

Date: 22 Nov 2005

United Nations in Burundi
Contingency Plan for the Avian Influenza Pandemic
DRAFT

- References:*
- A. *Security Council Resolution 1545*
 - B. *UN MS Staff Contingency Plan Guidelines for an Influenza Pandemic with its Amendments*
 - C. *Avian Flu Risk Assessment for Africa*
 - D. *Code Cable, Contingency Planning for Avian Influenza pandemic threat*
 - E. *WHO Website, http://www.who.int/csr/disease/avian_influenza/en/*

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I. Situation:

A. Orientation

Influenza is a viral respiratory disease affecting humans and certain animals. Normally, people are infected only by human influenza viruses and not animal influenza viruses. Clinical disease ranges from infection with no symptoms to mild non-specific illness to many different life threatening complications, including pneumonia.

On occasion, animal influenza viruses, or influenza viruses containing genes from animal influenza viruses can begin infecting people. When a completely new strain of influenza virus emerges among human populations, and has the ability to spread easily from person to person, the virus can spread world wide within months (and perhaps weeks) leading to higher levels than usual of mortality and severe illness. In this situation, all age groups are vulnerable to infection, and there can be disruption of all sectors of the society. Such a situation is called influenza **"pandemic."** Pandemics are different from usual influenza seasons and happen relatively infrequently.

There is currently rising concern that an avian or bird influenza virus, known as influenza A (H5N1) or simply as "H5N1," which is circulating widely among birds primarily in Asia but now parts of Europe, may gain the ability to spread easily from person to person and lead to the first influenza pandemic of the 21st Century. Many of the prerequisites for the start of an influenza pandemic appear to be in place but the virus still has not gained the ability to conduct efficient and sustained human-to-human transmission. The possibility that the H5N1 virus will gain this ability must be considered quite "real" but also is not certain.

If an influenza pandemic appears, the following additional considerations will be important to understand and incorporate into additional local planning efforts:

- Given the high level of global travel, the pandemic virus may spread too much of the world within weeks to months, leaving little or no time to prepare.
- In all three 20th Century pandemic, substantially more young people died from pandemic influenza than normal when compared with regular influenza seasons. In the 1918 pandemic, the highest death rates and the largest total numbers of deaths occurred in previously healthy young adults. These patterns suggest that the next pandemic could have a substantial impact on the workforce.
- Vaccines and antiviral agents for pandemic influenza, and antibiotics to treat secondary infections will be in short supply initially, while distribution of available supplies is likely to be unequal. It will take several months or longer before any effective pandemic vaccine becomes widely available.
- Many if not most medical facilities will be overwhelmed by patients. Moreover, the health care workforce is likely to be reduced because health care workers also will become ill and will also stay home to care for ill family members.
- For weeks at a time, significant shortages of personnel may occur disrupting essential community services.

- For UN staff, the window period for relocation or evacuation is likely to be narrow. Borders may close quickly to prevent the spread of the virus, and available airplane seats may be taken up quickly.
- Once the virus has gained the ability to spread easily among people, then no country or region can be considered a low risk area for infection. In essence, there will be no "safe havens" from potential exposure to the virus.

B. Executive Intent:

The purpose of this contingency plan is to ensure preparedness for a timely, consistent and coordinated response across the UN Organizations in the event of an influenza pandemic which could affect UN staff, essential contractors and their dependants in Burundi.

This contingency plan is derived from the UN Medical Services Contingency Plan Guidelines for an Influenza Pandemic dated 5th of October.

This contingency plan sets out measures and actions required of UN Organisations, Crisis Management Team and CT Working Group to implement the appropriate preparations and precautions.

C. Contingency planning

Although activity levels are expected to vary from region to region at any point in time, a pandemic phase will be designated for the world. Each phase is associated with international and national actions. The UN Medical Services contingency plan adapts this framework to the UN organizations level. This plan further devolves the phases to more accurately relate to the specific situation in Burundi.

II. Execution:

UN Organisation and Agencies in Burundi will marshal all available resources through the Crisis Management Team, in the most economical manner possible, to prepare for and respond to a possible Avian Flu Pandemic.

Actions recommended independent of Pandemic Phase

- **Recommend seasonal influenza vaccination** for staff and dependants who are at high risk for complications from influenza or who will be travelling internationally.
- Recommend pneumococcal vaccination for staff and dependants who are at high risk for complications from pneumococcal infections (See International Travel and Health, WHO, 2005 pp 110/112).

The following table shows the implementation of the UN contingency plan for an influenza pandemic.

- Actions are intended to continue through progressive phases unless they are superseded by actions in the higher phase. If an up scaling designation skips a phase, actions in the skipped phase should also be implemented, unless they are superseded by actions in the higher phase.

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- UN Agencies will continuously monitor the development and availability of a specific pandemic influenza vaccine and will procure vaccine for staff and dependents as soon as possible.

WHO Pandemic Phase	Not Africa	In Africa	Great Lakes
Phase 1 – No novel 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, the risk of human infection or disease is considered to be low.			No security phase, normal living and working conditions
Phase 2 – No novel influenza virus subtypes have been detected in humans; however, a circulating animal influenza virus subtype poses a substantial risk of human disease.			No security phase, normal living and working conditions.
Phase 3 – Pandemic Alert Period (Current Phase)	A	B	C
Human infections with a novel subtype, but no human to human spread, or at most rare instances of spread to a close contact.	No security phase. Management should prepare contingency plans for a possible move to a security phase.	No security phase. Preparations for sensitizing staff members and start training for observing signs of Avian flu among local bird population.	No security phase. Implement sensitizing, take precautions, and avoid any contact with bird population.
Phase 4	A	B	C
Small cluster(s) with limited human to human transmission, but spread is highly localized, suggesting that the virus is not well adapted to humans.	No security phase. Implement sensitizing and take precautions.	No security phase. Intensify sensitizing and take precautions.	Security phase 1. Precautionary. Avoid contacts with local population in risk groups.
Phase 5	A	B	C
Larger cluster(s), but human to human spread still localized, suggesting that the virus is becoming better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).	Security phase 2. Precautionary. Restricted movements.	Security phase 2. Precautionary. Restricted movements.	Security phase 3. Programme Suspension and Relocation
Phase 6 – Pandemic Period	A	B	C
Pandemic. Increased and sustained transmission in general population.	Security phase 4. Programme suspension	Security phase 5. Repatriation	Security phase 5. Repatriation

A. Tasks:

The following paragraphs provide an outline of the major tasks:

a) JLOC (ONUB)

JLOC is responsible for the coordination of the below mentioned tasks and the coordination between key players within ONUB and WHO and other Agencies. JLOC is to chair and convene the UN working Group regularly and update as necessary. **TBC**

b) PROCUREMENT

In close coordination with JLOC Medical and Supply, procure the drugs, store them and protect them. Same for the emergency stock, food and water. **TBC**

c) MOVCON

Execution of the movements of personnel and equipment, in and out of the country, as deemed necessary. E.g. repatriation, evacuation, **TBC**

d) SUPPLY

Storage of supplies, drugs, medical material, food stocks.fuel TBC

e) MEDICAL

Execution of all medical related tasks, screening, checking up on patients, inspection of the storage of drugs, controlling the quantities and triggering new orders if necessary, etc. TBC

f) SECURITY

Preparation for Evacuation plan, scenario planning for each different AI Pandemic Phase and each other possibility which may rise while moving to higher PI phases, attend UN Working Group meetings, follow up on the security situation with regards to any possible closure of borders with surrounding countries. Close Coordination with Military Troops on any security related task etc. TBC

g) TRANSPORT

Provision and management of transport throughout the country. TBC

h) AVIATION

Preparation for evacuation of staff, within and outside of Burundi. Coordination with other Mission in the Regions. TBC

i) MILITARY COMPONENTS OF THE MISSION

Security arrangements for UN staff and premises. If necessary protection of other UN Agencies staff and premises .e.g. warehouses etc. TBC

