ 47,184,821</b>
<b>Total (S/. )</b>	<b>S/.165,146,874</b>
<b>P 1. Planification and coordination</b>	<b>490,800</b>
<b>P 2. Prevention and containment</b>	<b>17,640,000</b>
<b>P 3. Response of health services</b>	<b>135,362,959</b>
<b>P 4. Epidemiological surveillance in humans</b>	<b>2,638,935</b>
<b>P 5. Epidemiological surveillance in birds and wild birds</b>	<b>2,347,320</b>
<b>P 6. Promotion and Health education</b>	<b>412,110</b>
<b>P 7. Risk Communication</b>	<b>6,254,750</b>



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**Source: PRPPPI-Peru - 2005**



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# Partnerships

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# Partners and activities (2005 – 2008)

Type	Agency/ Institution	Activity
	Int. org CDC-DHH	<b>&gt;US\$1MM to Support the preparedness and response plan against a potential influenza pandemic in Peru</b>
	PAHO	Technical assistance.
	NMRC	Laboratory surveillance
	UNICEF	Risk communication
	RED CROSS	Human resources (volunteers)
	POULTRY INDUSTRY (APA)	Avian influenza surveillance in animals.
	12 WILD BIRD'S AGENCIES	ACCA Project. Guacamayo Project. GAINS

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# Partnertship

(Expressions of interest)

- SME 'S (small and medium enterprises)
- Banking
- UN Representatives
- USAID
- International (Oil Companies)
- World Bank
- Embassies Representations (Japan, USA).
- National Professional Associations (Medical, Nurses, Veterinaries)



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# Continuity planning for critical systems

- Assessments
- Plan update



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# Self assessment for the PRPPPI-Peru

Preparedness to influenza potential pandemic subregional workshop  
Lima Peru September 11 to 15 2006

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# Self assessment for the PRPPPI- Peru

Peru

	Components	2006	2007
1	Emergency preparedness	41%	57%
2	Epidemiological surveillance	37%	54%
3	Case management	59%	70%
4	Mass Containment	20%	28%
5	Maintenance of basic services	37%	43%
6	Research & evaluation	10%	10%
7	Plan implementation	40%	60%
8	Animal-human inter-phase	42%	55%
9	EIC strategy	37%	47%

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Source: Preparedness to influenza potential pandemic subregional workshop Lima Perú  
September 11 to 15 2006

## Inventory of Core Capabilities for Pandemic Influenza Preparedness and Response

- Cooperative Agreement (US Centers for Disease Control and Prevention)
- 12 Core Capabilities:
  - Country Planning
  - Communications
  - Laboratory Capability
  - Epidemiology Capability
  - **Research and Use of Data**
  - Outbreak Response
  - **Resources for Containment**
  - Infection Control
  - Routine Influenza Surveillance
  - National Respiratory Disease Surveillance and Reporting
  - **Community-based Interventions to Prevent the spread of Influenza**
  - Health Sector Pandemic Response



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# Critical Systems:

## 1. Medical interventions

Activities	Achievements	To be included in the 2008 – 2011 plan
Case management	Health Workers, training at the national level	Training at the regional level. Develop HW emergency deployment policies
Medical infrastructure, medical supplies and equipment	needs estimations completed	Implementation of Isolation rooms and ICUs.
Stockpiles	Vaccines to health personnel	Vaccines for risk groups
	Guidelines for Antiviral use	Stockpile and distribution policies
	PPE stock available for medical care, field investigations and control measures	Distribution plan for pre-location of PPE at regional level

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Source: [DGE-MoH](#) [SENASA-MOA](#)









# Critical Systems:

## 2. Non-Medical interventions

Activities	Achievements	To be included in the 2008 – 2011 plan
Travel restrictions	IHR(2005) implementation in progress	Work Regulations with gov. and private sector
Quarantine	Documented current experiences and lessons learned	Review and update legal issues
Social distancing		
Risk communication	Training to selected target population: Health authorities, media, poultry industry	
Human and animal epidemiological surveillance systems	National network established AI surveillance in wild birds started	Strengthen and expand at the sub regional level . Community based surveillance and operational research.

# Critical Systems:

## 3. Social & economic systems

	Activities	Achievements	To be included in the 2008 – 2011 plan
	Security and rule of law	None	Several legislation reviews, laws and regulations updates for all the activities.
	School and Work absenteeism	None	
	Food and water supplies	None	
	Fuel and power supplies	None	Coordination with other sectors to prepare sector –wise plan in order to complete a National multi-sectorial PP and response plan
	Transportation	None	
	Telecommunications	None	
	Financial and Banking services	None	
	Compensation		



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## Next steps

- Update de national plan, emphasizing:
    - Legislation issues
    - Other sectors involvement (SME's and others).
    - Research & Information use
    - Human resources for containment
    - Community interventions to prevent the spread of influenza.
- Strength the “one world one health initiative”



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# Conclusions

- Peru national preparedness and response plan to confront influenza pandemic developed (WHO recommendations).
- Living plan under permanent reviews and updates
- National commitment for the efficient use of resources and implementation of effective interventions, strengthening solidarity among Peruvians and the rest of the world.
- Need to strength the Andean Region efforts and organization to prepare against the vast range of emergent infectious diseases.
- Development of multi-sector strategies to address preparedness within the social and economic systems.



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**Thank you**  
**Muchas gracias**