Annexes to Separate Document

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Annex 1. Participants – the Assessment Team

External Team Members

Name	Position	Institution
Prof Angus Nicoll	Influenza Coordinator	ECDC (overall lead)
Ms Andrea Wurz	Communication Specialist	ECDC
Dr Paula Valente	Public Health CD specialist	Portuguese Ministry of Health
Ms Jo Newstead	Intersectoral Expert	Department of Health, London UK

Internal Team Members

Name	Position	Institution
Karl-Olaf Wathne	Special Adviser	Ministry of Health and Care Services (national lead)
Jan Berg	Senior Adviser	Ministry of Health and Care Services
Iwar A Swensen	Senior Adviser	Ministry of Health and Care Services
Jon Hilmar Iversen	Head of Department	Directorate for Health & Social Affairs
Morten Randmæl	Head of Department	Directorate for Health & Social Affairs
Cecilie Grønhaug	Adviser	Directorate for Health & Social Affairs
Øistein Løvoll	Senior Medical Officer	Norwegian Institute of Public Health
Kjersti Rydland	Head of Vaccine Supply Unit	Norwegian Institute of Public Health
Olav Hungnes	Senior Scientist Virology	Norwegian Institute of Public Health
Hedda Høiland Aas	Senior Adviser	Norwegian Food Safety Authority
Inger Marethe Egeland	Adviser	Directorate for Health & Social Affairs (secretary)

Annex 2. Timetable of the visit to Norway

Time table
ECDC Self assessment visit to Norway 8. – 11. October 2007

Date	Activity	Location	Comments
Day 1:	**08.45 International team to be met at the hotel**	**Oslo**	
Monday			
08.10.07	**09.00 Initial team coordination briefing**		
	10.00 Welcome. Secretary General (MoH), Anne Kari Lande Hasle		**Venue: Ministry of Health and Care Services (MoH), Akersgt. 59 (R5) Room D2618.**
	10.30 The Norwegian Health System. An overview. Deputy Director General Heidi Langaas		
	11.15 The Overall National Health- and Social Preparedness Plan. An overview. Deputy Director General Ole T Andersen		
	Discussion.		
	12.00. The Norwegian National Influenza Pandemic Preparedness Plan. Senior Medical Officer and Secretary for the National Influenza Pandemic Committee Bjørn Iversen		**Venue: NFSA Ullevålsveien 76**
	12.45 Lunch by MoH		
	14.00 Joint meeting with the Norwegian Food Safety Authority (NFSA) and the National Veterinary Institute.		**Venue: Directorate for Health and Social Services, Universitetsgt 2**
	16.00 – 18.00 International and Norwegian team discussion/wrap up*		
	19.00 Dinner by The Directorate of Health and Social Affairs		**Venue: Statholdergården**
	*** International lab expert + Norwegian lab expert to visit the lab. at National Institute of Public Health (NIPH)**		**Venue: NIPH**
Day 2:Tuesday 09.10.07	**07.45 Travel to Vestfold county (1-2 hrs by car) from hotel**	**Subteam 1:**	
	09.30 Visit to Sykehuset i Vestfold (SIV),	**Vestfold County, Sandefjord Municipality, and local**	**Venue: Tønsberg County Governors office visit will also include non-health sector**
	12.00 Lunch. Host: County Governor		
	13.00 Meeting with County Governor and staff,		

	including District Administration, Regional Food Safety Authorities and District Medical Officer	**Hospital**	
	17.00 Return to Oslo		
	18.30 – 19.00 Estimated arrival in Oslo		

	09.00 – 11.30 Meetings with representatives from key non-health sectors, ie. The Ministry of Justice, The Ministry of Food and Agriculture, The Ministry of Transport, Directorate of the Police	**Subteam 2:** **Oslo**	**Venue: MoH, R5, D-2618**
	12.00 Visit to Norwegian Institute of Public Health (NIPH).		
	13.00 Lunch by NIPH		**Venue: NIPH**
	14.00 Meetings at NIPH to be continued		
Day 3:	**till about 16.00**		
Wednesday 10.10.07	**09.00 Visit to Ulleval University Hospital (UUH)**	**Oslo**	**Visit to UUH to include Admin, Lab, Medical and Paed. Dep**
	13.00 Lunch	**Jointly by Subteam 1 and 2**	
	14.00 SWOT analysis and Preparation of a Joint preliminary team report.		**Venue: Directorate for Health and Social Services**
	19.00 Dinner by MoH		**Venue: Brasserie Blanche, Josefinegt 2**
Day 4:			
Thursday 11.10.07	**09.00 Visit to The Directorate of Health and Social Services**	**Oslo**	**Venue: Directorate for Health and Social Services**
	12.00 Lunch by The Directorate		
	13.30 Preparation of joint preliminary report (all team members). Sharing and discussing the preliminary report with government officials. Debriefing of national health authorities.		

Annex 3. People Consulted during the visit and contributing to the procedure

Monday 8th October

Meeting with the Ministry of Health and Social Services (MoH)

Name	Title	Organisation
Anne Kari Lande Hasle	Secretary General	MoH
Jon Olav Aspås	Director General	MoH
Heidi Langaas,	Deputy Director General	MoH
Ole T Andersen	Deputy Director General MoH	
Bjørn Iversen	Senior Medical Officer Secretary for the National Influenza Pandemic Committee	NIPH

Also present:
The Norwegian Team
The ECDC Team

Meeting with the Norwegian Food Safety Authorities(NFSA) and the Veterinary Institute (VI)

Name	Title	Organisation
Joakim Lystad	Director General	NFSA
Jorun Jarp	Deputy Director General	VI
Finn Oluf Nyquist	Acting Communication Director	NFSA
Mette Ruden Head of Section (supervision)	NFSA	

Also present:
The Norwegian Team
The ECDC Team

Tuesday 9th October

Meeting with the Hospital in Vestfold (SIV)

Name	Title	Organisation
Egil Lingaas	Chief of Dept. of Infect. Prev.	Rikshospitalet
Folke Sundelin	Senior Advisor Health and Medical Dep.	Helse Sør-Øst RHF
Nils Jul Lindheim	Emergency Manager	Helse Sør-Øst RHF
Ole Henrik Augestad	District Medical Officer	Sandefjord municipality
Svein Lie	County Medical Officer	County Governor Vestfold National Board of Health Supervision Vestfold
Anita Schumacher	Head of Medical Dep.	Vestfold Hospital HF
Anne-Lise Bruu	Medical Head of the Microbiological Lab	Vestfold Hospital HF
Per Bjark	Senior Consultant	Vestfold Hospital HF
Halfdan Aass	Medical Director	Vestfold Hospital HF
Stein Kinserdal	CEO	Vestfold Hospital HF
Lars Rustad	Director of Preparedness Committee	Vestfold Hospital HF
Jacob Myhre	Special Adviser	Vestfold Hospital HF
Gisle Kjøsen	Senior registrar (language advisor)	Vestfold Hospital HF
Torunn Østmann |	Secretary for Preparedness Committee	Vestfold Hospital HF

Also present:
Norwegian Team**:** Karl Olaf Wathne, Jon Hilmar Iversen, Olav Hungnes, Øistein Løvoll, Inger M Egeland
ECDC Team**:** Angus Nicoll, Paula Valente

