

WASH

INFORM

STAY APART

ETIQUETTE


Preparing for a pandemic

FLU-WISE
CARE

ASSESS

REST

EVALUATE

FLU-CARE

Surviving a pandemic

WHO/UNICEF

Informal discussion on behavioural interventions for the next influenza pandemic

12-14 December 2006, Bangkok

Summary and recommendations

Background

An influenza pandemic is a rare but recurrent event. A pandemic occurs when a new influenza virus emerges and starts spreading as easily as normal influenza – by coughing and sneezing. Because the virus is new, the human immune system will have no pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease than that caused by normal influenza.

Once a fully contagious virus emerges, its global spread will be rapid. The pandemics of the previous century encircled the globe in 6 to 9 months, even when most international travel was by land and ship. Given the speed and volume of international air travel today, the virus could spread more rapidly, possibly reaching all continents in less than 3 months. Countries might, through measures such as border closures and travel restrictions, delay arrival of the virus, but stopping it may be difficult.

Current projections for the next pandemic estimate that a substantial percentage of the world's population will require some form of medical care. Few countries have the staff, facilities, equipment, and hospital beds needed to cope with large numbers of people who suddenly fall ill. Supplies of vaccines and antiviral drugs – considered the two most important medical interventions for reducing illness and deaths during a pandemic – will be inadequate in all countries and vaccines will probably not be available for six months after the start of a pandemic.

Thus, pandemic preparedness which emphasizes what can be done locally regardless of access to vaccines or antiviral drugs is crucial to enable citizens to take appropriate action to protect themselves and their families, before, during and after a pandemic in order to reduce transmission and minimize illness and death, as well as social and economic disruption.

National authorities are responsible for developing appropriate public health policies and communication strategies and these will vary significantly depending on the national context. The framework proposed here is a guide to be adapted to local realities, as needed.

Method

An Informal Discussion was held between UNICEF, WHO and the Ministry of Public Health in Thailand, in December 2006, in response to requests to guide national level planning. Participants reviewed the lessons learnt from past pandemics as well as the current available evidence in order to propose a set of core behaviours that could mitigate the impact of the next influenza pandemic.

Discussions

This meeting proposed key behaviours to mitigate the impact of the next pandemic based on some explicit assumptions, which may need to be changed in the light of new knowledge. Even extreme individual behaviours may not provide 100% protection (except total isolation), but it was viewed that collective action could potentially make a difference.

The challenge was to identify key behaviours that minimized disruptions, could be widely adopted and empowered individuals with specific actions to protect themselves and their families.

An overall priority is for people to comply with public health messages and this requires building trust in those who provide public health information. It means that national authorities should begin to engage with the public to prepare NOW for the possible actions that could be taken to stop a new pandemic strain through rapid containment measures, as well as the possible implications of what will happen during a pandemic.

The behaviours to be promoted will change as the pandemic evolves, and the announcement of the following key events provides valuable opportunities to reinforce key messages as part of a communication strategy. These events could follow each other very rapidly.

- Suspected cluster of human cases with a novel influenza virus
- Confirmation that a potentially pandemic virus has emerged
- Rapid containment responses – if being undertaken
- Spread of the virus beyond its source
- First detection of the virus in that community
- Widespread dissemination of the virus
- Recovery from the first wave

Recommendations

Core priority behaviours

- **Prepare now** by knowing how to best prevent and treat pandemic influenza, develop good health habits, store essential household supplies for 1 month, and get a family health kit (that includes thermometer, anti-fever medication, spare supplies for 1 month's spare supply of essential medicines and contraceptives). Seek care for fever and severe respiratory symptoms to enable the early recognition of a newly emerging virus.

- **To reduce transmission follow Flu-WISE behaviours from now and during the pandemic:**

Wash: wash hands often, clean surfaces.

Inform yourself and others about influenza and maintain good health habits.

Stay apart*: Try to keep a distance of more than one metre away from others, especially if sick. Stay at home as much as possible; avoid public gatherings, avoid travel.

Etiquette: Cover coughs and sneezes (mask, tissue or elbow, but not hands); don't spit in public.

