

SECRETARIAT OF THE PACIFIC COMMUNITY

**14<sup>th</sup> MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE  
NETWORK (PPHSN) COORDINATING BODY (CB)**  
Noumea, New Caledonia, 14-16 April 2008

**MINUTES – (from Day 1 to Day 3)**

**DAY 1**

**Words of Welcome – Mr Richard Mann**  
**Chairperson: Dr Nicole Cerf, French Polynesia**

**1. Adoption of agenda & timetable**

The meeting's agenda and timetable were adopted by the group.

**2. PPHSN briefing session 1 – Historical overview & Key issues**

- Presentation by Dr Tom Kiedrzyński

***Key issues discussed on PacNet***

CB members gave their feedback on the network and expressed their opinion on ways/possibilities to improve timely information/reporting on PacNet.

- Positive feedback on PacNet from all CB members. There was a general agreement: that PacNet is a very useful tool.
- Difficulty from PICTs to go through all the correspondence/emails they receive (in addition to PacNet)
- Important to post information on the list quickly > make sure PICTs are aware that something is happening in the region > trigger preparedness
- Difficulty from PICTs to get the clearance > takes time
- Clearance refused sometimes for diseases that can have a political/economic impact on the country.
- Reporting on PacNet should be regarded as a positive action by PICTs. A country that reports/provides information on outbreaks shows that its surveillance system is working (positive impact rather than negative).
- Need to stimulate PICTs to report on PacNet - several ideas expressed:
  - ✓ To highlight PacNet value
  - ✓ To remind PacNet members how to use it (including PacNet archives)
  - ✓ To post information on the composition (members) of PacNet on the list on a regular basis
- Need to be ensured that the info is used for no other purpose than surveillance
- Would it be possible to compile a summary of the regional situation for some diseases, such as dengue, on a regular basis, like the InVS (the National Institute of Surveillance of France) does, in order to evaluate the epidemics trends and threats in the region?
- Need to increase leaders' awareness about the usefulness/value of PacNet.
- PICTs are usually not confident to send outbreak-related info on PacNet before receiving confirmation of the nature of the outbreak (takes time to get confirmation from the reference labs)
- **Suggestion to get a recommendation from the meeting clearly stating that the use of PacNet is an advantage for the PICTs to prepare themselves in the event of outbreaks**

**or potential outbreaks** > governments are asked to be aware of this with regard to reporting/clearance of information processes.

### *Key issues discussed on LabNet.*

One of the main activities of LabNet is to assist the countries in seeking standardized testing methods for the target PPHSN diseases. This is accomplished primarily by:

1. Obtaining test information from reliable resources, such as WHO, CDC, et al listing of test kits or procedures
2. Seeking validations or evaluations performed by current L2/L3 partners, such as Inst Pasteur, WHO-CC, QHSS, etc
3. Having frank discussions with these partners to reach a consensus on the best test to use
4. Providing recommendations to the SPC countries on the test method and also vendors who can support the product in the region

Some key factors involved in the test considerations are: ease of test, durability in the Pacific region (storage temperature, shelf life, toxic chemicals), availability in the region.

An example of tests that LabNet has assisted in standardizing are the HIV-Determine and Serodia rapid tests and also the PanBio Dengue screen and ELISA test.

### **3. Regional coordination strategy between agencies in case of avian and pandemic influenza—or another (re-) emerging epidemic disease**

A very first draft of some excerpts of the strategy was presented to CB members (by Ms Kate Graham and Dr Tom Kiedrzyński), as well as a proposal on how to proceed. SPC proposed to draft a first version of a coordination document, organize a meeting for stakeholders, and produce the minutes and the final document from that meeting.

The format of the document was not well received by CB members. They also expressed concern on the approach of the strategy:

- Rather than trying to identify the agencies responsibilities, it might be better to develop guiding principles for interagency collaboration.
- Rather than SPC developing a proposal, organizing a meeting, and writing the final document, it would be better if agencies including WHO and SPC first meet to draft a joint proposal.

Dr Graham Roberts mentioned a good paper published in the journal *Social Medicine*: “From Alma Ata to the Global Fund, the History of International Health Policy”.

**GROUP WORK 1:** Lessons from SARS and other important outbreaks: what worked and what didn't in our Pacific Island region?

