

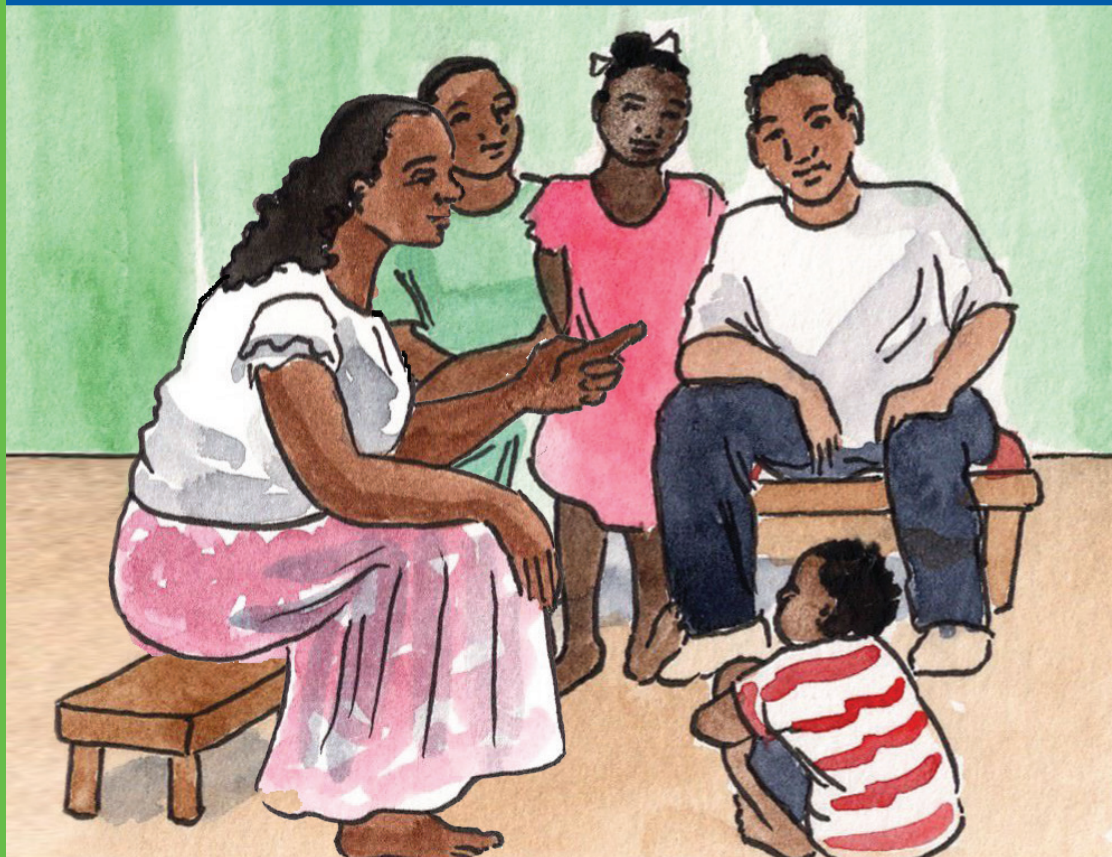


FACILITATOR'S GUIDE

PANDEMIC INFLUENZA

Community Planning and Response Curriculum

for DISTRICT AND
COMMUNITY LEADERS



This publication was prepared by the Health Technical Working Group of the Humanitarian Pandemic Preparedness Initiative (H2P) and was funded by the US Agency for International Development (USAID). The H2P Health Technical Working Group is comprised of representatives from the International Federation of Red Cross and Red Crescent Societies (IFRC), CORE Group, AI.COMM, InterAction, and United Nations agencies including the World Health Organization (WHO) and the Pandemic Influenza Contingency (PIC) Office for the Coordination of Humanitarian Affairs (OCHA).

July 2009

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A MESSAGE TO FACILITATORS

The Humanitarian Pandemic Preparedness Initiative (H2P) is pleased to provide you with this training package to build skills for community-level preparedness and response in the event of an influenza pandemic. Facilitator guides are available to address two important groups: 1) district and community leaders and 2) community responders, including health workers, staff of health and humanitarian agencies, and volunteers. These guides are available at www.pandemicpreparedness.org.

The combined training package covers the following topics:

- What is Pandemic Influenza?
- Teaching Preventive Messages about Influenza
- Actions Local Leaders Can Take to Fight Pandemic Influenza
- Infection Control for Community Health Responders
- Home-Based Care for Persons Ill with Influenza

The training package is designed to promote adult learning through interactive sessions. Sessions can be conducted separately or together, depending on each country's needs. Facilitators are encouraged to conduct the sessions in full. Should time be limited, (as it could be in the case of a severe pandemic), some activities within each session have been marked optional. If time permits, however, facilitators are encouraged to try to include them, as these are also some of the more interactive activities that will maximize learning.

Suggested Time to Conduct Training Tracks

Training Track	Suggested Time to Conduct Track
District and Community Leaders	1½ days (9 hours) (If time is limited, track can be shortened to 1 day)
Community Responders, Staff, and Volunteers	1½ days (10 hours) (If time is limited, track can be shortened to 1 day)

A number of other useful planning exercises are also available at www.pandemicpreparedness.org including:

- Guidance on securing availability of food and livelihoods at the community level (1 hour)
- Tabletop simulation exercise for sub-national planning purposes (2-3 hours)
- Guidance and templates for incorporating pandemic influenza in district emergency preparedness and response plans (1 day or more)
- Emergency communication planning (2-3 days)

Introduction & User Guide with Guidance on Adapting the Package for Local Use

OVERVIEW

What is H2P?

The H2P Initiative helps countries prepare for a pandemic influenza emergency by helping them develop ready and deployable (“off-the-shelf”) capacity to train and support **first responders** during an influenza pandemic. **First responders** include a wide variety of district and community representatives, staff, and volunteers who will provide critical information, care, and leadership during the pandemic influenza crisis.

This capacity will enable countries to provide rapid, coordinated, and effective responses that will minimize sickness and death, safeguard livelihoods, and maintain societal cohesion and integrity.

This capacity may also help national-, district-, and community-level people respond effectively to other types of emergencies.

Why was this training package created?

The goal of this training package is to help countries get **prepared** for a pandemic influenza outbreak. Then, when an influenza pandemic arrives, each country will be **ready to respond** rapidly. This package is designed to be customized **before** a pandemic breaks out, and then “rolled out” quickly **as soon as** a pandemic begins to move around the world.

Since this curriculum was written, the world has begun to experience a pandemic of the novel influenza A (H1N1) virus. Therefore, it is even more urgent for communities to prepare now. When rolled out, the outreach created by these trainings will enable districts and communities in the country to equip themselves with the information and planning tools that history has shown can save many lives.

Who are the trainers and planners who will run this training?

The trainers and planners will be different in different countries. Each country program should identify the appropriate trainers to reach both the district and community levels. Some should be appropriate to train District and Community Leaders. These trainers might be members of national, provincial, or district disaster preparedness teams, health officials, H2P partner staff, or experienced health volunteers. They may be staff of national Red Cross/Red Crescent societies, nongovernmental organizations, the Ministry of Health, or others. But they will all have one thing in common: they will be part of an emergency preparedness plan to reach out, country-wide, to the community level in a short period of time.

USER GUIDE

When do we use this package?

Pandemic influenza programs consist of two major components: preparedness and response.


- During the **preparedness stage**, each country readies itself to deal with the complex emergency of a widespread, severe influenza outbreak.
- The **response stage** is what happens during the pandemic outbreak, which may include as many as three waves of illness.

Each country will develop a **preparedness plan** according to its own context and resources. **Preparedness** refers to the readiness to predict, prevent, lessen, respond, and cope with the effects of the disaster. This package provides key tools that need to be adapted to each setting and put into place (with materials adapted, roles and responsibilities assigned, actions and policies planned), ready for the response phase. Good **preparedness** means creating a system that can be easily rolled out whether an influenza pandemic arrives locally in one year, or ten years.

As with other emergencies, the general population of the country will not be fully mobilized until “post-trigger”—that is, until pandemic influenza has been identified and is spreading around the world. This is the **response** phase. Pandemic outreach to the general public may include sensitization, raising awareness, and some training—much of which can be used for general infection control, community health care, and/or during other disasters.

The timing of the training of the district-level trainers, and then the community-level representatives, will be different in each place, depending on funding, availability of staff and volunteers, and other factors. The timing below is only a suggestion. **Actual timing decisions should be made in consultation with local, district, and national authorities.**

H2P PROGRAM TIMELINE

Preparedness Stage	Trigger	Response Stage
		
Getting ready	WHO announcement of sustained human-to-human transmission of a new influenza virus anywhere in the world triggers ROLL-OUT response in every H2P country	Handling the crisis: Pandemic influenza is in your district or a nearby district
Program Planning		
<ul style="list-style-type: none"> ■ H2P partners adapt district/ community planning tool to organizational context (including field testing) ■ District-level planning, per country choice, either: <ol style="list-style-type: none"> 1. District/community representatives (including government, H2P partner staff, members, and volunteers) undergo planning and readiness activities at district level in all or most districts OR 2. Country pilot tests and adapts planning tools in several districts, makes tools available to all districts now, and rolls out detailed planning process at trigger ■ Designated national and district staff annually review plan and update as necessary, including orientation of new staff 	<ul style="list-style-type: none"> ■ District/Community Representatives (including government, H2P staff members, and volunteers) review and update plan, begin and complete urgent roll out as per plan timeline (unless WHO or national government informs otherwise) ■ At trigger, designated district-level staff orient any staff who have not received orientation to planning 	<ul style="list-style-type: none"> ■ Rapidly adapt and update plan, as needed ■ Implement planned activities for as long as necessary, per plan timelines and instruction of national authorities
Training Using These Sessions		
<ul style="list-style-type: none"> ■ Adapt all sessions, including annexes and handouts ■ Train national-, district-, and provincial-level trainers 	<ul style="list-style-type: none"> ■ Train Community Representatives, Community Responders, and Community Leaders ■ Community Representatives, Community Responders, and Community Leaders then conduct community training about the Four Flu Fighters 	<ul style="list-style-type: none"> ■ Ongoing training of Community Representatives, Community Responders, Community Leaders, and community members ■ Follow up and supervision ■ Disseminate regularly updated information and guidance

How severe will the influenza pandemic be?¹

The World Health Organization (WHO)'s pandemic alert phases consider the geographical spread of a pandemic virus and are intended as a global call to countries to increase their alertness and readiness. Within each WHO phase, countries can assess national or regional pandemic severity to best use limited resources and interventions aimed at lowering pandemic-associated health impacts.

A pandemic occurs when a new influenza virus emerges to which people have no prior exposure. People, therefore, do not have immunity to the virus. Instead of 5-10 percent of the population becoming ill (as with seasonal influenza), approximately 35 percent of people will become ill during a pandemic.

Because people have no immunity, the virus may cause more severe illness than is normal from seasonal influenza. The severity of a pandemic depends mostly on the virus that causes it, and severity may change over time during the course of the pandemic. While seasonal influenza causes death in less than 1 of 1,000 people who become ill, a pandemic virus may cause moderately higher to much higher rates of death. For the worst influenza pandemic we witnessed last century, the Spanish Flu of 1918, in the United States approximately 2 of every 100 who fell ill died. There were from 40-100 million deaths worldwide from the 1918 pandemic.

Assessment of pandemic severity is complex.

- Severity can vary from one pandemic to the next, from country to country, and among different population groups or geographical areas. Therefore, a single assessment of severity at the global level may not be relevant or helpful to countries.
- Second, severity will likely change as an event unfolds over time. As a result, monitoring is essential to detect changes in how the disease is developing.
- Third, the accuracy of a severity assessment will reflect the quality and availability of information about the virus and the people who are susceptible to infection. Such information is most limited at the beginning of a pandemic and takes some time to develop.

At the country level, three things will determine the impact of a pandemic on a population:

1. The pandemic virus and its characteristics,
2. The vulnerability of the population, and
3. The capacity of the population for response.

This curriculum addresses issues (2) and (3) above. It will help Community Leaders to plan to respond in a pandemic, including providing assistance to community members most likely to need help. It will also allow leaders to prepare in advance for different levels of response depending on pandemic severity.

For each session in this curriculum, trainers and participants should **consider how the information in the sessions would differ based on pandemic severity in their community.**

They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities.

Who will be trained?

This curriculum is designed in two tracks: one track for District and Community Leaders to prepare and plan, and a second track for Community Responders, Community Representatives, and other staff or volunteers to educate and support communities.

