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RÉPUBLIQUE FRANÇAISE

P R E M I E R M I N I S T R E

SECRETARIAT GENERAL DE LA DÉFENSE NATIONALE



**National plan for the prevention
and control
"Influenza pandemic"**

(as translated from the French language original)

n° 150/SGDN/PSE/PPS of the 20th of February 2009

This plan abrogates and replaces national plan n° 40/SGDN/PSE/PPS of the 9th of January 2007

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Foreword

The world epidemiological situation, the importance of exchanges and knowledge drawn from 20th century flu pandemics led the government to finalise, in October 2004, a first plan to combat a new flu pandemic and to launch a planned process for the acquisition of means to prevent and combat it. This edition is the fourth, with the preceding one dating from January 9th 2007.

The aim of the national plan is to be updateable without requiring the specific plans, made by the administrations, local authorities and companies based on preceding editions, to be rewritten. The updating aims to take into account the progress made since 2007: updating of the WHO guide plan currently in progress, application of the new international health regulations, work completed under the aegis of the Inter-ministerial Delegate for Avian Flu, the publication of the White Paper on Defence and National Security. It takes into account an environment that has been modified, sometimes negatively with the appearance of viruses having certain resistance to antiviral medications, but especially positively with rapid scientific and technical progress, in particular in regard to the vaccines known as "pre-pandemic". This edition has also learned lessons from the national exercise carried out on January 24th 2008 and from local exercises.

The plan is an operational tool, based on standardised measures that the authorities may decide to apply according to each specific situation encountered. When examining the timeliness of taking each of these measures, the decision maker must keep in mind that the effectiveness of most of these is conditioned by good anticipation and the earliness of their implementation. Since the preceding edition of the plan, each ministry has had to specify the contents of each measure concerned by its competences.

The plan is a cross-sector one. Beyond the medical challenges, it attempts to preserve the continuity of the whole of the social and economic life, whose most normal possible functioning is a condition that makes it possible to avoid or reduce the damage caused by the pandemic. During the two last years, the drawing up of administration and company activity continuity plans has reinforced this cross-sector character.

The plan aims to underline its adherence to the international coordination, which guarantees better effectiveness. It is a question of promoting better mutual knowledge of the provisions considered by our European and world partners. In the spirit of the Eurogrippe seminar of September 2008, it in particular emphasises the need to promote consultation with the Member States and partners of the European Union regarding the measures to be applied, first of all with the countries bordering France. A special part of the plan is now devoted to this European dimension.

Finally, the plan aims to be exemplary, taking part for the first time in a crisis planning approach organised on a planetary scale to face a global threat affecting society as a whole. This approach could be someday extended to other global problems, whether these are health, ecological or economic problems.

The use of this edition remains unchanged:

- the summary is preserved;
- the rapid action sheet "Imminent risk of a pandemic" that appears in the plan, must be used at the critical time where a strong probability of a switchover into the pandemic may be perceived, whatever the national situation may be;
- no measure is automatic. Each must be examined by the inter-ministerial crisis committee at the national level, on a case-by-case basis according to the development of the situation;
- in order to help with decision-making, certain measures are accompanied by an assessment of relevance resulting from the analysis of real epidemics or pandemics;
- The national plan is supplemented by a collection of data sheets.

For this 4th edition, a version of the national plan on CD-ROM will provide access by hyperlinks to the main reference documents, to the data sheets and to the most important legal and regulatory texts.

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Introduction

Influenza is an acute, contagious respiratory infection of viral origin. A winter seasonal epidemic can affect 5 to 15% of the population.

An influenza pandemic is characterised by the appearance of a **new influenza virus against which the population's immunity is low or non-existent**. It causes a sharp increase in space and time of cases and their seriousness worldwide. This virus may be the result of exchanges between human and animal strains, which are constantly evolving, or progressive mutation of an animal virus. In some cases, viruses that have already circulated in the past can reappear.

In both cases, the incubation time varies from one to seven days and clinical signs last for five to ten days. The patient is contagious between 24 and 48 hours before the clinical signs of illness appear and remains contagious for the whole symptomatic period of the disease.

The persistence of a highly pathogenic avian flu virus, H5N1, in the environment and in the wild and domestic avian fauna in many countries since 2003 and the crossing of the species barrier observed under natural conditions lead to fear the emergence of a pandemic flu virus from the H5N1 strain, which however does not exclude that the pandemic might result from another influenza virus (H7 or H9 for instance, or even H2).

The kinetics and impact of a pandemic have been modelled by the National Institute of Public Health (InVS) on the basis of past pandemics. In the absence of a public health intervention, the outcome in France could mean **9 to 21 million patients** and 91,000 to 212,000 deaths by the end of the pandemic, **between 500,000 and 1 million people** could develop complications requiring hospitalisation.

In the absence of effective measures, a pandemic usually occurs in successive waves, which can each last from 8 to 12 weeks, separated by a few months or more. The pandemic can also occur in a single wave with a high rate of attack (35%) over a period of more than 12 weeks; it could also arrive in more than two waves.

Apart from its major impact on health, a pandemic could, in the long term, cause:

- disorganisation of the health system due to the rapid saturation of the healthcare system,
- serious difficulties for certain sectors of activities of vital importance or other services essential to the functioning of society and the State during the pandemic period,
- disorganisation of social and economic life. A World Bank study estimates the cost of a pandemic with the seriousness of the 1918-1920 Spanish influenza outbreak at 3,000 billion dollars.¹

Therefore, the response to the influenza pandemic is a matter for very varied and interdependent cross sector approaches, a blend between the plans related to other major risks.

The plan's main objectives are to **protect the French mainland and overseas population** as well as **French citizens abroad** against the threat of a flu pandemic.

To do this, the plan also aims to keep society and economic activities running in as normal a way as possible.

This involves:

- **preparing the country** to face an epizootic of avian influenza due to a highly pathogenic virus, care for patients suffering from that virus and deal with a major flu pandemic,

¹ Evaluating the Economic Consequences of Avian Influenza' Andrew Burns, Dominique van der Mensbrugghe, Hans Timmer World Bank, September 2008

- preventing, as far as possible, the appearance of a pandemic virus by fighting the epizootic in France and abroad,
- **during the pandemic alert phase**, detecting the appearance of a new influenza with the inter-human transmission capacity virus and curbing its spread in order to improve the level of preparation and the response capacity, limiting the number of infected individuals and ensuring the optimal treatment of patients at home or in hospital according to the seriousness of their condition,
- **in the pandemic period**, slowing down the spread of the virus as much as possible, reducing the morbidity and lethality with the objective of making a large part of the population immune, ensuring that the population has the best possible access to the means of prevention and care, ensuring the essential functions for the continuity of government action, security and every-day life of the population, law and order and maintenance of economic activity,
- **maintaining the relationship of trust** between the population and the public authorities, in particular due to coordinated, transparent and continuous communication,
- **exploiting the feedback** from real events and national or international exercises to improve the country's preparation in the face of major health threats,
- **honouring France's international commitments.**

On this point, though limited border control measures are still possible, particularly within the framework of the application of international health rules, this French plan has not chosen the option of isolating the country by a measure closing its borders. It considers that it is important to maintain international exchanges, especially for issues concerning the public health response to the pandemic.

Part One

Principles of Action and Organisational Approach

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1 - International alert phases and plan situations

The situations presented in the plan use the phase numbering employed by the World Health Organisation (WHO) in the influenza pandemic nomenclature.

WHO Phases ²		Situations according to the French plan
<i>Situations relative to the animal disease</i>		
<i>phase 1</i>	No new animal influenza virus circulating among the human population	Situation 1 No new animal influenza virus circulating among the human population
<i>phase 2</i>	An animal virus, known for having caused infections in humans, has been identified in wild and domestic animals.	Situations 2. <i>Epizootic abroad - Situation 2A</i> Epizootic in France - Situation 2B
<i>phase 3</i>	<i>An animal or hybrid animal-human influenza virus causes sporadic or small clusters of infections in humans, with no inter-human transmission.</i>	Situations 3 <i>Isolated human cases abroad - situation 3A</i> <i>in France - situation 3B</i>
<i>Pandemic alert period (prepandemic)</i>		
<i>phase 4</i>	<i>Effective inter-human transmission.</i>	Situations 4 <i>Start of effective inter-human transmission abroad - situation 4A</i> <i>in France - situation 4B</i>
<i>Pandemic period</i>		
<i>phase 5</i>	<i>Geographic spread of the inter-human transmission of an animal or hybrid animal-human influenza virus.</i>	Situations 5 <i>Geographic spread of the inter-human transmission of the virus abroad - situation 5A</i> <i>in France - situation 5B</i>
<i>phase 6</i>		Situation 6 <i>Pandemic</i>
<i>End of wave and end of pandemic</i>		
<i>phases</i>	- post-peak (end of pandemic wave): decrease in the number of cases in most states. Possibility of a new pandemic wave, - post-pandemic: the number of cases corresponds to that of a seasonal influenza.	Situations 7 End of pandemic wave or end of pandemic.

Most phases can constitute the level of direct entry into the crisis, without having been preceded by the lower degree phases. Conversely, up until the pandemic situation, the return to a previous situation and a lower level is possible.³

Each phase can be aggravated by the concomitant emergence of other epidemics such as SARS (severe acute respiratory syndrome) or seasonal influenza

² The texts mentioned in this column correspond to the "Revision of the pandemic influenza preparedness guidance", published by the WHO on the 16th of July 2008, and remain subject to adaptations.

³ The EU plan of the 28th of November 2005 subdivides this phase into four levels:

Level 1: no human cases in the European Union; Level 2: one case in the EU;

Level 3: one or more clusters of cases in the EU; Level 4: activity spread over one or more Member States.

2.1. - General preparedness and response strategy

The general strategy for preparedness and response aims, by measures, none of which is automatic and whose timeliness of implementation should be examined case-by-case, to:

- **take the influenza pandemic threat into account upstream** by continually monitoring scientific and technological advances, by an active research and development policy, by constant action in terms of planning, information, organisation and exercises, by encouraging the development of anti-influenza vaccine production capacities and by acquiring diversified means of protection and treatment.
- **help countries affected by the epizootic**, by cooperating with the International Office of Epizootics (IOE) and the Food and Agriculture Organisation (FAO).
- **prevent the emergence and development of avian flu clusters** on French territory by detecting and eradicating them as early as possible and thus limit the risk of the appearance of a new virus capable of inter-human transmission.
- **limit as far as possible the epidemic to the source by international help action** (ch. 2.4).
- **cooperate as a priority with the Member States of the European Union** in order to reciprocally exchange information and harmonise the approaches of the Member States and encouraging, within this context, the continuity of the circulation of goods in the European Union (ch. 2.5).
- **slow down the appearance and development of a new virus adapted to humans on French territory**, by adopting early and immediately drastic public health measures (ch. 2.2):
- **early detection of the first human imported or indigenous cases** and taking them and their contacts into care, preferably in a hospital environment,
 - o interrupting passenger links with affected countries, controlling borders, limiting travel, taking ring protection actions around initial clusters, using pre-pandemic vaccination if necessary, keeping patients and people in contact with them at home, keeping personnel whose activity may be suspended at home if necessary, limiting non essential movements,
 - o limiting contacts in places with a high human concentration and presenting an increased risk of transmission: limiting or temporarily halting of public transport, closing teaching and training facilities, postponing sporting events, closing theatres and music venues, etc.,
 - o accelerating development and production of a pandemic vaccine to be administered following an order of priority defined according to the epidemiological characteristics of the virus, and in particular to the most exposed professionals, people presenting a particular vulnerability or most likely to spread the epidemic.
- **take charge of French nationals abroad** (ch. 2.8).
- **make health professionals, other exposed professionals and the public aware** of the need to respect protection and hygiene measures in the case of contagious disease with respiratory or hand-contact transmission.
- **organise and adapt the public health system during a pandemic** (ch.2.3.):
 - o as soon as the number of people affected becomes significant, treatment of patients at home for as long as their condition allows,
 - o setting up of consultation centres as well as public health and social coordination centres with the mission of coordinating the health care personnel and keeping people at home,
 - o organising intermediary facilities grouping together isolated patients whose condition does not require hospitalisation,
 - o progressively mobilising health establishments,

National plan'' Influenza pandemic

- optimum use of previously constituted reserves of health products (especially antiviral drugs and pre-pandemic vaccines, etc.), with a concern for diversification allowing for the replacement of a *de facto* less effective product by another that turn out to be effective;
- maintaining an adequate supply of health products, medical equipment and protection equipment, etc.;
- strengthening the response capabilities by mobilising the public health reserves.
- **organise the continuity of State action, social and economic life, public order and law enforcement** in a degraded context (ch. 2.6):
 - maintaining the living conditions of people at home thanks to a local organisation based on neighbourly solidarity and reinforced by local authorities,
 - maintaining activities of vital importance and other services essential for the continuity of State action and for the security and life of the population (such as food provision) at an acceptable level, by relying on local authorities and a specific organisation (shifts preserved, remote working) and on all available personnel resources (reservists, young pensioners, volunteers, inactive people, people who have recovered, etc.),
 - maintaining economic activity at the highest possible level in all sectors whilst ensuring the health protection of employees,
 - maintaining the security of dangerous facilities in the context of a lack of personnel,
 - maintaining law and order and the observance of the law.
- **organise communication**, information and training (ch. 2.7) which takes place both over time and within the European and international context:
 - preparing the country (population, professionals) for the management of this risk by circulating regular and educational information about the risks linked to the pandemic, by promoting a culture of prevention and encouraging solidarity between neighbours,
 - maintaining the civic spirit and social cohesion,
 - coordinating communication between all players to ensure the coherence and efficiency of the information about the crisis itself and on related elements,
 - encouraging each citizen to become a player and responsible faced with the risk.
- **ensure that a social consensus based on ethical principles is maintained:** A serious pandemic is an exceptional situation demanding the definition of priorities of access health resources, an effort of solidarity at all levels, and a commitment on the part of those whose missions involve direct contact with patients. In such a situation, a consensus on shared ethical values will be essential to preserve social cohesion. For example:
 - the duty of solidarity at all levels, from the international level to the local level,
 - the duty of providing care on the part of health professionals, the duty of society to protect them, their families and those whose work leads them to be exposed (including people collaborating occasionally with the public service) and the duty to ensure the future of families of those who fall victim to the disease,
 - an ethical approach in terms of the elaboration of priorities of access to limited resources, including health products, and display of these priorities when they are issued,
 - rejection of stigmatisation of isolated patients or people quarantined,
 - the duty for everyone to participate as much as possible in the effort to maintain the continuity of the life of the country.
- **constantly evaluate the degree of preparation of the system** through exercises at various levels of the State and the definition of preparation indicators. Three categories of indicators are defined for evaluating the level of preparation: indicators for the level of progress of preparatory measures defined in the plan, indicators of the operational level of the measures and figure indicators measuring capacity. Each ministry draws up a list of indicators concerning its services and activities, which it communicates to the inter-ministerial delegate for the fight against avian flu (DILGA).

2.2. - Health strategy I: Curbing the pandemic

A curbing strategy aims to:

- **delay the advent of the pandemic's peak by a few weeks,**
 - o to allow better preparation of the response system,
 - o to improve the pandemic vaccine preparation process so that it may be available, if possible, before a second wave (one week gained resulting ultimately in 5 to 15 million extra doses produced in France, including 0.45 to 1.35 million for national consumption),
 - o to speed up the manufacturing of protective masks on national assembly lines and the pharmaceutical packing of bulk antiviral drugs, prepare distribution and start rebuilding the stocks,
 - o if necessary, to allow the development of an immune reaction in people who have just received a pre pandemic vaccine.
- **spread the pandemic peak over time in order to reduce the risk of saturation of the health system** (intensive care units, paediatric facilities, load on private doctors and emergency medical services, etc.) and reduce the impact on social and economic life
- **reduce as much as possible the number of patients, hospitalisations and deaths..**

This strategy takes the form of five types of actions:

cooperating with France's international partners: with the World Health Organisation (WHO) for an early intervention in countries with grouped cases (prophylaxis by antiviral drugs, maybe pre-pandemic vaccine, isolation of areas...),

- preventing patients from entering French territory as far as possible,
- slowing down the spread of the virus among the population from or around the first cases or clusters on French territory,
- as soon as the disease begins to spread, slowing down its geographical spread within the country as much as possible,
- limiting the level of viral transmission for the duration of the pandemic by strictly enforcing barrier measures, hygiene reinforcement, vaccination, etc.

2.3. - Health strategy II: Public health response to the pandemic

A single management strategy is applied during a pandemic period (situation 6) irrespective of the magnitude of the epidemic:

- patients are treated at home or where they happen to be staying or residing at the time of onset of the disease as long as their condition allows for it; if it worsens, hospitalisation is regulated by the SAMU - Centre 15.
- the system continues to manage other pathologies, with patients prioritised according to the degree of therapeutic urgency that their state requires.
- the players involved must have prior knowledge of their missions and the measures planned.

1. General Organisation of the Care System

Private doctors, with the back-up of other health professionals if necessary, particularly in the context of the health reserves, will treat all patients not requiring intense medical management as outpatients. Other than clinically examining the patient in order to diagnose the presence of influenza (or some other pathology), their role is to inform the patient and immediate contacts, ensure follow-up and take all the necessary measures in case there is an aggravation of the condition (hospitalisation). Access to individual means of protection is made easier for them

Health and social consultation and coordination centres (HSCC) take part in the organisation of outpatient medical care. The HSCC is a structure that associates health and medico-social professionals around the needs of patients with the aim of optimising their medical care and keeping them in or returning them to their homes. Ill residents in social and medico-social facilities are managed on the spot, as long as their clinical condition allows, while respecting proper hygiene and isolation rules. Visits are reduced to a minimum.

Intermediary care facilities group together patients that might be isolated at home, but whose condition does not justify hospitalisation

Health facilities take charge of patients who require hospitalisation. This is regulated by the SAMU-Centres 15, with a sectoring of the circuits reserved for patients with influenza. They apply the provisions of the "White Plans" (with their "influenza pandemic" appendices) and the enlarged "White Plans". A particular effort is made for medical reanimation equipment and devices.

2. Hygiene and Individual Protection Measures

Because the virus may be present on the hands of patients or on soiled objects, **standard hygiene measures** must be taken (washing of hands, airing of rooms, isolation, etc.).

In addition to these provisions, "health protection distance" measures, such as limiting gatherings and developing remote working and teleconferences, must be taken.

As the influenza virus is mainly transmitted by the projection of exhaled aerosol particles (respiratory tract), patients wear an **anti-projection mask**, known as a "surgical mask", in order to protect the people around them

FFP2-type masks, known as individual respiratory protection (IRP) devices, are designed to protect primarily people in close and repeated contact with patients or their biological samples; such masks will be provided to all health professionals, safety professionals in identical situations and professionals responsible for the rescue of victims. Similarly, essential staff and personnel in permanent and close contact with the public and/or vulnerable people (social and medico-social facilities in particular) should be provided with FFP2-type masks.

For unaffected people, wearing an anti-projection mask may be recommended as a precautionary measure in public places. The public is encouraged to buy such masks.

3. Antiviral Products and Other Drugs

Recourse to antiviral drugs immediately after the manifestation of the first symptoms, or after exposure to a patient without adequate protection, may be fairly effective. This effectiveness will be all the more significant if the drugs are administered early. The antiviral drugs must be administered within 12 hours if possible and not later than 48 hours, following manifestation of symptoms.

They are primarily destined for the treatment of patients and will be delivered free of charge on medical prescription. Based on a high patient estimation made by the Institute for Health Monitoring (InVS), the Ministry of Health can ensure the availability of sufficient stocks to cover the treatment needs of all patients.

Their preventive (prophylactic) use may be considered in certain cases⁴, following the indications of the Ministry of Health and taking into account the volume of stocks.

A list of other medicines necessary for treating the influenza pandemic and its complications (particularly antibiotics) and other serious diseases is constantly updated and measures are taken to ensure their supply.

4. Vaccines

Over and above **seasonal vaccines**, presumably inefficient against the pandemic strain, laboratories are developing vaccines called **pre-pandemic vaccines** that protect against H5N1 avian viruses. Their possible efficiency against the pandemic virus will need to be checked when inter-human transmission begins to be significant. If this is the case, the stocks built up prior to the pandemic might be used while waiting for a pandemic vaccine.

The **pandemic vaccine** can only be developed once the pandemic strain has been isolated, attenuated and transferred to industrial manufacturers (WHO phase 5 or 6), which means there is going to be a lag of several months before the first batches of vaccine against the pandemic strain become available.

