

Preface

The third edition of the Norwegian National Influenza Pandemic Preparedness Plan is a revised and extended edition of the present preparedness plan which the Ministry of Health established in July 2003.

The first Norwegian National Influenza Pandemic Preparedness Plan was, however, laid down as early as January 2001. The European Union as well as the World Health Organization recommend their membership countries to work out updated preparedness plans for influenza pandemics and that they establish a closer collaboration between public health authorities and animal health authorities in each individual country.

This plan is part of the Norwegian response to these recommendations. A preparedness plan for pandemic influenza must obviously be a dynamic document that is able to respond immediately to changes in the global as well as the national situation. A draft of the plan has been composed by a working group consisting of participants from the Directorate of Health and Social Affairs and the Norwegian Institute of Public Health. A number of central bodies within the health sector have been evaluating the draft, including the Ministry's National Advisory Committee for preparedness for pandemic influenza and relevant fields of activity within other sectors.

Certain central ministries have also been part of the process. A draft of the plan was used during the EU exercise "Common Ground" at the end of November 2005. Observations and reports from this exercise have been evaluated and incorporated into the draft.

The Ministry has been adapting the draft further before the establishment of the third edition of the plan so that Norway will have a completely updated preparedness plan.

The plan will be distributed to all bodies in the contingency work and will be available on the website of the Norwegian Ministry of Health and Care Services. The Ministry gratefully accepts comments and viewpoints that may contribute to further improvement of the plan.

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1. Introduction

If Norway were to be struck by an influenza pandemic today, it could in the worst case become as serious as the Spanish Flu, and during the course of approximately six months result in 1,2 million influenza patients and 13 000 additional deaths. In the best case, a new pandemic would be no more serious than a normal influenza season, such as the Russian Flu in 1977. A new pandemic would probably be similar to the Asian Flu of 1957-59 or the Hong Kong Flu of 1968-70. The “bird flu outbreak” in Hong Kong in 1997, during which six of the eighteen persons infected died of the avian influenza virus, proved that a threat of a pandemic influenza may occur without presage.

The entire society might be affected by a pandemic outbreak and a number of civil functions would at worst come to a complete standstill. The health care services would be overloaded, something that would cause considerable ruin to the national economy. When we are hit by the first wave of the pandemic, it is uncertain whether a newly formulated influenza vaccine will be developed and available to whoever wants it. Influenza medicines would be the only remedy that could moderate the effects of this illness.

An influenza pandemic requires a special plan. This is due to particular challenges that the health care services as well as other authorities will be facing in case of the threat of a pandemic and also after the population has been infected with the disease. The quick airborne spreading of the disease can hardly be prevented, and the virus is likely to strike people in all age groups and within all classes of society regardless of personal life style or behaviour.

The World Health Organization has composed an Influenza Pandemic Preparedness Plan and recommends individual countries to set up their own contingency plans. The first version of the Norwegian preparedness plan was issued in January 2001 by the Ministry of Health and Social Affairs on the basis of a draft plan that had been worked out by the National Institute of Public Health and the Norwegian Board of Health. The plan has been revised and re-established in July 2003. The above mentioned revision did not include other than adapting the plan to new tasks and areas of responsibility according to the reorganisation of the administration of central health and care services from January 1st 2002 as well as the reform of the specialist health care services.

This last revision has been caused by outbreaks of the avian flu during recent years as well as recommendations of the World Health Organization and the European Union regarding preparedness plans in individual membership countries, particularly concerning a new division of different phases of a pandemic.

The Preparedness Plan is founded on the need of comprehensive measures taken by municipalities, the specialist health care services, the chief county officer and central authorities in case of a pandemic outbreak.

Precautions are primarily related to infectious disease protection as well as social and contingency planning, but may also apply to social insurance and other areas of society. Preparedness plans must refer to the legislative code that permits measures that would be adequate to apply in such situations.

The Influenza Pandemic Preparedness Plan is a strategic device. Individual activities and administrative organs that are affected by the plan must develop their own local crisis arrangements or appendixes to already existing crisis arrangements based upon this plan.

Like previous preparedness plans against pandemic influenza this plan also presupposes that:

- The Ministry of Health and Care Services appoints a broadly-based, national advisory committee on influenza pandemic planning, the Pandemic Committee
- the Ministry decides (according to advice given by the Committee and the medical world) who is first to be offered vaccines and medicines during an influenza pandemic
- sufficient measures must be taken in order to ensure constant supplies of influenza vaccine during an influenza pandemic

The plan presupposes a smooth collaboration and thus facilitates an immediate and co-ordinated reaction when the possibility of an influenza pandemic is imminent. A pandemic influenza is an international challenge that requires national measures as well as an extensive international collaboration within the framework of the United Nations, the World Health Organization (WHO), the World Organisation for Animal Health (OIE), the European Union (EU) as well as the Nordic Countries.

All sectors in society must prepare themselves for significant challenges such as a marked increase in the absence in schools and working places. This plan procures conditions for planning for the ministries and their sectors, including Norwegian Foreign Offices abroad. All ministries should prepare for a pandemic influenza according to the framework of the plan. Within most sectors this will include measures to prevent infections and disease as well as to maintain vital functions such as kindergartens and schools, communication (transport and telecommunications), the energy sector (energy supply, oil and gas), water and sewage, renovation etc.

It will be impossible to prevent the occurrence of the pandemic in Norway, and for this reason actions to control communicable diseases are extremely important in this country. Such measures are to impede the spreading of the virus and reduce the total number of persons infected. In an early phase of the pandemic during which its diffusion is still limited to a few countries, it might be of immediate importance to offer careful instructions to travellers into Norway from pandemic struck countries. These instructions will be given on arrival into the country. As long as only a small number of persons are infected and there is still hope of delaying the introduction of the virus in

Norway, quarantine at home or in institutions may be a preliminary solution. The effect of such measures is, however, most uncertain.

The plan delineates actors, roles, responsibility and measures during the various phases of the pandemic development. The principles of responsibility, proximity and equality form the foundation of the roles of the different institutions in the course of the influenza pandemic. The Preparedness Plan aims at coordinating major decisions and information during a pandemic, and it may be used in a “worst case scenario” as well as during a relatively mild pandemic. A number of the proposed preparedness measures and recommendations for adjustment to locally given plans, may also be successfully applied during annual influenza outbreaks and in the course of other infectious diseases.

The Preparedness Plan aims at using any existing emergency plans, alarm systems, networks and organisations, seeking to adapt these plans when necessary to the current situation of an influenza pandemic. It presupposes a number of measures that are adapted to already existing tasks of the various organisations. We would, however, like to emphasise the immediate implementation of authorisations within the preparedness legislation on behalf of the Ministry of Health and Care Services.

Exercises are an important means to secure and control the good effects and end results of plans, alarm- and report lines as well as channels of communication. This applies to all levels of administration. The Ministry of Justice is the central driving force regarding the implementation of these measures on a national level and particularly in cross sectional areas. The Ministry of Health and Care Services is responsible for the superior planning of exercises within the health sector. Each individual sector and enterprise is responsible for practising their own crisis organisation and emergency plans. The handling of influenza pandemics must either be practised in specific exercises or as part of other exercises with other main targets.

The Preparedness Plan consists of two parts that must be viewed as closely connected with each other; the actual plan that consists of Chapter 1-7 and the professional basis (Appendixes A-Q). The appendixes are not translated into English.

The objective and target groups of the plan are presented in chapters 1 and 2. The main elements are described in chapter 3, and the roles and responsibilities of the stake holders in chapter 4. Notification, collaboration and report are described in chapter 5, whereas chapter 6 deals with communication. The operative action plan during the six phases of the pandemic is presented in chapter 7. The appendixes provide an updated professional basis for the actual plan and complements this. The plan is first and foremost aimed at the administrative officers prior to, during and after an influenza pandemic, and only in a less degree directed towards the population as a whole.

2. The main objectives of the Plan

Influenza pandemics are major, world-wide epidemics of influenza with a new virus against which the majority of the population lacks any immunity. These pandemics occur at varying intervals and may have extensive, devastating effects on health as well as economy. In our part of the world, pandemics of communicable diseases are regarded as one of the most probable causes of acute crises.

