CHAPTER 4 — INTERNATIONAL EFFORTS

Introduction

Pandemic influenza is a global threat. Given the rapid speed of transmission, the universal susceptibility of human populations, and even a modest degree of lethality, an outbreak of pandemic influenza anywhere poses a risk to populations everywhere. Our international effort to contain and mitigate the effects of an outbreak of pandemic influenza beyond our borders is a central component of our strategy to stop, slow, or limit the spread of infection to the United States.

To meet this important international challenge, all nations and the broader international community must be able to detect and respond rapidly to outbreaks of animal or human influenza with pandemic potential to contain the infection and delay its spread. Many countries, however, do not have sufficient resources or expertise to detect and respond to outbreaks independently. International mechanisms to support effective global surveillance and response, including coordinated provision of accurate and timely information to the public, are also inadequate.

For these reasons, through the International Partnership on Avian and Pandemic Influenza (the Partnership), established by President George W. Bush in September 2005, and other bilateral and multilateral international engagement, the Federal Government is heightening awareness of the threat on the part of foreign governments and publics, and promoting development of national and international capacity and commitment to prevent, detect, and limit the spread of animal and human pandemic influenza within and beyond national borders. We are elevating pandemic influenza on national agendas, coordinating efforts among donor and affected nations, mobilizing and leveraging global resources, increasing transparency in global disease reporting and surveillance, and building global public health capacity. The United States is also offering bilateral assistance to strengthen capacity to fight pandemic influenza in the countries at highest risk.

Key Considerations

With the ever-present threat that a newly emerging strain of animal influenza could spark a human pandemic, it is essential that highly pathogenic viruses in animals, wherever they appear, be carefully monitored for changes that could indicate an elevated threat to humans. An outbreak of a novel strain or subtype of influenza capable of sustained and efficient human-to-human transmission, which could occur in the United States or abroad, would spread quickly within an affected community, doubling in size approximately every 3 days. Thorough preparedness, robust surveillance, and strong response on the part of all countries are critically important, as the probability of containing an outbreak of a pandemic virus at its site of origin depends on how quickly a country detects and reports it, shares and tests viral samples, distributes effective countermeasures, and implements public health measures to limit spread.

There are significant challenges to a rapid response to an incipient human pandemic in many countries at risk. The threat of pandemic influenza may not be widely recognized or understood. Many countries at risk lack robust public health and communications infrastructure, pandemic preparedness plans, and proven logistics capability. In many developing countries the livelihood of families is linked to the animals they own, and reporting an outbreak of animal influenza can result in the destruction of a family’s animals and, therefore, a threat to their livelihood. Lack of infrastructure and expertise to detect
an outbreak in a remote location and quickly transport a sample to a laboratory with appropriate diagnostic capability can impede timely and effective application of countermeasures. Many countries at risk also do not have the veterinary, medical, and non-medical countermeasures, including antiviral medications, to contain a confirmed outbreak.

To promote an effective global response to a pandemic outbreak, donor countries and relevant international health organizations should assist countries that have less capacity and expertise as well as fewer of the necessary resources.

**Limited International Capacity**

In many of the countries in which the risk of emergence of pandemic influenza is considered to be high, the animal and human health sectors lack the expertise, resources, and infrastructure necessary to effectively detect and contain animal cases and prevent human cases. Recent outbreaks of avian influenza in Asia, Europe, and Africa highlight critical shortcomings in national human and animal disease surveillance and reporting. Early warning and clinical surveillance systems are insufficient to detect changes in an influenza virus that could lead to emergence of a pandemic strain. Key gaps include lack of understanding of the nature of the threat and ways to prevent it, scarcity of well-trained laboratory, epidemiologic, medical, and veterinary staff to provide effective in-country surveillance, and the need for greater commitment and capacity to share data, specimens, and viral isolates rapidly and transparently with national and international animal and human health authorities. International animal and human health mechanisms and resources also need to be strengthened.

Because the risk to public health from an animal influenza virus with human pandemic potential is directly related to the ability to detect and control such viruses in animal populations, the effectiveness of national veterinary services of affected, high-risk, and at-risk countries is critical to minimize human exposure to threatening animal viruses. The objective of controlling or eliminating an animal influenza virus with pandemic potential can only be attained, and then maintained, through concurrent strengthening of national veterinary services. This will require international support for the development of sustainable veterinary services in affected, high-risk, and at-risk countries, and the domestic will of those countries to make such development a priority. Support for development should be based on a unified assessment approach that can be applied in a consistent manner to individual countries to help determine what must be done to create an adequate and sustainable animal health infrastructure.

