

Preparedness and Response Plan for Avian Influenza Pandemic República Democrática de Timor Leste



**Ministério da Saúde
Ministério Agricultura, Floresta e Pescas
República Democrática de Timor Leste**

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Abbreviations

AAHL	Australian Animal Health Laboratory
AI	Avian Influenza
DLO	District Livestock Officer
ETMA	East Timor Medical Association
HPAI	Highly Pathogenic Avian Influenza
FAO	Food and Agriculture Organization
HCW	Health Care Worker
IDS	Integrated Disease Surveillance
IEC	Information Education Communication
ILI	Influenza Like Illness
MAFF	Ministry of Agriculture, Forestry and Fisheries
MoH	Ministry of Health
NGO	Non-Governmental Organization
NHGV	National Hospital Guido Valadares
NTF	National Task Force
PPE	Personal Protection Equipment
UNOTIL	United Nations Office in Timor Leste
USAID	United States Agency for International Development
WHO	World Health Organization

Preparedness Plan and Response for Avian Influenza Pandemic Democratic Republic of Timor Leste

Executive Summary

Avian Influenza (AI) outbreak in human has been occurring in Asia since December 2003, and as of 31 October 2005, a total of 122 human cases and 62 deaths from four countries in Asia (Cambodia, Indonesia, Thailand, and Vietnam) were reported to WHO. Meanwhile, the avian influenza infections in poultry is also spreading in Europe and Asia. Although no evidence of human to human transmission at this stage, this situation has raised the concern of the emergence of avian influenza pandemic. Therefore national strategic plan should be in place to adequately respond to the emergence of avian influenza pandemic.

The national strategic plan on avian influenza pandemic preparedness and response focuses on immediate and systematic actions, and comprises of five key strategies:

1. Develop integrated management system of pandemic preparedness and response

The objective is to establish an effective and efficient mechanism for the management of avian influenza preparedness and response through following activities:

- 1.1. Establishment of multi-stakeholders national task force who will be responsible for the overall coordination and management of pandemic preparedness and response. Task and responsibilities, and mandate must be clearly articulated to ensure effective implementation of activities
- 1.2. Development of mechanisms to manage avian influenza prevention and outbreak containment

2. Implement Avian Influenza Surveillance and Response in Animal and Human

The objectives are to ensure early detection of avian influenza in animal as well as in human, to properly contain avian influenza outbreak in animal and human, and continuously monitor and evaluate the situation, through following activities:

- 2.1. Implementation of disease surveillance in poultry
- 2.2. Containment of avian influenza outbreak in poultry
- 2.3. Implementation of disease surveillance in human through existing system, and implement enhanced surveillance system for Influenza Like Illness (ILI) among high risk group. Enhanced surveillance system will be implemented based on the risk assessment of the emergence of avian influenza infection in human

3. Prevention and containment of outbreak

The objective is to minimize the risk of avian influenza transmission in human and prevent the spread of outbreak if it occurs through the following activities:

- 3.1. Increase community understanding and awareness in prevention and control of avian influenza outbreak in animal through public communication
- 3.2. Response and Containment to Avian Influenza Outbreak in Animal
- 3.3. Prevent the transmission from animal to human. Cullers and animal handlers must wear appropriate personal protective equipment to prevent transmission from poultry
- 3.4. Implementation of infection control procedures to prevent the nosocomial infection

4. Health System Response

The objective are to provide adequate case management and care through following activities:

- 4.1. Development of guidelines for patients management and care procedures; and specimens collection, handling and referral to the international reference laboratory
- 4.2. Train health providers and veterinary officers on basic knowledge of avian influenza and its prevention and control strategy
- 4.3. Stockpiling antivirals, Personal Protection Equipment (PPE), and rapid diagnostic kits
- 4.4. Adequate Treatment and Care of AI cases and close contacts

5. Establishment of risk communication

The objective is to create community awareness and participation of the civil society and private sectors through following activities:

- 5.1. Identify communication media and system to deliver messages to diverse audiences
- 5.2. Familiarize news media and other relevant groups of organization with national avian influenza pandemic preparedness and response plan

Summary of workplan and budget (US\$):

Strategies	Interpandemic	Pandemic Alert	Pandemic	Total
Integrated management system of pandemic preparedness and response				
Disease surveillance and response				
Prevention and containment of outbreak				
Health System Response				
Establishment of risk communication				
Total				

Preparedness and Response Plan for Avian Influenza Pandemic

Background and Rationale

Avian Influenza is a contagious disease of birds caused by the type A influenza virus. All birds are thought to be susceptible to infection with avian influenza. Infection causes a wide spectrum of symptoms in birds ranging from mild illness to highly contagious and rapidly fatal disease. The latter is known as “Highly Pathogenic Avian Influenza (HPAI)”. This form is characterized by sudden onset, severe illness and rapid death of affected birds, with a mortality rate that can approach 100%.

During late 2003 and early 2004, outbreak of HPAI (H5N1) occurred among poultry in 8 countries in Asia (Cambodia, China, Indonesia, Japan, Laos, south Korea, Thailand, and Vietnam).

H5N1 have crossed from animals to humans and are known to cause fatal disease. Between mid December 2003 to 16 September 2005, WHO has received report total 113 confirmed human H5N1 cases with 58 deaths from four countries: Vietnam, Thailand, Cambodia, and Indonesia.

Demographic and Social Profile

Timor-Leste is a new country rising from an oppressed, turbulent and difficult past. The new country is now facing the challenges of developing its own governance systems, rebuilding infrastructure and health sector, long neglected by occupying powers and political upheaval. At the beginning 2005, Timor-Leste has an estimated population of around 950,000. There is a very small aged population in the country and more than 51% of the population being less than 15 years of age.

Education levels of the population are very low with those in the younger age cohorts having a higher exposure to education opportunities than older generations and those in the oldest groupings, greater than 35 years of age having very low exposure to formal education. Overall, women and girls have less education opportunities with girls tending to leave school earlier than boys.

Water and sanitation continues to be a problem with water supplies in general coming from unprotected sources (wells, springs, rivers) and few households having use of sanitary conveniences for disposal of human fecal detriment. House construction is predominately of basic locally available material with a significant use of natural materials (palm fronds, grass) and with a low level of substantial flooring material in use. Only 28% of households have electricity, a figure inflated by the high level of supply within the major urban centre of Dili

Overall, the country has few employment opportunities with the majority of employment tasks coming from within the rural agricultural sector. 70% of women in agriculture and 46% of women in non- agriculture did not receive payment for their services, however these figures must be put in context in a society heavily dependent on subsistence farming.

Infrastructure and communication remain weak across the country. Significant rebuilding of infrastructure is being undertaken with buildings and services specifically considered vital for the new nation being rebuilt. Communication is improving with radio and telephone now extending to district centers across the country. Printed communication, as in newspapers and magazines, continue to have a low circulation, predominately confined to regional centers, larger populations and transport routes.

