



MINISTRY OF  
SOCIAL AFFAIRS AND HEALTH  
FINLAND  
National Advisory Board on Health Care  
Ethics (ETENE)  
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OPINION

7<sup>th</sup> February, 2006

Ministry of Social Affairs and Health  
Working Group on national pandemic preparedness

**Subject      PREPAREDNESS FOR A PANDEMIC, WORKING GROUP REPORT**

Dr Terhi Kilpi, Head of Department, and Professor Petri Ruutu presented the draft report of the Working Group on national pandemic preparedness to the National Advisory Board on Health Care Ethics at its meeting on 25 January 2006. Dr Kilpi told about the vaccinations component in the report and about targeting vaccinations during e.g. influenza epidemics.

Previously the Advisory Board had discussed ethical considerations related to preparedness for a pandemic at its meeting on 7 December 2005. It gave its opinion on the issue to the Working Group likewise in December 2005.

The starting point for the Working Group's work is the values accepted in Finnish society. Such are individual freedom, impartiality, maximising of health benefits, efficiency, transparency, and reciprocity. The Working Group states in its report that prioritisation of key groups may improve the functional capacity of society, but at the same time it is difficult to define which are the key groups, the division can be felt unfair, the realisation is difficult and demands a great deal of resources. As a rule, in regard to vaccinations prioritisation of key groups is more of a disadvantage than an advantage. An exception is the health care staff caring for patients who have fallen ill with pandemic influenza. They are in a close contact with those spreading the infection, and therefore their risk of catching the disease is multiple compared to other population groups.

The above view is in line with the opinion given by the Advisory Board in its previous statement, in which it adopted a reserved attitude to the prioritisation of key groups.

Depending on the seriousness and spread of a possible pandemic the plan for targeting vaccinations varies to some extent. The Advisory Board agrees with the view that the health care staff caring for infected patients can be prioritised since their infection risk is considerably higher than that of any other population group. Furthermore, the Advisory Board finds it acceptable to prioritise those who, based on their age or illness, are at a greater risk of catching a serious infection.

In a moderate pandemic it would be possible to evaluate which segments of population possibly benefit most from vaccinations, and to target them to those groups. In a severe pandemic, after vaccinating the health care staff caring for infected patients, it is justified to vaccinate all people – from the youngest to the oldest. Even then it is however important to take into account the groups at the greatest risk, such as in vaccination activities in general.

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In outlining the future prospects the Working Group has used categorisation in 1-19-year-olds, 20-64-year-olds and those over 65. In previous pandemics mortality and morbidity have varied considerably even within these age groups. The most vulnerable to infections have been the youngest and oldest age groups. Among children, those under school age are the most vulnerable. The Advisory Board states that neither the Finnish experiences from previous pandemics nor our vaccination practice support the division in age groups used by the Working Group. Therefore the Advisory Board does not consider its proposal justified in this respect.

The Advisory Board is critical to application of computational models in the comparison of different age groups. Such 'modelling' can cause suspicions and distrust in society towards decision-makers.

The Advisory Board recommends that the plans for vaccinations and medicinal treatment should be drawn up to be as simple and unambiguous as possible. Complicated instructions easily cause confusion in a pandemic situation. When providing treatment and vaccinations it is important to observe the principles endorsed in Finnish society in such activities even otherwise.

It is important to distribute the appropriate medicine efficiently to those areas and patients that are in need of the medicine since the medicinal treatment must be started within 48 hours of the outbreak of an infection in order to achieve sufficient effect. It is important to plan and build the distribution organisation well in advance.

The Advisory Board also stresses the importance of measures by sectors other than health care in preventing the spread of a pandemic. If the possible pandemic is similar to a common influenza, it is not necessary to undertake very massive preparedness measures, isolations or other restrictions in society. If the pandemic will be such as will spread rapidly and cause a serious clinical picture, the Government will take measures to apply the relevant emergency provisions.

Preparedness for a pandemic involves measures at several levels as well as systematic operative preparations. The purpose is to draw up an information and communication plan in co-operation with the different administrations. It is important to convey correct information and thus to prevent unnecessary fear among the public at large.

The Advisory Board for Health Care Ethics also underlines the importance of education for health care professionals and of general information in dispelling fears and prejudice.

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