The groups to be vaccinated as a priority are the people most exposed owing to their activity (staff taking care of patients or handling their biological samples), those presenting a high risk of complications due to pre-existing pathologies and those people most likely to spread the epidemic.

Expert evaluation of the populations and age groups most affected by such a virus or playing a major role in its spread, together with models taking into account the progressive availability of the vaccine with respect to the kinetics of the pandemic, will be used to refine the vaccination strategy.

Quick and sufficient provision of pandemic vaccine constitutes a priority objective.

Beyond anti-influenza vaccines, the public health strategy takes into account all the health products likely to help fight the pandemic, and in particular the anti-pneumococcal vaccine, for people at risk.

5. Advantages of developing Biological Tests

It seems essential to develop and have available high performance biological tests that are adapted to outpatient and hospital practices that can be used, for example, to determine, depending on the circumstances, whether a subject is infected by the pandemic influenza virus, whether he or she has developed an immunity against that virus or whether the virus that he or she is carrying is resistant to the anti-viral drugs or not.

⁴ For example: control of an area affected at the start of the pandemic, protection of members of a patient's household or of medical personnel or equivalents who may have been exposed without adequate protection.

2.4. - Taking the international aspects into account

Globalization of exchanges increases the combination and dissemination of pathogenic germs, in a context where the various countries have unequal access to means of fighting them. Appendix 2 reviews the different areas of action and the attributions of the major international partners involved.

The problem posed by avian influenza and the influenza pandemic now mobilises all of the players under the aegis of the **United Nations** in order to make a global, determined, coordinated and transparent action possible.

France's commitment is reflected in its support for three major organisations in terms of fighting the disease: WHO (human health), the Food and Agriculture Organisation (FAO) and the International Office of Epizootics (IOE) for animal health. It is also reflected in the reinforcement of its technical cooperation, a special effort being made in Asia and Africa.

France is implementing the measures of the new international health regulations due to become effective in 2007.

France is taking part in the collective effort in order to protect its population and ensure the continuity of economic life. It provides foreign residents on its soil with the same treatment as its nationals

Government action is also taken for the benefit of French nationals abroad.

As indicated above, the current French plan does not take up the option of isolating the country by a measure closing its borders. It considers that maintaining of international exchanges is an important factor.

2.5. – Taking the European aspects into account

The European Union (E.U.) has been doing important preparation work for several years to face up to the risks associated with an influenza pandemic.

6.1. The Union's powers

Animal health measures are part of the Community domain and the European Union has adopted strict measures to restrict imports, increase surveillance and reinforce bio security.

Human health issues are the responsibility of individual States, but a policy of harmonisation of national plans, together with adoption of monitoring, protection and public information measures is actively pursued

In accordance with the principle of subsidiarity, the European Commission will only take measures if, as a result of scale or due to the effects of the action proposed, objectives will be better attained by the Commission than by its Member States.

Each State informs other States and the Commission (cf. decision 2119/98/CE of the 24th of September 1998) regarding the control measures it is planning to take or has taken in an emergency. Except in an emergency, it is responsible for consulting Member States and the Commission. This consultation is not tantamount to an obligation of harmonisation.

The Ministry of Health (general health direction - DGS) informs the European Union of the measures taken by means of an *Early Warning and Response System* (EWRS) message.

6.2 Brief survey of technical themes that can usefully be handled within the framework of the Commission's powers

In the health sector, these may include:

- continuing with the efforts made, on the one hand, to monitor the seasonal influenza epidemics, and, on the other, to encourage the vaccination of target populations,
- mobilising the Commission's resources and its collaboration with the WHO to acquire detailed epidemiological, virological and clinical information about the pandemic virus in the first weeks of appearance of possible or real cases of inter-human transmission,
- the aspects related to authorisations to put health products on the market (EMEA),
- continuing with research and development work,
- monitoring resistances to antiviral drugs.

In other sectors:

- the need to strengthen the cross-sector dimension of the preparation for an influenza pandemic both at the level of the Member States and that of the European Commission,
- preparation to encourage cross-border exchanges at national and regional levels,
- communication strategies, in particular, for getting the populations to understand and take on board the complex measures implemented, the consistency of the advice and recommendations as well as any differences between the Member States.

The work includes an ethical dimension. Sharing experiences and exchanging information should also be encouraged and support should be given in the matter of expertise, notably by the ECDC.

The closing of borders should be avoided, given the high level of inter-dependence between the States within the European Union, as this could heavily penalise the continuity of certain vitally important activities and other essential services

2.6. - Continuity of Social and Economic Life

The continuity of the country's life implies the continuity of the State's action to maintain public order. It also implies the as normal as possible continuation of social life and economic activity.

In the face of a pandemic with limited public health consequences, the goal is to ensure that the country runs (public administration, companies, etc.) under conditions that are as near normal as possible, according to the provision of the G1 information sheet from the national plan's collection of technical information sheets. If the pandemic were to cause numerous victims from its onset, the priority of saving human lives would dictate a temporary interruption of non-essential activities of public administrations and companies as soon as the country was hit in order to limit any contact that might promote transmission.

The objective to be attained is that of "resilience", defined as the ability of a country, its society and public authorities to resist the consequences of a major disaster then quickly re-establish their capacity to run normally. To meet this objective whilst ensuring economic security, it is important that the country takes measure to guarantee the continuity of economic activity during the pandemic and, more generally, continues to ensure the protection of the nation's economic interests.

Firstly, it is a question of maintaining activity at the highest possible level, whilst at the same time protecting the workforce and applying the government's instructions that may lead to prioritising the essential missions and, if the protection of public health demands it, reducing activities whose temporary slow down can be tolerated for several weeks.

The strategy of maintaining the life and economic activity of the country requires:

- measures that can guarantee the needs of the State, businesses and the population related to the vitally important activities and other essential services that cannot be interrupted in a time of pandemic: health, food supplies, electronic communications, power supplies, public information, necessary transport, circulation of money and maintaining of means of payment, water management, waste collection and treatment, etc.
- the setting up of measure to protect the workforce.
- the continuous assessment of the situation and the forecasting of its development using the following tools: the definition and monitoring of activity indicators, the organisation of zone observatories, and the principles of collecting information. These indicators cover trade, finance, the consumption of electricity and other forms of energy, transport, electronic communication networks, and absenteeism;

To achieve this, the national plan proposes a procedure to anticipate the crisis by:

- setting up an economic continuity cell in the Ministry of Economics; this cell, prefigured by sector based working groups, is activated immediately situation 4B arises, or even earlier, immediately there is a threat of malfunctions affecting any vitally important sector of activity or other service essential for the life of the population in a time of pandemic,
- setting up plans for the continuity of activities of the State's administrations, local authorities, companies and operators. In particular, these plans organise measures aimed at preventing breaks in supplies of essential products.

Administrations and companies are encouraged to plan several methods of organisation, to be applied according to the seriousness of the epidemic:

- in the most favourable mode, all of the available employees that do not present a particular risk of infecting other people, come to work;
- in the most critical mode, employees whose presence on site is not essential remain at home.

Intermediate modes, involving redeployment of personnel, recourse to remote working, etc. must be planned.

National plan'' Influenza pandemic

The scenarios for designing plans may be based on the following indications, which give an upper limit to the plausible disruption:

- a average level of absenteeism of 25 % throughout the pandemic wave (8 to 12 weeks),
- a level of absenteeism, all causes included, of 40 % during the two peak weeks of the pandemic wave.

The continuity of activity plans include:

- the nomination of person in charge of the "influenza pandemic",
- the identification of missions that must be carried out under all circumstances,
- the maintaining of the administrations and businesses essential requirement (energy, communications, transports, drinking water ...) at an acceptable level,
- the predicted number of staff present in the workplace at a time of crisis,
- the protection methods and means made available to personnel,
- the organisation methods for maintaining activity,
- the supply conditions in degraded mode by fine grain knowledge of the activities of their and subcontractors,
- the pandemic's possible consequences on the flows of finance, good and people as well as on the consumption of goods and services in a degraded situation (health products, for example),
- the alternative transport, catering, post, etc. solutions.

Solidarity and continuity of social life

But the actions of the government and the various public and private organisations will not be sufficient on their own. **Active mobilisation of the population is also essential** (see sheet G2 of the plan's collection of technical sheets). It involves the population's active participation in family and neighbourly solidarity, for example:

- helping isolated or ill people, both for everyday tasks and shopping and for liaising with the medical service and the supply of medicines,
- looking after children, at family or neighbours level, or even using the resource of students freed by the closing of higher education establishments,
- continuing to participate in economic and social life, subject to the measures announced by the public authorities and the employers' continuity plans.

This mobilisation may be a question of individual initiative. It may also come within the context of participation in the reserves or voluntary group action.

Strict observance of staying at home, once one is affected by the influenza, is also part of this duty of solidarity, to limit the spread of the disease.

A civic initiative and vigilance committee, attached to the Ministry of Health, was created by decree on the 12th of December 2006 in order to propose to the government any action likely to improve the population's adoption of prevention and control measures in case of an influenza pandemic or other exceptional health crises and contribute to strengthening the mobilisation of the population if a pandemic should occur.

2.7. - Information, Training and Communication

The effectiveness of the system set out in the plan relies on the **maintenance of a strong relationship of trust between the government authorities and the population**. This implies the supply of transparent, continuous and factual information giving the assurance that the authorities have the capacity to manage the health and organisational components of the situation

For the public authorities, placed in the role of issuing information, communication also aims to inform and hence **attenuate the fears and anxiety** of the population and prevent the risk of disinformation, rumours, or even destabilisation

In this context, the communication objectives are to:

- continuously inform the population about the situation and the measures taken,
- maintain the population's trust and the credibility of the public authorities,
- encourage each citizen to become a player and responsible in the face of risk and promote national solidarity,
- inform about the ways in which the arrival of the epidemic on French territory can be delayed,
- inform the priority targets (children, French nationals, ...) about the specific measures that concern them
- prepare the country to manage the risk by coordinating with the European and international partners,
- help manage the crisis and maintain the organisation of society during the pandemic,
- prepare for the end of the crisis and the resumption of normal activities.

To reach this goal, communication must be three-fold:

- *informative communication* about the health situation and the state of preparation,
- *educational communication*: the disease and its prevention; the behaviour to adopt,
- *communication to elicit* trust in the public authorities: explaining the measures taken.

The challenge for information and training actions is to:

- meet expectations in terms of information about the avian flu and influenza pandemic risks,
- inform the general population and the professionals involved about the precise way to use hygiene and protection resources,
- promote the adoption of appropriate behaviour and gestures by the general public and elicit the acceptance of the logic used for the management of sometimes limited resources,
- create favourable conditions for the management of a crisis in the case of a pandemic by prior awareness and by providing appropriate, transparent and coherent information;

The organisation of communication is crucial:

- the strategic axes of communication are defined by the Prime Minister,
- in the pre-pandemic phase, communication is directed by the Prime Minister and coordinated by the SIG, in close and continuous liaison with the DILGA and the SGDN; within this general framework, before the crisis, each minister prepares the elements of communication related to the fields and specific audiences for which he or she is responsible,
- the inter-ministerial crisis cell is immediately activated, the minister of the interior, responsible for operational control of the government's actions, triggers and coordinates the communication from the different ministers with the support of the SIG,
- at the regional, departmental and local levels, the prefects coordinate territorial communication,
- abroad, the ambassadors carry out this mission,
- at different levels, European and international coordination is necessary.

2.8. - Management of French Nationals Abroad

In the case of a pandemic, measures should be set up in order to:

- protect French nationals,
- limit the impact on the working of the representational missions,
- support the international effort to delay the spread of the virus and the disease.

Heads of diplomatic missions, consuls-general or self-governing consuls implement the "Foreign Affairs Influenza Pandemic" plan derived from the overall governmental plan abroad. On this basis, they devise **their own plan**, adapted to their environment. Heads of consular missions act under the authority of the ambassador, who is responsible for the system set up to fight the pandemic in the country where he/she has been accredited

The "Foreign Affairs" plan follows the WHO phases and provides, as far as possible, for the supply of protection and healthcare resources for all French nationals abroad, along with the intervention of a resident French doctor (or failing that, a local doctor) approved by the representational mission.

Antiviral treatments as well as FFP2-type and surgical masks, designed to ensure coverage comparable to that achieved in France, have been stocked on a preventive basis in the representational missions. Further supplies can be provided after evaluating the situation.

The instructions about the prescription and distribution methods will be sent to the diplomatic posts according to the local situations.

In all situations, the plan prioritises the treatment of patients locally. To do this, embassies and consulates may be given extra human resources and supplies based on the country or countries involved as well as the level of their facilities and the size of the French community

As soon as situation 3A applies, the "Influenza pandemic" plan of each representational mission specifies the activation of the communication network with the French community and its representatives. The latter has been made aware of the pandemic risks during the meetings of the mission security committee. Its website is regularly updated and provides links with government sites and the WHO site. The French representation maintains contact with the representational missions of other European countries and, if necessary, local representatives of international health organisations, concerning the pandemic problem.

At the start of situation 4A (limited human transmission), a public response platform of the crisis cell will be opened at the Ministry of Foreign Affairs. Confinement – associated with healthcare, if necessary – will probably be applied to French nationals present in an infected zone. Unless otherwise required for public health reasons, returning to France will be recommended to French nationals residing in non-infected zones but threatened due to proximity. Such decisions, and in particular the definition of gradual danger zones around an initial focus of infection, will be previously examined by the French authorities, in liaison with the foreign authorities, European partners and international health organizations.

In situation 5, the setting up of a reinforcement consular and medical mission will be considered after obtaining the agreement of the local authorities, depending on the resources available locally. The transport of passengers to and from affected countries may be interrupted.

3.1. - Government Management of the response to the Crisis

1. Government Action and Operational Running of this Action

The **President of the Republic and the Prime Minister** are responsible for the political and strategic direction of the response to the crisis. The **Prime Minister** directs government action. He/she determines which situation of the plan France is in. Proposals of strategic directions are made at the level of the Prime Minister. He/she convokes a committee of ministers concerned, as required.

The **Minister of the Interior** takes charge of operational conduct of the response to the crisis in France at inter-ministerial level. All of the ministers lend him/her their support. The Minister of Health remains responsible for health questions.

The DILGA provides the Prime Minister and the Minister of the Interior with its support.

2. Inter-ministerial Structures for managing the response to the crisis

1. From situation 3B onwards and as soon as is deemed necessary, the Minister of the Interior sets up a decision-making **inter-ministerial crisis committee** (CIC), attached to and relying on the structure of his ministry. The committee includes a communication bureau

The inter-ministerial crisis committee, whose meetings are chaired by the minister or his representative, is made up of representatives of the cabinets or directorates of the ministries of health, agriculture, employment, justice, economy, finance and industry, foreign affairs, interior, defence, education, transport, overseas, ecology, tourism and immigration, the DILGA, the national defence general secretariat and the Government information service.

It ensures the continuity of the operational running of government action:

- it centralises all of the information and ensures that the Prime Minister and ministers are informed by regular situation reports,
- it prepares decisions and regulatory acts for which government is responsible,
- it makes and formulates decisions within its powers and transmits them to the operational systems,
- it follows the progress of the crisis at the international level,
- it proposes the elements for government communication and directs the communication committee.

It is supported, as necessary, by all of the ministries and their services.

The CIC is set up at place Beauvau under the responsibility of the Minister of the Interior. It is organised into three committees:

- decision making committee,
- situation committee,
- communication committee.

The detailed description of the CIC committees is given in sheet A7 of the plan's collection of technical information sheets.

2 The Minister of Health activates the **public health crisis centre**, with which the public health agencies (InVS, EPRUS, AFSSAPS, AFSSA, AFSSET) and the competent ministers are associated. With the scientific advice of the ministry's influenza fighting committee (CLCG), he/she draws up proposals intended to respond to the threat to public health and prepares their implementation. If these proposals require a decision at government or inter-ministerial level, the Minister of Health sends them to the inter-ministerial crisis committee.

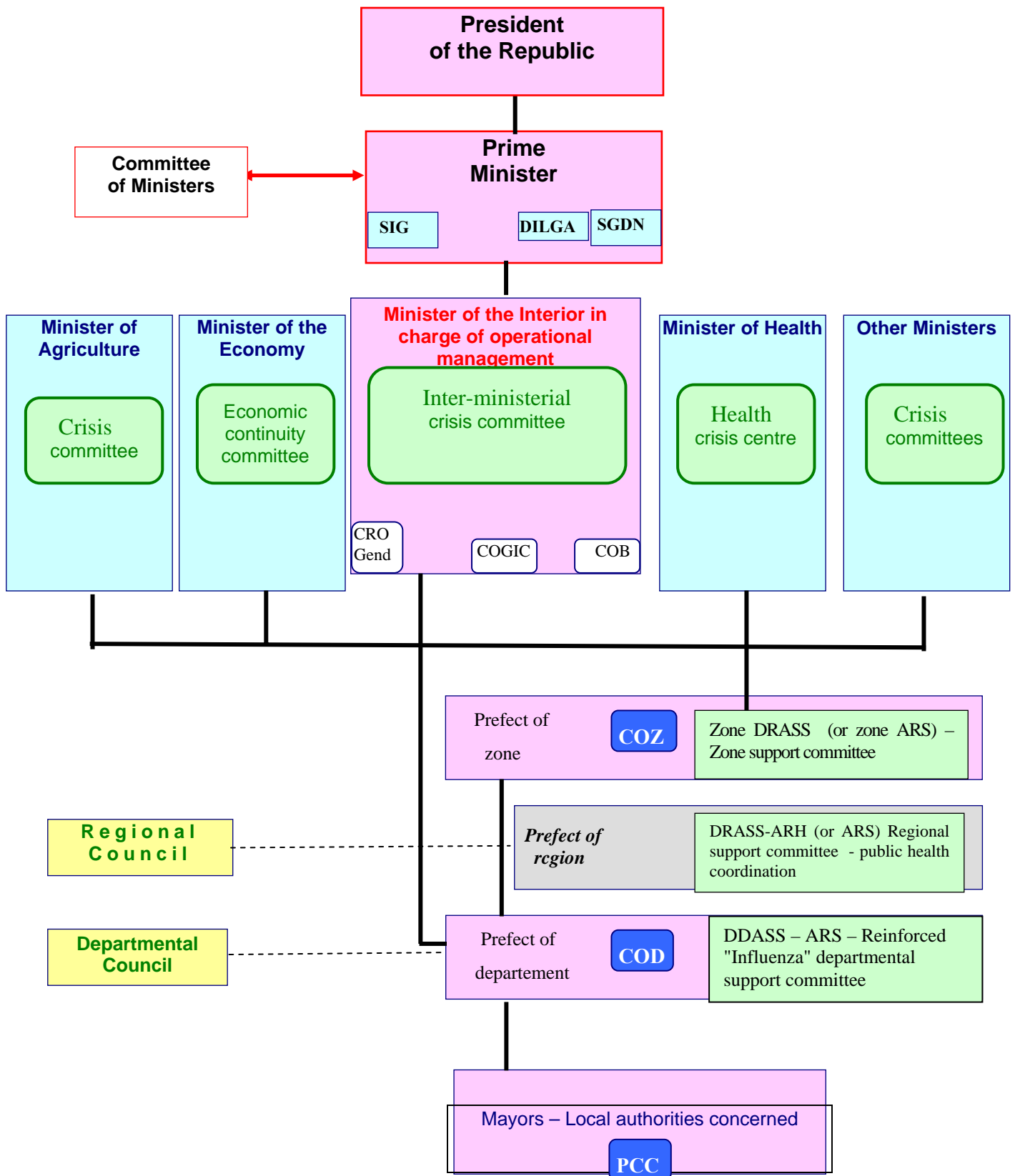
3. The **committee for the continuity of economic activity**, placed under the responsibility of the Minister of the Economy, is activated as soon as situation 4B arises, or even earlier, if there is a threat of dysfunction of a sector of vital importance or any other essential service for the life of the population in a time of pandemic. It includes representatives of the directorates of the Ministries for the Economy, Industry and Employment and, as and when needed, of the ministries in charge of the Interior, Health, Work and Employment, Transport, Agriculture and Ecology. It relies on sector specific committees led by their directorates (financial and banking activity, State income and spending, electronic communications, postal and delivery services, distribution, and economic communication). When the proposals require a decision at government or inter-ministerial level, the Minister of the Economy transmits them to the inter-ministerial crisis committee.

3. Main Operational Task Chain at the National Level

The CIC set up under the auspices of the Minister of the Interior receives the support of the COGIC for the questions related to civil security, the COB (police) and the CROGEND (gendarmerie) for the questions related to internal security. The CIC is also in liaison with the operational centres of the other ministries. The COGIC, COB and CROGEND are in liaison with the territorial operational centres. The COGIC is also the interface with the *European Monitoring and Information Centre - MIC*).