Likewise, in many countries, limited capacity to detect and control outbreaks of respiratory diseases among humans also adversely impacts on international ability to detect and control the emergence of an influenza pandemic. Countries must give priority to strengthening their public health and respiratory disease case management capacities. The international community must support this prioritization in a consistent and coordinated manner.

As a key part of the U.S. Government’s international efforts in support of the National Strategy for Pandemic Influenza (Strategy), under the coordination of the Department of State (DOS) and the U.S. Agency for International Development (USAID), the Department of Health and Human Services (HHS), the Department of Agriculture (USDA), the Department of Homeland Security (DHS), the Department of Transportation (DOT), and the Department of Defense (DOD) are working in cooperation, through complementary strategies, to build capacity in countries at risk to address aspects of avian influenza related to human and animal health.
Preparedness and Planning

Comprehensive preparation including the development and exercise of national and regional plans to respond to a pandemic will facilitate containment efforts and should help mitigate social impacts when containment fails. HHS, DOS, USAID, and USDA are working together to assist priority countries, especially those in which highly pathogenic H5N1 avian influenza is endemic or emerging, to develop, and exercise plans for effective response to a possible extended human pandemic outbreak. We also are supporting public education and risk communication on best practices to prevent and contain animal and human infection.

Surveillance and Response

A country’s ability to respond to a human outbreak quickly, requires a broad surveillance network to detect cases of influenza-like illnesses in people, coupled with rapid diagnostic and response capabilities. To help address these challenges, HHS and USAID, in collaboration with DOS, DOD, and international partners, will work together and with the WHO Influenza Network to assist countries at risk, including those that are experiencing outbreaks of H5N1 highly pathogenic avian influenza, to build and improve infrastructure at the central, provincial, and local levels to provide timely notification of suspected human cases of influenza with pandemic potential. Building this capability in countries at risk will facilitate monitoring of disease spread and rapid response to contain influenza outbreaks with pandemic potential. HHS, USAID, DHS, and DOS will support development of rapid response teams, coordinated logistics capability, and new modeling efforts to support containment; increase involvement of the private sector in prevention and control of animal influenza, pandemic planning, and risk management; and improve the ability of the health care sector to control infection and manage cases.

Donor Coordination

To fully address the needs of countries at risk, increased assistance from other countries and international organizations is necessary. In addition, donors must coordinate international assistance resources and activities to avoid duplication of effort and maximize results. DOS, with relevant U.S. Government agencies, is working through the Partnership and other multilateral and bilateral diplomatic contacts to encourage increased, coordinated, international assistance. The United States also will intensify efforts to engage the private sector on the role it can play in preparing for and responding to a pandemic outbreak.

In our bilateral assistance efforts, the United States takes into account assistance pledged by other donors. We target bilateral assistance and expertise to build global veterinary and public health capacity in the countries we believe to be at highest risk, taking into account existing country capacities and needs, and the likelihood that U.S. Government funding will have an impact in a particular country or region given the disease situation, population size, and existing capacities and needs, which vary from country to country. U.S. assistance abroad is intended to protect the health of the American people abroad.

Strengthening International Animal Health Infrastructure

To address needs related to developing sustainable animal health infrastructures in affected, high-risk, or at-risk countries, we will work with the World Organization for Animal Health (OIE), the United Nations (UN) Food and Agriculture Organization (FAO), and other members of the Partnership to develop a unified and consistent approach for such infrastructure development in all countries. The approach will include an assessment of needs for the reduction of animal influenza with human pandemic potential in countries where it exists, and of needs that individual countries may have in making the building of their
national veterinary services capacity a domestic priority. Potential options for funding to meet those needs will also be identified. The ultimate goal will be to implement a program through the OIE and FAO and other partners to develop stronger international coordination and support for the animal health response to the current H5N1 avian influenza outbreak in Asia, Europe, and Africa, and for prevention and containment of any future animal disease outbreaks of international concern or consequence.

