

## **Statement on Pandemic Preparedness - Communication and Coordination**

This Statement for MASEAN has been adopted from the “WMA Statement on Health Emergencies Communication and Coordination”

### **A) INTRODUCTION**

1. The outbreak of severe acute respiratory syndrome (SARS) in late 2002 posed a major challenge for healthcare systems in the world. SARS was a new disease and had a high mortality. It passed readily from person to person requiring no vector, and was difficult to diagnose because it resembled many other viral diseases. SARS took a heavy toll on hospital staff and front line healthcare workers.

2. In the age of international air travel, SARS was able to spread quickly around the globe emphasizing the fact that such highly contagious pathogens do not respect national boundaries. There is therefore a need for global and regional health strategies for effective communication in healthcare emergencies, and better cooperation with transparent sharing of information.

3. According to the WMA report, the significant flaws that were identified during this epidemic include:

- Lack of effective real-time, two-way communication channels to front-line physicians;
- Lack of adequate resources, stockpiles of medication and supplies to deal with this type of catastrophe;
- Lack of surge capacity within acute care and public health systems.

4. Another recent threat was that of the H1N1 influenza pandemic which started in April 2009. H1N1 was able to spread quickly around the globe, and similar to SARS, personal hygiene and use of protective equipment was key to containment and prevention. Fortunately, in this case, antiviral drugs were available to treat H1N1 and a vaccine was developed for large scale use by November 2009. WHO declared the end of the H1N1 pandemic in August 2010.

### **B) PRINCIPLES FOR MASEAN**

1. **Strategy:** The MASEAN community must be constantly alert to the threat of emerging disease outbreaks and ready to respond with a unified strategy.

2. **Responsibilities** of NMA: Although each National Medical Association has a responsibility to address the health needs within their countries, disease outbreaks are no longer confined within national borders, as shown in the SARS epidemic.

3. **Surveillance and early detection:** Early detection, through effective national surveillance systems of unusual disease events that threaten public health are required to effectively respond to public health emergencies of international concern.

4. **Effective communication:** Effective communication between member National Medical Associations (NMAs), can strengthen the information exchange between Member States during public health emergencies.

5. **Physician Expertise:** Physicians are the first point of contact in the emergence of new diseases; therefore they are in a position to aid in all elements of diagnosis, treatment and reporting of affected patients and prevention of disease. Physicians with key expertise must be incorporated into the

health emergency decision-making process so that the impact of national and international directives on clinical settings and patient care is understood.

**6. Safety for Healthcare Professionals:** The safety of health professionals involved in caring for the sick during outbreaks of new diseases should be of special concern. Delays in identifying and distributing supplies of protective equipment to health professionals and their patients exacerbate anxiety and risk of spread of infectious disease. National systems that stockpile adequate supplies of protective equipment with the necessary logistics to rapidly move them to affected areas should be created or enhanced.

### **C) RECOMMENDATIONS:**

**1. Close Cooperation:** Members of MASEAN should work closely with MASEAN, their national governments, and other professional groups to jointly promote the elements of this Statement.

**2. Response to Threats:** MASEAN members need to urge their physicians to

- a) be alert to the occurrence of unexplained illnesses and deaths in the community,
- b) be knowledgeable of disease surveillance and control capabilities for responding to unusual clusters of diseases, symptoms and presentations, and assiduous in the timely reporting of suspicious cases of illness to appropriate authorities;
- c) utilize appropriate procedures to prevent exposure of infectious pathogens to themselves and others;
- d) understand the principles of risk communication so that they can communicate clearly and non-threateningly with patients, their families, and the media about issues such as exposure risks and potential preventive measures (e.g., vaccinations); and
- e) understand the roles of the public health, emergency medical services, emergency management, and incident management systems in response to a health crisis and the individual health professional's role in these systems.

**3. Response Protocols:** MASEAN members should encourage their physicians, and other medical societies to participate with their local, national, and international health authorities in developing and implementing disaster preparedness and response protocols for infectious disease outbreaks. These protocols should be used as the basis for physician and public education.

**4. Communication:** MASEAN members should set provide points of contact so that in case of epidemics, health communication can be stepped up and two-way flow of information ensured.

**5. Research:** That research in the field of emergency preparedness should be enhanced by national governments and NMAs where appropriate, to better understand current flaws in the system and how to improve preparedness in the future.

**6. Education and Training:** That education and training of physicians should be modified to take into account the realities and specific needs required in the event of emergencies, and to ensure that due diligence is paid to patient and health care worker safety when managing patients with acute infectious diseases.