#### Report from the PICTs

Good opportunities to:

- ✓ Revisit existing plans, policies, laws, regulations and identify the gaps and improve them > Infection Control was clearly identified as an important area that needed improvement.
- ✓ Test existing command structures
- ✓ Work/cooperate with other agencies, NGOs and key stakeholders, such as travel agencies

Negative outcomes:

- ✓ Miscommunication > need for capacity building in risk communication
- ✓ Lack of resources for:
  - Isolation: difficulties in dealing with infrastructures
  - Equipment

- Human resources limited
- ✓ Continuity of activities difficult to manage > disable routine public health activities
- ✓ Challenging to get animal health involvement
- ✓ Don't know how to address the impact on mental health in a crisis situation? (especially if there is a "double" crisis)
- ✓ Social distancing
- ✓ Surge capacity
- ✓ Local level participation (e.g. local leaders...)

The experience highlighted the importance of having inter-government agreements, so that governments can work together.

### [Report from the agencies](#)

Two members of the agencies, Dr Bruce Adlam (BA) and Dr Tom Kiedrzyński (TK) were directly involved in the response to SARS in 2003.

BA was based in Singapore where more than 200 cases were reported. The response was rapid. They had to set up a taskforce (TF) very quickly. The TF met twice weekly (with regular updates). Coordination evolved over time and collaboration got better. Soldiers were trained in 2 days on contact tracing. They received good early support from WHO & CDC. Despite the fact that people are very disciplined in Singapore, there were some problems with risk communication around quarantine and infection control.

TK was in Tonga for the Ministers of Health meeting. He started communicating with WHO immediately by phone. The international collaboration was very good. WHO & SPC did exchange early/unofficial information. WHO asked SPC and the Pacific to be more aggressive with alerts through PacNet. It was useful to have SPC who could translate information from WHO into messages more adapted to Pacific Island realities (with WHO support).

WHO was very quick and efficient in recruiting Infection Control experts that went to all PICTs. IHR were strengthened following the SARS experience (they were revised).

Many problems with risk communication were identified. There were also some problems with quarantine. Some people were afraid of getting SARS by going to the hospital.

It would be good to know if infection control practices have improved in the Pacific since the SARS event.

The experience highlighted the importance of setting priorities and working together

### **GROUP WORK 2:** Regional coordination and assistance mechanisms: actions required

The idea was to develop a guide including a list of clear instructions on regional bodies assistance mechanisms.

### [Feedback from the PICTs](#)

There was confusion within the group on the topic of the discussion. The group felt that the issue raised by the PAPITaF meeting was more related to the need for the regional agencies to harmonise their activities. The following issues and ideas were raised by the group:

- The agencies need to harmonise/combine their checklists for instance > there are too many checklists
- They must take into account existing processes already in place in PICTs
- This is not a new strategy > The PIPS (Pacific Immunization Programme Strengthening) strategy, implemented a few years ago, has proven to work quite well.

- It's difficult to synchronise human health and animal health activities in countries. Human health professionals in the PICTs don't have any contact with FAO for instance. It's difficult for them to get information on animal health issues.

### Feedback from Agencies

There was an agreement that agencies should address this issue between them by developing and implementing some guiding agreements. This needs to be also discussed at country level.

### *Other issues discussed:*

The issue of access and availability of vaccines for the PICTs if a pandemic arise was raised. There is an ongoing reflexion on this issue, but no agreement (like in Australia for instance) has been reached so far.

A sustainable or long-term process to purchase and stockpile antivirals should be set-up. In general, it's difficult for PICTs to get supplies (it takes between 1 week and 14 weeks in some cases). > At SPC, the Procurement & Logistics Officer, is addressing this issue.

Agencies need to harmonise their communicable disease reporting forms as PICTs spend a lot of time fill in the different forms. This issue was already discussed at the 'Inter-Agency Meeting on Health Information Requirements in the South Pacific', held in 1995, one year before the foundation of PPHSN.

**There is obviously a need to maintain awareness for interagency and interprogramme harmonisation on data and information requirements.**

## DAY 2

### 4. PPHSN briefing session 2 – Historical overview & Key issues

*Key issues discussed on EpiNet:*

**A letter should be sent to PICTs regarding the composition of the EpiNet teams and the proposed terms of reference.**

**The EpiNet teams should be represented in the national IHR focal point.**

SPC & WHO should assist PICTs in setting up EpiNet teams operational systems at national level (including at provincial level) using existing TORs. The assistance/training could be provided through in-country visits (1 day or longer).

There was extensive discussion on the format of the training courses most needed by PICTs.

Whenever practical, in-country training is preferable, as it allows more field-level health professionals (e.g. paramedical professionals) to be trained. International workshops are not always attended by the most appropriate persons, and the skills learned often don't get disseminated to other staff.

On the other hand, there was a general agreement that it would be better to train a few selected motivated persons as "specialists", rather than a large number of people who may not have a real interest in public health/epidemiology.

A lot of training courses were organised by SPC & WHO in the past, but most of the participants are no longer working in public health. Out of the 100 persons that SPC trained in public health surveillance between 1998 and 2001, only 13 persons were still working in surveillance after a couple of years.