Meeting with the County Governor in Vestfold

Name	Title	Organisation
Mona Røkke	County Governor	Vestfold County
Harald Haug Andersen	Head of County Governor's Contingency Unit	Vestfold County
Svein Lie	County Medical Officer	Vestfold County
Ørnulf Rønningen	Crisis Planner	Vestfold County
Svein – Erik Ekeid	Former County Medical Officer	Vestfold County
Ole Henrik Augestad	District Medical Officer	Sandefjord municipality
Stig Atle Vange	Chief District Officer	NFSA
Maren Anne Holst	Chief District Officer	NFSA
Per Bjark	Senior Consultant	Vestfold Hospital HF
Asbjørn Dag Hansen	Sandefjord Municipality	
Per Brekke	Head of Department	Directorate for Civil Protection and Emergency

Also present:
Norwegian Team**:** Karl Olaf Wathne, Jon Hilmar Iversen, Hedda Høiland Aas, Øistein Løvoll, Inger M Egeland
ECDC Team**:** Jo Newstead, Paula Valente

Meeting with the Ministries

Name	Title	Organisation
Ole Andersen,	Deputy Director General	Ministry of Health and Care Services
Tone Figenschou Sandvik,	Senior Advisor	Ministry of Transport
Thordis Lecomte,	Assistant Director General	Ministry of Food and Agriculture
May-Kristin Ensrud,	Senior Adviser,	Ministry of Justice

Karianne Seim,	Higher Executive Officer	Ministry of Justice
Øistein Knudsen	Head of Department	Directorate for Civil Protection and Emergency Planning

Also present**:**
Norwegian Team**:** Jan Berg, Ivar A. Swensen, Hedda Høiland Aas, Morten Randmæl Cecilie Grønhaug, Kjersti Margrethe Rydland,
ECDC Team**:** Jo Newstead, Andrea Wurz

Meeting at the Norwegian Institute of Public Health

Name	**Title**	**Organisation**
Geir Stene-Larsen,	Director General	NIPH
Hanne Nøkleby,	Head of Division Division of Infectious Disease Control	NIPH
Berit Feiring,	Head of Department (Vaccines)	NIPH
Inger Sofie Samdal Vik,	Head of Department (Virology)	NIPH
Gunhild Wøien,	Director of Communication	NIPH
Preben Aavitsland,	Head of Department (Epidemiology)	NIPH
Bjørn Iversen,	Senior Medical Officer	NIPH

Also present**:**
The Norwegian Team**:** Olav Hungnes, Jan Berg, Ivar A. Swensen, Morten Randmæl, Cecilie Grønhaug, Kjersti Margrethe Rydland,
ECDC Team**:** Angus Nicoll, Andrea Wurz

Wednesday October 10th

Meeting with Ullevål University Hospital (UUH)

Name	**Title**	**Organisation**
Tove Strand	CEO	UUH
Folke Sundelin	Senior Adviser Health and Medical dept.	Helse Sør-Øst RHF

Nils Jul Lindheim	Emergency Manager	Helse Sør-Øst RHF
Bjørg Marit Andersen	Head Hospital Infectious Diseases Control	UUH
Kjetil Melby	Head Medical Microbiology Dep.	UUH
Øystein Singsaas	Director of Communications	UUH
Egil Lingaas	Head Hospital Infectious Diseases Control	Rikshospitalet
Elisabeth von der Lippe	Consultant Medical Dep., Head Section for Infectious Diseases	UUH
Helge Opdahl	Director of the NBRC-Center	UUH
Gunnar Sæter	Medical Director	UUH
Erik Hope	Deputy CEO	UUH
Inge Solheim	Preparedness Coordinator/Adviser	UUH
Petter Brandtzæg	Professor, Head Section for Infectious Diseases, Paed. Dep.	UUH

Also present:
The Norwegian Team
ECDC Team**:** Angus Nicoll, Andrea Wurz

Thursday October 11th

Meeting at the Directorate for Health and Social Affairs

Name	**Title**	**Organisation**
Bjørn- Inge Larsen	Director General	DHSA
Frode Forland	Head of Division	DHSA
Jan Fuglesang	Senior Adviser	DHSA
Ragnar Salmén	Senior Adviser	DHSA

Also present:
The Norwegian Team
The ECDC Team

Meeting and debriefing Ministry of Health and Social Services

Rigmor Aasrud	State Secretary	
Anne Kari Lande Hasle	Secretary General	MoH
Jon Olav Aspås	Director General	MoH
Ole T Andersen	Deputy Director General	MoH
Else Janne Berge Andersen	Senior Adviser	MoH
Hanne Nøkleby,	Head of Division	NIPH
Inger Sofie Samdal Vik,	Head of Department (Virology)	NIPH
Gunhild Wøien,	Director of Communication	NIPH
Bjørn Iversen,	Senior Medical Officer	NIPH

Also present:
The Norwegian Team
The ECDC Team

Annex 4. ECDC – Norway PPSA Report First Draft Annexes

Presentations Made

Title of Presentation	Presenter (Name, Organisation)
Pandemic Plan	Sandefjord
NIPH Assessment	Hanne Nokleby, Norwegian Institute of Public Health
Role of County Governor in Crises & Contingency Management	Harald Haug Andersen, County Governor's Contingency Unit
Role of the Regional Board of the Norwegian Food Safety Authority	Stig Atle Vange, Norwegian Food Safety Authority
Overview of the Norwegian Directorate for Civil Protection & Emergency Planning	Norwegian Directorate for Civil Protection & Emergency Planning
The Ministry of Justice Dep. Emergency Planning	May-Kristin Ensrud
Influenza Preparedness, Transport Sector	Tone Figenschou Sandvik, Norwegian Ministry of Transport & Communications
The National Pandemic Committee	Ministry of Health and Care Services
Pandemic Influenza: Infection Control at Ulleval University Hospital	Björg Marit Andersen, Dept. of Hospital Infections Control, Ulleval University Hospital
Health & Preparedness Plan	Nils Jul Lindheim, South-Eastern Norway Regional Health Authority
UUH Preparedness in Microbiology	Kjetil K. Melby, Dept. of Microbiology, Ulleval University Hospital
UUH National NBC Centre	Ulleval University Hospital
UUH Preparedness Plan	Tove Strand, Ulleval University Hospital
Norway List of Representatives	Ministry of Health and Care Services
Disease Prevention & Control at SiV: Preparedness Plan for Pandemic Influenza	Per Bjark, Hospital in Vestfold (SiV)

Siv HF Preparedness Plans	Hospital in Vestfold (SiV)
Welcome to Vestfold Hospital Trust (SiV)	Hospital in Vestfold (SiV)
Norwegian Institute of Public Health: Role & Responsibilities in Infection Control & Preparedness	Hanne Nøkleby, Norwegian Institute of Public Health
Vestfold County Preparedness Plan	Vestfold Community
The Norwegian National Influenza Pandemic Preparedness Plan V.3.0	Björn G. Iversen, Norwegian Institute of Public Health
Comprehensive Health & Social Preparedness Plan (NHSPP)	Ole T. Andersen, Ministry of Health
The Norwegian Health Care	Heidi Langaas, Ministry of Health
Food Safety in Norway – Status & Organization	Joakim Lystad, Norwegian Food Safety Authority
Norwegian Food Safety Authority	Thordis Lecomte, Ministry of Agriculture & Food

