



MINISTRY OF HEALTH
INFLUENZA PANDEMIC PREPAREDNESS
AND RESPONSE PLAN

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ABBREVIATIONS AND ACRONYMS

AI	Avian Influenza
CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CE	Chief Epidemiologist
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
DFH	Director of Family Health
DPC	Disease Prevention and Control
DVS	Division of Veterinary Services
EAD/Prep	Emergency Animal Disease Preparedness Plan
EDMSSB	Emergency, Disaster Management and Special Services Branch
EH	Environmental Health
FAO	Food and Agriculture Organization
HEPA	High Efficiency Particulate Air
HMH&E	Honourable Minister of Health
HPAI	Highly Pathogenic Avian Influenza
HPE	Health Promotion and Education
HPI	Human Pandemic Influenza
HP&P	Health Promotion and Protection
HRM&CS	Human Resource Manager and Corporate Services
HSP&I	Health Services Planning & Integration
IC	Information and Communication

IFA	Immuno-Fluorescent Antibody
MOA	Ministry of Agriculture
MOH&E	Ministry of Health and Environment
MOH&E NIPP Committee	MOH&E National Influenza Pandemic Preparedness Committee
NCH	National Chest Hospital
NEADCOM	National Emergency Animal Disaster Committee
NEPA	National Environmental and Planning Association
NPHL	National Public Health Laboratory
ODPEM	Office of Disaster Preparedness and Emergency Management
OIE	World Organization for Animal Health
PAHO	Pan American Health Organization
PCR	Polymerase Chain Reaction
PS	Permanent Secretary
RTD	Regional Technical Director
SARS	Severe Acute Respiratory Syndrome
SITU	Systems Information Technology Unit
SMO(H)	Senior Medical Officer of (Health)
SR	Standards & Regulations
WHO	World Health Organization
UHWI	University Hospital of the West Indies
UWI	University of the West Indies

BACKGROUND

Influenza is a highly contagious viral disease of the respiratory tract. It derives its public health significance from the rapidity by which epidemics evolve and spread amongst the community, and the associated widespread morbidity and serious complications, which may be fatal.

Historically, there were three (3) influenza pandemics in the twentieth century: “Spanish influenza” in 1918, “Asian influenza” in 1957 and “Hong Kong influenza” in 1968. The 1918 pandemic killed an estimated forty (40) to fifty (50) million people worldwide. That pandemic, which was exceptional, is considered one of the deadliest disease events in human history. Subsequent pandemics were much milder with an estimated two (2) million deaths in 1957 and one (1) million deaths in 1968.

While there has not been a pandemic in almost three (3) decades, there have been recent outbreaks of a highly pathogenic type of influenza that has given rise to a growing concern.

Since 1961, it has been known that a highly pathogenic avian influenza caused by H5 and H7 subtypes of Type A influenza virus, exists among wildfowl, the natural reservoirs. The H5N1 virus has been particularly virulent, causing severe and fatal disease in domesticated birds. Until 1996, the focus of this disease was avian as it did not typically affect humans. However, in 1997, the first cases of human infections as a result of contact with infected poultry were recorded. In that outbreak in Hong Kong, eighteen (18) persons suffered severe respiratory illness, six (6) of whom died.

More recent outbreaks of the disease among poultry began in late 2003 and quickly spread so that by January 2004, eight (8) Asian countries were affected. At that time, Thailand and Vietnam reported their first human cases, with the latter recording sixty (60) human cases resulting in thirty five (35) deaths – a case fatality rate of 58%. Millions of birds were culled and by March 2004, the outbreak was considered to be under control and of minimal threat to humans as investigations linked most human cases to direct contact with infected poultry. However, in June 2004, new outbreaks of animal infections were reported in nine (9) Asian countries. The disease is now endemic in Asia and has spread to Eastern Europe and Northern Africa.

As of November 5, 2007, there have been 334 confirmed human cases of avian influenza reported to the WHO from twelve (12) countries, of which 205 have died, to yield a case fatality rate of more than 61%. It is suspected that the burden of disease is greater than that reported as it has been shown that the disease may occur in the absence of respiratory symptoms.

The disease has become more pathogenic and dangerous to both human and animal life. It has been detected in dead wild fowl, which had previously tolerated infection. It has expanded its animal host range to include pigs and tigers. It has become hardier, able to survive up to six (6) days at above tropical temperatures. Finally, studies of infections in eleven (11) family clusters showed cases with no contact with infected birds in two (2) of the clusters. The other cases had provided care to the index case, leading to a suspicion that human-to-human transmission may have occurred. As yet, there is no evidence that such transmission can be sustained.

These several factors have fuelled concerns that an influenza pandemic might be imminent. Given the constantly changing nature of the virus, the occurrence of a pandemic defies prediction of the timing and severity of the disease. Therefore, it is imperative that immediate steps be taken to forestall the occurrence of such an event. Studies have shown that the risk factors for avian

influenza are several and varied, national and individual. Therefore, multi-disciplinary, multi-sectoral approaches are required to manage outbreaks and prevent a pandemic.

Given the success of the global intervention that successfully averted a potential severe acute respiratory syndrome (SARS) pandemic, the World Health Organization has launched a global initiative to have every member country in a state of preparedness for a pandemic of avian influenza (AI). This initiative employs the strategies, which worked in, and the lessons learnt from the SARS experience, in a bid to prevent an outbreak of H5N1 influenza becoming the next influenza pandemic. The rapid implementation of global and national actions, coordinated by WHO, depended on early disease recognition, high level political support for interventions and transparent communication among the many partners and the public.

INTRODUCTION

An influenza pandemic (or global epidemic) occurs when a new influenza virus subtype to which no one is immune emerges, is easily spread between humans and is capable of causing severe disease in humans. In the absence of immunity, the new subtype can rapidly spread across the globe, causing worldwide epidemics or 'pandemics' with high numbers of cases and deaths.

The World Health Organization (WHO) in 2005 developed a new WHO Global Influenza Preparedness Plan that redefined the "phases of increasing public health risk associated with the emergence of a new influenza virus subtype that may pose a pandemic threat".

Under the World Health Organization guidelines there are six (6) phases used to identify the WHO Influenza Pandemic Periods.

Interpandemic Period Phase1: There are no new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Interpandemic Period Phase 2: There are no new influenza virus subtypes detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic Alert Period Phase 3: There is human infection with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Pandemic Alert Period Phase 4: There are small clusters with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Pandemic Alert Period Phase 5: There are larger clusters but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Pandemic Period Phase 6: This is the Pandemic Phase. There is increased and sustained transmission in the general population.

At the time of revising this plan, November 5, 2007, Jamaica is classified by the WHO to be at the Pandemic Alert Period Phase 3.

This MOH plan is prepared utilizing the recommended actions for national authorities recognizing the need for local and international coordination.

AIMS AND OBJECTIVES OF THE PLAN

The aim of this plan is to provide a detailed guide for the Ministry of Health, Jamaica response to a pandemic influenza threat.

The plan details all procedures, guidelines and actions to be taken within and by the health sector and outlines the steps to be taken by the other Ministries and agencies.

This plan therefore focuses on those persons who will be involved in planning and responding to an influenza pandemic: health planners, public health and clinical health care managers and providers, essential service providers, immigration and customs workers and those involved in the media and communications. As such, it is intended to provide national guidance for key stakeholders in developing and operationalising responses across the public and private sectors at all levels to ensure that Jamaica is optimally prepared and has the capacity to respond to a pandemic threat.

The Ministry of Health Influenza Pandemic Preparedness and Response Plan – November 2007 is to be used at all times during the phases of the pandemic, from preparedness to response. Adequate preparedness is critical to an efficient and effective response to a pandemic event.

There are actions that are necessary at all phases in the plan, which are as outlined in the revised World Health Organization Influenza Pandemic Preparedness Plan 2005.

The declaration of any global Phase by the WHO requires simultaneous declaration of the same phase by the Ministry of Health and the implementation of the relevant section(s) of the plan.

Assessment of risk is therefore to be performed on an on-going basis and will guide the priority actions and the determination of the national subdivision of the plan by the Ministry of Health.

The main objectives of this plan are to detail all necessary actions to:

1. Ensure adequate surveillance is in place for early detection of an emerging threat and define the epidemiology of the situation on an on-going basis
2. Adequately prepare the health sector and guide other sectors to enable smooth and timely implementation of the specific activities required in all phases of pandemic planning, preparedness and response
3. Strengthen local laboratory capacity and international links for early detection of the new virus and notification of the response
4. Delay entry of the pandemic virus into the country
5. Limit pandemic spread through implementation of containment measures
6. Limit morbidity and mortality arising from the infection with the pandemic strain of the virus
7. Provide the public, health care workers, other Ministries and agencies, the media and other service providers with accurate information at all stages
8. Reduce the impact on the health system and the country through early identification and deployment of additional resources required, and
9. Implement sound public health and social measures aimed at slowing the spread of the virus.

AUTHORITY

The plan is the authoritative guide for the health sector encompassing the actions, required to effectively and efficiently prepare for, prevent and control the medical and health aspects of an Influenza Pandemic.

The Ministry of Health is the lead agency in these efforts.

All other Ministries and agencies, involved in the prevention and control of Pandemic Influenza must be guided by the MOH and work in close collaboration with the MOH.

Collaboration with the Ministry of Agriculture is vital, as the most likely cause of an Influenza Pandemic is an Avian Influenza virus that has crossed the species barrier and is rapidly transmissible from human to human.

Inter-sectoral planning is of paramount importance and will involve coordination of the efforts of other Government Ministries and agencies, such as agriculture and lands, transport, trade, labour, defense and education, as well as partners in the private sector, including industry and non-governmental organizations.

The MOH will advise the ODPEM and National Disaster Committee and Executive, as required in the National Disaster Plan.

ODPEM will coordinate the multi-sectoral response as detailed in the National Disaster Plan.

ACTIVATION

Sections of the Plan will be used as an operational guide for the actions of the health sector on an on-going basis as dictated by the Phase declared by the WHO.

The relevant section(s) of the response plan will be activated when:

1. The World Health Organization has declared a pandemic: Global Phase 6
2. The World Health Organization or Ministry of Health has declared that a response is required during the Pandemic Alert period: Phases 3 – 5, which necessitates on-going coordination of the activities of the health sector or multi-sectoral activities.
3. The MOH has determined that there is an imminent epidemic or pandemic or other threat of an Influenza Pandemic to Jamaica.