Some scenarios and numbers

With the most probable scenario we expect 30 % of the total population to be infected during the course of six months and 15 % of the population to fall ill and become bed-ridden. Approximately 50 % of those who are infected are expected to fall ill. The hyper mortality is estimated to 0,1 -0,4 % of those who are ill. This implies that approximately 700 000 persons fall ill during the period and that we may expect 700-3000 additional deaths compared to a normal winter season.

We must, however, also be prepared for the worst scenario in the pandemic planning, even though this scenario is less probable. In this case we expect 50 % of the population to be infected during a period of six months and that 25 % of the population are taken ill and will be bed-ridden. Hyper mortality is estimated at 0,1 – 0,4 % of those who are infected. This implies 1,2 million persons infected during the period and 5000 – 13000 additional deaths in proportion to a normal winter season.

If approximately 30 % of the population are infected and 15 % of the population fall ill during the course of six months, approximately 4 -5 % will be ill and bed-ridden when the pandemic reaches its culmination. If, however, 50 % are infected and 25 % of the population are taken ill and are bed-ridden during six months about 8% will be ill and bed-ridden with the flu simultaneously when the pandemic is at its worst. It is important to note that the numbers indicated applies to the country as a whole. There might be significant geographical as well as socio-economic differences, as a much higher percentage may be ill simultaneously within certain environments.

The stake holders

The Ministry of Health and Care Services bears the superior responsibility for handling an influenza pandemic in collaboration with subordinate institutions as well as the executive health- and care services. In the case that a pandemic were to require a cross sectorial effort the Ministry will be responsible for handling the crisis on a ministerial level. This means that the Ministry of Health- and Care Services will be responsible for coordinating the work with other ministries as well as other sectors.

The Norwegian Directorate for Health and Social Affairs and the Norwegian Institute of Public Health will play major roles as authorities and professional organs on a central level.

The municipalities will be heavily burdened during an influenza pandemic. Thus the municipalities have been given extensive authorisations according to the

Communicable Diseases Control Act to implement actions to deal with outbreaks of communicable diseases.

The regional health enterprises, the health enterprises as well as hospitals will also notice a marked increase of activity. Other important stake holders are the Norwegian Board of Health, the Norwegian Medicines Agency, the Norwegian Food Safety Authority, the National Veterinary Institute, the County Governors, the Norwegian Directorate for Public Security and Preparedness, the Armed Forces, the Police as well as voluntary organisations.

The Ministry of Health and Care Services will cooperate closely with the Ministry of Foreign Affairs in order to ensure that Norwegian citizens abroad receive information and services that they are entitled to or that they are in need of according to medical criteria.

All sectors in society must prepare themselves to deal with intricate and complex circumstances in which the society is involved. We shall notice a marked increase in the absence in schools and in work places, that we shall have to reprioritise various health care services and that we would have to reduce vital public services like transport services, energy supply, telecommunications, renovation etc.

Collaboration, notification and report

The routines of notification and report that form the basis of this plan are identical to routines that are applicable in any state of crisis, until the Government or the ministry appointed by the Government as the Lead Ministry make different decisions. The general crisis regulations will offer a more detailed description.

Main phases of a pandemic

Table 1. Different phases of a pandemic as described by the World Health Organization (WHO)

Phases	Description
Inter pandemic period	
1. No new types of virus	No new influenza virus subtypes have yet been discovered in humans. An influenza virus subtype that may cause infections in humans may be present in animals. In such cases there is little chance of transmission of infections to humans.
2. New types of virus in animals	No new subtypes of influenza virus have yet been found in humans. There exists, however, an animal influenza virus that constitutes a genuine risk of infections in humans.
Period of pandemic alertness and vigilance	
3. Human transmission	Infection in humans via a new subtype, but no transmission between humans, or rare cases of infection due to close contact.
4. Limited transmission between humans	Limited cases of infection between humans, however only in limited geographical areas. This indicates that the virus is not well adapted to humans.
5. Infection on the increase, however, not yet extremely infectious	Large groups of humans infected, however still limited to certain geographical areas, which indicates that the virus is in the course of adapting itself to humans, but still does not transmit easily (significant risk of pandemic).
Pandemic periode	
6. Pandemic	Increasing and durable infection in the population as a whole.
Post pandemic periode	This entails return to the inter-pandemic periode

A number of concrete measures related to each of the above mentioned phases have been worked out. These are to be found in the Action Plan in Chapter 7.

Focal measures

Vaccination is the most important means of preventing infection in humans. Even though the authorities would do their utmost to prepare vaccines prior to an outbreak of a pandemic influenza, we cannot presuppose such a specific vaccine to be immediately

available. Medicines against influenza, so-called antiviralia, will in such cases be the only medicines available.

Norwegian health authorities have procured stock pile of 1,4 million packages of the medicine Tamiflu®. This preparatory stock pile is intended to satisfy the requirement of treatment of all persons in Norway who are taken ill with pandemic influenza as well as preventing the disease in certain priority groups. In addition to this the authorities will provide another anti-influenza medicine intended for preventive use for approximately 300 000 persons in the course of six weeks.

Norway has made an agreement with a producer of vaccines of a supply of 4 million doses of influenza vaccines to be delivered 4-6 months after the initiation of the production, provided that the conditions of production are normal. This supply of vaccines is sufficient to provide for all persons in the population who wish to be vaccinated. The production of vaccines will commence as soon as the World Health Organization (WHO) has identified and analysed the pandemic influenza virus.

If, for unknown reasons, there is a shortage of vaccines or antiviral medicines, one has to consider carefully who is to be given priority. In such cases the main intention of the plan will form the basis of assessment, as is expressed in Chapter 3 below.

Prior to as well as during an influenza pandemic one may obtain new knowledge that indicates alterations in some of the priorities and modifications of the medicine stock piles in order to fulfil the target. In order to prevent the emptying of stocks at an early stage during the pandemic it might be necessary to prioritise in spite of the fact that the availability of antiviral medicines and vaccines is looked upon as sufficient. This is because the pandemic may exist during a longer period of time and recur in waves. In the following we shall present some possible strategies for the use of antiviral medicines and vaccines (table 2 and table 3). The particular strategies chosen are dependent on a number of conditions: the availability of antiviral medicines/vaccines, the extent of the pandemic as well as its character, its duration etc. Based on advice given by e.g. the Pandemic Committee decisions concerning any priorities and application of antiviral medicines and vaccines will be made by the Ministry of Health and Care Services and if necessary, by the Government.

Information

Information is one of the effective means in the direction to reach the goals in the pandemic plan (Chapter 6). Knowledge based and coordinated information at the right time is vital in order to achieve the best possible participation in and the best possible results of measures initiated by the authorities. This will be of great importance to reduce negative financial as well as societal effects of a pandemic.

The main target groups for the information are health authorities, health services, other sectors in society, the population as a whole, patients, next of kin as well as media. The Ministry of Health and Care Services holds the main responsibility to deal with an

influenza pandemic, including the communication work in collaboration with ministries for sectors affected. This also applies to Norwegians abroad, in collaboration with the Ministry of Foreign Affairs.

Every department and each level of administration is responsible for information activity within their specific professional areas and on their level both in an ordinary everyday work situation as well as during crises. The handling of communication during a crisis involves particular and increased demands for a coordinated conduct on behalf of public authorities. All public departments and institutions (national, regional and municipal) that are affected by a pandemic must have their own preparedness plans, including plans for crisis information. This also applies to Norwegian Foreign Offices.

The demand for information does neither necessarily have to correspond with the development of the epidemic nor to the phases of the pandemic plan. An information crisis may arise prior to the verification of the outbreak of a pandemic influenza internationally or within Norway. Communication measures must be adapted to, scaled and evaluated during each phase of the pandemic development.

