

Republic of Palau Pandemic Influenza Response Plan

Introduction

This plan is designed to provide an overview of the activities and responses that will be required from the Republic of Palau Ministry of Health to prepare for and deal with the possibility of an influenza pandemic. It should be read in conjunction with the Public Health (PH) Emergency Operations Plan (EOP) and the Belau National Hospital (BNH) EOP. The plan is based on guidance from the World Health Organization (WHO), the Secretariat of the Pacific Community (SPC) and the US Centers for Disease Control and Prevention (CDC).

Actions are based on internationally recognized phases (outlined below) based on the level of risk posed by the current situation.

Pandemic Phases (WHO, 2005.5)

Inter-pandemic period

Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period

Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized; suggesting that transmission of the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

Post-pandemic period

Return to inter-pandemic period.

Objectives and Actions by Pandemic Phase

The following section outlines actions to be taken and responsibility for ensuring these are carried out based on the current pandemic phase. All actions should be continued as the situation is scaled up unless they are made obsolete by actions outlined in these higher phases.

INTER-PANDEMIC PERIOD

Phase 1: <i>No new influenza virus subtypes have been detected in humans</i>		
	<u>ACTION</u>	<u>RESPONSIBLE</u>
<i>Planning and coordination</i>	1. Establish responsibility for national pandemic planning and develop national response plan.	Epi-Net Team
	2. Assess preparedness against the WHO checklist and create a task list to address any identified gaps.	Epi-Net Team
	3. Conduct trial exercise to test the plan and use the results to improve and refine preparedness.	Epi-Net Team Emergency Health Staff
	4. Identify and train key personnel to be mobilized in case of a pandemic.	Epi-Net Team Teams IDed & trained per IPCC Manual
	5. Review options for preparedness including feasibility of development of a domestic stockpile (antivirals, personal protective equipment, vaccines, laboratory diagnostics, other technical support) for rapid deployment when needed.	Epi-Net Team
	6. Develop surge-capacity contingency plans for the internal management of domestic resources and essential workers during a pandemic (as part of PH EOP and BNH EOP plans).	MOH Directors Emergency Health Programs
	7. Review networks with agencies to address food safety, safe agricultural practices and other public health issues related to infected animals.	Epi-Net Team DEH
<i>Situation Monitoring and Assessment (Surveillance)</i>	1. Implement national Reportable Diseases Surveillance System to monitor cases of influenza-like illness.	RDSS Team
	2. Liaise with Directors from Ministry of Resource & Development and Conservation Society to establish network for notification of clusters of animal (bird, pig) deaths.	Epi-Net Team PH Director DEH
	3. Develop and test procedure for sending appropriate clinical samples for laboratory testing overseas at both the PPHSN referral laboratory and the regional WHO reference laboratory (Melbourne, Australia).	Laboratory Staff Hospital Director Epi-Net Team
	4. Report unusual surveillance findings to PACNET, US-CDC and WHO-WPRO.	Minister of Health Epidemiologists Epi-Net Team
	5. Use RDSS to assess the burden of seasonal influenza to help estimate additional needs during a pandemic.	Epidemiologists

<i>Prevention and Containment (Public Health Measures)</i>	1. Prepare strategies to stop the spread of infection (travel advisories, assessment of those returning from high risk areas, assessment of boats).	Epi-Net Team PH Director Minister of Health DEH CDC Nursing Ministry of Justice
	2. Ensure that proposed interventions are discussed with state governments. Ministry of resources, Ministry of Ag and Bureau of Public Safety.	MOH Directors
	3. Review legal authority to implement proposed interventions (i.e. quarantine and isolation).	AGs Office MOH Directors
	4. Set priorities and criteria for targeted deployment for antivirals and pandemic vaccines.	Epi-Net Team CDC IPCC
	5. Review the need for a national policy on use of seasonal influenza vaccine.	Epi-Net Team
	6. Explore strategies to allow access to vaccines through agreements with funding agencies such as CDC, AusAID.	Minister of Health MOH Directors
	7. Review logistic and operational needs for implementation of pandemic vaccine strategy (vaccine storage, distribution capacity, cold-chain availability, vaccination centers, staffing requirements for vaccine administration).	CDC Nursing Epi-Net Team Minister of Health MOH Directors
<i>Health care and Emergency Response</i>	1. Benchmark health system preparedness with the help of the <i>WHO checklist for influenza pandemic preparedness planning</i> and address gaps.	Epi-Net Team IPCC
	2. Ensure influenza pandemic response plan is incorporated into the BNH EOP.	Emergency Health Staff Epi-Net Team
	3. Ensure infection control guidelines are current and implemented.	IPCC Epi-Net Team
	4. Ensure implementation of routine laboratory biosafety, safe specimen handling, and hospital infection control policies.	Laboratory Staff Epi -Net Team IPCC
	5. Estimate pharmaceutical and other material supply needs; commence arrangements to secure supply.	Emergency Health Staff IPCC Pharmacy Supervisor CDC Nursing Minister of Health
	6. Increase awareness and strengthen training of health-care workers on pandemic influenza.	Epi-Net Team Emergency Health Staff
<i>Communication</i>	1. Establish networks between MOH and key response stakeholders, including private health clinics, Ministry of State, Ministry of Justice, Ministry of Resource & Development, Ministry of Commerce and Trade, and MOH staff.	Epi-Net Team MOH Directors Minister of Health