The Plan will be activated by the Chief Medical Officer (CMO) or the Senior Medical Officer (Health)/ Director, EDMSSB, after consultation with the Permanent Secretary and Minister of Health.

Declaration of activation of the plan at the Phase 6 level will trigger the full activation of the MOH National Emergency Operations Centre (EOC), for 24-hour operations.

Once Jamaica is unaffected, activation of the plan at Phases 3 – 5, will be at Level 1 – when activities for the response are coordinated by the Director, EDMSSB / Director, MOH NEOC, with assistance from the Manager, MOH NEOC, Directors, HSPI, HPP, DPC, Surveillance Officer, CNO, staff of the MOH EDMSSB and other staff required by the Director, MOH NEOC.

Once Jamaica is affected, activation of the plan at Phases 3 – 5, will be at Level 2 – when the MOH NEOC will be activated with all functional areas staffed, with designated hours of operation.

The National Disaster Executive is to be advised once the decision to activate is taken. All other relevant Ministries / agencies will be notified.

1.0 PREVENTION

(Table 1)

No.	ACTIONS – PREVENTION	Person(s) Responsible
1	Inform the public - Develop and implement comprehensive public education and awareness programme - Establish and maintain Hotline - Establish and maintain MOH website and links to other Government and critical sector websites	Directors, Information and Communication (IC) and Health Promotion and Education (HPE) / Regional Health Promotion Officers (RHPO) / Parish Health Education Officers (HEO)
2	Educate / Update / Train health care workers - Influenza Pandemic - Avian Influenza - Infection Control procedures	Directors, Health Promotion and Protection (HPP), Disease Prevention and Control (DPC), Health Services Planning and Integration (HSPI), EDMSS and HPE / RTD / MO(H)
3	Educate / update and provide guidance for key Ministries and agencies, e.g. Ministries of Agriculture, Foreign Affairs and Foreign Trade, Tourism and Industry, Commerce, National Security and Labour and Social Security - Implement MOA and MOH plans and guidelines - Limit / reduce travel, e.g. visas and permits - affected and designated areas	CMO, Directors, EDMSSB, VPH, HPP, ODPEM
4	Educate / update identified sectors – poultry, port authorities, airline and shipping industries - Port health / Quarantine measures	Directors, VPH, HPP, DPC, EDMSSB, HPE and Environmental Health (EH) / RTD / MO(H)
5	Develop and implement protocols for the handling of (potentially) contaminated material (See Appendix 1)	Directors, VPH, DPC, EH and National Public Health Laboratory (NPHL)
6	Monitor the agriculture sector, travel industry, in particular the airline and shipping industries and tourism sector, and the trade sector	Directors, VPH, HPP, EDMSSB, RTD, MOs(H) and EH
7	Prepare Order(s) / Ensure relevant legislation for Quarantine and Public Health measures	CMO

II. MITIGATION

These actions are developed to reduce the impact of the organism or disease by providing protection (immunity) using vaccines or prophylaxis, as recommended and available.

Table (2)

No.	ACTIONS – MITIGATION	Person(s) Responsible
1	Monitor vaccine / prophylaxis development	Directors, HPP, Family Health (FH) and Standards and Regulations (SR)
2	Develop policy for vaccine use, including priorities for use (See Appendix II)	Directors, DPC and FH
3	Implement immunization programme, as determined according to priority list	Directors, DPC and FH

III. PREPAREDNESS

All actions are to be taken before the first suspect, probable or confirmed case is reported in Jamaica.

However, preparedness actions are to continue throughout the health sector, even after cases are reported, in areas that are not actively responding or treating cases.

Table (4)

No.	ACTIONS – PREPAREDNESS	Person(s) Responsible
	- For Surveillance	
1	Include Avian Influenza and Pandemic Influenza in Class 1 notifiable disease list	CMO
2	Strengthen surveillance system - Develop and implement new measures, as determined (See Appendix III)	Chief Epidemiologist (CE), Directors, HP&P, DPC and NPHL / UWI, Microbiology
3	Develop case definition and other diagnostic criteria (See Appendix IV)	CE, Directors, HPP and HSPI / Director, Medical Services, UHWI / SMO – NCH
	- Preparedness of the Health Sector	
4	Conduct daily literature review and distribute to senior and other staff, as identified	MO(H) Surveillance / Chief Nursing Officer (CNO)
5	Develop and distribute patient management protocols, including quarantine and isolation procedures (See Appendix V)	Directors, DPC, HSPI and SR / Director, Medical Services, UHWI / SMO – NCH
6	Identify and establish special screening, triage, quarantine and isolation facilities in health facilities (See Appendix VI)	Directors, HSPI and EDMSS, CNO / RTD / MO(H), Parish Manager / SMO

No.	ACTIONS – PREPAREDNESS	Person(s) Responsible
7	Identify and establish special screening and triage facilities (possibly quarantine and isolation areas) at the ports and other locations (See Appendix VII)	Directors, EDMSS, HPP and EH / RTD / MO(H)
8	Review and develop Infection Control protocols and procedures for health care settings (See Infection Control Manual and Appendix VIII). - Establish / maintain Infection Control focal point in all health facilities - Ensure provision and use of personal protective equipment and appropriate guidelines for health care workers (See Infection Control Manual)	Directors, HSPI, Health Services Support and Monitoring (HSSM), DPC and SR, CNO / RTD / MO(H) / SMO, Matron
9	Determine endemic and epidemic levels for Jamaica	CMO, CE, Director, HPP
10	Develop laboratory protocols and procedures [and upgrade facility (ies)] (See Appendix IX) - Develop sample collection, handling and transportation protocols (See Appendix X)	Director, NPHL, HSPI, SR, EDMSS and [Health Facilities Maintenance Unit (HFMU)] / RTD, [RD] / MO(H), [Parish Manager]
11	Develop post-mortem procedures and determine morgue capacity at each facility [and identify alternate facilities] (See Appendix XI)	Directors, HSPI, NPHL and EDMSS / RTD / MO(H), [Parish Manager] / SMO, [CEO]
12	Develop and distribute technical materials to health care workers on Avian and Pandemic Influenza, the management of travellers (Appendix XII), influenza exposure and suspect and probable cases	Directors, HSPI, HPP and EDMSS, CNO, MO(H) Surveillance
13	Equip and supply health facilities, according to priority list	Directors, HSPI, EDMSS & HSS&M. RD, RTD , MO(H), Parish Manager
14	Train / update health care workers at all levels	Directors, HSPI, HPP, DPC, HPE and EDMSS / RTD / MO(H)
15	Determine staffing needs and ensure preparation of rosters for priority services	Directors, HSPI, HSSM and EH, /CNO, RTD , MO(H) , SMO & Matron
16	Procure and distribute pharmaceuticals, equipment, furniture, reagents and supplies, etc. for health and other identified sectors	Directors, HSPI, EDMSS, SR, HPP & HSS&M. RD, RTD, MO(H) & Parish Manager
17	Develop policy and guidelines for the management of exposure and illness of health care and other sector workers, such as agriculture (See Appendix XIII)	Directors, HSPI, VPH , SR and DP&C
18	Develop and maintain stockpile of pharmaceuticals, equipment, supplies, sundries and other emergency materials for the response	Director, EDMSS, SR and HCL / RD, RTD / MO(H)
19	Prepare needs list and budget	Directors, EDMSS & HSPI

No.	ACTIONS – PREPAREDNESS	Person(s) Responsible
	Preparedness of Other Sectors	
20	Liaise with Heads of key Ministries, agencies and sectors and ensure that recommended measures are implemented - Ministry of Agriculture, poultry sector, Port Authorities, Immigration, travel industry, tourism sector	CMO, Directors HPP, EDMSS, HSPI, VPH, Environmental Health and SR / RTD / MO(H)
21	Educate / update / train staff of all priority and identified sectors	Directors, EDMSS, HPP VPH and EH / MO(H)
22	Develop and distribute technical materials on the Influenza Pandemic and Avian Influenza, the management of travelers and exposure to the Influenza A virus, to workers in other sectors.	Directors, HSPI, HPP, DP&C and EDMSSB, CNO, MO(H) Surveillance
	- Preparedness of The Public	
23	Develop and implement Information and Education policy, programme and plan for all sectors and for all phases of the plan (see APPENDIX XIV).	Directors, IC, HPE and EDMSS

IV. PHASES OF THE RESPONSE PLAN

The phases of the response plan are consistent with those of the WHO.

Each of the six (6) phases has clearly defined overarching priority goals, objectives and actions that are divided into five (5) categories:

1. **Planning and coordination**
2. **Situation monitoring and assessment**
3. **Prevention and containment (non-pharmaceutical public health interventions, vaccines, antivirals)**
4. **Health system response**
5. **Communications**

Each of the six (6) Phases has a comprehensive plan of action written with priorities for the five (5) categories above.

The Phases are detailed in Table 3 below:

Table 3: WHO Influenza Pandemic Periods and Phases

PANDEMIC PERIOD	PANDEMIC PHASE	ADDITIONAL NATIONAL SUBDIVISION OF PHASES
Interpandemic Period	Phase 1: No new influenza virus subtypes have been detected in human. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.	
Interpandemic Period	Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	Country affected or extensive travel / trade links with affected country.
		Country not affected.
Pandemic Alert Period	Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact	Country affected or extensive travel / trade links with affected country.
		Country not affected.
Pandemic Alert Period	Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans	Country affected or extensive travel / trade links with affected country.
		Country not affected.

PANDEMIC PERIOD	PANDEMIC PHASE	ADDITIONAL NATIONAL SUBDIVISION OF PHASES
Pandemic Alert Period	Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Country affected or extensive travel / trade links with affected country.
		Country not affected.
Pandemic Period	Phase 6: Pandemic phase: Increased and sustained transmission in general population	Country not yet affected.
		Country affected or extensive travel / trade links with affected country.
		Subsided.
		Next wave.
Post Pandemic Period	Post Pandemic Period	Return to Interpandemic period

a. *The distinction between Phase 1 and Phase 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and / or other scientific information.*

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b. *The distinction between Phase 3, Phase 4 and Phase 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and / or other scientific information.*

DESIGNATION AND DETERMINATION OF PHASES

Designation of phases, including decisions on upscaling and downscaling, will be made by the Director-General, WHO. The designation will be made in harmony with existing regulations governing human disease reporting and control (e.g. the International Health Regulations), and in consultation with other organizations and institutions, as necessary.