Table 2 Prioritisation of target groups for antiviral treatment in a pandemic situation

Priority	Strategy	Target group
1	primary prophylaxis	Continuous exposed health care personnel
2	secondary prophylaxis	Close contacts to influenza diseased during the contagious period (ring-treatment of cases during the first period of the pandemic)
3	treatment	Diseased persons with risk of complications
4	treatment	Diseased and pregnant
5	treatment	Diseased without risk of complications
6*	primary prophylaxis	Key personnel** in leading positions and in selected societal services according to a close assessment of the present situation (Health care system, veterinary system, pharmacies, energy sector, water sector, food supplies, renovation, public transport, telecommunications, personnel in fire-departments and emergency services, police, customs officers, people engaged in food safety, boarder control, people engaged in safety at work inclusive offshore stations, defence, civil defence, foreign services, humanitarian aid organisations, other key personnel in critical positions of civil society)

*In case there is a danger of societal disruption, one will consider to put healthy persons on prophylaxis. If the virus is responding to adamantanes, this would be given. Adamantanes will be used for prophylaxis only, this is why one can be more liberal in giving this than oseltamivir. If the virus is adamantane resistant, and in case of a catastrophic pandemic influenza, it will be considered to prioritise putting certain key personnel on primary prophylaxis with oseltamivir instead of giving the drug to diseased people. This is to prevent vital functions in society from breaking down. Decisions concerning such prioritisation will be made by the Ministry of Health and Care Services after having been furnished with advice from central health authorities and the National Pandemic Committee.

** Key personnel are people in certain vital positions in society that are necessary during the phases of the pandemic and in situations when no other person can vacate the position. This is valid within and outside the health care system. Within some services, this will apply to a sizeable amount of personnel, within other services it might only apply to a certain professional minor group. The individual institution must define these people independently in their crisis planning. The list of the different services is not conclusive.

Table 3. Prioritisation of target groups for immunization in case of a pandemic

Priority	Target group
1	Health care personnel exposed to contamination
2	Persons with increased risk of complications
3	Children in the age of 6-24 months
4	Pregnant women
5*	Key personnel** in leading positions and in selected societal services according to a close assessment of the present situation (Health care system, veterinary system, pharmacies, energy sector, water sector, food supplies, renovation, public transport, telecommunications, personnel in firedepartments and emergency services, police, customs officers, people engaged in food safety, boarder control, people engaged in safety at work inclusive offshore stations, defence, civil defence, foreign services, humanitarian aid organisations, other key personnel in critical positions)
6	Other health- and care service personnel with patient contact
7	Volunteers in care services and others with patient contact
8	Children and personnel in nursing homes
9	Children and teachers in primary schools
10	Transport officers and others with customer contacts in public transport
11	Personnel in the service industry with an extended public contact
12	All others

*In case there is a danger of societal disruption, one will consider to prioritise healthy persons for prophylaxis before groups of higher priority. Decisions concerning such prioritisation will be made by the Ministry of Health and Care Services after having been furnished with advice from central health authorities and the Pandemic Committee.

** Key personnel are people in certain vital positions in society that are necessary during the phases of the pandemic and in situations when no other person can vacate the position. This is valid within and outside the health care system. Within some services, this will apply to a sizeable amount of personnel, within other services it might only apply to a certain professional minor group. The individual institution must define these people independently in their crisis planning. The list of the different services is not conclusive.

In a situation in which we have disease-provoking influenza virus among animals in Norway that could transmit to humans, people with high risk of exposure to this virus could be recommended to take Tamiflu® as a prophylactic treatment. Medicines for such use should be obtained from ordinary pharmacies.

3. Targets and target groups

The target of this preparedness plan is to facilitate the following activities during an influenza pandemic:

- the prevention of the spreading of infectious diseases and the reduction of illness and death
- the treatment and care of sick and dying at home and in health institutions
- the maintenance of vital civil functions within all sectors
- the supply of current knowledge based and coordinated information to the health services, as well as to other sectors in society, the public services, the general public, Norwegian citizens abroad and mass media

Thus the plan approaches and challenges a large selection of public enterprises that will be involved in the planning and the combating of an influenza pandemic:

- health authorities and health services
- emergency institutions
- all ministries and public enterprises as well as civil servants that must recognise the possibility of an outbreak of pandemic influenza in their preparedness plans

4. Stake holders, roles and responsibilities

Contingency work, as well as pandemic preparedness, are founded upon the following fundamental principles:

- *the principle of responsibility*: the institution that is responsible for a professional area in a normal situation also has the responsibility of handling extraordinary circumstances
- *the principle of subsidiary*: a crisis is to be dealt with on the lowest possible operative level
- *the principle of equality*: the crisis institution should be as similar as possible to the normal institution on an everyday level

Stake holders within health- and care services

The following stake holders are mentioned or have tasks related to the revised influenza pandemic preparedness plan:

- The Ministry of Health and Care Services
 - National Pandemic Advisory Committee (the Pandemic Committee)
- The Norwegian Institute of Public Health
- The Norwegian Directorate for Health and Social Affairs
- The Norwegian Board of Health and the Norwegian Board of Health in county (professionally subordinate to the Norwegian Board of Health)
- The Norwegian Medicines Agency
- The Norwegian Food Safety Authority
- County Governors
- Regional Health Authorities
- Local Health Authorities
- The Municipalities

The Office of the Prime Minister and the Ministries

- The Office of the Prime Minister
- The Ministry of Foreign Affairs
- The Ministry of Labour and Social Inclusion
- The Ministry of Children and Equality
- The Ministry of Finance
- The Ministry of Fisheries and Coastal Affairs
- The Ministry of Defence
- The Ministry of Government Administration and Reform
- The Ministry of Justice and the Police
- The Ministry of Local Government and Regional Development
- The Ministry of Culture and Church Affairs
- The Ministry of Education and Research
- The Ministry of Agriculture and Food
- The Ministry of the Environment

- The Ministry of Trade and Industry
- The Ministry of Petroleum and Energy
- The Ministry of Transport and Communications

Voluntary organisations (Non Governmental Organisations (NGOs))

- Non governmental organisations, e.g. the “target and intention agreement” between the Norwegian Red Cross and the Norwegian Directorate for Health and Social Affairs

International stake holders

- The World Health Organization (WHO)
- The World Organisation for Animal Health (OIE)
- The European Union (EU)
- The European Centre for Disease Prevention and Control (ECDC)
- The Nordic Countries

Stake holders within the health sector

The Ministry of Health and Care Services

The Ministry of Health and Care Services holds the superior responsibility for the entire health sector and for the coordination of measures and the distribution of information in relation to other ministries. This includes an overall responsibility for preparedness planning, the implementation and central coordination of measures during an influenza pandemic. The Ministry is free to delegate one or several of these tasks.

The response of the Ministry to an influenza pandemic will include a close collaboration with other relevant ministries, the Government Emergency Management Council, the Emergency Response Unit as well as subordinate institutions.

There are professional and executive institutions subordinate to the Ministry. These institutions maintain an operative preparedness together with local and regional services.

National Pandemic Advisory Committee

The Ministry of Health and Care Services appoints the National Pandemic Advisory Committee, hereafter referred to as the Pandemic Committee, and also appoints the individual members of the committee. The secretariat is the Norwegian Institute of Public Health.

The Pandemic Committee serves as an advisory body for the Ministry regarding preparations prior to, as well as measures during and after outbreaks of pandemic influenza in Norway. At least once a year the working group of the Pandemic Committee shall give updated recommendations to the Ministry concerning the necessity of altering the Pandemic Plan as a result of last years events. The Pandemic Committee shall act as an advisory body regarding the revision of the plan. In case of a

threatening pandemic the Pandemic Committee shall give recommendations to the Ministry.

The committee shall meet in situations when there is a need for updated recommendations in the course of a pandemic. The Pandemic Committee is not an operative unit that is permanently convened during a pandemic. It is also the intention of the Pandemic Committee to establish efficient and good procedures of collaboration between the members who act as advisors to the Ministry in the event of a pandemic.

The members of the Pandemic Committee shall not convey information to the general public or mass media. They shall, however, give expert advice to the authorities whose task it is to provide information to the general public and give statements to the media.

The members are chosen with the intention of constituting an expert committee that will be able to give comprehensive and coordinated advice to the Ministry. Thus the Pandemic Committee consists of the following members:

The Pandemic Committee is chaired by the Director of the Norwegian Directorate for Health and Social Affairs or his/her Deputy. Further the Committee has two members from the Norwegian Directorate for Health and Social Affairs as well as one member from each of the following institutions: The Norwegian Institute of Public Health, the Norwegian Board of Health, the Norwegian Medicines Agency, the Norwegian Food Safety Authority, each of the five regional health service authorities, the WHO National Influenza Centre in Norway represented by the Norwegian Institute of Public Health, the National Veterinary Institute, three members from the municipal health services and finally one member from Influenza Centre at the University of Bergen. The committee members include representatives from microbiological laboratories, infectious diseases units as well as the universities and the veterinary health authorities. The Ministry of Health and Care Services and the Ministry of Agriculture and Food shall be represented as observers in the meetings of the committee.