B. Communications

- a. General communication.** The threat of a pandemic will create a high demand for information both within the UN and from external partners. It will be vital to coordinate the information that is circulated by headquarters, regional and country offices. A country communication plan will be prepared to rapidly provide proper information to all UN staff. This should identify who is responsible for coordinating UN information and communications. Clear internal and external communication will be essential to rapidly deal with rumours and anxieties.
- b. Emergency communication.** In the likely event of staff home isolation, it is important to have tested communication systems in place. All essential staff members (Annex 3) will have a VHF (Very High Frequency) radio as this may become the main and most reliable mean of communications. Each agency is responsible to ensure they have enough VHF radios for their essential staff, should UN security phase three be declared. Once UN security phase three has been declared, a 24/7 radio room will be activated to monitor and control all UN communication. UN emergency contacts play an important role and the existing security warden system will be used for communicating with staff within their area (see Annex D). The Security Wardens both in Bujumbura and in provinces will be well briefed during all pandemic phases.

IV. Command and Control

Under the authority of the Head of the UN Mission in Burundi, the UN Crisis Management Team (inc. UN Working Group on Avian Flu), is overall responsible party for implementation of this plan.

This plan provides the authority to execute the above-mentioned tasks

Drafted by:

Kastriot Piraku Logistics Plans, JLOC	Kent Ekstrom Chief Logistics Plans, JLOC
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Authenticated by:

Geoff Nolan Chief Joint Logistics Operations Centre	Karsten Herrel ONUB Chief Administration
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Approved by:

Ibrahima Fall DSRSG, UN Country Team Director	Carolyn McCaskie SRSG in Burundi
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Distribution:

Action:

UN agencies,
ONUB ISS/AS Section Chiefs,
ONUB RO OIC Administration,
ONUB Military contingents

Info:

DPKO,
WHO,
SRSG,
PDSRSG,
DSRSG,
FC,
DFC,
All section chiefs

Actions and responsibilities during PHASE 3

Human infection(s) with a novel subtype, but no human to human spread, or at most rare instances of spread to a close contact

PHASE 3 A	ACTION	RESPONSIBILITY
PLANNING AND COORDINATION		
	Brief relevant officials of the UN organizations on present situation, possible outcomes and related resource requirements	– UNCT Working Group – UN Medical Directors – UN Agencies participating in Working Group
	Convene regular meetings of UNCT Working Group and Agencies participating in Working Group	WHO if scientific information needs to be shared and discussed
	Identify members and functions for a Crisis Management Team (CMT) at organizational level	Respective organizations. All UN agencies
	Identify members and functions for a Crisis Management Team (CMT) at country level	UN Country Team and above-mentioned working group
	Assess preparedness status and identify gaps and develop plans to address these gaps	CMT at country levels, UNCT Working Group
	Identify essential functions and the associated staff needed to maintain those functions. The defined essential functions will vary to some extent among Organizations due to differences in mission, but include the following: ➤ Physical security of staff ➤ Medical care of staff ➤ Maintenance of computers and telephone services, Radio comms. ➤ Ability to communicate with other Organizations and Governments ➤ Ability to make important operational and policy decisions related to the pandemic ➤ Ability to make important operational and policy decisions related to critical operations and programs continuity	All UN Agencies ONUB Security Medical JLOC/CITS UNCT Working Group CMT, UNCT Working Group CMT, UNCT Working Group
	Plan for departure/early departure of international staff members who are not needed to maintain essential functions and all recognized dependants of international staff to home country if circumstances permit.	– Respective organization – Country teams
MEDICAL INTERVENTIONS		
“Pandemic” Vaccines	Prioritize and identify the groups who will be receiving the vaccination once the “pandemic” vaccine becomes available	UN Administration , “UN” physicians: – UN Medical Services – UN Dispensaries – UN Examining physicians

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PHASE 3 A	ACTION	RESPONSIBILITY
Antivirals	Stockpile Oseltamivir (Tamiflu) to treat 30% or more of staff and dependants. In addition, stockpile enough Oseltamivir to provide prophylaxis for 6 weeks for all staff needed and identified to maintain “essential” functions. As finances permit, all HQ medical services of the UN System should consider purchasing additional Oseltamivir to cover requests from affected regions for use for other reasons (Annex 2).	UN Administration (JLOC, Supply, Procurement, Medical)
• Antipyretics	Such as paracetamol are usually readily available. However, staff members should be encouraged to stock enough for their needs.	Individual
• Antibiotics	Sources of antibiotic able to treat secondary bacterial infections on an out-patient basis in 10% or more of UN staff and their dependents should be identified. If such a supply is not available or is considered unreliable, the antibiotics should be stockpiled (Annex 2).	UN Country Management Team, UNCT Working Group and UN Administration
• Medical Supplies	Implement stock of: • Surgical masks in numbers sufficient to provide all staff and dependants with 2 masks per day for 6 weeks. • Enough Personal Protective Equipment (PPE) for two changes per day for 6 weeks for medical and paramedical staff who will have direct contact with ill patients (Annex 3). • Additional material required for care • Thermometers for 100% of staff.	UN Country Management Team, UNCT Working Group and UN Administration should estimate needs and request the appropriate amounts. Staff member responsibility to buy thermometers
NON MEDICAL INTERVENTIONS	• Familiarize with national preparedness plan	WHO Resident Representative
	• Familiarize with ONUB Contingency Plan for Influenza Pandemic	All Country Management Teams, Crisis Management Teams, UN Designated Officials, UN Security Management Teams, UN Physicians and Staff Counselors
	• Identify hospitals in the country and region where critically ill staff may be sent and develop specific plans for facilitating their rapid hospitalization	– CMT and UNCT Working Group, WHO – UN Administration
	• Prepare agreements with outpatient and hospital-based health care providers who will agree to care for ill UN staff	– CMT, UNCT Working Group, UN Administration, WHO – UN Physicians
	Develop plans • for creating local auxiliary outpatient care clinics for UN staff and their dependents that are designed to reduce the risk of nosocomial influenza infection (“fever clinics”) • Distributing masks • Distributing PPE	– UNCT Working Group, UN Administration – UN physicians
COMMUNICATION	• Communicate the UN preparedness plan to all Organizations and Country Offices	UNCT Working Group

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PHASE 3 A	ACTION	RESPONSIBILITY
	Provide health travel advisory (Annex 4)	- UN Medical Doctors in consultation with WHO - UNDSS at country level
	Disseminate periodic advice on personal hygiene (Annex 5).	- UN Medical Doctors - UN Clinics - UN Dispensaries
	Information on case management to Health Care Worker (HCW)	UN Medical Doctors

PHASE 3 B	ACTION	RESPONSIBILITY
PLANNING AND COORDINATION	Declare Phase 3B	WHO
	Brief relevant officials of the UN organizations on present situation, possible outcomes and related resource requirements	- UNCT Working Group - UN Medical Directors - UN Agencies participating in Working Group
	Convene regular meetings of UNCT Working Group and Agencies participating in Working Group	WHO if scientific information needs to be shared and discussed
	Assess preparedness status and identify gaps and develop plans according to the latest developments	CMT, UNCT Working Group
	Plan for departure/early departure of international staff members who are not needed to maintain essential functions and all recognized dependants of international staff to home country if circumstances permit.	- Respective organization - Country teams
	Update the Contingency Plan according to the latest developments	UNCT Working Group
MEDICAL INTERVENTIONS	As in PHASE 3A	
NON MEDICAL INTERVENTIONS	As in PHASE 3A	WHO Resident Representative
COMMUNICATION	As in PHASE 3A	UNCT Working Group
	Provide updated health travel advisory (Annex 4)	- UN Medical Doctors in consultation with WHO - UNDSS at country level

