

## ECDC HEALTH INFORMATION

# How to communicate response strategies to influenza A(H1N1)v: Mitigation versus delaying

The purpose of these key messages is to give national authorities an overview with the evidence and guidance for informing their policy-making and implementing response strategies (mitigation versus delaying), specifically when the A(H1N1)v virus infection will be spreading in communities in the EU/EEA countries.

### Mitigation

Mitigation is a collective term recommended by WHO for actions in affected countries in phases 5 and 6 of pandemic alert, essentially reducing the impact of a pandemic. See [http://www.who.int/csr/disease/influenza/extract\\_PIPGuidance09\\_phase5\\_6.pdf](http://www.who.int/csr/disease/influenza/extract_PIPGuidance09_phase5_6.pdf)

In the health sector, the aims of mitigation include:

- reducing the overall number of people affected;
- reducing transmission;
- ensuring healthcare for those who may be infected;
- maximising care for those with disease;
- protecting the most vulnerable; and
- more general interventions.

It is important to note that many of the actions and messages being undertaken or promulgated are the same for delaying and mitigation strategies (see next section).

### Delaying or 'containment'

Delaying or 'containment' means attempting to prevent spread of the infection by:

- case-finding: detecting imported infections and first generation transmissions; and
- taking actions to prevent their turning into chains of transmission and outbreaks, notably through vigorous contact tracing, treatment and/or quarantine of contacts.

The objective is to stop as many transmissions as possible. However, this is thought to be very difficult with influenza.

The term 'containment' is not recommended in this context as it raises expectations that a pandemic virus can be contained once it has got beyond the initial outbreak, as is the case with the 2009 virus. This is why referring to 'delaying' is preferred.

'Containment' was not recommended by WHO for the new influenza A(H1N1)v because, when it was discovered, transmission was already well beyond a delimited area.

### Interventions being practised under 'delaying'

The following measures are usually considered as part of a delaying strategy.

Most of the measures apply also to mitigation, but those listed in italics below are not practised under a mitigation strategy. In addition measure 2, case finding, is practised more vigorously under a delaying strategy than in mitigation.

Measures targeting travellers:

1. Providing incoming and outgoing travellers with relevant information;
2. Case-finding, especially for symptomatic travellers from areas with community transmission;
3. Self or institutional isolation of symptomatic persons, probable and confirmed cases along with instructions on home management;
4. Early treatment of symptomatic persons with antivirals;
5. *Vigorous tracing of contact-persons and giving antivirals or alerting them to watch for symptoms;*
6. *Putting contact-persons under quarantine, or even all travellers from areas with community transmission.*

There are also suggestions of 'entry screening' such as through thermal screening, though WHO is clear that this is only a short term tactic.

Measures targeting the general population:

1. Providing the general public with relevant information;
2. Isolation of symptomatic persons;
3. Early treatment of persons under investigation;
4. *Vigorous case-finding and tracing of contact-persons and giving antivirals or alerting them to watch for symptoms;*
5. *Putting contact-persons under quarantine.*

In both mitigation and delaying strategies, there are universal practices, such as information for travellers and advice to people on what to do if they become sick, which all authorities would support. The implementation of these measures varies from country to country in Europe.

## Arguments for strategies limited to mitigation alone:

- There is no scientific evidence of the effectiveness of delaying at this stage and indeed reasons to believe it will not be effective;
- There will be difficulties in explaining to the public and practitioners of the eventual change in tactics away from delaying (or 'containment') to mitigation alone;
- There are difficulties in explaining why delaying is being done in one country and not others and will give a legacy of trying again next time (e.g. in the autumn);
- Delaying involves a heavy use of strategic resources (such as antivirals), staff time and probable negative impact on staff morale before the pandemic has begun to seriously affect Europe;
- While WHO ask Member States to consider at this stage exit screening for affected countries and entry screening for not affected countries, containment is not recommended by WHO at this phase and was not attempted in North America even in areas not initially affected.

## Arguments for strategies including both delaying and mitigation:

- There is some possibility that vigorous case-finding and contact tracing with treatment or isolation could delay the acceleration phase of a pandemic in a country. However, this is probably impossible to prove;
- 'Containment' is a legitimate infection control strategy for other infections, though not for human influenza beyond phase 4, outside of the special circumstance of closed communities;
- It may seem to work and represents actions that the public might expect and shows that action is being taken;
- There are difficulties in explaining why there are no attempts to detect infected cases coming in the country to prevent or delay establishment of transmission;
- There are some isolated communities where it might be expected to be effective in Europe.

It is important to acknowledge that most of the components of delaying would be part of a mitigation strategy, namely:

- Providing the public, including incoming travellers, with relevant information;
- Promoting self isolation of symptomatic persons and treatment according to national protocols, with special consideration given to non-nationals visiting the country;
- Guidelines and provision for people developing illness on aircraft and negotiation at the EU level that airline companies accept self-declaration of illness supported by medical confirmation as a legitimate reason for people delaying travel without loss of tickets;
- Ensuring early treatment of all those in a country developing illness according to national policies.

For further information, please see ECDC's more detailed Interim Guidance on Mitigation and Delaying: [http://ecdc.europa.eu/en/files/pdf/Health\\_topics/090606\\_Delaying\\_vs\\_Mitigation\\_Interim\\_ECDC\\_Guidance.pdf](http://ecdc.europa.eu/en/files/pdf/Health_topics/090606_Delaying_vs_Mitigation_Interim_ECDC_Guidance.pdf)