

# Inform' ACTION n°4

Information for action

## EDITORIAL

### United against polio



Hello everyone,

As Angola struggles with an epidemic of poliomyelitis and despite the civil war raging in that country, the national health ministry, with help from WHO and UNICEF, is striving to protect several million children against this disease through a vaccination programme. Everywhere, despite sometimes very difficult circumstances, the world is preparing to eradicate this disease, which it is hoped will be second on the list after smallpox.

Apart from Papua New Guinea where, although no indigenous wild poliovirus has been isolated, the last clinically-confirmed cases of polio were recorded in 1996, Pacific Island countries and territories seem to have remained free of this germ since 1982. However, active surveillance of Acute Flaccid Paralysis (AFP) is necessary to certify its absence. As all cases of acute paralysis are logically referred to a hospital, (especially when children are concerned), this surveillance task is focussed on hospitals.

Also, given the ease of international travel and the consequent potential spread of communicable diseases, especially by healthy bearers excreting the germ, vaccination efforts must be kept up to provide adequate coverage in order to avoid an unfortunate, but ever possible, reappearance of the disease.

The presence of the diseases targeted by the EPI, whether in epidemic form, like that of Hepatitis B, or in the form of outbreaks such as the very recent measles very recently, or their potential re-emergence, like that of polio, means that the fight against these diseases and their surveillance remain a regional priority for the Pacific Public Health Surveillance Network (PPHSN).

We have, therefore, included in this issue of Inform'Action the first 'Pacific EPI Surveillance Newsletter', which describes some of the work done in this area.\* For this, we wish to thank Dr Michael O'Leary, who represents WHO on the PPHSN Co-ordinating Body, and, through him, Dr Shigeru Omi, WHO Regional Director for the Western Pacific, for enabling us to bring things together in this way. Our goals are to inform the members of PPHSN, PACNET and a wide array of Pacific health professionals, whether or not involved in EPI, and to integrate regional health resources. As Dr Omi says, "let's get the job done together!" We hope that this will raise regional and national awareness of the way this effort is being maintained and keep people focussed on the purposes of vaccination: elimination and eradication of certain priority communicable diseases.

This is also an opportunity for me to again encourage health professionals involved in communicable disease surveillance and control to send us brief articles on their work in this area: their questions, successes, problems and failures are of interest, so as to share their experience with their colleagues, who often have had similar experiences.

Over to you,

In friendship and respect,

Tom Kiedrzyński

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\* The 'Newsletter on EPI Surveillance in the Pacific' does not cover Papua New Guinea.

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## **SURVEILLANCE**

### **First regional conference on HIV/AIDS and STD**

**For the first time in the region, a major conference in February brought together people from around the Pacific to discuss about HIV/AIDS and STD.**

The conference, organised by the Secretariat of the Pacific Community (SPC) was opened by Ro Adi Lalabalavu Mara, the first Lady of Fiji. The agenda included a training workshop, plenary sessions, panel discussions and practical workshops. Among the participants were representatives of all Pacific Island countries and territories, Aboriginal delegates from Cape Town and Maori and Pacific delegates from Aotearoa. Church people, sex workers, theatre groups, researchers, homosexuals, donors representatives and people living with HIV/AIDS presented their experience. This first regional conference focused on the HIV/AIDS and sexually transmitted diseases in the Pacific.

Throughout the conference, a number of key concerns was highlighted. The perception that HIV/AIDS is a gay disease is wrong — 42 per cent of the people living with HIV around the world are women, and the epidemic affects all sectors of society. HIV/AIDS is not simply a health issue, but raises fundamental questions of human rights, and economic and political priorities for developing nations. The response to the HIV epidemic involves education and awareness programmes, but there is also the need to improve care and support for people living with HIV/AIDS and the need to work on human rights programmes (concern confidentiality, testing and anti-discrimination laws).

The conference featured speakers ranging from representatives from churches, and non-government organisations to community education representatives. There were many examples of successful programmes : the peer educators of the AIDS Task Force of Fiji, working with students and the "barrow boys"; Vanuatu's Wan Smol Bag Theatre, using theatre to reach rural communities and those with poor literacy; education and support work by ADSPPK (Association for the development of health in Kanaky) and Association Solidarité Sida in New Caledonia; a programme by the Port Moresby YMCA and the Institute of Medical research to support sex workers in Papua New Guinea. The need for outreach to rural communities, young people and those marginalised from church, school and state was constantly highlighted.