PHASE 3 C	ACTION	RESPONSIBILITY
PLANNING AND COORDINATION	Declare Phase 3C	WHO
	Brief relevant officials of the UN organizations on present situation, possible outcomes and related resource requirements	- UNCT Working Group - UN Medical Directors - UN Agencies participating in Working Group

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PHASE 3 C	ACTION	RESPONSIBILITY
	Convene regular meetings of UNCT Working Group and Agencies participating in Working Group	WHO if scientific information needs to be shared and discussed
	Assess preparedness status and identify gaps and develop plans according to the latest developments	CMT, UNCT Working Group
	Plan for departure/early departure of international staff members who are not needed to maintain essential functions and all recognized dependants of international staff to home country if circumstances permit.	- Respective organization - Country teams
	Update the Contingency Plan according to the latest developments	UNCT Working Group
MEDICAL INTERVENTIONS	As in PHASE 3A, 3B	
NON MEDICAL INTERVENTIONS	As in PHASE 3A, 3B	WHO Resident Representative
COMMUNICATION	As in PHASE 3A, 3B	UNCT Working Group
	Provide updated health travel advisory (Annex 4)	- UN Medical Doctors in consultation with WHO - UNDSS at country level

ANNEX B.

Actions and responsibilities during PHASE 4

Small cluster(s) with limited human to human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans

PHASE 4A	ACTION	RESPONSIBILITY
PLANNING AND COORDINATION	Declare Pandemic Alert Phase 4	WHO
	Implement Crisis Management Team at Country Level	- UN Administration and Security - UN Medical Services
	Convene regular meetings of UNCT Working Group	UNCT Working Group
	- Implement departure/early departure plan provided: ➤ No travel and/or immigration restrictions have been implemented in the country of duty station; ➤ All departures/evacuations are to be carried out on a voluntary basis; ➤ As per the pre-departure screening of staff members and dependants, if there are no signs of illness suspected to be pandemic influenza (i.e., fever and/or other signs of respiratory infection); ➤ Each departed/early departed staff who is allowed to depart agrees to comply with 10-day quarantine at home or another location at the final destination. This policy can only be implemented if such actions are allowed or taken very soon after a pandemic virus is identified It should be made clear to all those being evacuated that it could be for several months due to travel restrictions and pending immunization.	UNCMT, UNCT Working Group, UN Administration
MEDICAL INTERVENTIONS	As in Phase 3	As in Phase 3

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NON MEDICAL INTERVENTIONS	Distribute surgical masks to staff and dependents in affected countries according to the plan	- UN Medical Services - UN Clinics - UN Dispensaries
	Distribute PPE to medical and paramedical staff in affected countries according to the plan	- UN Medical Services - UN Clinics - UN Dispensaries
	Conduct “dry runs” of “fever clinics” to make sure they can be implemented and operated smoothly when needed	- UN Medical Services - UN Clinics - UN Dispensaries
	Confirm medical care agreements with health care providers and facilities	CMT, UNCT Working Group, WHO
COMMUNICATION	Health and travel advisory for affected countries	UN Medical Doctors in consultation with WHO
	Distribute guidelines on management of suspected/probable cases at “fever clinics”. (Preparation in process.)	- UN Medical Services - UN Clinics - UN Dispensaries

PHASE 4B	ACTION	RESPONSIBILITY
PLANNING AND COORDINATION	Declare Pandemic Alert Phase 4B	WHO
	Implement Crisis Management Team at Country Level	- UN Administration and Security - UN Medical Services
	Convene regular meetings of UNCT Working Group	UNCT Working Group
	- Implement departure/early departure plan provided: ➤ No travel and/or immigration restrictions have been implemented in the country of duty station; ➤ All departures/evacuations are to be carried out on a voluntary basis; ➤ As per the pre-departure screening of staff members and dependants, if there are no signs of illness suspected to be pandemic influenza (i.e., fever and/or other signs of respiratory infection); ➤ Each departed/early departed staff who is allowed to depart agrees to comply with 10-day quarantine at home or another location at the final destination. This policy can only be implemented if such actions are allowed or taken very soon after a pandemic virus is identified It should be made clear to all those being evacuated that it could be for several months due to travel restrictions and pending immunization.	UNCMT, UNCT Working Group, UN Administration
MEDICAL INTERVENTIONS	As in Phase 3	As in Phase 3
NON MEDICAL INTERVENTIONS	Distribute surgical masks to staff and dependents in affected countries according to the plan	- UN Medical Services - UN Clinics - UN Dispensaries

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	Distribute PPE to medical and paramedical staff in affected countries according to the plan	- UN Medical Services - UN Clinics - UN Dispensaries
	Conduct “dry runs” of “fever clinics” to make sure they can be implemented and operated smoothly when needed	- UN Medical Services - UN Clinics - UN Dispensaries
	Confirm medical care agreements with health care providers and facilities	CMT, UNCT Working Group, WHO
COMMUNICATION	Health and travel advisory for affected countries	UN Medical Doctors in consultation with WHO
	Advice on personal protection and hygiene	- UN Medical Services - UN Clinics - UN Dispensaries
	Distribute guidelines on management of suspected/probable cases at “fever clinics”. (Preparation in process.)	- UN Medical Services - UN Clinics - UN Dispensaries

PHASE 4C	ACTION	RESPONSIBILITY
PLANNING AND COORDINATION	Declare Pandemic Alert Phase 4C	WHO
	Implement Crisis Management Team at Country Level	- UN Administration and Security - UN Medical Services
	Convene regular meetings of UNCT Working Group	UNCT Working Group
	- Implement departure/early departure plan provided: ➤ No travel and/or immigration restrictions have been implemented in the country of duty station; ➤ All departures/evacuations are to be carried out on a voluntary basis; ➤ As per the pre-departure screening of staff members and dependants, if there are no signs of illness suspected to be pandemic influenza (i.e., fever and/or other signs of respiratory infection); ➤ Each departed/early departed staff who is allowed to depart agrees to comply with 10-day quarantine at home or another location at the final destination. This policy can only be implemented if such actions are allowed or taken very soon after a pandemic virus is identified It should be made clear to all those being evacuated that it could be for several months due to travel restrictions and pending immunization.	UNCMT, UNCT Working Group, UN Administration
MEDICAL INTERVENTIONS	As in Phase 3	As in Phase 3
NON MEDICAL INTERVENTIONS	Distribute surgical masks to staff and dependents in affected countries according to the plan	- UN Medical Services - UN Clinics - UN Dispensaries

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	Distribute PPE to medical and paramedical staff in affected countries according to the plan	- UN Medical Services - UN Clinics - UN Dispensaries
	Conduct “dry runs” of “fever clinics” to make sure they can be implemented and operated smoothly when needed	- UN Medical Services - UN Clinics - UN Dispensaries
	Confirm medical care agreements with health care providers and facilities	CMT, UNCT Working Group, WHO
COMMUNICATION	Health and travel advisory for affected countries	UN Medical Doctors in consultation with WHO
	Advice on personal protection and hygiene	- UN Medical Services - UN Clinics - UN Dispensaries
	Distribute guidelines on management of suspected/probable cases at “fever clinics”. (Preparation in process.)	- UN Medical Services - UN Clinics - UN Dispensaries

ANNEX C.