The two members from the Norwegian Directorate for Health and Social Affairs as well as the one member from Norwegian Institute of Public Health constitute the working group of the Pandemic Committee. This working group is chaired by the Head of the Committee or his/her Deputy. The representative from the WHO National Influenza Centre in Norway acts as a regular advisor to the working group.

The Pandemic Committee may also seek advice from other services and sectors such as the armed Forces Joint Medical Service, the Directorate for Civil Protection and Emergency Planning, the County Governors as well as the Norwegian Association of Local and Regional Authorities.

The Norwegian Directorate for Health and Social Affairs

The Norwegian Directorate for Health and Social Affairs is responsible for giving advice regarding health and social preparedness to the health services and the social services as well as to the Ministry.

The Directorate administers the Act on health and social preparedness. According to the Communicable Diseases Control Act the Directorate is responsible for and has wide-ranging authority to implement measures in order to take care of a general aggressive infectious disease, ref Section 7-10 of the Act.

The Directorate shall ensure that the national health services operate in a coordinated way in relation to the Ministry and health services during a state of pandemic preparedness. This requirement is fulfilled through close cooperation with the parties involved, a collaboration in which one emphasises the competence and the various areas of responsibility within the health- and social sectors. According to delegated responsibilities belonging to the Ministry and the Directorate, the Directorate shall be ready to coordinate the implementation of measures on behalf of the health authorities in the case of an imminent threat of a pandemic or in the case of an actual outbreak. The main responsibility is to provide the population the necessary health service support, at home as well as abroad. During a crisis in which it is necessary to implement measures to prevent the outbreak or the spreading of infectious diseases, the Norwegian Institute of Public Health cooperates closely with the Directorate.

Finally the Directorate chairs the Pandemic Committee and the Health Preparedness Committee, that is a cooperative body of the health sector and the Norwegian Armed Forces that aspires to coordinate preparatory measures within the two sectors.

The Norwegian Institute of Public Health

The Norwegian Institute of Public Health is a national communicable disease control body as well as a national professional association for infectious disease contingency, ref. Section 7-9 of the Communicable Diseases Control Act.

This Institute is responsible for monitoring the epidemiological situation, both on a national and an international level. It is also the responsibility of the Institute to ensure that there is an adequate supply of vaccines and vaccination preparedness. The Institute shall give assistance, advice, guidance and information on communicable diseases and infectious disease control and measures chosen to control communicable diseases to municipal, county and central government institutions, including the regional health authorities, healthcare personnel and the general public.

During an influenza pandemic the Norwegian Institute of Public Health will primarily advise central government agencies rather than local health services.

The Institute is responsible for The Norwegian Surveillance System for Communicable Diseases (MSIS), participates in the report scheme of the European Union on the

forewarning/notification of an outbreak of communicable diseases and acts as the national reference point regarding communicable disease control issues in relation to the World Health Organization (WHO). The secretariat of the Pandemic Committee is part of the Institute.

The Norwegian Board of Health and the Norwegian Board of Health in County

The Norwegian Board of Health is the supervisory authority on a national level regarding the country's health and social services, ref. Section 1 of the Supervision Act relating to public supervision of health services and Section 2-7 of the Social Services Act. According to the Communicable Diseases Control Act Section 7-10a the Norwegian Board of Health shall bear the overall responsibility for supervising municipal, county and central government activities to certify that they conform with the Communicable Diseases Control Act and regulations or individual decisions pursuant to it. The Norwegian Board of Health in County shall concentrate particularly on general infectious diseases in the counties and shall keep the Norwegian Board of Health informed about the situation in their localities, ref. Section 7-4 of the Communicable Diseases Control Act.

The County Governors

The County Governors contribute to the implementation of the established health policy in the primary as well as the specialist health services. According to Section 7-4 of the Communicable Diseases Control Act the County Governors shall pay particular attention to communicable diseases that are hazardous to public health and keep the Norwegian Directorate for Health and Social Affairs and the Norwegian Board of Health informed about the situation in the counties.

The County Governor is the regional link of the Norwegian Directorate for Health and Social Affairs concerning the implementation of measures according to the Communicable Diseases Control Act and the legislative administration. Furthermore, the County Governor also administers the Norwegian Board of Health in County, a department that is professionally subordinate to the Norwegian Board of Health.

During a pandemic influenza it may be necessary to establish the coordinating role according to Guidelines for regional coordination responsibility in crises and catastrophes in peacetime as established by Royal Resolution Dec. 12th 1997. If the pandemic seriously disrupts vital community functions beyond what is regarded as a normal burden in peacetime and requires joint action by a number of responsible bodies in order to solve the crisis this becomes particularly important.

The Norwegian Medicines Agency

The Norwegian Medicines Agency shall ensure the correct use of effective and reliable medicines. The Agency shall be prepared in such a way that it is able to give general or special dispensation from marketing authorisation for special vaccines and antiviral medicines without delay. The Agency shall ensure the high quality of the products in question. It assesses quality, preclinical safety and effects of relevant medicines and

approves indications for use. The Agency is also responsible for the administration of pharmacies.

The Norwegian Medicines Agency directs procedures for the immediate evaluation and endorsement of stake holders who shall handle medicines or medicines stock piles. The Agency supervises the apparatus of supply, has routines for approving preliminary stock pile localities in situations of crisis and may sanction import at short notice.

The Norwegian Food Safety Authority

The Norwegian Food Safety Authority is the governmental supervisory body for plants, fish, animals and food stuffs. The Norwegian Food Safety Authority contributes to secure the consumers safe food and promote public health and animal health. The Authority carries out issues through administration and guidance of regulations, a supervision based on risk, the mediation of information and knowledge, preparedness and professional advice to the ministries.

The Norwegian Food Safety Authority is the executive authority regarding veterinary health and is responsible for combating veterinary diseases and contingency plans for such diseases.

The Norwegian Food Safety Authority shall maintain the Preparedness Plan including an emergency information plan for its own department. This plan is to be based on the emergency plan of the governing ministries.

Regional Health Authorities

The five Regional Health Authorities are responsible for providing specialist health care to the population either through health care enterprises owned by Regional Health Authority or through a contract with private service providers. The health care enterprises in each region have the operative responsibility in the contingency work. The responsibility is executed on the basis of the contingency plan composed according to the Health and Social Preparedness Act and a communicable diseases control plan based on the Communicable Diseases Control Act.

Specialists in the field of communicable diseases and medical microbiology will play a particularly significant role during a pandemic. On the one hand this implies treating a large number of patients and on the other hand analysing a large number of microbiological samples from hospitals and from the primary health care service. The specialists within the Regional Health Authorities in the field of communicable diseases and medical microbiology will also act as advisers for the specialist and municipal health care services.

Considering the specialist competence within the specialist health services and the fact that the Regional Health Authorities cover a larger geographical area, the specialist health care services will be an important cooperative partner to the municipal health care services during a pandemic. Nevertheless, we have to bear in mind that a

pandemic may affect vast areas bigger than a region or even the entire country, so that the regional authorities and central national authorities may be involved.

Local authorities

The municipal health care service shall deliver primary health care service to all who live or are temporarily staying in the municipality, ref. Section 1-1 of the Municipal Health Services Act.

During a pandemic influenza a major responsibility will lay with the municipality which will be in charge of the local response. This responsibility must be exercised on the basis of existing rules and procedures laid down in the local contingency plan and in the local communicable diseases preparedness plan which has been developed according to the Communicable Diseases Control Act. The municipality is also responsible for securing necessary preventive measures for all people present in the municipality, including possible vaccination, medical examinations, treatment and care, ref. Section 7-1 of the Communicable Diseases Act. The local authority or the medical officer in charge of diseases control shall have updated epidemiological surveys of infectious diseases in the municipality, give advice and information to the public and implement preventive measures, such as vaccination, ref. Sections 7-1 and 7-2 of the Communicable Diseases Control Act. To be able to respond adequately to this responsibility, the Municipality must convey extensive information to the population in this area and must have developed plans for this activity.

