

The Norwegian health care services' preparedness against deliberate release of biological agents

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Three main principles

- Responsibility principle
 - "Whoever is responsible for a service will also have the responsibility for preparedness and for services, including financing, during war and peace time crises and catastrophes." (Act on preparedness in the health and social services § 2-1
 - Derived: build on current structures and resources
- Principle of handling at lowest effective level
 - Local responsibility
- Sector principle
 - Responsibility mainly in health service

Why responsibility principle? (and not a biopreparedness team)

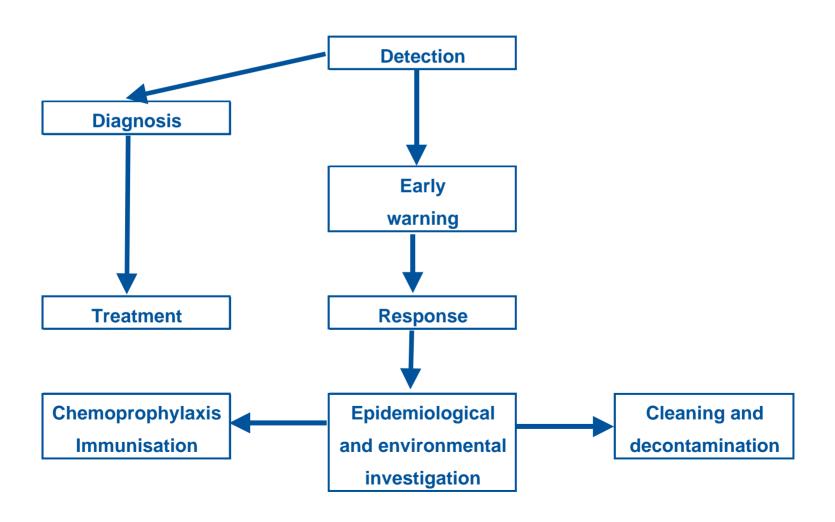
- Clear and established chains of command and responsibility
- Cannot hide from responsibility
- Training on everyday events
- Awareness
- Multiple use capacities

Ex: Trauma surgeons for air plane crash

Planning assumption

- Few bioweapons cause secondary spread
 - (Major exceptions: Smallpox, Viral haemorrhagic fevers, Pneumonic plague)
- Limited place for vaccines
 - Vaccines only against very few agents
 - Difficult to find groups that are at more risk than others
 - Very low effect : cost ratio
- Releases are likely to be covert
 - Incubation time → People are dispersed, no site, minor role for emergency services
 - Key role of clinicians and microbiologists
- Hoaxes : releases > 100

Tasks



Municipal health service: tasks and key capacities

- 431 municipalities (500 to 500 000 inhabitants)
- Municipal medical officer
- Key partners
 - General practitioners
 - Food Safety Authority
 - Police, other emergency services
 - Civil Defence
- Surveillance
 - investigation
 - measures

- Information
 - public
 - mass media
- Measures
 - contact tracing
 - quarantine
 - cordon sanitaire
 - blocking assembly
 - vaccination
 - chemoprophylaxis

Hospitals: tasks and key capacities

- Five regional hospital trusts
 - Independent, but owned by Government
 - 70 hospitals
 - 20 laboratories
- Diagnosis
 - clinical skills
 - laboratories
- Treatment
 - beds
 - equipment
 - drugs

- Infectious disease control in the hospital
 - personal protective equipment
 - rooms, isolates
- Information to patients and family
- Care for staff
- Information to mass media

Government: organisation and tasks

- Ministry of Health and Care services
- Directorate of Health and Social Affairs
 - Regulatory authority
 - Overall responsibility for preparedness
 - National stockpiles
 - Coordination
 - Measures
- Food Safety Authority
 - Regulatory authority
 - Local branches
 - Coordination
 - Measures

Norwegian Institute of Public Health

- Surveillance
 - Early warning system
 - Routine surveillance system
 - Reference laboratories
 - Preparedness laboratory
- Support and advice
 - Expert assessment and advice
 - Field epidemiology team
 - Vaccine supply
- Information
 - Health services
 - Public

Key national capacities

Main function: support to local authorities

- National microbiological laboratory for preparedness (NIPH)
- National centre for treatment (Ullevål)
- National field epidemiology group (NIPH)
- National vaccine stockpile (NIPH)
- National antibiotic and equipment stockpile (Directorate of Health and Social Affairs)

Sensible use of resources

- An acceptable level of preparedness must be defined
- Invest wisely
 - general epidemic preparedness
 - multiple-use preparedness
 - robust health service and public health system
- No biodetectors in the community
 - Technically hardly possible
 - Logistically unsustainable
- No P4-laboratory
 - Unnecessary with even more in Europe

Main areas for improvement

- Surge capacity of
 - competent personell
 - equipment
 - intensive care beds
 - isolates
- Mental preparedness
 - information preparedness
- Laboratories
 - coordination
 - environmental samples

- General coordination
 - routines
 - with other sectors (police, military, civil defence)
- Exercises
- Surveillance of syndromes
- Preparedness at municipal level