It is estimated that the total number of poultry and ducks in Timor Leste is more than 1,000,000 and 40,000 respectively. Most of the poultry in Timor Leste are backyard poultry, and there are only two poultry farm with less than 15,000 chicken each.

Country Situation and Pandemic Threat

Ministry of Agriculture, Forestry, and Fisheries has implemented a surveillance system and in collaboration with Northern Territory Government of Australia conduct periodic virological survey among poultry to ensure early detection of avian influenza infection in poultry. However, no avian influenza in animal detected so far.

Ministry of Health is monitoring acute respiratory illness through Integrated Disease Surveillance, and setup active surveillance of Influenza Like Illness at National Hospital for early detection of avian influenza in human.

Given the geographical location of Timor-Leste sharing border with Indonesia, the pandemic virus could spread rapidly to Timor Leste leaving little or no time to prepare, therefore a preparedness and response plan to the pandemic should be in place

National Influenza Pandemic Preparedness Plan

Purpose

- This plan is a process to ensure the country is prepared to recognize and manage an unpredictable influenza pandemic.
- This plan serves as a blueprints for government of Timor Leste and stakeholders and needs to be reviewed and updated with evolving situation of avian influenza and possible influenza pandemic. In an event of pandemic, strategies have to be adjusted and adapted based on the experiences and lessons from the response in other countries and emerging evidence and scientific developments

Goal

To be prepared at all levels of the nation for an influenza pandemic so that if one occurs, there will be minimal impact on not only the health of the nation but also societal structures.

Objectives

- To prevent human infection to avian influenza
- To strengthen surveillance system and response for avian influenza
- To contain or delay spread of avian influenza virus at the source
- To minimize morbidity, mortality and social disruption
- To monitor and evaluate the effectiveness of the response

Phases of Avian Influenza Pandemic

Ministry of Health adopt the WHO phases of pandemic:

1. Interpandemic phase
2. Pandemic Alert phase
3. Pandemic phase

Period	Phases	Description
Inter-pandemic	1	<ul style="list-style-type: none"> • No new influenza virus subtypes have been detected in human outside the country or in Timor Leste • Infection maybe present in animal outside the country or in Timor Leste • The risk of human infection is considered to be low
	2A.	<ul style="list-style-type: none"> • No new influenza virus subtypes have been detected in human • Infection present in animal • Risk of human infection is substantially high
	2B.	<ul style="list-style-type: none"> • No new influenza virus subtypes have been detected in human • Animal Infection present in animal in Timor Leste • Risk of human infection in Timor Leste is substantially high
Pandemic Alert	3A.	<ul style="list-style-type: none"> • Human infection(s) with a new subtypes • No human to human spread, or at most rare instances of spread to a close contact
	3B.	<ul style="list-style-type: none"> • Human infection(s) with a new subtypes occurs in Timor Leste • No evidence of human to human spread in Timor Leste, or at most rare instances of spread to a close contact
	4A.	<ul style="list-style-type: none"> • Small cluster(s) with limited human to human transmission, but • Spread is highly localized
	4B.	<ul style="list-style-type: none"> • Small cluster(s) with limited human to human transmission in Timor Leste • Spread is highly localized
	5A.	<ul style="list-style-type: none"> • Larger cluster(s) but human to human spread still localized suggesting that the virus is becoming increasingly better adapted to human, but may not yet fully transmissible
	5B.	<ul style="list-style-type: none"> • Larger cluster(s) of infection occurs in Timor Leste • Localized human to human transmission in Timor Leste
Pandemic	6A.	<ul style="list-style-type: none"> • Increased and sustained transmission in general population
	6B.	<ul style="list-style-type: none"> • Increased and sustained transmission in general population in Timor Leste

Strategies

1. Integrated management system for pandemic preparedness and response
2. Avian influenza surveillance in animal and human
3. Prevention and containment of outbreak
4. Establishment of risk communication

Key Activities

Interpandemic Phase

1. Integrated Management System for Pandemic Preparedness and Response

Objective: To establish an effective and efficient mechanism for the management of avian influenza preparedness and response

- **Multi-stakeholders National Task Force (NTF).**

Avian Influenza is a complex problem that requires the involvement of multi-stakeholders in order to minimize the risk of introduction and spread of new influenza subtype in Timor-Leste. Therefore a National Task Force that comprises of multi-stakeholders is necessary to ensure an effective and efficient management of preparedness and response to avian influenza pandemic. Technical working group will also be developed to support the NTF.

National Task Force for Avian Influenza

Structure:

Chairperson : Vice Ministro da Saúde
Co-Chairperson : Vice Ministro Floresta e Café

Members:

- Director of Health Services, MoH
- National Director for Agriculture and Livestock, MAFF
- Director of Livestock, MAFF
- Focal Point for Emergency and Disaster Preparedness- to Liaise with NDMO
- Head of Laboratory Services, Ministry of Health
- Head, Central Laboratory, Ministry of Health
- Director, National Hospital or appropriate representative
- Head, East Timor Medical Association
- Director of Quarantine Services, MAFF
- Ministry of Transportation, Communication, and Public Works
 - Airport Authority
 - Seaport Authority
- Border Control Department, Ministry of Planning and Finance
- Ministry of Interior
- FAO
- WHO
- Unicef
- AusAid
- USAID
- UNOTIL Clinic Services

Mandate:

Coordinate the management of avian influenza pandemic preparedness and response, and mobilize resources from the government and other sources to support the response.

Specific Tasks and Responsibilities:

The task force, through regular communications, shall:

1. Establish and maintain communication with the WHO and FAO regarding the regional and global situation of avian flu pandemic
2. Establish effective surveillance system for early detection of avian flu among humans and animals and to monitor the transmission and spread of disease, if any
3. To determine phasing of Avian Influenza pandemic in the country through consultation with the expert committee
4. Provide information on case definition and common complications associated with avian influenza to the health care providers based on the recent findings
5. Provide information on anti-epidemic measures to prevent spread of avian influenza among the chicken
6. Provide accurate information to the general public to be done through the Protocol and Communications Office of the Ministry of Health and Ministry of Agriculture jointly.
 - The Ministry of Agriculture shall be responsible for the surveillance and containment of avian influenza outbreak among animal
 - The Central Laboratory will be responsible for managing human clinical samples and samples from dead birds and chicken.
 - The UNOTIL health facilities shall primarily serve UN employees and military personnel. Any assistance for clinical and laboratory management shall be discussed accordingly.

Technical Working Group:

Structure:

Chairperson : Head, Department of CDC, MoH

Co-Chairperson : Head, Department of Livestock, MAFF

Members:

- Surveillance Officer, MoH
- NHGV specialist for AI/Infection Control
- Representative from ETMA
- Animal Health Officer, MAFF
- Quarantine Officer, MAFF
- WHO
- FAO

Tasks:

1. Review the epidemiological situation in human and avian population
2. Make appropriate recommendations based on the situation analysis

- **Development of Mechanisms to Manage Avian Influenza Prevention and Outbreak Containment**

MoH and MAFF are the lead ministries in the prevention and control of avian influenza outbreak.