The determination of the national subdivision of phases will be made by the CMO, in consultation with the Chief Epidemiologist and other technical specialists in the MOH, PAHO and WHO.

Once the declaration of a Phase is made by the WHO, the section of the plan for that Phase will become operational and all relevant persons will be notified, through the use of the Call-Out List.

All actions are to be implemented with urgency and as a priority for the health sector and other relevant sectors.

All efforts are to be made to ensure that actions from the previous Phases are completed, as these are critical to the implementation of the current Phase.

Steps To Be Taken:

To Determine the National Subdivision of Phases, and To Operationalise The Plan

1. Once the WHO designates a Phase, the CMO will consult with the MOH Technical Advisory Group and review available data and information. The MOH Technical Advisory Group will meet with all other relevant Committees and individuals, such as the PWR to ensure that there is full collaboration in decision-making.
2. Once determination is made, the CMO will advise the HMH, PS and Director, EDMSSB.
3. The Director, EDMSSB will immediately operationalise the plan for the Phase, convene a meeting of the MOH National Influenza Pandemic Preparedness (NIPP) Committee and brief the Committee on the Phase and national subdivision and actions to be taken.
4. Advisories will be immediately prepared and forwarded to the relevant authorities, the health sector and other involved sectors.
5. All health sectors (Regional, Parish, institution and community level) plans will be activated once the MOH's plan is activated.

V. RESPONSE PLAN

The level of response will be consistent with those stated in this Plan and the National Plan.

1. The response will be initiated by the MOH, in accordance with the guidelines of this Plan, once a notification is received of a suspect or probable case of Avian Influenza.
2. All other actions at national, regional, parish, institution and community level for the health sector will be guided by this Plan.
3. Once activation of this Plan takes place, all actions of the health sector will be directed and controlled by this Plan and subsequent national level decisions by the MOH Disaster Executive and Emergency Operations Centre.
4. All health sector Regional, Parish, institution and community level Plans will be activated once the MOH plan is activated.

Field Notification and Initial Patient Management Procedure:

Avian Influenza is a Class 1 notifiable disease and must be notified IMMEDIATELY on suspicion and within 24-hrs of the diagnosis.

It is the duty of the consultant physician responsible for the case, to notify the hospital SMO and the Medical Officer (Health) and / or National Surveillance Unit, IMMEDIATELY on suspicion.

The hospital SMO will IMMEDIATELY notify the CEO, Matron, MO(H) and the Director, HSPI who will notify the CMO and Director, EDMSSB.

On receiving the notification of a suspected case of avian influenza or an influenza outbreak, it is the responsibility of the MO(H) of the parish to IMMEDIATELY notify the Regional Technical Director and the Director, HP&P who will IMMEDIATELY notify the CMO and Director, EDMSSB.

The MO(H) will also notify the SMO – parish hospital, if the case was not notified by the hospital.

At the ports, it is the duty of the Quarantine Officer to IMMEDIATELY notify the MO(H) and liaise with the Senior Nurse on duty. The MO(H) will initiate the notification procedure, as above.

All measures for patient management, quarantine and / or isolation MUST be IMMEDIATELY taken to minimize disease transmission.

All other notification procedures within regions, parishes and institutions will be initiated, as planned.

RESPONSE BY PHASE

This section outlines the actions to be taken at each phase of the pandemic.

Though actions for the Plan are listed sequentially, it is intended that they will be carried out simultaneously. Hence the need for early notification and call-out of the Response teams at all levels.

1. INTERPANDEMIC PERIOD: PHASE 1

No new influenza virus subtypes have been detected in humans.

An influenza virus subtype that has caused human infection or disease may or may not be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Goal: To strengthen influenza pandemic preparedness at all levels and enable the smooth and timely implementation of the specific activities required in the various phases of pandemic planning.

Rationale: It is likely that influenza subtypes that have caused human infection and / or disease will always be present in wild birds or other animal species. Lack of recognised animal or human infections does not mean that no action is needed. Preparedness requires planning and action in advance.

Phase 1

Category: Planning and Coordination		
Objectives:		
<ol style="list-style-type: none"> 1. To develop and maintain national influenza pandemic contingency plans which are consistent with international plans 2. To promote national capacity to respond to early reports of new influenza virus strains 3. To develop effective mechanisms for mobilization and rapid deployment of resources to areas of need 4. To develop effective mechanisms for decision-making and necessary actions for the national responses. 		
No.	Actions	Responsibility
1	Establish a MOH National Influenza Pandemic Preparedness Committee	HMH, PS, CMO, Director, EDMSSB
2.i	Convene MOH NIPP Committee meetings and Jamaica NIPP Committee meetings respectively and review status of preparedness and plans	Directors, EDMSSB / ODPEM
2.ii	Meet with Ministry of Agriculture Committee to ensure coordination of activities	Directors, EDMSSB & VPH
3.i	Develop and update national plans in close collaboration with relevant partners	CMO, Director, EDMSSB, Director, Disease Prevention and Control
3.ii	Develop Regional, Parish and hospital plans	RD, RTD, MO(H), Parish Manager, SMO, CEO, Matron
4	Ensure implementation of plans and preparedness activities at all levels of public authorities	Directors, EDMSSB and ODPEM / RTDs / MOs(H)
5	Conduct simulation exercises and drills to test the plans and refine accordingly	Directors, EDMSSB and ODPEM / RTDs, MOS(H)
6	Identify, brief regularly and train key personnel to be mobilized in case of emergence of a new influenza virus strain	Directors, EDMSSB and ODPEM / RTDs / MOs(H)

7	Develop requirements for a national stockpile (antivirals, personal protective equipment, vaccines, laboratory diagnostics, other technical support) for rapid deployment when needed.	NIPP Committee
8	Consider providing resources and technical assistance during pandemic alert periods to resource-poor countries with foci of influenza activity.	HMH, PS, CMO and Director EDMSSB
9	Ensure procedures for rapid sharing of specimens or isolates for virus characterization and development of diagnostics and vaccine.	Chief Epidemiologist (CE), Directors of NPHL and UHWI lab
10	Develop surge-capacity contingency plans for the internal management of domestic resources and essential workers during a pandemic	Directors EDMSSB, HSPI. HRM&CS / CNO
11	Establish national guidance to address food safety, safe agricultural practices and other public health issues related to infected animals.	Directors VPH and EH

Phase 1

Category: Situation Monitoring and Assessment

Objectives:

1. To have available up-to-date information on trends in human infection with seasonal strains of influenza
2. To be able to detect animal and human infections with new influenza virus strains, identify potential animal sources of human infections and assess the risk of transmission to humans
3. To develop plans for on-going assessment of impact and resource needs during the pandemic period

No.	Actions	Responsibility
1	Develop national surveillance systems for the detection and assessment of clusters of influenza-like illness or respiratory deaths, with provision for surge capacity and intersectoral and inter-institutional collaboration	CE, Directors HP&P, DPC / Surveillance Officer
2	Develop or strengthen national systems for surveillance in both humans and animals based on WHO, FAO and OIE guidance	Director, DPC, Director, VPH

3	Report routine and unusual surveillance findings to relevant national and international authorities	CMO, CE, Directors, DPC, National Surveillance Unit and VPH,/ RTDs / MOs(H)
4	Characterize and share virus isolates and information on circulating strains with relevant international agencies, such as CDC, WHO, FAO and OIE	Director, NPHL, Head, Microbiology, UHWI, Director, VPH
5	Assess burden of seasonal influenza to help estimate additional needs during a pandemic	“ Director, DPC
6	Develop contingency plan for ongoing monitoring of information, for assessment of impact and resource needs during the pandemic phase (e.g. morbidity, mortality risk groups affected).	Director, DPC, Surveillance Officer

Phase 1

Category: Prevention and Containment		
Objectives:		
<ol style="list-style-type: none"> 1. To agree in advance on a range of containment strategies based on nonpharmaceutical public health actions. 2. To develop a strategy regarding stocking of antivirals and criteria for development. 3. To increase availability of vaccine to the event of a pandemic. 4. To develop natural strategies and criteria for use of seasonal and pandemic vaccines. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
1	Develop national guidelines for use of public health interventions, considering WHO's recommendations – see Appendix XII.	Directors, EDMSSB, HSPI, S&R, HP&P
2	Ensure that proposed interventions are discussed with responsible decision-makers in and outside the health section (transport, education, etc.); ensure legal authority for proposed interventions; anticipate and address resource implications for implementation	PS, CMO, Director EDMSSB, Director HP&P, Director of Legal Affairs, Director, ODPEM
3	Conduct/observe table-top exercise and use the results to improve planning.	Director EDMSSB, Directors, HSPI, VPH and HP&P
4	Develop a strategy to ensure access to antiviral for national use (e.g. stock piling)	DFH
5	Set priorities and criteria for development and use	DFH

	of antivirals during pandemic alert and pandemic periods.	
6	Consider participation in research projects to assess safety and antiviral drug resistance to current drugs and promote development of affordable alternatives.	Chief Epidemiologist
7	Using national data on burden of influenza disease, adapt the national vaccination policy to achieve the targets recommended by the World Health Assembly for update of seasonal influenza vaccine.	DFH
8	Define national objectives for the use of pandemic vaccines; develop preliminary priorities of pandemic vaccine use, based on expected availability	DFH
9	Explore possible ways to increase access to pandemic vaccines; address regulatory issues and liability.	DFH
10	Review logistics and operational needs for implementation of pandemic vaccine strategy (vaccine storage, distribution capacity, cold-chain availability, vaccination centers, staffing requirements for vaccine administration).	Directors FH, HSPI, EDMSSB and HRM&CS