One of the most challenging but empowering sessions was on people living with HIV and AIDS. A number of people infected by the virus or who had lost a family member, spoke about the personal, social and political impact of the epidemic —powerful and moving testimony at a time when there is often a stigma attached to those living with the disease. In the Pacific Islands, Papua New Guinea has the highest number of people living with HIV (1,741 as at May 1999). But the islands with the highest reported rates of infection per capita in the region are: French Polynesia, New Caledonia and Guam. Kanak, Chamorro and Tahitian delegates at the conference highlighted the need for culturally appropriate responses for indigenous communities. They noted however that the US and French health services have better systems of reporting, and access to drugs and health insurance which cannot be matched by developing island states.

The issue of HIV/AIDS and STD will be a growing challenge for the Pacific in coming years. A special youth forum at the conference brought together people under the age of 26. Their call for "instant action" reflects concerns that the Pacific will face a similar development and human rights challenge to other developing countries in Africa and Asia.

*Source: Pacific News Bulletin, March 99*

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### **HIV/AIDS and STDs: surveillance systems need to be improved in the region**

During the Regional Conference on HIV/AIDS and STDs, Pacific health professionals stressed the fact that current estimates do not reflect the true incidence of HIV in the Pacific. It is estimated that only 10 per cent of the existing HIV-positive cases have been detected and reported.

While the AIDS epidemic has been well established in some countries like Papua New Guinea, improvements of surveillance systems are still needed in the region. "Without a reliable surveillance system," said one participant, "it is extremely difficult to state that HIV is not circulating throughout the region".

The figures presented below are from the World Health Organizations and the SPC's databases. WHO tables do not include the number of Pacific island country nationals living abroad who are infected with HIV/AIDS-related illnesses.

In seven Pacific Island countries and territories, no cases of HIV-positive individuals have yet been recorded. However, there are HIV-positive nationals of some these countries living in foreign countries, where a greater assurance of confidentiality exists and discrimination is not as strong.

According to the latest estimates, Papua New Guinea has 1741 reported HIV-positive cases. A total of 618 on these cases have developed AIDS. More than 30 cases involve children born with HIV infections.

Officially, French Polynesia has 181 HIV-positive cases, New Caledonia has 185 and Guam has 108.

According to specialists, the main way of HIV transmission in most Melanesian and certain Micronesian countries is heterosexual relations (85% of the transmission cases in Papua New Guinea, 73% of the cases in Fiji).

**Cumulative numbers of AIDS and VIH-positive cases reported in Pacific Island countries and territories as of 28 May 99**

<b>Countries, territories</b>	<b>As at/Date</b>	<b>Total HIV/VIH</b>	<b>AIDS/sida</b>
Federated States of Micronesia	1/4/98	2	2
Fiji	11/8/98	43	8
Guam	12/3/98	108	49
Cook Islands	15/2/99	0	0
CNMI	15/4/98	15	8
Marshall Islands	27/2/98	9	2
Solomon Islands	3/8/97	1	0
Kiribati	27/5/99	28	4
Nauru	20/10/97	0	0
Niue	15/2/99	0	0
New Caledonia	30/4/99	185	67
Palau	19/3/98	1	1
Papua New Guinea	13/5/99	1741	618
Pitcairn	18/9/97	0	0
French Polynesia	31/10/98	181	51
Samoa	28/9/98	9	6
American Samoa	15/2/99	0	0
Tokelau	15/2/99	0	0
Tonga	28/5/99	11	8
Tuvalu	8/10/97	1	0
Vanuatu	15/2/99	0	0
Wallis and Futuna	17/8/98	2	1
<b>TOTAL</b>		<b>2337</b>	<b>825</b>

The 15/2/99 figures are from the WHO Western Pacific Regional Office Web site. The other figures are from the SPC's AIDS Project database.