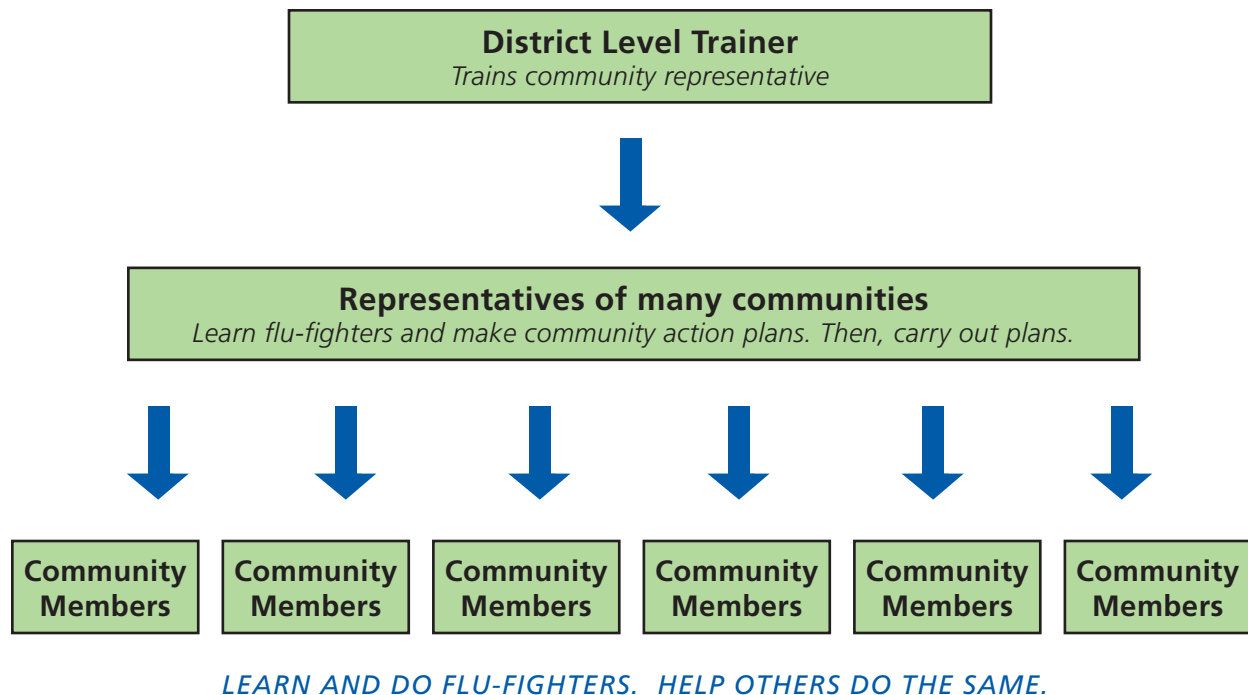
A *Community Responder* is a person who will provide care and education at the community level during a local outbreak on topics including health, food security, and protection of livelihoods. She or he may be a trained health worker, a community volunteer, or someone else. Community Responders will be different in different places, depending on what volunteer networks and programs already exist. Their roles and responsibilities will change depending on whether they work in cities, slums, villages, the countryside, big countries or small, and depending on local systems for healthcare, water, food, electricity, police, and more.

What does a Community Responder do during an influenza outbreak?

- Educates to prevent spread of influenza and other illnesses
- Cares for those sick with influenza
- Assists needy families and community with food, water, and other necessities
- Brings reliable news: influenza information, closures, and government updates and recommendations
- Links sick or needy people to the health system, community care, and government through referrals, care, and reports
- Collects information and news from the community to share with health system, leaders, and data collectors

Community Representatives and other volunteers can be trained with the Community Responders. These community-level volunteers will be educated about the pandemic, and trained in how to slow the spread of illness and how to offer guidance and care in communities during the crisis.

These volunteers don't need to be health or agricultural experts. They should be trusted by the public, and skilled at planning, helping, and communicating with others. They might be traditional leaders and healers, headmasters and headmistresses, teachers, civil servants, health professionals, journalists, radio DJs, entertainers, religious leaders, youth leaders, or business and other professionals.



District and Community Leaders are both leaders and members of the community. They will educate and inform the people in the community, and represent their needs to higher authorities, if necessary. They will also help make plans for how to handle problems and complications resulting from the pandemic.

Why focus on the district and community levels?

Preparedness will ensure that districts and communities can respond rapidly with necessary information and guidelines, clear policies, detailed plans, key supplies, and more. Communities that have planned in advance will be better able to function independently if communications, transportation, or other larger systems are interrupted during local outbreaks.

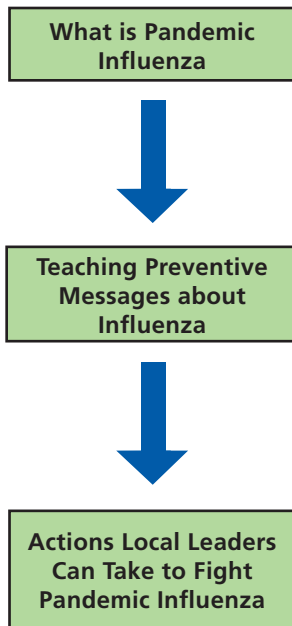
What does this curriculum contain?

The training materials included in this package are divided into two tracks:

1. Sessions for **District and Community Leaders**, to understand and plan necessary actions to prevent and mitigate (that is, reduce the impact of) the spread of influenza.
2. Sessions for **Community Responders, Representatives, and other volunteers**, to guide them in educating and assisting their communities in both prevention and care.

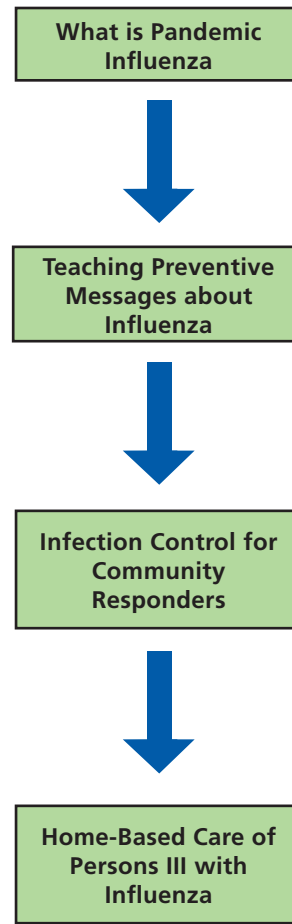
Track 1 for District and Community Leaders

1½ days*



Track 2 for Community Responders and Other Volunteers

1½ days*



* Should time be limited, each track could be shortened to 1 day

Other Useful Planning and Training Tools for District and Community Leaders:

- Guidance on Food Security and Livelihoods (1 hour)
- Tabletop Pandemic Simulation (2-3 hours)
- District Planning Guidance and Template (1 day or more)
- Emergency Communication Workshop (2-3 days)

TRACK 1 FOR DISTRICT AND COMMUNITY LEADERS

Time to complete track: Completing the sessions described below will take 9 hours. (If time is limited, omitting activities marked optional could reduce the time to 6¾ hours).

Additional planning tools and sessions for sub-national leaders, including emergency communication planning, actions leaders should take to address food security and livelihoods, district pandemic preparedness and response planning, and a pandemic simulation exercise can add up to 4½ additional days, depending on local needs.

SESSION 1: What is Pandemic Influenza?

Objective: To educate participants on the basic epidemiology and history of influenza pandemics.

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 1 hour (45 minutes if all optional activities are omitted).

Rationale: This session is a basic introduction appropriate for all audiences. It can be used prior to pandemic preparedness planning to increase knowledge and capacity of community or district leaders to prepare high-quality preparedness plans.

This session is a prerequisite session for community-level volunteers to understand their roles and responsibilities during a pandemic.

SESSION 2: Teaching Preventive Messages about Influenza

Objective: To educate participants on the four basic messages on how to prevent the spread of influenza and how they can communicate these messages.

Prerequisite: *What is Pandemic Influenza?*

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 4 hours and 45 minutes (3 hours if all optional activities are omitted).

Rationale: The objective of this session is to train on specific messages and behaviors to be implemented during Phase 6 of a pandemic.

SESSION 3: Actions Local Leaders Can Take to Fight Pandemic Influenza

Objective: To introduce District and Community Leaders to actions they need to take to slow the spread of influenza when a pandemic has reached their area.

Prerequisites: *What is Pandemic Influenza?* and *Teaching Preventive Messages about Influenza*. The Tabletop Simulation Exercise (see description below) would also be a useful introduction to this session.

Trainees: District and Community Leaders and other decision makers.

Time required: 3 hours and 15 minutes (3 hours if the optional activity is omitted).

Rationale: This session is an introduction to a district planning exercise for developing or updating pandemic influenza preparedness and response, within the context of overall district emergency preparedness plans.

Other tools: There are a number of supportive training sessions and exercises—particularly for sub-national leaders—that build on this basic material about pandemic influenza.

- **Food security and livelihoods:** The Guide on *How to Secure Food and Livelihoods of Communities in a Pandemic* contains an overview of basic actions Community Leaders and Responders should take to secure food and livelihoods during a severe influenza pandemic. It considers actions for the pre-pandemic and post-trigger periods and recovery in between pandemic waves. The guide is available at www.pandemicpreparedness.org.
- **Tabletop simulation exercise:** This activity models what might happen in an evolving influenza pandemic. This activity aims to increase participant awareness of the complexity and uncertainty of evolving pandemics and highlight specific areas for planning and coordination. This exercise is a lead-in exercise to district planning and meant to give leaders a feel for the rapidly changing circumstances in a pandemic situation and the need for clear advance planning. This exercise is available at www.pandemicpreparedness.org/uploads/2.H2P_curricula_simulation02_6091.pdf.
- **District planning guidance and template:** These tools can assist District Leaders in the development or revision of humanitarian-sector contributions to district-level pandemic preparedness and response planning. These are directly linked to the H2P guidance and template for national-level planning. Both country and district-level planning should be completed as soon as possible. Country and district planning tools and guidance can be found at www.pandemicpreparedness.org/categories/details.aspx?section_id=4.
- **Emergency communication:** There is an *Emergency Communication Workshop: Generic Facilitator's Guide and Two- and Three-Day Training Agendas*. This workshop provides guidance and planning tools to address the importance of clear and dependable communication during emergencies. More information can be found at www.avianflu.aed.org/globalpreparedness.htm.

TRACK 2 FOR COMMUNITY RESPONDERS, VOLUNTEERS, AND STAFF

Time to complete track: 10 hours. (If time is limited, omitting activities marked optional could reduce the time to 6½ hours).

SESSION 1: What is Pandemic Influenza?

Objective: To educate participants on the basic epidemiology and history of influenza pandemics.

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 1 hour (45 minutes if all optional activities are omitted).

Rationale: This session is a basic introduction appropriate for all audiences. It can be used prior to pandemic preparedness planning to increase knowledge and capacity of community or district leaders to prepare high-quality preparedness plans.

This is a prerequisite session for community-level volunteers to understand their roles and responsibilities during a pandemic.

SESSION 2: Teaching Preventive Messages about Influenza

Objective: To educate participants on the four basic messages on how to prevent the spread of influenza and how they can communicate these messages.

Prerequisite: *What is Pandemic Influenza?*

Trainees: District and Community Leaders, Community Responders and Representatives, other volunteers.

Time required: 4 hours and 45 minutes (3 hours if all optional activities are omitted).

Rationale: The objective of this session is to train on specific messages and behaviors to be implemented during Phase 6 of a pandemic.

SESSION 3: Infection Control for Community Responders

Objective: To educate participants on how to lower their risk of infection while volunteering during an influenza pandemic.

Prerequisites: *What is Pandemic Influenza?* and *Teaching Preventive Messages about Influenza*.

Trainees: Community Responders and other volunteers, especially community health workers.

Timing: 1 hour and 45 minutes (1 hour if optional activity is omitted).

Rationale: This session trains on specific messages and behaviors Community Responders need to minimize the risk of becoming infected when caring for the sick during an influenza pandemic, the importance of keeping cases away from other people, and what to do if taken ill.

Session 4: Home-Based Care of Persons Ill with Influenza

Objective: To educate participants on the basic messages on how to treat simple influenza at home and the importance of keeping cases separated from other people.

Prerequisite Sessions: *What is Pandemic Influenza?*, *Teaching Preventive Messages about Influenza*, and *Infection Control for Community Responders*.

Trainees: Community Responders and other volunteers.

Timing: 2 hours and 30 minutes (1 hour and 45 minutes if all optional activities are omitted).

Rationale: This session trains on specific messages and behaviors relevant to caring for the sick when a pandemic threatens the community (i.e., WHO pandemic alert Phase 4 or higher).

LOCAL ADAPTATION

What parts of this package need to be adapted to the setting where they will be used?

- **Every session has special guidance for what needs to be adapted.** Give yourself time to prepare the session following that guidance.
- **You need to know what pandemic alert phase the spread of influenza is in at the time** of the trainings and planning exercises. Perhaps pandemic influenza has not yet broken out in your country. Maybe pandemic influenza has broken out in another part of the world and could arrive soon. Or maybe pandemic influenza is spreading in your country. Find out what the World Health Organization (WHO) or other authorities currently are reporting about this. You will need this important information for every session.
- If needed, all materials should be **translated and presented in the local language(s)**. Finding the right translator is very important to be sure that materials are translated properly.

Translators should be carefully chosen. The best translators aim for translation of ideas and concepts—not just a word-for-word translation. Use common, simple words, and culturally understandable terms and ideas. A “style sheet” that offers consistent language, terminology, and style should be developed. Short, clear sentences that are sensitive to issues of culture, gender, and age are best.²

- **If community members can’t read well or at all**, activities can be adapted using pictures, symbols, maps, spoken word, songs, poems, drama, storytelling, and other techniques. All adaptations must be carefully tested with the target audience—e.g., some people are even picture-illiterate, meaning they have not learned to recognize symbols, such as putting an X mark over the picture of an action to say “don’t do this”.

If you have access to the Internet, this publication may be helpful: *Clear & Simple: Developing Effective Print Materials for Low-Literate Readers*, available at: www.nci.nih.gov/cancerinformation/clearandsimple

- **Be creative!** Look for chances to make the materials as familiar and memorable as possible. For example, the training materials suggest singing a short song when handwashing to be sure to wash hands each time for 15 seconds. We’ve suggested the song “Happy Birthday,” because it is the most common song in the world. However, the trainers and/or trainees may enjoy choosing a local song, and even changing the words of that song to create a handwashing song—just be sure the length is about 15 seconds.

