

## RESPONSE ACTIVITIES BY PANDEMIC PHASE

**Table 1: Response Activities by Pandemic Phase (WHO 2005-revision from 1999)**

PHASE	DESCRIPTION	RESPONSE/ACTION
<b>Phase 1</b>	<p><b>Interpandemic Period:</b></p> <p><b>No new virus in humans</b> No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p>	<p><b>Preparedness:</b></p> <ul style="list-style-type: none"> <li>• Routine Monitoring</li> </ul>
<b>Phase 2</b>	<p><b>Interpandemic Period:</b></p> <p>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<ul style="list-style-type: none"> <li>• Routine Monitoring</li> </ul>
<b>Phase 3</b>	<p><b>Pandemic Alert Period:</b></p> <p>Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p>	<ul style="list-style-type: none"> <li>• Same as above (review and update)               <ul style="list-style-type: none"> <li>• Assess medical/vaccine/antiviral supplies</li> <li>• Update vaccine program information</li> <li>• Ensure legal/insurance issues resolved</li> <li>• Review previous simulations and correct deficiencies</li> </ul> </li> <li>• Communication enhancement</li> <li>• Assess surveillance, vaccine programs, antiviral availability, health services, emergency services, public health issues, communications</li> <li>• Education</li> </ul>
<b>Phase 4</b>	<p><b>Pandemic Alert Period:</b></p> <p>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans<sup>b</sup></p>	<ul style="list-style-type: none"> <li>• Same as above (review and update)</li> <li>• Develop case definitions</li> <li>• Review IC practice/procedures</li> <li>• Assess "MASS VACCINATION" infrastructure</li> <li>• Stratify risk group priority</li> <li>• Ensure Health Services estimates current</li> <li>• Ensure essential services</li> <li>• travel advisories</li> </ul>

<b>Phase 5</b>	<p><b>Pandemic Alert Period:</b></p> <p>Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).<sup>b</sup></p>	<ul style="list-style-type: none"> <li>• Same as above (review and update)</li> </ul>
<b>Phase 6</b>	<p><b>Pandemic Period (<u>not in</u> North America):</b></p> <p>Pandemic phase: increased and sustained transmission in general population.<sup>b</sup> May have subsequent waves affecting different areas at different times.</p>	<ul style="list-style-type: none"> <li>• Same as above (review and update)</li> <li>• Coordinate with bordering jurisdictions, provincial and federal authorities</li> <li>• Vaccine purchase (when available)</li> <li>• ADR activation (antivirals/vaccination)</li> <li>• Ensure medical supplies</li> <li>• Prioritize Lab resources</li> <li>• Coordinate patient tracking</li> <li>• Access human resources, volunteers</li> <li>• Security (vaccine, drug, medical clinics, personnel)</li> <li>• Activate emergency communications</li> <li>• Review information tracking systems</li> </ul>
<b>Phase 6</b>	<p><b>Pandemic Period (<u>in</u> North America):</b></p> <p>Increased and sustained transmission in general population.<sup>b</sup> May have subsequent waves affecting different areas at different times with varying severity.</p>	<p><b>Full Activation</b></p> <ul style="list-style-type: none"> <li>• State of emergency declared?</li> <li>• Resource reallocation</li> <li>• may have decrease in incidence locally but high risk of 2<sup>nd</sup> wave due to ongoing pandemic elsewhere</li> </ul>
	<p><b>Post pandemic Period:</b></p> <p>Return to Interpandemic Period.</p>	<ul style="list-style-type: none"> <li>• Return to Phase 1</li> <li>• Maintain heightened awareness/surveillance</li> <li>• Review Pandemic / Lessons learned</li> <li>• Review economic impact to DRHD</li> <li>• Return to routine monitoring</li> </ul>

<sup>1</sup> The distinction between *phase 1* and *phase 2* is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction would be based on various factors and their relative importance according to current scientific knowledge. Factors may include: pathogenicity in animals and humans; occurrence in domesticated animals and livestock or only in wildlife; whether the virus is enzootic or epizootic, geographically localized or widespread; other information from the viral genome; and/or other scientific information

<sup>b</sup> The distinction between *phase 3*, *phase 4* and *phase 5* is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include: rate of transmission; geographical location and spread; severity of illness; presence of genes from human strains (if derived from an animal strain); other information from the viral genome; and/or other scientific information.