	2. Familiarize news media with the national response plan and preparedness activities.	Epi-Net Team MOH Directors Minister of Health
	3. Establish formal communications channels with WHO, CDC and SPC.	Minister of Health

INTER-PANDEMIC PERIOD

Phase 2: No human cases, circulating animal influenza virus subtype		
	<u>ACTION</u>	<u>RESPONSIBLE</u>
<i>Planning and Coordination</i>	1. Advocate the importance of pandemic planning to Ministers and Directors.	Epi-Net Team
	2. Advise OEK of potential need for resources and funding to implement prevention and containment activities.	Minister of Health
	<i>If animal cases are occurring in Palau or in countries with extensive travel/trade links with Palau:</i>	Minister of Health PH Director Epi-Net Team DEH Ministry of Justice EQPB
	3. For isolated animal cases issue standby for activation of PH EOP, if animal outbreak is occurring immediately activate PH EOP.	
	4. Activate mechanisms for joint management of situation with Ministry of Resource & Development (Bureau of Agriculture) according to MOU (DEH, MOH to implement).	PH Director/DEH Ministry of Resources & Development
	5. Assess preparedness status and identify immediate actions needed to fill gaps.	Epi-Net Team
	6. Consider need to request WHO /CDC to provide on-site expert assistance.	PH Director
	7. Ensure ability to rapidly deploy stockpile resources (or internationally supplied resources) to dispensaries and outlying areas.	PH Director PH EOP Logistics Manager
	8. Decide whether to deploy part of the stockpile components according to risk assessment.	PH Director
	9. Establish a policy on compensation for loss of animals through culling, in order to improve compliance with emergency measures.	Minister
<i>Situation Monitoring and Assessment (Surveillance)</i>	<i>If animal cases are occurring in Palau or in countries with extensive travel/trade links with Palau:</i> Implement active surveillance by following up all cases of ILI reported via RDSS.	CDC Nursing Epidemiologists
	1. Actively implement animal surveillance and establish a hotline for reporting animal deaths	(In conjunction with the Ministry of Agriculture) DEH Epidemiologists
	2. Regularly report surveillance results to SPC, WHO-WPRO.	Epidemiologists

	4. Urgently transport representative samples from infected animals to US-CDC and /or WHO reference laboratory	Laboratory Supervisor Epidemiologists
	5. Conduct field investigations in affected area(s) to assess spread of the disease in animals and threat to human health.	Epidemiologists DEH CDC Nursing
Prevention and Containment (Public Health Measures)	1. Check to ensure legislation/policy on quarantine is in place.	PH Director
	2. Determine (based on current situation) if importation of food products from affected areas should be restricted.	DEH PH Director
	<i>If animal cases are occurring in Palau:</i> 3. Implement a disposal plan for culled/dead livestock including education on disposal procedures and infection control measures.	DEH EQPB
	4. Recommend measures to reduce human contact with potentially infected animals	PH Director DEH
	5. Prepare for use of further interventions if human infection is detected.	PH EOP IC Epi-Net Team CDC Nursing
	6. Update information on available national supplies of antivirals.	Pharmacy Supervisor PH EOP - Logistics
	7. Update recommendations for prophylaxis and treatment with antivirals; consider implementation after formal risk assessment.	Epi-Net Team Pharmacy Supervisor
	8. Ensure delivery/distribution systems are geared up for response to possible human cases (including ensuring dispensary staff are familiar with protocols)	Community Health Program PH EOP - Logistics Epi-Net Team CDC Nursing
	9. Develop contingency plans for procuring seasonal vaccine (or specific vaccine if available) and for distribution once available.	Pharmacy Supervisor Epi-Net Team CDC Nursing
Health care and Emergency Response	1. Review BNH EOP and preparedness for presentation of patients requiring isolation and clinical care.	IPCC Epi-Net Team
	2. Train all MOH staff in the use of Emergency Operations Plans.	Emergency Health Staff
	3. Ensure procedures in place to detect and respond to nosocomial transmission of influenza.	IPCC
	<i>If animal cases are occurring in Palau or in countries with extensive travel/trade links with Palau</i> 4. Alert local health-care providers to consider influenza infection in ill patients with travel or epidemiological link to an affected country, and to recognize the need for immediate reporting to hospital epidemiologist.	Epi-Net Team MOH Directors BNH Chief of Staff