How do we adapt the training sessions, messages, and educational materials for local use?

Make the materials and activities understandable to the trainees—whatever it takes. This may mean translating the materials into one or more local languages, adapting the way materials look, changing the words or drawings so that Community Responders and community members understand them correctly. Keep materials as clear and simple as possible. Field-test all materials with representatives of the actual people who would use them before making the final version.

- **Adapting the educational handouts is an important task.** Perhaps they will be useful as they are presented here. Or, they may need to be adapted. They should be as clear and basic as possible, using local language, terms, ideas, resources, and referrals. Drawings should be easy to understand and appropriate.
- **Test all materials** out with different kinds of people before making the final version. Do they understand the content? Can they explain it properly? If not, figure out how to make it better.

Checklist for Ensuring Good-Quality Materials ³	
<p>Are the messages:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accurate? <input type="checkbox"/> Consistent? <input type="checkbox"/> Clear? <input type="checkbox"/> Meaningful to the audience? 	<p>Are sources trusted and believable?</p> <p>Are the messages and materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appealing? <input type="checkbox"/> Sensitive to gender differences? <input type="checkbox"/> Accessible to all groups?

What technical information in this package might change?

All materials in this package are based on the latest information from the U.S. Agency for International Development (USAID), the World Health Organization (WHO), the Centers for Disease Control and Prevention and the expertise of other U.S. and global health organizations, including the International Federation of Red Cross/Red Crescent Societies, and Johns Hopkins Bloomberg School of Public Health.

Because each influenza outbreak is different, technical **guidance and recommendations may change as the situation regarding pandemic influenza emerges**. For example, we will know more about:

- Which people are at highest risk of serious illness or death (most likely infants, pregnant women, and people with ongoing medical conditions)
- How long a sick person is likely to be contagious
- What medications (including antibiotics) and treatments are most effective.

As in all emergencies, rumors and misinformation will spread rapidly. For this reason, users of this package must **identify a source of credible information for updates**—possibly within the WHO or the Ministry of Health. All changes and updates to these materials must be based on extremely reliable, high level sources. All changes should be consistent with national guidelines and policies.

TRAINING TIPS

Don't gather people together during a local outbreak

- When group gatherings are not possible find other ways to train and spread information—via telephone and text messages, radio, printed materials posted and distributed, or whatever works best in your setting.
- Use the time before, between, and after outbreaks for group training—following the advice of experts as to when it is safe to gather. During those gatherings, whenever possible meet outside, and spread out. Participants may wear masks.

Surroundings

- Create a comfortable learning environment: with plenty of space—yet everyone can hear the speakers, in comfortable seating, and the right temperature.
- Break regularly, and provide food if possible.

Learning atmosphere

- Set a friendly tone that encourages learning: open, relaxed, caring.
- Encourage trainees to ask questions, hold active discussions, and fully participate.
- Be sure the training is right for the literacy level, learning level, and language of the trainees.

Teaching techniques

- People learn best through a variety of techniques. Use words, pictures, songs, demonstrations, drama, stories, parables, and other interactive activities. Appeal to all of the senses.
- People learn less when they sit silently, listening to someone talking. They need to practice with the content. Lectures don't assure that learners really understand, don't imprint the memory well, and can be boring.
- As often as possible, give participants a chance to practice using the material, using techniques like small group work, teach-back, role plays, and more.

**Tell me, I will forget,
Show me, I will remember,
Involve me, I will learn.**

-Native American proverb

Measure if it's working

- Use pre-and post-tests to measure success. If time is short, think of simple ways to make sure participants understand the content, such as a show of hands for those who feel they need more help to use the material in the community. If participants are not learning what you are trying to teach, ask them for ideas about what is wrong, and how to improve. Get expert help too. Change the curriculum to make it work.

REFERENCES

1. Adapted from: WHO (2009), Considerations for assessing the severity of an influenza pandemic. *Weekly Epidemiological Record* 84(22, 29 May):197–212. Available at: www.who.int/wer/2009/wer8422/en/index.html
2. Adapted from: International Federation of Red Cross/Red Crescent Societies, Community-Based First Aid materials. A sample style guide can be found at: www.caribbeanredcross.org/what/dm/dipecho/eng-styleguide-mar08.pdf
3. Adapted from: Salem, RM and others (2008), Tools for behavior change communication. *INFO Reports* 16. Johns Hopkins Bloomberg School of Public Health, Baltimore, January. Available at: www.infoforhealth.org/infoforeports/BCCTools/index.shtml

What is Pandemic Influenza?

Trainees: Community Responders and Representatives, District and Community Leaders, Volunteers and others.

What does this training cover?

This session is a basic introduction to pandemic influenza terminology and key concepts.

LEARNING OBJECTIVES: At the end of this session, trainees should be able to:

1. Define pandemic influenza and how it is different from avian, swine, and seasonal influenza.
2. Describe how pandemic influenza spreads from person to person.
3. List the major symptoms of pandemic influenza.
4. Outline basic influenza home treatment guidance.
5. Explain what we've learned from past influenza pandemics.

TRAINING METHODS: Card sorting activity, presentation, discussion, pre- and post-test

Suggested time to conduct training session: 45 minutes to 1 hour, if full pre-and post-test are included.

What needs to be locally adapted?

See the *Introduction & User Guide* for guidance on local adaptation, including more on the points below:

- You need to know the **current state of pandemic influenza in the world.**
- **The educational handout** should be adapted for local use.
- **If your participants can't read and write well or at all, or don't understand English well,** see the *Introduction & User Guide* for guidance on translating and adapting materials.

Address pandemic severity: Trainers and participants should consider how the information in this session would differ based on pandemic severity in the community. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities. For more information on assessing pandemic severity, see the section on pandemic severity in the *Introduction & User Guide* as well as WHO's *Considerations for Assessing the Severity of an Influenza Pandemic*, which can be found at www.who.int/wer/2009/wer8422/en/index.html.

Supplies and preparation needed:

- **Logistics:** Trainers need to make necessary logistical arrangements for the training, including any transport, venue, accommodation, and/or food requirements.
- **Pre-Test:** You will need one copy of the pre-test form for you to fill out. (Annex 1)
- **Card sorting:** Prepare pairs of cards: one card for each title or question, and one card for each answer. (Annex 2) You will need blank cards for participants to write questions on too. For an audience without strong reading/writing skills, you may also need to use illustrations, which should be prepared in advance. Tape and wall space are needed for hanging the cards. Hang the title cards around the room before opening the session.
- **Presentation:** Prepare your presentation. (Annex 3)
- **Slides:** The boxed information in this module and in Annex 3 should be prepared in advance for presentation by projector or written on a flipchart before the session.
- **Post-Tests:** A copy of the test and one pencil/pen for each participant. They will need a surface to write on. If these supplies are not available, see alternate instructions. (Annex 4)
- **Educational handout:** A summary of the important information of this session (which has been adapted so local people can understand it well.) (Adaptation of Annex 3)

OPENING

(10-15 minutes)

- **Welcome:** Greet participants in a friendly way. (People learn better when they feel comfortable.)
- **What to expect:** Tell participants the title, objectives, and length of the entire training course; and the title and length of this session.
- **Say who you are:** Include information about your work, and why you are here.
- **Learning well together:**
 - Ask participants to **say who they are**. Ask participants to briefly mention if they have experience with **disaster preparedness**, or with **community health care**. (Community health care is when workers or volunteers provide health education or care in people's homes or other community locations.)
 - If the group is large, divide the participants in small groups and give them 5-10 minutes to introduce themselves to each other. Another quick way is to have them say who they are and how they would like to be addressed.

- Ask participants to give ideas for a list of **rules of behavior** for everyone during the training. (For example: one person talks at a time, turn off telephones, cover coughs and sneezes, etc.)
 - Ask participants to be active learners, and to ask questions.
- **Basic needs:** Tell participants where the restroom is located, when breaks will be held, and other basic information.

PRE-TEST

(10 minutes)

Optional activity, if time permits

Tell participants:

- Some of you already may be familiar with pandemic influenza, and what to expect when it arrives and people start getting sick.
- However, many people have not yet learned about this dangerous hazard—which is why we are here!
- Let's take a moment and find out what you might already know. Please raise your hand if you are sure you know the answer to each question I ask. Keep your hand up until you have been counted. If you do not know the answer, do not raise your hand.

Ask participants each question on the pre-test form (Annex 1), and fill out the form as directed. (Later you will compare this to the post-test scores.)

CARD SORTING:

LEARNING ABOUT PANDEMIC INFLUENZA

(10 minutes)

1. The following titles should be posted on walls around the room, with space to post the answer cards next to or below the title.

What is a “pandemic”?

What is “avian influenza”?

What is “pandemic influenza”?

What is “swine flu”?

When we talk about the flu, what do numbers like “H5N1” or “H1N1” mean?

What is “seasonal, or regular, influenza”?

What is “post trigger”?

What is “virus”?

Symptoms of influenza

Transmission (how pandemic influenza spreads)

Treatment (home care—since hospitals will be too full)

History tells us that...

Questions about birds and pigs

What are your questions?

2. Pass out the cards with the “answers” written on them to the participants. (See Annex 2 for guidance on what you should write on the answer cards.) Ask everyone to read the titles, and do their best to post their cards under the appropriate heading. Hand out tape.

Offer blank cards to write questions on, to post under the last category

- Another option, useful if the group is large: ask participants to discuss first in small groups what they think the answers are. Then hand out the cards with the “correct” answers and have them post the cards.

If the participants don’t read well, you can lead the activity by reading each card out loud and asking the group for guidance. If this is the case, you may want to include simple, clear drawings or symbols on the cards. You will need to adjust the timing of the session, as this will take more time.

Review the outcome with the group, card by card. Ask them if they think each card is in the right place. If there are cards in the wrong place, talk with the group about where they should go.

PRESENTATION AND DISCUSSION

(15-20 minutes)

1. **Opening:** Tell the group you are going to give them more details about pandemic influenza. If your schedule is tight, ask them to save questions for the end. Later, in the next training session, the group will learn the best techniques for slowing the spread of pandemic influenza.
2. **Presentation:** Depending on your supplies, you may want to create flipcharts, a computer presentation, or use a chalkboard to write the main points in a few words that people can read while they listen to you. If you use written words and pictures while talking, participants will better understand and remember the information. See Annex 3 for the pandemic influenza presentation, and for sample flipchart pages, chalkboard notes, or computer slides.
3. **Question and answer period:** Encourage participants to ask questions and discuss what they have learned in this session.

1. **Opening:** Tell the group it is time for a test. The purpose of the test is to be sure that this training is successful in helping participants understand pandemic influenza. Since this information has the power to help communities and people who get sick, we must be sure each participant understands what we have covered.

Tell them you will hand out the test (Annex 4), and ask everyone to work alone to fill it in. The participants will have 10 minutes to complete the test. Then you will collect the tests, and go over all the answers.

If you are working with people who are not comfortable with reading and writing, you can give the test from Annex 1 by asking for a show of hands, or getting participants to vote on each answer with stones or other small objects (beads, paperclips).

After the training, you will correct the test, and follow up if needed. Tell participants that if they feel they haven't done well on the test, and would like more information, to seek help with the trainer or from other participants.

2. **Give the test, collect it (for correcting later), and go over all the answers.** Ask participants to supply answers. If someone gives an incorrect answer, ask the group for help. Give as many people as possible a chance to talk. A good atmosphere where every participant feels "safe" is very important.
3. **Session closing.** Give a short summary of what has happened and what comes next. Thank participants for coming.

Annex 1: Pre-Test

To be filled out by trainer, who reads questions aloud			
Question	Number of participants who raised hand: "YES"	Number of participants who did not raise hand: "NO"	Percentage answering YES*
Do you know the meaning of this word: (If YES, raise hand)			
Pandemic?			
Avian influenza?			
Seasonal influenza?			
Swine influenza?			
Pandemic influenza?			
Post-trigger?			
Virus?			
If you can name three symptoms of pandemic influenza, raise your hand.			
If you can name one way that pandemic influenza spreads from person to person, raise your hand.			
If you can name three ways to care for someone who is ill with influenza, raise your hand.			
If you can tell us two things that we have learned from pandemic influenza outbreaks in the past, raise your hand.			

After the session, calculate the percentage of trainees who answered correctly:

- First, divide number of YES answers by total number of participants.
- Next, multiply your answer by 100.

For example, if 10 people answer YES out of 20 total participants: 10 divided by 20 is .5. .5 times 100 =50. So, the answer is 50 percent.

Annex 2: Answer Cards for Sorting Activity

The bold cards are the title cards. The other boxes are the answer cards that need to be filled out and supplied to participants, so they can post them on the wall. You may need to use graphics for low-literate trainees or read the cards out loud to them.

