

Caritas Internationalis

PANDEMIC INFLUENZA

Guidelines for planning
and response by
Caritas organizations



April 2009

I. Introduction and purpose of this document

Individuals, families, and faith- and community-based organizations will have a very important role to play in reducing human suffering and social disruption during an influenza pandemic. Scientists and public health authorities believe that an influenza pandemic is imminent, and based on experiences in the last century, limiting its spread will be very difficult once it starts.

As with most humanitarian emergencies, pandemic influenza is likely to have a greater impact on the poor and vulnerable populations of the world. The World Health Organization predicts that overcrowding, malnutrition, and poor access to health-care services in some settings are likely to lead to higher morbidity and mortality rates ...”¹ Caritas and its partner organizations already deliver a wide range of health and social services to populations living in such conditions, and are therefore well placed to play an important role in the event of an influenza pandemic. As Pope Benedict XVI said in his encyclical *Deus Caritas Est*: “Following the example given in the parable of the Good Samaritan, Christian charity is first of all the simple response to immediate needs and specific situations: feeding the hungry, clothing the naked, caring for and healing the sick...”² Pope Benedict went on to say: “The Church’s charitable organizations, beginning with those of *Caritas* (at diocesan, national and international levels), ought to do everything in their power to provide the resources and above all the personnel needed for this work.”³

There is therefore a clear obligation upon Caritas organizations and their partners to prepare for an influenza pandemic. This document focuses on various useful measures that can be implemented by faith- and community-based organizations such as Caritas. The material can be adapted according to the needs of the general public and community organizations.

Such activities are not new to Caritas; its member organizations often are confronted with infection control and other public health management issues in their various interventions in the course of emergency and ongoing development activities. The General Secretariat of Caritas Internationalis hopes that this planning document will encourage member organizations to be well informed and strategically prepared to confront the potential global threat of pandemic influenza. The information it contains has been elaborated in close collaboration between the World Health Organization’s Pandemic Influenza Unit and the Caritas Internationalis Delegation in Geneva.

In light of the fact that new information and issues related to a potential pandemic of influenza will continue to emerge, it is advisable that the general public and community organizations avail themselves of updated information as it is released by public health

¹ *Pandemic influenza preparedness and mitigation in refugee and displaced populations*, World Health Organization, Programme On Disease Control In Humanitarian Emergencies Communicable Diseases Cluster, May 2006, WHO/CDS/NTD/DCE/2006.2, http://whqlibdoc.who.int/hq/2006/WHO_CDS_NTD_DCE_2006.2_eng.pdf

² Pope Benedict XVI, *Deus Caritas Est*, #31a, Libreria Editrice Vaticana, 2005, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html

³ *Ibid.*, #31a.

authorities. One resource for such information is the WHO website: <http://www.who.int>
The bibliography at the end of this document provides additional reference materials.

II. Frequently-Asked Questions about influenza pandemics

Q. What is influenza?

A. Influenza, commonly known as flu, is a viral infection caused by influenza viruses. Infection is typified by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough and sore throat with or without runny nose (rhinorhea)/sneezing, and usually is self-limiting so people recover without specific treatment in about a week.

Q. What is a pandemic?

A. An influenza pandemic is a global outbreak that results from the emergence of a new influenza virus. The virus is so different from the previously circulated viruses, that no one is immune to the virus, therefore many people will be infected and possibly become seriously ill. Three influenza pandemics occurred during the 20th century, with the 1918 pandemic being the most devastating. It is estimated that, during the 1918 pandemic, 20-50 million people died worldwide. If an influenza pandemic were to occur today, many people in the community would be affected either directly or indirectly.

Q. What is the difference between seasonal, avian and pandemic influenza?

A. Seasonal influenza is a highly infectious disease that spreads among humans around the world in seasonal epidemics, affecting 10% to 20% of the total population. There are two types of influenza viruses about which to be concerned, A and B. Influenza virus A has several subtypes, of which two, H1N1 and H3N2, are currently important with regard to human infections.

A. Avian influenza, sometimes called “bird flu”, is a contagious disease caused by influenza A viruses which mainly affects domestic poultry. All the subtypes of influenza A viruses are found in wild water fowl; these do not necessarily cause illnesses among the birds. Avian influenza viruses can be species-specific, but have, on occasion, crossed the species barrier to infect humans and other mammals. The A (H5N1) virus, which has been causing fatal infections in birds, other animals and humans, is an example of avian influenza.