Mechanisms of sharing information, training resources, and expertise between MoH and MAFF has been established. MAFF will inform MoH if any suspected avian influenza outbreak in animal and Technical Working Group (TWG). Field investigation will be carried out by MAFF and MoH team. The results of investigation then should be shared with TWG and NTF.

2. Avian Influenza Surveillance and Response

Objectives: To ensure early detection of avian influenza in animal as well as in human, to properly contain avian influenza outbreak in animal and human, and continuously monitor and evaluate the situation of virus transmission

2.1. Avian Influenza Surveillance in Human

- **Existing disease surveillance system in Timor Leste**

Department of Communicable Disease Control of Ministry of Health Influenza coordinates Integrated Disease Surveillance (IDS) to monitor epidemic prone diseases including acute respiratory illness. To ensure early detection of unusual event, all health facilities must report on weekly basis. Immediate notification within 24 hours is applied where suspected outbreak of any diseases occurs. The IDS comprises of three main components: primary health services based, hospital based and laboratory based surveillance.

Data analysis perform routinely to monitor the situation of acute respiratory illness, and to ensure early detection of avian influenza infection in human. MoH share the IDS data with all stakeholders on monthly basis. Prompt information will be provided should an unusual event occurs.

- **Enhanced Surveillance System**

In the event of increasing threat to avian influenza pandemic, the surveillance system must be able to monitor the development of the potential threat, so that, action can be taken immediately to prevent the spread and control the pandemic.

Enhanced surveillance system will be applied based on the risk assessment, and taking into consideration the local and regional risk that a novel influenza virus might emerge or be imported from neighbouring country, infection of novel influenza strain in human has been confirmed, or extensive animal outbreak caused by a novel influenza strain. The enhanced surveillance will monitor:

- Human respiratory infection associated with unusual or unexplained mortality in the area where there is a report of unusual deaths of poultry
- Although currently the commercial bird flocks farming very limited, it would be necessary to monitor the influenza like illness (ILI) among the workers
- Health care workers caring for suspected/confirmed patients, and laboratory workers handling specimens from suspected/confirmed influenza patients

In addition to the above mentioned system, Ministry of Health work with WHO continuously monitor the global and regional situation of Avian Influenza pandemic.

- **Laboratory support**

Adequate specimen is needed for confirmation of avian influenza cases. Collection of specimen requires comprehensive knowledge and skills in the collection method, specimen handling, and protection from infection.

Guidelines for specimen collection and handling, and referral system to international reference laboratory will be developed. Laboratory technician staff will be trained to properly collect and handling specimens, and the use of personal protection. Central laboratory is responsible for the collection and handling of human specimens.

Ministry of Health will work with the WHO country office for specimen transportation to the designated international reference laboratory.

Rapid antigen detection kit is available at the Central Laboratory, and it can be used during case investigation and/ or outbreak investigation.

- **Capacity Building**

In order to adequately response to avian influenza outbreak, basic knowledge for managing avian influenza outbreak is required for health staff. MoH will develop guidelines on basic knowledge of avian influenza, procedures for the implementation of enhanced surveillance system, and outbreak response to National staff, all District Public Health Officers, and Communit Health Centers' manager.

Guidelines on specimen collection, handling, storage, and refferal will be developed and designated laboratory staff will be trained.

2.2. Avian Influenza Surveillance in Animal

Department of Livestock, Ministry of Agriculture, Forestry, ad Fisheries (MAFF) responsible for the implementation of Avian Influenza surveillance in animals, particularly poultry. To ensure early detection of AI outbreak in animal, MAFF is implementing the following main strategies:

- a. Animal Health Reporting System. Community is requested to immediately report to village livestock workers or local authority if they found 5 – 10 or more chicken deaths within one week in their neighborhood
- b. Routine Survey among poultry.

- Serological test is performed regularly among poultry in high risk area and fighting cocks using rapid diagnostic test kit
 - Virus isolation from swab samples of healthy and suspected/sick poultry
- c. Referral system of animal specimen for virus isolation to International Reference Laboratory. At the moment all specimens are sent to Australian Animal Health Laboratory (AAHL) in Geelong, Melbourne, Australia

Rapid diagnosis using Rapid Diagnostic Test will be done at Central Laboratory

Department of Livestock, MAFF will establish a network of veterinarians from Department of Livestocks, Universities, and NGOs in Timor Leste to monitor the situation of AI infections in animal based on the available data, and provide recommendations to MAFF.

- **Coordination with Indonesia**

Timor Leste and Indonesia are the members of Technical Cooperation Program on HPAI organized by FAO. In addition, Timor Leste, Indonesia, Australia, and PNG are members of Quadripartite on Animal Health, Plant Protection, and Quarantine. These two forums will facilitate the coordination and establishment of network between the countries.

Informal network and coordination with West Timor/Indonesia Health Authorities has been established to facilitate information sharing on animal health including Avian Influenza. This informal coordination will be formalized at Ministries level on matters of mutual concern.

The first informal meeting was held in Kupang on 2 – 3 August 2005. One of the major concerns from both countries is the unavailability of *Natural Barrier*, and both countries agreed to share information on animal health.

3. Prevention and containment of outbreak

Objective: To prevent the transmission of avian influenza to human and prevent the spread of outbreak if it occurs

- **Increase community understanding and awareness**

The goal of public communication is to provide an effective community-focused campaign in support of national strategy to protect Timor Leste from the spread of Avian Influenza.

A working group consisting of staff from the Ministry of Health and the Ministry of Agriculture has been established and collaboratively developed IEC materials with different key messages for interpandemic, pandemic alert and pandemic phase. and public communication strategies.

- **Response and Control to Avian Influenza Outbreak in Animal**

To strengthen the capacity on the management of avian influenza outbreak and response in Timor Leste, MAFF has trained their staff in Bangkok on the identification and management of avian influenza outbreak in animal.

To ensure optimal and proper response to avian influenza outbreak MAFF is developing strategy and guidelines to prevent and control outbreak in animal, and to establish coordination with Ministry of Interior, and other relevant institution. District Livestock Officer (DLO) will be trained on the procedure to destroy sick animals and their carcasses, disinfect the farms, and the use of personal protective equipment.

Field Investigation Rapid field investigation will be carried out in affected areas to assess the magnitude of the problems, the spread of the disease in animal and threat to human health.

Immediate cessation on the movement of poultry and poultry product from known infected areas. Following a report of suspected infection, investigation team will immediately perform epidemiologic investigation, including collection of specimens, and determine the status of the affected area. Immediate cessation and restriction of movement of poultry and poultry product will be applied if the epidemiological evidence revealed the occurrence of AI infection.