Title Cards	Correct answer card(s)
What is a “pandemic”?	<i>A sickness that spreads around much of the world making many people sick.</i>
What is “avian influenza”?	<i>Scientists refer to avian influenza as a sickness that spreads from bird to bird, making some birds sick, or killing them. It can spread from bird to human too—but not yet from human to human on a large scale.</i>
What is “pandemic influenza”?	<i>A respiratory or breathing illness develops that is new to humans. This happens about three times each century, and spreads around the world.</i>
What is “swine influenza”?	<i>Normally, scientists refer to swine flu as a sickness that spreads in pigs. Now, we have a new virus spreading person-to-person that some refer to as “swine flu”. Scientists prefer the name novel (new) H1N1 influenza or swine-origin H1N1 influenza to refer to the new flu virus that is circulating in humans and has pandemic potential (and to distinguish it from seasonal H1N1 influenza).</i>

<p>When we talk about the flu, what do numbers like “H5N1” or “H1N1” mean?</p>	<p><i>Scientists identify flu viruses by exact numbers and letters. For most people, the exact code of the virus is not as important as knowing what to do when leaders say a pandemic is coming.</i></p>
<p>What is “seasonal, or regular, influenza”?</p>	<p><i>This sickness spreads from human to human, making people sick with cough, fever, sneezing, “stuffy” head, and other signs. Because the sickness is common, most people have some protection from it and get better by themselves.</i></p>
<p>What is “post trigger”?</p>	<p><i>When international leaders announce that pandemic flu is spreading easily from person to person, and is likely to spread around the entire world. This starts—or triggers—the “response phase” in pandemic influenza programs.</i></p>
<p>What is a “virus”?</p>	<p><i>This germ is much too small for people to see with their eyes. It moves between living things and causes sickness.</i></p>
<p>Symptoms of influenza</p>	<p>One or more of these appear:</p> <ul style="list-style-type: none"> <i>Fever</i> <i>Muscle and head aches</i> <i>Extreme tiredness</i> <i>Cough</i> <i>Sneezing</i> <i>Sore throat</i> <i>Runny or stuffy nose</i> <i>Nausea or vomiting (mostly in children)</i> <i>Abdominal (gut) cramps (mostly in children)</i> <i>Diarrhea (mostly in children)</i>

<p>Transmission (how pandemic influenza spreads)</p>	<p>Most commonly spread through the air by coughing, sneezing, or talking.</p> <p>By touching something with the virus on it (like a table or door knob).</p> <p>Can be spread by people who have no symptoms but are infected.</p> <p>Spreads fastest in crowded places, especially indoors.</p> <p>Enters the body through nose, mouth, and eyes.</p>
<p>Treatment (home care since hospitals will be too full)</p>	<p>Rest in bed.</p> <p>Drink plenty of fluids.</p> <p>Eat plenty of healthy foods.</p> <p>Simple treatments or medicine (like paracetamol) for fever, sore throat, and discomfort (but never give aspirin to children or teens).</p> <p>Pneumonia (infected lungs filled with liquid) is common during an outbreak, and may need to be treated with antibiotics. Healthcare providers will follow guidelines for recognizing this dangerous problem, and how to treat it. They should inform the community of danger signs so people can seek care.</p> <p>Babies should continue to breastfeed.</p>

History tells us that...

Over the last 300 years, there have been about three outbreaks per century. In 1918, tens of millions of people died.

Local outbreaks last about 6-12 weeks.

Outbreaks may happen several times in each place (waves) over 1-2 years.

Outbreaks can hugely overload the health system, which means that flu and many other illnesses must be treated at home.

Services may be interrupted when many are sick, including police, water, electricity, food supply, telephone.

Outside help may not be available because many people are sick, everywhere.

Some families may need community help if all caretakers in a home become sick.

Schools, public transportation, and other services may need to close during the outbreak.

Pregnant women are at high risk of serious sickness.

<p>Questions about birds and pigs</p>	<p>Are avian influenza, swine influenza, and human influenza the same thing?</p> <p><i>NO. Even though we sometimes call human flu avian (bird) or swine (pig) influenza, human influenza is not a virus that spreads through animals. It spreads through people.</i></p> <p>Can we keep chicken, ducks, other birds, or pigs during a human influenza outbreak?</p> <p><i>Answer: Yes. All of the hygiene messages you know about animals are still important—for example, keep birds out of the house, wash hands after killing animals, cook meat well.</i></p> <p>Is it safe to eat poultry (chicken, duck, birds) or pork during a human influenza outbreak?</p> <p><i>Birds, poultry, and pork are still safe to eat, if you normally eat them, and important sources of nutrition.</i></p>
<p>What are your questions?</p>	<p>NOTE TO TRAINER: Answer the questions that you can, placing the answers in the appropriate category.</p> <p>If you can't answer a question, be honest! Tell the group you will find the answer if possible, and get back to them on it.</p>

Annex 3: Presentation Content

What is Pandemic Influenza?

What is pandemic influenza and where does it come from?

An influenza pandemic happens when a new virus moves from birds or pigs to people and spreads quickly around the world, from person to person. Because the virus is new, the human body does not know how to fight it. There is no available vaccine for pandemic influenza at this time.

PANDEMIC INFLUENZA— WHAT? FROM WHERE?

- A new virus grows in birds or pigs
- Moves to people
- Spreads around the world quickly
- Kills many people
- Attacks through respiratory (breathing) system

How do we assess pandemic severity?¹

The World Health Organization (WHO)'s pandemic phases consider the geographical spread of a pandemic virus and are intended as a global call to countries to increase their alertness and readiness. Within each WHO phase, countries can assess national or regional pandemic severity to best use limited resources and interventions aimed at lowering pandemic-associated health impacts.

A pandemic occurs when a new influenza virus emerges to which people have no prior exposure. They, therefore, do not have immunity to it. Instead of 5-10 percent of the population becoming ill as with seasonal influenza, approximately 35 percent of people will become ill during a pandemic. Because people have no immunity, the virus may cause more severe illness than is normal from seasonal influenza. The severity of a pandemic depends mostly on the virus that causes it, and severity may change over time during the course of the pandemic. While seasonal influenza causes death in less than 1 of 1,000 people who become ill, a pandemic virus may cause moderately higher to much higher rates of death. For the worst influenza pandemic we witnessed last century, the Spanish Flu of 1918, in the United States approximately 2 of every 100 who fell ill died. There were from 40-100 million deaths worldwide from the 1918 pandemic.

Assessment of pandemic severity is complex.

- Severity can vary from one pandemic to the next, from country to country, and among different population groups or geographical areas. Therefore, a single assessment of severity at the global level may not be relevant or helpful to countries.
- Second, severity will likely change as an event unfolds over time. As a result, monitoring is essential to detect changes in how the disease is developing.

- Third, the accuracy of a severity assessment will reflect the quality and availability of information about the virus and the people who are susceptible to infection. Such information is most limited at the beginning of a pandemic and takes some time to develop.

At the country level, three things will determine the impact of a pandemic on a community:

1. The pandemic virus and its characteristics, as well as the epidemiological and clinical manifestations,
2. The vulnerability of the community, and
3. The capacity of the community for response.

Participants should consider how their actions would differ based on pandemic severity in their community. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities.

Is pandemic influenza coming to our region?

NOTE TO TRAINER: Your answer to this question will depend on whether the WHO has declared that pandemic influenza has broken out and is spreading around the world.

If pandemic influenza has been declared, tell the trainees that pandemic influenza is currently spreading around the world, from person to person, and will most likely come to their community. Everyone needs to prepare for this disaster. Preparing means planning:

- How to slow down the spread of influenza
- How to help those who get sick; for health care and medication supplies to treat other illnesses
- For possible problems with the systems that supply food and water, law and order, electricity; for what might happen to people's ability to earn money.

Symptoms

Influenza attacks the respiratory (breathing) system and can have one or more of the following signs:

- Fever
- Cough
- Muscle aches and pains
- Fatigue (tiredness)
- Headache

WILL IT COME HERE? WHEN?

Trainer: please insert current, correct answer here as provided by health authorities.

Has pandemic influenza begin to spread around the world? Is it in your country?

SYMPTOMS

One or more may mean flu...

- Fever
- Cough
- Muscle aches and pains
- Fatigue
- Headache
- Sneezing
- Sore throat
- Runny or stuffy nose

- Sore throat
- Sneezing
- Runny or stuffy nose.

Also, some people, especially children, may have:

- Nausea or vomiting
- Abdominal cramps
- Diarrhea.

Transmission

- Most influenza is spread through the air by being close (within 1-2 meters or 3-6 feet) to sick people who are coughing, sneezing, singing, or talking, or who have contaminated the surfaces around them.
- It can be spread by people who have the virus, but don't feel or look sick yet.
- Influenza may spread by touching infected persons, or by touching contaminated things or surfaces. (The virus can live outside the body for up to two days.)
- Most influenza is spread in local outbreaks that are 6-12 weeks long. Each place may have one, two, or three "waves" of these local outbreaks, during a period of up to two years.

Who is in the greatest danger?

Pregnant women are likely to be in most danger from pandemic influenza. If at all possible, they should not care for, or be in contact with, anyone who may have influenza. Other groups who are likely to be at increased danger are babies and people with ongoing diseases, including HIV (human immunodeficiency virus) and tuberculosis. But we cannot know for sure until the pandemic begins, because this influenza virus will be new to the world.

MORE SYMPTOMS: especially for children

- Nausea or vomiting
- Abdominal cramps
- Diarrhea

SAME SYMPTOMS may come from other sicknesses, too

HOW IT SPREADS

- Breathed in
- OR
- Hands touch infected things, surfaces, and then touch eye, nose, or mouth

FOR HOW LONG

- In waves (comes and goes)
- One wave = 6-12 weeks
- 1, 2, or 3 waves over 1-2 years

IN MOST DANGER?

- Pregnant women
- Babies
- People with other sicknesses
- Maybe others

What should people do if an outbreak is severe?

Stay away from public places: Prevention behaviors slow down the spread of influenza, but nothing will completely stop it. Even when sick people stay home, influenza will be spread by infected people who don't yet know they are sick. The best way to be safe is to stay at home (or where you are currently staying), in contact with as few people as possible.

WHY MUST SICK PEOPLE STAY HOME?

- Rest is most important
- So they don't infect others
- No room at hospital

Where will sick people get care?

Health centers, dispensaries, clinics, pharmacies, and hospitals will probably be overloaded with sick people. Therefore, families will have to take care of most sick people at home. It will be important to save the hospital space for the very sickest people.

The good news is that many of the most important care methods can be provided as well at home as in the hospital. Ideally, Community Responders will be able to visit, and give care and information to people at their homes (or wherever they are staying). Only people who are dangerously ill (can't breathe, cough blood, or other serious symptoms) should go to the hospital.

What is the best care for a sick person?

- Separate the sick person from others as much as possible, with only one caretaker. (We'll learn more about this later in the session on Home-Based Care.)
- Keep the sick person resting quietly and comfortably.
- Prevent dehydration (not enough water in the body). This can be serious. Have the sick person drink liquids regularly at the first signs of influenza.
- Unless a fever is so high that the person becomes confused and can't recognize where he is or family or friends, etc., let it be. Remember that fever is a sign that the body is fighting the infection. It will go away as the patient is getting better.
- Basic drugs such as ibuprofen, paracetamol, acetaminophen, or other measures, as recommended by a health worker, can help with fever, sore throat, and aches. Never give aspirin to babies, children, or teenagers because it can react badly with the influenza virus and make them very sick.
- Pneumonia (infected lungs filled with liquid) often develops as a result of influenza. Look for symptoms (very rapid breathing) and refer or treat as recommended, which may include use of antibiotics.

FAMILIES OF SICK PEOPLE SHOULD keep the sick person:

- At home
- Away from everyone, except one caretaker
- Resting quietly
- Drinking lots of liquids
- Comfortable by use of basic drugs
- No aspirin for children or teens
- Get help if sick person can't breathe, wake up, or seems very, very sick

Can our actions make a difference? History says YES.

In the serious influenza pandemic of 1918, many people of all ages in the United States died. Health, telephone, and other systems sometimes stopped working altogether. Families that were hit hard were often too sick to go out for food or even care for the children. If a health worker or volunteer didn't come to their home to check on them and care for them, they sometimes died for lack of help.

Two cities in the United States, Philadelphia and Saint (St.) Louis, handled the outbreak very differently—with very different death rates as a result.²

A Story from 1918.
Let's be a St. Louis!

Philadelphia was slow to use social distancing methods like closing schools and banning public gatherings, and slow to direct the public in methods for separating the sick and other infection prevention behaviors.

St. Louis acted very quickly, and implemented bans and closures for much longer than Philadelphia, for a total of about 20 weeks. The rate of excess death was less than half as much as the rate in Philadelphia.

To give an example of the difference, if Philadelphia had been a town of 10,000 people, 75 people would have died as a result of the dangerous influenza. If St. Louis had also been a town of 10,000 people, only 36 people would have died. However, these communities were much larger than that—so imagine the huge number of deaths that might have been prevented in Philadelphia if that city had acted more quickly, and for longer.

Philadelphia's deaths were so overwhelming, city leaders were forced to bury people in mass graves, using construction equipment. St. Louis never reached that level of crisis. At the worst point, Philadelphia had eight people dying for every one person who died in St. Louis.

The point of this story is that district and individual-level **actions can make a big difference** and prevent the spread of pandemic influenza. Nearly 100 years later, St. Louis is still known and respected for this amazing achievement. Let's all aim to plan and prepare together, and follow the example of St. Louis.

Annex 4: Post-Test

Name: _____

1. Define (give the meaning of) “pandemic”.
2. Define “swine influenza”.
3. Define “avian influenza”.
4. Define “virus”.
5. Define “pandemic influenza”.
6. Define “seasonal, or regular, influenza”.
7. How will people know if pandemic influenza is spreading around the world?