**Partnership and cooperation unite the region**

**As the Pacific Islands face increasing threats from growing and re-emerging diseases, the largest regional organisations join forces to work out regional defence strategies.**

For the first time, the Secretariat of the Pacific Community (SPC) and the World Health Organization (WHO) have worked together to hold back-to-back meetings of the regional Heads of Health services. The meetings took place in Koror, Palau, 16-17 March.

Furthermore, in keeping with the Memorandum of Understanding between SPC and WHO, the meeting encouraged SPC, WHO and the Forum Secretariat to develop a mechanism for arranging joint meetings in the future.

Lymphatic filariasis, (sometimes called elephantiasis) was high on the agenda, following the World Health Assembly resolution to eliminate the disease. SPC was encouraged to work with WHO and donors to work out a comprehensive strategy to wipe it out from the region.

Tuberculosis, which remains as a health threat in the Pacific, is targeted by a new SPC initiative. The meeting encouraged SPC to seek new resources to expand the coverage beyond Kiribati, Samoa, Tonga and the Cook Islands, and continue its collaboration with WHO in implementing the regional TB control strategy

PACNET, the regional computerised early warning and disease surveillance system, was cited as having been essential in preventing or, in some instances, limiting the extent of dengue or influenza epidemics. The meeting endorsed the SPC working in partnership with WHO and others in improving communication, public health practice and telehealth in the region, but was concerned about the cost-efficiency of the proposed Telemedicine project, and whether it could be sustainable.

The meeting also encouraged the SPC health promotion programme to further develop guidelines and indicators to assist countries to work towards the goal of Healthy Islands in continuing collaboration with WHO.

SPC's HIV/AIDS and STD project was encouraged to build on its successes such as the 1st Pacific Conference and continue to work together with all stakeholders to implement the Regional Strategy for the Prevention of AIDS and STD.

Lourdes Pangelinan, SPC's Deputy Director-General said "For the first time we are coming together as one united region in these historic back-to-back meetings-a significant milestone in regional coordination in the health sector, and a clear signal of what lies ahead".



*The day before the meeting started: Informal discussions are as crucial as formal speeches! Front: Nick Ngwal (Palau Dpt of Health), Josephine Gagliardi (SPC Noumea) and Puka Temu (PNG Dpt of Health). Background: Luke Rokovada (Fiji Ministry of Health), Gauden Galea (WHO Fiji), Janos Annus (WHO Samoa), Dominique Marghem (French Polynesia Public Health Services).*

## **Epidemic investigation of typhoid fever in Nauru**

**The typhoid fever outbreak which recently hit Nauru was the subject of an epidemic investigation. This example of a regional response illustrates the importance of exchanging and sharing health information and of co-operation within PPHSN.**

Nauru experienced an outbreak of typhoid fever, which began in October 1998. However, the PPHSN Co-ordinating Body's Focal point only belatedly learned of the possible epidemic through a Pacnews report on 30 March 1999. The next day, a request for information was put out over PACNET to get confirmation of the news agency's report. On 1 April, Nauru's Director of Health Dr Godfrey Waidubu confirmed on PACNET that there was indeed a typhoid fever epidemic and requested assistance in the form of preventive education materials.

In mid-April, Michael O'Leary of the WHO Office, Suva; Tom Kiedrzyński and Yvan Soares of the SPC's PHS&CDC Section met in Suva to discuss the possibility of an epidemic investigation. With the agreement of Dr Godfrey Waidubu, they proposed that the Fiji School of Medicine be asked to send one of their students who was specialising in public health to Nauru. This student would carry out the epidemic investigation under the supervision of a CDC staff member. The study's objectives were to determine the extent of the epidemic and the transmission risk factors and to draft prevention recommendations.

On 15 April, Yvan Soares and Tom Kiedrzyński submitted an official request to the Fiji School of Medicine and received a positive response the very next day. On 6 May, courtesy of WHO funding, Dr. Berlin Kafoa, who was studying for a public health practitioner's diploma, was sent to Nauru. There, he met up with Dr Sonia Olsen of the CDC.

Together they carried out a retrospective study from 1 October 1998 to 10 May 1999, covering all those reported cases whose bacterial cultures had tested positive for either *Salmonella* spp or *Salmonella typhi*. The report on their epidemic investigation became available in early June. The results will be sent at a later date to all network members, but already they represent the first example of regional co-operation in epidemic investigations.