Rapid destruction of infected poultry and poultry product at high risk infection. In the event of AI outbreak, stamping-out should be done on all village poultry population. Government should consider the provision of compensation to the community.

Disposal of carcasses and potentially infective material in a biosecure and environmentally sustainable manner.

Disinfection of poultry farms and associated premises

- **Border Control**

Measures implemented at the border checkpoints is one of the key defences against the importation of avian influenza to Timor Leste. To facilitate an effective control measures, MAFF will work with the Border Control authority. The control measure particularly will be the prevention of illegal importation of poultry from West Timor.

4. Health System Response

The objective is to prepare adequate case management and care of AI patients, and infection control in hospital to reduce the mortality and morbidity

- **Development of guidelines**

A standard procedures and guidelines for the management of AI patients and infection control is being prepared by the National Hospital team. Meanwhile, the laboratory team is preparing procedures and guidelines for the specimen collection, handling, storage, and referral. Training of the hospital and laboratory staff will subsequently take place following the finalization of the guidelines.

- **Designated Hospital and Staff for AI Patients Treatment and Care**

At the moment only five hospitals are available in Timor Leste located in different five districts. Three medical doctor and three nurses from three hospitals (National Hospital

Guido Valadares, Hospital Baucau, and Hospital Maliana) has been trained in Bangkok on the clinical management and treatment of avian influenza.

National Hospital Guido Valadares Dili (NHGV) is designated as referral hospital in the management and care suspected/ confirmed avian influenza patients.

Trained doctors and nurses will be the focal person for avian influenza in those three hospitals, and their responsibilities are:

- Ensure the triage, isolation/cohorting room, antiviral, medical supplies are available,
- Treat and care of avian influenza patients according to standard protocol.
- Provide information on avian influenza to medical staff in their hospital
- Train doctors and nurses from Oecusse, Covalima hospitals on Avian Influenza and referral system

- **Stockpiling Antivirals, PPE, Rapid Diagnostic Kits, and other Supplies**

MoH is keep maintaining stockpile of Tamiflu, antibiotics, antipyretics, PPE, and rapid diagnostic kits. Storage and distribution of these supplies will follow the current MoH storage system.

To activate the distribution of the medicines and supplies, Director of the hospital or Head of affected District Health Office provides written request to the Minister of Health.

Surveillance officer will routinely check the availability of the medicine, PPE, and medical supplies, including expired date of medicine, using standard stock-checklist (**annex 3**). Focal persons has been assigned to be responsible for the management and delivery of avian influenza medicine and supplies.

Supplies	Storage	Institution	Focal Person	Contact Number
Tamiflu	SAMES	MoH	Mr. Domingus	
Antibiotics	SAMES	MoH		
PPE	SAMES	MoH		
Medical supplies	National Hospital Dili	MoH	Dr. Anna	
Laboratory supplies	Central Laboratory	MoH	Agusto Tolan	

5. **Communication**

The objective is to create community awareness and participation of the civil society and private sectors

- **Delivery of Messages to Diverse Audiences**

Media. Media have a key role in communicating information given their ability to reach a large audience rapidly, therefore it is essential to establish a network with electronic and news media to disseminate the up to date information about the disease to the community.

Churches, NGO and Community Based Organization(CBO). MoH will maintain network with churches, NGOs, and CBO for delivering messages to the community, and promoting

community participation in the detection, prevention and control of avian influenza outbreak.

- **Familiarize news media and other relevant groups of organization.**
Media need to be briefed so that sensible and non-sensational messages are printed and broadcast

Pandemic Alert Phase

1. Integrated Management System for Pandemic Preparedness and Response

Objective: To establish an effective and efficient mechanism for the management of avian influenza preparedness and response

- **Multi-stakeholders National Task Force.**
National Task Force will conduct regular meeting to:
 - Ensure preparedness and response activities are implemented properly
 - Monitor the global and regional situation, and assess the national situation of avian influenza infection
 - Plan to organize meeting as necessary with all relevant stakeholders including government sectors, private sectors, and civil society to update the current situation of avian influenza infection in the country
 - Prepare for imminent pandemic
 - Ensure international collaboration for information sharing, technical assistance and coordination of emergency response
 - Alert the DHOs and Hospital's director for immediate notification of suspected avian influenza case in human, and prepared for immediate response

2. Avian Influenza Surveillance and Response

Objectives: To monitor the transmission of AI in human, properly contain outbreak, and identify the target population or geographical area for targeting the intervention.

- **Avian Influenza Surveillance in Human**
Maintain the surveillance system and ensure immediate notification of suspected avian influenza cases or unusual cluster of ILI from all reporting sites. Hospital based active surveillance for ILI is activated in five districts (Baucau, Bobonaro, Dili, Covalima, Oecusse).

Implement the case-based reporting policy to identify cases and contacts and to monitor geographical spread of the disease

Continue to perform epidemiological analysis of surveillance and other relevant epidemiological data to monitor the situation of pandemic, and identify high risk population or areas for targeting the intervention.

- **Laboratory support**
Ensure adequate collection and transport of specimens—if any—to reference laboratory for virological characterization

3. Prevention and containment of outbreak

Objective: To prevent or delay the spread AI in human

- **Community Understanding and Awareness**

An Influenza pandemic will affect large numbers of people, and there will be concern and confusion amongst the general public. In order to manage public concerns and fear, and raise community awareness, the public must be kept well informed with factual and up to date information through an effective public communication strategy.

Public communication will be delivered through network of media, churches, NGOs, and CBOs using health promotion material that has been prepared to be used during pandemic alert phase

- **Epidemiological investigation**

Investigation team will be deployed immediately to the affected area to collect the epidemiological data, history of contact, and collect specimens. Contact tracing will also be carried out during the field investigation.

- **Infection Control Measures in Hospital**

a. Isolation. Isolate the patient in a single room. If a single room is not available, cohort patients separately in designated rooms or wards.

b. Reinforce Standard Precautions. Appropriate personal protection equipment (PPE) for HCWs attending the suspected/confirmed cases and all those entering patients' room.

c. Restriction. Limit number of HCWs, hospital staff and visitors that are entering patients' room

d. Monitoring the status of health of HCW. All HCWS attending the suspected and laboratory workers should be monitored for early detection of influenza infection. HCW suspected infected with influenza should be treated and isolated accordingly

4. Health System Response

- **Stockpiling Antivirals, PPE, Rapid Diagnostic Kits, and other Supplies**

MoH will keep maintain the stockpile of Tamiflu, antibiotics, antipyretics, PPE, and rapid diagnostic kits.

- **Antiviral**

Antiviral drugs are effective for treatment influenza, if administered within 48 hours following the onset of illness. Antiviral will provided to AI patient and close contacts

As recommended by the WHO, Oseltamivir is the preferred antiviral for the treatment a AI. Treat all suspected and confirmed patients one year and above with Tamiflu (Oseltamivir) 75 mg orally, twice daily for 5 days as early in the clinical course as possible.

