SARS: Samoa’s experience:  
The good, the bad and the ugly — lessons learned and future prospects

Based on the presentation prepared for the 1st Regional EpiNet Workshop “Building on the SARS experience — Preparing PPHSN for emerging and re-emerging infectious diseases”.

Highlights Samoa’s response to SARS

1. Pre SARS: (January to February/mid March):
A flu-like illness epidemic occurred in Samoa, giving rise to fortnightly Samoa Communicable Disease Control Committee (CDCC) meetings, and PacNet posting on PPHSN input.

2. SARS Period/SARS Hijack: March–July/August

March
- 12/3/03: WHO issues a Travel Alert. There is a need for WHO and PPHSN SARS Management and Control Guidelines. Public Health and Clinical Response Teams are established.

April
- There is a high public panic; and a high political demand for public health Action: CDCC meetings are held every week and SARS forms are developed. The SARS Contingency Plan is approved by Cabinet ($250,000 approved).
- Orders are placed for essential Infection Control Supplies.

May
- WHO first STC (technical assistance and review) mission arrival — training of health personnel and extensive consultation are held.
- SARS control measures are put in place at all ports of entry using PPHSN/WHO guidelines.
- Legislation: SARS is recognised as a notifiable disease.
- The SARS National Task Force (multi-sectoral) is established.
- All Samoan scholarship students return from China.
- Seven people arrive from mainland China, quarantined in transit to American Samoa.
- One Chinese is deported (returned on Air Pacific flight).
- There is a Cabinet directive to ban all travel of all public servants and Samoan citizens to SARS-affected areas.
- The task force is very active (airlines screening and refusal).

June
- The legislation is revised re quarantine of Samoa citizens from SARS-affected areas.
- The isolation facility is changed.
- Negotiations occurred re health staff support and fringe benefits — e.g. Life Insurance.
- NB clinicians expressed concern about a possible measles or rubella epidemic.

July
- The ban is lifted on travel to and from SARS-affected areas.

August
- Surveillance continues re communicable diseases “acute fever and rash” epidemic. A rubella outbreak is confirmed by the Victorian Infectious Disease Research Laboratory (VIDRL) on 22 August 2003.
Strengths

- Major strength was our own Government/Cabinet support.
- The CDCC forum — prompt response in acknowledging the global epidemic.
- WHO presence and tremendous support — technical advice, materials (Infection Control sets for 50 cases).
- PacNet and PPHSN presence and support through provision of SARS Control and Management Guidelines in conjunction with WHO.
- Support and collaboration of all partners and stakeholders in health, international health and travel.
- Good multimedia support locally, regionally and globally — e.g. NZ and Australian daily TV and radio broadcasts (Pacific and world news).
- Existence of draft policies on Infection Control and Occupational Health and Safety.

Weaknesses

- Lack of resources: human; materials and equipment; and funds.
- A prolonged process of establishing parameters for management of potential cases including laboratory confirmation options.
- Legislation was outdated.
- Public panic.
- Negative effects on economy via tourism.
- Ban on travel — missed opportunity for WHO Regional Meeting on SARS.
- Very costly/expensive.

Opportunities

- Liaise closely and effectively with Government and partners/stakeholders in international health and travel — improve public confidence in health services.
- Enhancing Government focus — advocacy and social marketing on health issues (especially in Public Health).
- Revise the existing laws on communicable diseases.
- Revise the role/functions of the CDCC — focus on strengthening health information, surveillance and laboratory.
- Strengthen integration within the Ministry of Health, and also collaboration with other Government Ministries and NGOs.
- Further improve on existing systems of the different divisions in the Ministry of Health — capacity building.
- WHO and PPHSN appreciation, importance and further development — e.g. WHO technical assistance and mobilisation of funds for PPHSN activities.
Threats

- Arrival of a SARS case would have been disastrous for Samoa: possibility of race extinction.
- International travel and tourism economy.
- Limited resources inappropriately given to SARS when there are more prevalent important epidemics e.g. rubella.
- Health personnel.

Lessons learned

- Principles — need political commitment and support at highest level.
- That no man/woman is an island.
- With international travel, the world is only a global village.
- Need for technical and scientific assistance from WHO and SPC-PPHSN.
- Reaffirms the need for good information surveillance systems.
- Need to strengthen partnership in health, with all other health-related stakeholders.
- Learning experience for all concerned.
- Health is indeed a national, regional and global priority, and we must utilise the opportunities.
- Ultimately aspiring to make a difference in improving the quality of our peoples lives.

Future prospects

- Need to continue to build on our strengths and address our weaknesses and learn from the lessons identified.
- Need to achieve a realistic and holistic balance in addressing both CDs and NCDs within the context of PHC, Healthy Island vision and health promotion.
- Need the technical assistance/guidance of WHO and SPC-PPHSN but, at the end of the day, the future re PPHSN EpiNet programme for your country is in your hands, your heads, your hearts and your souls.

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