Phase 1

Category: Health System Response		
Objective: To ensure that up-to-date contingency plans and strategies are in place for pandemic response in the health-care sector.		
No.	ACTIONS	PERSON(S) RESPONSIBLE
1	Determine health system preparedness and address priority deficiencies	CMO, Directors, HSPI, EDMSSB & DPC, RTDs, MOs(H)
1.1	- Review national level preparedness using WHO Checklist for Influenza Pandemic Preparedness Planning	Directors, EDMSSB, DPC, HSPI
1.2	- Identify gaps and prepare priority list of preparedness activities	“
2	Ensure that authorities, responsibilities and reporting relationships are clearly identified for command and control of health systems	”
2.1	- Review and update organizational structure and command structures	“
3	Identify priorities and response strategies for public and private health care systems for each stage, including where relevant: triage systems, surge capacity, human and material resource management	Directors, EDMSSB, DPC, HSPI and HSS&M/ RTDs / MOs(H)

4	Prepare interim: case finding, treatment and management protocols and algorithms: infection control guidelines; guidelines on triaging and surge capacity management and staffing strategies	CE, Directors DPC, EDMSB & HSPI/ SMO-NCH
4.1	- Review WHO and other relevant reference material.	“
4.2	- Prepare and distribute: <ul style="list-style-type: none"> a. Case Finding guidelines, including Case Definitions b. Clinical guidelines, protocols and algorithms c. Triage guidelines d. Surge capacity management strategies e. Staffing strategies 	“
5	Ensure implementation of routine laboratory biosafety, safe specimen handling, and hospital infection control procedures	Directors, HSPI and NPHL and HSSM
6	Estimate pharmaceutical and other material supply needs; commence arrangements to secure supply	Director, S&R
7	Increase awareness and strengthen training of health care workers on pandemic influenza	Directors, DPC, EDMSSB & HSPI
7.1	- Prepare Fact Sheets	Dir. HPE, EDMSSB, HSPI
8	Conduct regular simulation exercises of contingency plans, including command and control pathways	Directors, EDMSSB, HSP&I and DPC

Phase 1

Category: Communication – see Appendix XIV		
Objective:		
<ol style="list-style-type: none"> 1. To ensure that mechanisms exist for routine and emergency communications between health authorities, within and between government agencies, with other organizations likely to be involved in a pandemic response, and with the public. 2. To maintain an appropriate level of awareness among government and other essential partners. 3. To ensure collaborative working relationships with the media regarding epidemics, including the roles, responsibilities and operating practices of public health authorities. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
1	Establish phased national communications strategy for pandemic influenza.	Directors, EDMSSB, HPE, Communications
2	Strengthen risk communication related to influenza, taking into consideration existing WHO guidance for outbreak communication and corresponding national contingency plans	Directors, EDMSSB, HPE and Communications
3	Plan and test capacity for meeting expected domestic information demands for diverse audiences, including professional/technical groups, the news media and general public.	Directors, EDMSSB, HPE and Communications

4	Ensure communications infrastructure is adequate for pandemic needs.	Directors, EDMSSB, HPE and Communications
5	Establish and maintain a web site with relevant information.	Directors, EDMSSB, HPE and Communications
6	Establish networks among key response stakeholders, including risk communicators, non-health government departments, and professional and technical groups.	Directors, EDMSSB, HPE and Communications
7	Include risk communicators in senior management groups	Directors, EDMSSB, HPE and Communications
8	Familiarize news media with national plans, preparedness activities and decision-making related to seasonal and pandemic influenza.	Directors, EDMSSB, HPE and Communications
9	Establish formal communications channels with WHO and other partners for sharing of outbreak information and coordination of communications strategy related to influenza.	Directors, EDMSSB, HPE and Communications
10	Develop feedback mechanisms to identify public level of knowledge about pandemic influenza and emerging public concerns. Address rumours proactively, and correct misinformation	Directors, EDMSSB, HPE and Communications

INTERPANDEMIC PERIOD – GLOBAL PHASE 2

No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Goal: To minimize the risk of transmission to humans and detect and report such transmission rapidly if it occurs.

Rationale: The presence of animal infection caused by a virus of known human pathogenicity may pose a substantial risk to human health and justify public health measures to protect persons at risk.

Phase 2 Inter-pandemic Period

Category: Planning and Coordination		
Objectives:		
<ol style="list-style-type: none"> 1. To ensure a heightened response capacity to address possible human cases. 2. To coordinate implementation of measures in close collaboration with animal health authorities in order to limit the risks of human infection. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel/trade links with affected countries.	
1	Activate joint mechanisms for actions with animal health authorities and other relevant organizations.	Director Vet PH; Director of Vet. Services; Directors EDMSSB, EH & HP&P
2	Assess preparedness status and identify immediate actions needed to fill gaps (e.g. with the help of the WHO checklist for influenza pandemic preparedness planning-see WHO website)	Dir. EDMSSB
3	Ensure ability to mobilize and rapidly deploy a multisectoral expert response team.	Directors of EDMSSB, VPH & HPP
4	Ensure ability to rapidly deploy stockpile resources (national or from global pool) to field locations.	Director of Family Health; Director of Pharmaceutical Services; Director of EDMSSB
5	Decide whether to deploy part of the stockpile components according to risk assessment.	CMO; Director of Family Health; Director of Pharmaceutical Services; Director of EDMSSB
6	Establish a policy on compensation for loss of animals through culling, in order to improve compliance with emergency measures.	Director of Veterinary Services and Director of VPH.

Phase 2

Inter-pandemic Period

Category: Situation Monitoring and Assessment		
Objectives:		
1. To identify interspecies transmission at an early stage and transmit this information to PAHO/WHO, CAREC and other appropriate partners. 2. To provide ongoing risk assessment for transmission of viruses with pandemic potential to humans.		
NO.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel/trade links with affected countries	
1	Implement enhanced animal and human surveillance based on PAHO/WHO, FAO and OIE recommendations; report results daily to the above-mentioned international bodies.	Directors of EDMSSB; HP&P; VPH; & Vet. Services
2	Urgently transmit representative isolates from infected animals to WHO, CDC and OIE designated reference laboratories for confirmation, detailed characterization, development of diagnostic reagents and consideration of suitability for use to develop candidate vaccine viruses/prototype vaccine strains.	Directors of NPHL and Vet Lab.
3	Urgently transmit representative isolates from suspected human cases of infection with an animal influenza virus strain to the NPHL.	Regional Lab. Supervisors
4	Conduct field investigations (epidemiological, Laboratory) in affected area to assess spread of the disease in animals and threat to human health.	Directors of Epidemiology and NPHL
5	Participate actively in assessment of the risk of transmission (e.g. animal models for pathogenicity testing).	Directors of Surveillance, VPH and EH
6	Ensure expertise and capacity for virological surveillance in national laboratories according to standard procedures and using reagents provided by WHO and OIE designated reference laboratories.	Directors of NPHL and UHWI laboratory
7	Continue to collect and exchange virus isolates and other scientific information with PAHO, CAREC, CDC.	Directors of EDMSSB Epidemiology and NPHL
8	Conduct serological surveillance of farmers (including their families) and animal workers involved in containment of outbreak of animal influenza.	RTDs

**Phase 2
Inter-pandemic Period**

Category – Prevention and Containment		
Objectives:		
<ol style="list-style-type: none"> 1. To minimize the risk of human infection from contact with infected animals. 2. To assess the national availability of antiviral drugs. 3. To reduce the risk of co-infection in humans and thereby minimize the opportunities for virus re-assortment. 		
NO	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries.	
1	Ensure optimal response to the animal outbreak, including measures to reduce infection risk in those involved in the response (education and training regarding potential threat; correct use of personal protective equipment; deployment of antivirals if risk assessment indicates).	Directors, VPH; HP&P; FH and Vet. Services
2	Recommend measures to reduce human contact with potentially infected animals (e.g. advice for travellers).	Directors, HP&P and VPH
3	Prepare for use of further interventions if human infection is detected.	Directors, EDMSSB; HSP&I and DPC
4	Update information on available national supplies of antiviral.	Director, FH
5	Update recommendations for prophylaxis and treatment with antiviral; consider implementation after normal risk assessment.	Directors, HSP&I and FH
6	Ensure that antivirals component of a national of global stockpile could be deployed rapidly from a central location to the affected district(s) and that appropriate staff are familiar with guidance for deployment and use.	Directors HSP&I and FH
7	Review strategy for the use of inter-pandemic vaccines to prevent dual infection with human and animal viruses, and promote their use in defined risk groups.	Directors, DPC and FH
8	Develop contingency plans for procuring seasonal vaccine (or specific vaccine, if available) and for distribution once available	Director, FH AND EDMSSB
	Unaffected Countries	
1	Establish or enhance mechanisms for exchange of epidemiological and virological data, and of infection control expertise/guidance with affected countries.	CE, Director, NPHL, DPC

Phase 2

Inter Pandemic Period

Category: Health System Response		
Objective:		
1. To ensure that if human infections occur, they will be quickly recognized and that the health systems will respond accordingly		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel / trade links with affected countries	
1	Alert local health-care providers to: <ul style="list-style-type: none"> - Consider new influenza infection in ill patients with epidemiological links to affected animal species - Implement infection control measures - Report cases immediately to public health authorities 	Directors, EDMSSB, HSPI, DPC
1.1	Provide algorithms to assist in case finding and management	Chief, Epidemiology, Director, DPC
2	Verify availability and distribution procedures for personal protective equipment and antivirals and for vaccine for the protection of persons at occupational risk	Directors, EDMSSB, HSPI
3	Ensure rapid deployment of diagnostic tests when available	Directors, EDMSSB, NPHL
	All countries	
1	Alert health system to review preparedness plans and be ready to receive small numbers of patients with new influenza subtype infection requiring isolation and clinical care	Director, EDMSSB
2	Assess health system capacity to detect and contain outbreaks of human disease in hospital settings	Directors, EDMSSB and HSPI
3	Alert local health-care providers to: <ul style="list-style-type: none"> - Consider new influenza infection in ill patients with epidemiological links to affected animal species - Implement infection control measures - Report cases immediately to public health authorities 	Directors, EDMSSB, HSPI, DPC
3.1	Provide algorithms to assist in case finding and management	Chief, Epidemiology, Director, DPC

Phase 2

Interpandemic Period

Category – Communications – see Appendix XIV		
Objectives:		
1. To ensure that appropriate information is shared rapidly among health authorities, other partners and the public. 2. To ensure that mechanisms exist for coordinating communications with the animal health sector.		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel/trade links with affected countries	
1	Establish rapid communications to answer questions from health care providers and the public.	Directors EDMSSB and HSP&P
2	Communicate information on risk and prevention (risk of infection; safe food; animal handling) based on WHO's recommendations	Directors DPC; VPH and Environmental Health.
3	Address possible stigmatization of individuals/populations in contact with the animal strain.	Director HP&P and RTD
	All countries	
1	Update national authorities, other partners and stakeholders, including at-risk groups and public, with current information on virus spread and risks to humans.	CMO, CE, Director, EDMSSB

PANDEMIC ALERT PERIOD – GLOBAL PHASE 3

Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Goal: To ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.

