<table>
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<th>Goal</th>
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| **Introduction and objectives** | *Informative introduction.*  
*Objectives.* |
| **Risk assessment** | *Identify risk factors for pandemics, epidemics and plans for mitigation.*  
*Identify a panel of experts (epidemiologists, virologists, clinicians, immunologists, pharmacologists, veterinarians, virologists).* |
| **Epidemiological surveillance** | *A functional surveillance system is an integral aspect of the national influenza plans to provide early detection of emerging viruses and to monitor seasonal influenza.* |
| **Virological surveillance** | *Essential for understanding the viral characteristics which is important for vaccine preparation and anti-viral sensitivity.* |
| **Sub-national surveillance** | *Sub-national surveillance systems are crucial for complete surveillance data.* |
| **Communication and coordination strategy** | *Provision of exchange information to the public, partners, and stakeholders in order to make informed decisions.* |
| **Regional and international coordination** | *To integrate the plan with regional and international efforts.* |
| **Sustainable population capacity** | *To protect vulnerable groups.* |
| **Health care response** | *To provide health care services.*  
*Maintenance of health services during pandemics.* |
| **Identification and management** | *Accurate and early diagnosis of cases.* |
| **Infection control** | *Prevent transmission.* |
| **Pharmacological intervention** | *Vaccine stockpiles of current vaccines.*  
*Vaccine requirements if a new vaccine is needed.*  
*Provide and maintain stockpiles of antibiotics, antivirals, and other relevant medications.* |
| **Laboratory capacity** | *Laboratory capacity is key for pandemic preparedness.* |
| **Revision of the plan** | *Evaluation to address any gaps.* |
| **Checklist and tools** | *Checklist and tools, as applicable, needed to aid plan execution.* |

**Risk communication**  
Provide all the risk communication methods to be utilized during a pandemic. It is not enough to rely on the media or publish awareness pamphlets. This should include mechanisms of communication with stakeholders and others.  
Algorithms with available contact data (rapid response).  
Engagement of decision-makers and assigned authorities and include non-governmental, academic, and private members.  
Sub-national plans must be included and then incorporated to the national plan.  
Communication and coordination strategies should be key to a coordinated response.  
Pandemic planning committee comprising stakeholders from both private and public sectors.  
The plan should identify means of communications, what should be the role of each member of the committee during a pandemic or an epidemic.  
Indicate how coordination with WHO, MSF, WHO collaborating centres, and WHO reference laboratories will be handled. Plans must be compatible with EU and other globally recognized health regions.  
State how findings will be shared with WHO.  
Legal and ethical frameworks  
Create legal and ethical frameworks that will take effect, for example, restricting people movement, mandating quarantine, mandating certain infection control measures, and mandating certain clinical interventions to be implemented.  
**Infection control**  
Define infection control policies to be enacted, how infection control supplies will be stocked and dispersed, which hospitals to be designated to primarily receive patients, patient triaging, and other necessary measures for infection control.  
Plans for vaccination screening should be in place including setting up proper quarantine facilities dedicated for receiving incoming cases of disease.  
Stockpiled personal protective equipment.  
Plans for non-pharmaceutical community-based interventions.  
Describe the current policy for seasonal influenza vaccination.  
Describe how drugs are stockpiled and how distribution will occur during a pandemic or epidemic.  
Identify the current network of national and sub-national laboratories where influenza diagnostics are performed.  
Identify the network of laboratories, including private or academic laboratories, that can assist in case of a surge.  
Provide detailed instructions for sample collection, storage, diagnostics algorithms, and result reporting.  
Evaluate the frequency of simulations and exercises, evaluation, and revision.  
Provide pre-designed checklist and tools.  
Include TTRAP tools.  
Ensure that the essential information focusing on the local and regional situation of the populace, care providers, and organizations.  
Clearly indicate when the plan would be activated.  
The risk assessment should be based on the WHO risk assessment framework.  
Risk assessment triggers should be based on TTRAP epidemiological and virological triggers (TTRAP document, page 6).  
List names and contact information of primary and secondary experts to assist in conducting TTRAP exercises.