



Public health measures during the influenza A(H1N1)2009 pandemic

MEETING REPORT

WHO Technical Consultation

26–28 October 2010, Gammarth, Tunisia



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Contents

Executive Summary	1
Background	3
Mass gatherings	5
1. Key factors/observations	5
2. Current guidance	5
3. Range of events – interventions	6
4. Effectiveness measures	6
5. Available evidence	7
6. Lessons learned	8
7. Conclusions and next steps	8
Travel and Trade	9
1. General observations	9
2. Current guidance	9
3. International guidance at country level	10
4. Range of interventions and considerations	10
5. Available evidence	11
6. Lessons learned	12
7. Conclusions and next steps	12
School Measures	14
1. Introduction - general observations	14
2. Current guidance	14
3. Policy	15
4. Range of interventions	15
5. Evaluations of interventions	16
6. Available evidence	17
7. Lessons learned	18
8. Conclusions and next steps	19
Behavioural interventions	20
1. Guidance	20
2. Policy	20

3. Interventions	20
4. Risk communications	21
5. Effectiveness	21
6. Available evidence	21
7. Lessons learned	23
8. Conclusions and next steps	24
Workshop Summary	25
Next steps	26
Public Health Research Agenda for Influenza	27
Annexes	29
Annex 1. Agenda	31
Annex 2. List of Participants	33
Annex 3. Declaration of Interests	36

Executive Summary

In order to learn from the experiences of Member States in the implementation of public health measures during the influenza A(H1N1)2009 pandemic, the WHO Global Influenza Programme held a workshop in Gammarth, Tunisia, 26–28 October 2010. Information and findings from this workshop will inform the revision of the pandemic preparedness and response guidance. Experiences were shared by 15 Member States, five UN agencies and three International Organizations.

Key themes emerged from the discussions.

- The need and usefulness of inter-sectoral collaboration involving all stakeholders during the planning, implementation and evaluation of all intervention activities was stressed.
- The experiences shared demonstrated the wide variety of governance structures and resources available. Guidance should take these differing structures into consideration.
- While well-prepared national plans were generally available, sub-national plans were not always available nor linked across sub-national areas, leading to conflicting messages and inconsistent application of measures.
- The mild nature of the influenza A(H1N1)2009 pandemic and its low mortality rate clearly affected the use of guidance which was designed for response to a more severe disease.
- The evaluation of implemented measures varied by methodology and used different indicators with largely subjective outcomes.
- There was a strong desire to follow up on evaluation of measures with the development of standardized evaluation tools, taking into consideration current surveillance systems in the Member States.
- A methodology for measuring the economic costs of interventions and the overall pandemic should be taken into account during pandemic preparedness.
- Implementing interventions throughout the crisis reinforced the capacity of Member States' response agencies and coordination mechanisms.
- It was recognized that preparation, training and making necessary provisions had a positive effect on the development of mass gathering events. WHO guidance was used extensively in planning.
- Guidance needs to be tailored to the specific mass gathering event, taking into account the dynamics of varying types of gatherings, their settings and their associated risks.
- In the case of sporting events, H1N1 was considered a potential 'game stopper', with enormous social, political and economic implications along with potential effects resulting from player illness. However, advance planning and interventions resulted in highly successful events.
- There is a need to know much more about respiratory infection risks associated with mass gatherings.

- Evaluating the effectiveness of border health/temperature screening during the pandemic was difficult, especially in the absence of counterfactual analyses; i.e., analyses of what would have happened if the intervention had not occurred.
- Points-of-entry temperature screening was the most controversial intervention, with significant human resource implications and variable effectiveness evaluations ranging from of little usefulness to highly effective.
- Public information and communication strategies are crucial in any response to a pandemic. This could well determine the public response. The sharing of best practices, particularly in dissemination of public messages could be time and cost saving.

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