Rationale: The occurrence of cases of human disease increases the chance that the virus may adapt or reassort to become transmissible from human to human, especially if coinciding with a seasonal outbreak of influenza.

Measures are needed to detect and prevent spread of disease. Rare instances of transmission to a close contact – for example, in a household or health care setting - may occur, but do not alter the main attribute of this phase, i.e. that the virus is essentially not transmissible from human to human.

Phase 3

Category: Planning and Coordination		
Objectives:		
1. To ensure that mechanisms exist so that imminent potential human health threats can be recognized and dealt with 2. To coordinate timely interventions that will reduce the risk of a pandemic		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel / trade links with affected countries	
1	Activate national pandemic contingency planning arrangements	Directors, EDMSSB, HSPI, DPC
2	Implement interventions to reduce disease burden in the initial foci and contain or delay the spread of infection	Chief, Epidemiology, Director, DPC
3	Mobilize national response and provide guidance to relevant authorities in reviewing, updating and implementing contingency plans	Directors, EDMSSSB, HSPI
4	Brief appropriate officials in all relevant government Ministries, agencies and departments (e.g. health, agriculture, executive, legislative / judicial) at national, regional and parish levels, regarding the status of the incident and the potential need for additional resources, interventions and the use of emergency power - Special briefing for: <ul style="list-style-type: none"> - Director General, ODPEM - National Disaster Committee / - Executive 	HMH, PS, CMO, Director, EDMSSB
5	Provide assistance to regional. Parish, district and local authorities (including private sector essential services) in implementing interventions	Director, EDMSSB / RTDs / MOs(H)

Phase 3

Pandemic Alert Period

Category: Situation Monitoring and Assessment		
Objectives:		
<ol style="list-style-type: none"> 1. To be able to exclude wider human-to-human transmission, and to detect this as soon as it occurs. 2. To be able to detect and characterize additional cases (including risk factors for transmission). 		
NO.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel / trade links with affected countries	
1	Report cases on suspicion of the disease (within 24 hours) and report confirmation as soon as possible thereafter to Epidemiology.	MOs(H); RTDs; Chief of Epidemiology
2	Exclude Laboratory accident or intentional release as the cause of the human cases.	Chief of Epidemiology
3	Determine the Epidemiology of human cases (source of exposure; incubation period; infection of contacts (clinical and sub-clinical); period of communicability).	Chief of Epidemiology and Director of DPC
4	Establish national case definition (or review/modify existing definition based on WHO guidance.	Chief of Epidemiology
5	Asses clinical characteristics of infections in humans and share with relevant international partners.	CMO and Director EDMSSB
6	Ensure rapid virological characterization of the virus responsible for human infection, in collaboration with WHO collaborating centres.	Directors of NPHL and UHWI Lab
7	Enhance human and animal surveillance, including cluster detection.	Directors, Surveillance and VPH
8	Collaborate with international efforts to assess virus pathogenicity in humans	Directors, EDMSSB and Chief of Epidemiology
9	Identify priority geographical areas and risk groups for targeting with preventive measures.	CE, Directors, DPC and VPH
10	Assess effectiveness of treatment protocols and infection control measures and revised if necessary.	Directors of HSP&I; FH and Standards and Regulations
11	Conduct seroprevalence studies in risk groups, and then expand to the general population, to assess prevalence/incidence of infection (symptomatic and asymptomatic),	Directors, NPHL and UHWI Lab.
12	Continue to collect and share virus isolates and other information needed to develop or adjust diagnostic reagents.	Directors, NPHL and UHWI Lab.

12.1	Monitor any emerging antiviral resistance	Directors, Surveillance and FH
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Phase 3

Pandemic Alert Period

Category: Prevention and Containment		
Objectives:		
<ol style="list-style-type: none"> 1. To contain or reduce human-to-human virus transmission. 2. To limit morbidity and mortality associated with current human infections. 3. To assess the potential for use of antivirals in current and later phases. 4. to increase readiness for possible pandemic vaccine development. 		
NO	ACTION	PERSON(S) RESPONSIBLE
	Countries with case(s)	
1	Implement appropriate interventions as identified during contingency planning, in consultation with relevant partners.	Directors of HSP&I and HP&P
2	Share virus isolates with WHO in a timely fashion to allow for potential pandemic vaccine development and up dating of reagents.	Directors of NPHL and UHWI Lab.
3	<p>If associated with animal outbreak(s);</p> <ol style="list-style-type: none"> i. Consider deploying supplies of antivirals for post exposure (and possibly pre-exposure) prophylaxis of individuals who are most likely to be exposed to the animal virus. ii. Continue promoting vaccination with seasonal influenza vaccine to limit risk of dual infection in those most likely to be exposed to the animal virus, and potentially decrease concurrent circulation of human strains in the outbreak-affected area. 	<p>Director of Family Health</p> <p>Director of Family Health</p>
	All Countries	
1	Assess or reassess the antivirals.	Director of Family Health
2	Review evidence base for effectiveness and safety of antivirals and if necessary reassess and review strategies, guidelines and priorities for use with partner organizations.	Director of Family Health
3	Reassess emergency methods to increase supply of antivirals.	Director of Family Health
4	Review vaccine use strategies with partner organizations	Director of Family Health

5	Resolve liability and other legal issues linked to use of pandemic vaccine for mass or targeted emergency vaccination campaigns, if not yet done.	Directors of Family Health & Legal Affairs
6	Assess inventories of vaccines and other material resources needed to carry out vaccinations e.g needles and syringes.	Director of Family Health
7	Consider supporting development of prototype vaccines	CMO, Chief of Epidemiology

Phase 3

Pandemic Alert Period

Category: Health System Response		
Objectives:		
<ol style="list-style-type: none"> 1. To prevent nosocomial transmission and laboratory infections. 2. To ensure heightened awareness among health-care workers regarding the possibility of cases and / or clusters of cases. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries and countries with extensive travel / trade links with affected countries	
1	Activate emergency coordinating Committees <ol style="list-style-type: none"> a. National – MOH Influenza Pandemic Preparedness Committee / National Influenza Pandemic Preparedness Committee b. Regional – MOH Regional IPP Committee c. Parish – MOH Parish IPP Committee 	Director, EDMSSB
1.1	a. Convene / Ensure holding of Committees at 1. above	Directors, EDMSSB, HSPI, DPC / RTDs / MOs(H)
1.2	Activate pre-established coordination between health-care sector and relevant partner organizations <ul style="list-style-type: none"> - National Influenza Pandemic Preparedness Committee - ODPEM - National Disaster Committee / Executive 	Director, EDMSSB
2	Improve access to care and availability of drugs and medical care at no cost to the patient and health-care system, in order to encourage prompt reporting of new cases	Directors, EDMSSB, HSPI, Pharmaceutical Services
3	Review contingency plans at all levels, with special attention to surge capacity	CMO, Director, EDMSSB, CNO / RTDs / MOs(H) /

		Hospital SMO
4	Test decision making procedures and chains of command	Director, EDMSSB / RTDs / MOs(H)
4.1	a. Conduct simulation exercises at national, regional, parish and hospital levels	Director EDMSSB
5	Train health-care workers to detect/identify clusters of cases.	Directors, EDMSSB & Surveillance
6	Ensure implementation of infection control procedures to prevent nosocomial transmission	Directors HSPI & HSS&M / CNO / RTDs / MOs(H) / Hospital SMOs and Matrons
6.1	a. Re-distribute infection control manual and guidelines b. Conduct audit and monitoring visits at all Type S, A and B hospitals and special isolation facilities	“
7	Ensure compliance with standards for biosafety in laboratories, and for safe specimen handling and shipment	Director, NPHL / Head, Microbiology, UHWI
	All countries	
1	Provide public and private health-care providers with updated case definitions, protocols and algorithms to assist with case finding, management, infection control and surveillance	CMO/ Directors, EDMSSB, HSPI, DPC / RTDs / MOs(H)
1.1	Distribute material to all hospitals, health centres and other health facilities	“
1.2	Activate linkages with MAJ and NAJ and provide with material for distribution	Director, DPC, CNO
1.3	Revise mailing list for private practitioners in each parish and distribute material	RTDs / MOs(H)
2	Assess and strengthen capability / capacity for implementing infection control procedures for ill patients	Directors, EDMSSB, HSPI, DPC
2.1	Implement infection control consistent with existing WHO guidance	Directors, DPC and HSPI

Phase 3

Pandemic Alert

Category: Communications

Objectives:

1. To communicate transparently with the public regarding possible outbreak progression and contingencies to be expected.
2. To ensure rapid sharing of appropriate information among health authorities, other relevant government departments and other partners, including what is known and what is unknown.

NO	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries—Jamaica affected	
1	Provide regular updates to WHO and other international and domestic partners on the evolving national situation.	CMO and Director, EDMSSB
	All countries	
1	Identify target groups for delivery of key messages; develop appropriate materials, formats and language options.	Directors, Communications and HP&P
2	Work with partners to ensure consistent messages are delivered.	Directors, Communications; HP&P and VPH
3	Address the issue of stigmatization of individual/families/communities affected by human infection with the animal strain.	Directors, Communications; HP&P and VPH
4	Review and update information materials for news media, general public, health workers and policy makers.	Directors, EDMSSB, Communications; HP&P and VPH
5	Review communication systems and facilities to ensure that they are functioning optimally, and that contact lists are up-to-date.	Directors, EDMSSB and Communications

PANDEMIC ALERT PERIOD – GLOBAL PHASE 4

Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Goal: To contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.

Rationale: Virus has increased human-to human transmissibility but is not well adapted to humans and remains highly localized, so that its spread may possibly be delayed or contained.