Actions and responsibilities during 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).

PHASE 5A	ACTION	RESPONSABILITY
PLANNING AND COORDINATION	Declare Pandemic Alert Phase 5A	WHO
	Implement departure/early departure plan as in Phase 4, if circumstances permit	- UNCMT, UNCT Working Group, UN Administration - Respective organizations
MEDICAL INTERVENTIONS		
Treatment	Refer sick staff and dependants to pre-identified “fever clinics” or hospitals as necessary	- UN Medical Services - UN Clinics - UN Dispensaries
“Pandemic” Vaccine	As in Phases 3 and 4	- UN Medical Directors - UN Clinics - UN Dispensaries

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• Antivirals	• Provide antivirals within 48 hours to symptomatic persons who respond to clinical case definition criteria in accordance to Case Management Guidelines	– UN Medical Directors – UN Clinics – UN Dispensaries
	• Provide antivirals to essential staff for prophylaxis	– UN Medical Directors – UN Clinics – UN Dispensaries
• Antipyretics	• Provide in accordance to Case Management Guidelines	– UN Medical Directors – UN Clinics – UN Dispensaries
• Antibiotics	• Use as required	
• Medical supply	• Advise use of supply already distributed in Phase 4 in accordance with “Case Management Guidelines”	– UNCMT, UNCT Working Group
NON MEDICAL INTERVENTION	• “Fever Clinics” to become operational as needed. • NOTE: a regular clinic in a country that is not yet officially “affected” may need to expand its capacity to see patients if the numbers of respiratory cases increase substantially	– UN Medical Directors – UN Clinics – UN Dispensaries
	• Home confinement of symptomatic persons in affected countries. To ensure containment at early stage, it is encouraged that family members do not come to work.	– UN physicians – Country Representatives – Staff and dependents
	• Defer all non-critical meetings in affected countries and prohibit or postpone any UN activities requiring mass gatherings	– DO – Country Representatives – CMT – UN Medical Doctors
	• Defer all non-essential travel	– As per health and travel advisories from UN Medical Doctors
	• Defer all travel of UN staff presenting influenza-like symptoms	– UN Country Management Team and UN physicians
COMMUNICATION	• Inform on travel restrictions	– UN Medical Doctors – UN Clinics – UN Dispensaries – Security Services – Travel Sections/Units
	• Reinforce personal protection and hygiene guidelines	– UN Medical Doctors – UN Clinics – UN Dispensaries
	• Update and disseminate infection control guidelines for cases and exposure to cases	As above
	• Organizations keep their staff regularly informed and updated on developments	– UNCMT, UNCT Working Group – Country Representatives

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PHASE 5B	ACTION	RESPONSABILITY
PLANNING AND COORDINATION	Declare Pandemic Alert Phase 5B	WHO
	Implement departure/early departure plan as in Phase 4, if circumstances permit	– UNCMT, UNCT Working Group, UN Administration – Respective organizations
MEDICAL INTERVENTIONS	As in PHASE 5A	As in PHASE 5A
NON MEDICAL INTERVENTION	“Fever Clinics” to become operational as needed. - NOTE: a regular clinic in a country that is not yet officially “affected” may need to expand its capacity to see patients if the numbers of respiratory cases increase substantially	– UN Medical Directors – UN Clinics – UN Dispensaries
COMMUNICATION	- Inform regularly on travel restrictions - Organizations keep their staff regularly informed and updated on developments	– UN Medical Doctors – UN Clinics – UN Dispensaries – Security Services – Travel Sections/Units

PHASE 5C	ACTION	RESPONSABILITY
PLANNING AND COORDINATION	Declare Pandemic Alert Phase 5C	WHO
	- Implement departure/early departure plan as in Phase 4, if circumstances permit - Assess the need to suspend programmes and relocate essential staff	– UNCMT, UNCT Working Group, UN Administration – Respective organizations
MEDICAL INTERVENTIONS	As in PHASE 5B	As in PHASE 5A
NON MEDICAL INTERVENTION	“Fever Clinics” to become operational as needed. - NOTE: a regular clinic in a country that is not yet officially “affected” may need to expand its capacity to see patients if the numbers of respiratory cases increase substantially	– UN Medical Directors – UN Clinics – UN Dispensaries
	- Home confinement of symptomatic persons in affected countries. To ensure containment at early stage, it is encouraged that family members do not come to work.	– UN physicians – Country Representatives – Staff and dependents
	Defer all non-critical meetings in affected countries and prohibit or postpone any UN activities requiring mass gatherings	– DO – Country Representatives – CMT – UN Medical Doctors
	Defer all non-essential travel	– As per health and travel advisories from UN Medical Doctors

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	• Defer all travel of UN staff presenting influenza-like symptoms	– UN Country Management Team and UN physicians
COMMUNICATION	• Inform regularly on travel restrictions • Organizations keep their staff regularly informed and updated on developments	– UN Medical Doctors – UN Clinics – UN Dispensaries – Security Services – Travel Sections/Units

DRAFT

Actions and responsibilities during PHASE 6

Increased and sustained transmission in general population.

PHASE 6A	ACTIONS	RESPONSABILITIES
PLANNING AND COORDINATION	Declare Pandemic Phase 6	WHO
	- Acquisition of pandemic vaccine and vaccination once available - Programme suspension - Relocation/repatriation of nonessential staff	- UN Administration - Medical Doctors - UN Clinics - UN Dispensaries
	Crisis Management Teams to meet regularly	– UNCMT, UNCT Working Group
MEDICAL INTERVENTIONS	Provide antiviral to essential staff as prophylaxis	UN physicians
	Refer sick staff and dependants to pre-identified “fever clinics” or hospitals as necessary	UN physicians
	Vaccinate with pandemic vaccine according to priority groups already identified (Annex F)	- UN Medical Directors - UN Clinics - UN Dispensaries
NON MEDICAL INTERVENTIONS	As in Phase 5	See Phase 5
COMMUNICATION	As in Phase 5	See Phase 5

PHASE 6B	ACTIONS	RESPONSABILITIES
PLANNING AND COORDINATION	Declare Pandemic Phase 6	WHO
	- Acquisition of pandemic vaccine and vaccination once available - Programme suspension - Relocation/repatriation of nonessential staff	- UN Administration - Medical Doctors - UN Clinics - UN Dispensaries
	Crisis Management Teams to meet regularly	– UNCMT, UNCT Working Group
MEDICAL INTERVENTIONS	Provide antiviral to essential staff as prophylaxis	UN physicians
	Refer sick staff and dependants to pre-identified “fever clinics” or hospitals as necessary	UN physicians
	Vaccinate with pandemic vaccine according to priority groups already identified (Annex F)	- UN Medical Directors - UN Clinics - UN Dispensaries

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NON MEDICAL INTERVENTIONS	As in Phase 5	See Phase 5
COMMUNICATION	As in Phase 5	See Phase 5

PHASE 6C	ACTIONS	RESPONSABILITIES
PLANNING AND COORDINATION	Declare Pandemic Phase 6	WHO
	- Acquisition of pandemic vaccine and vaccination once available - Programme suspension - Relocation/repatriation of nonessential staff	- UN Administration - Medical Doctors - UN Clinics - UN Dispensaries
	Crisis Management Teams to meet regularly	– UNCMT, UNCT Working Group
MEDICAL INTERVENTIONS	Provide antiviral to essential staff as prophylaxis	UN physicians
	Refer sick staff and dependants to pre-identified “fever clinics” or hospitals as necessary	UN physicians
	Vaccinate with pandemic vaccine according to priority groups already identified (Annex F)	- UN Medical Directors - UN Clinics - UN Dispensaries
NON MEDICAL INTERVENTIONS	As in Phase 5	See Phase 5
COMMUNICATION	As in Phase 5	See Phase 5

Note 1: Actions in Phase 6 may be superseded by the actions of the National Health Authorities and must be adapted accordingly.