The **Ministry of Health's public health crisis centre** is in liaison with the CIC and all of the services with a public health role at international, European, national and territorial levels.

The **Ministry of Foreign Affairs' crisis centre** is permanently activated and in liaison with the crisis organisations of the diplomatic missions.



3.2. - Territorial Management of the Crisis – General principles

Prefects (i.e. representatives of the State at local level) implement the measures specified in the national plan and implementation circulars. They encourage local authorities to prepare themselves, particularly as regards local assistance to patients and isolated individuals.

1. Zonal prefects (cf. modified decree n° 2002-84 of the 16th of January 2002 and article L. 3110-1 of the Public Health Code) ensure the synthesis of information items emanating from Departments and transmit them to the Ministry of Health's public health crisis centre and the COGIC. They liaise with defence zone brigadier general and regional prefects, coordinate civil and military resources, analyse needs and determine reinforcement resources intended for the Departments.

For the public health and social management of the crisis, the zone prefects rely on the support of the zone's delegated DRASS and their zone defence and security services, which activate a zone support committee (the principles should be formalised in an inter-ministerial circular related to the current organisation of defence and security in the field of public health affairs). These delegated zone DRASS functions will be provided by the regional public health agencies of the zones' headquarters once these have been created.

The Zonal Operational Centre (COZ) is mobilized as soon as animal cases (situation 2B) or human cases (situation 3B) are detected in the zone. All COZ centres become increasingly active from situations 4B or 5A onwards.

Zone prefects organise at least one exercise per year in order to test and implement the measures of the plan that require the setting up of a specific organisation at territorial level. They also coordinate the departmental exercises.

2. Departmental prefects exercise the powers they have been given under normal conditions and in the context of the epidemic (law n°82-213 of the 2nd of March 1982 relative to the rights and autonomy of communes, departments and regions (article 34 in particular), article L. 2215-1 of the general local authorities Code, decree n°83-321 of the 20th of April 1983 relative to the powers conferred to prefects regarding non military defence, article L. 3110-1 of the Public Health Code).

The departmental operational centre (COD) is activated as soon as animal cases (situation 2B) or human cases (situation 3B) are detected in the department. All of the departmental operational centres are activated from situations 4B or 5A onwards.

Under the authority of the prefects, departmental directorates of health and social affairs (DDASS) run the monitoring, information and medical/hospital intervention networks. They monitor the changes in outpatient medical care capacities. Their services can be strengthened by the sharing of skills at regional level. These missions will be transferred to the ARSs when they are created.

The prefect relies, in particular, on the reinforced departmental "influenza" support committee set up with the DDASS. Its role is to:

- analyse the questions of organisation and continuity of care and define how they can be adapted,
- ensure that the most fragile people receive continued care (institutions housing old people and medico-social institutions, isolated people with reduced autonomy, running of reception and emergency housing services).

The prefects activate the economic crisis committees of the COD and COZ as needed and they coordinate the economic and employment services that periodically collect the indicators of activity. Each year, they organise a "pandemic" exercise on one of the themes chosen at national level.

The prefects run and coordinate the local networks whilst respecting the powers of territorial local authorities; they ensure the convergence of the efforts of territorial local authorities in application of the plan.

3. Regional and Departmental Councils, though they have no operational responsibility in crisis management, nonetheless contribute to the definition of local policies, the setting up of the resources necessary in collaboration with the State and local authorities; they finance and run the networks of assistance to individuals, orchestrate the local solidarity policy and play an important awareness raising role. As and when needed, they are associated with the territorial structures for responding to the crisis.

4. The mayor plays a major role in terms of public safety and health, particularly for the implementation of strategies decided by the authorities. He/she stays in constant liaison with the State's representative and implements the measures of the local authority's emergency plans. He/she relies on the government plan and its technical information sheets, and on circulars directly sent to him/her. The basic principles that guide his/her action are as follows:

- limiting the risks of transmission,
- maintaining the capacity of communal services to face the crisis,
- protecting communal players from the crisis.

At local authority level, the essential tasks involve:

- administrative policing: closure of teaching and day care facilities, obligation to wear a mask which may be decided, restriction or interruption of public transport, etc.
- maintaining social and health links with the population: conducting a census of people's needs, coordinating volunteers, encouraging neighbourhood solidarity, etc.
- maintaining missions that are essential for collective living: removing waste, producing drinking water, treating waste water, maintaining collective heating, funeral services, etc.
- contributing to organising vaccination against the pandemic as soon as the vaccine becomes available,
- communicating information to the population.

Organisation of solidarity at the local level, by relying on the municipal civil defence reserve, voluntary groups and volunteers from all sources, whose action needs to be orchestrated, constitutes an essential area of their action.

In the face of a serious pandemic, the delegation of responsibilities should be fully exercised, both for the sake of greater efficiency and a quicker response to the emergency situation, and in order to allow the higher levels to concentrate on problems where their intervention is essential.

5. Abroad, the State services mobilized to manage the crisis are placed under the authority of the **ambassador** who exercises the attributions assigned by decree n° 79-433 of the 1st of June 1979.

6. Each citizen, then becomes a crisis manager at his/her own level. This principle concerns companies, services, shops, associations and individuals themselves.

In the face of the magnitude of the consequences, solidarity will need to be:

- civic, by volunteering to serve within voluntary groups, the municipal civil defence reserve, the National Police reserve, military reserves, public health reserves, etc.,
- professional, within the health profession and other professions of the private and public sector, in order to limit absenteeism as much as possible and allow the activity to continue,
- between generations and neighbours in a municipal setting, in order to take care of isolated people, particularly the elderly, and look after children.

3.3. - Territorial management of the crisis – Organisation of care

For public health and social management, the departmental prefects activate, as and when needed, the enlarged white plans⁵, in particular, with the aim of ensuring:

- the organisation of outpatient care,
- inter-establishment cooperation,
- cooperation with the medico-social sector,
- the integration of the social management.

The prefects set up public health and social coordination centre (CCSS) which structure the work of the public health and medico-social professionals around the needs of the patients with the aim of optimising their medical management, their retention and/or their return home. The preparation of the organisation of care at departmental level is based on the implementation of the circulars that apply this plan with the support of the CODAMUPSTS, in particular.

The prefects make especially sure that premises that can be requisitioned in a pandemic situation to serve as intermediate reception centres for patients who would be isolated if they remained at home but whose state does not justify hospitalisation are listed (boarding schools, gymnasiums, old barracks, hotel infrastructures...); they make sure that they can get hold of them and equip them quickly.

The prefects organise the use of the public health reserve force.

The directors of health establishments trigger the white plans, as and when needed, to implement the provisions in the "influenza pandemic" appendices.

⁵ Circular DHOS/CGR/2007/130 of the 26th of March 2007 concerning the distribution of the guide to the organisation of care during an influenza pandemic, the drawing up of the "influenza pandemic" biological appendix of the white plans of health establishments and the preparation of the outpatient, pre-hospital and medico-social management organisation in the context of the enlarged white plan.

3.4. - International Management of the Crisis – the channels of communication

1. **Political and technical communication of France with United Nation agencies**, whether they emanate from the directorates of the Ministry of Foreign Affairs or other ministries, are, due to consistency of government action, the responsibility of the Office of the United Nations and International Organisations and **the Ministry of Foreign Affairs (MAEE/NUOI)**, which, according to the circumstances, activates the permanent representatives of France in Geneva, New York, Rome or Vienna. The latter are responsible for making contact with United Nations agencies.

The Minister of Health is the contact of the World Health Organisation (WHO), in his/her capacity as national focal point under the terms of the International Health Regulations (RSI).

2. **Communication with international financial institutions**, the World Bank and the International Monetary Fund is the responsibility of the **Ministry of the Economy, Finance and Industry**. The Directorate of economic and financial affairs at the Ministry of Foreign Affairs (MAE / DE) can be associated with these actions depending on the subject treated.

3. In the case of the **European Union**, for health operational issues:

Animal health: the **Ministry of Agriculture** is the contact for the permanent food chain and animal health committee (who decides whether or not to ban poultry imports) and the group of chief veterinary officers (CVO).

Human health: the **Ministry of Health** is the contact for various groups and committees that deal with human health-related issues:

- the health safety committee (HSC),
- the network committee for epidemiological monitoring and the control of transmissible diseases,
- the European Early Warning and Response System (EWRS),
- the European Centre for Disease Prevention and Control (ECDC).

- Regarding civil defence issues, the **Ministry of the Interior (COGIC)** is the correspondent of the European mechanism for civil defence (MIC).

Correspondences:

- **European diplomatic telegrams relating to foreign and security policy (PESC)**: use of the COREU secured telegraphic network. For France, this network is managed by the foreign policy and common security service of the Ministry of Foreign Affairs (MAE / PESC).
- **Areas other than the PESC**: the positions conveyed by France to European institutions are drawn up and prepared by the secretariat general for European affairs (SGAE), through which the correspondence addressed to European institutions is sent.
- The **Ministry of Health (General Health Directorate – DGS)** informs the European Union of the measures taken (by DGS/InVS message) via the *Early Warning and Response System (EWRS)* as well as the World Health Organisation, by the DGS, as the national focal point under the terms of the RSI. **This procedure is applied for measures det 08, erh 03 and erh 04.**

4. - Prevention and Emergency Plan for Avian Influenza (zoonosis)

The Ministry of Agriculture watches for the presence of influenza virus among animals and ensures that:

- regulatory measures for the protection of farmed birds are implemented with respect to the risks of contamination from the wild or other flocks,
- an effective vigilance and alert system is maintained,
- the efficiency of departmental emergency plans is duly updated and verified.

A scale of epizootic risk for mainland France is established as a function of the threat the virus represents in the wild birds. This scale encompasses the six following levels: **negligible 1, negligible 2, low, moderate, high and very high**. Surveillance and protection measures applied to farmed birds depend on the level of risk and the situation in or outside particular risk zones.

In an epizootic situation, the Ministry of Agriculture implements the national emergency plan in collaboration with the Departments affected. It ensures the liaison with European and international authorities responsible for animal health.

1. Surveillance of farmed birds and wild fauna on French territory

Active surveillance conducted by departmental veterinary services aims to detect the presence of H5 or H7 strains in the most sensitive poultry raising flocks. Past epizootics have indeed shown that a highly pathogenic strain most frequently appears a few weeks to a few months after the circulation of a mildly pathogenic H5 or H7 strain in these farms. Such monitoring follows the recommendations of the European Commission, to whom an annual account summary is addressed.

Farmers and veterinarians with a health mandate perform passive monitoring of poultry farms; farmers are informed about the criteria for calling a veterinarian; any sign that might be linked to influenza demands that a declaration of suspicion be made to the departmental director of veterinary services (DDSV). Suspicion entails the containment and analysis of the farm animals. The measures are lifted if all risks of infection have been discarded. Surveillance is reinforced as soon as the level of epizootic risk is deemed moderate.

Surveillance of wild fauna is achieved by sampling campaigns on birds known to be "reservoirs" of mildly pathogenic strains and by performing analyses in case of significant unexplained mortality. Surveillance is reinforced as soon as the epizootic risk is considered to be low.

The International Office of Epizootics (IOE) ensures epidemiological surveillance watch on a global level. The Ministry of Agriculture and the European Commission are in constant liaison with the IOE.

2. Protection of Poultry Breeding Stocks and Other Birds

The Ministry of Agriculture decides, in liaison with the European Commission, on all measures that can limit the introduction of the animal disease into the European Union. These measures involve forbidding the import of live birds and untreated poultry products from countries infected with avian influenza.

French stock raisers are regularly made aware of the health protection rules for farm animals:

- health barriers against people and vehicles coming from other breeding farms,
- regular cleaning and disinfection of facilities,
- prevention of close contact between domestic and wild birds.

In the case of a moderate risk level, breeders located in a risk zone where animals are not confined or protected by an equivalent system must set up a bio-security system involving the implementation of a guide to good health practices. **When a high risk is declared**, all farmed birds on the mainland are subject to the implementation of this guide.

Gathering of birds is forbidden in risk zones **from the moment the risk level is low** and throughout the mainland territory **as soon as the risk is deemed high**

National plan "Influenza pandemic"

Special measures are applied to certain categories of birds such as racing pigeons, farmyard poultry and calling birds depending on the level of risk. A decree fixes the conditions whereby rare or protected species of birds and hobby and ornamental birds, which cannot be confined or protected by an equivalent system, are to be vaccinated

A protocol between the Ministry of Health and the Ministry of Agriculture has provided for exchanges on the world epidemiological situation and immediate information of all partners when an influenza virus strain of an H5 or H7 sub-type, whether pathogenic or not, is isolated.

3. Emergency Plans

An emergency plan specifying the actions to be taken in case of suspicion and confirmation of an avian influenza focus in a breeding farm has been drawn up at national level.

Each department establishes an emergency plan according to the model devised at national level. This plans:

- the actions to be taken in case of suspicion or infection of one or more breeding stocks, including special measures for facilities housing lineage birds or rare and/or protected bird species,
- the role and protection of the various players (including private service providers),
- stocks of supplies, products and equipment for individual protection,
- the preparation: making a census of breeding stocks, training and awareness raising of the players involved, exercises, etc.

Part One: Measures in Case a Poultry Breeding Stock is Suspected

The main measures when avian influenza is suspected in a poultry breeding stock are:

- publishing of a prefect's decree declaring the stock under surveillance,
- sequestration of the stock,
- sampling for analyses,
- setting up of a system to control all movements (people, other animals, etc.) and disinfect vehicles leaving the breeding farm,
- an epidemiological investigation aiming to determine which breeding stocks are the source of the infection, which other stocks might have been contaminated by this particular breeding stock, and the products and produce that might be contaminated.

Depending on the plausibility of infection and the risk of dissemination, preventive slaughter and the setting up of regulated zones designed to limit movements around the focus of infection may be decided.

Part Two: Measures in the Case of a Verified Infection (Confirmed Focus)

The most important measures scheduled are:

- the issuing of a prefect's decree declaring the presence of infection
- measures concerning the infected breeding stock:
 - o if the virus is highly infectious, the immediate slaughter of the poultry on the premises,
 - o the destruction of the corpses and all products that cannot be disinfected,
 - o the cleaning and disinfection of the facilities.
- measures around the infected breeding stock: the setting up of a protection zone (minimal radius of 3 km) and a surveillance zone (minimal radius of 10 km).

Under the authority of the prefect, the COD coordinates the activities of State services (DDSV, DDASS, DDAF, DDE, Gendarmerie, SDIS) to carry out various operations, including livestock decontamination, protection of people and road access control etc.

4. Financial Elements that are the Responsibility of Veterinary Public Health

The State takes charge of veterinarian control visits and laboratory analyses.

The State also takes charge of the losses incurred by breeders having poultry or birds declared infected: replacement value of the slaughtered animals, loss of production linked to the blocking of the farming business, reimbursement of the products and produce destroyed by order of the authorities, fees charged for disinfection.

Part Two

Decision-Making Support Sheets

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Methodology for Using Decision-Making Support Sheets

Decision-Making Aid Sheets have been established for each of the situations identified.

These information sheets present a series of measures, grouped according to 18 purposes.

Objectives	abbrev.	number of measures
To reinforce government, ministerial and territorial organisation	org	24
To prevent the introduction of the epizootic into France and reinforce watch on French territory	zoo	15
To contain the spread of the virus among animals and eradicate it	era	19
To prevent any transmission to humans	trh	5
To prepare the national system of response to a pandemic	pre	42
To assist French Citizens abroad	fre	15
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To detect and report human cases on French territory (on mainland and overseas territories)	det	7
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To inform the general public and professionals	inf	31
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Total number of measures		297

1. Each information sheet is presented in two parts:

- major measures in terms of their impact and/or inter-ministerial nature, **to be examined as a priority** (in a red box),
- support and application measures.

2. **A single information sheet deals with situations 5B and 6** because situation 5B corresponds in fact to the onset of the pandemic and justifies examining the same set of measures as those called for in pandemic situation 6. In situation 5B, certain measures may be applied more particularly to the affected parts of the territory, whereas in situation 6, the national implementation of the majority of measures will be systematic.

3. These measures are proposals that must be examined by the CIC on a case-by-case basis according to the circumstances. If necessary, they need to be adapted according to the epidemiological characteristics of the virus, available resources and techniques, and the attitudes of the various players. Some major measures may require a government decision.

National plan "Influenza pandemic"

4. The division into scenarios by means of these information sheets may not correspond to the context, particularly at the beginning of the pandemic, with extensive inter-human transmission (order of magnitude of a hundred cases). In order to deal with this uncertainty, a **quick response "Imminent risk of pandemic" information sheet** has been drawn up, which insists on the major measures to be taken into account during a transition period, irrespective of the public health conditions that prevail on French soil.

Conversely, in the case of limited inter-human transmission (order of magnitude of ten cases, i.e. transition from situation 3 to 4) the measures referred to will be those of situation 4 in the plan.

Information Sheet on the Themes of Inter-ministerial Meetings

Inter-ministerial committees and meetings chaired by the Prime Minister or his/her Cabinet may deal with the following themes, in particular.

1. Report on the national and international situation and account of measures already taken:

- Level of the French plan and review of the principle measures already implemented (DILGA, SGDN);
- Events related to animal health abroad and in France (Minister of Agriculture);
- Events related to human health abroad and in France (Minister of Health);
- Epidemiological situation abroad and in France: number of cases, countries affected and countries threatened, French nationals affected or threatened, mapping of cases and scenarios foreseeable, etc. (InVS);
- Public health data: effectiveness of treatment applied, information on vaccines, etc. (Minister of Health);
- International public health situation via major organisations: phase of the WHO plan, etc. (Minister of Health);
- International situation and information gathered from diplomatic missions (Minister of Foreign Affairs);
- Economic consequences in France and abroad (Minister of the Economy and other Ministers concerned);
- Situation relative to the life and safety of the population (Ministers of the Interior and Social Affairs);
- State of communication and information campaigns, monitoring of public opinion and the media (Government information service).

2. State of preparation of administrative bodies and operators:

- Plans for the continuation of ministerial activity (ministries represented);
- Summary on the preparation of major operators and companies (Minister of the Economy).

3. Proposals for zoning, which may serve as a basis for making risk management decisions (affected zones, threatened zones, other zones).

4. Organisation and follow-up of the response

- Presentation of the choice of measures including: the choice of immediate or delayed implementation, the time necessary for preparing each measure, the means of monitoring means and assessing their effectiveness (indicators);
- Measures related to animal health (Minister of Agriculture);
- Measures related to human health (Minister of Health);
- Measures concerning French nationals abroad (Minister of Foreign Affairs and Minister of Health);
- Measures to ensure the continuity of social and economic life (Ministers of the Interior, the Economy and Social Affairs);
- Measures concerning public order and the safety of the population (Minister of the Interior).

5. - Preparation of documents to inform the players involved and the population on the situation and the measures taken or planned.

6. Operational running of government action:

From situation 3 of the French plan onwards, the Prime Minister may entrust the operational running of the crisis, according to the inter-ministerial plan, to the Minister of the Interior. When this occurs, an Inter-ministerial Crisis Committee (CIC) is set up as quickly as possible. The proposals that should be subject to the Prime Minister's arbitration can be examined by a Committee of Ministers.

RAPID RESPONSE SHEET

"Imminent risk of pandemic"

This sheet can be used in all cases where the start of a pandemic seems imminent

As soon as the onset of a pandemic appears to be imminent, drastic measures must be taken in order to slow its momentum and protect the population, independently of the presence or absence of confirmed cases on French territory.

Alert signs that may justify the use of this information sheet are as follows: sudden notification by corroborating sources, somewhere in the world, of a widespread illness with a large number of influenza syndrome cases (more than a hundred) with a suspected rapid spread (very contagious), an abnormally high mortality and/or a clinical or biological seriousness requiring significantly more frequent hospitalisation than for seasonal influenza.

Conversely, inter-human transmission involving a limited number of cases, within families for instance (probably transition from phase 3 to phase 4), does not justify referring to this information sheet but examining the measures pertaining to situation 4.

Special attention will be paid to communicating with the public (cf. p 35).

The measures specified are proposals that must be examined by the CIC on a case-by-case basis and adapted to the context if necessary. Some major measures may require a government decision.

Major Measures

Government organisation - Evaluation of the situation

org08. As soon as the triggering event is confirmed, an inter-ministerial meeting is held: a proposal for entrusting the operational control of the crisis, on the inter-ministerial level, to the Minister of the Interior is addressed to the Prime Minister; the inter-ministerial crisis committee is set up. The Ministry of Health's public health crisis centre is activated.

org19. Activation of the departmental operational centres and reinforcement of the COZs.

eva00. Continuous updating of the epidemic situation and the forecast of epidemic developments abroad and in France, if applicable.