Examples:

1. One or more clusters involving a small number of human cases, e.g. a cluster of < 25 cases lasting < 2 weeks.
2. Appearance of a small number of human cases in one or several geographically linked areas without a clear history of a non-human source of exposure, for which the most likely explanation is considered to be human-to-human transmission.

Phase 4

Pandemic Alert

Category: Planning and Coordination		
Objectives:		
<ol style="list-style-type: none"> 1. To ensure that systems exist to detect and characterize outbreaks, and assess the risk of escalation into a pandemic. 2. To coordinate the implementation of procedures that will delay or contain the spread of human infection within limited foci. 		
NO	ACTION	PERSON RESPONSIBLE (S)
Affected countries – Jamaica affected		
1	Ensure highest levels of political commitment for ongoing and potential interventions/ counter-measures.	HMH, PS, CMO
2	Activate procedures to obtain additional resources; consider invoking emergency powers.	PS, CMO, Director of EDMSSB and MOs(H)
3	Activate overarching national command and control of response activities, either by formal means or de facto (close oversight of district and local activities).	CMO and Director of EDMSSB / ODPEM
4	Deploy operational response teams across all relevant sectors.	Director of EDMSSB and RTDs / ODPEM
5	Ensure collaboration with surrounding countries for information-sharing and coordination of emergency responses.	CMO and Director of EDMSSB
6	Identify needs for international assistance.	Director EDMSSB

	Unaffected countries – No cases	
1	Activate national pandemic contingency planning arrangements.	Director of EDMSSB
2	Reassess current state of preparedness using Jamaica's check list for influenza pandemic planning and national tools; implement actions required to close priority gaps.	Director of EDMSSB, RTDs and MOs(H)
3	Identify ability to respond to requests for international assistance.	Director of EDMSSB

Phase 4

Pandemic Alert

Category: Situation Assessment and Monitoring		
Objectives:		
<ol style="list-style-type: none"> 1. To assess the extent of human-to-human transmission . 2. To detect, notify and characterize additional clusters (including the identification of risk factors and other data concerning transmission as requested by WHO. 3. To assess the threat to human health and the impact of any control measures, and identify resources required for enhanced control. 		
NO	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries – Jamaica affected	
1	Describe and (re)assess the epidemiological, virological and clinical features of infection; identify possible source(s).	Chief Epidemiologist and Directors, HSP&I and DPC
2	Report this information on cases and clusters through appropriate mechanisms, eg international Health Regulations, to WHO and other appropriate bodies.	CMO and Chief Epidemiologist and Director, EDMSSB
3	Expand activities already under way in pandemic alert period Phase 1; adjust case definition if necessary.	CMO, Director of EDMSSB, CE
4	Assess sustainability of human-to-human transmission	CE
5	Conduct clinical research to optimize treatment protocols, if resources are available.	Director of HP&P and Chief Epidemiologist
6	Collect and share strains and information needed to develop or adjust diagnostic reagents and prototype vaccines.	Directors of HP & P, NPHL and UHWI Lab. CE
7	Forecast likely impact of the spread of infection	Director, Surveillance
8	Attempt to assess the impact of containment measures to allow for adjustment of recommendations; share	CMO; Chief Epidemiologist and

	findings urgently with the international community. (including WHO) to allow updating of national and international policies.	Director EDMSSB
9	Enhance surge capacity for surveillance.	Directors of HP&P and Surveillance
	Unaffected countries	
3	Enhance surveillance, especially in countries with travel/trade links to affected areas.	Directors of EDMSSB and Surveillance

Phase 4

Pandemic Alert

Category: Prevention and containment		
Objectives:		
<ol style="list-style-type: none"> 1. To contain or delay human-to-human virus transmission. 2. To limit morbidity and mortality associated with current human infections. 3. To assess the potential for wider usage of antivirals in later phases. 4. To increase readiness for pandemic vaccine deployment. 5. To gain early experience in pandemic vaccine use under field conditions (if clinical trial lots are available). 		
NO	ACTIONS	PERSON(S) RESPONSIBLE
	Countries with cases	
1	Implement appropriate interventions identified during contingency planning, and consider any new guidance provided by WHO.	Directors of EDMSSB and HSP&I
2	Evaluate the effectiveness of these measures in collaboration with WHO.	Directors of EDMSSB and HSP&I
3	Use antivirals for early treatment of cases, and consider antiviral prophylaxis for close contacts of cases based on risk assessment and severity of illness in humans.	Directors of FH and DPC
4	Assess likely effectiveness and feasibility of prophylaxis for the purpose of attempting to contain outbreaks. Determine target population; if intervention agreed, implement as an emergency measure; assess impact.	Directors of FH and DPC
5	Consider deploying prototype pandemic vaccine, if available.	Director of FH
	Countries without cases	
1	Assess need to deploy current antiviral stock to local/regional level to facilitate rapid implementation of antiviral strategy (if this becomes necessary).	Director of FH
2	Consider supporting pilot programmes	Director of Family Health

Phase 4

Pandemic Alert Period

Category: Health System Response		
Objectives:		
1. To prevent nosocomial transmission. 2. To maintain biosafety. 3. To ensure capacity is available and used optimally in affected countries.		
No.	ACTIONS	PERSON(S) RESPONSIBLE
Affected countries – Jamaica affected		
1	Update and reinforce messages to local health-care providers to consider influenza infection in ill patients and report findings to public health authorities	Directors, EDMSSB, HSPI, DPC
1.1	Review WHO declaration and format and prepare new information for distribution	“
1.2	Distribute using lists and guidelines as for Phase 3	“
2	Update case definition, protocols and algorithms for case-finding, management (antivirals and other required drugs), infection control and surveillance as required.	Directors, EDMSSB, HSPI and DPC
3	Activate contingency plans for response to overload of health facilities with influenza patients, and identify alternative strategies for case isolation and management.	Directors, EDMSSSB, HSPI
4	Implement surge capacity arrangements and contingency plans for staff shortages in health-care facilities and in all other key activity sectors.	HMH, PS, CMO, Director, EDMSSB
5	Re-emphasize infection control measures and issue stockpiles of persona protective equipment.	Director, EDMSSB / RTDs / MOs(H)
Unaffected countries – Jamaica not affected		
1	Activate contingency planning arrangements.	Directors, EDMSSB, HSPI, DPC / RTDs / MOs(H)

Phase 4

Pandemic Alert

Category: Communication – see Appendix XIV		
Objectives:		
<ol style="list-style-type: none"> 1. To ensure rapid sharing of appropriate information among health authorities, other relevant government departments and other partners, including what is known and what is unknown. 2. To prepare the public and partners for a possible rapid progression of events and possible contingency measures. 		
NO	ACTIONS	PERSON (S) RESPONSIBLE
Affected countries – Jamaica affected		
1	Reinforce and intensify key messages on prevention of human-to-human spread.	Directors of HP&P and Communication
2	Explain rationale and update public on all aspects of outbreak response and likely next steps.	Directors of EDMSSB; HP&P and Communication
3	Provide instruction in self-protection	Directors of EDMSSB; HP&P and Communication
All countries affected		
1	Update national authorities, other partner organizations/stakeholders and the public on the domestic and international epidemiological situation and known disease characteristics.	Directors of EDMSSB; HP&P; Communication and Epidemiology
2	Activate emergency communications plan.	Directors of EDMSSB; HP&P and Communication
3	In conjunction with partner organizations; update communications messages	Directors of EDMSSB; HP&P and Communication
4	Develop general health protection education materials, eg templates, for national and local applications.	Directors of EDMSSB; HP&P and Communication
5	Re-emphasize infection-control measures in the community, health-care settings, and long-term care facilities.	Directors of EDMSSB; HP&P and Communication

PANDEMIC ALERT PERIOD – GLOBAL PHASE 5

Large cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Goal: To maximize efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement pandemic response measures.

Rationale: Virus is more adapted to humans and therefore more easily transmissible among humans. It spreads in larger clusters, but spread is localized. This is likely to be the last chance for massive coordinated global intervention, targeted to one or more foci, to delay or contain spread. In view of possible delays in documenting spread of infection during pandemic Phase 4, it is anticipated that there would be a low threshold for progressing to Phase 5.

Examples:

1. On-going cluster-related transmission, but total number of cases is not rapidly increasing, e.g. a cluster of 25 – 50 cases and lasting from 2 to 4 weeks.
2. On-going transmission, but cases appear to be localized (remote village, university, military base, island).

Phase 5

Pandemic Alert

Category: Planning and Coordination		
Objective:		
1. To coordinate and ensure maximum efforts to delay or possibly avert a pandemic.		
NO	ACTIONS	PERSON(S) RESPONSIBLE
	Affected countries – Jamaica affected	
1	As needed, designate special status to affected area in order to facilitate interventions (e.g. state of emergency).	HMH and CMO
2	Assist in the ongoing evaluation of interventions.	Directors of EDMSSB; Surveillance and FH
3	Finalize preparations for imminent pandemic, including activation of internal organizational arrangements (within command-and-control system) and staffing search capacity.	Directors of EDMSSB and HR

4	Adjust and maximize efforts and resources to reduce disease burden and contain or delay the spread of infections.	Directors of EDMSSB; DPC and FH

Phase 5

Pandemic Alert

Category: Situation Monitoring and Assessment		
Objectives:		
1. To determine pandemic risk and exclude spread to other countries/regions and to identify this as soon as it occurs. 2. To determine and monitor public health resources required for pandemic response.		
NO	ACTIONS	PERSON(S) RESPONSIBLE
Affected countries – Jamaica affected		
1	Expand and adjust activities in pandemic alert period, Phase 2, to maximum intensity.	Directors of EDMSSB; HP&P; VPH and Vet. Services
2	Report increased spread through appropriate means, including the revised International Health Regulations, as a public health emergency of international concern (PHEIC)	CMO and Director of EDMSSB
3	Implement real-time monitoring of essential resources (medical supplies, pharmaceuticals, infrastructure, vaccines, hospital capacity, human resources, etc.).	Directors of EDMSSB, HSP&I, FH and HR
4	Conduct enhanced surveillance for respiratory disease through surveys (telephone of questionnaires).	CE and Director of Surveillance
5	Adjust forecasts of the likely impact of both infection spread and control measures.	Director of EDMSSB and CE
6	Assess impact of containment measures to-date in order to allow for readjustment, if necessary; share findings with the international community to allow updating of national and international guidance/recommendations.	CMO, CE and Director of EDMSSB.
7	Monitor the development of antiviral resistance.	CE and Director of Surveillance
Unaffected countries		
1	Enhance surveillance measures to maximum intensity.	Director of Surveillance

