

WHO guidance on public health measures for countries in response to the pandemic of new influenza A (H1N1) virus

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Introduction

WHO is providing the following guidance to help countries manage the current pandemic of the **new influenza A (H1N1) virus**. This guidance reflects current knowledge and experience gained since April 2009. Further international spread of the pandemic virus is expected to continue over the coming weeks and months. At this time, however, the epidemiological situation among countries is highly variable, ranging from those with no or few cases to those experiencing widespread community outbreaks. In past pandemics, the greatest health impact has occurred in the first year but excess deaths associated with spread of the pandemic virus have occurred over a 2 year period.

General guidance for all countries

- **Monitoring the pandemic.** Countries should maintain surveillance¹ during the pandemic period by:
 - Monitoring the virus for important genetic, antigenic or functional changes (for example antiviral drug sensitivity).
 - Monitoring disease and outbreaks to know if activity levels are going up or down.
 - Monitoring the functioning of health care system to ensure continuity and rapid adjustments.
 - Identifying and investigating unusual cases, clusters or outbreaks, so important changes in the epidemiology or severity are identified quickly.
 - Characterizing in detail the clinical and epidemiological features of the first 100 or more cases of pandemic disease in any new settings to ensure critical information is collected and made available widely.
 - Reporting surveillance information to WHO frequently and rapidly.
- **Communications and information for the public.** Countries should make active communications a part of their strategic response by providing accurate and up-to-date information on issues such as pandemic activity and actions being undertaken by the government².
- **Adapt plans and interventions to the current pandemic:** Countries should revise pre-existing national pandemic plans so national actions taken for this pandemic are sustainable and appropriate for the current severity of this pandemic³. Specifically:
 - National efforts should focus primarily on mitigating the health and social impact of the virus through appropriate care of ill persons rather than on attempts to contain transmission of the disease.
 - Health systems should prepare to manage higher volume of cases, and potentially, more serious cases of illness.

¹ <http://www.who.int/csr/resources/publications/swineflu/surveillance/en/index.html>

² For guidance, see <http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

³ For further guidance, see <http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html>

- Countries should implement plans for obtaining essential medicines and equipment, as well as antivirals and vaccines.

In addition to the general guidance provided above, countries are also advised to note the following guidance that is specific to their current level of disease transmission and context.

Guidance for countries with widespread community transmission.

Surveillance

- As a baseline, national surveillance should track 1) the spread and increases or decreases of cases, deaths and outbreaks associated with the pandemic virus; 2) the functioning of the health care system; and 3) any changes in the viruses.
- The collection of clinical samples for virus testing should be limited so that only selected samples of cases, rather than all cases, are tested during the remaining pandemic period to save on laboratory resources while allowing critical information to be collected.

Control Measures

- The primary focus should be on the appropriate management of patients, either at home or in health care facilities.
- The health care system should be protected and supported so it can continue to operate.
- Most people with pandemic infection can be diagnosed clinically and without laboratory testing.
- Community level measures such as school closures and cancellations of mass gatherings can be considered on a case by case basis to slow increases in infection and to try and reduce pressure on the health care system. In implementing such measures consideration should be given to the disruption they may cause, and the feasibility and sustainability of their implementation.

Guidance for countries with no reported cases of pandemic infection

Surveillance

- Countries should identify any national disease and virus surveillance capacity that can be used to detect and monitor cases of disease including laboratories with the capacity to test influenza viruses. If no capacity is available within a country, WHO can help with shipment of clinical specimens to another laboratory.
- Surveillance should focus on settings such as closed communities (for example, schools, military camps, health institutions) particularly in urban settings since these are locations where new cases are likely to occur.
- Baseline surveillance for influenza or severe respiratory illness should be maintained.
- Entry or exit screening at airports and contact tracing can be considered but such actions are resource-intensive and will provide decreasing benefits as infections become more common. Such screening may detect cases but may not prevent the spread of the disease since asymptomatic or sub-clinical infections will not be detected.

Control Measures

- Incoming travellers who are sick should be provided with the information needed to obtain medical attention.
- The health-care sector should 1) be ready to manage increasing numbers of patients with respiratory disease, 2) ensure the availability of essential medications and supplies for the treatment of pneumonia as well as other common life-threatening illnesses in the

community, and 3) provide training to health-care workers on the diagnosis and treatment of influenza patients⁴.

- WHO recommends no border closure and no travel restrictions because they will not prevent the spread of the disease and may have a negative economic impact.

Guidance for countries in transition

Surveillance

- Countries should notify laboratory confirmed cases to WHO in accordance with the International Health Regulations (2005).⁵
- Detailed epidemiological, clinical and virological information should be collected on the first 100 cases or as many as is possible.
- Information to assess the severity of the disease at the national level⁶ should be collected .
- Very resource-intensive efforts such as contact tracing should phased out once the value of the collected information drops.

Control Measures

- Countries in transition should be prepared to move towards implementing the control measures recommended to countries with sustained community transmission as described above.
- Antiviral prophylaxis generally should be limited, and antiviral drugs should be reserved for patient treatment, particularly those patients who have, or are at high risk for, severe disease.

⁴ Resources are available at <http://www.who.int/csr/disease/swineflu/guidance/clinical/en/index.html>

⁵ See <http://www.who.int/ihr/9789241596664/en/index.html>

⁶ See <http://www.who.int/wer/2009/wer8422.pdf>