Prioritization of health services during a SEVERE INFLUENZA PANDEMIC

A briefing paper for humanitarian staff

This document provides a brief summary of key health services to maintain during a pandemic. It addresses prevention programs; treatment for acute communicable diseases, including pneumonia, diarrhea, fever and malaria; and priority outpatient programs addressing acute malnutrition, TB, HIV/AIDS, and reproductive health. More detailed guidance on prioritization of health services can be found in *WHO's Reducing excess mortality from common illnesses during and influenza pandemic: WHO guidelines for emergency health interventions in community settings – 2008* which can be retrieved here: (http://www.who.int/csr/resources/publications/swineflu/commonillnesses_pandemic/en/index.html)

During a pandemic, common illnesses are likely to increase in resource-poor settings where chronically strained health systems would face even higher volumes, resource constraints, and absenteeism of critical staff.

Pandemic preparedness efforts should be directed broadly, to address not only an increase in acute respiratory illnesses but also illnesses leading to the highest morbidity and mortality such as malaria, pneumonia, diarrhea, hiv/aids, tuberculosis, malnutrition, chronic diseases and causes of maternal and infant mortality.

Services provided in the home and community may help fill gaps during a pandemic, reduce demand for health facility-based services, limit exposure to influenza within the facilities and, perhaps most importantly, are more likely to be accessible to patients.

1. PRIORITY PREVENTION PROGRAMS

WHO and UNICEF recommend key family practices that should be prioritized, in addition to influenza specific household and community-level recommendations.

The following practices require logistics and should be strengthened as soon as possible in anticipation of service disruption resulting from a pandemic.

- complete full course of childhood immunizations including vitamin A supplementation, vaccinate target groups of children and adults according to national immunization schedule for *Streptococcus pneumonia* and *Haemophilus influenzae* type b (Hib)
- use insecticide-treated bed nets in malaria endemic areas
- tetanus toxoid vaccination for women of childbearing age and birth plan preparation

The following practices should be continued and strengthened during a pandemic.

- breastfeed infants exclusively for 6 months and then for up to 2 years with complementary feeding and nutrient supplementations such as vitamin A
- wash hands after defecation and before feeding and preparing food
- continue to feed and offer additional fluids (including oral rehydration solution (ORS), soups, broths) when a family member is sick, continue and increase breastfeeding
- ensure adequate nutrition
- recognize when sick family member needs treatment outside the home and seek care and follow health workers advice for treatment, follow-up and referral

2. PRIORITY TREATMENT PROGRAMS FOR ACUTE COMMUNICABLE DISEASES

These recommendations take into account the high burden of communicable diseases (e.g. malaria, pneumonia and diarrhoea) and the likely increase in incidence of these illnesses during an influenza pandemic. Community level treatment of these illnesses is recommended. Community level health works should be identified and trained and essential medicines to treat these illnesses should be calculated for an 8-12 week time interval.

Treatment of pneumonia

Distinguishing between community-acquired pneumonia, which accounts for a high burden of morbidity and mortality worldwide, primary influenza pneumonia and secondary bacterial pneumonia from influenza will be challenging in countries with limited diagnostic resources. Presumptive treatment for pneumonia with an antibiotic such as amoxicillin, or according to national protocol, is recommended in this setting.

Treatment of fever and malaria

Fever will be encountered frequently during an influenza pandemic. In malaria-endemic areas distinguishing patients who present with fever from influenza or from malaria will be challenging. In areas where malaria from *P. falciparum* is present, presumptive treatment for malaria is recommended according to national protocol for all children under the age of five presenting with fever. Overtreatment with antimalarial medicines is anticipated and accepted for the pandemic time frame. If rapid diagnostic tests are part of the national protocol and available they can be helpful particularly for adults. Patients presenting with fever who live in non-malaria-endemic areas can be treated symptomatically. Infants less than 2 months of age should be referred to a health-care worker.

Treatment of diarrhoea

The incidence of diarrhoea may increase during a pandemic due to reduced access to health services, safe water and sanitation, hygiene as well as secondary to influenza itself. Key family practices should be strengthened and children less than 5 years of age should be treated with oral rehydration salts (ORS) and zinc and an antibiotic for bloody diarrhoea according to national strategy.

3. RECOMMENDATIONS FOR PRIORITY HEALTH PROGRAMS

The following are recommendations are for priority outpatient programs that will potentially face interruptions during an influenza pandemic. Gathering of patients in inpatient settings can also increase spread of pandemic influenza and should be avoided when possible.

HIV/AIDS, tuberculosis (TB) and chronic diseases

The priority for these programs is to ensure uninterrupted treatment during a pandemic. Health care providers should council patients on a foreseeable disruption in health services and should dispense an 8-12 week supply of current medications and diagnostic/preventive supplies and discuss options for emergency referrals if required.

Acute malnutrition programs

During a pandemic malnutrition may increase due to lack of access to foods, increased incidence of acute respiratory and other common illnesses and decreased access to existing food distribution, feeding programs and programs for the management of malnutrition. Existing programs for community-based management of acute malnutrition (CMAM) should consider adjusting programming to provide screening, treatment and follow-up services at the community level including the provision of up to 8 weeks supply of ready-to-use therapeutic foods (RUTF). CMAM programs are recommended to increase access to treatment of acute malnutrition but should be initiated in advance of a pandemic.

Reproductive health programs

Key reproductive health programs during a pandemic should prioritize safe delivery, acute care of the newborn and family planning (provision of 8-12 week supply of contraceptives). To increase access to reproductive health services, key activities should be carried out at the community-level according to availability of trained midwives or health workers with midwife skills. Human resource mapping should be carried out to determine the availability of skilled birth attendants including redistribution of facility-based midwives to the community. Ensure relevant medical supplies are available for deliveries expected for an 8-12 weeks time frame.

Priority delivery interventions include the provision of a clean birth kit, active management of the 3rd stage of labour and the early detection and referral of complications. Priority essential newborn care interventions include airway aspiration and resuscitation of newborn, infant warming, clean cord care, early and exclusive breastfeeding and the detection, treatment and referral of ill newborns.