**Key Elements of Effective International Response and Containment**

To contain an outbreak of influenza with pandemic potential or delay its spread, a coordinated response by the international community in support of national efforts is key. Many affected countries or regions will require international assistance to detect cases early and respond quickly and effectively to prevent spread. Instituting countermeasures to prevent or slow the spread of infection, including exit and entry screening, restrictions on movement across borders, and rapid deployment of international stocks of antiviral medications, requires international preparation and coordination to be most effective. The U.S. Government is working with WHO, the Partnership, and through diplomatic contacts to strengthen international mechanisms to respond to an outbreak of influenza with pandemic potential, including finalization of WHO’s doctrine of international response and containment which lays out the responsibilities of the international community and countries with human outbreaks, and includes provisions to develop and deploy critical resources needed to contain the virus. The U.S. Government considers the following to be key elements of an international response effort.

**Agreed Epidemiological “Trigger” for International Response and Containment**

While WHO has stated that the first potential signal of early pandemic activity cannot be known in advance and precise “triggering” activity cannot be fully developed ahead of time, WHO also has stated that containment will be strongly considered in the following circumstances:

- Moderate-to-severe respiratory illness (or deaths) in three or more health care workers who have no known exposure other than contact with ill patients, and laboratory confirmation of infection (novel influenza virus) in at least one of these workers.
- Moderate-to-severe respiratory illness (or deaths) in 5 to 10 persons with evidence of human-to-human transmission in at least some, and laboratory confirmation of infection (novel influenza virus) in more than two of these persons.
- Compelling evidence that more than one generation of human-to-human transmission of the virus has occurred.
- Isolation of a novel (influenza) virus combining avian and human genetic material or a virus with an increased number of mutations not seen in avian isolates from one or more persons with moderate-to-severe respiratory illness (acute onset), supported by epidemiological evidence that transmission patterns have changed.

The WHO also has stated that containment will not be attempted in any of the following circumstances:

- Laboratory studies fail to confirm infection caused by a novel influenza virus.
- The number or geographical distribution of affected persons is so large at time of detection that it renders containment impracticable for logistic reasons (i.e., the number of persons requiring prophylactic administration of antiviral drugs exceeds available supplies, or the size of the
affected community makes it impossible to ensure adequate supplies of food and shelter, and the provision of medical care and emergency services during a containment operation).

- More than 4 to 6 weeks have passed since detection of the initial cluster, thus decreasing the likelihood that containment would be successful.

The feasibility of rapid containment will further depend on the number of contacts of the initial cases and the ability of the government authorities and international teams to ensure basic infrastructure and essential services to the affected population. Such services include shelter, power, water, sanitation, food, security, and communications with the outside world.

With disease confirmation, the WHO Director-General would announce a human outbreak of an influenza virus with pandemic potential, after consultation with experts from HHS and scientists from other governments. As outlined above, the basis for announcing a human outbreak of pandemic potential would consider a number of factors, including the number of individuals affected, the rapidity of spread, and the virulence of the disease. An outbreak of an influenza virus with pandemic potential is considered a Public Health Emergency of International Concern under the revised International Health Regulations, adopted by the World Health Assembly in May 2005.

**Rapid, Transparent Reporting and Sharing of Samples**

Countries should immediately take certain actions in response to a suspected outbreak, including prompt reporting of the outbreak to the WHO Secretariat, sharing of viral isolates and/or tissue samples with WHO-designated laboratories for confirmation and vaccine development, activation of national response plans in an effort to contain the outbreak, implementation of public health measures including prophylaxis, vaccination, and social distancing measures (e.g., school closures, snow days, quarantines) in the affected area, epidemiological investigation to identify additional cases and pinpoint the source of the infection, and implementation of screening of passengers. The United States will work with the international community to develop capacity and resources to encourage these actions by countries and regions affected by human outbreaks.

**Rapid Response Teams**

The international community should develop international Rapid Response Teams to investigate and respond to the suspected beginning of a pandemic. The United States is identifying experts to commit to the teams and encouraging other countries with significant veterinary and public health capacity to do the same. The international community should encourage and assist the WHO Secretariat, the FAO, and the OIE to organize, train, equip, exercise, and deploy these teams.