Documents Made Available

Title of Document	**Organisation**
The Norwegian National Influenza Pandemic Preparedness Plan	Ministry of Health
Act Relating to Control of Communicable Diseases	Ministry of Health
Act on Health & Social Preparedness	Ministry of Health
Regulations on MSIS & Tuberculosis Registers	Ministry of Health
Norwegian Food Safety Authority Administrative Preparedness Plan	Austevoll Municipality
Example of Municipality Preparedness Plan for Pandemic Influenza	Austevoll Municipality
Mass Vaccination Plan for Hospitals	Norwegian Institute of Public Health (NIPH)

Mass Vaccination in Municipalities	Norwegian Institute of Public Health (NIPH)
Regulations on Preparedness Planning	Lovdata
Protection Against Infections	Norwegian Food Safety Authority
Protection Against Infections Agreement for Cooperation	Norwegian Food Safety Authority
Cooperation in Case of Avian Flu	Norwegian Institute of Public Health (NIPH)
Plan for Prevention & Combating Avian Flu	Norwegian Food Safety Authority
Regulations on the County Governor's Preparedness	Lovdata
Norwegian Food Safety Authority Instructions for Staff	Norwegian Food Safety Authority
Norwegian Food Safety Authority List of Exercises	Norwegian Food Safety Authority
Norwegian Food Safety Authority Meetings & Exercises	Norwegian Food Safety Authority
Health Systems in Transition, Norway	European Observatory on Health Systems & Policies
Comprehensive National Health & Social Preparedness Plan	Ministry of Health
Act Relating to Food Production & Food Safety	Ministry of Health
Answers from the Norwegian Self-Assessment Team	Ministry of Health
Responsibility Relating to Pandemic Influenza & Highly Pathogenic Avian Influenza	Ministry of Agriculture & Food

Annex 5. Completed Assessment Tool

Answers from the Norwegian self-assessment team

A) Seasonal influenza

1. Surveillance

Goal 1: An influenza surveillance system in place collecting epidemiological and virological information

Key indicator 1:

1. Surveillance data published during the influenza season for:

(1.a) National Level? ***Yes*** ☒

(1.b) Administrative regional level? ***Yes*** ☒

Subsidiary indicators:

1.1: Representative sentinel primary care surveillance across whole country?

Yes ☒

1.2: Virological surveillance across whole country:

(1.2.a) Based on clinical samples? ***Yes*** ☒

(1.2.b) Based on structured sampling? ***Yes*** ☒

Please provide further information about the influenza surveillance system (coverage) and any limitations:

The surveillance of influenza in Norway starts in week 40 every year and proceeds until the end of week 20 the following year. Both clinical and virological surveillance is performed by the Division of Infectious Disease Control at Norwegian Institute of Public Health (NIPH). Clinical surveillance is handled by the Departement of Infectious Disease Epidemiology, while the Departement of Virology handles the virological surveillance.

The clinical surveillance system is based on weekly reports from 201 selected medical

practices spread around the country, including Spitzbergen. A standardised card is filled in and sent to NIPH, the Department of Infectious Disease Epidemiology at the end of the week, entered into our database on the following Monday and Tuesday and the weekly results then published immediately on the Internet.

The standardised card contains a case-definition of influensa-like illness: "Influensa-like illness is when the patient is showing general symptoms like acute fever, headache and muscle-pain, and a dry cough, but not any acute upper respiratory tract infection".

The card has three rows of figures that are to be filled in by the physician. The rows have colomns according to age groups defined by EISS. The first row has boxes for the number of patients getting diagnosed with "influenza" or "influenza-like illness" (code R80 in ICPC – International Classificaion of Primary Care) the last week. There are two patient denominators to be filled in. One is the total number of consultations made that week (consultation denominator). The second is the total number of patients on the patient list of the sentinel practice (population denominator). One practice can consist of one or more physicians. Some of the 201 practices are public emergency clinics.

In total the 201 practices covers approximately 10% of the Norwegian population, and the data can be broken down to county-level. The collected data are published weekly at our website www.fhi.no/influensa, and a summary of every season is published in English.

2 Laboratory issues

Goal 2: National laboratory capacity able to provide timely, high quality, validated routine and diagnostic influenza laboratory support with committed budget to facilitate this work

Key indicator 2:

National laboratory capacity to perform:

(2.a) Virus isolation? ***Yes*** ☒ ***No*** ☐

(2.b) Influenza typing? ***Yes*** ☒ ***No*** ☐

(2.c) Influenza sub typing? ***Yes*** ☒
No ☐

Subsidiary indicators:

(2.1.) Name and location of laboratory?

National Influenza Centre, Department .of Virology, Norwegian Institute of Public Health, Oslo

(2.2.) Participates in WHO Global Influenza Surveillance Network?

Yes ☒

(2.3.) Number of specimens that can be handled per day at lead laboratory?

20*

(2.4.) Regional Laboratories with explicit resources using nationally agreed protocols for identification of viruses taking part in national recognised QA scheme?

No ☒**

(2.5.) Specimen transport arrangements in place for getting specimens to national centre?

Yes ☒

(2.6.) Number and qualifications of staff in NIC?

2 scientists, 75% on influenza; 1 MD w/medical microbiology specialisation, 75% on influenza; 4 lab technicians, 75% on influenza; 2 support staff, 5% on influenza

(2.7.) Explicit plan for NIC surge capacity accepted by management?

Yes ☒

(2.8.) Time from receipt of specimens to being confirm to WHO a novel type (H5N1)?

24h if on Monday-Thursday

Please provide further information about the influenza laboratory (comment, if laboratories participate in WHO Global Influenza Surveillance Network system) and any limitations:

Laboratory has been part of WHO GISN for several decades. Head of laboratory is member of National Pandemic Preparedness Committee. Suggested input for a SWOT analysis is provided on separate sheet. Comments on points above:

2.3: This is number of specimens we can process with the full complement of primary testing by PCR AND culture, follow-up with subtyping and strain characteriseatin for positives, etc. By narrowing in to a more focused approach, capacity can be at least doubled in an emergency. The Virology Department has plans for surge capacity beyond that by assigning additional personnel and resources.

2.4: Not uniformly implemented in all regional labs; Diverse protocols; QA schemes responsibility of each lab

2.7: Plan is currently under revision

2.8: If on Mon-Thu; at present no arrangement to ensure staff is available in weekends/holidays

3. Seasonal influenza vaccination

Goal 3: National annual seasonal influenza vaccination programme in place achieving >75% uptake in over 65s and increasing uptake in occupational and clinical risk groups

Key indicator 3:

3. National annual uptake in persons aged >65 available:

No ☒*

(3.a.) If yes: year: ***2006/07***

(3.b.) Uptake in %: ***51,3%*****

Subsidiary indicators:

(3.1.) Risk groups identified in published policy document? ***Yes ☒***

(3.2.) Information systems can deliver uptake figures for the elderly at lower administrative levels?

No ☒

(3.3.) Incentives to improvement considered? ***No ☒***

(3.4.) Pro-active annual improvement programme in place with explicit targets for the elderly as per WHO (60%) or better? ***No*** ☒***

(3.5.) Annual national publicity campaign (documents available)?