**Behaviours needed only in a pandemic, but people need to be prepared now and plan for this.*

- **To reduce mortality follow Flu-CARE behaviours during the pandemic:**

Care for the patient at home;

Assess and improve your knowledge on how to care for yourself and others;

Rest as soon as symptoms develop, seek health advice, and stay home;

Evaluate for danger signs and act in accordance with latest information.

Assumptions about the pandemic

The timing and severity of the next pandemic are cannot be predicted. Furthermore there are still important gaps in our knowledge about the spread of influenza, and hence the impact of control measures. In addition, the new virus that emerges may have novel features.

Assumptions about the virus and its transmission

- The severity of the virus that emerges and other key aspects about it will not be known for a month or so after the virus emerges; the effects could be mild or severe but public concern will be high.
- Outside the health care setting, nearly all infections will be spread by infected respiratory droplets (spread directly or via a hand touching an infected surface and then touching the eyes/mouth/nose).
- Keeping at least 1 metre distance from an infected person will protect against direct droplet spread (except if sneezed or coughed at).
- Washing hands with water and soap will remove the influenza virus on the hands.
- An infected person (especially a child) may be infectious before symptom onset, and are most infectious when coughing and sneezing starts; they are no longer infectious once recovered.

Assumptions about behaviours

- Achieving high levels of compliance to public health advice will be a major challenge.
- In a crisis, individuals will focus mostly on their own individual needs and those of their immediate family. However, the summation of individual behaviours, or 'collective action' will be most effective in limiting transmission of the virus to individuals (i.e. providing a 'herd effect')
- There will be variable perceptions of the risk, ranging from fear driving some inappropriate response to low risk perception driving others.
- Individuals/communities will have the means to appropriately practice the key behaviours.
- Peer pressure and social norms result in widespread adoption of new behaviours.

Assumptions about health services and access to commodities

- Health services will be overstretched during a pandemic and functioning sub-optimally due to a surge in illness and a decrease in the number of health care workers who are working as well as sub-optimal working conditions in health care facilities
- Countries will have variable access to antivirals and pandemic vaccine in terms of amount and timing.

Flu-WISE: Key behavioural interventions for reducing risk of transmission during pandemic influenza

	Rationale	Potential constraints	Potential enabling factors	
1	 <p>Wash hands often</p> <p>Clean surfaces</p>	<ul style="list-style-type: none"> Hand hygiene is an important measure to prevent the spread of influenza as well as other infections. Washing with soap removes and kills germs. Hands should be cleaned by washing with soap and water or by safely using sanitising lotions or wipes. Surfaces can become contaminated and touching contaminated surfaces can transmit the virus. Cleaning surfaces will remove and kill the virus. 	<ul style="list-style-type: none"> Cultural practices and perceptions related to hand washing and hygiene. Connection between hygiene and respiratory illness not obvious. Frequency and timing of hand washing. Unavailability of running water and soap in households and public places. 	<ul style="list-style-type: none"> Availability and accessibility of running water and soap in households and public places. Availability and accessibility of cleaning materials such as disinfectant. Regulation and enforcement in public places and institutions.
2	 <p>Inform yourselves and others about influenza and maintain good health habits</p>	<ul style="list-style-type: none"> Maintaining good health habits before a pandemic will help make the body's defences as strong as possible to resist illness; already established habits will be easier to maintain (compared to starting new habits after a pandemic strikes). Promoting information sharing in different community settings before a pandemic will help reduce panic so that communities feel more confident in dealing with different situations. 	<ul style="list-style-type: none"> Ability to integrate knowledge into behaviours. Trust in the sources of information. Self-interest (and lack of motive to inform others). Access to appropriate and accurate information on preventative behaviours before a pandemic. 	<ul style="list-style-type: none"> Wide-scale public awareness and promotion of appropriate behaviours before a pandemic. Public trust in the efficacy of these behaviours. Social and community cohesion.
3	 <p>Keep a distance of more than one metre away from others, especially if sick*</p> <p>Stay at home as much as possible; avoid public gatherings, avoid travel*</p>	<ul style="list-style-type: none"> The virus is spread by close contact with a person with respiratory symptoms (generally within 1 metre). The infection can spread easily in places where there are many people in close contact. The more people in contact - the increase risks of becoming infected. Children, elderly, pregnant women or those who have chronic illnesses may get sick more easily; special consideration should be given to ensure that they do not come into contact with sick people. 	<ul style="list-style-type: none"> Counter-intuitive (need for human contact, closeness). Feasibility in crowded households Feasibility re: public transport. Feasibility in high population densities and public places. 	<ul style="list-style-type: none"> Altruism (protecting others from getting infected). Availability and access of essential services to enable people to stay at home. The ability to take care of sick family members away from healthy family members. The ability to work from home and still continue to earn a livelihood.
4	 <p>Cover coughs and sneezes (use tissue or elbow)</p> <p>Don't spit in public</p> <p>If using masks or scarves, dispose or wash them safely</p>	<ul style="list-style-type: none"> When people cough, droplets containing viruses are sprayed into the air. Covering the mouth and nose with a mask, scarf or piece of cloth when in close contact with others can limit the spread of respiratory disease. Hands, unless washed immediately afterwards, easily spreads germs. 	<ul style="list-style-type: none"> Cultural norms and practices. Perceptions of risk related to etiquette. 	<ul style="list-style-type: none"> Wide-scale public awareness and promotion of appropriate behaviours before a pandemic. Public trust in the efficacy of these behaviours. Social/civic responsibility to ensure the safety of others.