If deemed necessary to prevent occurrence of a communicable disease which is hazardous to public health, the local council has a wide range of legal authority that may for instance; prohibit public meetings, close certain institutions and limit communications. In case of urgency the medical officer in charge can exercise this authority on behalf of the local council.

In case of a pandemic influenza outbreak, measures may be implied from central authorities that the municipality will be bound to follow. This might for example concern the issue of prioritisations etc. ref. Section 7-10 of the Communicable Diseases Act.

Other Ministries and sectors

All Ministries have an overall responsibility for their respective sectors both under normal circumstances as well as in a situation of influenza pandemic crisis. All Ministries and sectors must make preparedness plans beforehand to be able to prevent the spread of infectious diseases and maintain important civil functions.

Ministry of Agriculture and Food

The Ministry of Agriculture and Food and subordinate institutions are responsible for animal health and issues related to the Avian Flu. The Ministry is responsible for the National Veterinary Institute and has the administrative supervision of the Norwegian

Food Safety Authority. The professional responsibility is shared between the Ministries of Health and Care Services, of Fisheries and Coastal Affairs and Agriculture and Food.

The National Veterinary Institute

The National Veterinary Institute is a national research institution dealing with animal and fish health and food safety. It is primarily delivering independent administrative support to ministries and other authorities. Preparedness planning, diagnostics, surveillance, reference functions, advice and risk analysis are the most important areas of activity.

Ministry of Justice and the Police

This Ministry has the overall responsibility to coordinate the civil security and contingency and is instructing the Directorate for Civil Protection and Emergency Planning, the Civil Defence and the Police.

Directorate for Civil Protection and Emergency Planning/the Civil Defence

The Directorate for Civil Protection and Emergency Planning organises the Civil Defence. The Civil Defence can be used as a resource for support to the health care services – in helping to organise mass vaccination, transport and nursing tasks. It can also support the Police in executing its responsibilities when different tasks in emergency situations occur.

The Police

The Police has, according to the Police Act, duties and authorisations to improve the general conditions in an emergency situation, ref. Section 2 of the Police Act. This paragraph has also a provision for other public authority's obligation to participate in situations of emergency. A general duty to "prevent disturbances of the general state of order", "ensure personal and general security"; and "prevent or impede crimes", ref. Section 7 of the Police Act. Section 27 of the same Act describes the duty for the police to carry out and organise emergency operations, when other authorities are not obliged to respond. This is further elaborated in the police instructions. Beyond leading and coordinating emergency operations, the police is responsible for evacuation, civil protection, assistance to the population and initiating and implementing investigations relating to emergencies and catastrophes.

In the case of larger crises, the police will arrange their own staff facility. Normally by establishing a "Local Emergency Central" supplemented by representatives from public authorities, professional institutions, organisations and associations that normally support the emergency work under the leadership of the Police, like for example the Armed Forces, Civil Defence, the Norwegian Red Cross, local authorities, the local health care services, an airline company in given circumstances etc.

In cases where the contingency plans of the County Governor have been initiated, the Police is also present in the staff of the County Governor. When there is in fact a national crisis, the central emergency operational staff will be established in the Police Directorate under the leadership of the Director of the Police.

In case of an influenza pandemic, the Police will have a central position and have important tasks to fulfil. There might be a need for strengthened civil service. One could for instance imagine increased chaos and criminality in connection with transport, security and dispersment of limited amounts of medicines, robbery of pharmacies and clinics, misuse of medicines and black market trading etc.

A strengthened border control can be enforced, guard and quarantine at airports etc.

Further on, several measures that are enforced by the health authorities or other authorities in an emergency situation could impede personal freedom or in other ways necessitate restrictive implementation. Such authority is given to the Police.

In emergency situations it may be necessary to recruit increased personnel resources from the Police reserves, the Armed Forces or the Civil Defence etc.

Ministry of Defence and the Norwegian Armed Forces

The Norwegian Armed Forces shall support civil society in emergency situations. The Armed Forces leap into action when other means of support have been exhausted and in situations in which the civil authorities are not in the position of solving the tasks by means of their own resources. The Armed Forces will then contribute according to available capacity, competence and resources established to deal with primary tasks. In case of an outbreak of pandemic influenza, the Armed Forces would if necessary, be able to provide resources within the areas of; command, control, communications and information systems, monitoring and intelligent services, guarding, logistics including transport, first aid resources and stockpiled medicines. The Armed Forces recruit their first aid personnel from civil society and have therefore limited possibilities to deploy such resources back to the civil society.

If the Police, in case of a pandemic influenza, needs further support, the Armed Forces may be approached according to the Instruction laid down in a Royal Resolution of February 28th 2003. It is a condition for such support that it is in line with primary tasks of the Armed Forces, and that specific material and personnel resources of the police are not sufficient. If units of the Armed Forces abroad are struck by a pandemic influenza, this will primarily be taken care of by the armed forces themselves. The professional contact point of the Armed Forces in case of pandemic influenza is the Armed Forces Medical Service and the operative contact point will be the Ministry of Defence.

Ministry of Foreign Affairs and its services abroad

The Ministry of Foreign Affairs has an operative responsibility for its units abroad. These units will have the task of initiating measures to support Norwegian citizens in case of emergency abroad, especially during the first phases of such an emergency. In case of epidemics, the main task will be to convey advice from Norwegian professional institutions to Norwegians abroad and to prepare for other emergency measures.

Voluntary Organisations

The voluntary organisations organise extensive and important resources for the health care services, municipalities and the Police; resources that should be fully exploited in the course of a pandemic. Examples of such resources are: nursing- and care assignments, ambulance transport, the distribution of foods, beverages and medicines, the organisation of first aid in the course of mass vaccinations and the assistance of health personnel at fever clinics etc. The Red Cross, with whom the health care services have a specific agreement of cooperation, administers e.g. transport vehicles and houses, localities and tents that might be used. Other relevant organisations are the Norwegian People's Aid, the Salvation Army and the Norwegian Voluntary Organisation for Women.

The health care service, the health authority or the municipality is responsible for securing the maintenance of the credibility requirement, and ensuring that the personnel is only asked to fulfil tasks for which each individual health collaborator is qualified, if necessary under the superior supervision of authorised personnel. In cases of collaboration with voluntary organisations we always have to maintain a fruitful dialogue on all eventualities. Voluntary personnel involved in giving health care service will have to comply with the requirements of the Act of Health Personnel. Agreements between various levels of the health care service and relevant voluntary organisations should be made. Such agreements should primarily be made at central or local levels, ref. the Intention Agreement of the Norwegian Directorate of Health and Social Affairs with the Norwegian Red Cross.

International stake holders

Pandemic influenza is an international challenge and will be encountered with international cooperation.

The Nordic Countries

A Nordic Agreement on Health Preparedness was signed on June 14th 2002. This agreement is between Sweden, Finland, Denmark, Iceland and Norway as well as the home rule dominions of the Faeroe Islands, Greenland and Aaland (depending on whether the home rule dominions have ratified the participation in the Nordic cooperation). The agreements encompass cooperation concerning preparations of contingency measures as well as information and assistance in the case of a contracting state is struck by a crisis or a catastrophe (this does not apply in cases of emergency service, re the Nordic Emergency Service Act of January 20th 1989).

The World Health Organization

The World Health Organization (WHO) has three vital tasks within the field of pandemic preparedness:

Advice and counselling: WHO shall counsel its member countries concerning preparedness for pandemic influenza and convey advice on how to cope with the disease, including case definition.

International surveillance: WHO shall administer international surveillance on pandemic influenza based on a number of sources, including official reports of the various countries. The national influenza centres play a central role in this work. These centres have individual agreements with WHO. The Norwegian Influenza Centre is situated at the Norwegian Institute of Public Health and participates in the Pandemic Committee and acts as the regular counsellor for the working group of the committee. Collecting samples of influenza virus types and immediately after the outbreak of a pandemic and forwarding these straight away to WHO Collaborating Centres is essential in this work. This also applies to the implementation of a weekly report on the epidemiological situation in the country throughout the influenza season to WHO in Geneva. WHO also recommends the types of virus that shall constitute a vaccine.