Yes ☒

(3.6.) Able to routinely measure uptake in other risk groups ***No*** ☒

(3.7.) Routinely measure total use of influenza vaccine? ***Yes*** ☒

(3.7.a) Data for last year available?

Yes ☒

Please provide further information about the vaccination strategy and last year's uptake in % and any limitations:

3. Apart from the procurement of influenza vaccine, the seasonal influenza vaccination of risk groups is largely organised by each municipality. Vaccine is distributed from NIPH to the municipality, based on order from chief municipal medical officer. The annual uptake data we have are based on the number of vaccines used (distributed – wasted) for the vaccination of all risk groups, included the persons aged > 65.

3.b This is based on the number of doses used in Norway. Number of persons in risk groups (including persons >65) are estimated to approx. 900 000.

3.1 Published in"Smittevernhåndboka for kommunehelsetjenesten" and "Vaksinasjonsboka 2006". Also published on the NIPH's website

3.4 As part of a strategy to improve annual uptakes, NIPH each year sends information regarding seasonal influenza vaccination to all chief municipal officers. The information contains among other total number of doses ordered last year, as well as number of persons >65 in the municipality.

Further improvement of annual uptake is based on national information campaigns

3.5 Information campaigns. Conference on influenza and influenza vaccination are being held at NIPH. Info material is sent to each municipality.

3.7a Last year's total uptake: 12.3% of the total population.

B) Pandemic influenza

4 - 11 Planning and coordination

National level (4 – 9)

Goal 4: National planning committee/structure in place that has a coordinating role for pandemic preparedness

Key indicator 4:

4. Is there national planning committee/structure in place that has a coordinating role for pandemic preparedness?

Yes ☒***

**** Cf. the description of the national structure below.***

There is no cross-sectoral national committee with a coordinating role for pandemic preparedness planning.

The Ministry of Health and Care appoints members to a national advisory committee for pandemic influenza, The Pandemic Committee. The committee is chaired by the Directorate for Health and Social Affairs and the secretariat is placed within the Norwegian Institute of Public Health.

The Pandemic Committees role is to give advice to the Ministry before, under and after the outburst of a pandemic influenza.

The responsibility for the overall coordination lies within the national government. Each Minister is responsible for his or her sector.

The role and responsibility of authorities and bodies at different governing levels within the health and social services are described in the General National health and social preparedness plan, the Communicable Diseases Control Act, the Act on Health and Social Preparedness and the general legislation.

The General National health and social preparedness plan outlines the different responsibilities of each organization, their roles and responsibilities in the planning and handling of a crisis and an influenza pandemic .

Authorities on all levels under the Ministry of Health - national, regional, and local – are obliged to make contingency plans.

Bodies providing services (primary and secondary health care and social services) are obliged to make preparedness plans with regard to health and social services and communicable diseases, cf. Act on Health and Social Preparedness and Act on Communicable Diseases.

The Directorate for Health and Social Affairs has a special responsibility to coordinate the preparedness planning of the sector.

(4.a.) Is a list of participating bodies/members available?

Yes ☒

The national structure as described in the figure under key indicator 6a provides an overview over the participating bodies/members in the national health and social preparedness structure. Cf. The General National Health and Social Preparedness Plan.

A list of participating members of the Pandemic Committee:

Bjørn-Inge Larsen, Director General, Directorate for Health and Social Affairs, chairperson

Morten Randmæl, Head of Department, Directorate for Health and Social Affairs

Jan E. Fuglesang, Senior Advisor Directorate for Health and Social

Hanne Nøkleby, Divisional Director, Norwegian Institute of Public Health

Olav Hungnes, Dr.Scient, Norwegian Institute of Public Health

Merete Steen, Senior Advisor, Norwegian Board of Health Supervision

Lars R. Haaheim, Professor, University of Bergen

Randi Winsnes, Senior Advisor, Norwegian Medicines Agency

Anna-Sofie Chaboud, Local Physician Finnsnes Medical Office

Katja Urwitz, Head Physician, Ringerike Hospital

Haakon Sjursen, Chief Physician, Haukeland Hospital

Andreas Radtke, Chief Physician, St. Olavs Hospital

Elisabeth von der Lippe, Head Chief Physician, Ullevål hospital

Dag Hvidsten, Chief Physician, Univerity Hospital in Nord-Norge

Nina Aas, Norwegian Food Safety Authority

Helge Garåsen, Local Chief Physician Trondheim municipality

Frode Veian, Local Chief Physician, Lillehammer municipality

Arne Flåøyen, National Veterinary Institute

Bjørn Iversen, Norwegian Institute of Public Health is the Committee secretary.

The Ministry of Health and Care and the Ministry of Food and Agriculture are observers.

(4.a.1.) If yes, cross sectoral ***No*** ☒

The Norwegian structure for pandemic preparedness planning is not cross-sectoral.

However, other sectors are involved in the planning process.

The Pandemic Committee is not cross-sectoral.

Subsidiary indicators:

(4.1.) Relevance of pandemic planning recognized by decision-makers

Yes ☒

(4.2.) Preparedness policies developed and adopted?

Yes ☒

(4.3) Regional/local planning and coordination structure for pandemic preparedness in place?

Yes ☒

According to the Act on Health and Social Preparedness, the General National Health and Social preparedness plan, the National Preparedness Plan for Pandemic Influenza and the Communicable Diseases Control Act, all bodies responsible for health and social services are obliged to have contingency plans and plans for communicable diseases.

Please provide further information about the national planning committee/structures (if this is a cross-sectoral group that coordinates also non-health sector) and any limitations:

Goal 5: National pandemic plan consistent with international (WHO and EU) guidance, publicly available

Key indicator 5

5. National health sector influenza plan? ***Yes*** ☒

The National Preparedness Plan for Pandemic Influenza, see attachment

(5.a) If yes, last month/year updated ***02/2006***

The plan is to be updated once a year, this year following the self-assessment in October and the planned national pandemic exercise, 22nd November.

Subsidiary indicators:

(5.1) Legal frameworks established coherent with international legislation (International Health Regulations)?

No ☒

This is an ongoing prosess. The Ministry of Health and Care Services is working with the national implementation of the International Health Regulations.

(5.2) Ethical frameworks established coherent with international legislation (International Health Regulations)?