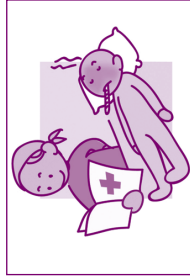
STAY APART

(*Behaviours needed only in a pandemic, but people need to be prepared now and plan for this.)

ETIQUETTE

Flu-CARE: Key behavioural interventions for reducing mortality and surviving pandemic influenza

1



CARE

Rationale

- Health services will be overwhelmed and will be unable to cope with demand.
- Anti-virals may not be available.
- Minimizing the number of caretakers will in turn minimize the exposure of other family members to the virus.
- Knowing how to care for sick people at home may reduce the severity of illness or complications and increase their chances of survival.
- The situation may be constantly changing and the caretaker needs to stay updated (e.g. what are the danger signs are to watch for and where services might be available if danger signs occur).
- May help reduce panic when communities feel confident in handling a situation requiring self-care or home-based care of someone who has fallen ill.

2



ASSESS

Potential constraints

- Fear of becoming infected.
- Lack of knowledge on how to care for the sick at home.
- Lack of access to essential supplies such as food and medicines.
- More than one member of household becoming sick.
- Lack of appropriate information.
- Inability to access existing sources of information (e.g. rural and remote areas).

- Wide-scale public awareness and promotion of appropriate behaviours before a pandemic.
- Public trust in the efficacy of care-taking behaviours.
- Provision of timely and appropriate information during the pandemic.
- Those who have already been exposed to the virus and have recovered are unlikely to become re-infected and can support others.

3

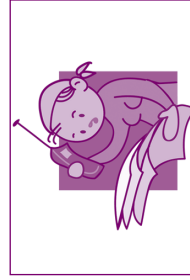


REST

Potential enabling factors

- Availability of and access to essential services to enable people to stay at home.
- Availability of and access to essential medicines such as anti-fever medicines, fluids and food.
- The ability to take care of sick family members away from healthy family members.
- Those who have already been exposed to the virus and have recovered are unlikely to become re-infected and can support others.
- Denial that one is sick.
- Competing priorities (work/family).
- Fear of losing employment and income.
- Guilt of staying at home.
- Availability of and access to essential medicines, fluids and food.
- Availability of and access to essential services to enable people to stay at home.
- Availability of and access to essential medicines such as anti-fever medicines, fluids and food.
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4



EVALUATE

Evaluate for danger signs and act in accordance with latest information

- Severe complications need to be treated by appropriate health personnel.
- Lack of knowledge of danger signs.
- Panic, fear, sense of helplessness.
- Exhaustion of care-takers.
- Social breakdown.
- Restrictions on mobility e.g. transport.

- Wide-scale public awareness and promotion of appropriate information before a pandemic.
- Reinforcement of appropriate information during a pandemic.
- Access to appropriate health care for patients with severe complications.
- Promoting volunteerism and community support to facilitate social cohesion and recovery.