8. List at least five symptoms of influenza. (We've learned seven today.)

9. List two symptoms of influenza that are more common in children.

10. Name the two main ways influenza spreads from person to person.

11. Do all people who have the virus and can spread it (be infectious) seem to be sick?

12. What are locations in your community where pandemic influenza might spread quickly?
Why?

13. If someone is sick with influenza, list the four main treatments that can help them get better.

14. Should babies with influenza continue to breastfeed?

15. When a pandemic influenza outbreak comes to a community, about how many weeks will it probably stay?
 - a. 1 week
 - b. 2-3 weeks
 - c. 6-12 weeks

16. How many times might the pandemic influenza break out in a community (waves) over several years, until it is gone?
 - a. 1-3 times
 - b. 5-7 times
 - c. More than 10 times

17. We know that if many people get sick, basic services might stop working. Give three examples of the services that might not work.

18. Who is most likely to get very sick or die of pandemic influenza?

REFERENCES

1. Adapted from: WHO (2009), Considerations for assessing the severity of an influenza pandemic. Weekly Epidemiological Record 84(22, 29 May):197–212. Available at: www.who.int/wer/2009/wer8422/en/index.html
2. This section based on Markel, H, and others (2007), Nonpharmaceutical interventions implemented by US cities during the 1918-1919 influenza pandemic. Journal of the American Medical Association 298(6):644-54.

Teaching Preventive Messages about Influenza

Trainees: Community Responders and Representatives, District and Community Leaders, and other volunteers who would be good at reaching out to their community.

What does this training cover?

This session will be used by district- or provincial-level trainers to teach Community Representatives, Community Health Responders, and District and Community Leaders the Four Flu-Fighting behaviors and how to mobilize the community to use them.

What does this training NOT cover?

There are other actions that Community Leaders should take before and during a local outbreak. For example, Community Leaders should plan for community care for needy (poor and/or very sick) households, plan how and when to stop gatherings, if and when to close schools, and much more. These community-level actions will be covered in another session.

LEARNING OBJECTIVES: At the end of this session, trainees should be able to:

1. List the four most important behaviors for preventing the spread of pandemic influenza.
2. Describe the key actions that make up each behavior.
3. Describe the value and use of masks during an outbreak.
4. Describe a community communication plan to reach all members of the community, including those who are often forgotten or ignored.
5. List the members of the committee overseeing the plan and outline the committee's responsibilities and timeline.
6. Explain how to provide feedback from the community and other critical information to the committee on a regular basis.

TRAINING METHODS: Pre- and post-tests, charades game, teach-back, mapping, brainstorming, group discussions.

Suggested time to conduct complete training session: Between 3 hours and 4 hours and 45 minutes, if all optional activities are included.

What needs to be locally adapted?

See the *Introduction & User Guide* for guidance on local adaptation, including more on the points below:

- **If your participants can't read and write well or at all, or don't understand English well,** see the *Introduction & User Guide* for guidance on translating and adapting materials.

Address pandemic severity: Trainers and participants should consider how the information in this session would differ based on pandemic severity in the community. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities. For more information on assessing pandemic severity, see the section on pandemic severity in the *Introduction & User Guide* as well as WHO's *Considerations for Assessing the Severity of an Influenza Pandemic*, which can be found at www.who.int/wer/2009/wer8422/en/index.html.

Supplies and preparation needed:

- **Logistics:** Trainers need to make necessary logistical arrangements for the training, including any transport, venue, accommodation, and/or food requirements.
- **Chalkboard or flip-chart,** paper/pens to document every activity if possible.
- **Pre- and post-test:** There are two pre-test versions included. Version 1 is a “show of hands” test for low-literate participants or if time is very limited. Trainers will need two copies of Annex 1 for reading out loud and recording answers on for the pre- and post-test. Version 2 (Annex 2) is a written questionnaire. Enough copies will be needed for all participants to use for both pre- and post-test. They will also each need a pencil/pen and a surface to write on. If these materials are not available, conduct pre- and post-test Version 1.
- **Charades:** Before the charades game, you will need to select actors for the opening charade, and develop and rehearse the “play” with them.
- **Brainstorm:** Paper or chalkboard to write down the list for each behavior.
- **Slides:** The boxed information in this module should be prepared in advance for presentation by projector or written on a flipchart before the training session.
- **Teach-back:** Handouts—one page for each of the Four Flu-Fighting behaviors. (Annex 3)
- **Mapping:**
 - Either paper/pencils for each participant if they will make their own maps, OR one large paper to post on the wall. A chalkboard could also work, or a map can be made in the dirt using sticks, stones, and other items. Or, if you have an actual map, you can post it and write on it.
 - Statistics about the population would be helpful, but are not required.
- **Community plan:** Paper or chalkboard to document the plan.

OPENING

(5 minutes)

- **Welcome participants:** Set a friendly and personal tone.
- **What to expect:** Tell participants what the topic and learning objectives are, and how long this session will be.
- **Encourage participation:** Remind participants about the group rules that were created in the last session, to ask questions, and to be active. They will be learning more life saving information and need to understand it well.
- **Basic needs:** Tell participants where the restroom is located, when breaks will be held, and other basic information.

PRE-TEST

(5-20 minutes)

Two pre-and post-test versions are provided in the annexes:

- **Version 1:** a “show of hands” version for low-literate trainees or if you don’t have time or the need to measure your results
- **Version 2:** a simple written questionnaire that you can use to compare results in more detail

Version 1: Show of hands (5 minutes)

Tell participants:

- Some of you may already be familiar with messages to prevent the spread of influenza.
- However, many people have not yet learned about these important practices—which is why we are here!
- Let’s take a moment and find out what you might already know. Please raise your hand if you are sure you know the answer to each question I ask. Keep your hand up until you have been counted. If you do not know the answer, do not raise your hand.

Ask participants each question on the pre-test form (Annex 1), and fill out the form as directed. (Later you will compare your basic results to the post-test scores.)

Version 2: Written questionnaire (20 minutes)

Tell participants:

- Some of you may already be familiar with messages to prevent the spread of influenza.
- However, many people have not yet learned about these important practices—which is why we are here!

- Let's take a moment and find out what you might already know. Have participants fill in the questionnaire form (Annex 2). After the session, add up the number of correct answers for each question. (Save this summary so that you can later compare the results with the post-test score.)

CHARADES GAME

(20 minutes)

Optional activity, time permitting

1. **Preparation:** Before the session, work with several volunteer actors to devise a short play (a few minutes long) in which they don't speak, but act out all of the actions.

For example, person A is carrying a package while walking along the street and stops to talk to someone—keeping at least 1 meter and, even more safe, up to 2 meters away. Then A sneezes, covering the mouth with the crook of the arm. Person A arrives at a house and knocks on the door. To the side, inside the (pretend) house is person B who is sick in bed. That person is coughing into a tissue, which then goes into trash bag. Person C, the caretaker, leaves the room to answer the door. C greets A outside, keeping 2 meters between them. They each take a turn to wash hands for 20 seconds at an outside tap. A puts the package by the door. C thanks A, always 2 meters away. C takes the package inside to the sick person.

2. **Opening:** Tell participants that experts have studied the way viruses spread, and have learned that there are four behaviors that are the most powerful ways to slow down spread of a pandemic influenza virus. As we have learned, influenza spreads when the virus moves from one person to another in two ways. The first is through the air. The second is by getting on the hands of a person who touches a person, surface, or thing that has the virus on it. Then the person touches his eyes, nose, or mouth, and the virus enters the body.
3. **Charade:** Now inform participants that they are going to see a play, in which people will not talk. The people in the play will be acting out the Four Flu Fighters—key actions for avoiding influenza. Ask participants to watch closely and see if they can spot all Four Flu-Fighting actions.
4. **Discussion:** Lead a short discussion about what the group thinks the four behaviors are. Once they have been identified, tell the participants they will learn all of the important details about each flu-fighting action.

TEACH-BACK: LEARNING ABOUT THE FOUR FLU FIGHTERS

(1 hour, 15 minutes)

These flu-fighting behaviors are particularly important during a pandemic.

THE FOUR FLU FIGHTERS

1. **Keep your distance**
2. **Wash your hands**
3. **Cover coughs and sneezes**
4. **Separate the sick**

1. **Brainstorm:** Tell participants that now that we know what the four flu-fighting actions are, we need to think about what might stop people from using them. Sometimes everyday life gets in the way of using new behaviors. For example, people may not have a hand-washing station set up at their homes. Or they may feel rude if they “keep their distance”. If we can imagine what will stop them, we can offer suggestions for success. Let’s brainstorm a list of these possible problems. We’ll use the list in the next activity. Make a list of reasons why people might not use each behavior.
2. **Small group work:** Divide your group into four small groups (or eight groups if you have many participants). Give each group a handout about one of the Four Flu Fighters (Annex 3) and tell them they have 15 minutes to study and discuss the handout, and come up with an interesting, useful way to teach that topic to a group in the community, for example, to students in a school, at the market, at a traditional assembly, or during a family gathering. Methods may include songs, plays, discussions, getting audience members involved, using props, storytelling or anything else. If you had time to do the last activity, ask each group to offer solutions to some of the problems listed in the brainstorm.
3. **Teach-back:** Call the whole group together, and ask each group to teach their topic to the whole group using the method they developed. Ask the audience to pretend they are community members. They can ask questions and list the problems from the brainstorm, if this activity happened, and ask the presenters what to do about them. (If there is more than one group per topic, ask one group to teach the whole group, and afterwards, the other group can explain how their approach was similar or different.)
4. **Discussion:** Give the whole group a chance to ask questions and discuss the method after each presentation. Did they learn the topic? Do they think the method is a good way to communicate? Be prepared to help explain the topic. Be sure all information given is correct and includes all main points.

5. **Linking with ongoing activities:** Ask the group if there are any health or disaster preparedness activities that already go on in their communities. How might they connect their prevention work with those activities?
6. **About masks:** Summarize the contents of the box in Annex 3 that addresses the issue of masks.

MAPPING: WHO DO WE NEED TO REACH? WHERE CAN WE FIND THEM? (20-60 minutes)

If flu has broken out in your area, do NOT use any communication method that gathers people together because that can spread the virus.

When there is no local outbreak (before influenza arrives, or between outbreaks), these kinds of activities are possible.

No matter the timing, whenever possible meet outside, with people spread out, and instructed to cover coughs/sneezes.

1. **Opening:** Tell participants that we now know **what** the important prevention messages are, and we will now plan for **who** we need to reach, and **where** to find them. You can help participants follow along by writing the following on a flipchart or chalkboard:
2. **Mapping:** *Who is in the community?* (40 minutes; optional, if time permits) Tell participants that everywhere in the world, there are groups of people who are forgotten or ignored. These often include women and girls, low-income people, and minority groups who may look different, speak a different language, practice a different religion, live in hard-to-reach areas (slums, rural), or belong to a smaller ethnic group.

Work with the group to create a map of the communities represented by the participants. If participants are all from one community, the group can work together to create one big map. Ask them to include the following on their map(s): main roads, health care sites, churches, schools, neighborhoods, community centers, markets, bus and train stations, shops, public buildings, laundry sites, public water locations, police stations, the “outskirts” or rural areas, slums, places where people work, and whatever else they can think of.

Making a list: (20 minutes) Once the maps are complete, use the maps for guidance to lead the group in creating a list of the different subgroups considering age, religion, language, job, wage (pay) levels, type of job, and more. If you have not had time for mapping, start by making the list without the help of maps. Point to different places on the map and ask who lives, works, or passes through the main sites. Use the map to check that all groups are included on the list, and use the list to check that the map includes representation of all groups, e.g., their churches, gathering places, and neighborhoods.

Mark the map or make a note on the list to show the best places for reaching each group. For example, in some communities a good place to reach women is at the place where they gather to do laundry. Slum dwellers may gather at a central football pitch. Students are in schools. Workers walk along a main road. Out-of-school youth may gather at the village center. Certain radio programs may be popular with nearly everyone. Use any statistics you may have to help add to the picture.

If there is not enough time to conduct a full mapping exercise, participants should brainstorm important issues about who needs to get information during a pandemic, as described in this section:

- Different population subgroups
- Where each group lives, works, and goes for recreation
- Where you might best reach each group.

BRAINSTORMING: MAKING A COMMUNITY COMMUNICATION PLAN (1 hour, 15 minutes)

1. **Opening:** Tell participants that you have talked about **who** needs to learn about prevention, and **where** they live, work, and gather. Now you'll discuss **how** to get the prevention messages to everyone. Different people get their information from different places. Students learn in school. Out-of-school youth may look up to popular singers. Some adults learn by reading the newspaper or listening to the radio. Many people turn to traditional leaders and healers for guidance. Nearly everyone learns from talking to friends, coworkers, neighbors, and family every day.

These are all part of **three kinds of communication channels**: community, interpersonal (means between individual people), and mass media (television, radio, newspapers, magazines, text messages).¹ While interpersonal is the most powerful channel, mass media reaches the greatest number in the shortest time. Community channels share both advantages. It's best to use a mix of channels, because experts have learned that people will change their behavior if they receive messages that are **clear, simple, believable, acceptable, up-to-date, and continuous**. These messages should come from a variety of trusted sources.

2. **Brainstorming:** Divide participants into small groups. Ask them to work for 25 minutes come up with three creative, realistic ideas for each communication channel (community, interpersonal, and mass media) to include in a "community communication plan". Encourage them to link to any health or disaster preparedness activities that are already going on. Remind them that the point of these activities is **to help community members adopt the Four Flu-Fighting behaviors**. With each idea, ask them to note who would be the best person/group/organization to complete that task. The plan should describe an ongoing effort that will take

place during the waves of pandemic influenza. Since these waves may come over several years, this plan will be a life-saving effort for a long time. To get them started, share the following examples with them:²

Community-based channels

- Community mobilization and outreach activities.
- Examples: Posters and billboards, local radio, street theater, puppet shows, presentations (may be videotaped), talent shows, art contests, peer support, workplace efforts, and via existing community networks (grandmother clubs, age-mates, hobbyists).