Phase 5

Pandemic Alert

Objectives:		
<ol style="list-style-type: none"> 1. To make massive efforts to contain or delay human-to-human virus transmission and the onset of a pandemic. 2. To limit morbidity and mortality associated with current human infections. 3. To assess the potential for usage of antivirals in the pandemic period. 4. To support preparations for deployment of vaccine as supplies become available. 5. To gain early experience in pandemic vaccine use under field conditions (if clinical trial lots are available). 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
Countries with cases		
1	Implement interventions identified during contingency planning and new guidance provided by WHO.	Directors of Family Health and HP&P
2	Consider/reconsider use of antivirals for early treatment of cases (prioritization may need to be changed).	Director of Family Health
3	Assess/reassess efficacy and feasibility of prophylaxis for the purpose of attempting to contain outbreaks. Determine target population; if intervention agreed, implement as an emergency measure; assess impact.	Director of Family Health
4	Consider deploying prototype pandemic vaccine, if available.	Director of Family Health
Countries without cases		
1	Reassess need to deploy current antiviral stock to local/regional level to facilitate rapid implementation of antiviral strategy (if this becomes necessary).	Director of Family Health
2	Consider results and lessons learned from use in countries with cases and modify antiviral strategy (if applicable).	Director of Family Health
3	Not applicable to Jamaica (about vaccine production)	
4	Plan for vaccine distribution and accelerate preparations for mass vaccination campaigns (eg. Education, legal/liability issues) for when pandemic vaccine becomes available.	Director of Family Health
5	Adjust priority lists of persons to be vaccinated (if applicable).	Director of Family Health
If pandemic vaccine has already been developed		
3	Activate emergency procedures for rapid licensing and use of pandemic vaccines (all countries).	Directors of Family Health and Standards & Regulations
4	Consider allocating vaccine for population-based intervention aimed at containing infection within currently affected areas.	Director of Family Health
5	Consider implementing pandemic vaccine strategy as indicated in pandemic period.	Director of Family Health

Phase 5

Pandemic Alert Period

Category: Health System Response		
Objectives:		
<ol style="list-style-type: none"> 1. To ensure that health systems are ready to increase the response and implement changes in triage and treatment priorities, and that these actions occur as soon as a country becomes affected. 2. To prevent nosocomial transmission and maintain biosafety. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
Affected countries – Jamaica affected		
1	Full mobilization of health services and full implementation of emergency / contingency plans in affected areas, including coordination with other emergency sectors.	Directors, EDMSSB, HSPI, DPC
1.1	Review WHO declaration and format and prepare new information for distribution	Directors, EDMSSB, HSPI, DPC
1.2	Distribute using lists and guidelines as for Phase 3	Directors, EDMSSB, HSPI, DPC
2	Commence triage arrangements and other emergency procedures for efficient use of health-care facilities.	Directors, EDMSSB, HSPI and DPC
3	Fully implement emergency plans for deployment of health-care workers.	Directors, EDMSSB, HSPI
4	Ensure attention to the health and other needs of persons in quarantine.	HMH, PS, CMO, Director, EDMSSB
5	Arrange for additional human and material resources and alternative means of health-care delivery, based on forecast needs and contingency plans.	Director, EDMSSB / RTDs / MOs(H)
6	Implement corpse management procedures (see Appendix XI)	Director EDMSSB/ RTDs/ MOs(H)
7	Prepare health-care workers for potential change in policy regarding antivirals for occupational exposures (switch from prophylaxis to early treatment).	Director Family Health
Unaffected countries – Jamaica not affected		
1	Activate emergency coordinating Committees for the health system. <ul style="list-style-type: none"> - National - Regional - Parish - Hospital 	Directors, EDMSSB, HSPI, DPC / RTDs / MOs(H)
2	Provide public and private health care-care providers with updated case definition, protocols and algorithms for case-finding, management, infection control and surveillance.	Directors, EDMSSB, HSPI, DPC/ RTDs/ MOs(H)
3	Explore ways to provide drugs and medical care free of charge (or covered by insurance) to the patient and the	Permanent Secretary/ CMO/ Directors,

	health care delivery system, to encourage prompt reporting and treatment.	EDMSSB, HSP&I & HSSM
4	Assess capability / capacity for infection control for ill patients and implement infection control consistent with WHO guidelines.	Directors, EDMSSB, HSPI, DPC/ RTDs/ MOs(H)/ SMOs
5	Review contingency plans relevant to health systems response at all levels, with special attention to surge capacity arrangements.	Directors, EDMSSB, HSPI, DPC/ RTDs/ MOs(H)/ SMOs
6	Test decision procedures and chains of command, and other pandemic working arrangements to ensure that they are functioning.	Directors, EDMSSB, HSPI, DPC/ RTDs/ MOs(H)/ SMOs
7	Train health care workers to detect / identify cases and clusters.	Directors, EDMSSB & Surveillance

Phase 5

Pandemic Alert Period

Category: Communications		
Objectives:		
<ol style="list-style-type: none"> 1. To prepare the public and other partners for a likely rapid progression of events, additional contingency measures, and disruptions to normal life. 2. To ensure rapid sharing of appropriate information among health authorities, other relevant government departments and other partners, including what is known and what is unknown. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
1	Redefine key messages; set responsible public expectations; emphasis need to comply with public health measures despite their possible limitations.	Directors of EDMSSB and Communication
2	Utilize last “window of opportunity” to refine communications strategies and systems in anticipation of imminent pandemic.	Directors of EDMSSB and Communication
3	Inform public about interventions that may be modified or implemented during a pandemic, e.g. prioritization of health-care services and supplies, travel restrictions, shortage of basic commodities etc.	CMO; Directors of EDMSSB and Communication

PANDEMIC PERIOD – GLOBAL PHASE 6

Pandemic increased and sustained transmission in the general population.

Goal: To minimize the impact of the pandemic.

Rationale: Major change in global surveillance and response strategy, since pandemic risk is imminent for all countries. The national response is determined primarily by the disease impact within the country.

The intensity of activities in Jamaica will depend largely on whether there are cases in the country. The eventual appearance of cases in Jamaica is considered virtually inevitable.

If affected, Jamaica should follow the recommendations below. If unaffected, preparations should be made to implement these recommendations rapidly, especially if there is extensive trade/travel links with affected countries.

Phase 6

Pandemic Period

Category: Planning and Coordination		
Objectives:		
<ol style="list-style-type: none"> 1. To provide leadership and coordination of multi-sectoral resources that will: minimize morbidity and mortality; preserve health-care system effectiveness; minimize societal disruption; and minimize the economic impact of a pandemic. 2. To ensure rational access to finite national resources, including pharmaceutical supplies and (when available) vaccine. 3. To evaluate the effective of specific responses and interventions. 4. To establish and maintain trust across all agencies and organizational and with the public, through a commitment to transparency and credibly actions. 5. To draw lessons from the ongoing pandemic response in order to improve responses strategy and inform future planning. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Countries not yet affected-Jamaican not yet affected	
1.	Activate crises committee(s) and national command and control of emergency operations (if not already done.)	Directors of ODPEM and EDMSSB
2	Finalize adjustment of official guidelines and recommendations.	Directors of ODPEM and EDMSSB
3	Provide guidance to local authorities in all sectors on implementation and evaluation of proposed interventions.	Directors of ODPEM and EDMSSB

Affected countries- Jamaican affected		
1.	Implement all relevant elements of national pandemic plan, including coordination of response and implementation of specific interventions.	Directors of EDMSSB VPH and Vet. Medicine
2	Assess and publicize the current and cumulative national impact.	Directors of EDMSSB VPH and Vet. Medicine
3	Consider apply emergency powers	HM of Health and CMO
Subsided (end of pandemic or between waves)		
1	Determine need for additional resources and powers during subsequent pandemic waves	CMO; Directors of EDMSSB; FH; VPH and Vet. Medicine
2	Declare end of emergency command-and-control operations, states of emergency, etc.	CMO; Directors of ODPEM & EDMSSB
3	Support rebuilding of essential service, including rotating, rest and recuperation for staff	Directors EDMSSB; HSP&I; HP&P
4	Review national plan based on experiences	Directors EDMSSB; HSP&I; HP&P; VPH and Vet. Medicine
5	Address physiological impacts	Directors of Mental Health and HP&P
6	Acknowledge contributions of all stakeholders (including the public) and essential staff towards fighting the disease	CMO; Director EDMSSB; HSP&I; HP&P
7	Consider offering assistance to remaining countries with ongoing widespread activity	CMO; Director, EDMSSB

Phase 6

Pandemic Period

Category: Situation Monitoring and Assessment		
Objective:		
1. To monitor the epidemiological, virological and clinical features, and the course and impact of the pandemic at the national level, in order to forecast trends and optimize the use of finite resources.		
2. To assess the effectiveness of interventions used to date in order to guide future actions.		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	Countries not affected– Jamaica not yet affected	
1	Continue enhance surveillance measures as for Phase 5 (unaffected country).	CE & Director of Surveillance