ESR mentioned that they have training courses that could be of interest to PICTs and that they would be happy to assist in the organisation of training courses.

It seems that the PICTs don't always select the most suitable persons for the training. This should be addressed at the country level. Nevertheless, CB members expressed a few ideas that could facilitate the selection of appropriate and motivated persons for advance training in field epidemiology for instance. They agreed that it would be relevant to put generic training courses on public health/epidemiology on-line using the WHO's POLHN system. Some field epidemiology training courses are already available on POLHN. People, including Nurses at the District level and below, who have a general interest in epidemiology can access these courses. After completion of the courses, they could then participate to more advanced training courses.

The possibility of sending one person from the PICTs with a group of experts on the ground to practice field epidemiology during an outbreak investigation was considered as a key opportunity to make use of by CB members.

The issue of accreditation of the courses on public health surveillance and field epidemiology delivered by WHO, SPC, and other PPHSN partners was raised again. It would give value to the courses and allow the health professionals to respond to local situations, get a promotion to a higher position or a salary increase.

**Finally, the CB members agreed that a working group composed of Fiji School of Medicine, SPC and WHO should work on the training issues in surveillance and response area.**

*Key issues discussed on PICNet:*

SPC and WHO should collaborate in this area.  
PICTs should try to include Infection Control officers in the EpiNet teams.

*Key issues discussed on PPHSN-CB TORs*

The last version of the TORs was endorsed with the following additions:

**PPHSN should support IHR implementation as PPHSN activities are in line with IHR core capacities.**

Risk communication is not clearly stated in PPHSN services. This issue should be further considered as it's an area that needs to be strengthened in the Pacific Islands.

## **5. Review of progress since 13<sup>th</sup> PPHSN-CB meeting**

SPC gave an update on the PRIPPP checklist which covers avian and pandemic influenza preparedness. The checklist was finalised and fill in by all PICTs. The results of the checklist were entered in a database and they are regularly updated. ESR provided assistance to SPC in the analysis of the results with its risk assessment tool.

WHO APSED checklist was also finalised and circulated to PICTs.

Unfortunately, the two checklists could not be combined, but are seen as complementary.

No progress was reported regarding the issue of support to L2 laboratories development. (page 5 of the 13<sup>th</sup> meeting minutes)

**The Technical Working Body (IPNC, PPTC, SPC and WHO) should be reactivated to address this issue and other LabNet-related issues as discussed in the last meeting in consultation with L1 laboratories.**

ESR updated the CB members on the development of their web-based surveillance system EpiSurv. The lab notification component now has been added. ESR offered again to extend the system to PICTs. A first

tentative/pilot project could be done in one or two countries. The PICTs can contact Dr Bruce Adlam for more information on the system.

SPC reported that the Influenza Specialist Group membership had been updated. A teleconference was also organised to discuss about the PRIPPP Year 2 workplan as planned in the last CB meeting. It appeared that teleconference may be not the best approach to get contributions from the group (time and availability issues). The group will be sought again shortly for the review of PRIPPP Year 3 workplan.

The draft Action Plan was not developed following the last CB meeting. CB members agreed that it is more appropriate to clearly identify and compile recommendations out of the minutes during the meeting.

PPHSN website development was discussed. More feedback and contributions from PPHSN members is needed in order to update the content more regularly.

## 6. Regional project for the support of vector surveillance and control activities

The presentation of the project as reviewed by experts in the previous day was well received by the CB members. **CB members support the regional project**

## DAY 3

## 7. Debriefing from recent meetings related to surveillance and response, and global, regional and national initiatives

**Dr Justus Benzler** attended a meeting of the Asia FoodNet in November 2007, where he was invited to present PPHSN services and mechanisms, especially PacNet. Members of the Network wanted to set up an early warning system, similar to PacNet, for foodborne diseases. Once again, PacNet was taken as an example for other Networks outside the Pacific.

A few CB members mentioned that they would like to be informed when the CB focal point receives invitations to represent the PPHSN at conferences and meetings, because other CB members might be interested in undertaking this role from time to time (as stated in the CB TORs/Focal Point roles and responsibilities). The person who undertakes this role should then share a report on the outcomes of this meeting with all CB/PPHSN members.