Interpersonal channels

- Interactions between people who already know each other: friends, family, teachers, students, health care providers, and volunteers.
- Examples: informal discussions, telephone hotlines, client counseling.

Mass media

- Print examples: newspaper, magazine, direct mail, comic books and photonovelas, pamphlets, fliers, posters, billboards.
- Television and radio broadcast examples: public service announcements, call-in shows, dramas and comedies, variety shows, music videos, songs and jingles, celebrity endorsements.
- Information/communication technology examples: mobile phones, CD-ROMS, websites, distance learning.

TRAINER'S NOTE: Technology to the rescue!

Low-and high-tech methods can be used to keep people in close communication, yet physically at a distance. For example:

- Megaphones (cone-shaped tubes to make voices louder)
- Loudspeakers (can be mounted on vehicles)
- Cell phones, including text messaging
- Ham or other types of radios (sometimes in hospitals, police stations)
- Email lists
- Phone trees: A phone tree is like a triangle. The person at the top calls two people, who then each call two people, and so on, until everyone has been called. This method is quick, and spreads out the cost and the work. But it must be set up in advance, with names and phone numbers listed and supplied to all members. If a caller can't reach someone on the list, he or she should then call the two people that person should have called. Once a phone tree is set up, it could be used in any emergency. Remember: it is important to regularly update the phone numbers!

Reassemble the whole group and give each small group a few minutes to read out its ideas, including who might be the best person/group to carry out that activity. Take notes under each communication channel.

3. **Assemble a “to-do” list:** Work with the group to prioritize the communication activities that the group decides will reach people most effectively. Draft a master plan that includes one or more people who will undertake the activities. Be sure that the plan that develops will reach all of the community subgroups listed earlier.
4. **Assemble a committee to oversee the plan:** This kind of plan works best if it is overseen by a group of people who can be the “eyes and ears” of the master plan, at the community level. Ideally, use a local committee or group that already exists and works well. If that’s not possible, work as a group to assemble a new committee. Each person on the committee should commit to helping fulfill the responsibilities listed below, and coming to the meetings.
5. **List committee responsibilities:** The committee should assure that:
 - Proposed prevention messaging activities are happening as planned
 - All community groups are being reached
 - Each person is correctly fulfilling his or her assignment
 - All information and messages being spread are correct
 - The activities are working: community members are using the flu-fighting behaviors
 - The communication plan is improved as needed
6. **Set a timeline:** How often should the committee meet? What should be happening between these meetings? Set a regular meeting time and place, and schedule the first meeting. Create an agenda—that is, a list of issues that will be covered during the meeting. Discuss how community representatives can pass community feedback and their ideas to the committee. In the long run, who will be sure that the committee meets often, and that committee responsibilities listed above are taken care of?

Advice from communication experts³

People want information about:

- What is known and unknown, with guidance on where to get updated information
- How to protect themselves

Messages should be:

- Consistent (same messages from different sources)
- Correct and clear
- Straightforward, honest (don’t hide the negatives)
- Up-to date
- Reliable

1. **Review:** Ask participants to pair up with the person next to them, and spend 5 minutes discussing three things.

- Do they still have questions? If so, can the partner answer the question?
- How do they plan to get started when they return to their community?
- Do they understand the community plan, and what their job is within it?

Reassemble as a group and ask for a sampling of questions, answers, plans to get started, and how well they understand the plan.

2. **Post-test:** Tell the group it is time for a test. The purpose of the test is to be sure that this training is successful in helping participants understand how to prevent influenza, and how to help people in their community use the Four Flu-Fighting actions.

If you did a “show of hands” pre-test, repeat the same version for the post-test. If you did a written pre-test, use Version 2 below.

Post-test. Tell the group it is time for a test. The purpose of the test is to be sure that this training is successful in helping participants understand how to protect themselves—and others.

Version 1: “Show of Hands” Post-Test (10 minutes)

Using Annex 1, repeat the questions asked during the pre-test and fill in the first two columns of the form. You can do the calculations in the third column after the session is over. If more than a few participants are uncertain of a response, take time after the post-test to clarify the content.

Version 2: Written Questionnaire Post-Test (30 minutes)

1. Tell the group you will hand out the test (Annex 2), and ask everyone to work alone to fill it in. The participants will have 10 minutes to complete the test. Then you will collect the tests, and go over all of the answers.
2. **Give the test, collect it (for correcting later), and go over all of the answers.** Ask participants to supply correct answers. If someone gives a wrong answer, ask the group for the correct answer. Give as many people as possible a chance to talk. If a participant feels she or he hasn't done well on the test, and would like more help, encourage the person to seek help from the trainer or other participants.

Closing: Summarize the main points of the session. Thank participants for coming.

RESOURCES

The Community Tool Box: Promoting community health & development by connecting people, ideas and resources. <http://ctb.ku.edu/en/>
National Cancer Institute, Making Health Communication Programs Work. Available at: www.cancer.gov/pinkbook/page1

Annex 1: Pre-and Post-Test Version 1—Show of Hands

To be filled out by trainer, who reads questions aloud			
Question	Number of participants who raised hand: "YES"	Number of participants who did not raise hand: "NO"	Percentage answering YES*
Randomly ask people who raise their hand to indicate what the correct answer is.			
Do you know any of the four most important Flu-Fighting behaviors for preventing the spread of pandemic influenza?			
IF YES, can you describe key actions for these behaviors?			
Should everyone in the community use a mask during an outbreak?			
If not everyone, then do you know the two groups who should use masks, and when they should use them?			
Does your community have a plan to communicate during an emergency?			
IF YES: can you name two people who are involved, and what their responsibilities are?			
Does your community have a plan for identifying all members of the community, and reaching out to those who need help most during an emergency?			

***After the session, calculate the percentage of trainees who answered correctly:**

- First, divide number of YES answers by total number of participants.
- Next, multiply your answer by 100.

For example, if 10 people answer YES out of 20 total participants: 10 divided by 20 is .5.

.5 times 100 =50. So, the answer is 50 percent.

Annex 2: Pre-and Post-Test Version 2—Written Questionnaire

1. List four key behaviors a person can perform to protect against the spread of influenza.

2. Should the following use masks during a pandemic influenza outbreak?

	Use a mask? Yes or No ?	If yes , when ?
Sick person		
Health worker		
All community members		

3. How does a mask help prevent spreading of influenza?

4. Which provides greater protection—a mask or the Flu-Fighting behaviors?

- Mask Flu-Fighting behaviors

5. Which people or groups in your community are at most risk during an emergency? Why?

6. Does your community have a community communication plan? How will people receive the information?

7. What is YOUR role or job in the communication plan?

8. What do you think are the strengths of this plan?

9. What do you think needs to be improved in this plan?

10. Any other comments or suggestions?

Annex 3: The Four Flu Fighters... and a Word about Masks

COVER YOUR COUGHS AND SNEEZES

Most people catch influenza by breathing in tiny droplets that are in the air. They get into the air when a person with the virus talks, coughs, spits, sings, or sneezes. A person can have the virus for several days before he or she feels sick, so you can't tell who has the virus. These droplets can also land on hands, clothes, and surfaces where they can survive for several days. Then they stick to a person's hand and enter the body when the person touches his or her eye, nose, or mouth.

A key to flu fighting is covering coughs and sneezes with something. You can cover them with a single-use tissue, a cloth that you can wash or throw away after using, or a mask. Covering the nose and mouth prevents the virus-filled droplets from going into the air and into someone's lungs, and onto surfaces where they can be picked up.

HOW TO COVER YOUR COUGHS AND SNEEZES



- Coughs and sneezes should be covered with a single-use tissue or a cloth that can be washed frequently, preferably immediately after use. If these are not at hand, use your upper arm sleeve—bring your elbow up to your face. You can also keep from spreading the droplets by wearing a mask if you are sick.
- Whenever possible, wash hands after coughing or sneezing.

- Clean surfaces regularly with soap and water (or other household cleaners) to avoid self-contamination. Self-contamination means giving yourself the virus by touching your mouth, nose, or eyes with hands that got the virus on them.

Read on for information about masks.

WASH YOUR HANDS

Frequent hand washing is an important way to protect yourself, and stop the spread of many sicknesses. It is especially good at preventing the spread of the kinds of sicknesses that move from person to person through breathing out infected air, and through diarrhea. Coughing or sneezing, or contact with human waste—or touching something that has a virus or germ on it—can get the virus or germ onto hands, clothes, or surfaces (tables, door knobs, handles, plates, cups, and so on) where it can live for several days. Hand washing keeps those viruses or germs from getting into your body when you touch your eyes, nose, or mouth. Using masks also helps prevent you from touching your mouth and nose with your hands..

If hand sanitizer is available, it can be used in place of washing hands.

HOW TO WASH YOUR HANDS

Wet hands first, and soap them up. Actively rub all surfaces of hands and fingers for at least 15 seconds. That means you should wash them for about as long as it takes to slowly sing a short song like “Happy Birthday.” Rinse. If locally appropriate, drying hands with a disposable paper towel is also recommended.

Wash your hands:

- Before preparing or eating food
- After using the toilet or changing or cleaning children
- After coughing, sneezing, or blowing your nose
- Before and after all contact with sick patients
- After cleaning or handling a patient’s dirty sheets, towels, clothes, and waste
- After handling animals or animal waste.

It is very important to have a good supply of soap and water for washing. If there is no soap, ash can be used.



KEEP YOUR DISTANCE

Influenza spreads from person to person through tiny droplets in the air that are breathed out through talking, shouting, coughing, sneezing, and singing. This means flu spreads most easily when people are close together or in crowded places (like markets and buses). **If you are sick**, keep your distance from others, avoid crowds, and try to stay home as much as possible until you recover. In addition, if your community is experiencing a local outbreak of flu and the virus is severe, then your community leaders may decide to establish other social distancing measures. If the pandemic virus is not causing severe illness, some of these measures may not be necessary. Check with your local Ministry of Health and other leaders on the recommended actions you should take.

HOW TO KEEP YOUR DISTANCE



- Stay **at least** 1-2 meters (3-6 feet) away from other people.
- Avoid crowds and groups of people.
- Limit your travel.
- Stay at home or work from home, if you are sick or if this is recommended by your local health officials.

SEPARATE SICK PEOPLE

During an influenza outbreak the health system will be too full. Most **sick people will have to be cared for at home** (unless they are having trouble breathing). To avoid spreading the virus, a sick person should be kept away from other people, even in his or her own household, as much as possible.

It can be hard for some adults to agree to stay home if they feel they must go to work. However, sick people should stay home and apart as soon as symptoms develop, and should not have close contact with others.

A person is considered sick if he or she has one or more of the flu symptoms.

HOW TO KEEP SICK PEOPLE FROM INFECTING OTHERS



- If possible, the sick person should stay in one room or area by him or herself.
- Only one household member should have the job of caring for the sick person.
- Who is the best choice to care for the sick? If someone in the household has fully recovered from pandemic influenza, that person **might** be protected from getting it again, so would be a likely choice. The caregiver should definitely not be a pregnant woman. If possible, the caregiver should not be an elderly person, or someone with a chronic illness like HIV or tuberculosis. Children should always stay away. These groups are more likely to get very ill if they get the flu.
- The sick person should wear a mask or scarf when the caretaker or any other people are within 1 meter, or carefully cover all coughs and sneezes with a sleeve, cloth, or tissue.
- When possible, open windows and doors and use fans to encourage possibly contaminated air to blow outside.
- The sick person should wear a mask or scarf if going to a health provider or facility as a result of serious symptoms.
- Caretakers, health responders, and all people should wear a mask or scarf when within 1 meter of the sick person.
- The sick person should not share toothbrushes, cigarettes, eating utensils, drinks, towels, sheets, or blankets.
- The caretaker should use household cleaning products to clean the patient's clothes, bedding, towels, and other laundry; eating utensils; and household surfaces that may be contaminated by the sick person's fluids. This includes any cloth, object, or surface that may have been contaminated by moisture from coughing or sneezing. If possible, the cleaned objects should be dried in the sun.
- The sick person should not leave home until fully recovered. When exactly is it safe to go out

again? Wait at least 24 hours after all symptoms have gone away. Experts will tell us more about this timing after the pandemic hits.

- Once a person has fully recovered, he or she should feel confident to return to work. Those who have recovered are not more likely to catch influenza again—in fact, they may be less likely, and may want to consider community volunteer work.

WHEN TO GO TO THE HOSPITAL

Ideally, a **Community Responder will be available to help families make this decision.** Health workers will keep a very close eye on **high-risk groups** such as pregnant women, babies, and people with chronic medical conditions. Anyone who develops serious bronchitis, pneumonia, dehydration, or worsening of a pre-existing illness may need to go to the hospital. Danger signs of flu include:

- Difficulty breathing, fast breathing, or bluish color to the skin or lips
- Coughing blood
- Can't talk or understand others
- Severe pain in chest
- Convulsions (uncontrollable shaking)
- Relapse (getting worse after getting better)
- Any infant younger than 2 months old and very sick.

