

**Government of Kosovo
Ministry of Health
National Institute of Public Health**

**ACTION PLAN FOR THE PREVENTION AND
MANAGEMENT OF INFLUENZA PANDEMIC**

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To be revised on declaration of Phase 4 by WHO

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Abbreviations

NIPHK	National Institute of Public Health of Kosova
RIPH	Regional Institute of Public Health
CDC US	Centers for Disease Control and Prevention
CPHA	Canadian Public Health Association
CIDA	Canadian International Development Agency
WHO	World Health Organization
FMC	Family Medicine Center
HH	Health House
DEM	Department of Emergency Management
MIA	Ministry of Internal Affairs
KVFA	Kosovo Veterinary Food Agency
KPC	Kosovo Protection Corps
KPS	Kosovo Policy Service
UNMIK	UN Implementation Mission Kosovo
KFOR	Kosovo Force (NATO)
PPE	Personal Protection Equipment
SitCen	National Situation Center

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FOREWORD

One of the objectives of the National Strategy of the National Institute of Public Health is to draft the Action Plan for the Prevention and Management of the Influenza Pandemic. The strategy offers a response towards bird flu pandemic (sixth phase according to the WHO).

To date there have been three major world pandemics recorded: Spanish flu in 1918/1919, Asian flu of 1957/58 as well as Hong Kong flu of 1968/69. Based upon historic experience and the biological characteristic of the flu virus there is another inevitable global pandemic anticipated. Hence the preparation and epidemiological response enables the prevention of the initial wave or at least the postponement of the massive burst of pandemic. The impact of pandemic will affect humanitarian as well as economic aspect.

Flu pandemic may occur when a new type of virus emerges and spreads from human to human and a large scale of population are infected.

Therefore the National Committee for the management of bird flu pandemic has comprised an action plan to prevent and manage bird flu pandemic in February 2006. The plan was completed in April 2007 and approved by the Ministry of Health in December 2007.

This Action Plan is a joint result of National Institute of Public Health of Kosovo, WHO Office in Kosovo and Dr Claude de Ville de Goyet, an expert on catastrophic, hence I take this opportunity to thank all participants for their contribution.

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SECTION I. BACKGROUND

The world hasn't been closer to influenza pandemic since 1968. Influenza pandemics are not frequent, but when they emerge, they spread quickly in all countries and may feature high rate of morbidity and fatality.

Influenza pandemic is announced by emergence of "novel" influenza virus, able to infect humans and transmit easily from one person to the other. When such a phenomenon gets to a certain level of local and regional propagation, the global distribution of the virus is inevitable. The new virus of human influenza can appear as pure avian virus, which adapts to humans through gradual mutations, or as a hybrid virus, which contains combined genes from both influenza (human and avian) viruses. Regardless of its origin such a virus is named "novel" because it didn't circulate among humans who don't hold prior immunologic defence.

Theoretically, a considerable number of avian viruses have the potential to evolve into pandemic virus, however at present, what concerns us most is the strain H5N1. Out of 291 confirmed human cases of avian flu reported to WHO, 172 (59%) died as of 11 April 2007.

In the last century alone, three influenza pandemics are known: No data are available on the mortality caused by influenza in Kosovo. Based on estimates of mortality in the USA, the impact of the seasonal epidemics ¹, and of the three pandemics ² on today's Kosovo population ³ could be approximated as follows:

1972-1992	average seasonal Influenza:	56 excess deaths
1918-19	Spanish influenza:	10,000 deaths,
1957-58	Asian influenza:	840 deaths
1968-69	Hong Kong influenza.	450 deaths

Although no one can predict the timing, virulence or speed of transmission of the next pandemic, the inevitability of the recurrence of such a pandemic is accepted by all experts.

¹ Simonsen, L. et Al. The impact of influenza epidemics on mortality: Introducing a severity index. Am. J. public Health. 1997 Dec; 87(12) 1944-50

² US/HHS Pandemic influenza Plan, November 2006

³ Estimated at 2.2 M for this plan)

SECTION II. WHO PHASES OF A PANDEMIC

WHO is dividing the planning process into three periods and six phases with the possibility of intervention in each of them:

NEW PHASES	OVERARCHING PUBLIC HEALTH GOALS
<p>Interpandemic period</p> <p>Phase 1. 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^a of human infection or disease is considered to be low.</p> <p>Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk^a of human disease.</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, national and subnational levels.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p>Pandemic alert period</p> <p>Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.^b</p> <p>Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.^b</p> <p>Phase 5. 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).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.</p>
<p>Pandemic period</p> <p>Phase 6. Pandemic: increased and sustained transmission in general population.^b</p>	<p>Minimize the impact of the pandemic.</p>

^a 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 is 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, and/or other scientific parameters.

^b 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), and/or other scientific parameters.

SECTION III. OBJECTIVES OF THE PLAN:

The prime objective of the plan is to lay out the basis for an effective implementation of the MoH responsibilities in preventing the spread of the avian influenza to human beings and to provide health care and support should a pandemic occur. As the world is presently in phase three, this plan will focus on WHO phases 3 to 6. The specific objectives of the MoH will be distinct for each phase.⁴

For the present plan, it is assumed that the emergence of a novel strain will not take place in Kosovo and therefore that the pandemic will start elsewhere.

Objective in phase 3:

To enable diagnostics and differentiation of the new virus sub-strain, quick detection and prevention or containment measures of human cases.

Objective in phase 4:

If Kosovo is not affected: To strengthen early warning and containment measures and update with a greater sense of urgency the MoH response plans while the country (ies) affected is (are) attempting to stop or slow down the spread of the new virus.

If Kosovo is affected: To minimize the morbidity and mortality and stop the transmission

Objective in phase 5:

To prevent, stop, delay or slow down the transmission of the new virus in Kosovo and finalizing the preparation for the response to a forthcoming pandemic.

Objective in phase 6:

To minimize the morbidity and mortality of the pandemic influenza in Kosovo

⁴ The anticipated duration of the successive phases is unknown. The duration of phase 4 and 5 may be as short as a few weeks. The transmissibility and virulence of the novel strain will determine the timing of the sequence. Experts do not exclude the possibility of a direct transition from phase 4 to phase 6. Consequently, the adoption of critical measures in the plan cannot be contingent upon to the declaration of phase 5 by WHO.

SECTION IV. ACTIVITIES IN PHASES 3, 4 OR 5

During the present phase 3 and a possible phase 4, two scenarios will be considered under this plan according to whether or not there is a suspected or confirmed presence of H5N1 avian influenza in Kosovo.

As transmission to human will be exclusively or overwhelmingly from avian source, the Veterinary and food services (AVUK) of the Ministry of Agriculture will play the leading role in controlling the outbreak. Kosova National Institute of Public Health of the Ministry of Health will focus on protecting the health of individuals in contact with infected birds and of the general population, keeping in mind that ultimately the preventives measures aiming to control the outbreak among avian may have dramatic consequences on human health at local and global levels.

On site, operations of the various institutions will be coordinated by the Department of Emergency Management (DEM) of the Ministry of internal Affairs (MIA).

At national level, the inter-ministerial committee for Avian Influenza will meet under the leadership of the Ministry of Agriculture. As required, this committee will be advised by a panel of experts. The details about terms of reference and panel of experts are given in appendix 7.

4.01 Measures in absence of avian influenza in Kosovo

The Director of the National Institute of Public Health (NIPH) will undertake the following activities:

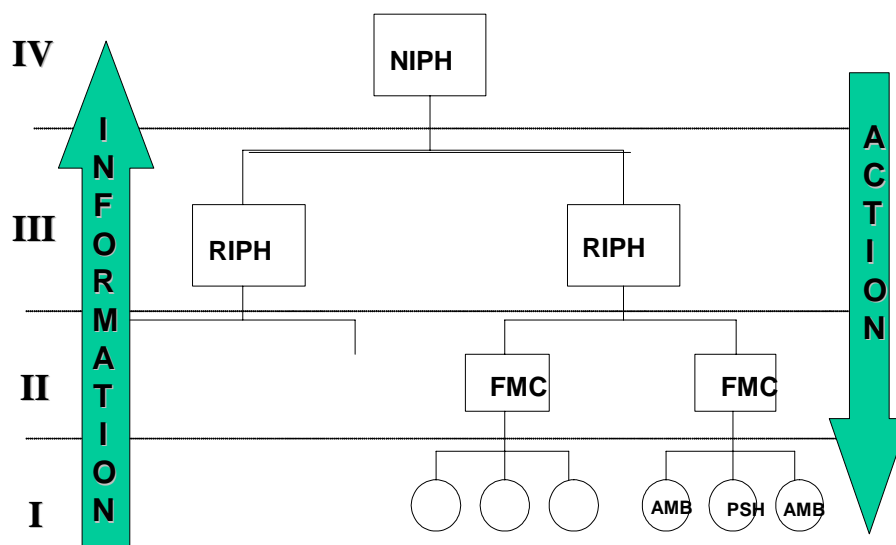
- a) Strengthening of the surveillance and reporting system
- b) Set up of an early warning system
- c) Monitoring of the situation at global level and in particular in neighbouring countries
- d) Training of the health workers
- e) Education of the general population on prevention measures

a) Strengthening of the surveillance and reporting system⁽⁴⁾

1. Strengthening the existing surveillance system during the duration of phase 3 and 4

The regular surveillance system and existing reporting channels will be maintained on a permanent basis and strengthened to enable timely epidemiologic response.

Kosovo Surveillance System Principles (KO-SURV)



All these parts of surveillance system should be clearly defined for each health worker.