Note 2: Please refer to the Lao PDR Contingency Plan (attached under separate cover to this document) as an example of the application of this Plan at country level. It has been an invaluable source in the preparation of the UN Contingency Plan. (However, please apply the criteria for essential staff more stringently).

Medical Interventions and Non-Medical Interventions

A. Medical Interventions

1. Vaccines

1.1 Vaccine against seasonal influenza

There is a vaccine available each year to protect against seasonal human influenza and all UN personnel and their dependants, and particularly those at high risk for developing serious medical complications from influenza, are encouraged to take advantage of this protective measure. This vaccine can provide protection against seasonal influenza which can be very serious for many individuals. Influenza vaccine can also be a highly cost-effective countermeasure against seasonal influenza.

While seasonal influenza vaccine will not protect against a pandemic strain and does not provide protection against the many other viruses that can cause respiratory illnesses, widespread use of seasonal influenza vaccines may be very helpful for a pandemic situation. Any reduction in seasonal influenza cases due to use of seasonal influenza vaccine will reduce the possibility that a case of seasonal influenza might be mistaken for a case of pandemic influenza, thereby reducing unnecessary worry and actions.

1.2 Pneumococcal vaccine

Pneumococcal vaccine should be considered for people at particular risk for the bacterial pneumonia complication of influenza, including those 65 years of age or older, those with heart failure, emphysema, diabetes mellitus, alcoholism, or chronic liver disease, and those who are otherwise immune compromised. (For more information, please refer to the WHO International Travel and Health booklet). UN Medical Services recommend procuring pneumococcal vaccines for 10 % of staff.

1.3 Vaccine against pandemic influenza

If a new pandemic virus strain emerges, there will be a focused effort by public health authorities and manufacturers worldwide to develop, distribute and administer an effective and specific pandemic vaccine. However, the process is complicated and will take a number of months before a vaccine would be available. Currently, vaccine against the influenza virus A/H5N1 is being developed and tested but the vaccine is not yet available for general or widespread use. Moreover, the current vaccine containing a recent H5N1 virus may or may not be effective against a future H5N1 strain, if such a strain emerges with the ability to spread easily among people.

WHO will closely follow the development, protective effect and safety of both the A/H5N1 and any other new pandemic vaccine and will make recommendations on its use as soon as the product is available. If deemed appropriate based on safety and efficacy, WHO will also contact manufacturers in advance to determine arrangements to procure vaccine in advance of its need. Under the best of circumstances, given the global population size and limited production

capacity for influenza vaccine, any pandemic vaccine will initially be in short supply. Demand will far outstrip availability.

Priority recipients will include those involved with direct clinical contact with patients, those staff required to maintain essential functions, and those at particularly high risk of serious complications, such as the elderly and those with chronic diseases. Such priority lists, as developed, will have to be compatible with recommendations made for the international community at the time the vaccine becomes available. UN Medical Services will follow WHO recommendations. However, it is also anticipated that more detailed priority lists may be developed at national and local levels that, inevitably, will reflect some differences in terms of local preferences.

2. Antivirals

In recent years, new anti-viral agents to prevent or treat influenza infections have been developed. Two classes of drugs are available (the M2 inhibitors such as amantadine and rimantadine and the neuraminidase inhibitors such as oseltamivir and zanamivir). These drugs have been licensed for the prevention and treatment of human seasonal influenza in some countries.

However, initial analysis of viruses isolated from the recent human cases of A/H5N1 indicates that many of these viruses currently are resistant to the M2 inhibitors. In addition, only the neuraminidase inhibitors have been shown, in animal laboratory tests, to be effective against influenza virus A/H5N1. At this time, there is extremely little real world clinical experience with use or effectiveness of antiviral drugs against H5N1 viral infections in humans. Among the neuraminidase inhibitors, the only drug easily deliverable (orally in capsules) is oseltamivir, known in its only commercial form as Tamiflu®).

Other antivirals, such as amantadine, have not shown effectiveness against A/H5N1 in laboratory settings, but could potentially have some effectiveness against another new emerging strain.

The following provides guidance on use of oseltamivir as prophylaxis or treatment:

2.1 Prophylaxis

Antiviral drugs used for prophylaxis are given to people who are not infected and who are not ill. The purpose of prophylaxis is to try and prevent the development of severe pandemic disease in people who are potentially exposed to pandemic influenza.

Oseltamivir can be offered to selected staff who are needed by an organization to maintain its essential functions. The current prophylactic regimen is one tablet of 75mg per day. The upper limits for safe use of oseltamivir as prophylaxis is unknown. However, it is assumed that based on past pandemics and epidemics that in local areas, the duration of elevated risk of exposure to the pandemic virus in an area will be several weeks. In this document, to aid planning efforts, this period has been defined as 6 weeks. Use of antiviral drugs for prophylaxis is extremely resource consuming. Therefore, pre-exposure prophylaxis should be limited to maintenance of essential functions of an Organization. Since pandemic influenza is an infection transmitted primarily by respiratory droplets, during a pandemic, the risk of infection will be relatively similar for most people in UN Organizations except persons such as medical workers, who will be at highest risk because of their frequent contact with many ill persons.

Oseltamivir is licensed for up to six weeks of continuous use for prophylaxis.

As an alternative to daily prophylaxis, antiviral drugs could be reserved for treatment of persons if fever or other symptoms of infection develop. This approach could stretch the supply of available antiviral drugs, but also is more complicated logistically to implement and might be less effective theoretically in preserving maintenance of essential functions. Nonetheless because supplies of antivirals during a pandemic situation are expected to be very limited, in many situations this use of oseltamivir may be the most feasible option.

2.2 Treatment

(a) Of ill persons: In symptomatic patients suspected of having pandemic influenza, Oseltamivir can be administered as treatment. Current recommendations for treatment, based on treatment against seasonal influenza, are two 75 mg. capsules a day (total of 150 mg. per day) for 5 days. There are no data for use for children below the age of 1 year. Oral suspension for children could be administered up to 40 kg when adult dosage can be used (ref: product information). For maximum effect, the drug should be started within 48 hours of onset of symptoms. During a pandemic situation, the possibility to test an individual patient for influenza infection will be extremely limited and therefore decision about whether to treat or not will depend upon clinical findings. Moreover, current recommendations on the amount and duration of treatment may change as more information becomes available about the effectiveness of dosages of antiviral drugs against pandemic influenza.

(b) Post-exposure treatment: Theoretically if the local supply is considered adequate, then oseltamivir could be provided to a person who does not have symptoms but who has had close and unprotected contact with another person who is suspected or confirmed to have pandemic influenza.¹ In this situation it will not be clear if the exposed person is infected. However, giving that person antiviral drug theoretically could potentially protect the person from infection or reduce the severity and duration of the disease if the person has become infected. The drug would be administered in treatment doses as detailed above. The effectiveness or efficiency of this approach in preventing illness is theoretical, however, and has not been demonstrated. Moreover, for most people it will not be known if they were "exposed" to pandemic influenza and during a widespread pandemic, it will not be feasible to give post-exposure treatment to most non-ill contacts. In most situations, it is expected that most oseltamivir will be used for treatment of persons with febrile or respiratory illnesses rather than prophylaxis.