A WORD ABOUT MASKS



Experts are not sure how helpful masks will be during a pandemic. Once the pandemic begins, there will be more information on the use of masks. For now, here is what is known:⁴

- Wearing a face mask may help lower the chance of catching influenza in certain situations. However, **masks don't protect a person as well as the Four Flu Fighters.**

- The danger of masks is they might make people feel safer than they really are, because masks do **not** provide complete protection against catching influenza. Practice the Four Flu Fighters, whether or not you wear a mask.
- During a pandemic a person sick with flu should wear a facemask (or thick, tightly tied cloth) when others are nearby.
- Caretakers of sick people should wear a mask when close to (within 1 meter of) the sick person.
- Masks should not be shared, touched after use, and should be replaced regularly.
- If a hospital mask is not available, a homemade mask may work, but not as well—and maybe not at all.
- Reusable masks can be thoroughly washed with soap and water, and should be dried in the sun, if possible.
- If a person must go to a crowded place, a facemask may help protect a person from other people’s coughs and sneezes **and** protect others from the coughs and sneezes of the person wearing the mask.
- See the appropriate annex in the session *Infection Control for Community Responders* for instructions on how to make a thick, tightly-fitting homemade mask. Warning: homemade masks provide less protection than a hospital mask, and maybe no protection at all.

REFERENCES

1. Adapted from: Salem, RM, and others (2008), Communication for better health, Population Reports J(56, January). Baltimore, INFO project, Johns Hopkins Bloomberg School of Public Health.
2. Adapted from: Salem, RM, and others (2008), Communication for better health, Population Reports J(56, January). Baltimore, INFO project, Johns Hopkins Bloomberg School of Public Health.
3. Based on the U.S. Department of Health and Human Services, Interim guidance on the use and purchase of facemasks and respirators by individuals and families for pandemic influenza preparedness, FR Doc. E8-12357. Available at: <http://aspe.hhs.gov/panflu/facemasks.html>
4. WHO guidance (as of May 2009) on use of masks in the community during outbreaks of a new influenza virus can be found at www.who.int/csr/resources/publications/swineflu/masks_community/en/

Actions Local Leaders Can Take to Fight Pandemic Influenza

Trainees: District and Community Leaders and decision makers who have already received the information in the sessions called *What is Pandemic Influenza?* and *Teaching Preventive Messages About Influenza*.

What does this training cover?

This session is a basic introduction for district and community leaders and decision makers to the actions they need to take to slow the spread of influenza when a pandemic has reached their area. This session should follow *What is Pandemic Influenza?* and *Teaching Preventive Messages About Influenza*. This session will help participants to prepare better district and/or community pandemic preparedness plans.

LEARNING OBJECTIVES: At the end of this session, trainees should be able to:

1. Identify basic interventions they need to take to help limit the impact of influenza in their community during a wave of pandemic influenza.
2. Promote social distancing and understand the need to limit public gathering.
3. Identify key communication and feedback mechanisms for monitoring community needs and reactions and keeping the public informed and motivated to continue behaviors that lessen the effect of the pandemic.
4. Identify populations that may need special assistance and consider ways to connect them to support and services.

TRAINING METHODS: Role play, interactive presentation, discussion, brainstorming, small group work, story.

Suggested time to conduct training session: 3 hours to 3 hours and 15 minutes, if the optional activity is included.

Address pandemic severity: Trainers and participants should consider how the information in this session would differ based on pandemic severity in the community. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities. For more information on assessing pandemic severity, see the section on pandemic severity in the *Introduction & User Guide* as well as WHO’s *Considerations for Assessing the Severity of an Influenza Pandemic*, which can be found at www.who.int/wer/2009/wer8422/en/index.html.

Supplies and preparation needed:

- **Logistics:** Trainers need to make necessary logistical arrangements for the training, including any transport, venue, accommodation, and/or food requirements.
- **Role play:** Choose several participants to prepare in advance the role play that starts this session off.
- **Presentation:** Trainer should adapt and be prepared to present the content in Annex 1.
- **Slides or flipcharts:** The trainers should prepare the boxed text in Annex 1 as slides or on a flipchart. They may also be prepared as handouts.
- **Signs:** Be prepared to post signs “AGREE” and “DISAGREE” on opposite sides of the room, with space so that participants can walk between them.
- **Handouts:** Participants will each need a copy of Annex 3.
- **Recording session results:** The information that participants discuss and decisions they take in this session will feed directly into their next activity, development or revision of district pandemic preparedness and response plans. It is important to have someone responsible for recording and collecting the results of each activity for later use.

OPENING

(5-10 minutes)

If the training course starts with this session, begin with:

- **Welcome:** greet participants and do any necessary introductions.
- **Learning well together**
 - Ask participants to give ideas for **rules of behavior** for everyone during the training. (For example: one person talks at a time, turn off telephones, be respectful of participants’ contributions, cover coughs and sneezes, etc.)
 - Ask participants to be **active learners**, and to ask questions and listen carefully to each other.
- **Basic needs:** Tell participants where the restroom/toilet is, and other basic information.

If this session follows another module, begin the session with:

- **What to expect.** Tell participants the title, objectives, and length of the session.

ROLE PLAY AND DISCUSSION: YOU HAVE TO PLAY TO WIN

(15 minutes)

Optional activity, time permitting

Role play: If time permits, begin the session with the following brief role play. Use the names of sports teams that are popular in your area.

Present the scenario: The players of the [insert name of favorite team] football team have tied the score with just a few minutes left in a championship game with their biggest rivals [insert name of rival team]. The coach pulls them together to push them to victory. He encourages them, “you have a winning record, you have practiced so hard, you work well together as a team, you are just a few minutes from victory, etc.” The players are very unexcited and uninterested and every time the coach makes a suggestion, each player responds with a reason he can do nothing.

Ask participants to role play the dialogue:

Coach

“You, number 15, run around the fullback, and our star forward will pass to you for the goal. They will not expect this.”

Player 15

“There is nothing I can do. If the ball comes to me, I guess I could try to kick it, but it will be so difficult.”

Coach

“What are you saying? Well then, number 3, you guard against their best offense player, we can’t risk them getting another goal now.”

Player 3

“Only heaven can tell us who will win this game. It is out of our hands to do anything about it.”

Coach

“What is wrong with all of you? You have to play to win.”

Player 10

“They have always been a strong team. They will certainly overcome us. I think we should just give up trying and wait to see what will happen.”

All the players:

“Yes, let’s just wait and see what will happen to us.”

Discussion: Ask the participants the following questions:

- Does this sound like a winning football team?
- Do you think a team like this would have any fans or followers?
- What do you think this story has to do with community leaders preparing for an influenza pandemic?

Possible answers:

- People feel helpless if a serious illness threatens the entire world or don’t believe it will happen.
- They don’t think they can do anything about it.
- People admire or follow a team that has both skill and determination. People need their leaders to lead, especially in times of crisis.
- Leaders have the responsibility to guide the community when times are uncertain and dangerous.

Why do many leaders feel helpless in the face of a possible pandemic?

Some possible reasons leaders feel helpless:

- We have so many problems now, why should we pay attention to something that’s not even real yet?
- We can’t predict what will happen with a new disease.
- If the worst happens, it will be a disaster for the entire world.
- There is nothing we can do.

Tell the participants that, although a pandemic is a serious threat, there are a number of things leaders can do to protect and help their communities. Remind the participants that they are the leaders in their community and, like a popular team, people rely on them to be active and “win the game”. This session is about the actions community leaders can and should take in the face of a pandemic to protect their community.

PRESENTATION: ACTIONS TO FIGHT A PANDEMIC IN THE COMMUNITY

(1 hour)

1. Review the chart below:

Basic Community Health Response		
	Family/Household Level	Community / District Level (Depending on pandemic severity)
Prevention	<ul style="list-style-type: none"> • Keep your distance. • Wash your hands. • Cover your coughs and sneezes. • Isolate your ill (including fresh air, cleaning, masks, and all in household minimizing interaction with others if pandemic is severe). 	<ul style="list-style-type: none"> • Educating families on prevention. • Limiting public crowding, gathering, mixing, contacts, etc., including: • Closing schools and child care centers • Advising on travel and transport. • Training community workers in infection control.
Care	Care for those ill with flu: <ul style="list-style-type: none"> • Rest • Fever • Medications • Fluids • Nutrition • Care seeking 	<ul style="list-style-type: none"> • Educating families on home care. • Assisting the neediest/sickest households (incl. care, food, water, psychosocial first aid?, burial?). • Community case management (including antibiotics for pneumonia) where practical. • Continuity of care for selected conditions (such as HIV & TB medications) if possible.
Cross-Cutting Content: <ul style="list-style-type: none"> • What is pandemic flu?/Symptoms/How it spreads. • Keeping communities informed (numbers, location, and severity of cases; best sources of information and guidance.) • Addressing community perceptions and concerns. 		

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These are the basic health information and actions needed when a pandemic strikes the community. These are sometimes called **non-pharmaceutical interventions** or the things communities and families can do to lessen the spread of influenza that do not involve medicines.

2. **Ask:** Why do you think we focus on actions for communities and families that do not include drugs when we are trying to fight a serious disease?

Possible answers:

- We do not know if the drugs that exist now will work against the new form of influenza.
- Since so many people will be sick, even if drugs work, it is likely that there will not be enough for everyone.

- If current drugs/vaccines do not work, it will take months, at least, before new ones are ready.
- Often international and national authorities decide which drugs and vaccines to buy and distribute. Community leaders have other responsibilities.

3. Explain that actions that need to take place at the **household level** are in the left-hand column of the chart. Other training sessions (*Teaching Preventive Messages About Influenza, Infection Control for Community Health Responders, and Home-Based Care*) focus on this information, as well as the cross-cutting themes at the bottom of the chart.

Actions that need to take place at the **district/community level** to prevent spread of influenza are in the right-hand column. (Some of these actions include helping households to understand and perform the actions in the left-hand column.) The actions in the right-hand column, as well as the cross-cutting themes at the bottom of the chart, are the focus of this session.

4. **Tell** the participants, for every action in the chart, we have several important objectives:

Key Objectives of Leadership Action during a Pandemic.

- Reduce the chance that an infected person will meet a well person and spread influenza
- Assist individuals and households in need, and
- Keep communities informed, reassured, and willing to protect and care for themselves and others.

Experts say that none of these actions, by itself, will stop the spread of influenza completely. No matter what we do, we expect that influenza will spread. **But if we do all the recommended actions together, for a long enough time**, we can:

- Slow down the spread of influenza, which will give us a chance to help everyone who needs it
- Reduce the number of people who get influenza at the same time, lessening the burden on health facilities and other services
- Reduce the number of people who get influenza at all, save lives, and reduce suffering

The basic actions district/community leaders need to take to reduce the impact of an influenza pandemic (in the right-hand chart column) fall into three categories:

- Communicating to families and communities about prevention, care, and ongoing pandemic information.
- Social distancing (or keeping people far enough away from each other to limit chance of infection).
- Assisting the needy.

We will review each of these categories during this session.

5. Explain pandemic severity¹

The WHO pandemic phases consider the geographical spread of a pandemic virus and are intended as a global call to countries to increase their alertness and readiness. Within each WHO phase, countries can assess national or regional pandemic severity to best use limited resources and programs to lower health impacts.

The severity of a pandemic depends mostly on the virus that causes it, and severity may change over time during the course of the pandemic. While seasonal influenza causes death in less than 1 of 1,000 people who become ill, a pandemic virus may cause moderately higher to much higher rates of death.

Assessment of pandemic severity is complex.

- Severity can vary from one pandemic to the next, from country to country, and among different population groups or geographical areas. Therefore, a single assessment of severity at the global level may not be relevant or helpful to countries.
- Second, severity will likely change as an event unfolds over time. As a result, monitoring is essential to detect changes in how the disease is developing.
- Third, the accuracy of a severity assessment will reflect the quality and availability of information about the virus and the people who are susceptible to infection. Such information is most limited at the beginning of a pandemic and takes some time to develop.

At the country level, three things will determine the “impact” of a pandemic on a population:

1. The pandemic virus and its characteristics, as well as the epidemiological and clinical manifestations,
2. The vulnerability of the population,
3. The capacity of the community to respond.

This session addresses numbers 2 and 3 above. It will help community leaders to plan to respond in a pandemic, including assistance to those most likely to need help. It will also allow leaders to prepare in advance for different levels of response depending on pandemic severity.

Tell participants that throughout this session, they must **consider how their actions would differ based on pandemic severity in their community**. They should be as clear as possible, in advance, about where they will get guidance on decisions such as closing schools and supporting the neediest families with home health care, food, and other necessities.

6. Briefly **review** key information planners need to consider in preparing for a pandemic, which they should have received in the sessions *What is Pandemic Influenza?*, and *Teaching Preventive Messages About Influenza*.

7. Using the content in Annex 1, ask participants what the **primary role of district/community leaders** would be for each category of actions.

DISCUSSION: TWO SPECIAL SITUATIONS IN A SEVERE PANDEMIC

(30 minutes)

Explain to participants that many of the actions under the Community/District Level column in the Basic Community Health Response Chart are not complicated, although they may be difficult to implement. We will discuss those actions shortly.

However, many leaders may not be familiar with two important activities in a severe pandemic:

- Providing psychosocial first aid to the traumatized (or deeply upset), and
- Safely and respectfully managing dead bodies.

Let's consider these topics separately.

1. Psychosocial first aid²

Have the participants brainstorm the answers to the following questions, and fill in any information that they do not give:

Ask: What are some signs that a person is traumatized and may need assistance in coping?

Possible answers:

- A range of **emotional responses** including anxiety, grief, joy at surviving, hopelessness, anger, fear, apathy (not caring), etc.
- **Physical responses** such as disrupted sleep patterns, gastrointestinal upset, suppressed immune function, etc.
- Negative **behavioral responses**: substance abuse, family violence, isolation, difficulty concentrating or completing tasks, etc.

Ask: What are some special needs of traumatized children?