Measures aiming to delay the onset of the pandemic.

The objective of these measures is to delay the progress of the epidemic as much as possible (by a few days to 2 or 3 weeks) in order to:

- *set up of the response system and reduce consequences to the maximum (organisation of outpatient medical care, scaling up of "SAMU Centres 15" emergency medical services, etc.);*
- *provide extra time for the formulation of antiviral drugs, the production of pandemic vaccine, the manufacturing of masks, possible pre-pandemic vaccination (time necessary for the development of immunity), etc.;*
- *spread the pandemic peak and thus reduce the strain on the healthcare system.*

1. Hypothesis of a general reflex reaction (probably highly effective but possible application time short)

imp14. Border controls, effective if implemented early, involving European coordination. Priority maintenance of freight movement.

imp15. Interruption of international passenger arrivals and departures, especially by air, which are a vector for importing the epidemic ⁶.

imp16. Upon arrival of transit flights from the countries affected by the interruption decision, the crew and passengers are placed under quarantine (very limited reception capacity).

2. Hypothesis of measures targeted on the geographical area where the pandemic started

bar07. Protection of unaffected overseas territories (or protection of France from affected overseas territories); restriction on the transport of passengers.

For countries affected by inter-human transmission, depending on seriousness and the degree of contagiousness:

imp03. Suspension of air, sea or land passenger connections with the countries affected; for people in transit from those countries at the time the decision is taken, preventive quarantine on arrival (very limited capacity).

imp08. Suspension, in affected countries, of visa delivery for travel to France.

For countries neighbouring affected countries, either implementation of measures imp03 and 08 above, as in the case of affected countries, or:

fre09. Examination of the relevance and risks of an express recommendation to French citizens to leave the countries neighbouring affected countries, with a health check upon leaving such countries.

imp01. Request for an emergency meeting of European Union Member States to study the measures to be taken at Community level (limitation of the delivery of visas and entries into the Schengen space, restriction of air travel, quarantine on arrival, etc.); consultation of the Member States and Commission on the nature and scope of control measures envisaged by France (*simple information in case of emergency*).

imp10. Setting up of a system for the traceability of travellers on their arrival.

imp12. Quarantine measures (very limited capacity) or prophylactic treatment extended to French nationals coming from countries neighbouring affected countries.

Reminder: nationals who are putative or confirmed cases are managed locally in the affected country by relying on local health structures, and if necessary with the support of the avian flu medical advisor and supply stock of the diplomatic mission.

Major public health measures to be examined prior to their implementation

pre30. Setting up of a suitable system for taking care of outpatients, particularly the social and health coordination centres, consultation centres and the intermediate reception structures.

pre31. Use of pre-pandemic vaccine stocks depending on the development of knowledge and/or observed effectiveness, based on the latest conclusions of expert assessments.

pre41. Pharmaceutical companies get ready for the production of the pandemic vaccine.
This measure, to be examined with the firms, may involve a total or partial halt in the production of seasonal influenza vaccine.

pre42. Strengthening of the regulation platforms of the SAMU-Centres 15 and the telephone answering capacities.

pre 43 Call-up of the public health reservists.

cas13. Launch of "Influenza Pandemic" appendix of the "white" plans for health facilities and "blue" plans for facilities housing elderly people.

cas10. Setting up of an adapted outpatient care system.

cas18. Implementation of the plan for the distribution of health products and protection equipment.

⁶ Models published in 2006 report a pandemic peak delay of about 1 to 2 weeks for a 90% restriction of arrivals of all international passenger flights and 3-4 weeks or more for a 99% restriction. The effectiveness seems to be higher if the restriction is made at the level of departures from affected countries.

All other preparative measures ("pre" according to the table in Part Three) must be implemented urgently and checked.

Barrier measures

- bar01 During the initial phase of the epidemic, interruption or reduction of some local public transport facilities, which are potential places for viral transmission (depending on the virulence of the virus and the necessity for ensuring their operation).
- bar02. Closing of day nurseries, educational and training facilities, boarding schools, youth facilities (a measure with proven effectiveness, essential for limiting transmission during influenza epidemics).
- bar03. Suspension of group activities: shows, sports events, fairs and exhibitions, etc., and adaptation of cultural activities.
- bar12. Wearing of respiratory protection for health professionals, rescue personnel and anyone whose mission implies repeated contact with patients or those mentioned in §4.2 of the plan ; patients must wear surgical masks.
- pre40. Activation and implementation of the continuity plans of ministries, public facilities, local authorities and companies..

Application and support measures on the part of ministries

All ministries

Assessment of the situation

- eva01. Setting up and circulating a daily summary of the situation by each ministry, based on the indicators they have previously defined; surveillance intended to anticipate the possible difficulties; to this effect, association of operators relevant to each ministry's sector.
- eva03. Diplomatic missions in affected countries will inform the Ministry of Foreign Affairs and the inter-ministerial crisis committee about the resources and measures deployed by foreign countries to fight the disease.
- eva05. Collection, as soon as possible, of all the parameters and indicators for monitoring the public health situation so as to adapt the system of response to the pandemic.
- org11. Implementation of an economic continuity committee, attached to the Minister of the Economy.
- mnt05. Activation of zone committees for monitoring supplies and activities, attached to the zone operational centre

Other measures

Ministry of Defence

- pre13. Antiviral health products: packing of bulk products into pharmaceutical form.

Ministry of the Interior

- pre20. Implementation of measures for securing facilities for producing and storing means of protection and health products, health facilities, pharmacies, and the private medical profession.

Ministry of Transport

- pre34. Initiating operation of the airport platform(s) dedicated to receiving aircraft likely to transport flu patients.

Ministry of Justice

- bar14. Setting up of specific measures for the protection of prison facilities.

All ministries

- pre17. Precise nominative distribution of personnel occupying posts essential for the running of facilities and accurate planning of as many staff relief options as possible.

Ministry of Health: preparing the national pandemic response system

All preparatory measures must be urgently implemented and checked.

pre00. Instructions to prefects for the implementation of adapted medical care:

1)outpatient medical care system for patients; 2) health and social coordination centres; 3) scaling-up of the "SAMU-Centres 15"; 4) "white" plans for health facilities along with their "Influenza Pandemic" appendix and "blue" plans for medico-social facilities; 5) expanded "white" plans; 6) intermediate reception structures.

pre03. Verification of the pre-positioning of health products and protection equipment in France and French overseas territories; reinforcement of the stocks of health products and protection equipment in diplomatic missions.

pre06. Order by the Minister of Health in application of article L. 3110-1 of the public health law, including the measures of quarantine or isolation planned from WHO levels 4 or 5 onwards, implemented by prefects, as necessary.

pre07. Implementation of the anti-pneumococcal vaccination of vulnerable people who have not yet benefited from it (protection against certain bacterial secondary infections).

pre10. Checking of the availability of biological tests (PCR primers, quick tests...).

pre11. Reinforcement of the production of masks by the French industry (Minister of Health in collaboration with the Minister of Industry).

det01. Activation of InVS's clinical and epidemiological assessment committee.

det02. Circulation of the protocol for managing possible cases to health facilities, emergency medical services (including the SAMU-Centres15), airport medical services, employment medical services and national influenza reference centres....

det04. Placement under alert and/or reinforcement of the two surveillance networks, GROG and "Sentinelles" (Sentry)..

det05. Reinforcement of the network of influenza diagnosis laboratories.

det07. In the event of suspicion, immediate recourse to InVS's clinical and epidemiological assessment committee; the InVS shall inform the Minister of Health.

cas01. Organisation of patient management, preferably in a hospital setting (technical information sheet D1).

cas03. Management of infected people and possible cases according to the protocol stipulating the conduct to be adopted in the presence of possible cases of influenza by a new viral subtype with inter-human transmission.

cas04. Management of patients detected while travelling to France, following a specially defined procedure (cf. technical information sheet D2)

cas08. Suspension of the "family doctor" system (law 2005-1579 of the 19.12.05, art. 37) and implementation of the administrative measures facilitating the coverage of illness and patients.

cas12. Implementation of a specific organisation for patient transport, laboratory analyses, etc.

cas16. When the suspected cases become too numerous, after regulation by the SAMU-Centre 15, only patients requiring continual monitoring or specific therapeutic actions or reanimation are taken into care by the health establishments.

erh06. Specific measures for taking care of people who have been in contact with patients (quarantine at home and, if necessary, prophylactic treatment using antineuraminidase drugs).

Ministry of Foreign Affairs

Context: As soon as the pandemic has started, all countries may be affected within a short time span

- fre03. Medical care administered locally to possibly infected or infected French nationals in affected countries using local healthcare structures, if necessary with the assistance of the avian influenza medical advisor of and using the means available to the diplomatic mission. Delivery of protective products and equipment following previously defined instructions.
- fre07. Limiting of the number of State agents abroad to essential posts only.
- fre08. Closing of French schools and cultural centres in affected countries and neighbouring countries, as decided by ambassadors.
- fre11. Setting up of a support system for tourists and non-resident French nationals who could not be repatriated in time.
- fre16. Modification of the Ministry of Foreign Affairs' "Advice for travellers" Internet site.
- fre18. On recommendation by the MAEE crisis centre, placing in alert mode and/or sending, upon agreement of the foreign local authorities, and in liaison with the ministries of health and defence, a reinforcement consular and medical mission, depending on the resources of the countries affected and the means available to the French representational mission.
- fre19. Setting up, depending on the level of means available locally, of supplementary care and protection resources appropriate for the number of people requiring assistance.
- fre22. Sending of the updated number of French nationals by the diplomatic mission(s).

Local authorities

- pre18. Organisation of the departmental councils in order to supporting fragile people coming within their remit (MCH, old people's homes, disabled people, children, etc.) and other activities.
- pre19. Organisation of municipal services in order to support of the population: putting the municipal civil defence reserve on alert, contact with social and local associations, etc.

All ministries

- inf02. Information about bans and restrictions on and/or special measures concerning international exchanges for operators of international airports and ports, travellers, travel agents and transport businesses.
- inf13. Information about the closure of day nurseries and teaching or training facilities.
- inf17. Information, by the relevant ministry in charge, for private health professionals, regional flu observation network (GROG) physicians, health facilities and SAMU-Centres 15 medical emergency services, pharmacists, rescue services, biomedical analysis laboratories, armed forces health services, employment medical services and educational establishments about procedures, means of protection (masks) and appropriate conduct.
- inf23. Information for the general public about the situation, the rules to follow and the behaviour to adopt, including the immediate reporting of any influenza symptoms and their aggravation; call for neighbourhood solidarity.
- inf40. Activation of the telephone answering platforms of the Ministries of Health and Foreign Affairs.
- mtn37. If a significant amount of time is available, people will be encouraged to build up an additional reserve of non-perishable food and bottled water; communication encouraging grouped purchases instead of repeated purchases, which would lead to undesirable gathering of people during an epidemic; if there is little time available, mass purchases likely to lead to unjustified shortages will be discouraged.

Situations and Measures

The measures specified are proposals that must be examined by the CIC on a case-by-case basis and adapted to the context if necessary. Some major measures may require a government decision.

In order to assist in decision-making, certain measures are accompanied by an evaluation of relevance derived from the analysis of real epidemics or pandemics.

Decisions for the implementation or lifting of measures are immediately transmitted by the SGDN to the ministries that will have to implement them. A confirmation message is sent to them.

Situation 1:

No new animal influenza virus circulating in humans

Predominant animal transmission period – WHO Phase 1

These measures are part of permanent security position and are to be implemented immediately situation 1 arises, but also continued throughout the various situations

Objective: to avoid the introduction of an epizootic into France and reinforcing watch on the territory

zoo01. Monitoring of the circulation of avian influenza viruses in poultry farms.

Objective: to prepare the national system of response to a pandemic

pre01. Definition and testing of the capabilities and measures for preventing and controlling an influenza pandemic.

pre35. Permanent monitoring of the worldwide circulation of avian and human influenza viruses.

pre36. Permanent updating of the plans for the prevention and control of a influenza pandemic.

pre37. Permanent updating of the plans for the prevention and control of avian influenza.

pre38. Running of a research and development programme on avian influenza, pandemic influenza and the means to combat them.

Situation 2A:
**An animal virus, known to have caused infections in humans,
identified in animals abroad**

Predominant animal transmission period – WHO Phase 2

The measures specified are proposals that must be examined by the CIC on a case-by-case basis and adapted to the context if necessary. Some major measures may require a government decision.

The occurrence of an influenza epizootic represents a risk factor once viral strain is known to have caused infections in humans.

Major Measures

- org26. Measures taken by the Minister for Agriculture aimed at preventing epizootics and combating the avian outbreaks
- zoo04. Banning of imports of birds and animal products from affected areas, in liaison with the European Commission (possible suspension of delivery of certificates for the import, export and transport of animals).
- zoo07. Specific measures for the protection of poultry farms.
- zoo13. Definition of special rules for hunting: practices to be followed, restriction, prohibition, etc....
- zoo14. Definition of a possible strategy for the vaccination of endangered species.
- zoo16. Provisions relating to poultry markets, bird shops, bird exhibitions, etc.

Application and support measures

Objective: to strengthen government, ministerial and territorial organisation

- org04. Consultation of the general office for food (DGAI) monitoring committee.
- org12. Information provided by the Ministry of Agriculture (DGAI) to its partners (DGS, AFSSA, InVS, national influenza reference centres) following the Agriculture-Health protocol.
- org14. Informing the advisory committee for animal health and protection.
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to prevent the introduction of an epizootic into France and reinforce the monitoring of the territory

- zoo02. Contribution, under IOE and FAO supervision, to the fight against the epizootic in the countries affected; examination of the requests for technical help on the part of countries affected.
- zoo03. Activation of diplomatic mission veterinary advisers in the countries affected.
- zoo05. Reinforcement of veterinary and customs controls.
- zoo06. Instructions to poultry farming professionals concerning vigilance and observance of good hygiene practices for breeding activities.
- zoo08. Surveillance of native species and migrants seen.
- zoo09. Assessment of the means of diagnostic and veterinary intervention as a function of risk.
- zoo10. If the strain is other than H5 or H7, inclusion of a new, potentially pandemic strain in the list of dangerous infectious agents and publication of a decree limiting the conditions of its possession and handling (modification of the decree of the 30th of July 2004).

National plan'' Influenza pandemic

- zoo11. Specific protection of poultry farms producing eggs for making vaccines, in cooperation with the Ministry of Health.
- zoo12. Implementation of the emergency plans for ornithological and zoological parks.

Objective: to inform the general public, managers, professionals and businesses

Measures related to avian influenza

- inf01. Information for travellers and expatriates about the precautions to take in countries affected by the epizootic.
- inf09. Information for bird farmers, hunters and veterinarians about the risks linked to avian influenza and the respect of health protection rules for breeding stocks.
- inf11. Training of school children, by teachers and health professionals, to use measures to avoid contamination by birds with avian influenza.
- inf19. Information for the general public about the risk of avian influenza, the measures for limiting contamination and the consumption of poultry.
- inf25. Raising the media's awareness of the problem of avian influenza.
- inf35. Raising the elected representatives' awareness of the measures to implement in the face of epizootic clusters and the measures for limiting contamination

Measures to prepare for a possible human pandemic

- inf15. Information, from the relevant ministry in charge, for private health professionals, regional flu observation network (GROG) physicians, health facilities and SAMU-Centres 15 medical emergency services, pharmacists, rescue services, biomedical analysis laboratories, armed forces health services, employment medical services and educational facilities about the conduct to adopt in the situations defined by the governmental plan.
- inf30. Raising the awareness of public and private companies about the problem of a flu pandemic and encouraging them to prepare for it.
- inf34. Raising the awareness of elected representatives about the risks of pandemic and the measures to be taken.
- inf41. Training of school children, by teachers and health professionals, to adopt essential gestures to prevent inter-human transmission of respiratory diseases.
- fre16. Modification of the Ministry of Foreign Affairs' "Advice for travellers" Internet site.

Situation 2B: An animal virus, known to have caused infections in humans, identified in animals in France

*The measures specified are proposals that must be examined by the CIC on a case-by-case basis.
Some major measures may require a government decision*

The Ministry of Agriculture is in charge of watching for, alerting about and eradicating avian influenza clusters. It is responsible for developing and updating emergency plans. The Ministry of Health is in charge of preventing human transmission and watching for and detecting the first human cases linked to exposure to a highly pathogenic avian influenza virus.

Major Measures

- org26. Measures taken by the Minister for Agriculture aimed at preventing epizootics and combating the avian outbreaks
- era01. Activation of the Ministry of Agriculture's emergency plan relating to avian influenza. Implementation of planned measures of sequestration and destruction of poultry stocks, and measures for setting up perimeters and destroying unsafe foodstuff.
- era09. Specific measures for protecting overseas territories not affected by animal cases, or for protecting France from an affected overseas territory.
- era13. Over the whole or part of the territory, specific measures for the protection of poultry farms.
- era18. Definition of special rules for hunting: practices to be followed, restriction, prohibition, etc.
- era19. Vaccination of endangered species.
- era20. Provisions relating to poultry markets, bird shops, bird exhibitions, etc
- trh04. On decision by the Minister of Health, chemo-prophylaxis of exposed people.
- trh05. On decision by the Minister of Health, vaccination of exposed people with a specific vaccine.

Application and support measures

Objective: to strengthen government, ministerial and territorial organisation

- org05. Activation of the general office for food (DGAI) national crisis committee.
- org06. Solicitation of the Ministry of Health's Committee for the Fight against Influenza (CLCG).
- org12. Information provided by the Ministry of Agriculture (DGAI) to its partners (DGS, AFSSA, InVS, national influenza reference centres) following the Agriculture-Health protocol.
- org15. Convocation of the advisory committee for animal health and protection.
- org17. Activation of the departmental operational centre of the department(s) affected.
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to contain the spread of the virus among animals and eradicate it

- era02. Alert instructions of the departmental veterinary services (DDSV) in the event of any suspicious case; systematic information of the DGAI by the DDSVs regarding any suspicious case.
- era03. Activation of an epidemiological investigation on suspicious or confirmed animals. If it concludes that the wild birds might have been the source of contamination or could have been contaminated by the affected breeding stock, implementation of stock surveillance and protection measures appropriate for the level of epizootic risk as defined by the scale of epizootic risk. (§ 12).

National plan'' Influenza pandemic

- era04. Sequestration of breeding stocks likely to have been contaminated or to have been the source of contamination of the infected stock.
- era05. As soon as a case is confirmed or strongly suspected in a breeding stock, destruction of the poultry on the farm and setting up of a protection perimeter (control of traffic, sequestration of the stock, preventive slaughtering of the poultry within the perimeter if deemed necessary) and a larger monitoring perimeter.
- era06. Destruction or disinfection of foodstuff coming from the poultry farms that are infected or located in the protection and surveillance areas.
- era07. Inspection and control of poultry farms located in protection and monitoring areas.
- era08. Full capacity activation of the diagnosis laboratories network.
- era10. Information to the European Commission and the International Office of Epizootics.
- era11. Reinforcement of veterinary and customs controls.
- era12. Instructions to bird farming professionals concerning vigilance and observance of good hygiene practices for breeding activities.
- era14. Over the whole or part of the territory, implementation of the emergency plans for ornithological and zoological parks.
- era15. Specific protection of poultry farms producing eggs for making vaccines.
- era16. Surveillance of native species and migrants seen.
- zoo10. If the strain is other than H5 or H7, inclusion of a new, potentially pandemic strain in the list of dangerous infectious agents and publication of a decree limiting the conditions of its possession and handling (modification of the decree of the 30th of July 2004).

Objective: to prevent any transmission to humans

- trh01. If there is an identified epizootic cluster with a highly pathogenic virus, implementation of the actions in the protocol stipulating the conduct to be adopted in the presence of an avian influenza cluster involving a highly pathogenic virus and presenting a proven risk of human transmission during an epizootic in France or in neighbouring regions, in order to prevent any contamination of people involved in poultry farming, relatives of the breeders and veterinary inspectors involved.
- trh02. Reinforcing of hygiene measures in affected or threatened poultry farms.
- trh03. Setting up a medical monitoring of the people exposed.