**Stockpiles of Countermeasures**

Medical and non-medical countermeasures should be stockpiled and pre-positioned for rapid deployment to help ensure that countries affected by an outbreak of pandemic influenza can launch an effective effort to contain the incipient pandemic. The WHO Secretariat has called for the establishment of an international stockpile of medical countermeasures and the development of an agreed international plan to allocate and deploy them in the event of a pandemic outbreak. WHO is now working with health experts to determine the size, composition, and locations of stockpiles needed for a rapid and effective response and to develop a doctrine of deployment. The U.S. Government has identified medical countermeasures it is prepared to commit for deployment to the international stockpile when needed, and is
urging other countries to do the same. We also are supporting international efforts to stockpile non-medical countermeasures, both goods and services, to support containment of animal or human influenza outbreaks with pandemic potential, including transportation of personnel and materiel, personal protective equipment, screening and isolation equipment, disinfectants, temporary shelters, and technical and logistical resources needed to implement an effective containment response.

**Logistical Support for an International Response**

The international community needs to develop a plan and to identify resources to rapidly transport personnel, supplies and other materiel to support an international containment response, including in geographically remote or underdeveloped locations. The U.S. Government is determining its capabilities in this regard, and will encourage the international community to explore the logistical needs for a coordinated international response and how to address them.

**Surveillance to Limit Spread**

Early outbreak detection with continued surveillance of travelers and institution of appropriate measures, including social distancing, isolation of infected individuals, quarantine of suspected cases, or treatment with antiviral medications can help delay or limit the spread of a virus once a case occurs. Well-coordinated international implementation of entry and exit restrictions is an important component of an effective global response to contain cases and prevent a pandemic. All countries should prepare to implement steps to limit spread, including local, regional, and national entry and exit restrictions based on veterinary and health monitoring, screening and surveillance for humans, animals, and animal products, and information sharing and cooperation to manage borders. Recognizing the significant costs to implementing border restrictions and the need for international coordination to achieve maximum efficacy, the U.S. Government is examining which surveillance steps will be most effective in limiting spread, including pre-departure exit screening for travelers from affected areas, a reduction of the number of entry and exit points to the United States for international travelers, disease surveillance and entry screening at U.S. borders, and exit screening for travelers leaving the United States in the event of a case occurring here. The international community should provide technical assistance and support personnel to countries that need it to implement screening quickly and effectively. We will endeavor to establish agreements and arrangements with our international partners to ensure the international community takes coordinated action on screening, that such measures are tailored as narrowly as possible to be consistent with efficacy, and that they are lifted quickly when their utility has ended.

**Development of Vaccines and Rapid Diagnostics**

Vaccines when they become available will be a major means of controlling the spread of a pandemic and reducing associated mortality and morbidity. The vaccine industry, however, faces many risks and uncertainties, including unpredictable market demand and pricing, liability and intellectual property considerations, and regulatory and tax issues. As a result, global and domestic vaccine research and manufacturing capacity is limited. Strong public/private partnerships are needed among government, academia, and industry globally as well as nationally to build vaccine production capacity to levels necessary to address a pandemic and establish a reliable vaccine supply. In addition to its efforts to increase domestic vaccine production capacity, the United States is working through several programs to provide direct and indirect support to multinational vaccine manufacturers, foreign academic institutions, and foreign governments to increase global vaccine production capacity. HHS is supporting advanced development of cell-based influenza vaccines, the evaluation of new H5N1 vaccine candidates, and
development of global capacity to produce large quantities of pre-pandemic vaccine (i.e., a vaccine against human infection with the strain of influenza A (H5N1) that is currently circulating among poultry) on a commercial scale through the award of contracts to U.S. and international companies. HHS also is supporting development of H5N1 vaccines in Vietnam and other countries at risk, and beginning discussions with health officials in Southeast Asia concerning possible joint clinical evaluation of avian influenza vaccines in human subjects. HHS also will continue to support development of pandemic influenza vaccines at eligible international as well as domestic research institutions. HHS, USDA, and the Department of the Interior (DOI) are supporting additional efforts to sequence influenza viruses from wild birds, live bird markets, and pigs in Asia and North America, with plans to expand surveillance and collection sites in the future.

The development of rapid diagnostic tests and the distribution of diagnostic reagents and tests are also critical components of pandemic influenza preparedness. USDA has developed and applied a real-time diagnostic protocol to analyze influenza in animal specimens and is assisting countries to adopt and apply this protocol in support of surveillance and response programs for avian influenza among animals. The HHS Centers for Disease Control and Prevention (CDC) and the private sector have developed high-throughput rapid diagnostic kits that can provide results in 4 hours and will undergo field testing by U.S. and Southeast Asian scientists and public health officials to ascertain the utility and robustness of these products in real-time scenarios for detection and reporting of influenza and other viruses in humans and animals.