	5. Verify availability and distribution procedures for personal protective equipment and antivirals and for vaccine for the protection of persons at occupational risk (such as nurses in isolation wards); consider measures to implement.	IPCC Hospital Director
	6. Ensure rapid deployment of diagnostic tests when available.	Epi-Net Laboratory Supervisor
Communications	1. Plan process to inform the media of the novel virus alert when it is confirmed in Palau.	Emergency Health Staff Epi-Net Team
	<i>If animal cases are occurring in Palau or in countries with extensive travel/trade links with Palau</i>	
	2. Update OEK, at-risk groups and the public, with current information on virus spread and risks to humans.	Minister of Health PIO
	3. Establish dedicated communications channels to answer questions from health-care providers and the public.	PIO
	4. Communicate information on risk and prevention (risk of infection; safe food; animal handling) using fact sheets/ brochures.	PIO DEH Ministry of Agriculture
	5. Address possible stigmatization of individuals/ populations in contact with the animal strain.	PIO PH Director

PANDEMIC ALERT PERIOD

Phase 3 - Human cases, but no human-to-human spread		
ACTION		RESPONSIBLE
Planning and Coordination	1. Assess and improve preparedness status.	Epi-Net Team
	2. Educate MOH staff, Directors/President regarding the Influenza Plan.	Epi-Net Team
	<i>If cases are occurring in Palau</i>	
	3. Activate PH EOP and Hospital EOP.	Directors
	4. Implement interventions to reduce disease burden and contain or delay the spread of infection.	EOP ICs Directors
	5. Brief OEK, Ministries and State Governments regarding the status of the incident and the potential need for additional resources, interventions and the use of emergency powers. Formalize the formation of a national committee.	Minister of Health or designee
Situation Monitoring and Assessment (Surveillance)	1. Review case definition based on WHO guidance.	Epi-Net Team
	<i>If cases are occurring in Palau</i>	
	2. Confirm and report cases promptly to PACNET, US-CDC and WHO-WPRO.	EOP Intelligence Epidemiologists Public Health Director

	3. Exclude laboratory accident or intentional release as the cause of the human cases.	Epidemiologists Epi-Net Team Public Health Director Ministry of Justice
	4. Investigate to determine the epidemiology of human cases (source of exposure; incubation period; infection of contacts (clinical and sub-clinical); period of communicability).	EOP Intelligence Epi-Net Team CDC Nursing
	5. Ensure rapid dispatch of clinical samples to PPHSN/WHO referral (Melbourne) laboratory.	Lab Supervisor Epi-Net Team Hospital Director
	6. Enhance human and animal surveillance, including daily contact with dispensary locations.	Epidemiologists DEH Ministry of Resources & Development (Agriculture) Ministry of Justice (Immigration) Dispensary Staff SW Island State Governors
	7. Assess effectiveness of treatment protocols and infection control measures and revise if necessary.	IPCC EOP Operations Manager Hospital Director
Prevention and Containment (Public Health Measures)	1. Reassess availability of antivirals and priority target groups.	Pharmacy Supervisor Epi-Net Team Hospital Administrator
	2. Review vaccine use strategies and supplies.	Epi-Net Team Pharmacy Supervisor
	3. Resolve liability and other legal issues linked to use of the pandemic vaccine for mass or targeted emergency vaccination campaigns.	Minister of Health AGs Office Ministry of Justice Legal Council Epi-Net Team
	4. Assess inventories of vaccines and other material resources needed to carry out vaccinations. Acquire vaccines. Acquire anti-virals.	Pharmacy Supervisor CDC Nursing Epi-Net Team Hospital Warehouse Directors
	5. Ensure there is a legal framework in place in support of possible sanctions of public meetings or school closures or isolation.	Minister of Health PH Director Ministry of Education Ministry of Justice Legal Council
	6. Begin discussions with community leaders / stakeholders regarding contingency planning for mortuary and burial plans should human deaths occur in higher phases	Minister Directors