A **Case definition** (see the protocol) is provided to assist physicians in early clinical diagnosis of the disease and laboratory confirmation.

b) **Set up of an Early warning system**

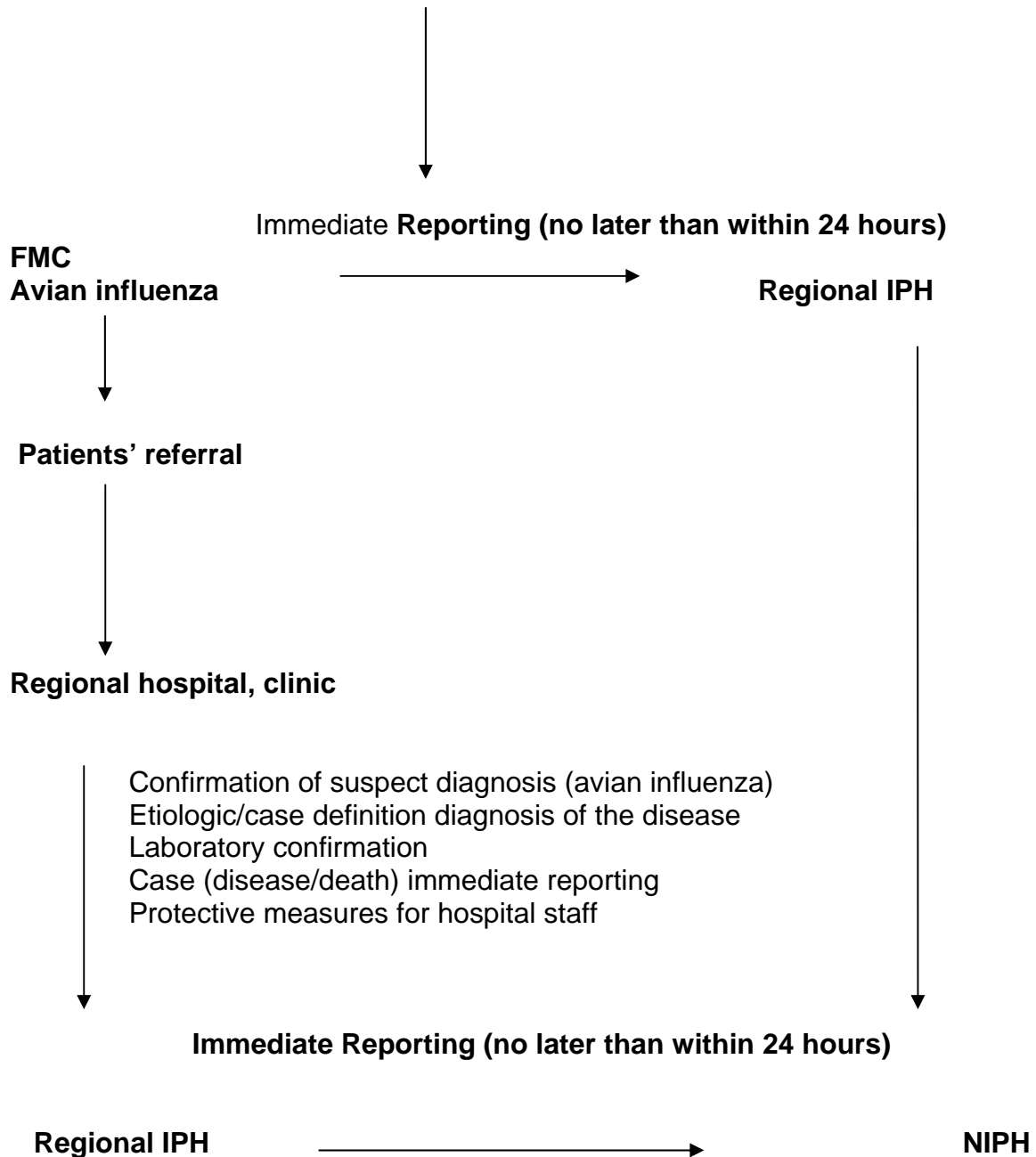
The NIPH will put in place a system as part of general surveillance system aiming to the earliest possible reporting of avian influenza cases through:

- Promoting detection of human cases;
- Supporting epidemiologic research;
- Coordinating clinical research;
- Strengthening risk assessment;
- Strengthening national strategy for prevention and fighting the disease;

The Early Warning System Diagram ⁽⁵⁾

Suspicion for avian influenza

*Health institution: FMC, hospital, clinic,
Suspect case for avian influenza*



c) Monitoring of the situation at global level and in particular in neighbouring countries

The situation of the Avian Influenza at world level will be monitored closely by the NIPH through visits of the official WHO and UN sites. The relevant information will be translated in Albanian and widely circulated through the health sector.

d) Training of the health workers

The health workers will be informed and trained on the measures to be taken in case of introduction of H5N1 in Kosovo as per next section (4.02).

The Ministry of health will collaborate with DEM and KVFA in the organization and conduction of multi sectorial simulations and training exercises which should take place at least every year.

e) Education of the general population on prevention measures

The objective will be to raise the awareness of the risk presented by dead birds, the importance of reporting and the measures to prevent transmission.

The MoH will cooperate closely with the Ministry of Agriculture, WHO and UNICEF for the dissemination of health education messages directed to the general population. .

This activity will be carried out and coordinated by the Multisectorial Communication Working Group established with the financial support of the World Bank.

4.02 Measures in case of presence of H5N1 in Kosovo

In case of report suggesting the possibility (confirmed or not) of the introduction of H5N1 in the avian population in Kosovo:

- The Minister of Health, upon the recommendations of the Director of NIPH, will set up the crisis room at the central level. The Central Room consists of: political director, public health experts, respective clinicians, veterinarians, agronomists, KPC, KPS, UNMIK, KFOR, WHO, UNICEF representatives (names and positions in the Ministry of Health); If deemed appropriate considering the severity of the crisis, the Central Room may use the facilities of the National Situation Centre-SitCen (Office of the Prime Minister).
- The Central Room is assisted by a panel of public health experts convened by the Ministry of Health. The terms of reference of this Expert panel are described in appendix 7.
- The director of the NIPH will immediately undertake the following activities in consultation with the crisis room and in coordination with other actors in the inter ministerial committee on Avian Flu:

- a. Strengthening the disease surveillance and early warning system;
- b. Informing the National Situation Centre and WHO office
- c. Use of seasonal vaccine;
- d. Outbreak prevention in focus (family);
- e. Outbreak prevention in field teams;
- f. Outbreak prevention in Health Institutions (nosocomial infection);
- g. Border control;

a) Strengthening the disease surveillance and early warning system

The surveillance measures and early warning system will be strengthened.

The definition of case and technical guidelines (revised if appropriate) will be immediately re-circulated to the private or public health institutions likely to receive individuals who have been in contact with the suspect or confirmed bird source of infection.

All health services and private physicians will be reminded of the obligation to report to the IPH and with the fastest mean possible suspect human cases having been in the infected areas ;

The NIPH will update at least daily the human case distribution according to time, place and person

Measures regarding the reporting of dead birds are the responsibility of KVFA.

Each suspect case in animal, poultry and human needs laboratory confirmation using previously appointed laboratories (humans – Microbiology Department – NIPH and animal/poultry in KVFA).

b). Informing the National Situation Centre and WHO office

Reports of suspect cases of avian Influenza will be shared with the national Situation centre (SitCen) of the Prime Minister Office and the UNMIK or European Union political authorities in Kosovo

Under those circumstances, the MoH will immediately and voluntarily implement the International health regulations as adopted by the World Health Assembly (resolution WHA53-8) on 23 May 2005.

The MoH will promptly inform the WHO representative in the country regarding the technical or material assistance that may be required from WHO or the international community.

C) Use of Seasonal vaccine

Specific human vaccine against H5N1 is not available yet. The seasonal influenza vaccine is not effective on the H5N1 strain. WHO recommends immunization of suspected cases and individuals exposed to H5N1 with seasonal vaccine. The objective is to decrease the probability of co-infection with avian and human influenza and the possibility of genetic exchange leading to a novel strain:

Subject to availability of seasonal influenza vaccine, the following groups will be immunized by order of decreasing priority:

- ✓ All the persons that work in farms infected with H5N1;
- ✓ Health workers and teams directly handling the infected birds or patients.;
- ✓ KPC, KPS and Fire-fighters working in the infected area.

d). Outbreak prevention in focus (family)

The Regional IPH officer will ensure with the local authorities that the appropriate preventive measures are taken at family level. The measures are listed in appendix 5.:

e). Outbreak prevention in field teams

The NIPH will supervise the protection and preventive measures taken by the multi sectorial teams handling suspect or confirmed foci of avian H5N1.

The NIPH will ensure that field teams have access to Personal Protective Equipment (PPE), using among others the stocks donated by KFOR for this purpose. Proper records of the use of the equipment will be kept.

Bird carcass elimination in hygienic and sanitary conditions by the respective teams is elementary condition to prevent disease transmission. This task is the responsibility of AVUK and DEM.

Preventive measures to be taken by the **Public Health Teams** are listed in **Appendix 9**.

f). Outbreak prevention in Health Institutions (nosocomial infection)

Each suspect or confirmed case (case definition) should be treated and confined according to protocol

It should be reminded that, although, there is NO significant human to human transmission in the current phase 3⁵, this may not be the case in phase 4 or 5, when the risk of nosocomial infection is much higher.

The NIPH will remind the **Director of Health Facilities** with suspect cases of his/her responsibility to implement all the measures listed in **Appendix 9**.

g. Border control

The NIPH will advice the competent services of other sectors on the human health implications of disinfecting measures to be taken in all border points (air, land).

Restrictions on movement of people across borders are usually not effective and are not recommended. The NIPH will review the matter; consult with WHO office and advice accordingly the customs office, the immigration authorities, KFOR and the NSC.

⁵ Human to human transmission might result from very close contact with human secretions in phase 3.

4.03 Health Institution Responsibilities in the phases 3-5

Primary Care Services

1. Maintain and update the emergency plan, ensuring that the personnel is familiar with the MoH and WHO guidelines
2. Report all suspect cases (based on case definition) during the day to the Regional Institutes of Public Health;
3. Refer and isolate all suspect cases to the Infective Clinic/Wards;
4. Offer counselling and health education for family members.

Regional IPHs

1. Maintain and update the emergency plan, ensuring that the personnel is familiar with the MoH and WHO guidelines
2. Establish Crisis Committee consisting of: epidemiologist, infectologist, microbiologist, veterinarian, hospital director, QKMF director and influencing characters in the region;
3. Maintain the local authorities informed and seek their support for the necessary control measures
4. Activate teams for epidemic surveillance and response and ensure that they conduct active epidemiologic investigation to find new cases
5. Collect human samples for laboratory confirmation and send them to NIPH;
6. report all cases to NIPH by the fastest mean (phone, fax) and by using clearly and rightly filled form;;
7. Conduct or supervise the implementation of preventive measures under 4.02 and according to protocols in annex
8. Ensure the availability and proper use of PPE for workers in contact with epidemic focus.
9. Organize Mass health education in coordination with the Avian Influenza Communication Working Group;
10. Communicates with the local media in cooperation with NIPH.

Central NIPH

1. Maintains and updates the emergency action plan at national level, ensuring that the personnel is familiar with the MoH and WHO guidelines
2. Compiles protocol for epidemiologic preparedness and response for health workers and trains teams in the field;
3. Establishes Crisis Committee consisting of: epidemiologist, infectologist, microbiologist, ecologist, veterinarian, health educator, WHO and UNICEF experts and political decision makers;
4. Maintains ongoing contact with Infectious disease clinic;
5. prepares and distributes necessary material for health education of health care workers and the population in consultation with the Communication Working Group;
6. Supports Regional IPHs in organizing and implementing epidemiologic response through for instance setting up epidemiologic surveillance teams and response and assesses situation in the field
7. Collects all samples from field (Regional IPHs) and follows laboratory results;
8. Analyses data and compiles reports on the situation in the field;
9. Communicates to media, reports to the Ministry of Health, the Situation Centre (OPM), WHO and maintains contacts with KFOR and other relevant national or international institutions in Kosovo including NGOs;.

