

REPORT ON THE ANALYSIS OF THE SURVEILLANCE ACTIVITIES UNDERTAKEN DURING THE PANDEMIC A/H1N1 2009 INFLUENZA

EXECUTIVE SUMMARY:

The Pandemic A/H1N1 2009 Influenza, which has been the first pandemic of the 21st Century, has been a challenge for public health and healthcare systems within the international community. Pandemic Preparedness and Response Plans have made a difference in this 2009/2010 pandemic, although these plans had been developed for a more serious human disease scenario.

The Spanish Subcommittee on Surveillance (Subcomité de Vigilancia), a technical group under the National Plan, developed its activities during the pandemic with the aim of ensuring the capacity of epidemiological surveillance to appropriately respond to any situation in each pandemic phase in Spain. This Subcommittee has deemed it appropriate to conduct an analysis of the surveillance activities undertaken during this pandemic. This will enable the leverage of lessons learned that are of interest, thus they can be incorporated into future preparedness and response plans against similar health emergencies.

The analysis carried out is of internal nature, merely related to surveillance activities and based on the objectives and actions envisaged in the National Plan in this field. The instrument used was a questionnaire prepared *ad hoc*, agreed among all members of the Subcommittee. This analysis and review work is rather more a self-assessment, hence it is not intended to replace an independent, external and more comprehensive assessment of the pandemic response.

The most positive aspects of the epidemiological surveillance activities during the 2009/2010 pandemic are associated to the process and mechanisms for inter-institutional and inter-territorial coordination developed during the alert and subsequent pandemic, and to the diligence in the performance of the activities aimed at first curbing the infection and then mitigating the disease. Previously defined surveillance protocols and their quick adaptation have made available useful information, thus allowing the issuance of the corresponding and timely public health recommendations in response to the alert and the subsequent pandemic.

Lessons learned have to do with the necessary balance between epidemiological information and the processes for its obtainment, with the communication among levels of care and public health and with the need to consider varying situations in the different Autonomous territories when producing recommendations.

The spaces identified for improvement relate to the process of prioritising the activities planned according to the epidemiological context and progress, the rationalisation of technical meetings and the planning and consolidation of stable networks and structures equipped for actions against health alerts and emergencies, which would also imply meeting the requirements of the International Health Regulations.