	<i>If cases are occurring in Palau</i>	EOP IC EOP Operations Minister of Health Directors
	7. Implement appropriate interventions as identified during contingency planning. (Refer to Attachment #7).	
	8. If associated with animal outbreak(s): (a) consider deploying supplies of antivirals for post-exposure (and possibly pre-exposure) prophylaxis of individuals who are most likely to be exposed to the animal virus; (refer to Attachment #2 & #5) (b) Promote vaccination with seasonal influenza vaccine to limit risk of dual infection in those most likely to be exposed to the animal virus, and potentially decrease concurrent circulation of human strains in the outbreak.	EOP ICs EOP Operations Directors DEH CDC Nursing Hospital Director Clinical Nurse Supervisor
	9. Develop & activate livestock disposal plan	DEH Ministry of Resources & Development (Agriculture) PH EOP Operations PH EOP Logistics Ministry of Administration (Finance)
Health care and Emergency Response	1. Review BNH EOP to ensure surge capacity can deal with a sustained increase in infectious patients	Hospital Emergency Health Staff IPCC
	2. Prepare health care and emergency response systems to meet needs in pandemic outbreak by training all MOH staff with the Emergency Operations Plans	Hospital Emergency Health Staff
	3. Provide all health-care providers with updated case definitions and case management protocols and operational plan for disease outbreaks	Epi-Net Team MOH Directors
	4. Assess infection control capacity	IPCC
	5. Review infection control manuals	IPCC MOH Directors
	6. Ensure availability of protective equipment for healthcare workers and laboratory technicians	IPCC Lab Supervisor Hospital Director Emergency Health Staff
	7. Provide advice to people traveling to or from affected countries	Director of Public Health DEH
	<i>If cases are occurring in Palau</i>	
	8. Activate PH & Hospital EOPs	MOH Directors
	9. Review contingency plans at all levels, with special attention to surge capacity. (refer to Attachment #7)	EOP ICs EOP Intelligence Epi-Net Team
	10. Ensure health care-workers trained in response procedures/identification of cases	Emergency Health Staff MOH Directors
11. Ensure implementation of infection-control procedures to prevent nosocomial transmission.	IPCC Hospital Director	

Communications	1. Identify target groups for delivery of key messages and develop appropriate materials.	Epi-Net Team PH Director CAP
	2. Ensure that communications systems are functioning and that contact lists are up to date.	Emergency Health Staff
	<i>If cases are occurring in Palau</i> 3. Provide regular updates to WHO and PPHSN.	EOP Intelligence Epidemiologists MOH Directors
	4. Production of fact sheets/brochures	PIO CAP
	5. Address the issue of stigmatization of individuals/families/communities affected by human infection with the animal strain.	Minister of Health MOH Directors PIO Behavioral Health

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Phase 4. - <i>Small cluster(s) with limited human-to-human transmission</i>		
ACTION		RESPONSIBLE
Planning and Coordination	1. Notify OEK and legislators for the potential need for more resources, and need for business continuity planning in all essential service areas. Develop a pandemic flu committee at the national level.	Minister of Health ROP President's Office NEMO NEC
	2. Develop a staffing continuity / contingency plan for MOH operations in the face of surge capacity or staff absenteeism.	Minister of Health MOH Directors
	3. Assess preparedness status using the <i>WHO checklist for influenza pandemic preparedness planning</i> ; implement actions required to close priority gaps.	Epi-Net Team
	<i>If cases are occurring in Palau</i> 4. Request NEC activation. Activate Hospital and PH EOPs. (Mechanism for simultaneous activation of both plans to be formalized)	Minister of Health
	5. Obtain political commitment for ongoing and potential interventions/countermeasures.	Minister of Health
	6. Ensure information-sharing and coordination of emergency responses through PPHSN, US-CDC and WHO-WPRO.	EOP Intelligence Epi-Net Team Emergency Health Staff NEC
	7. Identify needs for international assistance.	Minister of Health MOH Directors NEC
Situation Monitoring and Assessment (Surveillance)	1. Implement surveillance and identify suspect cases.	Epidemiologists
	2. Identify reference laboratory to support diagnostic confirmation.	Lab Supervisor Epi-Net Team
	3. Enhance surveillance to include active case finding.	Epidemiologists Health care providers

	4. Provide information at the point of entries to incoming people about Pandemic Flu.	PH Director DEH All pertinent Ministries Immigration
	<i>If cases are occurring in Palau</i>	
	5. Describe and (re)assess the epidemiological, virological and clinical features of infection; identify possible source(s).	EOP Intelligence Epi-Net Team
	6. Report case information (de-identified) to WHO-WPRO , US-CDC, and PACNET.	EOP Intelligence PH Director Epidemiologists
	7. Assess sustainability of human-to-human transmission.	EOP Intelligence Epidemiologists Outside agency experts
	8. Forecast likely impact of the spread of infection.	EOP Intelligence Epidemiologists Outside agency experts
	9. Attempt to assess the impact of containment measures to allow for adjustment of recommendations.	EOP Intelligence Epidemiologists Outside agency experts
	10. Enhance surge capacity for surveillance.	EOP Intelligence Epidemiologists PH Director
Prevention and Containment (Public Health Measures)	1. Discourage or disallow travel to and from countries with human infections with pandemic potential virus.	ROP President's Office PH Director Minister of Health
	2. Purchase anti-virals according to contingency plans.	Pharmacy Supervisor Emergency Health Staff
	<i>If cases are occurring in Palau</i>	
	3. Implement appropriate interventions identified during contingency planning, and consider any new guidance provided by WHO	EOP IC EOP Operations Epi-Net Team
	4. Evaluate the effectiveness of these measures in collaboration with WHO.	PH EOP Intelligence Epi-Net Team WHO
	5. Use antiviral for early treatment of cases, and consider antiviral prophylaxis for close contacts of cases based on risk assessment and severity of illness in humans.	MOH Directors Other relevant providers
	6. Develop contingency plan for quarantine of staff involved in direct care of cases.	MOH Directors IPCC Epi-net Team Nursing Administrator
	7. Assess likely effectiveness and feasibility of prophylaxis for the purpose of attempting to contain outbreaks.	EOP Intelligence Epidemiologists Outside agency experts