2	Monitor global situation (vaccine/antiviral availability, recommendations for best practices, etc.).	Director of Family Health
3	Estimate the impact of vaccination and antiviral programmes used elsewhere (safety, efficacy and antiviral resistance).	Directors of Surveillance and Family Health
	Affected countries – Jamaica affected	
1	Monitor geographical spread of disease from point(s) of introduction/first detection.	CE & Director of Surveillance.
2	Use enhance surveillance and case-management database to identify initial cases/contacts and track initial geographical spread.	CE & Directors of Surveillance and DPC.
3	Monitor for possible changes in epidemiology, clinical presentation and virological features.	CE & Directors of Surveillance and DPC.
4	Monitor and assess national impact (morbidity, mortality, workplace absenteeism, regions affected, risk groups affected, health –care worker availability, essential worker availability, health-care supplies, bed occupancy/availability, admission pressures, use of alternative health facilities, mortuary capacity, etc.).	Directors of EDMSSB; HSP& HRM and RTDs.
5	Assess need for emergency measures, eg emergency burial procedures, use of legal powers to maintain essential services.	Directors of EDMSSB , Legal Affairs & EH
6	If sufficient resources, forecast trends (course of pandemic) and economic impact.	CE & Director of Surveillance
7	Assess uptake and impact of: treatments and countermeasures, including vaccine/antiviral efficacy and safety and emergence of antiviral resistance; non pharmaceutical interventions: etc.	Directors of Family Health and DPC
8	As disease activity intensifies and becomes more wide spread, adjust surveillance (e.g. Reduce virological surveillance, discontinue case-management database) and adjust case definition to reflect increasing certainty of clinical diagnoses in absent of virological confirmation; switch to aggregate data collection on morbidity and mortality. Maintain sufficient virological surveillance to detect antigenic drift.	CE & Directors of Surveillance and DPC.
	Subsided (end of pandemic or between waves)	
1	Evaluate resource needs for subsequent waves if they occur.	Directors of EDMSSB and Family Health
2	Identify the most effective surveillance and control measures for subsequent pandemic waves.	CE, Directors of EDMSSB; FH;

		and Surveillance
3	Report current status through appropriate international mechanisms.	CMO; Directors of EDMSSB and Family Health
4	Review lessons learned.	CMO, CE, Directors of EDMSSB, HSPI, Family Health, HP&P; EH, VPH; and Vet. Medicine
5	Reinstate enhanced surveillance for early detection of subsequent wave.	CE, Directors of EDMSSB; and Surveillance
6	Share experience gained with international community (lessons learned).	CMO; Directors of EDMSSB and Vet. Medicine

Phase 6

Pandemic Period

Category: Prevention and Containment		
Objectives:		
<ol style="list-style-type: none"> To contain or delay spread using public health interventions, while limiting societal disruption. To minimize morbidity and mortality through the rational use of pharmaceuticals, eg. Vaccines and antivirals. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
	As soon as possible (regardless of extent of disease activity)	
1	Implement pandemic vaccine procurement plans; update vaccine recommendations; re-evaluate dosage and schedule based on available new data and WHO recommendations; plan logistics of delivery.	Director of Family Health
2	As soon as available, implement pandemic vaccine programme as availability/ resources permit; evaluate safety and efficacy; monitor supply.	Director of Family Health
	Countries not yet affected	

1	Implement appropriate public health interventions as identified during contingency planning and consider new guidance provided by WHO	Directors of Environmental Health; DPC; VPH and Surveillance
2	Review/update recommendations for use of antivirals based on: emerging data from affected countries; clinical studies; evidence of resistance; changes to WHO recommendations; availability and resources.	Directors of Family Health and DPC
3	Implement distribution plan; monitor supply; be prepared to contribute to evaluation of safety and effectiveness.	Director of Family Health
Affected countries – Jamaica affected		
1	Implement appropriate public health interventions identified during contingency planning, and consider new guidance provided by WHO.	Directors of Environmental Health; DPC; VPH and Surveillance
2	When possible, evaluate the effectiveness of such measures.	Directors of Environmental Health; DPC; VPH and Surveillance
3	Re-evaluate use of antivirals based on clinical studies, evidence of resistance, changes to WHO recommendations and availability.	Directors of Surveillance and Family Health
Subsided (end of pandemic or between waves)		
1	Review effectiveness of treatments and counter measures; update guidelines, protocols and algorithms.	Directors of Family Health; HP&P and HSP&I
2	Evaluate antiviral efficacy, safety and resistance data; review/update guidelines as necessary; assess supply for subsequent wave(s).	Directors of Family Health and Surveillance
3	Assess vaccines coverage to date, efficacy and safety; review/update guidelines as necessary; begin vaccination of persons not yet immunized in line with plans, priority status and availability; consider incorporation of pandemic strain into seasonal vaccine.	Director of Family Health

Phase 6

Category: Health System Response

Objectives:

1. To optimize patient care with limited resources.
2. To reduce overall impact of the pandemic (morbidity and mortality).
3. To manage demand on health systems in order to maximize sustainability

of response.		
No.	ACTIONS	PERSON(S) RESPONSIBLE
Countries not yet affected- Jamaica not yet affected		
1	Keep emergency coordinating arrangements and chains of command for health systems fully functional.	Directors, EDMSSB, HSPI, DPC
1.1	Review WHO declaration and format and prepare new information for distribution	“
1.2	Distribute using lists and guidelines as for Phase 3	“
2	Keep case definition, protocols and algorithms for case-finding, management (including appropriate use of antibiotics to treat suspected bacterial infections), infection control and surveillance updated in line with the latest WHO guidance.	Directors, EDMSSB, HSPI and DPC
3	Maintain health care worker vigilance for the onset of cases and clusters.	Directors, EDMSSSB, HSPI
4	Finalize ways to provide drugs and medical care free of charge (or covered by insurance) to the patient and the health care delivery system, to encourage prompt reporting and recognition of the start of pandemic activity.	HMH, PS, CMO, Director, EDMSSB
5	Maintain capability / capacity for infection control for ill patients and implement infection control consistent with latest WHO guidelines; maintain staff competency in use of personal protective equipment (conduct drills).	Director, EDMSSB / RTDs / MOs(H)
6	Keep under review plans relevant to health system response at all levels down to the smallest functioning health unit.	“
6.1	Maintain surge capacity arrangements	“
6.2	Prepare for imminent switch to pandemic working arrangements	“
Affected countries - Jamaica affected		
1	Implement in full, pandemic contingency plans for health systems and essential services at national and local levels where affected.	Directors, EDMSSB, HSPI, DPC / RTDs / MOs(H)
1.1	Activate health systems and plans to accept patients at all facilities, according to approved list	“
1.2	Prepare isolation and quarantine facilities to accept patients	“
1.3	Monitor health system status	“
1.4	Adjust triage system if necessary	“
1.5	Deploy additional workforce and volunteers	“
1.6	Ensure staff support	“
1.7	Provide medical and non-medical support for ill people in alternative (non-health care) facilities, if needed.	“
1.8	Provide social / psychological support for health care workers, victims and communities.	Directors, HRM& Mental Health
2	Implement data collection system on effectiveness and safety of clinical interventions, as determined, and share these with areas not yet affected and WHO.	CMO, Dir, EDMSSB

3	Implement vaccine campaign according to established priority status, in keeping with plans and availability.	Dir. FH
4	If resources permit, collect available data on effectiveness of clinical interventions and share these with WHO	CMO, Dir, EDMSSB
Subsided (end of pandemic or between waves)		
1	Ensure that overworked staff have opportunities for rest and recuperation	RTDs Director, HRM&CS
2.1	Restock medications and supplies	Dir. FH
2.2	Service and renew essential equipment	Dir. Maintenance
3	Review / revise plans in anticipation of subsequent waves	Dir. EDMSSB
4	Support rebuilding of essential services	CMO, Dir, EDMSSB
5	Adjust case definitions, protocols and algorithms	"
6	Continue with vaccine programme in line with plans, priority order and availability	Dir. FH

Phase 6

Pandemic Period

Category: Communications – (see Appendix XIV)		
Objectives:		
<ol style="list-style-type: none"> 1 To ensure public access to regularly-updated official national sources and focal points for credible, consistent information related to the pandemic. 2 To maintain open and accessible channels for advice to the public on specific subjects (e.g. travel, social gatherings, etc.). 3 To achieve public acceptance and support for national responses and contingency measures. 4 To ensure rapid sharing of information regarding progress of the pandemic among health authorities, other relevant government departments and other partners. 		
No.	ACTIONS	PERSON(S) RESPONSIBLE
Countries not yet affected – Jamaica not yet affected		
1	Keep news media, public, professional partners and other stakeholders informed about progress of pandemic in affect countries; prepare audiences for imminent onset of pandemic activity.	Directors of EDMSSB and Communication
2	Redefine key messages; set reasonable public expectations: emphasis need to comply with public health measures despite their possible limitations.	Directors of EDMSSB and Communication
3	Utilize last “window of opportunity” to refine communications strategies and systems in anticipation of imminent pandemic.	Directors of EDMSSB; Communications and HP&P

4	Inform public about interventions that maybe modified or implemented during a pandemic, e.g. prioritization of health-care services and supplies, travel restrictions, shortages of basic commodities, etc.	Directors of EDMSSB; HSP&I; HP&P and Communications
Affected countries – Jamaica affected		
1	Maintain capacity for meeting expected domestic and international information demands.	Directors of EDMSSB; HP&P/CE
2	Activate all elements of the communications plan.	Directors of EDMSSB and Communications
3	Acknowledge public anxiety, grief and distress associated with pandemic.	Director of EDMSSB; HP&P; HRM and Communication
4	Audit outcomes of communications activities to refine current response and inform future pandemic planning.	Directors of EDMSSB; Communications and HP&P
Subsided (end of pandemic or between waves)		
1	Evaluate communications response during previous [phases; review lessons learned	CMO/ CE/ Directors of EDMSSB; Family Health; HSP&I, HP&P; VPH & Vet. Medicine
2	Publicly address community emotions after the pandemic.	Director of EDMSSB; HP&P and Communication
3	Make people aware of uncertainties associated with subsequent waves.	Directors of EDMSSB; Communications and HP&P

VI. DEACTIVATION

Deactivation will be declared by the CMO or the SMO(H) / Director, EDMSS on the advise of the CMO, when it has been determined that all actions have been taken in the Response to prevent and control the transmission of Influenza. Incidence would have returned to determined endemic levels and all follow-up actions for the Response completed.

VII. RECOVERY

Actions in this phase will return programmes, projects and plans of all sectors to those routine activities, which were in place before the Response to the Influenza Pandemic.

VIII. DEBRIEFING

A debriefing meeting for the MOH will be convened by the SMO(H) / Director, EDMSS within seven (7) working days of deactivation.

Debriefing meetings at the level of the institution, parish and region are also to be held, prior to the MOH debrief and all reports forwarded at least three (3) days before the MOH debrief.

For prolonged activations, debriefing meetings and reports will be held periodically as outlined in the MOH NEOC Plan and as requested by the HMH.

IX. FINAL REPORT

A final report will be prepared by the SMO(H) / Director, EDMSS within fourteen (14) working days of deactivation and ten (10) working days of the debriefing meeting.

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