Effective Public Communication

Public audiences in affected countries and countries at risk will require targeted communications in local languages to understand the threat of influenza with pandemic potential in animals and of human pandemic influenza, the preventive measures that should be taken now, and what actions must be taken if a pandemic occurs. The WHO Secretariat requires the resources to develop and implement international media and risk communications strategies. The Federal Government is pursuing a two-track approach. HHS, USAID, USDA, DOD, and DOS are implementing coordinated, complementary communication plans to reach their respective constituencies with focused and consistent messages. In addition, the Federal Government is working with the WHO Secretariat to coordinate U.S. Government messages with those of other countries so the public receives the same message from their governments, WHO, and U.S. public health authorities. In addition to executing a comprehensive risk communication strategy in the United States, HHS also is working with health officials overseas to develop effective local language health-based messages for the foreign audiences. USAID and USDA are targeting behavior change communications to poultry farmers and the general public in affected regions and DOS is implementing broad-based domestic and international communications plans that inform U.S. and foreign audiences about international initiatives and plans to address the threat of avian and pandemic influenza.

Assistance to United States Citizens Traveling or Living Abroad

The Federal Government will provide U.S. citizens living and traveling abroad with timely, accurate information on avian influenza, through websites, travel information, and meetings. U.S. Embassies and Consulates in countries in which a virus with pandemic potential has been found in wild and/or domestic birds, or where human cases have occurred, will use town hall meetings and their local warden system information networks to disseminate information and enable U.S. citizens to make informed decisions. U.S. Embassies and Consulates are also working to identify local medical capabilities and resources that would be available to Americans in the event of a “stay in place” response to a pandemic,
noting WHO and HHS advice that the close physical proximity entailed by air travel poses a particular risk of human-to-human transmission. The Federal Government’s ability to provide consular assistance to U.S. citizens who are living and traveling abroad in the event of a pandemic may be limited because travel into, out of, or within a country may not be possible, safe, or medically advisable.

**Assistance to the United States**

We will develop policies to request, accept, and utilize foreign aid, both material and personnel, quickly in the event that a pandemic outbreak first occurs in the United States, or elsewhere in North America or the Western Hemisphere.

**Roles and Responsibilities**

The responsibility for preparing for, detecting, and responding to an outbreak of influenza with pandemic potential is global. An outbreak anywhere is a threat to populations everywhere. All nations and relevant international organizations have a responsibility to prepare to respond immediately and leverage all resources, domestic and international, to contain human or animal cases, wherever they may occur. In the event of an outbreak, the government of the affected nation has an obligation to report it immediately to appropriate international organizations (e.g., WHO, OIE) and share epidemiological data and samples with relevant international organizations. In addition, the Federal Government, States, tribal entities, and localities, private sector entities with activities overseas, and international health organizations all have key roles to play in fighting pandemic influenza.

**The Federal Government**

The Federal Government will encourage engagement by other governments, relevant international organizations, and the private sector to strengthen international capacity and commitment to prepare for, detect, and respond to animal or human outbreaks of influenza with pandemic potential.

Department of State: DOS leads the Federal Government’s international engagement, bilateral and multilateral, to promote development of global capacity to address an influenza pandemic. With technical support from HHS and USDA, DOS also leads coordination of the Federal Government’s international efforts to prepare for and respond to a pandemic, including the interagency process to identify countries requiring U.S. assistance, identify priority activities, and ensure Federal Government assistance reflects those priorities. DOS is also the coordinating agency for the International Coordination Support Annex to the National Response Plan (NRP), with assistance provided by other Federal agencies. DOS is responsible for providing consular services to American citizens who are traveling or residing abroad, including endeavoring to inform American citizens abroad where they can obtain up-to-date information and pandemic risk level assessments to enable them to make informed decisions and take appropriate personal protective measures. DOS sets policies for Federal employees who are working abroad under Chief of Mission authority, including in the event of a pandemic.