	8. Distribute pandemic vaccine if available.	EOP Logistics EOP Operations Pharmacy Supervisor Immunization program MOH Directors
	9. Discourage or ban public gatherings/ school closure if indicated.	Minister of Health PIO MOH Directors NEC
Health care and Emergency Response	1. Assess capacity to meet pandemic needs	MOH Directors Emergency Health Staff
	<i>If cases are occurring in Palau</i> 2. Update and reinforce messages to health-care providers to consider influenza infection in ill patients, and report findings to hospital epidemiologist.	EOP Liaison Officer Minister of Health MOH Directors BNH Chief of Staff
	3. Update case definition and case management protocols as required.	EOP Intelligence Epi-Net Epidemiologists
	4. Activate BNH and PH EOPs	Minister
	5. Re-emphasize infection-control measures and issue stockpiles of personal protective equipment.	IPCC MOH Directors
	6. Set up mechanism for monitoring side-effects of vaccines (if available).	Immunization Program CDC (Palau) Epi-Net Team Pharmacy Supervisor
	7. Mortuary services informed and ready	EOP IC EOP Logistics Epi-Net Team
	8. Consider contingencies for burial and funeral customs if necessary.	
Communications	1. Prepare to update the media, local governments.	PIO Epi-Net Team NEC CAP
	2. Enhance clinician awareness of the potential for a pandemic and the importance of diagnosis and select viral identification for persons with ILI.	EpiNet BNH Chief of Staff Minister of Health MOH Directors
	3. Update OEK, Ministers and State governments on the domestic and international situation.	Minister of Health
	4. Re-emphasize infection-control measures in the community dispensaries and clinics and BNH.	Community Health Program IPCC Epi-Net Team CDC Nursing MOH Directors

	<i>If cases are occurring in Palau</i>	PIO
	5. Establishment of hotline services.	Emergency Health Staff
	6. Identify personnel to provide counseling services throughout the community.	EOP IC BHD
	7. Reinforce and intensify key messages on prevention of human-to-human spread/provide instruction in self-protection to the public.	PIO MOH Directors CAP
	8. Explain rationale and update public on all aspects of outbreak response and likely next steps.	EOP IC PIO

PANDEMIC ALERT PERIOD

Phase 5. - Larger cluster(s) but human-to-human spread still localized (global situation)		
ACTION		RESPONSIBLE
Planning and Coordination	1. Update government officials of pandemic status and the potential need for more resources.	Minister of Health
	2. Initiate daily briefings (via email) with Epi-Net Team members, Minister and Directors (Public Health and Hospital). Green	Epi-Net Team Lead
	3. Alert for BNH and PH EOP in “stand-by” mode, Roles identified as appropriate.	PH Director Epi-Net Team
	4. Assess legal barriers to surveillance, containment and treatment strategies.	AGs Office Minister of Health PH Director
	5. Review and approve plans for vaccinations and antiviral treatment.	Epi-Net Team
	<i>If cases are occurring in Palau</i>	
	6. Request NEC activation. Hospital and PH EOPs Activated.	Minister of Health
	7. Vaccinate in order of prioritized groups according to contingency plans	EOP Logistics Pharmacy Supervisor Minister of Health
	8. Request international assistance/expertise as required.	Minister of Health ROP President EOP IC
9. Finalize preparations for imminent pandemic, including addressing any remaining gaps.	EOP team Epi-Net Team Minister of Health	
Situation Monitoring and Assessment (Surveillance)	1. Enhance surveillance measures to include follow-up of all ILI cases reported.	EOP Intelligence Epidemiologists
	<i>If cases are occurring in Palau</i>	
	2. Report increased spread to US-CDC, PPHSN and WHO.	EOP Intelligence PH Director Epidemiologists
	3. Implement real-time monitoring of essential resources (medical supplies, pharmaceuticals, infrastructure, vaccines, hospital capacity, human resources, etc.).	EOP Intelligence Epi-Net Team Emergency Health Staff Hospital Administrator
4. Conduct enhanced surveillance for respiratory disease through community surveys.	Epi-Net Team PH Nursing	