This kind of joint response is an excellent example of field epidemiological training as part of the Pacific Public Health Surveillance Network, and, as such, deserves to be highlighted.

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## **Occupational Health**

Is occupational health an issue in the Pacific? With worries about infectious diseases, and the major problems of diabetes and cardiovascular diseases and other health concerns, does occupational health really matter? What do we know about it? Is there a problem and, if so, how big is it?

Pacific island nations are working to improve their economies, and so are developing industries. There are a wide range found in the Pacific and they include tourism, fishing, shipping, garment manufacture, agriculture, construction, mining, transport, retailing, plus the health and education sectors and many more. Workers include mechanics, electricians, farmers, divers, shop keepers, construction workers, doctors, nurses, pilots and numerous others.

How much is known about occupationally related illness and accidents? How many injuries occur? Some reporting occurs, particularly serious injury and death; how much goes unrecorded? How much loss of productivity occurs due to illness and injury and what is the economic cost of this? Almost every day the newspaper seems to have something about injuries and illness or death related to work.

Do health workers recognise illness and injuries that have arisen as a result of people's work, and if so do they know how to prevent it happening again? For example is there lead poisoning, if so, how much, and who is affected? What infectious diseases are being acquired at work? How many musculoskeletal problems arise through work? How many people have pre-existing conditions aggravated by work? What are the training needs in occupational health?

There seem to be more questions than answers. This brief article aims to raise some awareness about occupational health. If you know about occupationally related conditions in your part of the Pacific why not let others know through the pages of Inform Action. Those interested in occupational health may like to write to us or email us so that we can start to build up a network of interested people, and start looking into this issue.

**Dr John Heydon (john@fsm.ac.fj)**  
**Dr Narendra Singh**  
Fiji School of Medicine  
Fax: +679 311 700

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## **PACIFIC EPI SURVEILLANCE NEWSLETTER**

### **Pacific EPI Surveillance Newsletter Number 1**

#### **Introduction**

Over 50 hospitals in 20 Pacific island countries and areas (PICs) are participating in monthly surveillance and reporting of acute flaccid paralysis (AFP), suspect measles, and neonatal tetanus. This surveillance network includes all national and secondary hospitals in the PICs (excluding Papua New Guinea). The network was established in 1997 with these objectives:

- to ensure complete reporting and investigation of all AFP cases in children under age 15: this will allow the PICs to meet global criteria for certifying poliomyelitis eradication;
- to improve surveillance of measles: this will support accelerated efforts at measles control via high routine immunization coverage and measles mass immunization campaigns;
- to identify high risk areas for neonatal tetanus: so efforts can be targeted for the elimination of this disease; and
- to demonstrate the effectiveness of an alternative surveillance and response mechanism: this supplements the weekly or monthly passive systems now in place.

This active surveillance network was endorsed by an independent Subregional Committee on the Certification of the Eradication of Poliomyelitis in Pacific Island Countries and Areas. It provides the basis for documentation and action for meeting regional goals in controlling or eradicating polio, measles, and neonatal tetanus.

**National and Hospital Coordinators**

Country	National Coordinator	Hospital Coordinators
American Samoa	Sylvia Tauiliili	Sylvia Tauiliili
Cook Islands	Ngavaevae Teokotai	Metua Taurarii
Fiji	Lepani Waqatakirewa	Lisi Tikoduadua, Shabnam Prakash, Jagdish Raj, E Rafai, David Whippy, Arieta Yavaca, K Vakawaletabua, Dr Tuiraki, Ami Chandra, Shivram Agasty, Suresh Nath, Ajesh Ishri, Falesene Salesa, Josaia Samuela, Pablo Romakin, Isimeli Tukana, Setareki Sowani, Joseph Etta, Frances Flores
French Polynesia	Laurence Gleize	Laurence Gleize, Marie-Paul de Barthez, Bernard Granger
Guam	Ronald Balajadia	Tom Knott, Derek S Wheeler
Kiribati	Ioanna Tekaa	Ioanna Tekaa
No.Marianas (CNMI)	Jon Bruss	Norma Ada
Marshall Islands	Kennar Briand	Lita Santos, Tin Soe, Mary Zessoulas
Federated States of Micronesia	Kidsen Iohp	Livingston Taulung, Louisa Helgenberger, Kino Ruben, Richter Yow
Nauru	Kiki Thoma	N Kumar
New Caledonia	Isabelle Missotte	
Niue	Mine Pulu	Mine Pulu
Palau	Caleb Otto	Caleb Otto
Samoa	Sally Betham	John Adams, Aleki Fuimaono, Ailao Imo
Solomon Islands	Raymond Mauriasi	Dan Adjei, Lipson Sisiolo
Tokelau	Tekie Iosefa	Tekie Iosefa
Tonga	Sunia Foliaki	Selina Fusimalohi, Sione Latu
Tuvalu	Tiliga Pulusi	Iupasi Kaisala
Vanuatu	Myriam Abel	Edward Tambisari, Timothy Vocor
Wallis and Futuna	Raymond Poirier	Raymond Poirier