Objective: to inform the general public, managers, professionals and businesses

Measures related to avian influenza

- inf01. Information for travellers and expatriates about the precautions to take in countries affected by the epizootic.
- inf10. Recommendations to breeders, hunters and veterinarians and their families in case of suspected or confirmed cases of avian influenza.
- inf11. Training of school children, by teachers and health professionals, to adopt measures to avoid contamination by birds with avian influenza.
- inf20. Information for the general public on measures to prevent contamination in case of an epizootic, on the consumption of poultry and the possible risks related to domestic animals.
- inf25. Raising the awareness of the media about the problem of avian influenza..

Measures to prepare for a possible human pandemic

- inf15. Information, from the relevant ministry in charge, for private health professionals, regional flu observation network (GROG) physicians, health facilities and SAMU-Centres 15 medical emergency services, pharmacists, rescue services, biomedical analysis laboratories, armed forces health services, employment medical services and educational facilities about the conduct to adopt in the situations defined by the governmental plan.
- inf30. Raising the awareness of public and private companies about the problem of a flu pandemic and encouraging them to prepare for it.
- inf34. Raising the awareness of elected representatives about the risks of pandemic and the measures to be taken.
- inf41. Training of school children, by teachers and health professionals, to adopt essential gestures to prevent inter-human transmission of respiratory diseases.

Situation 3A: Isolated human cases abroad

– WHO Phase 3

The measures related to the epizootic are to be found in the situation 2A and 2B information sheets

Major Measures

- pre04. Building up of national stocks of health products and protective equipment.
- pre02. Setting up of stocks (masks, health products) in health establishments and other storage places.
- pre08a Drafting of their continuity plans by operators and business managers, especially those from economic sectors of vital importance, to ensure the supply of goods and services in the long term. Acquisition of means of protection by operators and businesses.
- pre09. Reinforcement of the mask production capacities of the French industry.
- pre12. For French nationals abroad, activation of a network of avian influenza medical advisers and information of companies employing expatriates.
- pre13. Antiviral health products: packing of bulk products into pharmaceutical form
- pre14. Production of a "pre-pandemic" vaccine and contractual reservation of the pandemic vaccine.
- pre26. Designation and equipment of one or two airport platforms dedicated, from situation 4 onwards, to receiving aircraft likely to carry influenza patients.

Application and support measures

Objective: to strengthen government, ministerial and territorial organisation

- org00. **Examining the maintaining or lifting of previously decided measures.**
- org04. Consultation of the general directorate for food's monitoring committee.
- org06. Solicitation of the Ministry of Health's Committee for the Fight against Influenza (CLCG).
- org13. Reciprocal information according to the protocol between the Ministry of Health (DGS, AFSSA, InVS, national influenza reference centres) and the Ministry of Agriculture (DGAI).
- org14. Informing the advisory committee for animal health and protection.
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to prepare the national system of response to a pandemic

- pre05. Preparation of an order by the Minister of Health (art. L. 3110-1 of the public health law) including the measures of quarantine or isolation envisaged as early as WHO phases 4 or 5.
- pre22. Identifying, at departmental level, the health facilities that should stock safety supplies (masks and health products).
- pre23. Drawing up a plan, at departmental level, for the protection and securing of health facilities, pharmacies and the private medical profession.
- pre25. Preparation of voluntary group action and mobilisation of volunteers in case of a pandemic. Preparation for the call-up of reservists.
- pre39. Analysing the latest developments related to useful health products and evaluating the corresponding stocks (vaccines, antiviral drugs, adjuvant products, etc.).

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pre42. Strengthening of the SAMU-Centres 15 regulation platforms and the telephone answering capacities.

Objective: to assist French citizens abroad

Principle: In the best interest of patients, management is ensured primarily in the country or region where they happen to be, with the possible support of the diplomatic mission's avian influenza medical adviser. At this stage, even if no inter-human transmission has been found, isolation of patients is requested as a precaution and is associated with monitoring of their contacts by the same medical adviser

fre03. Medical care administered locally to possibly infected or infected French nationals in the countries affected using local healthcare structures, if necessary with the assistance of the diplomatic mission's avian influenza medical advisor and using the resources stored there. Delivery of protection products and equipment following previously defined instructions.

fre02. Depending on the local medical capacities for healthcare and on the condition of the patient, possible repatriation for health reasons, to be jointly decided on a case-by-case basis by the diplomatic mission, the MAEE's crisis centre, the Ministry of Health and the patient's medical care, on condition that the safety of the crew and medical care team is guaranteed; before departure, information to the Ministries in charge of Health and the Interior in order to organise the patient's reception and hospitalisation.

Objective: to detect and report human cases on French territory (mainland and overseas)

det01. Activation of InVS's clinical and epidemiological assessment committee.

det02. Circulation of the protocol for managing possible cases to health facilities, emergency services, the SAMU-Centres15, airport medical services, employment medical services and national influenza reference centres.

det04. Putting on alert and/or reinforcing the two monitoring networks, GROG and "Sentinelles" (Sentry).

det06. In the event of suspicion of an imported case, immediate recourse to the InVS's clinical and epidemiological assessment committee; the InVS informs the Ministry of Health.

det08. Despatch of biological samples to laboratories authorised to handle the avian virus or to the national influenza reference centres for confirmation; as soon as confirmation is established, the InVS informs the WHO and the European Commission (see the procedure on p.25).

Objective: to take charge of suspected cases, contacts and patients

cas04. Management of patients detected while travelling to France, following a specially defined procedure (cf. technical information sheet D2).

Objective: to inform the general public, managers, professionals and businesses

Measures related to avian influenza

inf01. Information for travellers and expatriates about the precautions to take in countries affected by the epizootic.

inf11. Training of school children, by teachers and health professionals, to adopt measures to avoid contamination by birds with avian influenza.

inf20. Information for the general public on measures to prevent contamination in case of an epizootic, the consumption of poultry and on the risks related to domestic animals.

National plan'' Influenza pandemic

Measures to prepare for a possible human pandemic

- inf15. Information, from the relevant ministry in charge, for private health professionals, regional flu observation network (GROG) physicians, health facilities and SAMU-Centres 15 medical emergency services, pharmacists, rescue services, biomedical analysis laboratories, armed forces health services, employment medical services and educational facilities about the conduct to adopt in the situations defined by the governmental plan.
- inf30. Raising the awareness of public and private companies about the problem of a flu pandemic and encouraging them to prepare for it.
- inf34. Raising the awareness of elected representatives about the risks of pandemic and the measures to be taken.
- inf41. Training of school children, by teachers and health professionals, to adopt essential gestures to prevent inter-human transmission of respiratory diseases.
- fre16. Modification of the Ministry of Foreign Affairs' "Advice for travellers" Internet site.

Situation 3B: Isolated human cases in France

This situation corresponds to either imported cases or cases linked to an epizootic cluster on French territory. The nature of the disease is unchanged. The life of the population should not be disrupted but psychological reactions and the appearance of numerous false cases mobilising medical means must not be underestimated

Major Measures

- org08. As soon as the triggering event is confirmed, an inter-ministerial meeting is held: a proposal for entrusting the operational control of the crisis, on the inter-ministerial level, to the Minister of the Interior is addressed to the Prime Minister; the inter-ministerial crisis committee is set up. The Ministry of Health's public health crisis centre is activated.
- erh02. Setting up of health control and circulation barriers (mainland and overseas) intended to confine the virus within the areas affected and protect unaffected areas.
- pre09. Reinforcement of the mask production capacities of the French industry.
- pre13. Antiviral health products: packing of bulk products into pharmaceutical form.
- pre14. Production of a "pre-pandemic" vaccine and contractual reservation of the pandemic vaccine.
- pre26. Designation and equipment of one or two airport platforms dedicated, from situation 4 onwards, to receiving aircraft likely to carry influenza patients.
- pre27. Activation, on the instruction of the prefects, of measures for the securing of the establishments producing and storing means of protection and health products..
- pre39. Analysing the last developments relative to useful health products and evaluating the corresponding stocks (vaccines, antiviral drugs, adjuvant products).

Application and support measures

Objective: to strengthen government, ministerial and territorial organisation

- org00. **Examining the maintaining or lifting of previously decided measures.**
- org05. Activation of the general directorate for food's national crisis committee.
- org06. Solicitation of the Ministry of Health's Committee for the Fight against Influenza (CLCG).
- org13. Reciprocal information according to the protocol between the Ministry of Health (DGS, AFSSA, InVS, national influenza reference centres) and the Ministry of Agriculture (DGAI).
- org15. Convocation of the advisory committee for animal health and protection.
- org17. Activation of the departmental operational centre of the department(s) affected
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service..

Objective: to detect and report human cases on French territory (mainland and overseas)

- det01. Activation of InVS's clinical and epidemiological assessment committee.
- det02. Circulation of the protocol for managing possible cases to health facilities, emergency services, the SAMU-Centres15, airport medical services, employment medical services and national influenza reference centres.
- det04. Putting on alert and/or reinforcing the two monitoring networks, GROG and "Sentinelles" (Sentry).
- det07. In the event of suspicion, immediate recourse to InVS's clinical and epidemiological assessment committee; the InVS informs the Ministry of Health.
- det08. Despatch of biological samples to laboratories authorised to handle the avian virus or to the national influenza reference centres for confirmation; as soon as confirmation is established, the InVS informs the WHO and the European Commission.

Objective: to take charge of suspected cases, contacts and patients

- cas01. Organisation of patient management, preferably in a hospital setting (technical information sheet D1).
- cas02. Management of patients and possible cases according to the protocol stipulating the conduct to be adopted in the presence of possible cases of influenza presenting a new viral subtype without inter-human transmission.
- cas04. Management of patients detected while travelling to France, following a specially defined procedure (cf. technical information sheet D2).
- cas05. If the emergence of human cases reveals an epizootic cluster in France, application of the protocol stipulating the conduct to be adopted in the presence of an avian influenza outbreak with a highly pathogenic virus and presenting a proven risk of human transmission during an epizootic in France or neighbouring regions.

Objective: to contain the spread of the human virus and eradicate it

- erh01. Monitoring of people having been in contact with the patient and, in case of presence of animal cluster in France, of people having been in contact with diseased animals.

Objective: to assist French citizens

Principle: In the best interest of patients, management is ensured primarily in the country or region where they happen to be, with the possible support of the diplomatic mission's avian influenza medical adviser. At this stage, even if no inter-human transmission has been found, isolation of patients is requested as a precaution and is associated with monitoring of their contacts by the same medical adviser

- fre02. Depending on the local medical capacities for healthcare and on the condition of the patient, possible repatriation for health reasons, to be jointly decided on a case-by-case basis by the diplomatic mission, the MAEE's crisis centre, the Ministry of Health and the patient's medical care, on condition that the safety of the crew and medical care team is guaranteed; before departure, information to the Ministries in charge of Health and the Interior in order to organise the patient's reception and hospitalisation
- fre03. Medical care administered locally to possibly infected or infected French nationals in the countries affected using local healthcare structures, if necessary with the assistance of the diplomatic mission's avian influenza medical advisor and using the resources stored there. Delivery of protection products and equipment following previously defined instructions.

⁷ If there are cases outside France

Objective: to prepare the national system of response to a pandemic

- pre02. Setting up of stocks (masks, health products) in health establishments and other storage places.
- pre04. Building up of national stocks of health products and protective equipment..
- pre05. Preparation of an order by the Minister of Health (art. L. 3110-1 of the public health law) including the measures of quarantine or isolation envisaged as early as WHO phases 4 or 5.
- pre08b. Updating of continuity plans by operators and businesses, especially those in economic sectors of vital importance, to ensure the supply of goods and service in the long term. Acquisition of means of protection by operators and businesses.
- pre12. For French citizens abroad, activation of a network of avian influenza medical advisers and information to companies employing expatriates.
- pre21. Ensuring that biological products (blood, grafts, etc.) are virus-free.
- pre25. Preparation of voluntary group action and mobilisation of volunteers in case of a pandemic. Preparation for the call-up of reservists.
- pre42. Strengthening of the SAMU-Centres 15 regulation platforms and the telephone answering capacities.

Objective: to inform the general public, managers, professionals and businesses

- inf11. Training of school children, by teachers and health professionals, to adopt measures to avoid contamination by birds with avian influenza.
- inf16. Information on the situation communicated by relevant ministries to private health professionals, GROG network doctors, health facilities and SAMU-centres 15, pharmacists, rescue services, biomedical analysis laboratories, health services of the Armed Forces, employment medical services and educational communities; awareness raising about the detection of cases, alert procedures and conduct.
- inf21. Information for the general public about the situation and protective measures against the virus.
- inf26. Regular information for the media about the situation and the protective measures intended for the population in order to limit the transmission of the virus.
- inf30. Raising the awareness of public and private companies about the problem of an influenza pandemic and encouraging them to prepare for it.
- inf41. Training of school children, by teachers and health professionals, to adopt essential gestures to prevent inter-human transmission of respiratory diseases.

**Situation 4A:
Start of effective inter-human transmission abroad
(virus starting to adapt, localised clusters)**

Pre-pandemic alert period - WHO phase 4

This situation corresponds to a change in the nature of the virus, must be considered as an alert signal. International cooperation in order to avoid export of the virus and the deployment of health resources to confine infectious clusters, will no doubt constitute the most effective strategy

Major Measures

org08. As soon as the triggering event is confirmed, an inter-ministerial meeting is held: a proposal for entrusting the operational control of the crisis, on the inter-ministerial level, to the Minister of the Interior is addressed to the Prime Minister; the inter-ministerial crisis committee is set up. The Ministry of Health's public health crisis centre is activated.

For affected areas, depending on the contagiousness and seriousness of the disease.

imp02. Suspension of air, sea or land connections with the areas affected; for people travelling from those areas at that time of the decision, preventive quarantine on arrival (very limited capacity).

imp04. If air connections with those areas are maintained, strong advice against travel to those areas; no repatriation of patients for health reasons; possible quarantine of travellers on their return (very limited capacity).

For threatened areas:

imp01. Request for an emergency meeting of European Union Member States to study the measures to be taken at Community level (limitation of the delivery of visas and entries into the Schengen space, restriction of air travel, quarantine on arrival, etc.); consultation of the Member States and Commission on the nature and scope of control measures envisaged by France (simple information in case of emergency).

imp05. Non essential travelling is strongly discouraged.

fre03. Medical care administered locally to possibly infected or infected French nationals in affected countries using local healthcare structures, if necessary with the assistance of the avian influenza medical advisor of and using the means available to the diplomatic mission. Delivery of protective products and equipment following previously defined instructions.

fre04. Recommendation made that expatriate families, French students abroad and non-indispensable agents of the State to return to mainland France (decisions different depending on whether the countries are affected or threatened).

coo01. Contribution to WHO action to help affected countries to contain the epidemic. Consultation with affected countries in order to study the isolation measures to implement.

inf40. Activation of the telephone answering platforms of the Ministries of Health and Foreign Affairs.

pre31. Use of pre-pandemic vaccine stocks depending on the development of knowledge and/or observed effectiveness, based on the latest conclusions of expert assessments.

pre41. Pharmaceutical companies get ready for the production of the pandemic vaccine.

This measure, to be examined with the firms, may involve a total or partial halt in the production of seasonal influenza vaccine.

pre43. Call-up of the public health reservists.

Application and support measures

National plan'' Influenza pandemic

Objective: to strengthen government, ministerial and territorial organisation

- org00. **Examining the maintaining or lifting of previously decided measures.**
- org06. Solicitation of the Ministry of Health's Committee for the Fight against Influenza (CLCG).
- org13. Reciprocal information according to the protocol between the Ministry of Health (DGS, AFSSA, InVS, national influenza reference centres) and the Ministry of Agriculture (DGAI).
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to assist French nationals abroad

- fre08. Closing of French schools and cultural centres in countries affected and neighbouring countries, on decision by ambassadors
- fre10. If necessary, and the international situation permitting, reinforcement medical teams will be sent to assist the diplomatic missions particularly in demand.
- fre11. Setting up of a support system for tourists and non-resident French nationals who could not be repatriated in time.
- fre12. Mobilisation of diplomatic missions to inform French nationals about the development of the crisis. Assistance to people in mourning and seriously affected.
- fre19. Setting up, depending on the level of means available locally, of supplementary care and protection resources appropriate for the number of people requiring assistance.
- fre22. Sending of the updated number of French nationals by the relevant diplomatic mission(s).

Objective: to limit the risks of importing the disease

- imp09. Strengthening of health checks at borders.
- imp10. Setting up of a system for the traceability of travellers on their arrival.

Objective: to detect and report human cases on French territory (mainland and overseas)

- det01. Activation of InVS's clinical and epidemiological assessment committee.
- det02. Circulation of the protocol for managing possible cases to health facilities, emergency services, the SAMU-Centres15, airport medical services, employment medical services and national influenza reference centres.
- det04. Putting on alert and/or reinforcing the two monitoring networks, GROG and "Sentinelles" (Sentry).
- det06. In the event of suspicion of an imported case, immediate recourse to the InVS's clinical and epidemiological assessment committee; the InVS informs the Ministry of Health.
- det08. Despatch of biological samples to laboratories authorised to handle the avian virus or to the national influenza reference centres for confirmation; as soon as confirmation is established, the InVS informs the WHO and the European Commission (see the procedure on p.25).

Objective: to take charge of suspected cases, contacts and patients

- cas03. Management of infected people and possible cases according to the protocol stipulating the conduct to be adopted in the presence of possible cases of influenza by a new viral subtype with inter-human transmission.
- cas04. Management of patients detected while travelling to France, following a specially defined procedure (cf. technical information sheet D2)

Objective: to prepare the national system of response to a pandemic

- pre03. Verification of the pre-positioning of health products and protection equipment in France and French overseas territories; reinforcement of the stocks of health products and protection equipment in diplomatic missions.

National plan'' Influenza pandemic

- pre06. Order by the Minister of Health in application of article L. 3110-1 of the public health law, including the measures of quarantine or isolation planned from WHO levels 4 or 5 onwards, implemented by prefects, as necessary.
- pre07. Implementation of the anti-pneumococcal vaccination of vulnerable people who have not yet benefited from it (protection against certain bacterial secondary infections).
- pre10. Checking of the availability of biological tests (PCR primers, quick tests...).
- pre11. Reinforcement of the production of masks by the French industry.
- pre13. Antiviral health products: packing of bulk products into pharmaceutical form.
- pre15. In the event of a pandemic, preparation by management of the State services and operators concerned with law and order, food supplies, water management, energy supplies, electronic communications, transport, postal and the banking services and waste elimination, etc.
- pre17. Precise nominative distribution of personnel occupying posts essential for the running of facilities and accurate planning of as many staff relief options as possible.
- pre18. Organisation of the departmental councils in order to supporting fragile people coming within their remit (MCH, old people's homes, disabled people, children, etc.) and other activities.
- pre19. Organisation of municipal services in order to support the population: putting the municipal civil defence reserve on alert, contact with social and local associations, civil status etc.
- pre24. . Checking the measures set up for the organisation of care in health facilities (white plan and "Influenza Pandemic" appendix) and for outpatient medical care.
- pre27. Activation, on the instruction of the prefects, of measures for the securing of the establishments producing and storing means of protection and health products..
- pre28. Pre-positioning of health products and protection equipment.
- pre39. Analysing the last developments relative to useful health products and evaluating the corresponding stocks (vaccines, antiviral drugs, adjuvant products).
- pre42. Strengthening of the SAMU-Centres 15 regulation platforms and the telephone answering capacities.

Objective: to inform the general public, managers, professionals and businesses
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- inf02. Information about bans and restrictions on and/or special measures concerning international exchanges for operators of international airports and ports, travellers, travel agents and transport businesses.
- inf05. Information for French nationals about the principle of managing possible cases and infected people in the countries affected, the precautions to observe and the delivery of protective products and equipment.
- inf16. Information on the situation communicated by relevant ministries to private health professionals, GROG network doctors, health facilities and SAMU-centres 15, pharmacists, rescue services, biomedical analysis laboratories, health services of the Armed Forces, employment medical services and educational communities; awareness raising about the detection of cases, alert procedures and conduct.
- inf21. Information for the general public about the situation and protective measures against the virus.
- inf32. Information for public and private companies about the situation and the rules to be adopted.
- inf41. Training of school children, by teachers and health professionals, to adopt essential gestures to prevent inter-human transmission of respiratory diseases.

Situation 4B:

(virus starting to adapt, localised clusters)

– WHO Phase 4

The appearance of clustered cases in France, whatever their origin, leads to suspecting inter-human transmission and constitutes a major event. If it corresponds to a change in the nature of the virus, it can precede its rapid spread and, in a serious scenario, precede the pandemic itself. At this stage, it is possible to circumscribe the infectious clusters and concurrently take measures to prevent the spread of the virus within and beyond our frontiers.