	5. Adjust estimations of the likely impact of infection spread and control measures.	EOP Intelligence Epidemiologists Epi-Net Team
	6. Assess impact of containment measures to date in order to allow for readjustment if necessary.	EOP Intelligence Epi-Net Team
Prevention and Containment (Public Health Measures)	1. Implement travel advisories, travel restrictions where applicable	PH Director Ministry of Health NEC
	2. Implement intensive control measures including isolation, quarantine, antiviral therapy and prophylaxis, vaccination and control of potential reservoirs in domestic animals.	PH Director Minister of Health Ministry of Agriculture DEH
	3. Ensure availability of testing kits (if developed)	Lab Supervisor
	4. Revise and review vaccination and antiviral strategies based on lessons learned from use in countries with cases (if applicable).	Epidemiologists Epi-Net Team CDC Nursing Pharmacy Supervisor
	5. Plan for vaccine distribution and accelerate preparations for mass vaccination campaigns (e.g. education, legal/liability issues) for when pandemic vaccine becomes available.	Immunization Program Epi-Net Team
	6. Review stockpile/access to antivirals and procure supplies as necessary.	Pharmacy Supervisor Emergency Health Staff
	<i>If pandemic vaccine has already been developed</i>	
	7. Activate emergency procedures for use of pandemic vaccines.	PH Director Epi-Net Team
	8. Implement vaccination program (initially targeting priority groups) with pandemic vaccine.	Immunization program PH Director
	<i>If cases are occurring in Palau</i>	
	9. Implement interventions identified during contingency planning, implement as an emergency measure; assess impact.	EOP Operations CDC Nursing Epidemiologists
10. Consider/reconsider use of antivirals for early treatment of cases (prioritization may need to be changed).	Epi-Net Team Minister of Health	
11. Assess/reassess efficacy and feasibility of prophylaxis for the purpose of attempting to contain outbreaks.	EOP Intelligence Epi-Net Team Epidemiologists	
Health care and Emergency Response	1. Review contingency plans relevant especially as applicable to healthcare delivery and community support.	Epi-Net Team Emergency Health Staff Hospital Director
	2. Disperse infection control guideline to healthcare personnel and ministry of health, ensure implementation.	IPCC Emergency Health Staff
	3. Provide public and private health-care providers with updated case definition, protocols and algorithms for case-finding, management, infection control and surveillance.	Epi-Net Team Minister of Health MOH Directors BNH Chief of Staff

	4. Assess capability/capacity for infection control for ill patients, and implement infection control consistent with WHO guidelines.	IPCC
	5. Train health-care workers to detect/identify cases and clusters.	Emergency Health Staff IPCC
	<i>If cases are occurring in Palau</i>	
	6. Full mobilization of health services and full implementation of Hospital and PH EOPs in affected areas, including coordination with other emergency sectors.	Minister of Health Emergency Health Staff MOH Directors Epi-Net Team
	7. Commence triage arrangements and other emergency procedures for efficient use of health-care facilities.	BNH EOP IC
	8. Fully implement emergency plans for deployment of health-care workers.	Ministry of Health EOP IC
	9. Ensure attention to the health and other needs of persons in quarantine.	Health Services Administrator
	10. Arrange for additional human and material resources, and alternative means of health-care delivery, based on forecasted needs and contingency plans.	Minister of Health Epi-Net Team EOP IC
	11. Implement corpse-management procedures.	IC Command IPCC
	12. Prepare health-care workers for potential change in policy regarding antivirals for occupational exposures (switch from prophylaxis to early treatment).	EOP Operations Minister of Health MOH Directors BNH Hospital Staff
Communications	1. Update all healthcare providers and MOH staff, private clinics and OEK of current situation.	Minister of Health MOH Directors
	2. Explain importance of complying with recommended measures despite their possible limitations, and about interventions that may be modified or implemented during a pandemic.	Minister of Health Incident Commander PIO
	3. Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	Minister of Health Incident Commander PIO

PANDEMIC PERIOD

Phase 6. - Pandemic		
ACTION		RESPONSIBLE
Planning and Coordination	1. Declaration of a Pandemic .	WHO
	2. Activate national disaster response plan, Hospital and PH EOPs	NEMO Minister of Health MOH Directors
	3. Communicate and coordinate with WHO, PPHSN and US-CDC.	Minister