The network depends on the active participation of 20 national coordinators, more than 50 hospital coordinators, and about 200 key paediatric clinicians in the 20 PICs. The time commitment of key clinicians is minimal, but crucial. Hospital and national coordinators are asked to commit up to an hour every month to this surveillance mechanism.

This report provides feedback to participating clinicians and to other interested parties on data provided by the network.

**Active Surveillance Reports**

Every month, each hospital submits an active surveillance form signed by all key clinicians indicating the presence or absence of three conditions (AFP, measles, and neonatal tetanus) under surveillance.

**Monthly Active Surveillance Forms received by WHO (as at 15 December 1998)**

	1997	1998*
Number of forms expected	367	472
Forms received by WHO	273	328
% reporting	74%	69%

\* from 53 hospitals, through September 1998

**AFP Reports**

Acute flaccid paralysis in children can be caused by conditions other than poliomyelitis (e.g., Guillain Barré syndrome). In the absence of polio, AFP is known to occur at a background rate of about 1 case per 100,000 children under age 15 each year. Therefore, a good surveillance system for AFP should detect at least this rate.

All AFP cases must be reported and investigated promptly. Two stool specimens must be collected for testing for poliovirus and other viruses, ideally within 14 days of onset of paralysis, and the child must be re-evaluated after 60 days to determine if residual paralysis is present.

Twelve AFP cases were reported in 1997, achieving a rate of 1.33 per 100,000 children. For 1998, only 5 cases were reported by mid-December despite more comprehensive surveillance (non-polio AFP rate of 0.56/100,000). This may be due to random variations in occurrence of AFP, but does raise a concern that some cases may still be missed. Adequate stool collection rate (2 specimens collected within 14 days of onset of paralysis) is low.

**Compliance with AFP surveillance indicators, Pacific islands, 1997 - 1998**

AFP surveillance indicator	Target	1997	1998*
Completeness of reporting (53 reporting sites in 1998)	80%	74%	69%**
Non-polio AFP cases	10	12	5
Non-polio AFP rate	1 per/pour 100 000	1.33	0,56
Investigated cases (investigation form completed)	80%	100%	100%
Cases with a 60 day exam (check for residual paralysis)	80%	75%	20%
Adequate stool collection rate (2 stools within 14 days)	80%	25%	40%

\*as reported by 15 December 1998

\*\*as expected through September 1998

**Measles**

Despite fairly high immunization coverage, an average of 4 measles epidemics occurs in the Pacific every year. These outbreaks result in significant morbidity, some mortality, and high economic and social costs. In the period April 1997 to March 1998 significant measles virus transmission occurred, with outbreaks in 8 of 20 Pacific island countries/areas.

Two strategies can be used to interrupt measles virus transmission for an extended period (and eventually to eliminate, or even eradicate measles). One strategy is a routine two-dose measles schedule that achieves very high coverage (at least 95%) with both doses. Most countries have difficulty in achieving this, so an alternative is to maintain high coverage (at least 90-95%) with a single dose of vaccine, and give a supplemental dose to every child during a measles mass campaign. Such campaigns should be repeated every 4 - 5 years.