Formal declarations and recommendations according to the International Health Regulations (IHR): WHO will declare the different phases and coordinate international measures. First and foremost WHO will put down measures to prevent or retard international spreading. Concerning this issue WHO will communicate with the member countries via the IHR “Focal Points” (in Norway: the Norwegian Institute of Public Health). WHO emphasises a closer cooperation with international organisations on animal health.

The World Organisation for Animal Health

The World Organisation for Animal Health (OIE) was established by means of an intergovernmental agreement in 1924. It had 167 Member States in 2004. OIE shall enhance international transparency concerning animal health and collect, analyse and distribute information about animal diseases and encourage international co-operation and control concerning animal health and support processes to harmonise animal health legislation. In line with the spread of the avian flu, OIE has intensified its co-operation with international public health organisations.

The European Union

The competence of the European Union (EU) on Public Health is laid down in Section 152 of the Amsterdam Treaty. The member states themselves are, however, responsible for their health care services. In accordance with the Agreement 2119/98/EU the EU Commission may request that the member states exchange information and surveillance data concerning measures that they plan to implement.

The European Union’s legislation concerning combating animal diseases is part of the EEA Agreement and shall be administered according to Norwegian Law. This will apply to cases of the animal disease the so-called avian influenza. Dealing with this disease Norwegian legislation and strategies will be identical with those of the European Union. Norway also participates in the common reporting systems established by the

European Union, as well as in the cooperative measures concerning animal health initiated by the European Commission. The European Union emphasises strongly that methods and strategies for combating the disease in humans should be coordinated with methods used to combat the disease in animals.

The European Centre for Disease Prevention and Control

The European Centre for Disease Prevention and Control (ECDC) will support surveillance, give advice on preparedness planning, support communication between Member States, the European Commission and the WHO. ECDC will strive to coordinate professional advice on communicable disease control. Common monitoring of the current situation within the European Economic Area (EEA) will be done by ECDC through its established European influenza network EISS (European Influenza Surveillance Scheme).

5. Notification, collaboration and report

In order to exploit resources available in such a way that those who are infected may benefit from these, a coordinated effort is vital within all sectors and at all levels.

Principles for collaboration and coordination have been put down in international agreements, national legislation as the Municipal Health Care Service Act, the Specialist Health Care Service Act, the Communicable Diseases Control Act and the Health and Social Preparedness Act.

WHO has by definition divided the preparedness work regarding a pandemic into six different phases in addition to a post-pandemic phase. WHO will define the various transitions from one phase to another on international requests. In Norway the Ministry of Agriculture and Food is responsible for confirming phase transitions on veterinary medical requests, whereas the Ministry of Health and Care Services is responsible for authenticating the phases of human medical incidents.

The routines of notification and report that are at the bottom of the pandemic plan are identical to the routines in force during any crises, unless the Ministry of Health and Care Services decide differently. All ministries keep up a coordinated supervision and follow up within their individual fields of responsibility according to their sector-wise emergency plans.

There are principles for the handling of crises at strategic level – with procedures for cross-sectional coordination in the Government Emergency Management Council, principles for the Lead Ministry and for the ministry's utilisation of the Emergency Response Unit. The Emergency Response Unit shall offer support and advice to the Lead Ministry and the Government Emergency Management Council in their handling of crises. If an influenza pandemic were to require a cross-sectional effort, the Ministry of Health and Care Services would be the responsible Lead Ministry and would coordinate the work with other ministries involved and their sectors.

In order to ensure good correlations within the health- and care services, each link is responsible for coordinating groundings for contingencies with cooperative partners: the local authorities, the County Governors, the Regional Health Authorities, the Norwegian Directorate for Health and Social Affairs, the Norwegian Institute of Public Health, the Norwegian Radiation Protection Authority, the Norwegian Medicines Agency, the Norwegian Board of Health and the Norwegian Food Safety Authority.

The Regional Health Authorities are responsible for coordinating their contingency work internally within the Regional Health Authority Board, in accordance with the municipalities in the health region as well as other health regions. Additionally the Regional Health Authorities are responsible for coordinating the health service contingency work with other authorities, such as the Police, the Fire Brigade, the County Governor, the Armed Forces, the Civil Defence and others.

The cooperation between the various professional- and executive authorities that are organised under the Ministry of Health and Care Services at central level depend on a mutually equal status of the organisation of these authorities. According to this fundamental principle the Ministry of Health and Care Services has delegated to the Norwegian Directorate for Health and Social Affairs the responsibility of ensuring that the health authorities act in a coordinated way towards the ministries and the health care services. This will be actualised through a close collaboration with other secondary authorities, regional health authorities and other relevant sectors. The Directorate will execute the task with regard to the professional coordinative responsibility of other authorities in a way that will have a beneficiary effect on all parties involved, ref. e.g. the division of responsibility according to the Communicable Diseases Control Act.

The authorities of the Norwegian Directorate for Health and Social Affairs presuppose a close collaboration between the Directorate and the Ministry in the executive process regarding infection protection and the responsibility for coordinating health preparedness.

The Norwegian Directorate for Health and Social Affairs may, delegated by the Ministry of Health and Care Services, assume the responsibility of coordinated report to the Ministry. Accordingly, such report regulations may also apply to any communication derived from the Ministry. The need for a synchronised and coordinated report and effort during a pandemic demands that the lines of report from the health care services in the municipalities to the Directorate ought to go via the county governor by delegation. By delegation, the Regional Health Authorities will report directly to the Directorate for Health and Social Affairs in such situations. This also applies to other secondary enterprises. The Norwegian Institute of Public Health also reports directly to the Ministry of Health and Care Services.

Such coordinative measures should not be an impediment to the direct communication of various departments.

The Ministry of Foreign Affairs holds a unique position because this ministry has the operative responsibility for the Foreign Offices. The Foreign Offices will be responsible for taking care of Norwegian citizens in emergency situations abroad.

Synchronisation and coordination are also essential for other sectors of society that are struck by a pandemic. Within the sector of education this for instance applies to municipalities, counties, directorates and ministries.

6. Communication

Introduction

Communication is one of the instruments to be used in order to attain the goals in the Pandemic Plan. Coordinated and knowledge-based information that is provided continuously is a necessary condition for obtaining the highest possible participation as well as results of the measures of the authorities. These issues will be vital regarding the reduction of negative consequences of a pandemic. In this connection we refer to consequences for the health care services, consequences for the society as a whole as well as economic effects.

Target groups

The principal target groups for information are as follows:

- Health authorities
- Health care services
- Other sectors in society
- The general public
- Patients and next-of-kin
- Media

Fields of responsibility

The Ministry of Health and Care Services has the overall responsibility for handling a pandemic, including the communication work. This will be carried out in close cooperation with other ministries that are affected, e.g. the Ministry of Agriculture and Food and the Ministry of Foreign Affairs, the Government Emergency Management Council, the Emergency Response Unit as well as other subordinate departments.

Each individual ministry and department is responsible for the information activity within their professional fields and at their particular level in ordinary work situations as well as in emergency circumstances.

Dealing with communication during a crisis makes great and particular demands on a coordinated conduct on behalf of the public authorities. All public enterprises, national as well as municipal, that are affected by a pandemic, shall have their own preparedness plans, including plans concerning information in cases of emergency. This also applies to Norwegian Foreign Offices.

The need for information might not necessarily correspond with the development of the pandemic or the various phases in the pandemic plan. A so-called “information crisis” may arise prior to the manifestation of the outbreak of pandemic influenza, either internationally or in Norway. Communication measures must be adjusted, scaled and evaluated in the course of each phase of the development of the influenza pandemic.

Communication during the different phases of a pandemic influenza

During all phases of a pandemic communication shall be professionally based and it shall be founded on the following principles: trust, coordination, active information, openness, and empathy and sympathy towards the general public. These principles are founded upon the guidelines of the World Health Organization.

