

World Health Organization timeline: sample of actions by pandemic phase

World Health Organization Phase	Phase 3 Human infection(s) with new subtype. Rare human-to-human spread.	Phase 4 Small cluster(s) with limited human-to-human transmission. Spread is highly localized.	Phase 5 Large cluster(s) but human-to-human spread is highly localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.	Phase 6 Pandemic: Increased and sustained transmission in general population.
Actions by WHO Phase	<ol style="list-style-type: none"> 1. Design and implement key elements of a countrywide AV prescribing and distribution program (if not already in place). 2. Select and purchase any other vaccines based on minimum [organization] requirements, local availability, and price. 3. Identify high-risk, daily, essential employees, the general employee population, GAs, and dependents and a reliable means to track them. 4. Communicate any needed details of the plan to employees. 5. Stockpile AVs. 	<ol style="list-style-type: none"> 1. Review guidelines with corporate EHM and local public health authorities as required. 2. Review adequacy of previous AV allocations/purchases, and make local additional purchases or requests to CCMT if needed. 3. Evaluate employees and prescribe and distribute AVs to geographically dispersed [organization] employees and families (if previously approved). 4. Gather needed materials and people and test full-scale distribution systems. 5. Approve use of AVs and reinforce education of proper AV use (if pandemic flu is locally active). 6. Communicate to employees and dependents (if applicable). 7. Physically separate AVs from commercial materials (if applicable), and redistribute AVs to more locations if needed. 	<ol style="list-style-type: none"> 1. Review guidelines with corporate EHM and local public health authorities as required. 2. Review adequacy of previous AV allocations/purchases, and make local additional purchases or requests to CCMT if needed. 3. Complete evaluation and dispensing of AVs to remaining covered employees and dependents. 4. Review lists of essential workers. Consider needs for additional AVs for this group. 5. Approve use of AVs and reinforce education of proper AV use (if pandemic flu is locally active). 6. Communicate to employees and dependents (if applicable). 7. Redistribute AVs to more locations if needed. 	<ol style="list-style-type: none"> 1. Review guidelines with corporate EHM and local public health authorities as required. 2. Review adequacy of previous AV allocations/purchases, and make local additional purchases or requests to CCMT if needed. 3. Review lists of essential workers. Consider needs for additional AVs for this group. 4. Approve use of AVs and reinforce education of proper AV use (if pandemic flu is locally active). 5. Communicate to employees and dependents (if applicable).

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