SECTION V. PANDEMIC PERIOD: PHASE SIX

A global declaration of phase 6 by WHO means that the Pandemic has started and that Kosovo will be affected in due time.

There is a difference between a declaration of phase by WHO and the presence of a Pandemic in Kosovo. A few weeks or perhaps months may pass between a global declaration of pandemic and its introduction in Kosovo. Actual speed will depend on the characteristics of the novel strain and epidemiological circumstances.

With the frequent movement of international travellers and staff into Kosovo, the introduction of the influenza in Kosovo may take place relatively shortly after the declaration of phase six. This period will be used for finalizing the operational measures required for attending a massive number of cases.

Measures to be taken before the introduction of the novel strain in Kosovo are similar to those mentioned in the section above. The following section will refer to imminent introduction of Pandemic Influenza in Kosovo and its suspected or confirmed presence.

5.01 Planning assumptions for Kosovo:

For planning purpose, the following assumptions are adopted for planning purpose in Kosovo:

- The ability of the virus to spread rapidly worldwide, possibly within a few months;
- The possibility of several waves of cases, each during 6-8 weeks or more
- The fact that people may be asymptomatic while infectious;
- Enormous demands on the healthcare system exceeding by far the capacity of response;
- Very limited availability of antiviral drugs; and unavailability of vaccines during the first epidemic wave
- Simultaneous or near-simultaneous outbreaks in communities across Kosovo, thereby limiting the ability of any jurisdiction to provide support and assistance to other areas;
- All donor countries will either be affected (or on the point to be) by the Pandemic reducing considerably their ability to assist internationally
- International agencies present in Kosovo including KFOR will be equally affected by the Pandemic and will see their capacity to assist the MoH sharply reduced.
- Potential disruption of national and community infrastructures including transportation, commerce, utilities and public safety due to widespread illness and death among workers and their families and concern about on-going exposure to the virus.
- A frightened public which may become unruly and disruptive if not properly informed and understanding the limited options facing the authorities.

5.02 Scenarios in Kosovo

Two scenarios of respectively a mild and a severe pandemics are adopted for planning purpose.

<i>Scenario</i>	<i>Attack rate</i>	<i>Number with illness</i>	<i>Case fatality rate</i>	<i>Number of deaths</i>
Mild	30%	660,000	0.23%	1518
Severe	30%	660,000	2.1%	13860

These scenarios are based on experience gained in the past pandemics. Lethality in Kosovo, a country with a young population, may be relatively higher as the pandemics affected particularly the younger (working age) population in the past. Availability of antibiotics and higher level of education may reduce the lethality.

The total of cases and deaths may be spread between two or more waves. The duration of the waves (6-8 weeks) may be increased by the adoption of social distancing measures. The longer the wave is, the more manageable the peak number of cases will become.

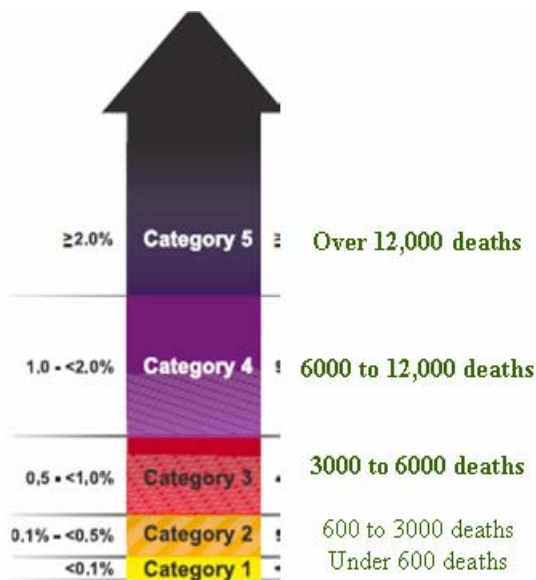
The following estimates of medical demand (average between two scenarios of US Government) guided this plan:

<i>Among those with symptoms, estimated % and number who:</i>		
<i>Are likely to seek professional health care</i>	50%	330,000
<i>may require admission in hospital</i>	5%	33,000
<i>May require intensive care</i>	0.9%	5,940
<i>May require assisted ventilation</i>	0.45%	2,970

These estimated numbers will be lower in a mild scenario and be higher in case of severe pandemic (as in 1917).

Upon declaration of phase 4, 5 and 6 by WHO, these assumptions will be reviewed and updated by the Director of the National Institute for Public health in collaboration with WHO in Kosovo and in light of the new scientific evidence available.

5.03 Severity index and categories



Measures to be adopted will vary according to the severity of the Pandemic. A severity index based on anticipated case fatality rate will be adopted on the model of US/CDC. This index will guide the decisions -especially those referring to social distancing- and the information to the public.

5.04 Phase 6 activities

Upon declaration by the Minister of health that the pandemic is established in Kosovo, the procedures under section IV will be superseded by those under the present section.

In case of effective human-to-human transmission in Kosovo (phase six), the National Situation Centre of the prime Minister Office will be activated and will oversee all multisectorial activities. The health sector will assume operational leadership. Veterinary activities will be reduced, as appropriate, and resources may be reassigned to assist in the control of human to human transmission.

The Ministry of health will carry out the following activities:

1. Overall coordination and management
2. Surveillance, monitoring and reporting
3. Immunization and prophylaxis
4. Social distancing
5. Treatment of cases
6. Management of drugs and medical supplies
7. Management of cadavers
8. Public Information

5.04.1 Overall coordination

The **Permanent Secretary of the Ministry of Health** will be responsible for the activities under section 5.04.1 Overall coordination.

1. Coordination by the Office of the Prime Minister:

A National Situation Centre (SitCen) was founded upon a Prime Minister's decision in November 2005. It is located within the main Government Building.

The SitCen is responsible for gathering and co-ordinating information from a wide variety of sources and to prepare factual analysis of public safety related issues.

The SitCen will also feed the PM, the Cabinet and the future National Security Council with recommendations on public safety related issues. The public safety issues will vary from hard security areas (terrorism threat) through to soft security issues (natural disasters). In the case of all types of major crisis, the SitCen will serve as the Coordination Centre for Crisis Management, where representatives of all the respective institutions (inter-government departments and agencies) will be sitting in order to lead crisis management

A Pandemic situation in Kosovo is regarded as a national public safety emergency and will be managed at multi sectorial level by the National Security Council chaired by the Prime Minister.

Given that the focus in phase 6 will be on management of a large number of human cases, the Ministry of health will be the key player and will advise the Kosovo Security Council on all health related matters.

The Ministry of Health designates the Director of Public Health Division as permanent liaison officer and representative at the SitCen.

The function of the health representative before the SitCen will be:

1. Inform the SitCen on the Health situation and measures taken by the MoH
2. Indicate which support and resources are required by the health Sector
3. Advise the SitCen and its members on all health related matters

2. Cooperation from other institutions with the MoH

The MoH will formally request other national and international institutions to identify the assistance or support they may provide to the health sector before and during a Pandemic in order to minimize human losses and suffering.

National institutions include the Kosovo Protection Corps (KPC), Kosovo Police Services, Professional health associations, Kosovo Red Cross, Mother Theresa Association and other national NGOs, and others as required.

International institutions include WHO the specialized agency responsible for health, UNICEF, other members of the UN Kosovo Team (and in particular UNDP, UNHCR, FAO), KFOR, UNMIK and/or EU, the Red Cross Movement and the social or health NGOs.

The SitCen will be kept informed on the progress of inter-agency arrangements.

3. Internal cooperation and coverage

To ensure the full coverage of all parts of Kosovo, including minority areas, the MoH will stimulate full participation of the relevant institutions at municipal level in cooperation with the Ministry of Return and Minorities. UN agencies will be invited to support this effort.

5.04.2 Surveillance, monitoring and reporting

The director of NIPH will be responsible for this topic.

The objective is to detect and confirm the introduction of the novel Pandemic strain into Kosovo.

Prior to confirmation of the presence of pandemic human to human transmission in Kosovo, case definitions and reporting procedures used in earlier phases will remain in effect.

Upon declaration of the phase 6 by WHO, the NIPH will propose a case definitions not requiring laboratory test (i.e. based on clinical syndrome without attempt to confirmation). This definition will follow closely the guidelines from WHO, if available, to ensure consistent reporting and comparison among countries. As those definitions

will serve as basis for screening cases for treatment, its formulation will be done in close consultation with other departments of the MoH.

Once the pandemic is actually affecting Kosovo, the MOH will formally declare a state of Pandemic triggering the use of the new definitions, the discontinuation of laboratory confirmation of suspect cases and the adoption of other emergency measures such as the simplified emergency reporting.

The surveillance system and other procedures established in phase 3-5 will be superseded and replaced by a **simplified emergency reporting system** requiring all health facilities both public and private to provide the following daily information per district:

- Number of cases seeking care in health services (based on case definition mentioned in the paragraph above).
- Number of cases admitted in hospitals or “fever clinics”
- Number of deaths attributed to the Influenza
- Inventory and requirements for basic essential items on a list to be developed by the MoH.

Family Medicine centres, regional hospitals, fever clinics and private facilities will report this information directly and by the fastest means to the Regional IPH. On the same day basis, regional IPH will consolidate this information and send it directly to NIPH. Speed of information will have precedence on respect of normal channels for the duration of phase 6.

NIPH will inform regularly the MoH and WHO. This information will be made available publicly and posted on the Internet.

5.04.3 Vaccine, Antiviral drugs and Personal Protection Equipment

The responsible officers are the Director of Pharmaceutical Department in the MoH and the Kosovo Medicine, Products Agency in their respective area of competence.

To paraphrase US/CDC recommendations to the State Authorities: *“It is highly unlikely that the most effective tool for mitigating a pandemic (i.e., a well-matched pandemic strain vaccine) will be available when a pandemic begins. This means that we must be prepared to face the first wave of the next pandemic without vaccine and potentially without sufficient quantities of influenza antiviral medications”*. At fortiori, this situation will apply to Kosovo.

1. Vaccines:

The seasonal vaccine is unlikely to be effective against a novel strain responsible for a pandemic. Its benefit is to prevent double infection by both virus and possible further mutation. Should seasonal vaccine be available to the MoH in Kosovo, it will be used for front line personnel essential for the response to the Pandemic and high risk groups according to the Pandemic epidemiological profile.

Once a vaccine specific against the novel strain becomes available⁶, the highest authorities of Kosovo will seek international support for priority delivery of vaccine to the Country. This vaccine, once available, will be given in priority to Health care workers essential for the Pandemic response and groups at high risk of influenza complications according to criteria to be prepared by the MoH and disseminated publicly.