In 1997 and early 1998, 13 out of 20 Pacific island countries/areas had conducted full national campaigns (usually targeting children aged 9 months to 14 years), and 2 others (Marshall Islands, Palau) conducted partial ones. The successful results of these are noted below:

**Measles mass campaigns, 1997 – 1998**

Country, territory	Number immunized	Target	% coverage
Cook Islands	5 548	6 524	85
Fiji	204 604	251 109	81
French Polynesia	19 200	25 000	77
Kiribati	23 507	27 297	86
Nauru	2 540	2 540	100
New Caledonia	17 999	20 026	90
Niue	790	796	99
Samoa	72 344	74 470	97
Solomon Islands	124 611	153 757	81
Tokelau	568	568	100
Tonga	33 425	35 458	94
Tuvalu	3 033	3 033	100
Vanuatu	74 329	77 850	95
<b>TOTAL</b>	<b>582 498</b>	<b>678 428</b>	<b>86</b>

No cases of measles have been detected in the Pacific since March 1998. As countries make a determined effort to interrupt transmission over an extended period, surveillance for suspect measles becomes increasingly important. All suspect cases (defined as rash, plus fever, plus one or more of: cough, coryza, conjunctivitis) must be promptly reported and investigated.

We applaud the efforts of the many people in the Pacific who are helping to rid the world of poliomyelitis and, someday, of measles as well.

*This newsletter is produced and distributed by  
WHO, P.O. Box 113, Suva, Fiji; Tel +679 304 600, [who@who.org.fj](mailto:who@who.org.fj)*

**PPHSN NEWS****PPHSN Internet project in finals for Erica Prize**

The Erica Internet Community Award was offered for the first time this year by the Ericsson Company, a private telecommunications firm. The prize is worth US\$ 250,000, divided between cash and services, and is designed to assist non-profit organisations in carrying out projects involving the use of new information technology.

The Pacific Community, acting in its role as Focal Point for the PPHSN Co-ordinating Body, submitted its application along with other development assistance agencies. The initiative for the PPHSN project was conceived during the Pacific Regional Telehealth Conference organised jointly by the SPC and the Pacific Basin Medical Association in Noumea from 30 November – 3 December 1998. It involved development of an Internet Web site which would provide access, from a single screen, to all health services and information sources available in the Pacific region. The Web site would integrate the activities of two health networks operating in the Pacific, i.e. PACNET and WPHNet., among other networks.

The results of the award were announced on 3 June 1999. Although the PPHSN project was not selected for the Erica Prize, it is, nevertheless, encouraging that it was in the top 20 out of the more than 1400 projects submitted by organisations from some 50 different countries. The idea of a regional Web site has not been abandoned and the PPHSN Co-ordinating Body Focal Point team continues to seek out possible sources of funding.

**An initiative to improve communications**

In addition to the initiatives of its various programmes, the SPC is contributing to the development of new information technology applications at the regional level. The COMet (Communication Enhancement Through Telecommunications) project is the spearhead of this activity, which was first announced in November 1998 at an SPC officials' committee meeting. Objective: improve the quality of the implementation of the programmes of the organisation and the dissemination of critical information to Pacific countries and territories. COMet requires the acquisition of satellite facilities to improve the speed and quality of communications more economically than by using the services offered by the private telecommunications companies. Two satellite antennae installed at the SPC offices in Suva, Fiji and Noumea will relay information from member countries 24 hours a day, seven days a week. The operating costs will be shared between a number of partner institutions in New Caledonia.

**A Web site for the PHS&CDC Section**

The Public Health Surveillance and Communicable Disease Control Section has set up a bilingual Web site which can be accessed directly at the following address: <http://www.spc.org.nc/phs> or through the Secretariat of the Pacific Community's Web site (<http://www.spc.org.nc>). The summary provides, in particular, a description of the Section's activities, the training programmes, the objectives and framework of the Pacific Public Health Surveillance Network (PPHSN).

The site's real interest lies in disseminating regional health information and providing certain publications in an electronic format. This makes it possible to download the latest SPEHIS (South Pacific Epidemiological and Health Information Services) tables or to receive summaries of published articles, e.g. those from the monograph on Public Health Surveillance in the Pacific. The quarterly bulletin Inform'Action and various technical reports are also available on the Web site.

The site has given a lot of space to the PACNET listserver. Graphs allow visitors to follow the flow of messages depending on the status of various epidemics and to see the geographic distribution and make up of PACNET members. A direct link to the listserver allows archives to be consulted on-line, although access to this service is limited to PACNET members. Finally, contacts for Pacific health professionals working in health ministries or in associated agencies are also provided.