	4. Obtain funding to support a pandemic response.	Minister of Health OEK
	<i>If cases are occurring in Palau</i>	EOP IC
	5. Assess requirements for international expert assistance and relay request to WHO, PPHSN as appropriate.	Minister of Health MOH Directors
	6. Implement all relevant elements of national pandemic plan, including coordination of response and implementation of specific interventions.	EOP IC Ministry of Health EOPs
	7. Assess and publicize the current and cumulative national impact.	EOP PIO Epidemiologists
	8. Consider applying emergency powers.	NEMO Minister of Health PH EOP IC
	<i>If subsided (end of pandemic or between waves)</i>	EOP IC
	9. Debriefing and review of response to update the plan based on lessons learned.	Emergency Health Program
	10. Determine need for additional resources and powers during subsequent pandemic waves.	EOP IC Minister of Health MOH Directors Epi-Net Team
	11. Declare end of emergency command-and-control operations, states of emergency, etc.	Minister of Health OEK
	12. Support rebuilding of essential services, including rotating rest and recuperation for staff.	Minister of Health MOH Directors MOH Program Managers OEK
	13. Address psychological impacts.	BHD Staff
	14. Acknowledge contributions of all stakeholders (including the public) and essential staff towards fighting the disease.	Minister of Health
Situation Monitoring and Assessment (Surveillance)	1. Reviewed ILI definition used in ILI surveillance.	Epi-Net Team
	2. Continue enhanced surveillance measures.	Epidemiologists Epi-Net Team
	3. Monitor global situation (vaccine/antiviral availability, recommendations for best practices, etc.).	Epidemiologists Epi-Net Team
	<i>If cases are occurring in Palau</i>	EOP Intelligence
	4. Use enhanced surveillance and case investigation to identify initial cases/contacts and track initial geographical spread.	Epidemiologists Epi-Net Team
	5. Continue to investigate cases, assess epidemiological factors (efficiency of transmission from person to person, containment of disease).	EOP Intelligence Epidemiologists Epi-Net Team
6. As disease activity intensifies and becomes more widespread, adjust surveillance as necessary and adjust case definition to reflect increasing certainty of clinical diagnoses.	Epidemiologists Epi-Net Team EOP Intelligence	

	7. Monitor and assess national impact (morbidity, mortality, workplace absenteeism, regions affected, risk groups affected, health-care worker availability, essential worker availability, health-care supplies, bed occupancy/availability, admission pressures, use of alternative health facilities, mortuary capacity, etc.).	EOP Intelligence Epidemiologists Epi-Net Team
	8. Assess need for emergency measures, e.g. emergency burial procedures, use of legal powers to maintain essential services.	Minister of Health MOH Directors EOP IC Epi-Net Team
	9. Assess uptake and impact of: treatments and countermeasures, including vaccine/antiviral efficacy and safety and non-pharmaceutical interventions, etc.	Epidemiologists Epi-Net Team
	10. Send clinical samples for testing as requested by WHO.	Lab Supervisor Epidemiologists Epi-Net Team
	<i>If subsided (end of pandemic or between waves)</i>	EOP Logistics
	11. Evaluate resource needs for subsequent waves if they occur.	
	12. Identify the most effective surveillance and control measures for subsequent pandemic waves.	EOP Intelligence Epidemiologists Epi-Net Team
	13. Report current status through appropriate international mechanisms.	EOP Intelligence Minister of Health MOH Directors Epidemiologists
	14. Review lessons learned.	EOP team Emergency Health Staff Epi-Net Team Minister of Health
	15. Reinstate enhanced surveillance for early detection of subsequent wave.	EOP Intelligence (if still operational) Epidemiologists Epi-Net Team
	16. Share experience gained with international community (lessons learned).	EOP Intelligence (if still operational) Epi-Net Team Minister of Health MOH Directors
Prevention and Containment (Public Health Measures)	1. Implement pandemic vaccine procurement plans; update vaccine recommendations; re-evaluate dosage and schedule; plan logistics of delivery.	EOP logistics EOP operations Minister of Health
	2. As soon as available, implement pandemic vaccine programme as availability/resources permit; evaluate safety and efficacy; monitor supply.	EOP logistics EOP operations Minister of Health
	3. Review/update recommendations for use of antivirals based on: emerging data from affected countries; clinical studies; evidence of resistance; changes to WHO recommendations; availability and resources.	EOP logistics EOP operations Minister of Health

	4. Implement distribution plan; monitor supply; be prepared to contribute to evaluation of safety and effectiveness.	EOP logistics EOP operations Minister of Health
	5. Reassess containment strategies - isolation, quarantine, travel restriction.	EOP logistics EOP operations Minister of Health
	<i>If cases are occurring in Palau</i>	
	6. Implement appropriate public health interventions identified during contingency planning, and consider new guidance provided by WHO.	EOP logistics EOP operations Minister of Health
	7. When possible, evaluate the effectiveness of such measures.	PH EOP Intelligence Epidemiologists
	<i>If subsided (end of pandemic or between waves)</i>	
	8. Review effectiveness of prevention and containment measures.	EOP Intelligence (if still operational) Epi-Net Team
	9. Evaluate antiviral efficacy, safety and resistance data; review/update guidelines as necessary; assess supply for subsequent wave(s).	EOP Intelligence (if still operational) Epi-Net Team Pharmacy Supervisor CDC Nursing EOP Logistics
	10. Assess vaccine coverage to date, and carry out immunization of identified population groups if possible with pandemic vaccine according to risk assessment.	EOP Intelligence (if still operational) Immunization program Epi-Net Team
Health care and Emergency Response	<i>If Palau is not yet affected</i>	
	1. PH EOP and BNH EOP activated	Epi-Net Team Minister of Health MOH Directors
	2. Keep case definition and management protocols, and infection control guidelines updated in line with latest WHO guidance.	Epi-Net Team
	3. Maintain health-care worker vigilance for the onset of cases and clusters.	MOH Directors Minister of Health
	4. Maintain capability/capacity for infection control for ill patients, and implement infection control consistent with latest WHO guidelines; maintain staff competency in use of personal protective equipment (conduct drills).	IPCC Minister of Health MOH Directors BNH Chief of Staff Epi-Net Team Emergency Health
	<i>If cases are occurring in Palau</i>	
	5. Implement in full contingency plans for health systems according to the BNH and PH EOP.	Staffing per EOP
	6. Implement vaccination campaign according to priority status, in line with plans and availability.	EOP – IC Pharmacy Supervisor CDC Nursing Epi-Net Team