In carrying out these responsibilities, DOS works closely with other Federal departments and agencies that bring critical expertise to bear and play a key role in our international prevention and containment efforts, including through engagement with their counterparts in foreign governments and with relevant international organizations. Overseas, in particular, Federal Government departments and agencies cooperate under the authority of the Chief of Mission to bring their respective expertise and resources to bear in a coordinated Federal Government effort.
U.S. Agency for International Development: USAID leads on international disaster response, the development of health capacity abroad, including public health capacity, the training of non-health professionals, and operational coordination for the provision of U.S. international health and development assistance. USAID plays a critical role in bridging between the human and animal health sectors to ensure a comprehensive and cross-sectoral international response to the threat of avian influenza. With technical guidance from HHS and USDA respectively, USAID will work closely with WHO and FAO to ensure strong coordination and standardization of efforts to prepare for, identify, and respond to outbreaks of influenza with pandemic potential in either animal or human populations. In addition, working through non-governmental organizations (NGOs) and the private sector, USAID will expand capacities for the early detection of outbreaks, and support behavior change communications and public efforts in affected countries. A key part of these efforts will be to provide direct financial and commodity support to country-level rapid response teams to ensure timely and effective containment of influenza outbreaks in humans and animals.

Department of Health and Human Services: HHS’s primary international responsibilities are those actions required to protect the health of all Americans, in cooperation with the Secretariat of the WHO and other technical partners, including leading Federal Government efforts in the surveillance and detection of influenza outbreaks overseas; supporting rapid containment of localized outbreaks of novel human influenza viruses where and when containment is feasible; leading Federal Government participation in international collaboration on research into human influenza, including zoonotic varieties; providing training to foreign health professionals in how to recognize and treat influenza; providing training and guidance to national and local public health authorities in foreign nations on the use, timing, and sequencing of community infection control measures; and implementing any necessary travel restrictions. HHS’s international roles and responsibilities are further defined in the International Coordination Support Annex to the NRP. HHS also will work with USAID in developing local-language campaigns overseas to communicate information related to pandemic influenza, and in supporting the U.S. Government’s participation in international efforts to stockpile countermeasures against possible influenza pandemics, and offer our international partners recommendations related to the use, distribution, and allocation of such countermeasures. HHS is the lead Federal Government technical agency for interactions within the Global Health Security Action Initiative, manages the development of a North American Pandemic Influenza Plan under the Security and Prosperity Partnership of North America, and supports DOS in diplomatic and scientific efforts undertaken under the umbrella of the International Partnership on Avian and Pandemic Influenza.

Department of Agriculture: USDA leads the Federal Government’s participation in international collaboration on animal health research, risk analyses, transboundary movement of animals and animal products, governance of international agricultural organizations (e.g., FAO, OIE), and delivery of veterinary and agricultural expertise to other countries. USDA personnel at U.S. missions throughout the world collect information, facilitate policy dialogue, and encourage host countries’ cooperation with the United States and compliance with international standards on matters concerning animal health. USDA conducts agricultural research and technical and policy outreach with its established public (e.g., land-grant universities) and private stakeholders, strategically coordinating with international, domestic, and other Federal Government participants. USDA analyzes the short- and long-term economic impact of influenza outbreaks among animals, as well as the impact of a potential pandemic on the agricultural sector, while pursuing prevention and control strategies to support international agricultural systems and commerce.

Department of Homeland Security: DHS coordinates overall Federal domestic incident management in accordance with the NRP and supports implementation of the International Coordination Support
Annex to the NRP. With respect to the U.S. Government’s international efforts to fight pandemic influenza, DHS supports DOS as the coordinating agency for the international component of an incident under the NRP. DHS, in coordination with DOT, will engage the international transportation industry via the various industry associations and groups. DHS, in collaboration with DOS and HHS, leads the effort to engage foreign entities in sharing passenger manifest information on travelers exposed to pandemic influenza. DHS supports DOS, DOT, and HHS efforts with foreign governments to screen and limit travel to the United States of travelers exposed to pandemic influenza.

Department of Transportation: DOT will support DOS efforts to coordinate with other Federal Government participants on international pandemic response. DOT will collaborate with DHS to implement transportation and border measures, conduct outreach with its public and private stakeholders, and provide emergency management and guidance for civil transportation resources and systems. In its role in the global transportation network, DOT will support international efforts by marshaling transportation planning and emergency support activities.