No ☒

This is an ongoing prosess. The Ministry of Health and Care Services is working with the national implementation of the International Health Regulations

Please provide further information about national plan, e.g. where the plan is published (i.e. web addresses) and any limitations

Goal 6: National command and control structure in place for managing an influenza pandemic

Key indicator 6

6. National command and control structure in place for managing an influenza pandemic?

(6.a) Health services command and control structure ***Yes*** ☒

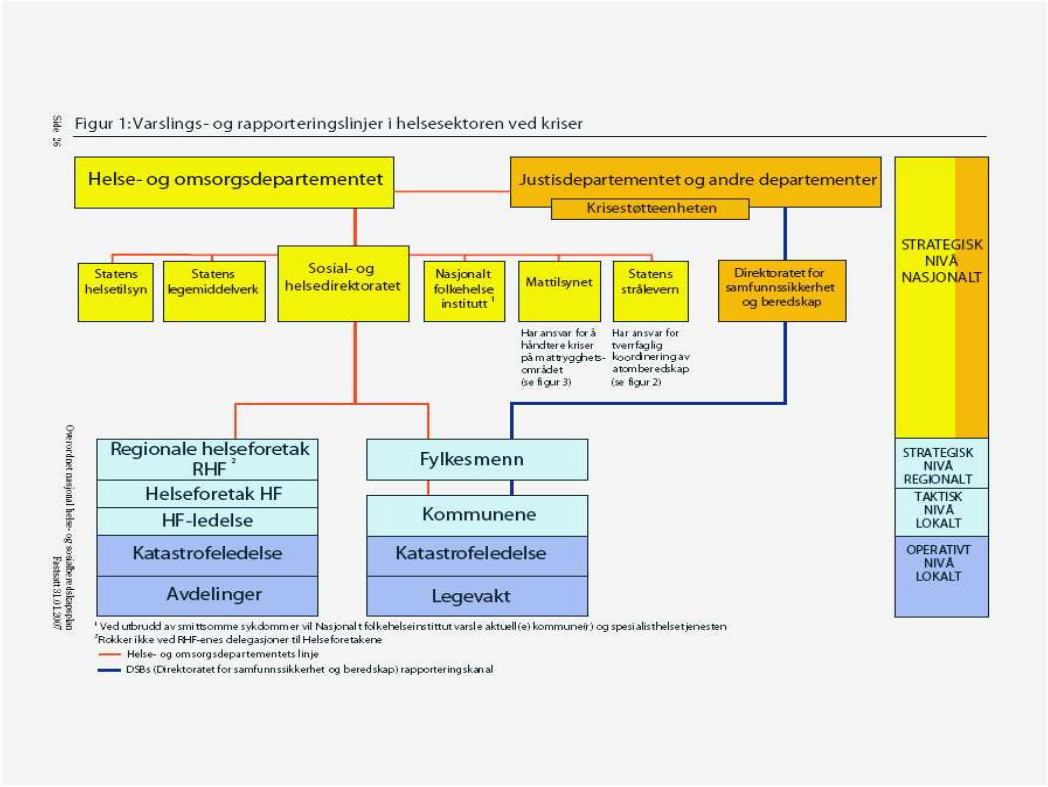
The General National Health and Social Preparedness Plan outlines the command and control structure of the health and social sector and services.

In a national crisis, like for instance a pandemic influenza, the Ministry of Health and Care Services will be the leading Ministry. The leading Ministry is responsible for coordination of the handling of crises on strategic/Governmental level, cross-sectoral. The leading Ministry chairs the Governmental Crisis Council, where all the Ministries with responsibilities in the situation gather to make decisions at the national level.

In case of health crises, the main coordination role at the strategic national level is placed within the Directorate for Health and Social Affairs, cf. Act Relating to Control of Communicable Diseases and the General National Health and Social Preparedness Plan. The Directorate for Health and Social Affairs coordinates all efforts within the health and social sector. Furthermore, the directorate collects information from all sectors involved and provides the aggregated information to the Ministry of health.

The Communicable Diseases Control Act empowers the municipalities to implement measures necessary to contain and control the situation, prohibition of social gathering, limit transportation and communication, isolation, etc. Similar powers are given to the Directorate at the national level.

Figure: The national structure as described in the General National Health and Social Preparedness Plan.



(6.b.) Cross-sectoral command and control structure ***Yes*** ☒

Norwegian preparedness planning is based on three principles

- ***Responsibility: The organisation with the responsibility for a service/ an issue in a normal situation have the responsibility for preparedness planning and handling of extraordinary situations***

- ***Proximity: A crisis is to be handled at the lowest possible operative level***

- ***Similarity: The organisation which is established under a crisis shall be as similar as possible to the original organisation.***

These principles explain why Norway has no permanent cross-sectoral command and control structure. In a crisis the Government establishes the Governmental Crisis Council. The role and responsibilities of the Governmental Crisis Council, its cross sectoral command and control structure, are explained in the General National Health and Social Preparedness Plan.

At the national level the cross-sectoral command and control structure is reflected by the composition of Ministers and the organisation of the Governmental Crisis Council.

The Ministry, to which the crisis "belongs" will be the leading ministry, hence having the command and control in the Crisis Council.

At the regional level the county governor (Fylkesmann) has some cross-sectoral responsibilities and powers

The municipalities are individual legal subjects. This implies that the municipalities have cross- sectoral responsibilities, powers and command and control structure.

Subsidiary indicators:

(6.1.) Expert group established that would provide immediate advice in a pandemic?

Yes ☒

The Ministry of Health has established a Pandemic Committee. This expert group is lead by the Directorate for Health and Social Affairs. The Norwegian Institute for Public Health has the secretariat for the group. The committee gives advice to the authorities regarding pandemic preparedness planning and during a pandemic. (See key indicator 4)

(6.2.) Plans for a 'forward look' group established to anticipating needs and advising decision makers?

No ☒

Please provide a summary diagram and/or explanation of this national level command and control structure and any limitations

There are no explicit plans for a particular forward looking group, but according to the system delineated in the Communicable Diseases Control Act and the General National Health and Social Preparedness Plan the responsibility for "forward looking" is placed with the Directorate for Health and Social Affairs.

Goal 7. National contingency plan for maintenance of non-health essential services, such as power supply, food distribution etc, publicly available

Key indicator 7

7. National contingency plan for maintenance of non-health essential services?

No ☒

The National Preparedness Plan for Pandemic Influenza describes the expectations to non-health sectors regarding pandemic planning and places responsibilities on the non-health organizations to implement separate contingency plans to maintain their services.

Each sector has separate responsibility for contingency planning.

The Ministry of Justice is responsible for the coordination of preparedness planning in Norway.

(7.a) if yes, last month/year updated

Subsidiary indicators:

(7.1.) Underpinning operational modelling work undertaken (e.g. on possible staff absences and its impact)?

No ☒

The Norwegian Institute of Public Health works to develop a mathematical model on absenteeism and its impact.

Each sector and the Ministry responsible is also responsible for planning and modelling for the impact of possible staff absence

(7.2) Anticipated resource implications for implementation addressed?

No ☒

Each sector and the Ministry responsible is also responsible for planning and considering the anticipated resource implications.

(7.3) Monitoring of resource needs during pandemic addressed?

No ☒

Each sector and the Ministry responsible is also responsible for planning and monitoring of the resource needs during pandemic.

Please provide details of where the plan is published (i.e. web addresses)comment on sectors covered by the plan and any limitations

Goal 8. Potential impact of measures for neighbouring countries and the EU discussed

Key indicator 8

8. Joint work undertaken with neighbouring country/s on mutually relevant policy areas?

Yes ☒

In addition to joint work within the extended European Union and the World Health Organization, the Nordic countries, through the Nordic Health Preparedness Agreement, have esteblished a system for mutual warning, reporting and support during health crises.

The Nordic countries have a network for communicators working with pandemic influenza. The group of communication officers had a meeting in Copenhagen in 2006. A new meeting will be held in 2007. In this meeting there will be in addition to the communication officers, medical officers and preparedness officers.

(8.a) if yes, last month/year of joint work 04/2007

Next meeting is the annual seminar by the Nordic Health Preparedness Group, which will be held in Stocholm 18. – 21. september.