	<i>If subsided (end of pandemic or between waves)</i> 7. Ensure that overworked staff have opportunities for rest and recuperation.	EOP ICs Minister of Health MOH Directors
	8. Restock medications and supplies; service and renew essential equipment.	EOP Logistics MOH Directors/Staff
	9. Review/revise plans in anticipation of subsequent wave(s).	EOP Intelligence Epi-Net Team
	10. Support rebuilding of essential services.	Minister of Health MOH Directors
	11. Adjust case definitions and case management protocols as necessary.	Epi-Net Team EOP Intelligence
Communications	1. Keep news media, public, MOH and other stakeholders informed about progress of pandemic in affected countries.	PIO Minister of Health PH Director
	2. Redefine key messages; set reasonable public expectations; emphasize need to comply with public health measures despite their possible limitations.	PIO Epi-Net Team Minister of Health
	<i>If cases occurring in Palau</i> 3. Activate all elements of communications plan. Including daily meetings between official spokesperson with media for updates gathered from local sites, regional and global.	EOPs IC
	4. Maintain capacity for meeting expected domestic and international information demands.	EOP ICs Minister of Health
	5. Acknowledge public anxiety, grief and distress associated with pandemic.	PIO Minister of Health
	<i>If subsided (end of pandemic or between waves)</i> 6. Evaluate communications response during previous phases; review lessons learned.	Emergency Health Staff Epi-Net Team Minister of Health
	7. Advise public of status end of pandemic wave according to WHO declaration and make people aware of uncertainties associated with subsequent waves.	PIO Minister of Health
	8. Relevant information relayed to stakeholders e.g. OEK and funding agencies (financial analysis).	Minister of Health
	9. Formal debrief to be held with all stakeholders.	Emergency Health Staff

Review of the Plan

This plan will be reviewed annually by the Hospital Epidemiologist and the Epi-Net Team. In addition, at the end of any escalation of events to Phase 5 or higher, a debriefing will be carried out through the Incident Command Structure and Epi-Net Team to assess the effectiveness of operations during the event and to determine the extent of impact on the community. This information should then be used to update and review the plan.

References

Attachments – Can be links to other documents or parts of the BNH & PH EOPs

1. Palau Epi-Net Team Terms of Reference (including membership)
2. Case definitions and management protocols
3. WHO Checklist
4. Protocol/priority groups for vaccination
5. Protocol/priority groups for antivirals
6. Distribution Plan – vaccines and prophylaxis
7. Containment/Prevention Strategies (Outline of each, when to be used, how implemented and legal basis for it to be done)
8. Risk Communication Strategy
9. Infection Prevention and Control Policy
10. Specimen Protocol
11. Contact List

List of Acronyms

AGs Office	Palau Attorney General’s Office
Aus-AID	Australian Overseas Aid Program
BHD	Behavioral Health Division
BNH	Belau National Hospital
CAP	Palau Community Advocacy Program
CDC	US Centers for Disease Control and Prevention
CDC Nursing	Palau Communicable Disease Control Nursing Office
DEH	Division of Environmental Health
EOP	Emergency Operations Plan (includes both BNH Hospital and Public Health Plans)
EQPB	Environmental Quality Protection Board
HPAI	Highly Pathogenic Avian Influenza
ILI	Influenza like illness
IPCC	Infection Prevention and Control Committee
MOH	Ministry of Health
MOH Directors	Includes Director of Bureau of Public Health, Director of Hospital and Clinical Services and Hospital Administrator
NEMO	Palau National Emergency Management Organization
NEC	Palau National Emergency Committee
OEK	Olbiil Era Kelulau (Legislative Branch of Palau Government)
PACNET	Pacific Health Network (List Serve)
OPHDS	Office of Public Health Data & Statistics
PH	Bureau of Public Health
PH EOP IC	Public Health Emergency Operations Plan Incident Commander
PICTs	Pacific island countries and territories
PIO	Public Information Officer
PPHSN	Pacific Public Health Surveillance Network
RDSS	Reportable Disease Surveillance System
SPC	Secretariat of Pacific Community
WHO	World Health Organization
WPRO	World Health Organization Pacific Regional Office