

2018 UPDATE

A checklist for pandemic influenza risk and impact management



*Building capacity for
pandemic response*



World Health
Organization

2.2 Legal and policy issues

Rationale

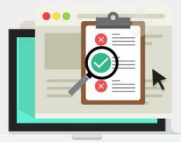
Public health measures during a pandemic are designed to reduce the spread of the pandemic virus and save lives. In some circumstances, it may be necessary to overrule existing laws or (individual) human rights in order to implement measures that are in the best interests of community health. Examples are the enforcement of quarantine (overruling individual freedom of movement), use of privately owned buildings for health-care facilities, off-license use of drugs, compulsory vaccination and implementation of emergency shifts in essential services. These decisions need a legal framework to ensure transparent assessment and authority for the measures being considered, as well as coherence with relevant international laws such as the IHR (2005) (1).

Essential

- ☐ Review existing legislation, policies or other government instruments relevant to pandemic influenza risk management, including multihazard emergency risk management, and influenza pandemic preparedness and response. Assess the need for new or adapted instruments to implement or better support pandemic activities (as outlined in the national pandemic or public health emergency response plan). Review compliance with obligations under the IHR (2005). ^{JEE-P1.1, IHR-1.1.1}
- ☐ Assess the legal basis for all public health measures that are likely to be proposed during a pandemic response, such as:
 - isolation or quarantine of infected individuals, people suspected of being infected, or people from areas where pandemic influenza infection is established;
 - travel or movement restrictions (i.e. on leaving or entering areas where pandemic influenza infection is established);
 - closure of educational institutions; and
 - prohibition of mass gatherings.
- ☐ Assess the standing policy on, and legal basis for, vaccination of health-care workers, workers in essential services or individuals at high risk. Decide whether this policy needs to be adapted to increase uptake during pandemic alert and pandemic periods. Consider the use of both seasonal and pandemic influenza vaccines for these groups. *Also see Section 5.1 Medical countermeasures.*
- ☐ Assess liability for unforeseen adverse events attributed to vaccine or antiviral drug use, especially where the licensing process for a pandemic influenza vaccine has been expedited. Liability issues may affect vaccine manufacturers, the licensing authority and those who administer the vaccine.
- ☐ Establish regulatory pathways to expedite the importation, marketing authorization and licensing of pandemic influenza vaccine during a pandemic emergency. *Also see Section 5.1.2 Pandemic influenza vaccination.*
- ☐ Review legislation, regulations and institutional arrangements governing the participation of private health-care actors in public health emergencies.

Desirable

- ☐ Consider developing bilateral or regional agreements with neighbouring countries on public health emergencies. ^{JEE-R.4.1}
- ☐ Consider coordinating legal and regulatory frameworks between sectors involved in pandemic influenza preparedness and response (e.g. health, animal health, security, transport and education). ^{JEE-P1.1}



KEY RESOURCES

WHO. Guidelines on regulatory preparedness for provision of marketing authorization of human pandemic influenza vaccines in non-vaccine-producing countries. Geneva: World Health Organization (WHO); 2016 (http://www.who.int/biologicals/expert_committee/PIP_Non-producer_guide_BS_final-working_version-19102016-clean.pdf, accessed February 2018). (10)

WHO. International Health Regulations (2005): third edition. Geneva: World Health Organization (WHO); 2016 (<http://www.who.int/ihr/publications/9789241580496/en/>, accessed February 2018). (1)