Subsidiary indicators:

(8.1.) Plans of neighboring countries known and available? Yes ☒

Please comment on the proportion of neighbouring countries contacted and give examples of joint work undertaken and any limitations

The Nordic Health Preparedness Group has a common web site where the member countries amongst other publish their pandemic preparedness plans.

Goal 9. Pandemic preparedness regularly and systematically tested at all levels and across all sectors, including lessons learnt, report published and fed back into planning

Key indicator 9

9. National level health sector exercise? Yes ☒

The Norwegian health and care authorities try to arrange a national exercise for the health sector once a year. In addition, the different bodies arrange different exercises on different levels.

(9.a) if yes, last month/year of exercise 10/2006

Exercise Oslo – a cross-sectoral exercise, the scenario was terrorism.

We participated in the EU exercise Common Ground in 2005.

The Directorate arranged a National preparedness conference for the health and social sector 30th and 31th August. At this conference we included a table top discussion exercise, with a pandemic scenario.

The Ministry of Health and Care Services together with the Directorate for Health and Social Affairs are planning a national table-top exercise 22nd of November. The scenario is a pandemic influenza.

Subsidiary indicators:

(9.1.) Exercise how to deal with pandemic influenza? Yes ☒

(9.2.) Exercise how to deal with H5N1 cases?

No ☒

(9.3.) Exercise included communication strategy?

Yes ☒

Please provide further information on type/scope of exercises

Regional/local level (10 – 11)

Goal 10 Regional/local planning and coordination structure for pandemic preparedness in place

Key indicator 10

10 Regional/local planning and coordination structure?

Yes ☒

As for the national planning and coordination structure, the General National Health and Social Preparedness Plan, the Act relating to Health and Social Emergency Preparedness and the Communicable Diseases Control Act outline the roles and responsibilities of the regional and local authorities and bodies to establish and implement local and regional plans for general and pandemic preparedness in the health sector and coordinate these plans with other bodies with which it is natural for them to cooperate.

(10.a) if yes, cross sectoral

All sectors have a legal individual responsibility to plan and structure their preparedness. The Act relating to Health and Social Emergency Preparedness states that the municipalities are responsible for preparedness; hence they must secure the health and lives of the inhabitants. This implies that they must guarantee and prepare for the supply of all hereby necessary and critical infrastructures (Water, oil, fuel, electricity, telephone and internet access, food supply)

Subsidiary indicators:

(10.1.) Do you have a local contingency plan ***Yes*** ☒

All but seven of the 431 Norwegian municipalities have a local contingency plan. There is a national standard on how to make local contingency plans.

The Pandemic Committee is soon to finish a work which aims at giving the municipalities a national example/standard on pandemic influenza preparedness plan.

The Directorate for Health and Social Affairs has established a working group which works to develop a national standard for how to formulate and develop a general contingency plan.

Please provide further information if this a cross-sectoral group that coordinates also non-health sectors and any limitations

Additional information captured during the field visits by the expert team:

Goal 11 Regional/local health services able to cope with an influenza pandemic and continue to provide other essential health services

Key indicator 11

11 Planning document issued to local health services which includes the nationally agreed parameters for which local services should plan (expected range of cases and percentage of staff off sick)?

Yes ☒

The National preparedness Plan for Pandemic Influenca, see attatchments.

The Pandemic Committee has established two working group which are to develop national examples/standards for pandemic influenza preparedness plans for the specialist services and the primary care services respectively. These plans are to include parameters for which the services should plan.

(11.a) if yes, last month/year updated

The National Preparedness Plan for Pandemic Influenca was implemented in February 2006

Please provide further information on vaccination strategy and any limitations

12 - 13 Situation monitoring and assessment

Goal 13: Ability to detect initial cases, and to monitor the spread and impact during the different phases of a pandemic

Key indicator 12

12. Pandemic surveillance and information plan ***Yes*** ☒ ***(12.a) if yes, last month/year updated***

Pandemic plan 02/2006, appendix E, pp 80-83

Subsidiary indicators:

(12.1.) Cross-sectoral command and control structure? ***No*** ☒

(12.1.) Expert group established that would provide immediate advice in a pandemic?

Yes ☒ ***(12.2.) Plans for a 'forward look' group established to anticipating needs and advising decision makers?***

No ☒

Please provide further information about national command and control structure and any limitations

We'll use existing structures at NIPH on surveillance that can be added with experts from national pandemic committee.

Goal 13: Ability to detect initial cases, and to monitor the spread and impact during the different phases of a pandemic

Key indicator 13

13. Outbreak investigation capacity? ***Yes*** ☒

Subsidiary indicators:

(13.1.) Plan and database for gathering key information from the first cases in the country available? ***Yes*** ☒

(13.2.) Inventory of resources available for national outbreak team?

Yes ☒

Please comment on any specific measures taken to ensure this capacity for the early phase of a pandemic and any limitations

Yes to a certain extent. We have established national outbreak investigation team ready to go into the field. This team can be supplied with different people according to the task. It has been trained in outbreak investigation and use their regular database tools

14 – 16: Prevention, mitigation and treatment

Goal 12: Public education materials as part of a national strategy on personal non-pharmacological public health measures (personal hygiene, self isolation)

Key indicator 14

14. Public education materials available?

(14.a) Material on seasonal influenza published ***Yes*** ☒

The Norwegian Institute of Public Health has specific web pages on seasonal influenza. http://www.fhi.no/eway/default.aspx?pid=233&trg=MainArea_5661&MainArea_5661=5565:0:15,1214:1:0:0:::0:0

(14.b) Material on pandemic influenza ready ***Yes*** ☒

One information brochure on pandemic influenza has been published. The target group for the brochure is the public.

The WHO Handbook for journalists: Pandemic influenza has been translated to Norwegian. The handbook has been distributed to all Norwegian editors.

Two publications have been made regarding mass vaccination against pandemic influenza. One is for use in the municipalities and the other for use in hospitals.

An information package for the administrative leaders of the municipalities is under construction, and soon ready for distribution (autumn 2007). The package will include a letter from the health authorities, the information brochure and a draft or an example of how to make a local preparedness plan against pandemic influenza. The intention is to provide help to the municipalities in their preparedness planning process.

Subsidiary indicators:

(14.1.) Rapid clearance procedures known? ***Yes*** ☒

The main principles for communication about the pandemic influenza are written down in the preparedness plan against pandemic influenza. The details or the more operational part, are to be found in the crisis communication plans of the involved organisations.

(14.2) Website available?

Yes ☒

The Norwegian government has established a web page providing authorized information about pandemic influenza. http://www.pandemi.no/ The web page is cross sectoral, and provides content from the health authorities and agricultural authorities.

For the time being the web page is providing static information. When needed, the web page will provide dynamic information (i.e. in a later phase of the pandemic).

(14.3.) Spokesperson(s) identfied?

Yes ☒

During the later and more intensive phases of the pandemic, the crisis management procedures will be activated. The Norwegian Government's crisis council will be established. This council will point out the head departement, which again will delegate the operational responsiblility, e.g. to The Directorate for Health and Social Affairs. The executive director of this authoritiy will be the main spokesperson. For the example above, this will also be the chief medical officer (CMO) in Norway. The CMO will point out other spokespeople when needed.