3. Stockpiling Oseltamivir

If a pandemic is declared it is very likely that all stocks of medicine useful against influenza, particularly Oseltamivir, will be in very high demand and rapidly exhausted. Therefore UN offices must be prepared and stockpile some Oseltamivir.

The amount of oseltamivir stockpiled by the UN system at the country level is expected to vary from location to location reflecting the following considerations:

1. Based on past epidemics, a reasonable overall attack rate (i.e., the number of new symptomatic illnesses per 100 persons over one year) for pandemic influenza will be 30%. However, attack rates in some areas and in places such as institutions, attack rates may be much higher (or lower).

¹ NB. In this context, a close contact is defined as an intimate contact, providing care, in the same household, having direct contact with respiratory secretions (saliva droplets of a suspected case, coughing or sneezing), body fluids and/or excretions (e.g. faeces) of highly suspected or probable cases.

2. In addition, since many people who will develop symptoms will not have pandemic influenza but may have colds or other respiratory infections, some of the oseltamivir will be used up by treating nonpandemic illnesses.
3. In addition, organizations at the country level may choose to use oseltamivir for prophylaxis to maintain essential functions further increasing the optimal supply.
4. Finally, differences in resources may allow some offices to purchase oseltamivir in relatively larger amounts.
5. Different offices may choose to allocate use of oseltamivir somewhat differently.

On the hand, oseltamivir is an expensive resource, and available supplies are limited globally due to very limited production capacity.

Based on these all of considerations, UN offices each should stockpile enough oseltamivir to provide for a 5-day course of treatment for approximately 30 % or more of all their staff and their dependants. The stockpile amounts can be increased as resources allow and based upon specific Organizational considerations.

In addition, stockpile enough oseltamivir to provide prophylaxis for 6 weeks for all persons who are needed to maintain all functions identified as “essential” by the specific UN Organization.

It must be acknowledged that in a global pandemic, there will not be sufficient Oseltamivir to meet the full demand. UN Headquarters Medical Services could initially stockpiling a reserve stock to help cope with additional emergency needs.

WHO's procurement Service has negotiated a price of approximately US\$17 (€13) for one 5-day treatment course of oseltamivir. When purchased from a pharmacy, the cost is about US\$40 per treatment course.

Antivirals will become a very valued commodity during a pandemic and therefore plans should be developed for their secure storage locally. The current shelf life for Tamiflu capsules is 5 years, although this date may be extended.

Stocks of medications should be under the responsibility of the UN Medical Service physician at post. In their absence, the organizations' representatives or UN Agency heads should hold the Oseltamivir stockpile. Medical counterparts or contractor physicians should be identified who will be in charge of specific decisions about use of antiviral drugs since oseltamivir is a prescription drug. Each physician or medical team involved in care should receive adequate briefing and personal protective equipment (PPE). Specific criteria for prescription of Oseltamivir will be distributed.

4. Antipyretics

Antipyretic such as paracetamol will be indicated as in most febrile diseases to relieve pain and control fever. Aspirin is contraindicated in those suspected of having influenza. Antipyretics are widely available and no particular stockpile is recommended.

5. Medical Supplies.

Individual UN Agency heads and responsible medical personnel should consider availability of general medical supplies in the community and consider stockpiles of general drugs and other

supplies (syringes, needles, etc.) which should be obtained for use during a pandemic.

6. Antibiotics

As influenza can be complicated by secondary bacterial infection of the lungs, antibiotics could be life saving if a secondary infection develops. A source of antibiotic suitable for outpatient use and targeted to pulmonary bacterial infection (with anti-staphylococcal activity, such as a fluoroquinolone, co-trimoxazole, vancomycin, cephalosporin, etc) should be identified and if the source is considered unlikely to be able to provide sufficient supply during a pandemic situation, then consideration should be given towards stockpiling enough to treat pneumonia in 10% of staff and dependents. The goal of providing rapid outpatient antibiotic treatment is to reduce the number of cases of severe secondary bacterial infection requiring treatment in a hospital facility.

[See CHEST 2001; 119: 1717

1723. <http://www.chestjournal.org/cgi/reprint/119/6/1717>].

7. Personal Protective Equipment (PPE)

Personal protective equipment provides a high degree of protection against infection and is appropriate for persons at unusually high risk of infection. During a period (for example phase 3 of the current H5N1 situation) when an influenza virus has the potential to become a pandemic virus but has not yet evolved and gained the ability to transmit easily among people, UN staff at high risk will include field investigators who are investigating outbreaks as well as health care workers who may care for someone infected by the virus. Once a pandemic has started, however, and the virus has become highly contagious for people, the medical and paramedical staff providing direct patient care will be the group at highest risk of frequent contact with the virus. Therefore, those providing medical services during the pandemic, and those staff and consultants conducting field investigations before the pandemic, should be equipped with PPE. In the absence of an effective vaccine and limited supplies of antiviral drugs, PPE will be used by all health care workers at risk of exposure to possible cases. UN Medical Services recommend providing PPE to UN medical services, UN Dispensaries, DPKO civilian clinics and designated UN examining physicians who will deal with UN pandemic influenza case management.

Suspected cases should wear a mask (simple surgical mask) in order to limit the spread of the virus through cough, speech, and fomites. Influenza viruses are thought to be transmitted primarily through large droplets and to lesser extent through aerosol and by direct touching. Placing a regular (surgical style) mask on persons infected by pandemic infection may reduce the spread of virus into the air.

Medical staff who will see patients on a frequent basis should be provided with masks of greater protection, e.g. such as "N-95" or higher level masks, as a part of PPE. Such staff may be exposed to both large droplets as well as aerosolized virus much more often than others.

In the event of a pandemic it is anticipated that many staff will request masks as they may provide some sense of security although are no guarantee for protection. As a result masks may be in short supply and it is recommended that UN offices consider stockpiling disposable surgical masks to be able to respond to the initial demand. Such use should not be encouraged but probably also cannot be prohibited.

Recommendation: ideal stockpile is an average of 2 masks per person per day for 6 weeks for all UN staff and dependants

8. Medical Care and Medical Evacuation

Each country team, in cooperation with the appropriate government office, should identify the local medical facilities for health care in case of an influenza pandemic. A checklist of what should be ideally in place at the local health facility should be developed (to take care of respiratory infections, O2, respirators etc.) including availability of laboratory facilities for case management. A plan should be developed locally for how UN ill staff would be transported and admitted to the facility if necessary.

Each country team should designate UN examining physicians who will be responsible for out patient triage, case management of UN staff and liaison with the identified facilities. The identified physicians should initially each receive a basic stock of Oseltamivir for 10 treatments, PPE and masks to be replenished as needed and appropriate for local conditions.

If UN medical clinics become overly crowded, it may be necessary to increase available space. Ideally, such space (e.g. meeting rooms) should be located as close as possible to existing clinic facilities to minimize logistical problems but conceivably might require using space such as in warehouses, gymnasiums etc. At best, such an expansion will be difficult and advanced planning should be done by the medical clinic. Obtaining extra staffing may be the limiting factor in patient care.

Requests for medical evacuation of severe cases that cannot be dealt with locally will be dealt with according to the established rules and regulation on the subject (there will be similarities to the SARS outbreak and the SARS evacuation plans). Medical evacuation will be considered to meet the health care needs of the individual in the context of potential risk of international spread of the disease. Posts should, in advance of need, make specific arrangements with the government so such evacuation can be readily facilitated if needed.