- **Maintain Essential Services**

Influenza pandemic could disrupt the provision of essential services due to the high burden to manage and care suspected AI patients and inadequate number of health care staff. Therefore MoH will develop contingency plan to maintain provision of essential services by mobilizing all health system, additional workforce and volunteers, and strategies to ensure support and protection to the health staff.

5. **Communication**

Continue to use the available communication channel and strategies to deliver messages to the public

Pandemic Phase

1. Integrated Management System for Pandemic Preparedness and Response

Objective: To establish an effective and efficient mechanism for the management of response to avian influenza pandemic

- **Multi-stakeholders National Task Force.**

National Task Force will conduct regular meeting to:

- Evaluate the situation of avian influenza infection
- Evaluate the implementation of pandemic response and essential services
- Ensure international collaboration for information sharing, technical assistance and coordination of emergency response
- Activate emergency contingency plan

2. Avian Influenza Surveillance and Response

Objectives: To monitor the transmission of AI in human, and effectiveness of pandemic response.

Continue surveillance system and epidemiological analysis as in pandemic alert phase. The case based reporting might need to be discontinued as the disease activity intensifies.

Start to implement surveillance system to monitor the adverse reaction of the treatment.

3. Prevention and containment of outbreak

Objective: To prevent or delay the spread of AI in human

- **Community Understanding and Awareness**

Continue the publicity as in pandemic alert phase. Use key messages for pandemic phase, provide factual information to the public, intervention has been taken by MoH. Counter disinformation, remove public anxiety and hysteria.

- **Infection Control Measures in Hospital**

Continue the infection control in pandemic alert phase, stringent infection control to prevent nosocomial infection need to be implemented in hospital setting

4. Health System Response

- **Stockpiling Antivirals, PPE, Rapid Diagnostic Kits, and other Supplies**

Closely monitor the stocks of antiviral, antibiotics, and other necessary medical supplies to ensure adequate amount of antiviral, medicine, medical supplies, and PPE to response to the pandemic

- **Antiviral and patient's care**

The use of antiviral and patient's management care should be continued as in previous pandemic phase

- **Maintain Essential Services**

Assess the burden and any possible disruption essential services, and activate contingency plan for maintaining essential services based on the results of the assessment.

Doctors and nurses attending the suspected/ confirmed avian influenza patients should use full personal protection equipment, and they should encourage to self-monitor their body temperature

5. Communication

Continue to use the available communication channel and strategies to deliver messages to the public

Action Plan

INTERPANDEMIC PERIOD

Phase 1	<ul style="list-style-type: none"> • No new influenza virus subtypes have been detected in human outside the country or in Timor Leste • Infection maybe present in animal outside the country or in Timor Leste • The risk of human infection is considered to be low 	
Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Ensure the preparedness to response to the introduction of avian influenza to Timor Leste: <ul style="list-style-type: none"> ◦ Readiness of designated hospital ◦ Availability of antiviral, medical supplies, and personal protection equipment 	NTC
Surveillance System	<ul style="list-style-type: none"> • Liase with WHO to obtain global/regional influenza situation • To ensure the surveillance system is in place and able to detect unusual cluster of influenza cases in human and animal 	MoH, MAFF
Prevention and Containment	<ul style="list-style-type: none"> • Prepare health promotion material and identify the availability of communication methods, and distribution system 	MoH, MAFF
	<ul style="list-style-type: none"> • Review and maintain stockpile of antiviral, personal protection equipment (PPE) for health care and laboratory workers • Develop the distribution system of antiviral, PPE and other logistics 	MoH, MAFF
Health System Response	<ul style="list-style-type: none"> • Designate isolation room for AI patients at NHGV • Designate doctors and nurses for attending influenza patients • Plan for the management and treatment of AI patients is in place • Designate person responsible for the management and distribution of antiviral, PPE, and other logistics Plan for patient treatment and care is in place 	NHGV
Communication	<ul style="list-style-type: none"> • Establish communication strategy for immediate reporting system and dissemination of information 	MoH, MAFF

Phase 2A.	<ul style="list-style-type: none"> • Infection present in animal • No new influenza virus subtypes have been detected in human • Risk of human infection is substantially high
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Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps • Convene regular meeting to access and determine the phase of pandemic alert in Timor Leste based on the available evidence 	NTC, WHO
Surveillance System	<ul style="list-style-type: none"> • Liaise with WHO to obtain global/regional influenza situation • Maintain routine surveillance • Setting up sentinel surveillance for early detection of avian influenza in human 	MoH, WHO, Hospitals, DHS, ETMA
	<ul style="list-style-type: none"> • Enhanced AI surveillance in animal 	MAFF
	<ul style="list-style-type: none"> • Report unusual cluster of deaths of animals to the health/livestock officers 	Community
Prevention and Containment	<ul style="list-style-type: none"> • Provide information to the health care workers at all level about avian influenza • Restriction of importation related to species of animal and animal products from affected countries • Distribute health promotion material on avian influenza through DHS • Public education on avian flu and to report unusual deaths of animals to the health/live stock workers 	DHS, MoH, MAFF
	<ul style="list-style-type: none"> • Review and maintain stockpile of antiviral, 	MoH
Health System Response	<ul style="list-style-type: none"> • Plan for patient treatment and care is in place • Ensure isolation room for AI patients • Ensure availability of doctors and nurses for attending suspected/confirmed influenza patients • Review and maintain stockpile of PPE for health care and laboratory workers 	NHGV
Communication	<ul style="list-style-type: none"> • Review the available communication strategy for immediate reporting system and dissemination of information • Inform poultry farms about the novel strain of influenza virus • Travel advisory to the travelers to affected country 	MoH, MAFF

Phase 2B.	<ul style="list-style-type: none"> • Animal Infection present in animal in Timor Leste • No new influenza virus subtypes have been detected in human • Risk of human infection in Timor Leste is substantially high 	
Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Declaration of phase 2B based on the available evidence • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps 	NTC
Surveillance System	<ul style="list-style-type: none"> • Liase with WHO to obtain global/regional influenza situation • Maintain routine surveillance • Establish sentinel surveillance for early detection of avian influenza in human. • Liase with WHO and FAO to establish the specimen referral system to international laboratory 	MoH, Hospitals, DHS, ETMA, WHO, FAO
	<ul style="list-style-type: none"> • Enhance surveillance system on animal • Increased testing of infected flocks and other species 	MAFF
	<ul style="list-style-type: none"> • Report unusual clusters deaths of animals to the health/livestock workers 	Community
Prevention and Containment	<ul style="list-style-type: none"> • Provide information to the health care workers about AI • Inform poultry farms about the novel strain of influenza virus • Restriction of importation related to species of animal and animal products from affected countries • Provide information about avian influenza to the community, when, and where to seek medical care • Public education on avian flu and to report unusual deaths of animals to the health/live stock workers 	MoH, MAFF, Border Control
	<ul style="list-style-type: none"> • Review and maintain stockpile of antiviral, 	
Health System Response	<ul style="list-style-type: none"> • Plan for patient treatment and care is in place • Ensure isolation room for AI patients • Ensure availability of doctors and nurses for attending suspected/confirmed influenza patients • Review and maintain stockpile of PPE for health care and laboratory workers 	NHGV
Communication	<ul style="list-style-type: none"> • Review the available communication strategy for immediate reporting system and dissemination of information • Inform poultry farms about the novel strain of influenza virus • Travel advisory to the travelers • Identify communication strategy for health education and dissemination of information to the community 	MoH, MAFF