Major Measures

Organisation Measure

org08. As soon as the triggering event is confirmed, an inter-ministerial meeting is held: a proposal for entrusting the operational control of the crisis, on the inter-ministerial level, to the Minister of the Interior is addressed to the Prime Minister; the inter-ministerial crisis committee is set up. The Ministry of Health's public health crisis centre is activated.

org19. Activation of the departmental operational centres and reinforcement of the zonal COZs.

Measures for confining infectious clusters

erh02. Setting up of health control and circulation barriers (mainland and overseas) intended to confine the virus within the areas affected and protect unaffected areas.

erh04. Request for an emergency meeting of the European Union Member States to study the measures to be taken; consultation of the Member States and the European Commission on the nature and scope of control measures envisaged by France; the WHO and the European Commission are informed (see procedure on p.25).

erh09. Antiviral drug prophylaxis if necessary, on proposal by the Minister of Health.

erh05. Interruption or suspension of travel by air, sea and land to foreign countries and the overseas territories (or to the mainland if the overseas territories are affected). Freight to be maintained if possible.

Major pandemic preparation measures, to be examined prior to their implementation

pre06. Order by the Minister of Health in application of article L. 3110-1 of the public health law, including the measures of quarantine or isolation planned from WHO levels 4 or 5 onwards, implemented by prefects, as necessary.

pre20. Implementation of measures for securing facilities for producing and storing means of protection and health products, health facilities, pharmacies, and the private medical profession.

pre30. Setting up of a suitable system for taking care of outpatients, particularly the social and health coordination centres, consultation centres and the intermediate reception structures.

pre31. Use of pre-pandemic vaccine stocks depending on the development of knowledge and/or observed effectiveness, based on the latest conclusions of expert assessments.

pre39. Analysing the last developments relative to useful health products and evaluating the corresponding stocks (vaccines, antiviral drugs, adjuvant products).

pre41. Pharmaceutical companies get ready for the production of the pandemic vaccine.

This measure, to be examined with the firms, may involve a total or partial halt in the production of seasonal influenza vaccine.

National plan'' Influenza pandemic

pre42. Strengthening of the SAMU-Centres 15 regulation platforms and the telephone answering capacities.

pre43. Call-up of the public health reservists.

All of the preparatory provisions for the measures in response to a pandemic must be urgently completed and checked, i.e. all the "pre" measures of situation 4B.

Measures possibly restricted to affected areas

cas08. Suspension of the "family doctor" system (law 2005-1579 of the 19.12.05, art. 37) and implementation of the administrative measures facilitating the coverage of illness and patients.

bar02. Closing of day nurseries, educational and training facilities, boarding schools, youth facilities (a measure with proven effectiveness, essential for limiting transmission during influenza epidemics).

bar01 During the initial phase of the epidemic, interruption or reduction of some local public transport facilities, which are potential places for viral transmission (depending on the virulence of the virus and the necessity for ensuring their operation).

bar03. Suspension of group activities: shows, sports events, fairs and exhibitions, etc., and adaptation of cultural activities.

bar04. Restriction of visits and/or control of access to hospitals, old people's homes, reception centres, prisons, social and medico-social facilities etc.).

bar05. Restriction of non-essential professional, social, educational and voluntary group activities.

bar11. Wearing of respiratory protection for health professionals, rescue personnel and anyone whose missions involves repeated contact with patients or those mentioned in §4.2 of the plan; patients must wear surgical masks; recommendation that unaffected people wear a surgical mask in public places, as a precaution.

Application and support measures

Objective: to strengthen government, ministerial and territorial organisation

org00. Examining the maintaining or lifting of previously decided measures.

org06. Solicitation of the Ministry of Health's Committee for the Fight against Influenza (CLCG).

org11. Implementation of an economic continuity committee, attached to the Minister of the Economy.

org13. Reciprocal information according to the protocol between the Ministry of Health (DGS, AFSSA, InVS, national influenza reference centres) and the Ministry of Agriculture (DGAI).

org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to detect and report human cases on French territory (mainland and overseas)

det01. Activation of InVS's clinical and epidemiological assessment committee.

det02. Circulation of the protocol for managing possible cases to health facilities, emergency services, the SAMU-Centres15, airport medical services, employment medical services and national influenza reference centres.

det04. Putting on alert and/or reinforcing the two monitoring networks, GROG and "Sentinelles" (Sentry).

det05. Reinforcement of the network of influenza diagnosis laboratories.

det08. Despatch of biological samples to laboratories authorised to handle the avian virus or to the national influenza reference centres for confirmation; as soon as confirmation is established, the InVS informs the WHO and the European Commission (see the procedure on p.25).

imp09. Strengthening of health checks at borders.

National plan'' Influenza pandemic

Objective: to contain the spread of the human virus and eradicate it

- erh03. Information about the clustered cases in France sent to the WHO and the European Commission (see procedure on p.25).
- erh10. If new human cases are suspected, the prefect will immediately inform the InVS, CORRUSS, DGT, ComSegur and COGIC.

Objective: to take charge of suspected cases, contacts and patients

- cas01. Organisation of patient management, preferably in a hospital setting (technical information sheet D1).
- cas02. Management of patients and possible cases according to the protocol stipulating the conduct to be adopted in the presence of possible cases of influenza presenting a new viral subtype without inter-human transmission.
- cas04. Management of patients detected while travelling to France, following a specially defined procedure (cf. technical information sheet D2).
- cas05. If the emergence of human cases reveals an epizootic cluster in France, application of the protocol stipulating the conduct to be adopted in the presence of an avian influenza outbreak with a highly pathogenic virus and presenting a proven risk of human transmission during an epizootic in France or neighbouring regions.

Objective: to prepare the national system of response to a pandemic

- pre03. Verification of the pre-positioning of health products and protection equipment in France and French overseas territories; reinforcement of the stocks of health products and protection equipment in diplomatic missions.
- pre07. Implementation of the anti-pneumococcal vaccination of vulnerable people who have not yet benefited from it (protection against certain bacterial secondary infections).
- pre10. Checking of the availability of biological tests (PCR primers, quick tests...).
- pre11. Reinforcement of the production of masks by the French industry.
- pre13. Antiviral health products: packing of bulk products into pharmaceutical form.
- pre16. Updating and preparing the implementation of continuity plans for administrative bodies, local authorities and businesses.
- pre17. Precise nominative distribution of personnel occupying posts essential for the running of facilities and accurate planning of as many staff relief options as possible.
- pre18. Organisation of the departmental councils in order to supporting fragile people coming within their remit (MCH, old people's homes, disabled people, children, etc.) and other activities.
- pre19. Organisation of municipal services in order to support the population: putting the municipal civil defence reserve on alert, contact with social and local associations, civil status etc.
- pre21. Ensuring that biological products (blood, grafts, etc.) are virus-free.
- pre24. Checking the measures set up for the organisation of care in health facilities (white plan and "Influenza Pandemic" appendix) and for outpatient medical care.
- mtn45. For municipalities, public facilities for inter-municipal cooperation and joint associations in charge of eliminating household waste:
- identification of sites for intermediate storage,
 - acquisition and organisation of the distribution of plastic bags (with ties) for waste disposal of home-based patients.
- For health care facilities and hospitals:
- checking that manufacturers have enough stocks of ADR approved cardboard boxes to store infectious health-care waste, in the case of a crisis,
 - identifying, in liaison with the prefectures and local authorities, the storage available that may be used for infectious health care waste in a case of crisis.

National plan'' Influenza pandemic

Objective: to inform the general public, managers, professionals and businesses

- inf02. Information about bans and restrictions on and/or special measures concerning international exchanges for operators of international airports and ports, travellers, travel agents and transport businesses.
- inf05. Information for French nationals about the principle of managing possible cases and infected people in the countries affected, the precautions to observe and the delivery of protective products and equipment.
- inf16. Information on the situation communicated by relevant ministries to private health professionals, GROG network doctors, health facilities and SAMU-centres 15, pharmacists, rescue services, biomedical analysis laboratories, health services of the Armed Forces, employment medical services and educational communities; awareness raising about the detection of cases, alert procedures and conduct.
- inf27. Regular information of the media and general public with maps of affected zones in France, the situation in these zones and the precautions to be taken.
- inf32. Information for public and private companies about the situation and rules to be adopted.
- inf40. Activation of the telephone answering platforms of the Ministries of Health and Foreign Affairs.

Measures that may be restricted to affected areas

- org18. Activation of the operational centres (COD) of the Departments affected, assisted by the departmental "influenza" support committee reinforced and run by the DDASS; preparation for the representation of the committee at regional level.
- org20. Activation of the regional support committees (DRASS, ARH, CIRE) or the monitoring, alert and emergency management structures of the ARS (being created).
- cas07. Implementation of the decree signed in application of article L. 3131-1 of the public health law (measures of isolation, quarantine if necessary, etc.).
- cas12. Implementation of a specific organisation for patient transport, laboratory analyses, etc.
- cas13. Launch of white plan "influenza pandemic" appendix for health facilities, and "blue" plans for facilities housing elderly people.
- cas14. Implementation by the Department prefects of the extended "white plans", which are the coordination tools for all the health players in a crisis situation..
- bar06. Ring protection around initial cases; isolation measures; wearing of masks; management of people in contact.
- bar10. Reminder and individual application of standard principles of hygiene (hand washing, etc.).
- bar13. Limitation of individual movements to those strictly necessary, by appealing to the sense of civic responsibility..
- erh06. Specific measures for taking care of people who have been in contact with patients (quarantine at home and, if necessary, prophylactic treatment using antineuraminidase drugs).
- mnt39. Recourse to volunteers, based, as far as possible, on existing voluntary groups; application of the status of occasional public service collaborator to volunteers overseen by these voluntary group and /or designated by administrative authorities.
- mnt40. On the initiative of local authorities, census of people (isolated or homeless people, etc.) and identification of their needs (delivery of food, medicine and essential products; child minding, etc.).
- mnt43. Psychological support for relatives of victims.
- mnt44. Taking care of isolated children and non-infected dependent people.
- mnt58. Call-up of the municipal civil defence reserve.

National plan'' Influenza pandemic

- eva01. Setting up and circulating of a daily summary of the situation by each ministry, based on the indicators they have previously defined; surveillance intended to anticipate the possible difficulties; to this effect, association of operators relevant to each ministry's sector.
- eva02. Forecast, updated daily if possible, of the development of the epidemic, taking into account the data about the activities of health facilities and the census of deaths at home or in health facilities.
- eva05. Collection, as soon as possible, of all the parameters and indicators for monitoring the public health situation so as to adapt the system of response to the pandemic.
- eva06. Monitoring of the balance between the consumption and supply of health products and protection and hygiene equipment.
- inf12. Information for the population in affected areas about the closure of day nurseries and teaching or training facilities.
- inf22. Information for the general public in affected areas about the behaviour to adopt and call for solidarity.

Situation 5A:

Pre-pandemic alert period - WHO phase 5

This phase constitutes the start of a pandemic. Without needing to wait for confirmation from the WHO, it shows that the nature of the virus has changed and calls for a mobilisation of public authorities in order to prevent the introduction of the virus on French territory and prepare the country to face the pandemic

Major measures

Organisation Measures

- org08. As soon as the triggering event is confirmed, an inter-ministerial meeting is held: a proposal for entrusting the operational control of the crisis, on the inter-ministerial level, to the Minister of the Interior is addressed to the Prime Minister; the inter-ministerial crisis committee is set up. The Ministry of Health's public health crisis centre is activated.
- org19. Activation of the departmental operational centres and reinforcement of the zonal COZs.

Measures for limiting the import of the disease

For countries affected by human transmission, depending on the seriousness and contagiousness of the disease.

- imp03. Suspension of air, sea or land passenger connections with the countries affected; for people in transit from those countries at the time the decision is taken, preventive quarantine on arrival (very limited capacity).
- imp08. Suspension, in affected countries, of visa delivery for travel to France.
- fre11. Setting up, by the Ministry of Foreign Affairs, of a support system for tourists and non-resident French nationals who could not be repatriated in time.

For countries neighbouring affected countries.

- imp06. Non essential travelling is categorically advised against.
- fre07. Limiting of the number of State agents abroad to essential posts only.
- fre09. Examination of the relevance and risks of an express recommendation to French nationals to leave the countries neighbouring affected countries, with a health check upon leaving such countries.
- imp01. Request for an emergency meeting of European Union Member States to study the measures to be taken at Community level (limitation of the delivery of visas and entries into the Schengen space, restriction of air travel, quarantine on arrival, etc.); consultation of the Member States and Commission on the nature and scope of control measures envisaged by France (*simple information in case of emergency*)
- imp09. Strengthening of health checks at borders.
- imp10. Setting up of a system for the traceability of travellers on their arrival.
- imp12. Quarantine measures (very limited capacity) or prophylactic treatment extended to French nationals coming from countries neighbouring affected countries.

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imp13. Setting up, if possible, of a health check on leaving countries neighbouring affected countries.

Principle: In the best interest of patients, management is ensured primarily in the country or region where they happen to be, with the means of protection and treatment provided by the diplomatic mission and the possible support of its avian flu medical adviser.

Major pandemic preparation measures, to be examined prior to their implementation

pre06. Order by the Minister of Health in application of article L. 3110-1 of the public health law, including the measures of quarantine or isolation planned from WHO levels 4 or 5 onwards, implemented by prefects, as necessary.

pre20. Implementation of measures for securing facilities for producing and storing means of protection and health products, health facilities, pharmacies, and the private medical profession.

pre31. Use of pre-pandemic vaccine stocks depending on the development of knowledge and/or observed effectiveness, based on the latest conclusions of expert assessments.

pre40. Activation and implementation of the continuity plans of ministries, public facilities, local authorities and companies.

pre41. Pharmaceutical companies get ready for the production of the pandemic vaccine.

pre42. Strengthening of the SAMU-Centres 15 regulation platforms and the telephone answering capacities.

pre43. Call-up of the public health reservists.

All of the preparatory measures for responding to a pandemic, i.e. all the "pre" measures above and on pages 54 and 55 must be urgently completed and checked.

Measures for managing patients

cas01. Organisation of patient management, preferably in a hospital setting (technical information sheet D1).

cas03. Management of infected people and possible cases according to the protocol stipulating the conduct to be adopted in the presence of possible cases of influenza by a new viral subtype with inter-human transmission.

cas04. Management of patients detected while travelling to France, following a specially defined procedure (cf. technical information sheet D2)

fre03. Medical care administered locally to possibly infected or infected French nationals in affected countries using local healthcare structures, if necessary with the assistance of the avian influenza medical advisor of and using the means available to the diplomatic mission. Delivery of protective products and equipment following previously defined instructions

Information Measures

inf23. Information for the general public about the situation, the rules to follow and the behaviour to adopt, including the immediate reporting of any influenza symptoms and their aggravation; call for neighbourhood solidarity.

Application and support measures

Objective: to strengthen government, ministerial and territorial organisation

org00. **Examining the maintaining or lifting of previously decided measures.**

org06. Solicitation of the Ministry of Health's Committee for the Fight against Influenza (CLCG).

org11. Implementation of an economic continuity committee, attached to the Minister of the Economy.

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- org13. Reciprocal information according to the protocol between the Ministry of Health (DGS, AFSSA, InVS, national influenza reference centres) and the Ministry of Agriculture (DGAI).
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to assist French nationals abroad

- fre08. Closing of French schools and cultural centres in countries affected and neighbouring countries, on decision by ambassadors.
- fre12. Mobilisation of diplomatic missions to inform French nationals about the development of the crisis. Assistance to people in mourning and seriously affected.
- fre18. On recommendation by the MAEE crisis centre, placing in alert mode and/or sending, upon agreement of the foreign local authorities, and in liaison with the ministries of health and defence, a reinforcement consular and medical mission, depending on the resources of the countries affected and the means available to the French representational mission.
- fre19. Setting up, depending on the level of means available locally, of supplementary care and protection resources appropriate for the number of people requiring assistance.

Objective: to detect and report human cases on French territory (mainland and overseas)

- det01. Activation of InVS's clinical and epidemiological assessment committee.
- det02. Circulation of the protocol for managing possible cases to health facilities, emergency services, the SAMU-Centres15, airport medical services, employment medical services and national influenza reference centres.
- det04. Putting on alert and/or reinforcing the two monitoring networks, GROG and "Sentinelles" (Sentry).
- det06. In the event of suspicion of an imported case, immediate recourse to the InVS's clinical and epidemiological assessment committee; the InVS informs the Ministry of Health.
- det08. Despatch of biological samples to laboratories authorised to handle the avian virus or to the national influenza reference centres for confirmation; as soon as confirmation is established, the InVS informs the WHO and the European Commission (see the procedure on p.25).

Objective: to take charge of suspected cases, contacts and patients

- cas08. Suspension of the "family doctor" system (law 2005-1579 of the 19.12.05, art. 37) and implementation of the administrative measures facilitating the coverage of illness and patients.
- cas18. Implementation of the plan for the distribution of health products and protective equipment. Objective: to prepare the national system of response to a pandemic
- pre03. Verification of the pre-positioning of health products and protection equipment in France and French overseas territories; reinforcement of the stocks of health products and protection equipment in diplomatic missions.
- pre07. Implementation of the anti-pneumococcal vaccination of vulnerable people who have not yet benefited from it (protection against certain bacterial secondary infections).
- pre10. Checking of the availability of biological tests (PCR primers, quick tests...).
- pre11. Reinforcement of the production of masks by the French industry.
- pre13. Antiviral health products: packing of bulk products into pharmaceutical form.
- pre16. Updating and preparing the implementation of continuity plans for administrative bodies, local authorities and businesses.

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- pre17. Precise nominative distribution of personnel occupying posts essential for the running of facilities and accurate planning of as many staff relief options as possible.
- pre18. Organisation of the departmental councils in order to supporting fragile people coming within their remit (MCH, old people's homes, disabled people, children, etc.) and other activities.
- pre19. Organisation of municipal services in order to support the population: putting the municipal civil defence reserve on alert, contact with social and local associations, civil status etc.
- pre21. Ensuring that biological products (blood, grafts, etc.) are virus-free.
- pre24. Checking the measures set up for the organisation of care in health facilities (white plan and "Influenza Pandemic" appendix) and for outpatient medical care.
- pre30. Setting up of a suitable system for taking care of outpatients, particularly the social and health coordination centres, consultation centres and the intermediate reception structures.
- pre32. Adaptation of the pandemic vaccination plan depending on the characteristics of the virus, the populations most likely to spread the epidemic and the most affected populations (depending on age, health condition, etc.).
- pre39. Analysing the last developments relative to useful health products and evaluating the corresponding stocks (vaccines, antiviral drugs, adjuvant products).
- mtn45. For municipalities, public facilities for inter-municipal cooperation and joint associations in charge of eliminating household waste:
 - identification of sites for intermediate storage,
 - acquisition and organisation of the distribution of plastic bags (with ties) for waste disposal of home-based patients.For health care facilities and hospitals:
 - checking that manufacturers have enough stocks of ADR approved cardboard boxes to store infectious health-care waste, in the case of a crisis,
 - identifying, in liaison with the prefectures and local authorities, the storage available that may be used for infectious health care waste in a case of crisis..

Objective: to inform the general public, managers, professionals and businesses
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- inf02. Information about bans and restrictions on and/or special measures concerning international exchanges for operators of international airports and ports, travellers, travel agents and transport businesses.
- inf05. Information for French nationals about the principle of managing possible cases and infected people in the countries affected, the precautions to observe and the delivery of protective products and equipment.
- inf17. Information (by the relevant ministry in charge) of private health professionals, regional flu observation network (GROG) physicians, health facilities and SAMU-Centres 15 medical emergency services, pharmacists, rescue services, biomedical analysis laboratories, armed forces health services, employment medical services and educational facilities about procedures, means of protection (masks) and appropriate conduct.
- inf28. Regular information from the media about the situation and appropriate behaviour for protection.
- inf32. Information for public and private companies about the situation and the rules to adopt.
- inf40. Activation of the telephone answering platforms of the Ministries of Health and Foreign Affairs.
- inf41. Training of school children, by teachers and health professionals, to adopt essential gestures to prevent inter-human transmission of respiratory diseases.
- fre16. Modification of the Ministry of Foreign Affairs' "Advice for travellers" Internet site.