B. Non-Medical Interventions

All UN staff and their dependants will have to follow the public health measures taken by the national authorities, particularly those relevant to social gatherings (e.g. schools, cinemas, public transportation etc.). General recommendation regarding "respiratory etiquette" (put your hand before your mouth when you cough) and hand washing should be emphasized.

1. Workplace

Agency Heads will need to define as soon as possible the essential functions for their Organization and the staffing needed to maintain such functions.

Any staff member who becomes ill should be asked to practice isolation and to stay home for 10 days for cases of uncomplicated pandemic influenza (or longer if the case is complicated). In addition he/she should as soon as possible start a course of Oseltamivir and wear a mask when meeting other people.

In the early phases of a pandemic (phase 4 and early phase 5), persons who have been exposed to a known case of pandemic influenza should be asked to practice quarantine and to stay home to contain the possible spread of infection. Later, as pandemic infections become more common, the request for voluntary quarantine may be dropped since it would no longer be effective nor practical.

If a staff member has a relative or someone else at home suspected to be affected by pandemic influenza, he/she should be allowed to abstain from going to work to provide care for that person.

2. Meetings

If a pandemic is declared all international meetings should be postponed if possible and strong consideration should be given to postponing all other large meetings.

3. International Travel

Influenza is readily transmissible by droplets and air and virus excretion may already occur during the incubation period. It has a relatively short incubation period (1-3 days). Therefore it is unlikely that restrictions of travel, and other social distancing efforts, can stop spread of influenza, however, these steps may help slow down the spread of an influenza pandemic. Early in the pandemic, slowing down the spread of influenza pandemic could buy precious time for vaccine development and access to other essential supplies. UN Offices are required to strictly follow WHO recommendations at the time of the outbreak.

4. Departure/Early Departure

Once an animal or avian influenza virus demonstrated its ability to transmit relatively easily among people, but activity appears to be limited to one or very few countries, it is likely that neighboring countries will be quickly affected. Moreover, it is likely that official travel advisories and high levels of anxiety among potential travelers from media reports will soon lead to disruption of travel and health services. Dependants and/or non-essential staff who are not ill and have no exposure to a known case – may be advised to travel to their country of origin where health services are less congested, providing this is the case or be relocated within the country of duty station. It should be understood that no country during a pandemic can be expected to provide a "safe haven."

At an early stage, in case of localized outbreaks of influenza with a pandemic potential, the UN Advisory Group may recommend to the Secretary-General the departure of internationally-recruited staff members and their eligible family members.

Symptomatic persons (e.g. fever) should not travel unless under special circumstances and with medical approval.

Repatriation of deceased staff due to pandemic influenza could be delayed and will necessarily follow guidelines developed by the UN during the pandemic.

5. Relocation of staff

(a) As soon as WHO Pandemic Phase 4 is declared, Crisis Management Team meetings should take place at HQ and country level.

(b) Before departing, staff and/or dependants should be screened for fever by a UN-designated physician or nurse or technician (who would have received the necessary briefing). A person with fever should be thoroughly examined and a medical determination made as to the probable cause of the fever. If the likely cause is an infectious respiratory disease, then the person should be

asked to defer travel. The responsible UN Organization should make arrangements for the appropriate medical care of that person.

(c) From that stage (WHO Pandemic Phase 5) and until the pandemic alert has been officially declared over, all UN staff remaining in the country should check their body temperature at least once daily and notify the UN physician on duty of any respiratory symptoms such as cough or any fever (temperature above or equal to 38°C) by phone. They should be seen by either the designated UN physician or another health care provider. The staff person should be told they cannot go to work in that case.

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Number of the UN Staff and Dependents

Below table lists the number of staff, and their dependents, of the UN Country Team in Burundi, per 22 Nov 2005.

	Intern. Staff	National Staff	UNV	Essential Contract	Non- Essential Contract	Essential Daily paid	Non- Essential Daily paid	Military, Police and others	Total staff	Total depend.	Total pers.	Remark
ONUB	332	366	146	320		1055		5640	7859	4004	11863	
WHO / OMS	6	34							40	78	118	
OCHA	6	21	1						28	48	76	
UNHCR	53	131							184	301	485	
WFP / PAM	11	138	2	328					479	1072	1551	
FAO	3	37							40	85	125	
UNESCO	1	16							17	37	54	
UNFPA / FNUAP	1	13		13		2			29	64	93	
UNICEF	20	47		6		2			75	127	202	
UNDP / PNUD	30	86	5	55					176	324	500	
UNAIDS / UNSIDA	1	3				1			5	9	14	
WORLD BANK	3	17							20	39	59	
IMF / FMI	1								1		1	
OHCHR / OHCDH	4	22							26	51	77	
UNOPS		2							2	5	7	
UNSECOORD												
TOTAL	472	933	154	722		1060		5640	8981	6245	15226	

Provincial Health Care Facilities

I. BUJUMBURA

1. ONUB Civilian level 1 clinic:

Phone: Ext 5503, 5385 or +257 212 868.

Dr. Mario Mijatovic Ext 5503 or 860585 or 2183.

Radio channel 3

Call sign: X-1 (X-ray One)

Dr. Amir Hashmi Ext. 5385 or 869412

Radio channel 3

Call sign: X-10 (X-ray Ten)

Nurse: Ext 5529

Emergency (24 hours): Phone 918 919 or 860585 and 912055.

Radio channel 3

Call sign: X-1 (X-ray one)

Alternatively, Security on 860587

2. Pakistani level 2 hospital (Upon referral by Level 1 Civilian clinic or in emergency)

Phone Ext. 5262 or 862788

Radio channel 10

Call sign: 13-A (One Three Alpha)

3. RSA level I hospital (Emergency only)

Phone Ext. 5448

Radio channel 01

Call sign: 450J (Four Five Zero Juliet)

4. UNDP clinic (Emergency only)

Phone 664200, 212864, 950200

II. BUBANZA

Nepalese level I hospital

Phone Ext. 5150 or 973887

Radio channel 10

Call sign: 01 (Zero One)

III. CIBITOKÉ

Pakistani level I hospital

Phone: Ext. 5265 or 940981

Radio channel 10

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Call sign: 02 (Zero Two)

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IV. GITEGA

Ethiopian level I hospital

Phone Ext. 2002 or 990299

Radio channel 02

Call sign: 04 (Zero Four)

Jordanian level 2 hospital (Upon referral by Level 1 Civilian clinic or in emergency)

Phone Ext. 7227 or 940663

Radio channel 03

Call sign: M-126 (Mike One Two Six)

Alternatively, Security on 861094, 998312, 998875

V. MAKAMBA

Kenyan level I hospital

Phone Ext. 7541 or 7542, 905224

Alternatively, Security on Ext 7500 or 7523, 965727 or 909642.

Region only radio channel 03 or channel 08, Call sign: S-36 (Sierra Three Six)

VI. MUYINGA

ONUB Civilian level 1 clinic

Phone Ext. 7674 or 908031

Radio channel 03

Call sign: X-11 (X-ray One One)

Alternatively, Security on 930500

Radio channel 03

Call sign: X-8 (X-ray Eight)

VII. NGOZI

ONUB Civilian level 1 clinic

Doctor: Phone Ext. 7493, 7494, 7492 or 991258

Radio channel 9

Call sign: X-9 (X-ray Nine)

Nurse: Phone 989988

Radio channel 9

Call sign: X-7 (X-ray Seven)

Alternatively, Security on Ext 7408 or 7463, 920203 or 860032, or local line 302686

VIII. NOTE

- Radio channels can only be used in the area identified.
- The Doctor at the above facilities will arrange, as required, transfer of patients by ambulance, medical evacuation, and movement to other facilities.