During phase 1 and phase 2 the communication measures will consist in the building of relations and the development of communication plans. In the course of phase 3 we expect an increased number of inquiries from the general public as well as an ever growing pressure by the media. An increased synchronisation and coordination between the ministries and various departments is a necessary condition for fruitful and efficient work. As concrete advice to the health care services and the population is concerned, such advice will be worked out by cooperation between the Norwegian Institute of Public Health, the Norwegian Directorate for Health and Social Affairs and other professional institutions such as the Norwegian Medicines Agency, the Norwegian Food Safety Authority and the National Veterinary Institute. During this phase the endeavour is characterised by the preparation and organisation of factual information as well as discipline. Measures intended to satisfy a greater need of information in the eventuality of the transition to phase 4 are prepared during this phase. From phase 4 onwards the need for information will probably increase in such a way that further coordination will be required. It might be necessary to assist the municipal and regional health care services in granting various resources of communication. During this phase in which coordination is particularly important we must consider the possibility of establishing a common internet website with a joint editorial staff and a green number telephone service as well as a coordinated production of information material. There will also be a need for a more coordinated communication with the media.

General principles for Communication during an Influenza Pandemic

Underneath we would like to state some general superior principles for communication during an influenza pandemic. These principles are founded upon the guidelines of the WHO:

Trust

Trust is a prerequisite as regards the right of each individual human being to be heard and respected.

A mutual trust must exist prior to the outbreak of a crises. This trust must be maintained throughout the handling of the emergency situation and must be re-established if it is broken. We can build trust by appearing as competent human beings, taking on responsibility, being open, compassionate and understanding. If possible all information shall be based on professional documentation and evaluation and correspond with the WHO directives.

The absence of trust may cause an increase of the fear and anguish of the general public and may also contribute to the fact that the general public will not follow the advice given by the authorities in a state of emergency.

Coordination

A coordinated message enhances the credibility

It is important that the general public receives identical information from whatever authority conveying this information. Coordination requires the establishment of good national and international networks prior to the outbreak of the crises and close contact throughout the crises. In order to ensure a high quality of the message given and the system of report we presuppose a close collaboration between the professional personnel/environments (the so-called “suppliers of contents”) and the transmitters of communication.

The absence of coordination may result in ambiguous and contradictory advice, confusion and mistrust.

Active Information

The initial message paves the way for the further handling of the crises

The authorities have to appear and manifest themselves at an early stage in order to prove that they take responsibility and establish themselves as a reliable source of information regarding the crises.

The absence of an immediate reaction may cause others to take the lead and also that rumours and false information prevail. Such conditions may impair the role of the responsible authority.

Openness

Openness generates trust and security

The communication must be straightforward, correct and comprehensible. It is vital that we do not give more information than we can prove and that we are honest in what we actually know and do not know. Openness grants the general public a chance of looking into the obtainment of information, the evaluation of risk and decision making concerning the reaction to the crises. At the same time we have to consider personal rights.

The absence of openness may cause suspicion and mistrust regarding the authorities. This makes it difficult to convey the message and make the general public follow the advice of the authorities.

Understanding of the general public

To understand the mentality of the general public is essential to obtain efficient crises communication

It is difficult to compose effective messages if one is not acquainted with the mentality of the general public. Misjudgement and unrest should not be ignored, but should be acknowledged and responded to in a positive way. It is important to convey what the general public may do itself in order to protect itself. This gives people a feeling of control and reduces anxiety.

The absence of understanding of the general public may cause an inadequate coverage of the need for information. This will increase the demand for information and the general public will consult other sources.

Communication measures

Underneath we shall present a number of concrete proposals for communication measures/channels. The intensity and the extent of these measures must be adapted to each individual situation and the phase of the crisis. Communication measures must be adjusted, scaled and evaluated during each phase of the development of the influenza pandemic. This concretisation involves dealing with the media, website communication, specific measures directed towards the health care services and the general population.

Local health authorities have an independent responsibility for communication within their local environment. Good communication demands coordination of local, regional and central authorities. The central or national authorities should be continuously informed about the local infection/ preparedness situation, and they shall always acquire vital information before it reaches the general public.

Good information during an emergency situation presupposes the possibility of a constant re-evaluation of the situation concerning the demand for information of different target groups, and that those people responsible for communication in institutions affected meet regularly.

Contact to the media

Target

The intention of the contact to the media is to secure efficient and credible information, in order to contribute to the reduction of contagion and the dimensions of damage. It is vital that the authorities convey relevant and objective information and reliable pieces of evidence in order to prevent the air from becoming thick with rumours and thus pacify the apprehensive general public.

Target group

The media will be an important information channel to various target groups. It is vital to give the health care services and the general public reliable and immediate

information concerning the pandemic, convey the current status of the development of the disease and convey measures that apply to everyone.

Measures/Message

The selection of communication measures will depend upon the current phase of the pandemic as well as the interest of the media. Thus it will be necessary to increase as well as decrease activities during the various phases. The pressure in the media endeavour will not necessarily correspond to the development of the pandemic. The involvement of the Minister of Health and Care Services is continuously assessed. The same applies to the Prime Minister and other members of the Government.

We aspire to the following measures:

- Daily press conferences when required. The appropriate time of the conferences is coordinated with the meetings of the emergency group established by the Lead Ministry. Press conferences are chaired by the communication collaborator.
- In cases where the threat of infection is estimated to be imminent a press briefing will be transmitted directly via the web.
- Written press material must always be produced.
- During times of great media pressure the press is recommended to use press conferences or internet to obtain information. Information conveyed at press conferences will immediately be published on the internet.
- A 24 hour operated press guard phone number will be published on the web. Questions will be answered continuously as far as possible. When the current situation demands it, queries will, however, be answered at the daily press conference.
- With reference to Section 4-8 of the Communicable Diseases Control Act the Norwegian Directorate for Health and Social Affairs may instruct the mass media to include messages to the general public. The media have a duty of information. The health authorities may wish to make announcements regarding time and place of vaccination and distribution of medicines through the media. Guidance concerning personal hygienic precautions may be other important information that the media are encouraged to distribute.
- The composition and revision of “Questions and Answers” is continuously published on the internet.
- The supervision of media and a news summary will be carried out on a daily basis.
- The simplification of messages will be an important communication step.

Principles

A uniform information to the general public, as well as coordination of information from affected institutions and ministries and conveyers of professional knowledge is essential.

The consideration of individual human rights will be a ruling principle.

Channels

Media: radio, television, newspapers, journals, web media.

The Norwegian Broadcasting Cooperation has a phone number that may be used in cases of emergency.

Responsibility

The Ministry of Health and Care Services in cooperation with whatever institution coordinates the communication work and other institutions and ministries affected.

Internet - web

Targets

The principal updated source of information to all who are concerned, within and outside the health care services, centrally and locally.

Target group

1. The Health Care Services, 2. The general public with contributions in English, Sami and Urdu, 3. The Press

Precautions/Message

A website with the address www.pandemi.no will be created. This will be a joint website with links to and from relevant websites and statistic information prior to the pandemic. The information will be updated, and the “portal” will be extended in accordance with the increased pressure on media and information related to the development of a pandemic, and it will become the principal “tool” for the continuous distribution of information on the pandemic as well as the combating of the infectious disease. The portal will ensure the presentation of consistent information. It will also guarantee the existence of only one website and thus facilitate and synchronise the availability of information.

Principles

The information must be coordinated, it must be of high quality, it must be continuously updated and it must be easily accessible. All written material that is being distributed to large target groups and the press will be available on the pandemic website.

Channel

The website or “portal” contains automatically updated columns divided into phases 1-3 with relevant information from www.shdir.no (the Norwegian Directorate for Health and Social Affairs), www.fhi.no (the Norwegian Institute of Public Health), www.mattilsynet.no (the Norwegian Food Safety Authority), www.vetins.no, (the National Veterinary Institute), www.who.int (WHO) and a search engine with news from national as well as international media and links to other relevant websites. From phase 4 onwards the “portal” may be activated and act as the principal source of updated information from the authorities.

Responsibility

The department that coordinates the communication work, synchronises the information and composes an extended, joint editorial staff that is chaired by the web editor of this department. This extended editorial staff may be permanently active.