Situations 5B / 6

5 B: Geographic extension of inter-human transmission of the virus in France this situation is equivalent to the start of the pandemic on French territory and justifies the examination of the same measures as the pandemic situation 6: Pandemic

Pre-pandemic period - WHO phases 5 and 6

Major measures at the beginning of the pandemic

Organisation Measures

- org08. As soon as the triggering event is confirmed, an inter-ministerial meeting is held: a proposal for entrusting the operational control of the crisis, on the inter-ministerial level, to the Minister of the Interior is addressed to the Prime Minister; the inter-ministerial crisis committee is set up. The Ministry of Health's public health crisis centre is activated.
- org19. Activation of the departmental operational centres and reinforcement of the zone COZs.
- pre40. Activation and implementation of the continuity plans of ministries, public facilities, local authorities and businesses.
- pre18. Organisation of the departmental councils in order to supporting fragile people coming within their remit (MCH, old people's homes, disabled people, children, etc.) and other activities.
- pre19. Organisation of municipal services in order to support the population: putting the municipal civil defence reserve on alert, contact with social and local associations, civil status etc.

Measures for limiting the import of the virus on French territory

Abroad, medical care administered locally to possibly infected or infected French nationals in affected countries using local healthcare structures, if necessary with the assistance of the avian influenza medical adviser of and using the means available to the diplomatic mission.

Measures aimed at limiting the risk of importing the disease can still be useful in a pandemic situation even if cases are already present in France (with the objective of limiting the points of dispersal). The objective of such measures is to delay the progress of the epidemic by a few days to 2 or 3 weeks in order to:

- allow for the setting up of the response system and reduce consequences to the maximum (organisation of private medical care, scaling up of "SAMU Centres 15" emergency medical services , etc.);
- provide extra time for the formulation of antiviral drugs, the production of pandemic vaccine, the manufacturing of masks, possible pre-pandemic vaccination (time necessary for the development of immunity), etc.
- spread the pandemic peak and thus reduce the strain on the healthcare system..

imp14. Border controls, effective if implemented early, involving European coordination. Priority maintenance of freight movement.

imp16. Upon arrival of transit flights from the countries affected by the interruption decision, the crew and passengers are placed under quarantine (very limited reception capacity).

National plan "Influenza pandemic"

imp15. Interruption of international passenger arrivals and departures, especially by air, which are a vector for importing the epidemic ⁸.

imp09. Strengthening of health checks at borders.

Measures for implementing the public health strategy

cas06. Application of the public health strategy defined by the Minister of Health, indicating the consequences for dealing with other illnesses (prioritisation), specifying the doctrine followed for the use of antiviral medicines and proposing priorities for the use of limited resources.

cas07. Implementation of the decree signed in application of article L. 3131-1 of the public health law (measures of isolation, quarantine if necessary, etc.).

cas08. Suspension of the "family doctor" system (law 2005-1579 of the 19.12.05, art. 37) and implementation of the administrative measures facilitating the coverage of illness and patients.

cas10. Setting up of an adapted outpatient care system.

pre31. Use of pre-pandemic vaccine stocks depending on the development of knowledge and/or observed effectiveness, based on the latest conclusions of expert assessments.

pre41. Pharmaceutical companies get ready for the production of the pandemic vaccine.

pre42. Strengthening of the SAMU-Centres 15 regulation platforms and the telephone answering capacities.

pre43. Call-up of the public health reservists.

Barrier measures for curbing and limiting the spread of the disease

bar02. Closing of day nurseries, educational and training facilities, boarding schools, youth facilities (a measure with proven effectiveness, essential for limiting transmission during influenza epidemics).

bar01 During the initial phase of the epidemic, interruption or reduction of some local public transport facilities, which are potential places for viral transmission (depending on the virulence of the virus and the necessity for ensuring their operation).

bar03. Suspension of group activities: shows, sports events, fairs and exhibitions, etc., and adaptation of cultural activities.

bar04. Restriction of visits and/or control of access to hospitals, old people's homes, reception centres, prisons, social and medico-social facilities etc.).

bar05. Restriction of non-essential professional, social, educational and voluntary group activities.

bar07. Protection of unaffected overseas territories (or of France from an affected overseas territory); restriction of passenger transport.

bar08. Depending on the situation, encouragement or restriction of movements to make towns less crowded and/or of interregional movements.

bar13. Limitation of individual movements to those strictly necessary, by appealing to the sense of civic responsibility.

Measures for the management of people

cas09. Management of influenza-infected patients and their contacts according to the procedure defined for a pandemic situation.

⁸ The models that have been executed converge to predict the pandemic peak would be delayed by about 1 to 2 weeks, for a 90% restriction of arrivals of all international passenger flights and 3-4 weeks for a 99% restriction. The efficiency seems to be higher if the restriction is made at the level of departures from affected countries.

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fre03. Medical care administered locally to possibly infected or infected French nationals in affected countries using local healthcare structures, if necessary with the assistance of the avian influenza medical advisor of and using the means available to the diplomatic mission. Delivery of protective products and equipment following previously defined instructions.

Information Measure

inf23. Information for the general public about the situation, the rules to follow and the behaviour to adopt, including the immediate reporting of any influenza symptoms and their aggravation; call for neighbourhood solidarity.

Application and support measures

Organisation and Health Measures

Objective: to strengthen government, ministerial and territorial organisation

- org00. Examining the maintaining or lifting of previously decided measures.
- org11. Implementation of an economic continuity committee, attached to the Minister of the Economy.
- org20. Activation of the regional support committees (DRASS, ARH, CIRE) or the monitoring, alert and emergency management structures of the ARS (being created).
- org21. Coordination by the zone prefect, together with the general officer of the defence zone, of the civil and military resources placed at the disposal of Department prefects
- org22. Securing the supplies of pandemic vaccine.
- org23. Execution of the plans for distributing health products and protective equipment
- org24. Isolation, as far as possible, of the people alerted that may be called on to take up essential posts.
- org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

Objective: to assist French nationals abroad

- fre10. If necessary, and the international situation permitting, reinforcement medical teams will be sent to assist the diplomatic missions particularly in demand.
- fre11. Setting up of a support system for tourists and non-resident French nationals who could not be repatriated in time.
- fre12. Mobilisation of diplomatic missions to inform French nationals about the development of the crisis. Assistance to people in mourning and seriously affected.

Objective: to take charge of suspected cases, contacts and patients

- cas11. Management of patients requiring continuous monitoring or complicated acts of resuscitation in health facilities, following regulation by the SAMU-Centre 15.
- cas12. Implementation of the decree signed in application of article L. 3131-1 of the public health law (measures of isolation, quarantine if necessary, etc.).
- cas13. Launch of "Influenza Pandemic" appendix of the "white" plans for health facilities and "blue" plans for facilities housing elderly people.
- cas14. Implementation by the Department prefects of the extended "white plans", which are the coordination tools for all the health players in a crisis situation

National plan "Influenza pandemic"

- cas15. Setting up of intermediate housing structures to group patients who would otherwise be isolated at home and whose medical condition does not require hospitalisation; these structures, which do not perform the functions of medical facilities, will allow patients to receive medical care and be visited regularly by doctors, as they would in their own home; transfer of patients to hospital if their condition worsens
- cas17. Setting up of health and social coordination centres and consultation centres.
- cas18. Execution of the plans for distributing health products and protective equipment.

Objective: to prepare the national system of response to a pandemic

- pre32. Adaptation of the pandemic vaccination plan depending on the characteristics of the virus, the populations most likely to spread the epidemic and the most affected populations (depending on age, health conditions, etc.).
- pre39. Analysing the last developments relative to useful health products and evaluating the corresponding stocks (vaccines, antiviral drugs, adjuvant products).

Objective: to slow down the transmission of the virus on the national territory

- bar06. Ring protection around initial cases; isolation measures; wearing of masks; management of people in contact..
- bar09. As soon as the pandemic vaccine is available, implementation of the vaccination plan.
- bar10. Reminder and individual application of standard principles of hygiene (hand washing, etc.).
- bar11. Wearing of respiratory protection for health professionals, rescue personnel and anyone whose mission implies repeated contact with diseased persons or those mentioned in §4.2 of the plan; patients must wear surgical masks; recommendation that unaffected people wear a surgical mask in public places, as a precaution
- bar14. Implementation of specific measures for the protection of prisons.

Objective: to inform the general public, managers, professionals and businesses

- inf02. Information about bans and restrictions on and/or special measures concerning international exchanges for operators of international airports and ports, travellers, travel agents and transport businesses.
- inf05. Information for French nationals about the principle of managing possible cases and infected people in the countries affected, the precautions to observe and the delivery of protective products and equipment.
- inf17. Information (by the relevant ministry in charge) for private health professionals, regional flu observation network (GROG) physicians, health facilities and SAMU-Centres 15 medical emergency services, pharmacists, rescue services, biomedical analysis laboratories, armed forces health services, employment medical services and educational facilities about procedures, means of protection (masks) and appropriate conduct.
- inf24. Information for the public about the various means of support available (economic, social, psychological).
- inf28. Regular information from the media about the situation and appropriate behaviour for protection.
- inf32. Information for public and private companies about the situation and the rules to adopt.
- inf40. Activation of the telephone answering platforms of the Ministries of Health and Foreign Affairs.

Maintenance of Activities

Objective: to maintain essential activities

- mtn01. Collation, by State services, of information coming from businesses, distribution platforms and purchasing groups so as to be able to direct supplies according to the availability of products over different areas
- mtn02. Strict observance, by people presenting influenza symptoms, of home confinement and health regulation instructions.
- mtn04. Verification by each ministry that the measures taken by socio-economic partners and the global government strategy are consistent.
- mtn05. Activation of zone committees for monitoring supplies and activities, attached to zonal operational centres.
- mtn51. Call for implementation of health protection distancing measures: remote working, teleconferences, restriction of meetings and travel, etc.
- mtn53. Mobilisation of people who have recovered or are immune, in particular for essential activities and tasks with patients.

Specific employment measures

- mtn09. Use of alternative modes of organisation:
- development of remote working and teleconferencing;
 - sharing of resources, performing of unusual supplementary missions by certain categories of personnel, recourse to people made available by the closure of facilities, etc.
 - recourse to people who have retired early, experienced students, public health reservists, the police, the civil defence force, volunteers, people who have recovered,
 - local solidarity (agricultural sector for example),
 - doubling-up of essential teams on separate work sites,
 - transfer of activities to less affected regions, etc.
- mtn52. On-line publication, by the national employment agency (ANPE), of non-assigned jobs, in order to redirect employees towards priority activities..
- mtn55. Implementation of measures relative to part-time unemployment..

Specific legal measures

- mtn06. Control of distribution of energy resources, raw materials, industrial products and products necessary for food supplies.
- mtn07. On proposal by the Minister of Finance, setting of price controls.
- mtn08. Requisitioning of people, goods and services.
- mtn10. Closed facilities (educational facilities, sports centres) made available by ministries and local authorities to meet all of the priority needs related to fighting the epidemic and maintaining the country's life.
- mtn54. Obligation to wear a mask in certain places.

Securing sensitive or dangerous facilities

- mtn11. In the case of installations whose activities cannot be stopped (including certain research laboratories), implementation of precautionary measures, such as keeping the teams on the premises or having relief teams go through a "quarantine lock" (isolated room in which the relief shift remains for the nominal duration of the incubation).
- mtn12. Securing pre-identified installations which, if the numbers of staff present were insufficient, might prove dangerous for the population; taking into account the time required for industrial activities working continuously to come to a standstill; planning of relief staff taken from among the staff consigned to home since the beginning of the crisis.

Specific priorities

- mtn14. Ministries' chain of command and liaison: maintenance of full operational capacity.

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- mtn15. Defence: missions of continuity of government action for the preservation of strategic military functions; missions of civil-military cooperation in the areas of government continuity, contribution to security and assistance to the population.
- mtn17. Law and order: execution of missions according to priorities defined and updated by the Ministry of the Interior, taking into account the needs expressed by ministries (protection of hospitals, stocks and transport of protection equipment and health products, shops, etc.).
- mtn18. Justice: penal activities essential for the preservation of law and order; for prison administration, maintenance and monitoring of people placed in the hands of justice.
- mtn19. Production and distribution of energy: continuation of the production function, in degraded mode if necessary; full preservation of the safety function; supply for priority transportations; supply of domestic fuel for the heating of houses.
- mtn20. Food supplies: supplying of the population, via shops and distribution platforms in particular; collection of milk and milk products; food for farm animals..
- mtn21. Financial circuits and means of payment:
- supply of bank notes to banks and ATMs; delivery of minimum social benefits, by post in particular.
 - maintenance of the continuity of interbank payments, financial markets, stock exchange activities and the insurance sector.
- mtn22. Electronic communications: 1) government links; 2) links concerning essential activities, and in particular those essential for the population's health and safety.
- mtn23. Pharmaceutical and medical industry: production of essential health products and medical equipment; supply to the medical care system.
- mtn24. Production of protective equipment and cleaning and hygiene products: masks of all kinds, single-use gloves, protective goggles, all virucidal and disinfecting products, soap, disposable handkerchiefs, etc.
- mtn25. Audiovisual: information of the various groups among the public about the pandemic and maintenance of audiovisual means.
- mtn26. Transport: infrastructures and networks; control, regulation and commercial services; planning of priority transport (feeding, health products, medical oxygen, water treatment products (chlorine, etc.), hydrocarbons, biomedical waste, freight to overseas territories); priority missions of Météo France (the French meteorological office).
- mtn27. Continuous operation of drinking water production and distribution facilities.
- mtn28. Maintenance of all the different information systems (networks, IT resources, etc.).
- mtn56. Rebalancing transport activities (road, railways, sea, waterways) in favour of priority needs.

Specific Defence measures

- mtn29. Call-up of reservists of the operational military reserve to ensure, as a priority, the operation of the command chain of inter-armed forces territorial defence organisation.
- mtn30. Restriction of and health control before access to deterrence facilities, facilities dedicated to means of intervention, facilities on alert and crisis management centres.
- mtn31. Restricted relief of military detachments on operations or stationed abroad..
- mtn32. Limitation or halting of non-essential activities (exercises, training courses, missions, etc.).
- mtn33. Specific rules applied to calls in ports or stopovers at airports, movements across borders and multinational exercises.

Specific measures for Justice

- mtn34. Adaptation of penal procedures and judicial operations.

Specific measures related to rescue and fire brigade services

- mtn35. Operational coverage of emergency missions by redeploying personnel; maintenance of the regulation of emergency medical services by the SAMU-Centre 15.

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Specific measures related to funeral services

mtn36. Application of the provisions in the Ministry of the Interior's methodological guide. Get the prefects to take action by means of decrees aimed, among other things, at:

- prescribing the immediate placing of bodies in coffins (art. R2213-18 of the CGCT),
- suspending legal time delays (art. R2213-33 and 35 of the CGCT),
- adapting the system of authorisations regulating post-mortem operations,
- waving the technical regulations applicable to funeral vehicles (art. R2223-58 of the CGCT),
- limiting the supervision system for funeral operations and related fees,
- banning embalming services,
- mobilising the planned and appropriate reinforcements.

Specific measures related to the distribution of food, bottled water and cleaning and hygiene products

mtn37. If a significant amount of time is available, people will be encouraged to build up an additional reserve of non-perishable food and bottled water; communication encouraging grouped purchases instead of repeated purchases, which would lead to undesirable gathering of people during an epidemic; if there is little time available, mass purchases likely to lead to unjustified shortages will be discouraged.

Specific measures related to Education

mtn57. Broadcasting of educational programmes by audio and audiovisual means.

Specific measures related to neighbourhood solidarity and help in daily life.

mtn38. Implementation, encouragement and supervision, by local authorities, of solidarity actions between neighbours for the benefit of isolated or dependent people, or of families that have to stay at home to take care of one or several patients; use of the lists of isolated elderly and disabled people, instituted by decree No. 2004-926 of the 1st of September 2004, and updated by town halls.

mtn39. Recourse to volunteers, based, as far as possible, on existing voluntary groups; application of the status of occasional public service collaborator to volunteers overseen by these voluntary group and /or designated by administrative authorities.

mtn40. On the initiative of local authorities, census of people (isolated or homeless people, etc.) and identification of their needs (delivery of food, medicine and essential products; child minding, etc.).

mtn41. Financial assistance, help with food supplies and social support for people without resources due to the epidemic.

mtn42. Definition of appropriate methods for recovering debts and credits for essential services.

mtn43. Psychological support for relatives of victims.

mtn44. Taking care of isolated children and non-infected dependent people.

mtn58. Call-up of the municipal civil defence reserve.

Specific measures related to decontamination and household waste

mtn59. For municipalities, public facilities for inter-municipal cooperation and joint associations in charge of eliminating household waste:

- continuation of collection and disposal of household waste (including infectious waste),
- suspension of sorting in waste treatment facilities in order to reduce the risk of employee exposure and concentration of resources on the collection and disposal of residual household waste,
- suspension of composting of certain waste products if there is a risk of propagating the epidemic,
- protection of waste collection employees (masks, gloves, goggles, etc.),
- maintenance of the activity of waste water networks and water purification plants.

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mtn60. For municipalities, public facilities for inter-municipal cooperation and joint associations in charge of eliminating household waste:

- authorisation/creation of intermediate storage sites,
- in case of shortage, distribution of plastic bags with ties for the waste of patients at home.

For healthcare facilities and hospitals:

- acquisition of sufficient stocks of cardboard boxes for the storage of infectious health-care waste, if necessary,
- request for opening of storage sites reserved for infectious health-care waste, if necessary.

Specific measures for the production and transport of energy (electricity, hydrocarbons, gas)

mtn46. Implementation of the *Hydrocarbons* resources plan

mtn47. Immediate implementation, by operators and business managers, of a mode of operation with reduced manpower and constitution of several relief teams available, isolated from a health point of view if necessary

Specific measures for postal services

mtn48. Encouragement and implementation of substitute solutions (electronic mail)

mtn49. Priority handling of the postal services necessary for the continuity of government action, activities of vital importance and other essential services for the health and life of the population in a pandemic situation. Reduction of non-essential activities (handling of advertising letters, etc.).

mtn50. Suspension of the distribution of advertising documents by carriers.

Objective: to assess the situation and anticipate its developments

eva01. Setting up and circulating of a daily summary of the situation by each ministry, based on the indicators they have previously defined; surveillance intended to anticipate the possible difficulties; to this effect, association of operators relevant to each ministry's sector.

eva02. Forecast, updated daily if possible, of the development of the epidemic, taking into account the data about the activities of health facilities and the census of deaths at home or in health facilities.

eva03. Diplomatic missions in affected countries will inform the Ministry of Foreign Affairs and the inter-ministerial crisis committee about the resources and measures deployed by foreign countries to fight the disease.

eva05. Collection, as soon as possible, of all the parameters and indicators for monitoring the public health situation so as to adapt the system of response to the pandemic.

eva06. Monitoring of the balance between the consumption and supply of health products and protection and hygiene equipment.

Situation 7:

In the absence of current criteria that can be used to distinguish between the end of a pandemic wave and the end of a pandemic, situation 7 can only be triggered if the following things have been observed:

- the WHO announces a decrease in the number of cases abroad
- decrease in the number of cases below the epidemic threshold, as observed on the curve of cases (experience from previous pandemics, that of 1918-1920 in particular, shows that the end of a wave occurs when the number of registered cases over a one-week period falls below 10% of the number observed during the peak week of the pandemic). A subsequent wave can nevertheless occur within a relatively short time (from two weeks to a few months)

Restoring the response and monitoring system to its initial state in case of a new wave

Objective: to strengthen government, ministerial and territorial organisation

org00. Examining the maintaining or lifting of previously decided measures.

org25. Monitoring of national and international media; monitoring of the state of public opinion by the government information service.

org29. Helping the essential services to resume, in terms of staff and resources.

org30. Retrospective evaluation of the plans' organisation and measures in all areas: health, social and economic activities, etc.

org28. Urgent and essential adaptation of the national plan, ministerial plans and all other public or private plans derived from them.

Objective: to assist the countries affected

coo02. Sharing what has been learned with the countries affected .

Objective: to assist French nationals abroad

fre12. Mobilisation of diplomatic missions to inform French nationals about the development of the crisis. Assistance to people in mourning and seriously affected people.

fre14. Local consultation with companies employing French expatriates

fre15. Reopening of French schools and cultural centres in the countries affected and neighbouring countries, depending on the ambassadors assessments.

Objective: to assess the situation and anticipate its developments

eva07. Monitoring of health and socio-economic situation indicators.

eva08. Information about the economic, social, geopolitical and health situation of the various countries sent to the Ministry of Foreign Affairs by all diplomatic missions.

eva09. Analysis of the problem of seriously affected businesses.

eva10. Analysis of the insurance issue.

eva11. Analysis of the problem of families having suffered particularly heavily from the pandemic.