A. Pandemic influenza - A pandemic occurs when a new influenza virus emerges and starts spreading as easily as seasonal influenza – by coughing and sneezing and, possibly even when a person touches a contaminated surface and then touches his/her eyes, nose or mouth. Because the virus is new, no one will have pre-existing immunity. This makes it likely that people who contract pandemic influenza will experience more serious disease symptoms than are caused by seasonal influenza.

Pandemic influenza is a rare but recurrent event. Three pandemics occurred in the previous century: in 1918, in 1957, and in 1968. The 1918 pandemic killed an estimated 40–50 million people worldwide. Subsequent pandemics were much milder, with an

estimated 2 million deaths in 1957 and 1 million deaths in 1968. Experts believe the next influenza pandemic is overdue.

Q. How do people become infected?

A. Seasonal influenza viruses are transmitted easily from person to person mainly via droplets and small particles produced when infected people cough or sneeze. Influenza tends to spread rapidly in seasonal waves.

For avian influenza viruses, direct contact with infected poultry, or surfaces and objects contaminated by their faeces, is presently considered to be the main route of human infection. To date, most human cases have occurred in rural or peri-urban areas where many households keep small poultry flocks, which often roam freely, sometimes entering homes or sharing outdoor areas where children play.

Q. When will the next pandemic occur?

A. No one can predict when a pandemic might occur, but many scientists from around the world believe that one is imminent and are observing very closely the situation of H5N1 avian (bird) influenza in Eurasia, Middle East and Africa. They are preparing for the possibility that the virus in birds (not only H5N1 but also other influenza viruses of animal origin) may change and become more easily transmissible among people.

Q. How will an influenza pandemic affect our communities?

A. Many people may become sick at the same time and thus will be unable to go to work. Many may have to stay at home to care for sick family members. Schools and businesses may be closed for a time in an effort to reduce the spread of disease. Large group gatherings may be cancelled. Social functions may be paralysed because of the remarkable reduction of work forces. These are examples of challenges that are being considered as we plan for a pandemic response.

Q. What is swine influenza?

A. Swine influenza, or “swine flu”, is a highly contagious acute respiratory disease of pigs, caused by one of several swine influenza A viruses. Morbidity tends to be high and mortality low (1-4%). The virus is spread among pigs by aerosols, direct and indirect contact, and asymptomatic carrier pigs. Outbreaks in pigs occur year round, with an increased incidence in the fall and winter in temperate zones. Many countries routinely vaccinate swine populations against swine influenza.

Outbreaks and sporadic human infection with swine influenza have been occasionally reported. Generally, clinical symptoms are similar to seasonal influenza but reported clinical presentation ranges broadly from asymptomatic infection to severe pneumonia resulting in death.

Q. What can we expect from an outbreak of pandemic influenza?

A. Influenza pandemics are unpredictable but recurring events that can have severe consequences worldwide. WHO has estimated conservatively¹ that the next influenza pandemic could result in 2–7.4 million excess deaths worldwide.

Because the precise timing and impact of a future pandemic remains highly speculative, there is a growing danger of complacency. Pandemic preparedness in most, if not all, countries and regions remains incomplete – even though an influenza pandemic could occur at any time resulting in:

- rapid spread of pandemic disease leaving little time to implement ad hoc measures;
- medical facilities struggling to cope with demand;
- potentially serious shortages of essential personnel;
- delayed and limited availability of pandemic influenza vaccines, antivirals and antibiotics;
- adverse effects on communities, continuing beyond the immediate period of disease;
- intense scrutiny from the public, government agencies, and the media on the state of national preparedness.