PANDEMIC ALERT PERIOD

Phase 3A		
<ul style="list-style-type: none"> • Human infection(s) with a new subtypes overseas • No human to human spread, or at most rare instances of spread to a close contact 		
Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Declaration of pandemic alert 	NTC, WHO
	<ul style="list-style-type: none"> • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps • Convene regular meeting with expert group 	NTC
Surveillance System	<ul style="list-style-type: none"> • Liaise with WHO to obtain global/regional influenza situation, and affected countries • Ensure epidemiological investigation within 24 hours to all reports of possible human cases • Maintain routine surveillance and sentinel surveillance • Maintain sentinel surveillance for early detection of avian influenza in human. • Laboratory test using rapid antigen detection kit to identify infection to influenza A • Increase collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases • Health screening of incoming passenger using questionnaire • Explore possibility for border screening • Ensure specimen referral system in place 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
Prevention and Containment	<ul style="list-style-type: none"> • Update health staff at district and CHC on avian influenza • Increase awareness of health staff to report cluster of ILI or unusual deaths due to acute respiratory illness or unknown causes • Implement health screening to the incoming airplane passengers using questionnaire • Provide information on avian influenza to incoming travelers, when, and where to seek medical care • Distribute health promotion material on avian influenza • Health education to the public on avian influenza and health measures, when and where to seek medical care 	MoH, DHS
	<ul style="list-style-type: none"> • Review and maintain stockpile of antiviral, 	MoH, Sames
Health System Response	<ul style="list-style-type: none"> • Update hospital staff on avian influenza • Review the readiness of hospital for the management and treatment of suspected/confirm avian influenza <ul style="list-style-type: none"> ○ Plan for patient treatment and care is in place ○ Ensure isolation room for AI patients available ○ Ensure availability of doctors and nurses for attending suspected/confirmed influenza patients • Review and maintain PPE for health care and laboratory workers 	Hospital

Phase 3B	<ul style="list-style-type: none"> Human infection(s) with a new subtypes occurs in Timor Leste No evidence of human to human spread in Timor Leste, or at most rare instances of spread to a close contact
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Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> Declaration of pandemic alert 	NTC, WHO
	<ul style="list-style-type: none"> Assess preparedness status Identify any gaps and take immediate action to fill the gaps Convene monthly meeting to review the effectiveness of response, and review the magnitude and the burden of health services 	NTC
Surveillance System	<ul style="list-style-type: none"> Enhance surveillance to monitor contacts Perform epidemiological investigation within 24 hours to all reports of possible human cases Maintain routine surveillance and sentinel surveillance Laboratory test using rapid antigen detection kit to identify infection to influenza A Contact tracing and investigation Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected AI cases Ensure specimen referral system in place 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
	<ul style="list-style-type: none"> Establish community network to detect suspected avian influenza cases 	Community
Prevention and Containment	<ul style="list-style-type: none"> Update health staff at district and CHC, and DLO on AI Increase awareness of health staff and livestock officers to report cluster of ILI or unusual deaths Provide information on avian influenza to incoming travelers, when, and where to seek medical care. Prepare for implementing quarantine Distribute health promotion material on avian influenza to community, primary health care, hospital, private clinics and practitioners Health education to the public on avian influenza and health measures, when and where to seek medical care 	MoH, MAFF, DHS
	<ul style="list-style-type: none"> Review and increase the stockpile of antiviral, 	MoH, Sames
Health System Response	<ul style="list-style-type: none"> Update hospital staff on avian influenza All suspected cases should be isolated in isolation room All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol Review and increase the stockpile of PPE 	Hospital
Communication	<ul style="list-style-type: none"> Ensure the availability of communication strategy for immediate reporting system and dissemination of information Identify communication strategy for health education and dissemination of information to the community Provide information to international and domestic travelers on risk to avoid, symptoms, and where to seek care 	MoH, MAFF

Phase 4A	<ul style="list-style-type: none"> • Small cluster(s) with limited human to human transmission overseas, but • Spread is highly localized
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Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Declaration of phase 4A 	NTC, WHO
	<ul style="list-style-type: none"> • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps • Convene monthly meeting to monitor the current situation in the country, regionally/globally, and countries affected 	NTC
Surveillance System	<ul style="list-style-type: none"> • Perform epidemiological investigation within 24 hours to all reports of possible human cases • Continue to monitor contacts • Maintain routine surveillance and sentinel surveillance • Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases • Ensure specimen referral system in place 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
	<ul style="list-style-type: none"> • Maintain community network 	Community
Prevention and Containment	<ul style="list-style-type: none"> • Update health staff at district and CHC, and DLO on AI • Increase awareness of health staff, and livestock officers to report cluster of ILI or unusual deaths • Provide information on avian influenza, when, and where to seek medical care to incoming travelers. • Distribute health promotion material on avian influenza to community, primary health care, hospital, private clinics and practitioners • Health education to the public on avian influenza and health measures, when and where to seek medical care 	MoH, DHS
	<ul style="list-style-type: none"> • Review and increase the stockpile of antiviral, personal protection equipment (PPE) for health care and laboratory workers 	MoH, Sames
Health System Response	<ul style="list-style-type: none"> • Update hospital staff on avian influenza • All suspected cases should be isolated in isolation room • All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol • Use of personal protection equipment by HCWs attending AI patients and AI patients' visitors 	Hospital
Communication	<ul style="list-style-type: none"> • To ensure the availability of communication strategy for immediate reporting system and feedback • Identify communication strategy for health education and dissemination of information to the community 	MoH, MAFF