Please provide details of where the plan and education material is published (i.e. web addresses), comment if under development, and when expected to be finalized and any limitations

Goal 15 National strategy for community non-pharmacological public health measures (travel, mass gatherings, school closures etc)

Key indicator 15

15. Group established to develop such a strategy? ***No*** ☒

The Act on Communicable Diseases Control empowers the Directorate for Health and Social Affairs to implement measures necessary to contain and control the situation, prohibition of social gathering, limit transportation and communication, isolation, etc.

There is no agreed national strategy, only legal powers.

(15.a) if yes, month/year of last meeting

Subsidiary indicators:

Cross-sectoral strategy (or working) strategy agreed for:

(15.1.) International travel? ***Yes*** ☒***

(15.2) National travel? ***Yes*** ☒***

(15.3.) Mass gatherings? ***Yes*** ☒***

(15.4.) School closure? ***Yes*** ☒***

(15.5.) Case isolation? ***Yes*** ☒***

(15.6.) Isolation of contacts? ***Yes*** ☒***

Extensively described in Pandemic plan, appendix G, pp. 87-99

Details on who will decide on what advice to give depending on situation has not been decided.

Please comment if this has been considered but not been started yet and provide further information on non-pharmacological public health measures and any limitations

There is no group established to develop a national strategy for community non-pharmacological public health measures.

The overall national coordination of the situation is undertaken in the Governmental Crises Council. The Council is not a standing group assigned to develop a national strategy; hence they assemble in crises to handle the actual situation and coordinate the cross sectoral effort.

However, the Act relating to Health and Social Emergency Preparedness and the Communicable Diseases Control Act give the Directorate for Health and Social and Affairs the legal authority to implement the necessary measures in order to prevent the spread of the influenza virus. At the same time the municipalities are individual legal subjects with the authority to restrain travel, close schools and kindergartens, and prohibit mass gatherings and so forth.

There are similar legal authorities within other sectors. Hence one can claim that there has been established a National strategy for community non-pharmacological public health measures. In crises it is the Governmental Crisis Council and the Ministers of the involved Ministries that make the national strategic decisions.

16 Health care response

Goal 16 National antiviral strategy developed, including plans for procurement, stockpile and delivery to patients

Key indicator 16

16. National antiviral strategy developed? ***Yes*** ☒

The National Preparedness Plan for Pandemic Influenza

(16.a) if yes, last month/year updated ***02/2006***

Subsidiary indicators:

(16.1.) Practical mechanism for delivery to patients agreed and in place?

Yes ☒

Distribution of antivirals will take place using the ordinary distribution channels for medicinal products. The pharmacies will be the local distribution point. The main problem seems to be in regard of timely diagnosis and sufficient speed of delivery from pharmacy (or, if necessary, local health services office) to the patient. The issue will be addressed in the "municipalities' handbook" (see question 10)

(16.2.) Therapeutic stockpile in place – percentage of population covered?

Tamiflu: 30 % (prophylactic and therapeutic)

Rimantadin: 300 000 courses of 40 days (prophylactic use only)

Yes ☒

(16.3.) Clinical protocols agreed and published? ***Yes*** ☒

The pandemic plan includes the suggested treatment protocols: whether or not these are relevant remains to be seen.

(16.4.) Public health stockpile in place (if part of strategy)? ***Yes*** ☒ ***See above***

(16.5.) Practical mechanism for delivery for public health purposes (prophylaxis) agreed and in place?

Yes ☒

Same as for therapetic products. Definition of key personell not yet in place.

Please comment if under development, and when expected to be finalized and provide further information on plans for stockpiling, including percentage of the population to be covered., antiviral use and any limitations

Goal 17 National pandemic vaccination strategy developed, including procurement, distribution and targeting of pandemic vaccines

Key indicator 17

17 National pandemic vaccination strategy developed? ***Yes*** ☒

(17.a) if yes, last month/year updated ***02/06***

Subsidiary indicators:

(17.1.) Regulatory issues, liability, intellectual property rights addressed?

Yes ☒

(17.2.) Supply arrangements agreed and contract in place with supplier?

Yes ☒

(17.3.) Logistic and operational needs for implementation of H5N1-human-vaccines /pandemic vaccine strategy reviewed and agreed?

Yes ☒

Please provide further information on vaccination strategy and if developed, please comment whether H5N1 human ('pre-pandemic') vaccines are part of strategy. Please

comment if under development, and when expected to be finalized

17.1 This has been addressed in the Pandemic Preparedness Plan, except for intellectual property rights.

17.2 Solvay Pharma. 4 mill doses (based on 15 µg per dose) Agreement 02.05-07.08. As of today the agreement covers multiple dose vials (40 doses), to be delivered as soon as possible after the production for one other country.

Invitation for tender to be issued later this year.

17.3 Vaccination strategy has been developed.

Different scenarios have been considered, and the need for prioritising in case of vaccine shortage has been adressed. Target groups are given in the Pandemic Preparedness Plan. The Ministry of Health desides who is to be offered vaccine according to the current situation.

Lists of number of people in each target group should be made ready by local authorities and hospital trusts and sent to NIPH when the pandemic is proclaimed.

Logistics and operational needs

Vaccine distribution from NIPH to each municipality and hospital trust are described in the Pandemic Preparedness Plan. A more detailed plan is under development (storage facilities, cold-chain transport agreeements, workforce needed, etc.) Strategy document for mass vaccination has been made for the local level (municipalities) and for the hospital trusts.

The use of a pre-pandemic vaccine (H5N1) is not a part of the strategy

18. Communication

Goal 18 National communication strategy developed and published

Key indicator 18

18 National communication strategy? ***Yes*** ☒

(18.a) if yes, last month/year updated ***February 2006***

Subsidiary indicators:

(18.1) Spokesperson(s) known? ***Yes*** ☒

During the later and more intensive phases of the pandemic, the crisis management procedures will be activated. The Norwegian Government's crisis council will be established. This council will point out the head departement, which again will delegate the

operational responsiblility, e.g. to The Directorate for Health and Social Affairs. The executive director of this authoritiy will be the main spokesperson. For the example above, this will also be the chief medical officer (CMO) in Norway. The CMO will point out other spokespeople when needed.

(18.2.) Rapid clearance procedures known? ***Yes*** ☒

The main principles for communication about the pandemic influenza are written down in the preparedness plan against pandemic influenza. The details or the more operational part, are to be found in the crisis communication plans of the involved organisations.

(18.3)Website(s) available/known? ***Yes*** ☒

The Norwegian government has established a web page providing authorized information about pandemic influenza. http://www.pandemi.no/ The web page is cross sectoral, and provides content from the health authorities and agricultural authorities.

For the time being the web page is providing static information. When needed, the web page will provide dynamic information (i.e. in a later phase of the pandemic).

(18.4) Media briefing materials available/known? ***Yes*** ☒

The WHO Handbook for journalists: Pandemic influenza has been translated to Norwegian. The handbook has been distributed to all Norwegian editors.

Written materials has been provided at press conferences - media releases, background information, preparedness plan etc.

(18.5) Capacity planned and tested for meeting expected domestic information demands for diverse audiences, including professional/technical groups, the news media and general public?

Yes ☒

There are plans for call centres for the public and for health care professional. Twice a year there has been training for the crew staffing the largest call centre (for the public).

