Pandemic influenza preparedness and response planning in the European Community

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PURPOSE: to adopt plans to strengthen coordination on generic preparedness planning for public health emergencies at EU level.

CONTENT : public health emergencies are dominated primarily by events related to pathogens transmitted from person to person or through unsafe food or products; or through animals and plants or by harm to individuals by the dispersion or action of biological, chemical or physical agents in the environment. Common to all such emergencies are assets and resources to be used and consequence management aspects to go through in developing emergency or contingency plans.

This communication identifies the key building blocks of generic preparedness planning. It is based on experience gained through the exchange of information and sharing between the Commission and Member States of plans concerning smallpox and pandemic influenza and extensive work with the help of the Health Security Committee and the Community Network for the epidemiological surveillance and control of communicable diseases in the European Community. This led to the elaboration of a detailed technical guidance documentwhich contains individual attention points, objectives, checklists and division of public health roles and functions for Member States, for relevant Community Agenciesand for Commission services for each of the key components of the planning process. This technical guidance document is continuously updated with contributions from the Member States and the Commission services competent for the relevant sectors of Community action. It also sets out the topics that need further work and additional efforts in order to inform and reinforce national plans and enhance coordination at EU level.

The overall goal is to assist Member States in developing their plans and factoring in the EU dimension, with its body of laws in various sectors with a bearing on public health emergency plans. The Communication together with the technical guidance document provides the backbone for developing core elements in national plans, addressing generically different types of health threats, whether anticipated (such as pandemic influenza) or unexpected (e.g. a SARS–like epidemic) and aims at improving the interoperability of such plans. The framework for cooperation in generic preparedness planning in the EU covers three main activities:

- sharing national plans and making comparisons, evaluations, in particular through joint tests and guidance on peer reviews of plans, and improvements on the basis of specific checklists set out in the technical guidance on generic preparedness planning;
- identifying the contribution and role of existing Community legislation and ensuring that national plans take them fully into account, as well as examining the need for further Community measures;
- examining and improving implementing arrangements, which could help improve the timely flow of information and the interoperability and congruence of plans and responses.

The key components that need to be fully addressed in order to arrive at public health emergency plans are:

1. **Information management**: it involves surveillance and medical intelligence, data from sensors and monitors and meters of all sorts, clinical and epidemiological data, health data and statistics, and data on products, goods, infrastructure and services relevant to the emergency. Clinical and laboratory diagnosis is part of the organisation of information management, both to identify unknown agents and to confirm known agents. Member States are responsible for diagnosis and the Community, through reference

laboratories, together with the ECDC, provides a EU-wide cooperative platform on laboratory and quality procedures, collating clinical data and secondary confirmation, which, however, needs to be improved further.

2. **Communications**: the distribution of accurate and timely information at all levels is critical in order to minimise unwanted and unforeseen social disruption and economic consequences and to maximise the effective outcome of the response.

3. **Scientific advice**: the preparation and rendering of scientific advice needs to be integrated in the management of the emergency, through the establishment at all levels and areas of structures such as

groups of experts or committees and through rapid consultation on risk assessment and examination of the scientific and technical basis for options for response. Once the emergency has been recognised, scientific guidance, including predictions based on scientific modelling, should be available on options for response and recovery and the resilience of key systems such as water supply, sanitation, health services and medical goods and supplies, etc. shelter sites and rescue structures and protection materials, ports and transport networks, warehouses and communications systems. Member States and the Commission are working together to improve the predictive capability of models.

4. **Liaison and command and control structures**: the three phases of a response during a public health emergency are detection-diagnosis, control and treatment, but these may exist simultaneously during the emergency. The interaction between the three poses serious problems in terms of taking the right steps and following the proper course of action throughout the response by all the intervening actors

and resources. The Commission is setting up the ARGUSsystem which interlinks all Community rapid

alert systems and a crisis coordination centre with appropriate coordinating structures to ensure timely initiatives and responses in each area of Community policy in case of emergency.

5. **Preparedness of the health sector**: catering for the persons affected will vary from one Member State to another, depending on the health infrastructure and care organisations in each. Resources for epidemiological and laboratory investigation are pooled and shared at EU level to a considerable degree through networks with the help of the Commission and will be overseen and further improved by the ECDC. The Commission proposes in the future Community Programme for Health and Consumer protection 2007-2013, to support projects on the establishment and the maintenance of a trained and

permanently available core group of public health experts for global rapid deployment to places of major health crises together with mobile laboratories, protective equipment and isolation facilities.

6. **Preparednessin all other sectors and inter-sectorally**: the processes required to deal with public health emergencies beyond the health sector work in two ways: they serve to prepare other sectors to assist the public health authorities in medical interventions, such as triage, isolation, quarantine, treatment and medicine administration and vaccinations, and they also serve to introduce and apply measures dealt with mostly by other sectors, such as logistics. Preparedness in other countries is crucial if the European Union is to be protected from health risks that could spread from these countries to the EU. Addressing a co-ordinated approach inside and outside the EU is required to protect the health of EU citizens from already known and unanticipated health threats. As regards the external policy, the EU is already working with third countries and international organisations, in particular, the UN agencies, such as the Food and Agriculture Organisation (FAO), WHO, the World Bank, etc, to assist countries affected by public health emergencies. Moreover, the Commission facilitates increasing involvement of the European Neighbourhood Policy (ENP) partners in the European networks, such as on communicable diseases and has action plans with Ukraine, Moldova, Israel, Jordan, Morocco, and Tunisia.