Phase 4B		<ul style="list-style-type: none"> • Small cluster(s) with limited human to human transmission in Timor Leste • Spread is highly localized
Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Declaration of phase 4B 	NTC, WHO
	<ul style="list-style-type: none"> • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps • Convene monthly meeting with expert group to assess the current situation and effectiveness of intervention • Develop contingency plan to anticipate larger outbreak in the country 	NTC
Surveillance System	<ul style="list-style-type: none"> • Perform epidemiological investigation within 24 hours to all reports of possible human cases • Enhance surveillance to monitor contacts • Maintain routine surveillance and sentinel surveillance • Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases • Surveillance ILI in HCWs attending suspected/confirmed avian influenza patients and laboratory workers • Ensure specimen referral system in place 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
	<ul style="list-style-type: none"> • Maintain community network 	Community
Prevention and Containment	<ul style="list-style-type: none"> • Update health staff at district and CHC on avian influenza • Increase awareness of health staff to report cluster of ILI or unusual deaths • Provide information on avian influenza, when, and where to seek medical care to incoming travelers. • Distribute health promotion material on avian influenza to community, primary health care, hospital, private clinics and practitioners • Health education to the public on avian influenza and health measures, when and where to seek medical care 	MoH, DHS
Health System Response	<ul style="list-style-type: none"> • Review and maintain the stockpile of antiviral, 	MoH, Sames
	<ul style="list-style-type: none"> • Update hospital staff on avian influenza • All suspected cases should be isolated in isolation room • All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol • Use of personal protection equipment by HCWs attending AI patients and AI patients' visitors • Antiviral for HCWs exposed to cases • Review and maintain stockpile of PPE for health care and laboratory workers 	Hospital
Communication	<ul style="list-style-type: none"> • To ensure the availability of communication strategy for immediate reporting system, feedback, and dissemination of information • Identify communication strategy to deliver messages to the domestic and international travelers 	MoH, MAFF

Phase 5A	<ul style="list-style-type: none">• Larger cluster(s) but human to human spread still localized suggesting that the virus is becoming increasingly better adapted to human, but may not yet fully transmissible	
Action		Responsibility
Integrated Management	<ul style="list-style-type: none">• Declaration of phase 5A	NTC, WHO
	<ul style="list-style-type: none">• Assess preparedness status• Identify any gaps and take immediate action to fill the gaps• Convene monthly meeting with expert group to access the current situation and effectiveness of intervention• Prepare plan for mobilizing doctors and nurses to NHGV, and transportation for patients referral• Implement contingency plan as appropriate	NTC
Surveillance System	<ul style="list-style-type: none">• Perform epidemiological investigation within 24 hours to all reports of possible human cases• Enhance surveillance to monitor contacts• Maintain routine surveillance and sentinel surveillance• Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases• Surveillance ILI in HCWs attending suspected/confirmed avian influenza patients and laboratory workers• Ensure specimen referral system in place	MoH, Hospitals, DHS, ETMA, WHO, MAFF
Prevention and Containment	<ul style="list-style-type: none">• Update health staff at district and CHC on avian influenza• Increase awareness of health staff to report cluster of ILI or unusual deaths• Provide information on avian influenza, when, and where to seek medical care to incoming travelers.• Distribute health promotion material on avian influenza to community, primary health care, hospital, private clinics and practitioners• Health education to the public on avian influenza and health measures, when and where to seek medical care• Antiviral for contacts	MoH, DHS
	<ul style="list-style-type: none">• Review and maintain the stockpile of antiviral,	MoH, Sames
Health System Response	<ul style="list-style-type: none">• Update hospital staff on avian influenza• All suspected cases should be isolated in isolation room• All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol• Use of personal protection equipment by HCWs attending AI patients and AI patients' visitors• Antiviral for HCWs exposed to cases• Review and maintain PPE for health care and laboratory workers	Hospital
Communication	<ul style="list-style-type: none">• Maintain the availability of communication strategy for immediate reporting system, feedback, and dissemination of information• Maintain communication strategy to deliver messages to the domestic and international travelers	MOH

Phase 5B	<ul style="list-style-type: none"> • Larger cluster(s) of infection occurs in Timor Leste • Localized human to human transmission in Timor Leste
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Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Declaration of phase 5B 	NTC, WHO
	<ul style="list-style-type: none"> • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps • Convene monthly meeting with expert group to assess the current situation and effectiveness of intervention • Prepare plan for mobilizing doctors and nurses to NHGV, and expanding isolation places as appropriate 	NTC
Surveillance System	<ul style="list-style-type: none"> • Perform epidemiological investigation within 24 hours to all reports of possible human cases • Enhance surveillance to monitor contacts • Maintain routine surveillance and sentinel surveillance • Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases • Surveillance ILI in HCWs attending suspected/confirmed avian influenza patients and laboratory workers • Ensure specimen referral system in place • Identify priority groups for interventions • Monitor the burden of disease and assess the impact on health and other essential services 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
	<ul style="list-style-type: none"> • Maintain community network 	Community
Prevention and Containment	<ul style="list-style-type: none"> • Update and distribute detection of cases • Update and reinforce alert messages to public and private health care facilities • Provide information on avian influenza, when, and where to seek medical care to incoming travelers. • Health education to the public on avian influenza and health measures, when and where to seek medical care • Antiviral for contacts 	MoH, DHS
	<ul style="list-style-type: none"> • Review and maintain the stockpile of antiviral, 	MoH, Sames
Health System Response	<ul style="list-style-type: none"> • Update hospital staff on avian influenza • All suspected cases should be isolated in isolation room • All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol • Use of personal protection equipment by HCWs attending AI patients and AI patients' visitors • Antiviral for HCWs exposed to cases • Review and maintain the stockpile of PPE • Prepare contingency plan to anticipate larger outbreak in the country 	Hospital

Communication	<ul style="list-style-type: none">• Maintain the availability of communication strategy for immediate reporting system, feedback, and dissemination of information• Maintain communication strategy to deliver messages to the domestic and international travelers	MoH
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PANDEMIC PHASE

Phase 6A		• Increased and sustained transmission in general population overseas
Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> • Declaration of pandemic • Declaration of phase 6A 	NTC, WHO
	<ul style="list-style-type: none"> • Assess preparedness status • Identify any gaps and take immediate action to fill the gaps • Convene more frequent meeting as appropriate with expert group to assess the current situation and effectiveness of intervention • Assess the capacity and readiness of NHGV to anticipate higher burden • Prepare contingency plan to mobilize resources from national as well as international sources • Explore the possibility of vaccine use in consultation with the WHO 	NTC
Surveillance System	<ul style="list-style-type: none"> • Perform epidemiological investigation within 24 hours to all reports of possible human cases • Enhance surveillance to monitor contacts • Maintain routine surveillance and sentinel surveillance • Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases • Surveillance ILI in HCWs attending suspected/confirmed avian influenza patients and laboratory workers • Ensure specimen referral system in place 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
Prevention and Containment	<ul style="list-style-type: none"> • Update and distribute detection of cases • Update and reinforce alert messages to public and private health care facilities • Provide information on avian influenza, when, and where to seek medical care to incoming travelers. • Health education to the public on avian influenza and health measures, when and where to seek medical care • Antiviral for contacts 	MoH, DHS
	<ul style="list-style-type: none"> • Review and maintain the stockpile of antiviral, 	MoH, Sames
Health System Response	<ul style="list-style-type: none"> • Update hospital staff on avian influenza • All suspected cases should be isolated in isolation room • All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol • Use of personal protection equipment by HCWs attending AI patients • Antiviral for HCWs exposed to cases • Review and maintain the stockpile of PPE • Activate contingency plans for case management capacity • Restriction of visitors to the designated hospital 	Hospital