Objective: to prepare the pandemic response system in case of a new pandemic wave

- rep01. Evaluation and replenishing of remaining stocks of health products and biomedical supplies.
- rep02. Preparation of the Minister of Health's decrees in application of art. L. 3131-1 of the public health law, for the modification or lifting of health measures.
- rep03. Organisation of meetings on feedback with operators and businesses.
- rep04. Evaluation of the stock of masks and replenishment via dedicated production lines.
- rep05. For French nationals abroad, maintenance of monitoring by a network of avian flu medical advisers; information for companies employing expatriates.
- rep06. Analysis of the effectiveness of treatments and countermeasures (quarantine, prophylaxis, etc.); updating of protocols.
- rep07. Implementation or continuation of vaccination. Evaluation of pandemic vaccine stocks (quantity, timetable, vaccination priorities).

Objectives: to informing the general public, managers, professionals and businesses

Though the information should take the drama out of the situation and facilitate resumption of normal life, it must also aim to maintain the mobilisation in the face of a disease that can still return. It must allow everyone to know the measures that are being maintained, those that are being modified and those that are lifted.

- inf02. Information about bans and restrictions on and/or special measures concerning international exchanges for operators of international airports and ports, travellers, travel agents and transport businesses.
- inf14. Information for the public about the lifting, modification or maintenance of barrier measures..
- inf18. Information for private and hospital health professionals and pharmacists about the lifting, modification or maintenance of health measures and about new measures to be implemented.
- inf24. Information for the public about any means of support available (economic, social, psychological).
- inf29. Information provided to the media about the situation and the development of measures.
- inf33. Information for public and private companies about any measures that concern them.

Management of the post-crisis phase and resumption of normal activity

Objective: to assist the population and help with the resumption of social and economic activity.

- ass01. Organisation of forum discussions on the pandemic and its consequences (work on resilience) for the population and the players involved (health professionals, rescue services, etc.).
- ass02. Support for families affected by the pandemic. Assistance for people without resources. Social and psychological management of vulnerable people.
- ass03. Monitoring of the compensation procedures by insurance companies.
- ass04. Collection by State services of information of all kinds in order to make a precise evaluation of the socio-economic situation and its development. Identification of activities that need to be restarted as a priority.
- ass05. Preparation of a system to re-start the economy.
- ass06. Analysis of the mechanisms for helping sectors in difficulty because of the pandemic.
- ass07. Gradual and coordinated lifting of exceptional measures by the prefect of the department (health and social coordination centres, intermediate structures, "white" plans...).

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APPENDIX 1 Permanent Action at Government Level

The **Prime Minister** defines the inter-ministerial system for preventing and controlling the influenza pandemic. He/she relies on:

- the ministerial delegate for the fight against avian flu (DILGA), who coordinates government action to control this risk and monitors the implementation of measures decided as part of the plan; the missions of the delegate are defined by decree n°2005-1057 of the 30th of August 2005; the delegate ensures the implementation of measures against a possible avian epizootic, works to prevent a pandemic and, if necessary, organises patient management; the delegate also works to develop international cooperation and ensure consistency between government action and the action of international organisations, non-governmental organisations, local authorities and companies;
- the SGDN (General Secretariat for National Defence), which permanently updates the national "Influenza pandemic" plan and organises major exercises;
- the SGAE (General Secretariat for European Affairs), which participates in developing France's position on issues treated by European institutions and conveys this to the permanent French European Union representatives;
- the higher defence official in charge of information, who is responsible for the circulation of government communications to the population in a pandemic situation;
- the Government Information Service (SIG), which takes part in preparing and implementing the communication strategy. It ensures the coordination of public information and the sharing of information between all players.

Each minister continually takes all of the necessary anticipation, planning and organisation measures to guarantee the implementation of priority missions in his/her sector during the epidemic. To this end he or she:

- o Ensures he/she has the capacity to execute the measures in the national plan and continuously updates his/her continuity plan, including its health protection aspect, in the event of a pandemic.
- o Ensures that the plans for public facilities placed under his/her responsibility are prepared and updated, makes sure that operators in the sectors of activity attached to his/her ministry are informed and encourages them to prepare continuity plans.
- o Prepares the information concerning particular fields for communication to selected groups among the public and defines the indicators of the status of critical resources and their availability in the event of a pandemic, as well as the information channels to acquire and convey the data.
- o Determines the activities that would require protection by security forces, particularly in the event of a breach of peace during a pandemic period.
- o Ensures that the resources, equipment and supplies within his/her field of competence are available in sufficient quantity and are, if necessary, distributed before the triggering of the pandemic phase and/or are available throughout the pandemic. To achieve this,
- o He/she informs the Minister of Health of his/her needs in terms of preventive resources of any kind: masks (at the expense of each ministry), vaccines and the needs of the sectors of activity he/she is responsible for, indicates to the Minister of Transport the supplies to be maintained as a priority (hydrocarbons, food, medical and health products, hygiene and cleaning products, chlorine for drinking water networks, etc.) and the recommended means of transport, identifies the facilities that may prove dangerous to the population if insufficiently staffed and that may have to be made safe in a situation of staff shortage. Particular attention is given to Seveso sites.

The **Minister of the Economy, Finance and Industry**, in liaison with other ministers:

- Prepares the measures to manage priorities for the supply and distribution of first necessity products, to control prices and to fight against fraud.
- Coordinates the elaboration and collection of economic indicators.
- Publishes guides to good practice drawn up in collaboration with the various sectors of activity in order to prepare company continuity plans.

The **Minister of Health**:

- Ensures epidemiological monitoring related to influenza.
- Prepares all of the measures ensuring that, in the event of a pandemic, the health strategy is implemented by all health professionals, whether working in the private or public sector.

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- Ensures the good quality of medical management in mainland and overseas French territories as well as for French nationals abroad; ensures that appropriate measures are put in place in French mainland and overseas territories for the organisation of care in health facilities (white plans) and via outpatient medical care.
- Makes stocks, or has stocks made, of prophylactic or therapeutic products and equipment, of tests for the detection of the virus or antibodies directed against it, and makes plans for their distribution.
- Defines the vaccination policy; prepares the plans for vaccination, and ensures there is an appropriate supply of pandemic vaccine, vaccine against the avian virus and antipneumococcal vaccine; proposes, if necessary, a reinforcement of the production infrastructure on national territory.
- Keeps an updated record of production capacities, orders and supplies of medical resources, medicines (antiviral medicines, immunoglobulins, etc.), vaccines and means of injection; makes sure that they are available in sufficient quantity in the event of a pandemic, estimates additional needs and proposes all measures to meet them; determines the national dependency with regard to the supply of intermediate or final products and proposes all measures to reduce this dependency.
- oversees the national influenza reference centres and directs their activity.
- plans the organisation of biomedical analysis laboratories in the event of a pandemic.
- takes the necessary measures to reduce the time for authorising the pandemic vaccine(s).
- in relation with the WHO's recommendations, encourages vaccination against seasonal influenza, in particular for vulnerable populations and certain professional categories, independently of any pandemic threat.
- defines the rules that will ensure virological safety and the availability of biological products (blood, grafts, etc.) in the event of a pandemic.

During a pandemic, the **Minister of Health** and the **Minister of the Economy, Finance and Industry** take the steps required to meet primary needs in products that are not specifically medical but contribute to the public health response: masks, means of protection and hygiene (clothes, goggles, disinfectants), medical thermometers, etc. In collaboration with manufacturers, they promote the adaptation of the production required to implement the plan.

The Minister of the Interior:

- Directs and coordinates the action of State civil services in the Departments.
- Guarantees public order.
- Ensures the preparation of emergency medical services.
- Encourages local authorities to prepare themselves, particularly as regards local assistance to patients and isolated individuals.
- Ensures that health products and protective equipment are safe, in collaboration with the Ministers of Defence and Health; ensures the safety of health facilities, pharmacies and private doctors.
- Transmits any government communication on the pandemic at department level.

The Minister of Agriculture:

- Keeps watch for the presence of flu viruses in birds and animals in general.
- Monitors the circulation of mildly pathogenic sub-types of influenza A viral strains.
- Ensures the monitoring of breeding stocks and the implementation of necessary health protection measures.
- Follows the world epidemiological situation, in liaison with the International Office of Epizootics.
- Ensures the supply of food resources.

He/she is also in charge of:

- Studying the measures aimed at limiting the risks of introduction of an animal disease into the European Community;
- Regular action to make breeders aware of the need to comply with the rules for public health protection.
- Monitoring the elaboration of Departmental emergency plans, according to a model defined at national level.
- The closure of farming education establishments, as soon as it is decided.

The **Minister of Foreign Affairs** drafts the measures required for protecting and taking care of French citizens abroad as well as those concerning the international aspects of the crisis.

He/she informs foreign Governments about the progress of the French system and, if necessary, sends them requests.

Exchanges of information with EU Member States, the EU Council and the Commission, as well as with

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international organisations, are achieved according to the data presented in chapter 11. Cross-border coordination is ensured within the framework of existing mechanisms.

The **Minister of Defence** takes part in preparing the national system and takes all of the necessary measures to preserve strategic military functions and, in the event of a pandemic, enable the Armed Forces to participate in civil defence missions, within the limits of the numbers available by the operation of the ministry in degraded mode and the attrition resulting from the pandemic.

The **Minister of Justice** prepares the elements of penal policy allowing regulations dictated by the authorities in charge of managing the pandemic crisis to be respected.

The **Minister of Transport** prepares the measures for distributing products indispensable to economic life and any measure to limit public transport, decided by the Government or State representatives; he/she ensures that transport operators and travellers are informed. The **Minister of Tourism** ensures that travel agencies are informed.

The **Minister of Overseas Departments and Territories** makes sure that the specific features of overseas territories are taken into account in the preparation of the plan and ensures that it is implemented according to the principle that the same level of equipment, supplies and medical care must be provided for overseas and mainland French territories. It is up to the ministries concerned to integrate these provisions in their requirements. In the Pacific territories, the representatives of the State operate in collaboration with the representatives of local institutions.

The **Employment Minister** participates in the information of companies about the risk of epizootic and influenza pandemic and about the prevention measures under his/her control. To achieve this, he/she mobilises the health and safety inspection services. He/she proposes adaptations to employment regulations, if necessary. He/she ensures that the employment medical services are informed and mobilised. He/she ensures the continuity of payment of social benefits within his/her remit and mobilises the job finding services made necessary by the situation, in liaison with the other ministries concerned, and in particular with the Ministry of the Economy, Finance and Industry.

The **Minister of Education** ensures the public health education of pupils and the information of school health professionals. He/she is responsible for the implementation of the closure and, in liaison with territorial authorities, the use of educational facilities as part of the plan. He/she ensures the continuity of education during the time facilities are closed (via distance learning).

The **Minister of Youth and Sports** ensures the information of the sports community, youth and educational associations. He/she is responsible for suspending the normal activity and use of national public facilities placed under his/her responsibility, as part of the plan.

The **Minister of Ecology** anticipates, in collaboration with the Minister of Industry, the possibility of making safe the functioning of facilities that have become dangerous due to staff shortage. He/she contributes to organising the management of waste, whether contaminated or otherwise. He/she ensures that hunters and ornithologists are informed. He/she takes appropriate measures for protecting nature and policing hunting activities. He/she informs public facilities under his/her responsibility regarding the movement of birds.

The **Ministers of Research, Agriculture, Health, the Economy and Defence** take all of the necessary measures to reinforce the actions of research and development intended to improve the response to the pandemic. Under the aegis of the Ministry of Research, and with the collaboration of an expert committee, they update the assessment of issues requiring further research action, on the basis of which they develop and ensure the implementation of the corresponding R&D programme.

APPENDIX 2 Fields of Action and Prerogatives of Major International Partners

Human health: The World Health Organisation (WHO)

The World Health Organisation:

- Coordinates epidemiological monitoring and analyses the virological and epidemiological data communicated by the different States. It declares alert phases and the beginning and end of the pandemic.
- Coordinates the technical assistance to affected countries and the mobilisation of international expertise. It issues recommendations to anticipate or limit the spread of the virus.
- It relies on a network of expert laboratories to isolate the pandemic viral strain and sends it to specialised laboratories for the development of the vaccine strain that is then provided to vaccine manufacturers.
- It builds up a stock of vaccines and antiviral medicines for emergency intervention. The vaccine purchasing policy and the vaccination strategy are under the responsibility of each of the Member States.

Animal health: The United Nations Food and Agriculture Organisation (FAO) and the International Epizootic Office (IEO), still known as the World Organisation for Animal Health

The Food and Agriculture Organisation, a United Nations agency, has the competence to:

- evaluate epidemiological situations,
- make recommendations to governments and regional bodies,
- develop guidelines to develop methods for controlling disease,
- implement projects in support of national, regional and international programmes for the prevention and control of avian flu (support to players and facilities involved).

The IEO is an intergovernmental organisation uniting 197 countries. One of its aims is to provide transparency in the global animal disease situation and to set standards for international trade in animals and animal products.

Joint IOE / FAO actions cover:

- the sending of veterinarians on emergency missions (rapid epidemiological diagnosis, reinforcement of veterinary services and laboratories, recommendations to governments);
- the development of policies and programmes to control avian flu.

Economic consequences: the World Bank and the International Monetary Fund

The World Bank has carried out an evaluation of the economic consequences of an avian flu epidemic and a possible human pandemic. It is advising about thirty countries on the preparation of projects destined to be financed as part of its avian flu programme. It monitors the implementation of donor commitments. The International Monetary Fund evaluates the economic consequences of a human pandemic, and in particular the impact on banking and financial systems throughout the world.

The European Union (EU)

The planning of the response to an influenza pandemic is not within the exclusive competence of the European Union.

The European Union can be given the task of:

- centralising the information on the status of the national plans of response to a pandemic,
- encouraging concerted action regarding measures of prevention and control and their harmonisation, particularly at borders,
- providing support for influenza monitoring systems in the European Union,
- cooperating in the development of new vaccines, together with WHO and the European Agency for the Evaluation of Medicinal Products (EMA); the Commission maintains a platform provided by its pharmaceutical committee in order to treat issues concerning research, and the development, authorisation, availability and building of stocks with industry;
- managing the measures to protect the European territory against an epizootic coming from outside its borders, and validating the systems implemented by any affected Member State in order to protect the other Member States.

In the face of emergence of isolated cases of human infection by a new influenza virus and limited inter-human transmission, the European Union:

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- convenes the Network Committee and the Community Influenza Pandemic Preparedness Group,
 - keeps in regular contact with the World Health Organisation,
 - provides assistance to third-party States, in cooperation with the World Health Organisation.
- During the pandemic period, the European Union:
- activates the Community Influenza Pandemic Preparedness Group and its plan of action,
 - reports the development of the epidemic and the measures taken by the Member States and brought to its knowledge.

The European Centre for Disease Prevention and Control (ECDC).

The European Centre for Disease Prevention and Control

- provides analyses and advice for Member States and European institutions,
- coordinates the epidemiological watch and alert by activating the EWRS (Early Warning and Response System) 24 hours a day,
- provides technical assistance, in case of an emergency, in terms of investigation and reaction; in the case of a threat outside the EU, it evaluates the risks of contamination of Member States and makes recommendations to both Member States and the Commission,
- ensures appropriate communication with the Commission and the public,
- can reinforce the reaction of the affected country or countries, upon WHO request, if such an action contributes to the safety of the European Union.

The European Union Joint Situation Centre (SITCEN)

Attached to the General Secretary / High representative for Foreign Policy and Common Security (FPCS), the Joint Situation Centre endows the EU with a permanent capacity to gather and analyse information as well as give the alert.

APPENDIX 3 Glossary - Main Reference Documents - Web Sites

AFSSA	Agence française de sécurité sanitaire des aliments / French food safety agency
AFSSAPS	Agence française de sécurité sanitaire des produits de santé / French agency for the safety of health
AFSSET	Agence française de sécurité sanitaire de l'environnement et du travail / French agency for the safety of the environment and workplace
ANPE	Agence nationale pour l'emploi / National employment agency
ARH	Agence régionale d'hospitalisation / Regional agency for hospitalisation
ARS	Agence régionale de santé / Regional health agency
CIC	Cellule interministérielle de crise / Inter-ministerial crisis committee
CIPPG	<i>Community Influenza Pandemic Preparedness Group</i>
CIRE	Cellule interrégionale d'épidémiologie / Inter-regional epidemiology committee
CNR	Centre national de référence [de la grippe] / National influenza reference centre
COBeauvau	Centre opérationnel Beauvau / Beauvau operational centre
COD	Centre opérationnel départemental / Departmental operational centre
CODAMUPSTS	Comité départemental de l'aide médicale urgente, de la permanence des soins et des transports sanitaires / Departmental emergency medical help, 24 hour care and medical transport committee
COGIC	Centre opérationnel de gestion interministérielle des crises / Operational centre for the inter-ministerial management of crises
CORRUSS	Centre opérationnel de réception et de régulation des urgences sanitaires et sociales / Operational centre for the reception and control of medical and social emergency cases
COZ	Centre opérationnel de zone (activé 24 h / 24) / Zonal operational centre (activated 24 hrs/day)
CROGend	Centre de renseignement et d'opération de la gendarmerie / Intelligence and operation centre of the Gendarmerie
DASRI	Déchets d'activités de soins à risques infectieux
DDASS	Direction départementale des affaires sanitaires et sociales / Departmental office of health and social affairs
DDSV	Direction départementale des services vétérinaires / Departmental office of veterinarian services
DFAE	Direction des Français à l'étranger et des étrangers en France / Office of French nationals abroad and foreign nationals in France
DGAC	Direction générale de l'aviation civile / Office general of civil aviation
DGAI	Direction générale de l'alimentation / Office general for food
DGS	Direction générale de la santé / Office general for health
DGT	Direction générale du travail / Office general for employment
DHOS	Direction de l'hospitalisation et de l'organisation des soins / Office for hospitalisation and the organisation of healthcare
DILGA	Délégué interministériel à la lutte contre la grippe aviaire / Interministerial delegate for the fight against avian flu
DRASS	Direction régionale des affaires sanitaires et sociales / Regional office for health and social affairs

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EWRS	Early Warning and Response System
GROG	Groupes régionaux d'observation de la grippe / Regional influenza observation groups
HFD	Haut fonctionnaire de défense / High defence official
INPES	Institut national de prévention et d'éducation pour la santé / National institute for prevention and health education
InVS	Institut de veille sanitaire / National Institute of Public Health
MAEE	Ministère des affaires étrangères et européennes / Ministry of Foreign Affairs
OIE	Office international des épizooties, aussi appelé Organisation mondiale de la santé animale / International Office of Epizootics, also called World Organisation for Animal Health
OMS	Organisation mondiale de la santé / The World Health Organisation
PCC	Poste de commandement communal / Local authority command centre
RSI	Règlement sanitaire international / International Health Regulation
SAMU	Service d'aide médicale d'urgence / Emergency medical assistance service
SGAE	Secrétariat général des affaires européennes Secretariat general for European affairs
SGDN	Secrétariat général de la défense nationale / Secretariat general for national defence
SGG	Secrétariat général du gouvernement / Secretariat general of the Government
SIG	Service d'information du gouvernement / Government information service
UE	Union européenne / European Union.

Main reference documents - Web sites

- Collection of technical information sheets of the national "Influenza pandemic" plan, March 2008.
- National "Avian diseases" emergency plan of the Ministry of Agriculture DGAL/SDSPA/N2001-8095 of the 10th of July 2001.
- Circular to the prefects NOR/INT/E/06/00014/C of the 20th of January 2006 concerning the action of mayors in the management of an influenza pandemic type major health crisis.
- Circular NOR/INT/E/06/00011/C of the 20th of January 2006 and its recommendations guide, concerning the action of prefects.
- Circular of the 10th of April 2008, concerning the action of mayors in the management of an influenza pandemic type major health crisis.
- DDSC memorandum and guide concerning the local authority emergency plan - November 2005.
- Circular for the Ministry of Employment DGT 2007-18 of the 18th of December 2007.
- Circular DHOS/CGR/2007/130 of the 26th of March 2007 concerning the circulation of the guide to the organisation of care during an influenza pandemic, the drawing up of the "influenza pandemic" biological appendix of the white plans of health establishments and the preparation of the outpatient, pre-hospital and medico-social system for managing patients within the framework of the enlarged white plan.
- Guide to the organisation of care in an influenza pandemic situation – Ministry of Health
- Inter-ministerial circular (being prepared) concerning the current organisation of defence and security in the field of health affairs.
- Circular from the Ministry of Education n°2008-162 of the 10th of December 2008.
- Law n°2007-294 of the 5th of March 2007, concerning the preparation of the health system for large scale health threats that created a health reserve force
- Sites www.grippeaviaire.gouv.fr (Government information service), www.sante.gouv.fr (Ministry of Health), www.diplomatie.gouv.fr (Ministry of Foreign Affairs).