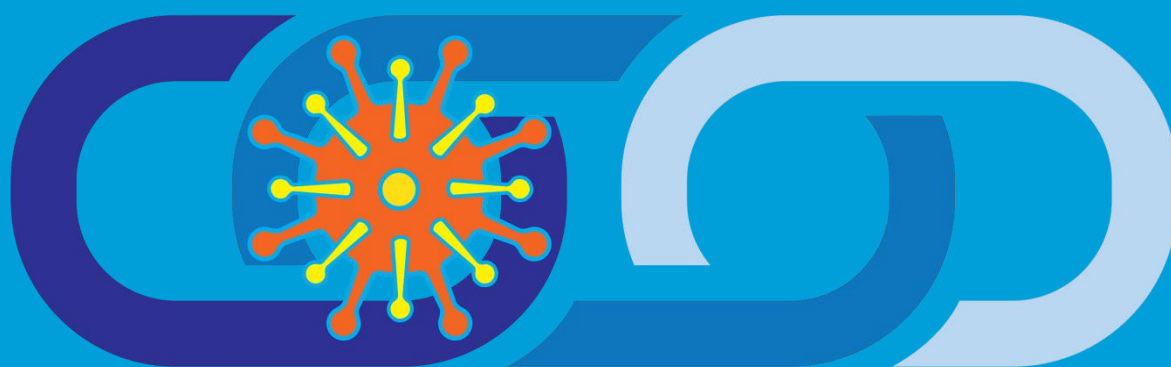


GLOBAL  
INFLUENZA  
PROGRAMME

# PANDEMIC INFLUENZA RISK MANAGEMENT



A WHO guide to inform & harmonize national & international  
pandemic preparedness and response

**WHO/WHE/IHM/GIP/2017.1**

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# Pandemic Influenza Risk Management

## WHO Guidance

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## ABBREVIATIONS

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ARI	Acute Respiratory Infections
CAR	Clinical Attack Rate
CFR	Case Fatality Ratio
ERMH	Emergency Risk Management for Health
GAP	Global Action Plan for Influenza Vaccines
GISRS	Global Influenza Surveillance and Response System
IHR (2005)	International Health Regulations (2005)
ILI	Influenza-like Illness
MAARI	Medically attended acute respiratory illness
PHEIC	Public Health Emergency of International Concern
PIP Framework	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
SAGE	Strategic Advisory Group of Experts on Immunization
SARI	Severe Acute Respiratory Infection
UN	United Nations

## EXECUTIVE SUMMARY

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Influenza pandemics are unpredictable but recurring events that can have consequences on human health and economic well-being worldwide. Advance planning and preparedness are critical to help mitigate the impact of a pandemic. This WHO guidance document, *Pandemic Influenza Risk Management*, updates and replaces *Pandemic influenza preparedness and response: WHO guidance document*, which was published in 2009. This revision of the guidance takes account of lessons learned from the influenza A(H1N1) 2009 pandemic and of other relevant developments.

The influenza A(H1N1) 2009 pandemic was both the first of the 21st century and the first since the adoption of the IHR 2005. The experience of Member States during the pandemic varied, yet several common factors emerged. Member States had prepared for a pandemic of high severity and faced difficulties to adapt their national and subnational responses adequately to a more moderate event. Communications were also demonstrated to be of immense importance: the need to provide clear risk assessments to decision-makers placed significant strain on ministries of health; and effective communication with the public was challenging. These, and other areas with improvement potential, were identified by the Review Committee on the Functioning of the IHR (2005) in relation to Pandemic (H1N1) 2009.

The influenza A(H1N1) 2009 pandemic provided a wealth of additional information to the established and growing body of knowledge on influenza viruses at the human–animal ecosystem interface. Other notable developments since the publication of the 2009 guidance include the adoption by the Sixty-fourth World Health Assembly of the Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits. In addition, risk management of acute public health events that have the potential to cross borders and threaten people worldwide continues to improve as a result of IHR (2005) and States Parties' obligations on capacity strengthening.

This guidance can be used to inform and harmonize national and international pandemic preparedness and response. Countries should consider reviewing and/or updating national influenza preparedness and response plans to reflect the approach taken in this guidance. Also articulated are the roles and responsibilities of WHO relevant to pandemic preparedness, in terms of global leadership and support to Member States in line with other United Nations (UN) policies of crisis and emergency management. This document is not intended to replace national plans, which should be developed by each country.

### New in the 2013 guidance

#### Emergency Risk Management for Health

The approach taken in this 2013 guidance applies the principles of all-hazards Emergency Risk Management

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