Procurement of vaccine by the private sector will be encouraged and facilitated through waiver of formalities and taxes, as appropriate. .

2. antiviral:

As noted in the Australian plan (2006), *“the evidence about the effectiveness of antivirals is limited and mixed.*

- *To be effective, antivirals have to be administered either before, or soon after, a person has symptoms.*
- *If administered after the onset of symptoms, the antivirals may reduce the severity and duration of the influenza infection.*

⁶ A delay of 4 to 6 months is expected before the vaccine becomes available in the US. A longer delay should be expected for Kosovo.

- *The influenza virus can adapt to the antivirals used against it, in the same way as some bacteria have adapted to antibiotics”.*

An initial stockpile of 1500 treatment courses (10 days) of Tamiflu is being constituted with support from the World Bank. Its use is intended for containment of local outbreaks in WHO phases 3-5.

The Ministry of health is seeking supplementary funding for additional treatment courses to be procured as soon as possible. The amount is likely to be insufficient to meet all needs. The list of supplies required for full coverage is in appendix 1e .

The Antiviral available will be used for treatment and prophylaxis. Treatment will be based on strict measurable criteria to be defined by the Ministry. Those criteria will be transparent and public. Prophylaxis (over 40 days i.e. 5 treatment 10-day courses per person) will be available for essential workers (health and others) in close and frequent contact with infected patients (number of health personnel eligible is estimated at 4,000 persons).

The Ministry of Health will assist other institutions, public and private companies with personnel at risk in procuring, at their own cost, the antiviral they deem necessary. The MoH will negotiate with UNICEF to assist in this procurement.

Direct procurement by private pharmacies will be facilitated by the Government.

3. Personnel Protective Equipment (PPE)

Priority will be given to procurement of disposable surgical masks and gloves for the front line workers.

Cases of Influenza will be required to use masks, when possible.

There is no evidence that the use of masks by the general public is reducing the risk. Subject to results of further studies regarding the effectiveness of masks for the general public, the MoH will provide additional stocks for its use by relatives in contact with them and the general public, should resources permit so.

Existing stocks of specialized PPE received from KFOR will be used for containment and disinfection procedures. A registry of the use of this equipment will be kept by NIPH for accountability purpose.

5.04.4 Social distancing

Social distancing is reported to have made a difference during the Spanish Flu in 1918. The effectiveness of the social distancing will depend, in great part, on the characteristics of the novel strain. If it is as efficient to transmit from human to human as the seasonal strain, impact of social distancing will be limited.

Many of the measures have adverse security, social and economic implications and final authority will rest with the Coordinating multisectorial body (Cabinet of PM).

The Ministry of health, however, will make its recommendations to the SitCen and the Security Council taking into account the proven or expected epidemiological benefit and the adverse consequences each measure may have. The recommendations will be adjusted according to the expected severity of the Pandemic (categories in 5.03).

Activities:

Social distancing include measures such as Border control and international travel restrictions, Closing of schools, Quarantine of household with cases, Ban on public meetings and gathering, Discouraging public transportation, Public use of masks and others.

The following tables outline the feasibility, cost-effectiveness and recommended action for each of those measures.

Border Control and International Travel

Specific actions	Feasibility	Cost and adverse impact	Recommendation: when and for how long according to severity index
Increased border sanitary control	Yes and very feasible +++	Increased cost to Government. 24 hours service. Increased needs for health involvement in addition to Agriculture, disinfectants, and sanitary aids and facilities for social distancing.	On declaration of phase 6 by WHO for 12 weeks or more.
Closing land border	Not practical as movement of individuals is impossible to control.	If closed it may have huge economic impact with doubtful health benefit	Not recommended. To be decided by Government. Risk of border closure by neighbouring countries.
Limiting international travel	Recommend to the public to limit international travel	Slow down of economy.	Kosova has only one international port - the Prishtina airport. Advisory to be issued on declaration of phase 6 by WHO for up to 12 weeks.
Closing airport or airspace	Not recommended		Coordination with KFOR is required to ensure border control measures are in response to health priorities

School closing and Isolation of households with cases⁷

Specific actions	Feasibility	Cost and adverse impact	Recommendation: when and for how long according to severity index
Close primary and secondary schools and universities	Highly recommended and feasible +++	Cost related to compensation of lost school hours time. Cost to Government and individuals / families. Arrangements must be made by parents, possibly increasing absenteeism	Category 1-3: closure on detection of first suspect case in Kosovo - closure for up to 6-8 weeks Category 4-5: Closure on imminent threat such as presence or suspect case in neighbouring countries. Closure up to 12 weeks.
Voluntary isolation of case and household	Recommended and encouraged. Feasible ++	Low cost, high positive impact. Needs to take into account provision of external support to families e.g. water, food, drugs, hygiene items and other essentials.	Category 1-2: voluntary isolation of the case and one caregiver for 10 days after onset of last adult case (15 days for a child case) Category 3-4: Voluntary isolation of the entire household. Duration as above
Enforced quarantine of household with case	Difficult to enforce.	High cost. Engagement of security forces. Measure may be required by public opinion..	Category 5: isolation/ quarantine may be enforced if voluntary isolation is unlikely to be respected. Same duration

⁷ For information: CDC new interim recommendations include a three-tiered strategy: 1) no dismissal of students from schools or closure of childcare facilities in a Category 1 pandemic, 2) short-term (up to 4 weeks) dismissal of students and closure of childcare facilities during a Category 2 or Category 3 pandemic, and 3) prolonged (up to 12 weeks) dismissal of students and closure of childcare facilities during a severe influenza pandemic (Category 4 or Category 5).

Other social distancing measures

Specific actions	Feasibility	Cost and adverse impact	Recommendation: when and for how long according to severity index
Ban on large public gatherings and events	Very Feasible +++	No direct cost to government but impact on some trade. Compensation may be required	On presence of first suspect case in Kosovo or neighbouring countries: Category 1-3: exceptions for some trades and events should be included. Duration for 6-8 weeks. Category 4-5: Strict enforcement for up to 12 weeks or end of epidemic wave.
Discourage public transportation	Very feasible +++ Public transportation should remain available.	Has indirect cost (free movement of goods and services).	On presence of first suspect case in Kosovo or neighbouring countries: Category 1-3 Issue advisory to avoid public transportation unless necessary for 6-8 weeks. Category 4-5: up to 12 weeks. In all cases.
Generalised use of masks	Feasible if masks have been procured by private sector and Government	Cost to Government and individuals. Effectiveness of public use still being investigated	On presence of first suspect case in Kosovo or neighbouring countries: Category 1-3 for 6-8 weeks while in public spaces, public services, health care, public transport, in contact other people etc. Category 4-5: up to 12 weeks.
Liberal leave policy in business (encourage absenteeism)	Feasible only for non-essential business. And non-essential staff.	Can have very high cost collapse of businesses.	On declaration of phase six by WHO: Applied only to non essential businesses. Not allowed for essential staff of the critical services e.g. 30% of essential health staff, 50% of Police, 100% of military forces, 40% of KEK,.

5.04.5 Treatment of cases

According to the scenarios adopted for this plan and the rough estimates of patients who would be admitted and need Intensive care or an assisted ventilator (based on the US plan), it is clear that the number of cases will rapidly exceed the capacity of the health services.

Under an average scenario (between mild and severe), it is expected that among those showing some symptoms 50% may seek medical attention, 5% would be admitted in hospital under normal conditions and a significant number would require intensive care and assisted ventilation. However, the average figures under 5.01 (planning assumptions) do not reflect the considerable variation of the proportions of the most severe cases under the extreme scenarios.

The table below shows the projected figures for the mild (1958/1967 like) and the severe scenario (1917 like) adopted for Kosovo.

Scenario	consultations	admissions	ICU	ventilators
Mild (Category 1)	329,010	12,502	921	461
Severe (Category 5)	329,010	72,382	10,857	5,429

The most striking difference is in the number of patients who would require access to an intensive care unit (ICU) or assisted ventilation
:

Three levels of care will be made available:

- Unsupervised home care for mild cases
- Treatment in fever centres and Family care facilities of non life threatening cases
- Admission in hospitals of cases requiring intensive care

Given the projected case load of patients likely to seek medical care and in need of hospital admission, the MoH will encourage actively home care of mild cases without complications. The objective is to ensure that the scarce health resources are available for those who need more attention. The support from the mass media for public education and collaboration will be essential.

In case of demand for critical health resources far exceeding the availability, the health services will use the triage approach developed for mass casualties on the principle that scarce medical resources must be dedicated to those

who are most likely to benefit from them rather than to those with the most severe disease.

Activities:

1. Home treatment of mild cases:

Based on a definition of mild case to be developed by the MoH, mild cases will be treated at home using antipyretics, oral fluids, antibiotics according to therapeutic guidelines developed by the MoH and made public through mass media and posting on the web. Medical supervision from the MoH is unlikely to be available for the mild cases in categories above severity level 2.

This policy will be more strictly enforced in severity categories 4-5. The higher the number of severe cases is, the more imperative it is to keep the mild non-life threatening cases out of the health system.

2. Treatment at Fever Clinics:

As recommended by WHO, the MoH will establish, as necessary, fever clinics where patients who do not require intensive care may be treated as outpatient or accommodated and followed for a certain period of time. Those fever clinics will permit established centres and hospitals to focus on more severe cases and to maintain essential care for non-influenza patients.

On declaration of phase 4 by WHO, the **municipal health authorities** will identify suitable sites for fever clinics for instance on the premises of health services, schools (to be closed in phase six), covered stadium, etc., make suitable arrangement for the establishment and equipment according to a list of minimum supplies and staff required according to standards to be issued by the MoH.

These fever clinics will be set up and managed by the municipal authorities.

3. Treatment at Family medicine centres and Primary health care facilities:

The role of those facilities is double fold: to maintain their essential health care to non-influenza patients and to attend to more severe cases of Influenza. Those facilities will draw plans to physically isolate both activities as far as possible.

On declaration of phase 4 by WHO, the municipal health authorities will prepare or update plans to increase the human and material resources dedicated to a 24H attention to cases of influenza. Non-licensed or uncertified volunteers should be considered for the provision of health care.

4. Treatment at regional hospitals and University Centre:

Criteria for hospitalization will be defined by the MoH. Admission in pandemic severity categories 4 or 5 will be strictly limited to cases with severe complications, in need for intensive care and in particular assisted ventilation. Some flexibility may be possible in categories 1-3.

Cases will be admitted on referral from fever clinics or PHC or FMC. Other cases will be screened on entrance and, if necessary, referred to a fever clinic to be established on the hospital premises or nearby.

As much as possible, outpatient services for influenza cases⁸ will not be provided by the hospitals but handled exclusively by the fever clinics.