24 hours service to the media. Press officers and web editors will be working shift, when necessary. This has been tested. (e.g. Exercise Oslo 2007)

MSIS-rapport, the biweekly newsletter (paper and electronic) for health care professionals, has plans for more frequent publishing.

(18.6) Networks among key response stakeholders established, including risk communicators, non-health government departments, and professional and technical groups?

Yes ☒

The Committee for Pandemic Influenza is a group of professionals that advices the health authorities regarding pandemic influenza.

The Nordic countries have a network for communicators working with pandemic influenza. The group of communication officers had a meeting in Copenhagen in 2006. A new meeting is planned for 2007.

The health authorities and the agricultural authorities have a network with professionals, decision makers and communicators that meet regularly to discuss issues regarding avian influenza and pandemic influenza.

Meetings have been held between the health authorities and non-health governments, e.g. the Department of Justice, the police authorities, the public transport sector.

(18.7) News media with national plans familiarized, including preparedness activities and decision-making related to seasonal and pandemic influenza?

Yes ☒

Extended media relations in periods. The media have been provided with information about the three types of influenza.

Spokespersons have been available to the press.

The WHO handbook on pandemic flu has been distributed to the media.

There has been meetings with The Norwegian National Broadcasting.

(18.8) Date(s) of media briefing(s) in last 12 months?

The press has been invited to six regional conferences on mass vaccination held by the Norwegian Institute of Public Health. (August to October 2007)

Press conference in connection with the visit of UN officer Dr. Nabarro. Dr. Nabarro, the Minister of Health, Sylvia Brustad and the director generals of The Directorate for Health and Social Affairs, The Norwegian Institute of Public Health, The Norwegian Food Safety Authority and The Veterinary Institute. 31. October 2006.

Press invited to the conference with a panel discussion "Avian influenza and the threath of pandemic influenza". 30. March 2006.

Press conference "Avian influenza and pandemic influenza". Presentation of the preparedness plans for both types of influenza. 16. February 2006.

Please provide further information on communication strategy and details of where the strategy is published (i.e. web addresses) Please comment if under development, and when expected to be finalized and any limitations

C) Avian influenza

19. Animal surveillance

Goal 19 National system in place for influenza surveillance in animals (including wild birds) which meets EU requirements

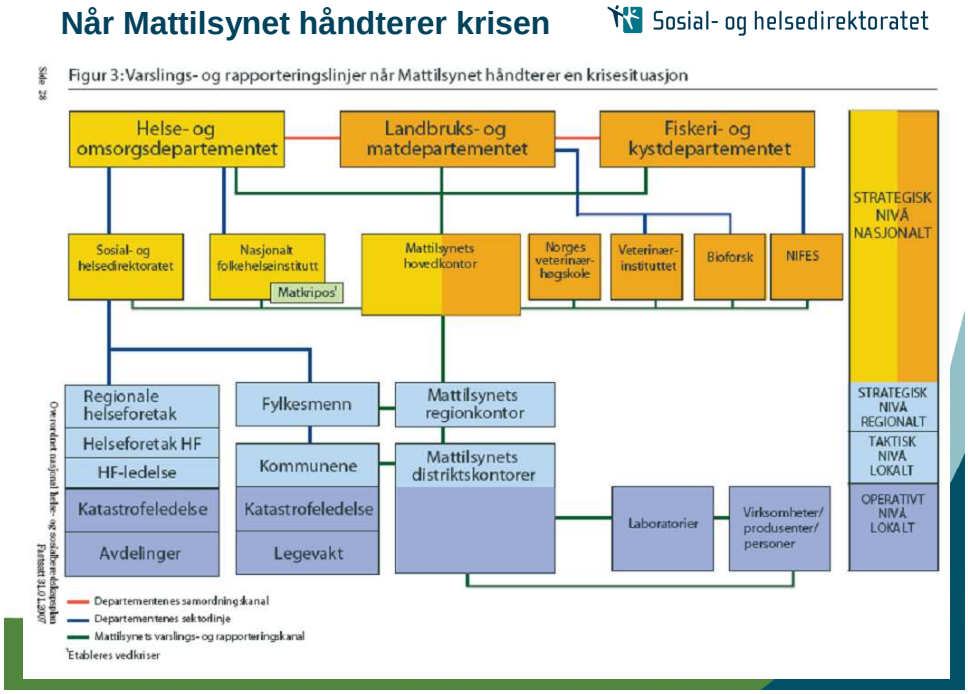
Key indicator 19

19 National system for influenza surveillance in animals?

Yes ☒

Yes – both in poultry and in wild birds.

The figure below provides an overview of the governing structure and responsibilities in case of influenza in animals. The Ministry of Food and Agriculture is the leading Ministry in the Governmental Crisis Council. The Ministries of Health and Care and Fisheries are also important members in the Governmental Council.



Subsidiary indicators:

(19.1) Contingency plans developed for communicating the risk to the general public?

Yes ☒

(19.2.) Access to at least one veterinary laboratory able to offer routine influenza diagnosis, typing and sub typing, but not necessarily strain identification?

Yes ☒ ***Yes – the National Veterinary Institute***

NFSA has a contract with Merial concerning Vaccines for H5N1.

Please comment when last time data from this system were available to the public

Risk assessments are published when new developments arise, as in June with the outbreaks in Germany and the Check Republic.

20. Capacity to manage outbreak

Goal 20 National capacity for managing an outbreak of HPAI with human health implications, developed in collaboration between health and veterinary authorities

Key indicator 20

20 Joint health and veterinary plan or complementary plans?

Yes ☒

NFSA is a member of the Pandemic committee and during the preparations for AI in 2006 weekly meetings were held.

The General National Health and Social Preparedness Plan outlines the governing structure, the role, power and responsibilities of the different actors and organisations in a situation with an outbreak of HPAI with human health implications.

(20.a) if yes, last month/year updated

Subsidiary indicators:

(20.1) Outbreak investigation capacity for avian influenza in animals (in particular in birds) available?

Yes ☒

Yes – both diagnostic teams from the National Veterinary Institute and teams from the local NFSA offices (62 offices) with epidemiological expertise.

(20.2) Exercises for avian influenza in animals (in particular in birds) conducted and results used to improve planning?

Yes ☒

(20.3.) Date(s) of exercises in the last 12 months

For 2006 se note:

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Beredskap\Øvelser o

In addition, all regional offices exercised AI as a part of the scenario in Exercise Watergate in 2006.

For 2007:

The Head office and the regional office for Hedmark and Oppland exercised AI 22. June 2007.

The regional office for Buskerud, Telemark and Vestfold has planned an AI exercise 25. September 2007.

The regional office for Rogaland and Agder is planning an exercise together with the County Governor of Rogaland this Fall.

(20.4) Number of officers trained?

Close to all relevant personell, incl. administrative support

(20.5) Available results used

Yes ☒

Please provide further information on the type of plan (joint human/veterinary or two

complementary) and provide details of where the plan is published (i.e. web addresses)

Website for AI:

http://www.mattilsynet.no/fuqleinfluensa

Contigency plan:

http://www.mattilsynet.no/smittevern_og_bekjempelse/dyr/a-sjukdommer/aviaer_influensa/forebyggings__og_bekjempelsesplan_av_avi_r_influensa_34054