Possible answers:

- Children may regress in behavior (act like they are a younger age), act aggressively, cling to parents, and have difficulty falling and/or staying asleep at night.
- During a pandemic, children will be apart from school and playmates, possibly for long periods of time. Try to engage them in regular activities, such as home lessons, to give structure and purpose to their day.

- Tell children the truth about the situation and reassure them that everything is being done to protect them and their families.
- Talk to children about their fears and questions.

Ask: What are some ways leaders can assist the traumatized?

Possible answers:

- Mobilize community groups, volunteers, religious communities, etc., to watch out for the needs of their neighbors, including severe psychological distress, and get help for those that need it.
- Identify lead agencies, such as the Red Cross/Red Crescent Society, to handle referrals for psychosocial first aid.
- Provide reassuring messages to the public about actions being taken to combat the pandemic, where they can seek help, etc.

2. Handling dead bodies

In a severe influenza pandemic, as happened in the 1918 Spanish Flu, communities can be overwhelmed with the task of dealing with many dead bodies. Leaders need to plan in advance to reduce the impact of this problem.

Explain that unlike some other infectious diseases, such as Ebola Fever, the possibility of spreading influenza through the handling of dead bodies is low. In fact, those handling the deceased face a much greater risk of getting influenza from exposure in the community than from this job. Still, standard precautions for avoiding possible contact with blood or body fluids should be taken.

Ask: What are standard precautions for minimizing contact with blood or body fluids that those handling dead bodies should take?

Possible answers:

- Frequent handwashing with soap.
- Where available, use of gloves, masks, gowns, eye protection.
- Cover mouth and nose of dead person with a mask or cloth while moving the body. Remove the mask before burial or cremation.

In a severe pandemic, if many people die, communities can quickly find it hard to collect, transport, and dispose of the dead.

Ask: What are some potential problems we may face burying or cremating the dead in a severe pandemic?

Possible answers:

- Not enough transport available for collecting and transporting bodies.
- Shortage of: burial and morgue spots, coffins and other burial materials, cremation facilities, gravediggers, available religious personnel, etc.
- Possible need for mass graves or cremations.
- Community sensitivity to burial/cremation without funeral services (due to social distancing measures).

Ask: Are there reporting requirements for deaths due to the pandemic and how will these be followed if volunteers are assisting with transport and burial of the dead?

Explain to participants that, in future sessions, they will be developing or revising district emergency preparedness plans to address pandemic influenza. Plans will address all the elements of the Basic Community Health Response chart.

Discussing these issues in advance will help leaders include them more thoughtfully in district/community level preparedness plans.

SMALL GROUP WORK: SUSTAINING COMMUNITY RESPONSE STRATEGIES (1 hour)

Some of the interventions recommended in the Basic Community Health Response chart will pose special challenges to community leaders and/or cause real hardships for the community. Let's consider some strategies for maintaining community commitment to some of the most difficult behaviors.

Divide the participants into three groups for the following exercise:

1. Communication
2. Social distancing
3. Assisting the neediest

Give them the handout *Reducing the Negative Effects of Actions Necessary to Slow the Spread of Influenza during a Pandemic* (Annex 2) either as a handout, projected on a screen, or written on a chalkboard or flipchart.

Have each group review the questions under its assigned topic and brainstorm ways to:

- Keep the community motivated to continue prevention measures for the time required for them to be effective (up to three months at a time and in up to three waves of infection, depending on pandemic severity)
- Limit the negative impact of these strict measures

After about 40 minutes, or when the groups seem ready, reconvene, and have each present its general conclusions. Remind them that all this information will help them as they develop or review district pandemic response plans.

CLOSING

(15 minutes)

Post two signs “AGREE” and “DISAGREE”, on opposite sides of the room, with space so that participants can walk between them.

Ask participants to respond to the following statements by standing beneath the sign that best describes their reaction to it. Between reading the statements, explore a little why people agreed or disagreed with each statement. Be sure to note any reasons participants disagree with the statements and either address their concern with the group or, if the concern just applies to one or two people, tell them you will respond after the session is over.

Read the statements:

1. I feel confident that I know the key actions leaders like me need to take to slow the spread of pandemic influenza in my community.
2. I can work with my fellow leaders to mobilize community groups to assist during a pandemic.
3. Leaders in my community will be able to provide regular communications to the community **and** get feedback to assess ongoing needs.

End the session by telling the participants the following story from Uganda:

A sassy young man wanted to show that he was more clever than a wise old man from his village. So, he caught a butterfly, held it between his hands, and took it to the old man. ‘Please, father, tell me, is this butterfly dead or alive?’ The young man thought, ‘whatever he says, I can trick him. If he says the butterfly is alive, I will crush it and the butterfly will die. If he says the butterfly is dead, I will let it go and the old man will not be as clever as I am.’ The old man looked thoughtfully at the younger man and said, ‘I don’t know whether this butterfly is dead or alive. But what I know is that the fate of the butterfly is in your hands.’

We cannot look to anyone else to tell us what will happen if pandemic influenza comes. We don’t know how bad it will be, how long it will last, or how many people will become sick or die.

But we do know one thing with certainty. The fate of our communities is in our own hands.

Thank participants.

REFERENCES

1. Adapted from: WHO (2009), Considerations for assessing the severity of an influenza pandemic. Weekly Epidemiological Record 84(22, 29 May):197–212. Available at: www.who.int/wer/2009/wer8422/en/index.html
2. Adapted from IFRC, Psychological First Aid materials and Psychological First Aid: A community support model, codeready.org

Annex 1: Interactive Presentation

BASIC COMMUNITY HEALTH RESPONSE TO AN INFLUENZA PANDEMIC

Basic Community Health Response		
	Family/Household Level	Community / District Level (Depending on pandemic severity)
Prevention	<ul style="list-style-type: none"> • Keep your distance. • Wash your hands. • Cover your coughs and sneezes. • Isolate your ill (including fresh air, cleaning, masks, and all in household minimizing interaction with others if pandemic is severe). 	<ul style="list-style-type: none"> • Educating families on prevention. • Limiting public crowding, gathering, mixing, contacts, etc., including: • Closing schools and child care centers • Advising on travel and transport. • Training community workers in infection control.
Care	Care for those ill with flu: <ul style="list-style-type: none"> • Rest • Fever • Medications • Fluids • Nutrition • Care seeking 	<ul style="list-style-type: none"> • Educating families on home care. • Assisting the neediest/sickest households (incl. care, food, water, psychosocial first aid?, burial?). • Community case management (including antibiotics for pneumonia) where practical. • Continuity of care for selected conditions (such as HIV & TB medications) if possible.
Cross-Cutting Content: <ul style="list-style-type: none"> • What is pandemic flu?/Symptoms/How it spreads. • Keeping communities informed (numbers, location, and severity of cases; best sources of information and guidance.) • Addressing community perceptions and concerns. 		

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Key Objectives of Leadership Action during a Pandemic

- Reduce the chance that an infected person will meet a well person and spread the flu
- Assist individuals and households in need and
- Keep communities informed, reassured, and motivated to protect and care for themselves and others.

If we do all the recommended actions together, for a long enough time, we can:

- Slow down the spread of flu, which will let us “buy time” to help everyone who needs it.
- Reduce the number of people who get the flu at the same time, lessening the burden on health facilities and other services.
- Reduce the number of people who get the flu at all, save lives, and reduce suffering.

During your presentation, cover the three categories of leader action, and brainstorm with the participants about what they can do in their communities.

1. Communication

Disseminating the basic prevention messages:

The Four Flu Fighters

- Keep your distance (1-2 meters)
- Wash your hands
- Cover coughs and sneezes
- Separate the ill

If district and community leaders are seeing an increase in influenza-like illnesses in their area and do not get feedback from national government about pandemic influenza approaching their community, they should begin, on their own, to train the community about the Four Flu Fighters and what to expect during an influenza pandemic.

Disseminating basic care messages:

- Rest, fluids, fever, food, medications
- One caretaker of a sick person in the home, if possible
- Go to hospital for any of the following danger signs
 - Sick person suddenly becomes a lot sicker
 - Very difficult breathing or shortness of breath
 - Cannot take fluids, has persistent vomiting, or shows signs of dehydration
 - Lips or skin turning blue
 - Confusion such as not recognizing family or friends
 - Convulsions (shaking the person can't control)

- Chest pain
 - Coughing up blood
 - Loss of consciousness (fainting, does not respond when called or lightly shaken)
 - A sick infant younger than 2 months old or any infant who refuses to feed
- Infection control measures for health workers

Remind participants of the importance of getting **regular feedback** from the community to find out its needs and make good messages over time.

For the following discussion, participants need to consider the severity of the pandemic in or approaching their community to decide when they would implement each intervention. How and when to implement them should be part of their district preparedness plan.

Community Leader role in communications

- Prevent panic and boost confidence of community to respond and take effective actions
- Continuously monitor, and respond to, community needs
- Head off rumors and misinformation with accurate, frequent, and trustworthy information from sources the community trusts

2. Social distancing, or keeping enough space between people to break the chain of infection

Influenza is spread through the air when people are close together, by droplets from coughs, sneezes, speaking, singing, etc. and from surfaces infected with these droplets. To help break the chain of its spread, people need to keep at least 1-2 meters apart from each other, or arms' distance, especially from others who have influenza symptoms. Some ways to prevent close contact are included in the list below.

Severity of the pandemic and when to close public meeting places:

If the pandemic is moderate—for instance, if people get sick but get better quickly and few people die—leaders will not have to be as strict with closing gathering places as they would if the pandemic is very severe.

If the pandemic is more moderate, they might close the schools, but not close businesses.

Ask: How do you decide when to close different public meeting places down and when to re-open them?

If participants don't mention it, tell them: Your national government and the World Health Organization (WHO) will give guidance on when to act on closing and reopening schools, businesses, etc. It is important **to be clear in district emergency preparedness plans where and how district and community leaders will get information on when to start social distancing actions** such as closing schools, businesses, public transportation, etc.

It is also very important to know how close pandemic influenza is to your own community. During Pandemic Phases 5 and 6, when pandemic influenza is spreading in the world, leaders need to pay attention to when people in their area are developing illnesses that look like influenza. They should report these cases to the government according to national reporting systems, so that the spread of influenza can be tracked.

Community Leader role in social distancing

- Decide and enforce closing of public venues such as schools, entertainment venues, etc.
- Provide guidance on limiting close contact: greeting others from a distance; mask use for those ill with influenza, when in the presence of others, and their caretakers when with the sick; limiting moving in public: work, shopping, unnecessary travel, etc.
- Plan ways to limit the inconvenience of social distancing to community.
- Plan and act on strategies to gain community commitment to distancing over time.

3. Assisting the needy

Experience from the 1918 flu pandemic and other disasters shows that more attention needs to be given to identifying and assisting those that become overwhelmed during the crisis.

Ask: Who are some potentially vulnerable groups in our community?

Possible answers

- Households with sick caretakers
- The elderly
- Socially isolated people

Community Leaders role in helping the neediest

- Identify, monitor, and link needy and isolated households to assistance
- Plan for safe and respectful management of many dead bodies
- Plan for psychosocial assistance to traumatized individuals and households

Annex 2: Small Group Handout

REDUCING THE NEGATIVE EFFECTS OF ACTIONS NECESSARY TO SLOW THE SPREAD OF INFLUENZA DURING A PANDEMIC

Questions/Issues	Specific ways leaders can address the issues raised
COMMUNICATION	
<ol style="list-style-type: none"> 1. What kinds of communication strategies can you use to encourage people to continue social distancing behaviors for up to 3 months at a time and if there are up to 2 waves of infection over 1-2 years? 2. How will you provide ongoing assistance to Community Health Responders and those providing home-based care without meetings? 3. What information will the community need and when? 4. How will you get good and regular feedback from the community? 5. How will you address rumors, misinformation, need for reassurance, other situations? 6. Other? 	<p>Examples: Can Community Health Responders, including staff and volunteers, be asked to report family needs and concerns to district leaders? Can authorities publicize a reliable spokesperson, web site and/or mass media program where people can get trustworthy information?</p>
SOCIAL DISTANCING	
<ol style="list-style-type: none"> 1. Review the places people are most likely to gather, such as: <ul style="list-style-type: none"> ■ Workplaces ■ Markets ■ Health services ■ Places of worship ■ Cultural and religious events (weddings, festivals, funerals) ■ Schools ■ Entertainment venues 	<p>Example: plan for mass-media coverage of:</p> <ul style="list-style-type: none"> ■ Religious services ■ Educational programs ■ Self-care programs

<ol style="list-style-type: none"> 2. For each place, list: <ul style="list-style-type: none"> ■ If it can be closed (that is, how will people get food if no market?) ■ What actions can be taken to enforce closures or limit public crowding? 3. Suggest ways leaders can engage others to reduce the disruptions caused by closures <ul style="list-style-type: none"> ■ Individuals and families ■ Employers ■ Healthcare providers ■ Schools ■ Religious leaders ■ Community-based organizations ■ Others? 	
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ASSISTING THE NEEDIEST

<ol style="list-style-type: none"> 1. Identify ways to monitor and address the needs of those who might need extra help: households with no caretakers, the elderly, the poor, persons with disabilities, everyone sick in household, who else? 2. What are some ways you might address special services that might be needed during a severe pandemic? <ul style="list-style-type: none"> ■ Psychosocial support for the traumatized ■ Handling of dead bodies 3. Other issues? 	<p>Where can the community get information/help? You might refer to reliable local web sites, hotlines, news sources, and/or contact information of agencies that can provide information and assistance.</p>
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