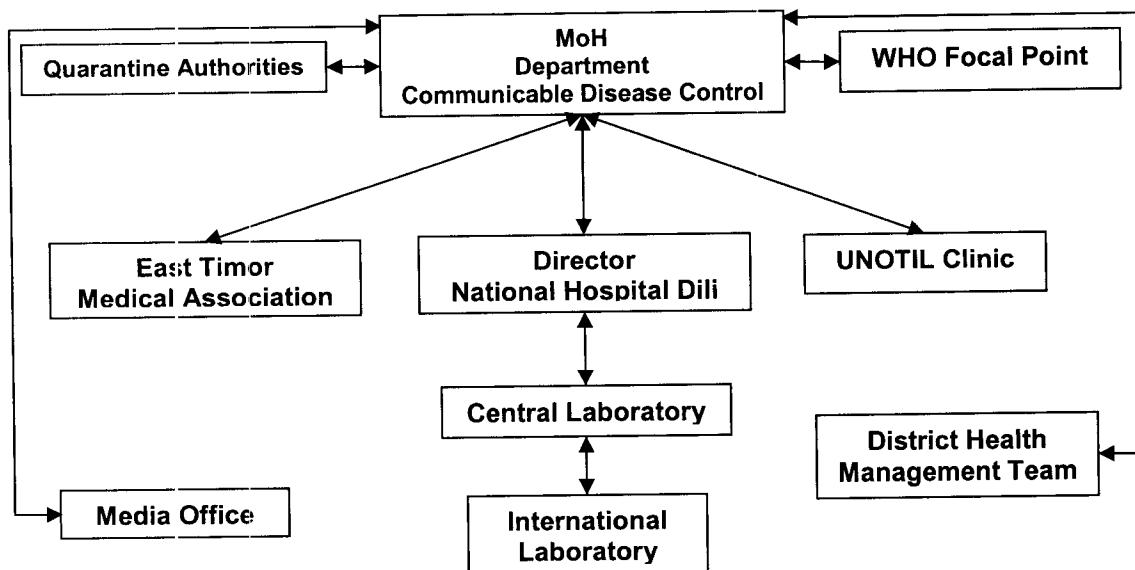
Communication	<ul style="list-style-type: none">• Maintain the availability of communication strategy for immediate reporting system, feedback, and dissemination of information• Maintain communication strategy to deliver messages to the domestic and international travelers	
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Phase 6B	<ul style="list-style-type: none"> Increased and sustained transmission in general population in Timor Leste 	
Action		Responsibility
Integrated Management	<ul style="list-style-type: none"> Declaration of phase 6B 	NTC, WHO
	<ul style="list-style-type: none"> Assess preparedness status Identify any gaps and take immediate action to fill the gaps Convene weekly meeting to assess the current situation and effectiveness of intervention Mobilize doctors and nurses to NHGV, and expanding isolation places as appropriate Mobilize resources from national and international sources as appropriate 	NTC
Surveillance System	<ul style="list-style-type: none"> Perform epidemiological investigation within 24 hours to all reports of possible human cases Enhance surveillance to monitor contacts Maintain routine surveillance and sentinel surveillance Maintain collaboration with ETMA to ensure all private medical practitioner actively report suspected avian influenza cases Ensure specimen referral system in place Monitor the occurrence of infections among health care workers Monitor the adverse events associated with antiviral 	MoH, Hospitals, DHS, ETMA, WHO, MAFF
Prevention and Containment	<ul style="list-style-type: none"> Update and distribute detection of cases Update and reinforce alert messages to public and private health care facilities Provide information on avian influenza, when, and where to seek medical care to incoming travelers. Health education to the public on avian influenza and health measures, when and where to seek medical care Antiviral for contacts 	MoH, DHS
	<ul style="list-style-type: none"> Review and maintain the stockpile of antiviral, 	MoH, Sames
	<ul style="list-style-type: none"> Discourage community visits places and events 	Community
Health Care	<ul style="list-style-type: none"> Update hospital staff on avian influenza All suspected cases should be isolated in isolation room All patients who meet the case definition will be provided with anti-viral treatment and care according to treatment protocol Use of personal protection equipment by HCWs attending AI patients Antiviral for HCWs exposed to cases Activate contingency plans for case management capacity Restriction of visitors to the designated hospital Activate contingency plan Review and maintain the stockpile of PPE 	Hospital

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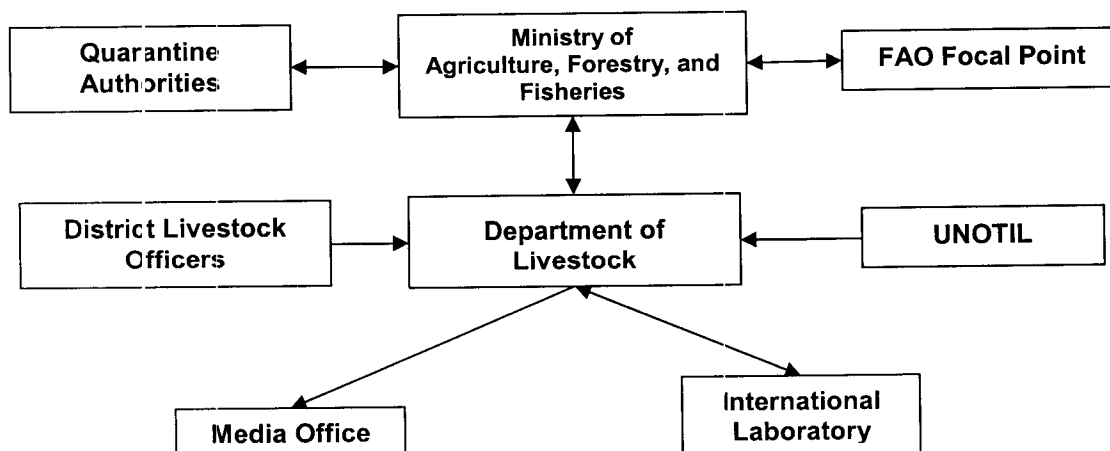
Flow of Information For Preparedness and Response in Human



The central repository of information on human cases of avian influenza will be the Head of Communicable Disease Department of the MoH supported by WHO accordingly.

- The communicable disease district public health officer shall be responsible for dissemination of medical information and collection of epidemiological information in the districts
- The East Timor Medical Association shall assist in the surveillance and management through the private clinics and practitioners.

Flow of Information For Preparedness and Response in Animal



- The central repository of information among the poultry of avian influenza will be the Head of the Department of Livestock, Ministry of Agriculture, Forestry, and Fisheries (MAFF) supported by FAO accordingly.
- The District Livestock Officers shall be responsible for providing information regarding avian flu in the chicken and epizootic situation in the districts.

Stocks of Medicine and Supplies for AI Preparedness and Response

Date: ____/____/____

Checked by:.....

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