List of the Essential Staff

Below table lists essential staff members of the UN agencies in Burundi (as of July 2005).

To be included

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UN Emergency Contacts

1. UN Emergency Contact List – July 05

To be included

2. Security Warden System

To be included

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Table of Implementation

ONUB Burundi

The following table shows the implementation of the UN Contingency Plan for the Avian Influenza in Burundi. For each avian influenza pandemic phase, as declared by WHO, and the corresponding UN Security Phase, it proposes specific measures.

Level	Trigger	UN/Agency Action	Security Considerations	Staff Action
1. Interpandemic Period				
WHO phase 1 No UN security phase	Animal virus known and bird flu reported in the region.			
WHO phase 2 No UN security phase	No human cases, animals have a risky virus.			
2. Pandemic Alert Period				
WHO phase 3 No UN security phase	Human cases, but no human to human spread	- Inventory, procurement and stockpiling of medicines and medical supplies - Preparation of updated lists of staff and dependents - Identification of essential and non-essential staff - Establishment of effective communication strategies - Assessment of existing in-country healthcare facilities - Plan for temporary medical facilities - Contingency plan adopted - Staff education on AI and individual preventive measures (an info note, information meeting etc.) - Designated focal point(s) for information dissemination - While all staff should be vaccinated with seasonal flu vaccines, each agency should plan their priority list of recipients of Tamiflu, pneumococcal vaccines and AI pandemic flu vaccines - Seasonal influenza vaccinations to all staff and dependents	- Review of the security warden list - Communications systems reviewed and clear systems in place (radios, satellite phones etc.)	- Prepare personal effects inventory and submit to the agency - Follow media reports and any official advice - Ensure family members and maids/cooks are aware of the need to prepare chicken properly - Avoid close contact with chickens, consider getting rid of any poultry kept at home - Stock own thermometers and antipyretics (e.g, paracetamol)

Avian Flu Procurement Needs

Non-procurement items from the WHO contingency plan for pandemic influenza.

Action	Things need to be done	Guidelines
Pandemic flu vaccine priority list	Each UN agency to work out their priority list for recipients of PI vaccines.* Essential and critical lists and updated staff lists - will be needed also for relocation decisions.	Staff with direct contact with patients; those who maintain essential functions; those high risk of complications (e.g. elderly and those with chronic diseases)
Pneumococcal vaccine's recipient list	Each UN agency to start developing their recipient list.	People over 65 years, and those over 2 years of age with chronic diseases.
Antivirals: Tamiflu	Each UN agency should plan their priority list for recipients of Tamiflu.*	1) Early PI: Close and unprotected contact of confirmed PI cases. 2) Widespread phase: only offer as treatment of cases. 3) Prophylaxis for high risk occupational groups. Field staff with close proximity with humans and animals. E.g. Clinicians, epidemiologists and veterinarians.
Storage of stockpiling	Each UN agency to plan for their storage of stockpiling in a safe place.	Antipyretics e.g. paracetamol (panadol) is recommended. Aspirin should not be used for suspected influenza.
Reminder to staff to stockpile their own antipyretics	Each UN agency to send out reminder to their staff to stock up their own antipyretics.	
Plan to convert premises into temporary medical facilities at PI	*For the sake of potential shortage of healthcare facilities in the posting country.	
Reminder to staff of public hygiene at PI	Posters to sensitize staff at inter-pandemic times.	Reminders of respiratory etiquette and the importance of hand washing. This person should be offered Tamiflu; off work; and wear a mask at meeting other people.
Voluntary quarantine of staff	For staff having suspected ILI/ contact with cases.	All international meetings involving participants from affected areas should be reconsidered.
Suspension of international meetings at PI		All international meetings involving participants from affected areas should be reconsidered.
Suspension of international meetings at PI		Strictly follow WHO recommendations at PI.
International travel of staff at PI		Symptomatic persons (e.g. fever) should not travel unless under medical evacuation.
Staff relocation		Once PI phase 5 is declared, with cases confirmed in the country or bordering region, UN Security Plan will scale up to phase 3 (Relocation). Staff and/or dependents undergoing screening by UN-designated before departure. Staff stay behind in the country should monitor their own body temperature at least daily and report to UN-designated physicians of any respiratory symptoms by phone. They will take sick leave.

* An assessment by WR, Regional Directors and Director-General of who is "essential" to maintain operations.

AI Procurement Costs per Agency

Date: 05 July 2005

Number of staff/dependants

To be included

* These agencies do not have a MOU with UNDSS for UN Security Management for National Staff.

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Health Advisory on Self Protection for travel to/through or living in outbreak regions

The following recommendations are directed to UN staff and their recognized dependents travelling to/through or living in areas where avian influenza A (H5N1) outbreaks among poultry or human H5N1 cases have been reported. These recommendations may be revised as more information becomes available.

- To minimize the possibility of infection, observe precautions to safeguard your health. Specifically, travellers should avoid touching live or dead poultry (e.g., chickens, ducks, geese, pigeons, quail) or any wild birds or their feces, and avoid settings where H5N1-infected poultry may be present, such as commercial or backyard poultry farms and live poultry markets.
- Do not eat uncooked or undercooked poultry or poultry products, including dishes made with uncooked poultry blood.
- As with other infectious illnesses, one of the most important preventive practices is careful and frequent hand washing. Cleaning your hands often, using either soap and water (or waterless, alcohol-based hand rubs when soap is not available and hands are not visibly soiled), removes potentially infectious materials from your skin and helps prevent disease transmission.

Preparing food

- Separate raw meat from cooked or ready-to-eat foods. Do not use the same chopping board or the same knife for preparing raw meat and cooked or ready-to-eat foods.
- Do not handle either raw or cooked foods without washing your hands in between.
- Do not place cooked meat back on the same plate or surface it was on before it was cooked.
- All foods from poultry, including eggs and poultry blood, should be cooked thoroughly. Egg yolks should not be runny or liquid. Because influenza viruses are destroyed by heat, the cooking temperature for poultry meat should reach 70°C (158° F).
- Wash egg shells in soapy water before handling and cooking, and wash your hands afterwards.
- Do not use raw or soft-boiled eggs in foods that will not be cooked.
- After handling raw poultry or eggs, wash your hands and all surfaces and utensils thoroughly with soap and water.

If you believe you might have been exposed to avian influenza, take the following precautions

- Monitor your health for 10 days.
- If you become ill with fever and develop a cough or difficulty breathing, or if you develop any illness during this 10-day period, consult a health-care provider. Before you visit a health-care setting, tell the provider the following: 1) your symptoms 2) if you have had direct poultry contact, and 3) where you traveled.
- Do not travel while sick, and limit contact with others as much as possible to help prevent the spread of any infectious illness.

Protecting Yourself and Others against Respiratory Illness

- HANDWASHING IS ONE OF THE MOST IMPORTANT MEASURES TO PREVENT THE SPREAD OF INFECTION
- Anyone with respiratory-type illness should be careful with secretions from the nose and mouth
- Cover the nose and mouth when coughing or sneezing – use a tissue and dispose of this once used in the waste
- Always wash hands after having any contact with respiratory secretions
- Be careful with respiratory secretion (e.g. coughing and sneezing) when around other people.
- It may be best to avoid contact with individuals at risk (small children or those with underlying or chronic illnesses such as immune- suppression of lung disease) until respiratory symptoms have resolved.
- Avoid contact with secretions of people who have respiratory illnesses
- Ask people to use a tissue and cover their nose and mouth when coughing or sneezing.

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