On declaration of phase 4 by WHO:

The directors of the hospitals will formulate or update plans to increase the human and material resources dedicated to a 24H attention to cases of influenza. Use of volunteers non licensed/certified should be considered for health care.

Facilities for non influenza care and treatment of influenza should be physically separated as much as possible. Visits by relatives will be limited unless protection of the visitors, patients and staff can be ensured.

Registry of admissions and medical records will be strictly maintained, although possibly using an emergency or simplified format. The hospitals must be at all times in measure to provide timely and accurate information to relatives and report to the MOH.

The MoH will establish a small group of experts to adapt existing guidelines and procedures for admission, treatment, isolation, and disinfection to the reality of Kosovo and its resources. They will be reviewed once the anticipated severity of the pandemic is known

⁸ Using the new clinical case definition

5.04.6 Management of drugs and medical supplies

Black market for fake drugs is already increasingly important in many countries with weak regulations and control mechanisms as is the case in Kosovo.

During a pandemic, the acute shortage of genuine products, the extraordinary demand from a large segment of the population, the anxiety caused by the pandemic will be strong incentives for illegal appropriation of the MoH limited stocks, hoarding in the private sector and proliferation of fake antiviral or vaccines.

The Director of Pharmaceutical Department in the MoH and the Kosovo Medicine, Products Agency in their respective area of competence will be responsible for the establishment, maintenance and accountability of drugs and supplies inventory.

Activities:

A list of drugs and supplies required to cover all needs of the population in case of a mild or moderate pandemic is available in appendix 1 e.:

The MoH, subject to assignation of additional resources by the government of Kosovo, will increase the existing stock of supplies keeping in mind the following principles and priorities:

- Priority to the broad availability of relatively low cost drugs likely to be used widely by a large number of the cases (at home or in health services) such as anti-inflammatory (paracetamol or ibuprofen - No aspirin based products) or broad spectrum antibiotics,
- Existing inventory of selected items will be progressively increased and rotated to maintain permanently a buffer stock in case of pandemic. There will be no separate disaster stockpile of items routinely used.
- A much larger inventory of disposable items such as surgical masks and gloves, syringes and needles, etc. will be kept. A tentative target is maintaining a stock equivalent to three year routine consumption.
- Encouraging or instructing private pharmacies to keep a higher inventory of the same items which will be available without medical prescription, once a pandemic phase six has been declared by WHO.

On declaration of phase 4 by WHO:

- The corresponding authorities will prepare regulations and guidelines to control hoarding, price inflation and safety of the private market.
- The officer responsible for the warehouses and pharmacies at national and municipal levels will

- update and report on their inventory of key supplies listed in the appendix 1 e
- make the necessary requests for additional stock and
- report on the measures taken or proposed to minimize pilferage and losses.

On declaration of phase six:

- The public education campaign will include information on how and at what price to procure essential products for home treatment and warning about the risks of purchasing products outside the regular market channels.

5.04.7 Management of cadavers.

The Director of NIPH will be responsible for the guidance on the management of human bodies. **Disposal of carcasses of birds will not be a priority for the MoH, which will concentrate on human remains.**

In the first 8 weeks of a moderate or severe outbreak in Kosovo, large number of bodies of deceased victims will need proper burial arrangements. The excess mortality in the first wave may vary from a mere 350 dead to 7,000 (severity category 5).⁹ Although the risk of infection from those bodies to the funeral workers and the general public is minimal, the perception by the public and the funeral workers may be quite distinct. Anxiety and fear may interfere with the normal burial traditions.

The objective of the ministry of health will be to respect the dignity and emotions of the families while preserving the public health under a very emotional and volatile psychological environment. Unceremonious disposal of bodies in mass graves, for instance, is adding to social and mental health trauma of the relatives.

Activities:

The MOH will encourage and facilitate the individual burial of victims of the Pandemic in respect of the wishes of the relatives and of the cultural and religious traditions. Large gatherings during the pandemic, including in funerals, will remain, however, discouraged or banned

Funeral workers and other handling the remains will be informed on the standard procedures to follow to avoid the limited risk: wearing gloves, masks and other equipment. Specific guidance will be issued by the NIPH regarding the handling of dead bodies.

The Municipal health authorities will make arrangements with the municipal department for emergency and security and other institutions to provide additional human and material resources for individual burial of large number of victims, if appropriate.

Limited use of chemicals (lime for instance) will be made as this technique has proven to be poorly effective for human bodies or large animals carcasses. Mass burial is not encouraged and will be the last resort. It will be carried out only when identification is made possible through photo and other evidence and the localization of individual places of burials is properly registered. The ability of the relatives to retrieve the remains of the deceased in the future should be preserved at all costs.

⁹ Based on the assumption that half of the fatalities would take place in the first 8-week wave for a population of 2.2 million.

5.04.8 Public Information

In the MoH, The public Information Officer, supported by the multisectorial Pandemic Communication Working Group, will have overall responsibility for the follow up of the following section:

In the event of a moderate to severe pandemic in Kosovo, the cooperation of well informed population is critical. Damage and human losses can be increased by an overreaction caused by inappropriate media coverage.

The MoH, however, realises that the implications and the responsibility for public information go well beyond and above the health sector. The role of the MoH is to provide the most accurate public health advice and ensure that the information provided to the public by the Government and the mass media is accurate and contributing to the objective of minimizing the mortality and morbidity of the Pandemic.

The only authoritative technical source for epidemiological pandemic information is the Institute of public Health at national level and WHO at global level.

Coordination and consultation will be maintained on a permanent basis with the information and communication expert from the SitCen to ensure consistent and coherent information of the public.

Activities:

The Communication Working Group (CWG) established for phases 3 to 5 will be strengthened during phase 6, maintaining its multisectorial structure. It will designate one of its members to the SitCen for the duration of Pandemic.

The mission of the CWG will be to provide accurate, timely and factual health information and guidance to the general public based on data provided by the NIPH. During the Pandemic, this information will be disseminated periodically through press release, press conferences, interviews, development of a webpage within the MoH and SitCen Pandemic homepages, the establishment of 1-800 hot line numbers and other means as appropriate.

The policy of the MoH is to establish a cooperative climate with the Mass Media based on transparency and trust. The present plan will, for instance, be made available publicly.

At central level, official health statements will be cleared by the Minister of health or in their respective area of competence: the Director of NIPH, the Director of the University Hospital Clinical Centre and the Director of Infectious Clinics or their designated representatives.

At regional level, the communication officer of the crisis management committee will be the focal point and will provide updated information to the CWG.

Upon declaration of phase 4 by WHO, the CWG will develop and prepare in advance Information Education & communication material relevant to phase 6.

A list of contacts in the Mass Media will be updated at central and regional level and shared with the SitCen.

Given the technical complexity in preparing for a pandemic of unknown severity, the CWG will organize workshops to familiarize the mass media with the topic. Similarly, training of members of the health sector dealing with mass media will be undertaken. These training activities will be initiated immediately.

h) Business continuity of the MoH

As any other business, private or official, the health sector will be affected by the pandemic. It is, however, not only essential to maintain the present capacity but to increase it to respond to the challenge of a mild or severe pandemic.

The following issues and assumptions are considered for the present plan:

- The extent of absenteeism in all sectors will be determined by the severity (category) of the pandemic, the age-distribution of the attack rate among successive waves, the policies adopted by the authorities in terms of isolation of household contacts and the collaboration of the mass media.
- From 5 to 15% of the health staff may be absent at any time during the first wave of the pandemic. Reasons for absence will include influenza of the worker or one of his/her relatives, lack of public transportation, hardship at home due to closing of schools and shortage of food and services or plainly risk avoidance.
- At the same time, the demand on health services and the need for health staff and volunteers will increase dramatically.
- Absenteeism country wide may severely affect the continuity of critical businesses such as transportation or utilities as well as other government services such as law and order or customs. This shortage may indirectly affect the MoH when its operational needs and demands far exceed the usual level.
- Local markets for fuel, food and other supplies may be disturbed especially if cross border trade is interrupted for a substantial period of time. Hospitals and health services will need special arrangements to ensure timely delivery.
- Health workers in addition to long working hours under difficult and dangerous environment will be subject to the same domestic hardship exacerbating possible conflict of interest.
- Climate of anxiety and shortage of effective drugs or vaccines may increase the security risk for pharmacies and hospitals while security forces are also suffering from staff shortage and competing demands.
- Telecommunications (especially mobile phones) as any other services may be disrupted but will also experience a surge in demand placing the health sector in an unfavourable competing position.
- Possible price inflation caused by shortage and/or speculation will affect health workers as well as employees of other sectors.

Activities:

The MoH will adopt the necessary measure not only to maintain the present level of health services but to increase its capacity to respond the anticipated surge in demand.

Health workers:

- Upon declaration of phase four by WHO:
 - The MoH will remind the health workers of their legal obligation to be present at their working places and to remain in contact with their supervisor after working hours during situations of emergency. This obligation will be effective upon declaration of Phase six by WHO.

- Upon declaration of Phase six by WHO:
 - Annual leaves and study travel will be suspended until further notice from the MoH.
 - The use of unlicensed volunteers will be permitted for health care of influenza cases under the supervision of the duly qualified managers of the health institutions or municipal health authorities.
 - Compensation of the health personnel for over time and other allowances will be done according to existing regulations. Advance payment will be considered according circumstances.
 - Personnel exposed to a high risk of contamination will receive priority for PPE, antivirals and vaccine (when and as available).
 - On site, accommodation (food and shelter) for the essential staff may be provided by the Health services (at national or municipal levels). This arrangement will be for the duration of the wave(s) of illness and based on the age-specific attack rates of each wave.

Inter-agency arrangements:

- As soon as possible:
 - The municipal health authorities will be reminded of their responsibility to ensure appropriate supply of fuel and water, working back up power source through standing agreements with local authorities and utilities.
 - The MoH, with the support of the SitCen and the National Security Council, will **initiate negotiation and planning with**
 - The Department of Emergency management (DEM) for assistance in transport of essential staff and patients during the pandemic
 - The Ministry of commerce and Ministry of Agriculture for provision of food and elementary household products for the essential health staff, the admitted patients and their families
 - The Ministry of telecommunications for the use of additional lines and 800 numbers specially dedicated to the Pandemic
 - KPC, the UN and KFOR for access to their radio communication during the Pandemic
 - KPS to ensure special security for fever clinics, hospitals and warehouses.

- Upon declaration of phase 4 by WHO:
 - The above arrangements will be reviewed and finalized

- Measures likely to require more than one month for completion will be initiated immediately (for instance, stocks of food, fuel, special lines).
- Upon declaration of Phase six by WHO:
 - The situation will be reviewed in light of the anticipated severity of the Pandemic (category level).
 - All relevant measures committed by other institutions will be implemented without delay.