Consequences

- Arrange and train collaborators of an extended editorial staff with a 24 hour working hours
- Secure the necessary capacity and back-up regarding technical solutions
- Secure an easy access to competent translators
- Secure the possibility of communication of Sami characters on the website

General Public Outburst on the telephone and e-mail

Targets

During an influenza pandemic people will in certain periods have a great need for phoning or e-mailing responsible authorities in order to obtain advice and guidance. The aim is to secure the general public good and reliable information from the authorities and act as a guide to other sources, e.g. within the local health care services. We should expect the influx to be great even during the first phases of a pandemic.

Target group

The general population will be addressed in Norwegian during the first phases of the pandemic. As the infectious disease increases and expands there will be contributions in English, Sami and Urdu.

Precautions/Messages

A phone service with “green lines” (free of charge) that is served by skilled personnel who have been trained to answer complex questions. This service will be operated in combination with an answer service on the internet.

Principles

Whoever phones to make queries will receive replies from proficient and updated personnel and when necessary transferred to medical doctors, nurses or other health personnel.

Channel

Emergency Telephone (+47) 800 40 085

Responsibility

The Norwegian Directorate for Health and Social Affairs in cooperation with the Norwegian Institute of Public Health.

A contact net consisting of 40 persons (amongst whom some have different mother languages) will be established. It might also be necessary to use the Red Cross Telephone for Children and Youth in order to take the edge off the pressure on the

blazing hot line of the emergency telephone of the authorities. The collaborators will be fully trained.

We shall establish an e-mail address connected to the internet “portal”.

Printed information material

Target

Information as posters and leaflets will be made available in relevant places so that they can be handed out and as support for local and regional health care services.

Target group

The target group is the general population. The information will be published primarily in Norwegian, but also with a selection in English, Sami and Urdu.

Precautions/Messages

Posters, leaflets and booklets will be published containing (1) general information on contingency emergency precautions, (2) facts about a possible influenza pandemic, (3) information aimed at Norwegians abroad etc.

Channel

During the initial phases: Medical offices, hospitals, pharmacies and institutions for patients in need of constant care. During later phases the information will be passed on to companies, employers, and airports and later to kindergartens, schools, other educational institutions and the transport service.

Responsibility

The Norwegian Directorate for Health and Social Affairs will have the principal responsibility in cooperation with the Norwegian Institute of Public Health and other institutions when required.

Consequences

There will be an immediate production of already composed material containing information on protective measures and general information.

Information to the Health Care Services

Targets

To keep the various parts of the health care services updated regarding medical-professional information, precautions to impede the spreading of the contagion and the measures and precautions of the authorities to combat the pandemic.

Target group

The specialist health care services, the primary health care service, the Norwegian Medicines Agency and the pharmacies, as well as professional and business institutions.

Precautions/Message

The distribution of a weekly newsletter (the MSIS Report). This newsletter may be distributed more frequently when required.

The establishment of a special information telephone service for the health care services.

Courses/training

Principles

Professional information satisfying high requirements of precision

Responsibility

The Norwegian Institute of Public Health will have the responsibility in cooperation with the Norwegian Directorate of Health and Social Affairs.

Consequences

Initiatives will be taken to strengthen the editorial staff of the Norwegian Institute of Public Health.

We shall also endeavour to extend the present “circulation lists”, i.e. mailing lists.

7. Allocation of tasks during the different phases of the influenza pandemic

Table 4. Different phases of a pandemic as described by the World Health Organization (WHO)

Phases	Description
Inter pandemic period	
1. No new types of virus	No new influenza virus subtypes have yet been discovered in humans. An influenza virus subtype that may cause infections in humans may be present in animals. In such cases there is little chance of transmission of infections to humans.
2. New types of virus in animals	No new subtypes of influenza virus have yet been found in humans. There exists, however, an animal influenza virus that constitutes a genuine risk of infections in humans.
Period of pandemic alertness and vigilance	
3. Human transmission	Infection in humans via a new subtype, but no transmission between humans, or rare cases of infection due to close contact.
4. Limited transmission between humans	Limited cases of infection between humans, however only in limited geographical areas. This indicates that the virus is not well adapted to humans.
5. Infection on the increase, however, not yet extremely infectious	Large groups of humans infected, however still limited to certain geographical areas, which indicates that the virus is in the course of adapting itself to humans, but still does not transmit easily (significant risk of pandemic).
Pandemic periode	
6. Pandemic	Increasing and durable infection in the population as a whole.
Post pandemic periode	This entails return to the inter-pandemic periode

The phase divisions

In order to deal with a pandemic in a skilful and professional way the level of activity of the health care services and the authorities must at all times be adjusted to the current situation. A concrete plan of action for handling an influenza pandemic in Norway (only the preparedness plan in the Norwegian language), delineates the specific measures

that are relevant in the case of a pandemic. The plan shows us that the measures should differ in character and extension, depending on the current phase of the pandemic, and also whether measures should be carried out on a local, regional or central level. WHO has divided the work into six different phases of a pandemic in addition to a post-pandemic phase: The inter-pandemic period consists of two phases, the pandemic alertness period consists of three phases and the pandemic period consists of one phase. Each phase is sub-divided into five columns that describe different segments. Each phase has specific goals and measures.

As most phases are concerned we distinguish between measures that **are** applicable and measures that **are not** applicable during a pandemic outbreak in Norway.

What does it mean that Norway is affected by the infectious influenza pandemic? It implies that the state of disease that is described during the individual phase actually occurs in Norway or that Norway maintains trade or cross border travel with a country in which the infectious disease exists. The current situation in the present place of stay is decisive for Norwegians abroad. The general advice of the health care authorities is to follow the health professional advice given by the authorities of the specific country as well as following the advice given by Norwegian health care authorities; advice issued at all times directly or via the Foreign Offices. Measures mentioned mainly include explicit phenomena that are to be taken into consideration or are to be carried out during the various phases, and should not comprise routines and common tasks.

As international incidents are concerned WHO will declare the points of transition from one phase to another. Regarding the responsibility of reporting incidents of infectious disease in Norway to WHO; the Ministry of Health and Care Services has the national responsibility for human medical incidents and the Ministry of Agriculture and Food is responsible for veterinary medical incidents.

The distinction between phase 1 and 2 is based upon the risk of human infection or disease caused by circulating virus types in animals. The distinction will be founded on several factors and their significance according to scientific criteria. These factors might comprise: the capacity of provoking disease in humans and animals, whether the virus is enzootic or epizootic, restricted to limited geographical areas or spread in large regions, other information regarding the genetics of the virus and other scientific information.

The distinction between phase 3 and 4 is based upon evaluations on concerning pandemic risk. Several factors and their significance according to scientific criteria will be evaluated. Such factors might comprise: Degree of infectiousness, geographical location and spreading, the seriousness of the disease, the presence of genes from human influenza virus (in case the origin of the virus derives from animals), other information concerning the genetics of the virus as well as other scientific information.

The nature of the measures

The nature of the measures is such that they (i.e. the measures) make possible the following actions on behalf of the central health authorities and the executive health care services:

- prevent the spreading of the infection and reduce the number of persons infected and the number of deaths
- make diagnoses, treat and nurse at home and in health institutions
- maintain necessary public services within all sectors
- convey continuous knowledge-based and coordinated information to the health care services, other sectors of society, all public authorities, the general public, Norwegian citizens abroad and the mass media.

Governmental health authorities at county as well as central level have the responsibility for those measures that demand experts on communicable diseases, knowledge of management and administration, juridical competence and the political responsibility of these institutions. The Plan of Action contains measures related to all these professional areas with the emphasis on measures related to control of communicable diseases. The Plan does not provide an appropriate description of measures that are the outcome of authorisations given in the Communicable Diseases Control Act and the Health Care and Social Preparedness Act.

The foundation of responsibility

When referring to the various measures that will be taken, the Plan of Action states in brackets after mentioning each measure whatever board or institution that has the formal responsibility for that particular measure. The responsibility of the actual implementation of the measure may be found elsewhere. Thus the regional health authorities are responsible for paving the way for the specialist health care services, whereas such services are actually carried out by health authorities or others with whom the regional health authorities make an agreement. Concerning the Foreign Affairs Service and Foreign Affairs Offices the table must be interpreted in such a way that it is basically applicable to the epidemic phases in the location of the Foreign Affairs Service. The table must also, however, consider the current situation in Norway, in both instances in accordance with the evaluation of the professional authorities.