



PANDÉMIES, ÉTHIQUE, SOCIÉTÉ



Avian influenza versus pandemic influenza: principles of pandemic influenza planning

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Some recommendations from the World Medical Association Assembly

The WMA General Assembly of Pilanesberg, South Africa, which took place in October 2006 is at the origin of a guidance to national medical associations and physicians on how they should be involved in their respective country's pandemic planning process. Governments are encouraged to work with their national medical associations when planning for pandemic influenza.

At all phases of a pandemic outbreak, but especially in times when vaccine is unavailable, infection control is critical. If a use of antivirals is to control the progression of a pandemic following its emergence, then an adequate supplies of such drugs is fundamental.

The WHO has responsibility for co-ordinating the international response to an influenza pandemic. The elaboration of a national pandemic plan is naturally led by national governments, but physicians should be involved at all stages.

In any disaster situation or infectious disease outbreak, physicians and their professional organisations are highly challenged. Medical associations should have their own organization-specific business contingency plan in place to ensure continued support of their members. The scope of their responsibilities in a pandemic context has to be clarified.

An active participation of medical associations in plans is justified by:

- a key communication function;
- a networking ability with other associations involved in healthcare;
- an interface situation between public authorities and physicians;

-a deep expertise, which is a highly valuable asset to devise trainings, seminars and clinical support tools (triage strategies if the worst scenarios had come reality, counselling tools to answer infected patients, stress of decision...).

Physicians will be the first point of contact and source for advice for many as a pandemic evolves. Therefore their education is a key parameter of the collective responsiveness to the pandemic threat. With any emerging infection, the skilled physician is one of the main surveillance tools for detecting and managing an outbreak. Off course, the key physician function will be to manage patients.

Since physicians will be on the frontlines of monitoring, reporting, and eventually managing pandemic influenza patients, they must be closely involved in the planning process. Moreover, they have the ethical duty to provide services to the injured or ill. Physicians should have resources in place in the event they and or their families become infected.

It was recommended to devise a clinical plan to decrease dangerous contact frequency. It will imply:

- isolating areas for infected patients;
- using close-fitting surgical masks;
- designating separate blocks of time for non-influenza-related patient care;
- postponing non-essential medical visits.

The WMA insisted on its capabilities (and on the capabilities of its member associations) to provide a credible voice that can efficiently reach many practising physicians.

Some facts about preparedness in Slovak Republic

The official planning process took place in the Slovak Republic from 2000 to 2005. The most detailed document was released in 2005¹. The rate of population vaccinated against influenza has increased in Slovakia from 1.8 % in 1996 to 11.1 % in 2006/2007.

Provisions will be taken for the treatment of the following numbers of ill persons in the high-risk groups:

- health professionals (about 50,000 to 60,000 persons, roughly 1% of Slovakia's population),
- individuals at risk of severe clinical course of the disease, with a high risk of complications and death (530,000 to 600,000 persons, approximately. 10% of Slovakia's population);
- key workers which have to maintain the vital operations of economy and public life (170,000 persons, about 2.9% of Slovakia's population).

¹ Detailed plan of measures in case of an influenza pandemic in the Slovak Republic. Developed by Public Health Office of the Slovak Republic (November 2005), approved by Government of the Slovak Republic.

Some groups have been determined, for which high level protection respirators are required². All these groups pooled, we are talking about a population of 2,125 people (liquidators of infected poultry, security corps, healthcare professionals...)

² FFP 3 according to the European standard for particulate respirators EN 149:2001.