SECTION VI. END OF THE PANDEMIC

A pandemic is expected to last over one year with several waves of transmission, possibly of decreasing or increasing severity and affecting different age groups.

The end of the Pandemic and the return to a pre-pandemic period (phase 1) will be declared by WHO.

Goal:

- Evaluation of earlier health interventions.
- Assessment of economic and medical consequences.

Activities:

A formal evaluation of the response in the health sector will be undertaken with the support of the international actors who assisted Kosovo during the pandemic. The evaluation will cover the technical and managerial aspects of the response.

The MoH will cooperate with the SitCen in a multi sectorial evaluation. If such an evaluation is not conducted by this institution or other multisectorial body, the MoH will conduct its own evaluation of the health response with due consideration to the multi sectorial context.

The findings of the evaluation will be translated into lessons learned and shared widely in a workshop with all actors. The proceedings will be published in a formal report to ensure institutional memory.

SECTION VII. APPENDIXES

Appendix 1 Main Institutions, activities and regulations

Leadership	Coordination	Activities of the MoH	Legislation
<p>National Security Council and National Situation Centre (SitCen) lead by the Prime Minister.</p> <p>Members: Ministry of Health, M. of agriculture, MPB, M. of Transport and Telecom, M. of Economy and Finance, UNMIK and KFOR.</p>	<p>Respective ministries based on emerging needs and situation.</p>	<p>Approves change to the Plan and suggests new measures to the Kosovar Security Council: introduction and cessation of emergency on the recommendation from Ministry of Health; the use of reserve funds and additional resources; request for international aid , etc</p>	<p>Kosovo Health Law 2004/4 Communicable Diseases Law 41/85 Veterinary Law 2004/2001</p>
<p>The Inter-ministerial Pandemic Committee for veterinary and health care affairs: Lead by the Minister of Agriculture. (phase 3 and 4) or the Ministry of health (phases 5 and 6)</p> <p>Internal Coordinating Body: the crisis room in each ministry</p>	<p>Ministries of: Health; Agriculture; Forestry. National Committee for Protection of Population from Communicable Diseases, Veterinary Directorate, NIPH, UCCK, Infectious Disease Clinic, Veterinary Institute, Kosovo Red Cross, Kosovar Academy of Medical Sciences, WHO Representative in Kosovo, UNICEF and UNDP.</p>	<p>Monitors epizootic and epidemiologic situation in country and world; suggests the Plan and eventual changes to it; continuously monitors risk of outbreak and pandemic, evaluates effectiveness of measures, monitors implementation of Plan and available quantity of drugs and vaccines through Kosovo Sanitary Inspection; monitors work of reference health institutions and exchanges information with WHO.</p>	<p>Communicable Diseases 41/45 Veterinary Law 2004/2001 Inspection Law 2003/22 Public Finance Management Law 2003/2 Environment Protection Law 2002/2008 Air Pollution Prevention Law 2004/30</p>
<p>Municipal Coordination Room – lead by the Mayor</p>	<p>Regional Hospitals, QKMF, QMF, Veterinary Clinics, Municipal Emergency Services, MPB, KPS, TMK, Kosovo Firefighter Service, local food and drug suppliers.</p>	<p>Suggests and brings Planning for respective area, monitors Municipal Plan Implementation, evaluates effectiveness of measures and reports to Kosovo Coordination Room and to Health and Veterinary Coordination Rooms. During phase 6, the municipality will be responsible for establishing and running fever clinics and providing care to the infected population</p>	<p>Local Government Regulation 45/2000</p>

Appendix 2 Use of seasonal vaccine and chemoprophylaxis

In phases 3 and 4: In case of outbreak of avian influenza, health and veterinary workers as well as, veterinary clinics, sanitary, health and veterinary inspectors and individuals in contact with avian influenza will receive chemoprophylaxis and one-dose seasonal vaccine. Priorities will be determined by the Institute of Public Health based on the risks and the availability of seasonal vaccine and drugs

In phase 6: Considering populations susceptibility to new virus strains, the ideal prevention measure would be inoculation of the entire population with a vaccine specific for the pandemic strain. This vaccine will NOT be available during the first wave. The vaccine against seasonal influenza is unlikely be very effective, if at all, against the novel strain. Inoculation of groups 1 and 2 with the seasonal vaccine might contribute to the prevention and functioning of vital state services, whereas by including priority groups 3 and 4 the number of severe complications and deaths might be reduced. The final policy will be reviewed once the possible effectiveness of the seasonal vaccine is known following the emergence of the novel strain.

Antiviral chemoprophylaxis is applied in later stages of the Plan, with confirmation of serious risk or exposure to new strains and under condition that immunization wasn't carried out. Antiviral treatment is effective only if administered in the first 48 hours WHO recommends Tamiflu.

Priority Groups PHASE SIX	Targeted Population	Doses of vaccines*	Antiviral Chemoprophylaxis (6-8 weeks)
Group 1. Health workers	Essential staff involved in care for sick and other services (priorities: communicable disease ward, MFMC, FMC, elderly asylum, microbiology and other field services)	5.000	Upon introduction of the new strain in Kosovo -
Group 2. Employees in main state services and essential private services	Essential staff working in food and drug*, water, electricity production and distribution, KPS, KPC, fire-fighters, public transport and telecom, municipal, border, court government servants, mass media, MPs and expatriate community**.	35 000	Upon introduction of the new strain in Kosovo
Group 3. Persons in collective dwellings	Most vulnerable age groups in elderly houses, student dorms, day-care and children social centres, detention centres and collective dwelling centres.	20 000	After exposure to the new strain of influenza
Group 4. Chronically ill amnd most vulnerable age groups	Patients with severe respiratory disorders, chronic cardiovascular conditions, chronic renal conditions, diabetes, patients in chemo-dialysis and persons with immunodeficiency. Individuals from the age groups most vulnerable to the novel strain.	40 000	After exposure to the new strain of influenza
Total		100 000	

* A full course of antiviral prophylaxis (6- 8 weeks) requires 4 to 5 treatment unit (10-day), Total is therefore 400 000 to 500 000 treatment doses for prophylaxis.

**State services and private enterprises will be encourage to procure and fund the amount required for prophylaxis of their essential staff.

To complete vaccination it is necessary to have provision of 100 000 sterile disposable syringes and needles, 400 l alcohol, 700 kg cotton wad, 400 adrenaline ampoules and 400 ampoules methyl-prednisolone.

Appendix 3 Human resources and available bed capacity

Health Services	a) Health Institutions	Number of physicians	Number of med. Technicians	Number of Sick Beds
Outpatient and immunization	Family Medicine	989	3 428	-
Disease surveillance and elimination, immunization	National Institute for Public Health of Kosovo – Regional	59	133	-
Confinement of first reported and severe cases	Infective disease clinic (UCCK), Infective wards (Regional hospitals) and special confinement units (with monitor and negative pressure)	25	116	UCCK – 111 Regional Hospital-111 Total – 222
Hospitalization of influenza with complications	Internal Diseases Clinic	122	414	UCCK – 248 Regional Hospital-265 Total – 513
Hospitalization of influenza with complications **	Clinic for Lung Disease (available beds)	36	73	UCCK – 67 Regional Hospital-191 Total – 251
Hospitalization of influenza with complications in children	Paediatric Clinic (UCCK) Paediatric Wards (regional Hospitals)	104	208	UCCK – 251 Regional Hospital-170 Total – 421
Hospitalization of influenza with complications (in other health institutions)	Dermatovenerology and other surgical wards as needed	25	31	UCCK – 60 Regional Hospital-24 Total – 84
TOTAL		1 360	4 403	1 491

In case of outbreak when it is estimated that-up to 30% of the population may contract the disease, the Plan for Phase six will be activated, in which will be involved all possible health workers (retired, bachelors, students in the last year of Medicine Studies and students in the last year of Medical After elementary and High School, veterinary staff, etc).

In case of limited outbreak during phase 3 to 5, suspect cases will be admitted in the Infectious Disease Clinic (3 confinement rooms with negative air pressure). In case of need, the entire capacity will be used (120 beds in Infectious Disease Clinic and Lung Disease Clinic)

During the waves of influenza in phase six, fever clinics will be installed by municipalities in schools, hotels or student dorms to expand sickbed capacity.

Appendix 4 Requirement for protective gear

Target	Disposable multi layer masks (units)	Special N-95 or N-100 masks (units)	Special protective outfit	Protective goggles (Units)	Simple disposable gloves	Surgical disposable gloves	rubber boots	Paper coats (Units)
Farmers	10 000 *	1 000 *	1 000	1 000 *	10 000 *	10 000	1 000 *	10 000 *
MFMC/FMC, Kosovo Sanitary Inspection.	50 000	20 000	1 000	3 000	200 000	8 000	1 200	20 000

Needs assessment for protective gear during Phase 6 (Human Pandemic)

Target	Disposable multi layer masks (Units)	Special N-95 or N-100 masks (Units)	Special protective outfit	Protective goggles (Units)	Simple disposable gloves	Surgical disposable gloves	Rubber boots	Paper coats (Units)
Population	5 000 000*	-	-	-	2 000 000 *	-	-	500 000
Microbiology and biochemistry laboratory	Biohazard 1 000	3 000	0	300	120 000	5 000	100	32 000
Adult wards and clinics **	1 000 000	25 000	500	5 000	1 500 000	20 000	1 300	450 000
Paediatric wards **	300 000	10 000	500	5 000	500 000	13 000	200	50 000
Hygienic disposal of cadavers	10 000	1 000	1 000	1 000	20 000	10 000	1 000	10 000
Total	6 .371 000	60 000	4 000	15 300	4 350 000	66 000	4 800	1 072 000

* Quantity that should be available for sale for the population (in pharmacies)

** includes the need for the patients to carry protective masks in order to prevent nosocomial infection

Appendix 5 Drugs and supplies requirements (phase 4 to 6)

(In case of human to human transmission)