III. *How Caritas organizations can prepare for and respond to an influenza pandemic*

Caritas organizations and their partners have a close and direct relationship with communities and are well placed to raise awareness, communicate information, provide needed services, and liaise with the government during an emergency. They can be engaged in such activities as the following:

- 1. Planning and coordination:** National governments, and the public health sector in particular, traditionally have played a lead role during extraordinary health-related situations such as a pandemic. Before and during a pandemic, in order to have the desired impact and outcome, the Caritas and partner organizations should combine such efforts with those of governmental and other non-governmental sectors.
- 2. Situation monitoring and assessment:** Continued monitoring and assessment will help to determine proportionate responses as events unfold. Once a pandemic influenza virus starts to circulate, it also will be vital to assess the efficacy of the implemented responses to adjust, if necessary and if possible, responses in particular settings. Caritas and other partner organizations might actively provide services in these areas.
- 3. Communications:** The scope and complexity of the task demands frequent, transparent and proactive communication and information exchange with the public, partners, and other stakeholders, about decision-making, health recommendations and related information. Additional planning activities should be undertaken to address the specific communication challenges faced by Caritas and partner organizations.
- 4. Reducing the spread of disease:** public health measures to reduce the spread of disease will be the most important set of response tools that Caritas organizations will have at their disposal in order to mitigate the effects of a pandemic.
- 5. Ensuring continuity of health care provision:** at the peak of a pandemic, health systems will face considerable difficulties as increasingly greater numbers of people present themselves to health-care facilities at all levels of care. Ensuring the continued provision of high-quality health care and social services to all those affected patients will need to be seen as a be a priority among Caritas and partner organizations.

IV. *Planning and adapting community preparedness and response to local contexts*

Caritas and partner organizations should consider the following when planning community preparedness and response:

- 1. Involve all sectors within the community:** Getting people to adopt healthy behaviours requires many components, from simple knowledge to complicated logistical arrangements. Therefore, involvement of various stakeholders within a multi-sectoral framework is important. Such efforts should be in harmony with national plans.
- 2. Make culturally and locally relevant recommendations:** Scientifically sound advice should be adapted to local circumstances in order to ensure that issues such as costing, logistics, sustainability and acceptability are addressed. Contracting with local producers for consumables is a good idea in order to ensure that necessary items will be available when these are needed.
- 3. Implement measures on time:** Some general measures that will be beneficial during the time of a pandemic, such as respiratory etiquette and hand washing, should be promoted in health education campaigns well before the pandemic, starting NOW!
- 4. Communicate effectively:** Effective outbreak communication is essential for a relationship based on trust among individuals and within communities. This will assist in safeguarding society, economy, public health infrastructure, individuals and families as much as possible during a pandemic. Such messages should be based on the national plan, promote compliance with public health measures, and provide the best information available in a timely and in a manner easily understood by all, including minorities.

V. *Essential elements in planning a Caritas response to pandemic influenza*

The checklist proposed below includes a list of information and resources that will help ensure consistency and completeness in being ready for a pandemic of influenza at national and community levels:

1. Preparing for an emergency.

These general items should be considered in the case of any emergency:

- Get involved in national and local community preparedness
- Plan for absence from work
- Evaluate medical and social needs of local communities and advocate to improve access to services if needed

2. Communication.

Accurate and timely information is critical to minimize unwanted and unforeseen consequences as well as to maximize the outcome of your actions

- Identify reliable pandemic information
- Obtain and distribute material with basic influenza pandemic information

- Share information and appropriate, understandable communications with staff, volunteers, and beneficiaries
- Establish an emergency communication plan
- Develop and deliver effective risk communication for the public
- Align public health messages and recommendations with religious and cultural values, beliefs, and practices

3. Be cognizant that access to medical services, vaccines and anti-virals might be limited during a pandemic and that measures taken at home and at community level may be the only way to delay the spread of the disease.

4. Strive to ensure that the means and resources for facing a pandemic will help to guarantee that items and services will be in place once the pandemic strikes.

- Determine the amount of supplies needed to promote respiratory hygiene and cough etiquette and how they will be obtained
- Consider focusing your organization's efforts during a pandemic in order to provide services that are most needed during the emergency, including mental/spiritual health or social services
- Encourage planning to ensure that those living in local communities have all the items needed to stay at home for an extended period

5. Coordinate with external organizations. Joint efforts and planning together will guarantee that communities are better prepared and will avoid duplication and enjoy optimal use of resources.