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### A logo for PACNET

PACNET now has its own symbol! The PPHSN server logo represents a conch shell, which is a means of communication in Pacific communities, surrounded by a golden pattern representing the Pacific island countries and territories. The "@" is the international e-mail symbol. Based on an original concept from Yvan Soares, this logo was designed by Jean-Pierre Lebars, graphic artist at the Secretariat of the Pacific Community.



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### Tuberculosis, the main theme of Inform'Action 5

The next issue of Inform'Action will focus on tuberculosis. An opportunity to discover (or re-discover) the SPC Pacific Tuberculosis Control Project, launched in 1998 in response to the concerns of both Pacific countries and territories and donors given the increased prevalence of tuberculosis in the region.

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### Training session in September

The PHS&CDC Section is organising the second Sub-Regional Training Workshop on Public Health Surveillance and the Use of Epi INFO 6 software. This session will take place in Noumea from 27 September to 1st October and is designed for French-speaking participants. This workshop is the second part of the training programme initiated in 1998, and so the same participants are asked to attend. The objectives of the second week are:

- to understand the respective domains of epidemiology, public health surveillance and outbreak management (including information dissemination for action).
- to be able to plan and perform the various stages of case and outbreak investigation.
- to be able to develop appropriate surveillance systems based on the use of aggregated epidemiological data.
- to be familiar with aggregated data processing and analysis with EpiInfo 6 including generating relevant surveillance reports.

*For more information, contact the PHS&CDC Section ([spc@spc.org.nc](mailto:spc@spc.org.nc) ; fax: 687.26.38.18)*

**IN BRIEF****A feedback session about dengue**

The SPC Pacific Regional Vector Borne Disease Project held a feedback session in Suva on the 4th and 5th of May 99. The meeting presented the work done over the last six months on community knowledge, attitudes and practice associated with dengue fever and dengue mosquitoes. Field researchers presented their work to a broad range of participants. The audience was composed of different groups sharing the same interests in the prevention and control of the dengue fever (environment, town planning, local governments, education, tourism, human resources, economic sector, health, church groups, media etc...). The outcomes of the meeting will be applied to future control efforts in Fiji.

**A discussion list about AIDS**

The SPC HIV/AIDS and STD project launched AIDSTOK, the first-e-mail discussion group on HIV/AIDS and reproductive health for Pacific Islands. E-mail is a perfect communication medium for a region like the Pacific with far-flung islands and often slow postal services. Pacific Island NGOs have been particularly quick to get themselves onto e-mail, and most Departments of Health also now have at least one connection. SPC had several spare list servers, and for the ridiculously low cost of US\$ 150 per year, the HIV/AIDS & STD Project was able to put one at the disposal of anyone interested in the Pacific Islands who has an e-mail connection.

At present there are 130 members of the AIDSTok network, almost all in the Pacific Islands. So far the discussion group is being used to let others know about current activities, to distribute press releases, and more importantly to discuss topics of interest. For example there has been an interesting discussion recently on mandatory testing for HIV.

The HIV/AIDS and STD project is the moderator of this listserver and has control over who joins the list to ensure the membership reflects the Pacific target audience. To request to join this discussion group just send a message to [LISTSERV@LISTSERV.spc.org.nc](mailto:LISTSERV@LISTSERV.spc.org.nc) with a blank subject line and the words SUBSCRIBE AIDSTOK (nothing else) in the body of the message.

Inform'Action is the quarterly bulletin of the Pacific Public Health Surveillance network (PPHSN). It contains news and information about public health surveillance activities in Pacific Islands. Five diseases in particular – but not exclusively – are targeted by the PPHSN's Early Warning System and PACNET, its communication tool: cholera, dengue, measles, influenza, and acute haemorrhagic conjunctivitis.

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Editorial office: Yvan Souares ([YvanS@spc.org.nc](mailto:YvanS@spc.org.nc)), Tom Kiedrzynski ([TomK@spc.org.nc](mailto:TomK@spc.org.nc))

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**Contributions covering any aspects of public health surveillance activities are invited.**

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