Department of Defense: DOD supports DOS in international engagement to promote global capacity to address an influenza pandemic consistent with its national security mission. DOD is responsible for the protection of its forces, including providing up-to-date information and pandemic risk-level assessments to enable DOD forces abroad to make informed decisions and take appropriate personal protective measures. The first priority of DOD support, in the event of a pandemic, will be to provide sufficient personnel, equipment, facilities, materials, and pharmaceuticals to care for DOD forces, civilian personnel, dependents, and beneficiaries to protect and preserve the operational effectiveness of our forces throughout the globe. DOD sets policies for deployed military forces working abroad in the Geographic Combatant Commander’s area of responsibility and under the commander’s command authority, consistent with the responsibilities outlined in the Unified Command Plan. DOD, in conjunction with DOS and HHS, will utilize its existing research centers to strengthen recipient nation capability for surveillance, early detection, and rapid response to animal and human avian influenza.

Department of the Treasury: Treasury assists in analyzing potential economic impacts and monitoring and preparing policy responses to pandemic-related international economic developments. Treasury also leads the U.S. Government’s engagement with the multilateral development banks (MDB) and international financial institutions (IFI), including encouraging MDB and IFI efforts to assist countries to address the impact of pandemic influenza.

Department of Commerce: DOC facilitates the expedited interagency review for any export licenses needed for items necessary for overseas shipment in response to an avian influenza pandemic. DOC coordinates, as needed, with HHS/CDC to expedite export licenses of strains, test kits/equipment, and technology to specified destinations in order to allow rapid identification of strains, and provide on ground support to contain/mitigate a pandemic to support development of scientific and epidemiological expertise in affected regions to ensure early recognition of changes in pattern of outbreak.

State, Local, and Tribal Entities

State, local, and tribal authorities ensure that foreign diplomatic and consular personnel in the United States are kept informed of developments relevant to their rights and responsibilities under international and domestic law and that they can perform their authorized functions, including functions of consular protection and assistance. In the event of a pandemic, personal inviolability and other privileges and immunities need to be taken into account when protective measures such as quarantine are being consid-
ered, and it will be important that States, localities, and tribal entities afford consular communication and access to non-official foreign nationals who may be quarantined. State, local, and tribal entities, especially those along a U.S. border, should work with DOS on these matters and more generally in pandemic preparedness planning, including engaging with foreign countries and the broader international community on measures to prevent and contain pandemic influenza. The interaction between U.S. States/Tribal Nations and their Canadian and Mexican counterparts, under DOS coordination, will be crucial during implementation of the North American Pandemic Influenza Plan under the Security and Prosperity Partnership.

The Private Sector and Critical Infrastructure Entities

The U.S. Government works with the private sector to leverage its presence and resources overseas to prepare for, detect, and respond to a pandemic.

Individuals and Families

Private Americans who are living or traveling abroad should make personal plans relating to their medical care, ability to address a “stay-in-place” response, and the possibility that international movement will be restricted for public health reasons.

International Partners

Three international organizations play key roles with respect to preparing for, detecting, and containing an outbreak of animal or pandemic influenza. The WHO Secretariat and its Regional Offices and the WHO Influenza Network help build international public health capacity, encourage and assist countries to develop and exercise pandemic preparedness plans, and set international public health standards. The WHO leadership coordinates the international response to an outbreak of pandemic influenza, including through its Global Outbreak Alert and Response Network (GOARN), consistent with the revised International Health Regulations (IHRs) as adopted by the World Health Assembly in May 2005 for entry into force in June 2007, which will govern the obligations of WHO member states to report public health emergencies of international concern to the WHO Secretariat and describe steps countries may take to limit international movement of travelers, conveyances, or cargo to prevent the spread of disease. The OIE and the FAO share the lead on animal health and work with the United States and other nations to detect, respond to, and contain outbreaks of influenza with pandemic potential in animals. The Senior UN System Coordinator for Avian and Human Influenza, appointed by the UN Secretary General in September 2005, will coordinate the efforts of WHO and the full range of UN organizations that may be tapped in the fight against pandemic influenza.

MDBs are preparing to provide loans and technical assistance to help borrowing member countries assess the potential economic impact of and develop action plans to respond to an influenza pandemic. The Asian Development Bank has approved a line of credit and approved grants to fight infectious diseases in Asia, including avian influenza, and has conducted initial economic analysis on the impact that a wider avian influenza outbreak could have on the regional economy. The World Bank has opened a line of credit to fight an influenza pandemic and is establishing a unit to track donor financial commitments and spending.