I Vaccines, antiviral drugs, diagnostic tests, antibiotics and anti-rheumatics

1. Pandemic specific vaccine – 2 400 000 dozes (if in production)
2. Human influenza vaccine – 100 000 dozes
3. Bacteriologic rapid tests – 1 000 kits
4. Differentiating microbiologic rapid tests – 1 000 kits
5. Tamiflu capsules a 75 mg (original packing of 10 capsules) - 500 000 packs
6. Tamiflu syrup a 12 mg/5 ml (original packing of 120 ml) - 20 000 vials
7. Erythromycin syrup 15 000 vials
8. Erythromycin tablets a 500 mg - 200 000 tablets
9. Benzyl penicillin ampoules a 1 000 000 I.U. – 10 000 pieces
10. Cephalosporin III generation Ceftriaxon (original packing of 10 ampoules), - 100 000 pieces
11. Aminoglikozid (amicacin) ampoules a 500 mg (original packing of 10 ampoules) - 100 000 pieces
12. Aminoglikozid (gentamicin) ampoules a 80 mg ((original packing of 10 ampoules) – 120 000 pieces
13. Metronidazol tablets a 250 mg (original packing of 20 tablets) 40 000 packs
14. Metronidazol ampoules a 500 mg/100ml – 100 000 ampoules
15. Vancomycin ampoules a 500 mg – 3 000 pieces
16. Ciprofloxacin capsules a 250 mg – 3 200 pieces
17. Ciprofloxacin ampoules a 100 mg – 10 000 pieces
18. Kotrimoksazol tablets a 480 mg – 2 000 pieces
19. Kotrimoksazol ampoules a 5ml (original packing of 50 ampoules) – 1 000 pieces
20. Paracetamol syrup 100 000 pieces
21. Paracetamol tablets 3 000 000 tablets
22. Diklofen ampoules a 3 ml (original packing of 5 ampoules) – 5 000 packs
23. Diuretics tablets – 40 000 pieces
24. Diuretics ampoules – 80 000 pieces
25. IV solutions, vials of 500 ml – 200 000 pieces

II Personal protective gear (Including requirements in appendix 4)

1. Multi layer disposable surgical masks – 6 371 000 units¹⁰
2. Special masks N-95 or N-100 for health workers, particularly for exposed persons - 60 000 pieces
3. Special protecting outfit – 4 000 suits
4. Protecting goggles – 15 300 pieces
5. Disposable non-sterile gloves – 4 350 000 pairs
6. Disposable sterile gloves – 66 000 pairs
7. Protective rubber boots – 4 800 pairs
8. Protective coats – 1 792 000 pieces
9. Protective surgical caps – 1 072 000 pieces
10. Disposable shoe covers – 20 000 pieces
11. Disposable linen – 10 000 pieces
12. Disposable slipcovers – 10 000 pieces
13. Disposable pillow covers – 10 000 pieces
14. Disposable plastic aprons – 1000 pieces

¹⁰ 5 000 000 common face masks for the population that would be sold in pharmacies, funds needed for supplying

III Disinfectants

1. Ca hypochlorite a 1 kg – 10 tons
2. Hand spray pumps a 10 l, 1 000 pieces
3. Motor spray pumps 30 pieces
4. Quicklime 1 ton

IV Expendables

1. Vacutainers for blood samples – 5 000 pieces
2. Sterile plastic disposable syringes – 1 000 000 pieces
3. Sterile disposable needles – 1 000 000 pieces
4. Alcohol 70 % or 96 % – 4 000 l
5. Wad - 4 000 kg

V Supplies

1. Fixed respirators - 50 pieces
2. Mobile respirators with concentrated oxygen – 40 pieces
3. Vital signs monitor – 100 pieces
4. Aspirator – 100 pieces
5. Mobile x-ray – 7 pieces (6 hospitals + 1 clinic)
6. Ultrasound device – 9 pieces
7. ECG device – 28 pieces
8. Device for determining acid/basic status 15 pieces
9. Device for determining blood glucose levels 15 pieces
10. Manometer - 100 pieces
11. Autoclaves - 10 pieces

Appendix 6 Estimated Budget requirement

Budget for prevention and control of an Influenza Pandemic	
Activity	Cost (Euros)
Laboratory and radiology support and diagnosis including high security installation	600,000
Isolation negative pressure rooms (8)	240,000
Disinfecting equipment with vehicles	240,000
Antiviral Tamiflu (20.000 doses)	600.000
Seasonal vaccine (200,000 doses)	1.000.000
Personnel Protection Equipment (PPE) (appendix 4)	500.000
Other drugs, supplies and equipment (appendix 5)	1.000.000
Field visits and transportation	100.000
TOTAL	4.280.000

This budget does not reflect the additional extra-ordinary cost required for the medical care of the cases, the installation and operation of fever clinics and many other services during the actual pandemic waves in Kosovo. It is the budget outlay that should be approved at the present stage. Additional requirement will be re-evaluated at the time of declaration of phase 4 by WHO.

In order to place the requested budget into perspective: the total economic impact of a severe pandemic is estimated at over 11% of the GDP in countries with level of development and economy as Kosovo.

Appendix 7 Terms of reference for the Panel of Experts

The professional and scientific commission of the Kosovo Institute of Public Health, lead by the Outbreak Chief of Operations, sets the following tasks for the panel of experts:

- Set up regional surveillance and monitoring rooms for Avian Influenza in Pejë, Gjakovë, Prizren, Mitrovicë, Ferizaj and Gjilan;
- Set up local 'rooms' in each municipality for monitoring the disease;
- Form mobile teams in each Health House for monitoring, finding cases, follow up on their condition – routes of (evacuation) transport, confinement and treatment;
- Disseminate the case definition for systematic case finding in family medicine practices;
- Ensure that the regional NIPHS activate teams for epidemiologic response consisting of: epidemiologist, ecologist, microbiologist, infectologist, health educator, veterinarian, TMK, SHPK and civil service with the duty to do permanent field surveillance, suspect case finding and preventive and counter epidemic measures;
- Establish the quarter for confinement and treatment of pandemic influenza cases;
- Prepare and disseminate the protocol for case treatment, and in particular for use of TAMIFLU;
- Ensure that all suspect or confirmed cases (based on protocol) are treated in Infective Wards in the health region;
- Appoint responsible person for serum collection from all suspect cases, and their transport; to the Microbiology Department where Rapid serologic tests will be performed initially with possibility of including other centres if the flux of cases increases;
- Disseminate and enforce strict rules for staff protection during field work; for prevention of infection within hospital wards;
- Provide material and technical support to the regional NIPHS with additional pest control equipment and related tools based on request of Action Plan;
- Give information and guidance on the disease to physicians, nurses, other professionals at regional or municipal levels, the public and the mass media (leaflets, posters, organization of forum or workshops, etc.)
- Issue guidelines and ensure compliance regarding individual protection measures for the health personnel, disinfection in wards, transport of patients, and funerals
- Maintain liaison with WHO, the SitCen, UNMIK, KFOR, NGOs
- Keep informed the Central Room of the Ministry of health which will make the corresponding recommendations;

Appendix 8 Responsibilities of the health institutions.

Ministry of Health

Ministry of health is responsible for planning, implementing and coordinating all measures to protect the human health in case of influenza pandemic.

National Institute of Public Health

Coordinates surveillance activities, collects and analyses data, monitors the virus spread, assesses need for vaccines, drugs and medical supplies and uses funds supplied by the government for this cause.

Articles 34-36 of the Health Law provide Emergency Power to the NIPH, authorized by the Ministry of Health to prevent outbreak and spread of communicable diseases.

NIPH coordinates all the health activities after the outbreak of influenza pandemic, carrying epidemiologic survey and managing contacts, identifying possible source of infection for each suspect case (How? When? And Where was the case exposed), gives professional advice for all health professionals raising their awareness of epidemiologic features of H5N1 strain, recommendations on imposing quarantine, immunization programme, mass use of antiviral drugs, ongoing activity coordination to pass eventual gaps in all levels of health institutions (primary, secondary and tertiary) and general planning of hospital capacities.

Professional judgement of service performance in health institutions, identification of institutions responsible for implementation of these health services, ongoing plans for human resources management during H5N1 influenza pandemic and implementation of the strategic plan in case of pandemic.

Appendix 9 Protective measures

The only proved way of transmission up to now is the contact with sick poultry, their excreta and excrements including in pulverised form.

- **Outside environment affects the survival of virus. Avian influenza virus is destroyed after several seconds in temperature of 70°C, and after 30 minutes in temperature of 60°C. Also it can't survive below - 20°C. At 37°C it lives several months, at 0°C several weeks, at 4°C 105 days and in the wild ducks excrements for 30 days.**
- **The influenza virus is susceptible to chlorine agents.**

Measures to be taken at family level:

- The person that came into contact with sick or dead birds should report to the closest health institution;
- Washing hands with soap and warm water is mandatory after each suspicious contact and routinely before and after contact with food;
- Reporting each unexpected event of death of poultry, birds or any other animal;
- Keeping domestic animal and poultry in closed pens;
- Children should be kept away from poultry farms;
- When cleaning any area that may contain poultry excrements it is necessary to use protective masks, gloves, soaps and detergents;

Even if the avian influenza virus is susceptible to high temperatures, one should not consume meat, eggs from sick poultry and vegetables contaminated with excrements from sick poultry

- Dead poultry should be disposed in plastic bags (using gloves). After closing bags and cleaning the hands authorities should be contacted for their safe elimination; Sick poultry should not be consumed
- Poultry products (meat, eggs, pates, sausages. etc) should be well cooked in minimal temperature 70°C (until meat is separated easily from the bone);
- Avoid using products with mayonnaise and different cream containing raw eggs from areas or countries affected by avian influenza

- Fresh fruits and vegetables, utensils and all kitchen working surfaces should be clean and disinfected
- Avoiding contact with dogs and cats for all phases of food handling (raw material, food processing, preparation, storing and distribution.)

Measures to be taken by the Health Teams:

- Interviewing all family members in households whose poultry has avian influenza or a family member with avian influenza;
- Interviewing other persons who were within the outbreak focus (within 14 days);
- Use of tools dedicated only for these patients (stethoscope, barometer, thermometer etc.);
- During patient exam the use of protective wear (goggles, wear) is mandatory;

All teams working in the H5N1 suspect area will:

- Use protective wear and gloves while in the perimeter of the outbreak focus;
- Give special attention to hand sanitation after the contact with patient and objects possibly contaminated by human respiratory secretions or infected poultry. Washing hands should be performed using warm water and soap for 15-20 seconds and/or use standard disinfectants
- Be examined, monitored, and if necessary isolated, after coming back from the field (see protocol).
- Pest management teams should perform double disinfecting of the protective wear for teams exiting the outbreak focus;

Measures to protect water supply:

- Regular chlorination of water supplies and monitoring of residual chlorine
- Proper insulation and covering of wells
- In case of presence of dead bird in a well, reservoir or in water catchments
 - Inform the closest health institution
 - First add chlorine in water 300gr/m³. It is preferred to remove the dead bird from water after three hours, to remove water completely and after refilling of the well to add 30gr/m³ chlorine and remove water after 24 hours, and add again 3mg/l chlorine after refilling.

Measures to be taken by the director of health facilities:

- Only ambulance car should be used for transport of H5N1 suspect or confirmed cases. The vehicle must be disinfected before being used for transport of other patients.;
- During patient exam or care the use of protective wear (goggles, masks N-95 (with special filter) is mandatory
- Washing hands should be performed before and after the contact with patient and objects possibly contaminated by respiratory secretions using warm water and soap for 15-20 seconds and/or use standard disinfectants;
- Use of tools dedicated only for these patients (stethoscope, manometer, thermometer etc.);
- In case of hospitalization the patient should be confined in a separate room if possible, with negative air pressure in relation to the hallway,
- These measures should be taken for up to 14 days after the onset of suspect symptoms for avian influenza. In the case of confirmation of different diagnosis or negative laboratory test results for avian influenza, the patient leaves the room;
- Suspect cases for avian influenza, which stay at home or are released from hospital before 14 days, should be confined in a separate room at their homes.