- Identify key stakeholders responsible for and working on influenza pandemic preparedness and response
- Collaborate with national and local authorities and organizations to share your pandemic plans and understand their capabilities and plans
- Join efforts with other organizations
- Identify risk groups within the community and identify ways to deliver extra assistance
- Determine ways in which your facilities might be used during a pandemic, such as for a temporary shelter, warehouse, etc
- Liaise with national and local authorities and emergency organizations to integrate your organization in the local plan
- Identify other organizations that are formulating plans and integrate these emergency plans
- Train volunteers and staff; they can strengthen your organization's response during an emergency
- Integrate influenza pandemic response into existing programs and strengthen counselling activities during pandemic

Implement, exercise and revise your plan periodically. A pandemic plan needs to remain a dynamic document in order to ensure that is widely known. This can only be achieved if the plan is tested and revised regularly.

- Develop a system that can be used to assess the progress with implementation
- Prepare and join simulation exercises within your organization and other organizations and local authorities
- Create opportunities to test the components of the plan that can be applied to other circumstances or events in which your organization might be involved

7. Post-pandemic

- Ensure that local community concerns related to the impact of the pandemic are addressed and support the rebuilding of local society. Once the pandemic is over, it can be expected that communities will still be affected; families and local organizations should be able to address these concerns and contribute in rebuilding the society. Depending on needs, some activities might last longer during the post-pandemic period, e.g. counselling, medical treatments and capacity building activities.
- Revise contingency plans and apply lessons learnt
- Replenish resources
- Continue monitoring and, when necessary, containment activities
- Evaluate how to resume normal operations
- Ensure continuation of services needed after the pandemic, e.g. medical care, social services
- Revise and upgrade your plan according to the gaps identified
- Maintain preparedness activities as part of your normal operations
- Continue training of staff and volunteers on emergency response.

Caritas Internationalis
General Secretariat
April 2009

Annex 1:

Guidance Notes from the World Health Organization⁴

Respiratory etiquette and hand hygiene

- As transmission of influenza occurs mainly through inhalation of respiratory droplets produced when someone coughs and sneezes, covering coughs and sneezes with a cloth/tissue or coughing/sneezing into one's sleeve may help to reduce the spray of respiratory droplets that carry the virus.
- As respiratory droplets may land on someone's hand or clothes when they cough/sneeze, hands must be washed after direct contact with other people (i.e. if you have touched their hands or clothes).
- As respiratory droplets may land on a surface and survive for several days (depending on the ambient temperature), hands should be washed and surfaces cleaned regularly to avoid self-contamination (by touching a surface then touching your mouth or nose or eyes).
- Water and soap are sufficient to kill the virus. Alcohol-based rubs may also be used and may be easier to implement in some settings such as health-care facilities.
- Hand hygiene is a key measure to prevent the spread of many infections within a health-care facility. Ensuring an adequate supply of soap and water for washing is crucial.
- Hands should be cleaned by washing with soap and water for 20 seconds before rinsing, or by means of hand rubbing with an alcohol-based preparation until hands are dry.
- Hand hygiene must be performed after all patient contact, after removing Personal Protective Equipment (PPE), after cleaning, after handling soiled linen and waste, and after contact with laboratory specimens.

Social distancing

- Transmission of influenza is highest when there is close contact between people i.e. when they are within 1 meter of each other.
- People should try to maintain at least 1m distance from others to avoid contracting influenza or transmitting it to others.
- Ill people should be encouraged to remain at home as soon as symptoms develop and restrict close contact with others.
- Gatherings, owing to the close proximity of people, offer an opportunity for transmission and should be discouraged, e.g. schools may need to be closed, sporting events deferred, mourners at funerals might reduce transmission by wearing masks/scarves, etc.
- Food and water distribution in camps should be decentralized as much as possible, again to discourage large gatherings of people. Delivery of goods and services to the place of residence, if possible, is optimal. One designated healthy member of a household might be assigned to water/food collection.
- Population movements should generally be discouraged:
 - halt movement to and from transit camps;
 - unnecessary travel should be avoided;
 - movement of symptomatic patients and staff should be avoided.
- Essential health-care services, including therapeutic feeding centres, must be continued. However, measures to increase space between patients and beds should be implemented (including head-to-toe positioning of patients when space is limited in order to maximize distance between heads of patients).