Appendix 10 Immunization against SEASONAL influenza

This information is provided for reference purpose. It may not apply to the pandemic specific vaccine (not yet developed). Seasonal vaccine usefulness in a pandemic remains debated.

The seasonal influenza vaccine can be: attenuated or dead. The dead vaccine is generally used. In years between two pandemics, the vaccine usually includes the virus which by antigenic structure is similar to the circulating influenza, of type A and B.

Effectiveness against seasonal influenza

Inactivated seasonal influenza vaccine rarely offers immunity for a year. Vaccine effectiveness is closely related to the similarity of vaccine strain to the one circulating, the age and health status of the recipient. Therefore, the effectiveness of the seasonal influenza vaccine varies:

- 70% to 90% in persons older than 65, but in good health;
- 30% to 40% in elderly, but of poor health;
- 50%-60% prevents complications (most often pneumonias) and hospitalization;
- In 80% of cases prevents death, when the patient has another chronic condition.

Time for seasonal vaccine administration

Seasonal Influenza prevalence peaks from December to March. The vaccine gains maximal effectiveness two month's after administration. The vaccine should be administered in October, especially for those who receive it for the first time. The protection continues throughout the entire season.

Immunization scheme

Influenza vaccine is administered in a single dose of 0.5 ml by intramuscular route. Children 6 -35 months old receive half dose (0.25 ml). Children 6 months to 9 years that receive the vaccine for the first time should complete the immunization status with 2 doses of influenza vaccine.

Post-Immunization Side Effects (PVSE) of seasonal vaccine

After inoculation PVSE are very rare:

- a. local reaction in 15 – 20% cases;
- b. fever, unusual drowsiness;
- c. very rarely allergic reactions;
- d. very rarely neurological reactions.

Vaccine storage

Influenza vaccine must not be frozen, but kept in temperature from 2 to 8°C. usually come in vials of 1 dose, but it may have 5 or 10 doses.

Appendix 11 Influenza Diagnostic Methods

Procedures	Detected influenza type	Acceptable samples	Time needed for results	Rapid Results available
Viral culture	A and B	NP2 swab, throat swab, nasal lavage, bronchial lavage, nasal aspirate, sputum	5-10 days ³	No
DFA Immune-fluorescent colouring antibodies	A and B	NP2 swab, nasal lavage, bronchial lavage, nasal aspirate, sputum	2-4 hours	No
RT-PCR ⁵	A and B	NP2 swab, throat swab, nasal lavage, bronchial lavage, nasal aspirate, sputum	1-2 days	No
Serology	A and B	Serum pairs during acute and recovery phase ⁶	>2 weeks	No
Immune enzymatic Test (EIA)	A and B	NP2 swab, throat swab, nasal lavage, bronchial lavage	2 hours	No

Rapid Diagnostic Tests				
Directigen Influenza A ⁷ (Becton-Dickinson)	A	NP2 swab, throat swab, nasal lavage, nasal aspirate	<30 minutes	Yes
Directigen Influenza A+B ^{7,9} (Becton-Dickinson)	A and B	NP2 swab, throat swab, nasal lavage, nasal aspirate	<30 minutes	Yes
Directigen EZ Influenza A+B ^{7,9} (Becton-Dickinson)	A and B	Throat swab, nasal lavage, nasal aspirate	<30 minutes	Yes
Influenza OIA ⁷ (Termo Elektron)	A and B ⁴	NP2 swab, Throat swab, nasal aspirate, sputum	<30 minutes	Yes
Influenza OIA A/B ^{7,9} (Termo Elektron)	A and B	NP2 swab, Throat swab, nasal aspirate, sputum	<30 minutes	Yes
XPECT Influenza A&B ^{7,9} (Remel)	A and B	Nasal lavage, NP2 swab, throat swab	<30 minutes	Yes
NOW Influenza A & B ^{7,9} (Binax)	A and B	Nasal lavage, NP2 swab	<30 minutes	Yes
Influenza test QuickVue ⁸ (Quidel)	A and B ⁴	NP2 swab, nasal lavage, nasal aspirate	<30 minutes	Yes
Influenza test QuickVue A+B ⁸ (Quidel)	A and B ⁹	NP2 swab, nasal lavage, nasal aspirate	<30 minutes	Yes
SAS Influenza test A ^{7,9}	A	Lavage NP ² ,	<30 minutes	Yes
SAS Influenza test B ^{7,9}	B	Lavage NP ² , aspirate NP ²	<30 minutes	Yes
ZstatFlu ⁸ (ZymeTx)	A and B ⁴	Throat swab	<30 minutes	Yes

1. List may not contain all test kits approved by USFDA.
2. NP = nasopharyngeal
3. Closed vial culture, if in use, can shorten time to results in 2 days.
4. Doesn't differentiate between type A and B influenza.
5. RT-PCR = chain reaction of reverse transcriptase polymerases.
6. Four-fold or higher increase of antibody titres from acute phase (collected in the first week after onset) to recovering phase (collected 2-4 weeks after the first collection), signals fresh infection.
7. Complex Moderated Test – requires specific laboratory certification.
8. Delayed CLIA test. Can be used even in office environments. Requires laboratory certification document.
9. Doesn't differentiate between A and B influenza.

Appendix 12 Sanitary Inspection - Ministry of Health

Communicable Disease Prophylaxis (Phase 3: AVIAN to HUMAN INFLUENZA-H5N1)

KOSOVO SANITARY INSPECTORATE - MINISTRY OF HEALTH

- Circulation and trade of food articles;
- Consumer protection;
- General sanitary prophylactics.

Legal base

- The strategy grounding EU regulations in emergency cases of communicable diseases (base for such cases);
- Law 2003/22 "On Kosovo Sanitary Inspection";
- Law on Communicable Diseases that Threaten the Entire Country.

Emergency Work in MSI

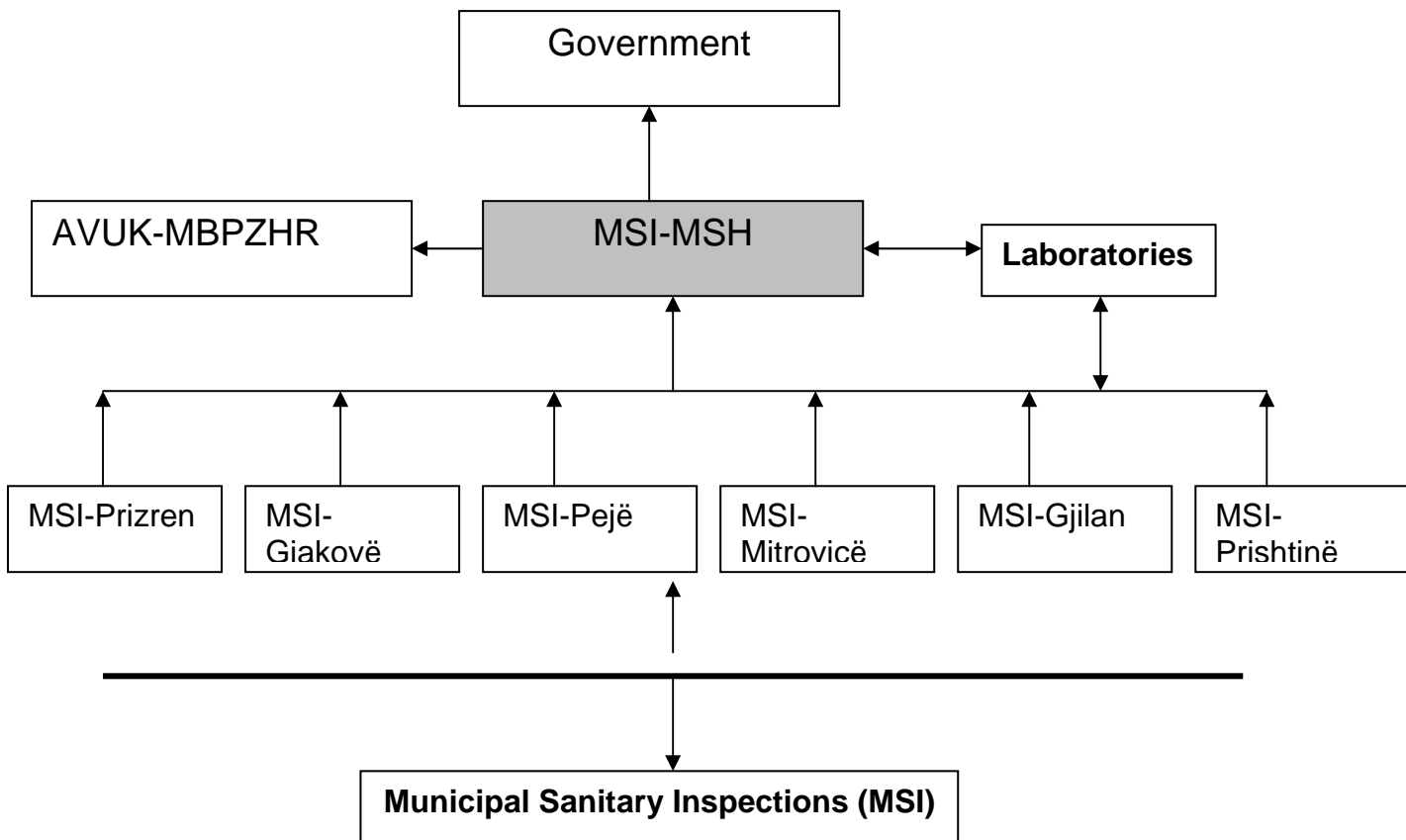
- Distribution of leaflets and other scientific materials;
- Visits to poultry farms in the regions and collecting information on the disease, its clinical features as well as reporting unusual behaviours/phenomenon's in economy;
- Control of subjects who circulate or trade products originating from poultry (products originating from countries for which Kosovë Government has issued a ban on food imports), control of date of entry in Kosovo and the expiry date etc.

Distribution of responsibilities in the central level:

- Economy (municipal sanitary and veterinary inspectors monitored by the central inspectors), and
- In the central level MSI-AVUK and the Government Emergency Group based on emergency plans within this group.

Recommendations

- To harmonize the entire emergency strategy into single one: the Government One-Group Strategy;
- MSI acts into the local level, on orders received from the centre;
- Every pronunciation for media is given by the central level Ministry of Health;
- Field information goes from the local level into the regional and central level.



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