⁴ *Pandemic influenza: Preparedness and Mitigation in Refugee and Displaced Populations*, Geneva, World Health Organization, May 2006, WHO/CDS/NTD/DCE/2006.2

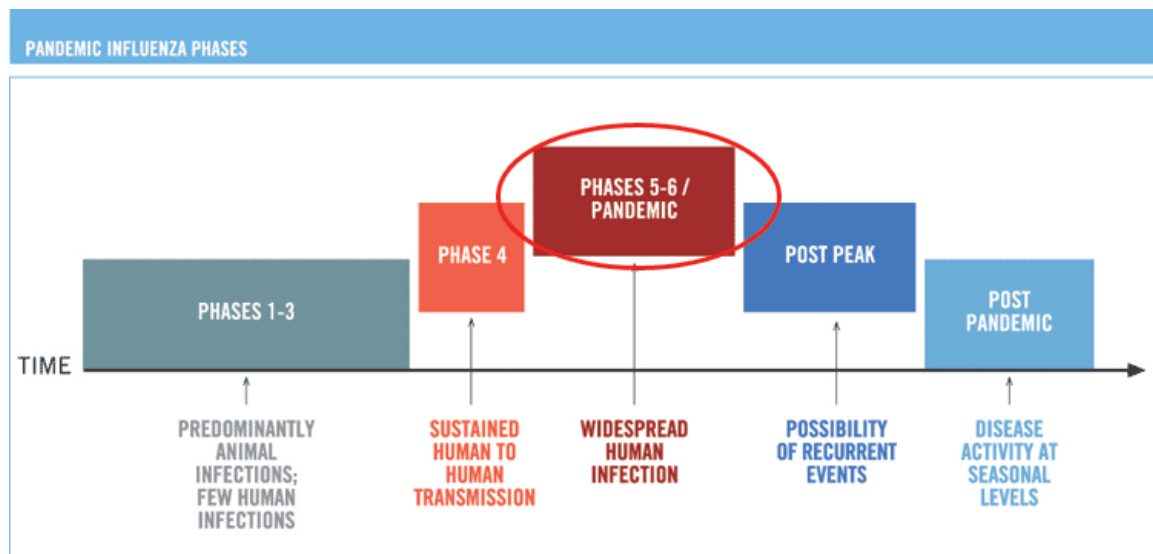
http://whqlibdoc.who.int/hq/2006/WHO_CDS_NTD_DCE_2006.2_eng.pdf

Annex 2:

World Health Organization Stages of Alert for Pandemic Influenza

http://www.who.int/csr/disease/avian_influenza/phase/en/index.html

On 29 April 2009, WHO set the phase of pandemic alert at Phase 5.



In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in **Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

In **Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza *reassortant* virus able to cause “community-level outbreaks.” The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic

containment operation is warranted. **Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.**

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in **Phase 5**. Designation of this phase will indicate that a global pandemic is under way.

During the **post-peak period**, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.

In the **post-pandemic period**, influenza disease activity will have returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

Annex 3:

Model Plan by Catholic Relief Services (Caritas USA):

Catholic Relief Services, one of the United States of America-based national members organizations of Caritas Internationalis, developed a plan, entitled “**Pandemic Preparedness Plan Guidance and Resources for CRS Country Programs: Addressing the Threat of Avian and Pandemic Influenza**”, for its humanitarian assistance and development activities, in collaboration with local Church and other partners, in more than 100 countries of the world. The plan could serve as a model for other Caritas organizations and includes the following steps and actions:

✓ **Engage in Community Mitigation Activities**

- Look for opportunities to incorporate health and hygiene information into all existing CRS projects (agriculture, microfinance, health, education, etc.,) Education can play an essential preventive role to slow the spread of the disease and reduce the impact of a pandemic.
- Coordinate with local partners to insure they are aware of pandemic risks and share the latest information on CRS preparations.
- Assess resources available and potential donors. Prepare and submit proposals that will address needs of a larger programmatic response.

✓ **Establish Business Continuity Procedures**

- Establish a trigger point that will initiate the suspension of some programmes or activate the pandemic contingency plan.
- Identify core agency functions to be maintained during a pandemic and anticipate how the demand for usual services will increase or decrease during a pandemic.
- Reduce impact of absenteeism by identifying key staff to remain at the office and staff who could work from home, cross-train staff in essential functions, and plan how the office will operate with reduced capacity.
- Mitigate logistics and supply shortfall. Determine the impact of a potential pandemic on agency resources, cash, reserves, supplies, etc.
- Establish communication plans in the event of reduced technology.

✓ **Educate Staff and Keep Staff informed on Latest Health Information**

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