**Dr Graham Roberts** presented different activities/projects initiated and carried out by the Fiji School of Medicine (FSMed):

### *Ongoing*

- A project on Obesity Prevention in Fiji in collaboration with the Ministry of Health (incl. identifying behaviours). The preliminary results are expected early next year.
- A project funded by Wellcome Trust on Traffic Injuries and Prevention (>the roads conditions are getting worst in Fiji)
- 2 projects conducted in collaboration with SPC:
  - Ethics guidelines for HIV Research
  - A study on Barriers to STI and HIV service Uptake was conducted in 5 PICTs (Fiji, Pohnpei, Samoa, Kiribati and Solomon Islands). It looked at attitudes and perceptions of clinicians and patients (400 interviews of young people were conducted for the study) > results of the study will be published this year
- A study on Pandemic influenza conducted with UNICEF, looking at behaviour surrounding poultry raising in Melanesia > A paper will be written and published in the *Pacific Health Dialog*

### *Planned*

- Looking at ways/courses to translate quantitative research into words (especially in the context of behaviour change – the impact that words have on behaviour)
- Summary School short-courses: opportunities for PICTs health professionals to be trained on different subjects.

General comment: FSMed capacities need to be strengthened in order to respond efficiently to PICTs training needs in CDs surveillance and response > this idea was supported by a few CB members from the PICTs.

Though Summer School short courses were considered as a possibility to provide training courses to a number of PICTs health professionals, it was suggested that it might be more efficient to identify funds to send health professionals on the field during outbreak investigation.

**Dr Jacob Kool** provided technical assistance to a number of PICTs since March 2007 in different areas:

- Investigation and response to the Zika virus outbreak in Yap (Federated States of Micronesia, FSM), in collaboration with CDC. WHO also brought in an entomologist from Pasteur Institute of New Caledonia. > Palau also reported Zika virus cases
- Setting-up of a community intervention programme in Yap (FSM) and providing insect repellent in response to the dengue outbreak.
- Assistance with the investigation of and response to 3 outbreaks of hospital infections in Fiji. Organizing a training workshop with CDC for ~50 staff from the 3 main hospitals on infection control practices and hospital outbreak investigations, and a mission with CDC to review infection control practices in Fiji in the three largest hospitals. WHO also provided alcohol-based hand rub and small vials of normal saline, which helped interrupt the outbreaks.
- Started a dialogue with Fiji School of Medicine to strengthen the infection control practices awareness for interns, physicians, and nurses. Provision of Infection Control training materials to FSMed
- A mission to assist with the recent pertussis outbreak in Chuuk
- A mission to Kiribati to strengthen the infectious disease surveillance system
- Technical and material assistance provided at distance on different issues to a number of PICTs (e.g. Kiribati, Tonga, Yap, etc.)
- Helped UNICEF with risk communication materials for pandemic influenza preparedness
- WHO is currently assisting Mataika House, Fiji National Influenza Centre, to set up an influenza sentinel surveillance system. This includes provision of equipment (Real-time PCR, Freezers, biosafety cabinets), hiring of 2 local staff for coordination and for laboratory work, and training of sentinel site staff.
- In-country visits to most of the PICTs under the framework of the IHR (> core capacity assessment, creating an IHR implementation plan)

Dr Kool mentioned two new WHO staff: Dr Boris Palvin, Epidemiologist/Communicable Disease Surveillance and Response, based in Pohnpei, Federated States of Micronesia, and Dr Lianne Gerstel, Communicable Disease Surveillance and Response based at WHO - Office for the South Pacific in Suva, Fiji.

Upcoming events: WHO RCM in September 2008 – WHO IHR Meeting for the PICTs around October 2008

**Dr Bruce Adlam** presented the activities of ESR (Institute of Environmental Science and Research):

- The Institute includes three arms/groups: a population group, a group dealing with water and food and a surveillance group.
- The Institute conducts research too with a particular focus in 2007 on:

- The impact of climate change on human health (there is currently funding available for this purpose), with a focus on campylobacter, cryptosporidiosis and salmonella.
- Leptospirosis
- The investigation of foodborne diseases > 3 foodborne disease outbreaks occurred in NZ since Christmas.
- Risk behaviour in poultry farms (in relation to avian influenza and other animal diseases that can affect humans)

**Dr Eric Rafai** from Fiji mentioned that Dr Adlam presented EpiSurv7 system to a group of CB members during lunchtime, as proposed by the Chairperson on day 2. He and his colleagues from PICTs, who took part in this session, were impressed by the system.

**Finally, the group agreed to go a step further with this initiative. The issues raised at the last meeting should be further explored and resolved and a modified version that fits PICTs needs should be set up in a few PICTs pilot sites. ESR and SPC will continue to seek funding to make this happen.**

Two PICTs, including Samoa, expressed their interest in testing the system in their respective countries at the last meeting.

**Dr Robert Thomsen**, from Samoa, mentioned that he will flag the EpiSurv7 system again in his country. They are currently exploring a new surveillance system that would be able to merge the 2 existing health information systems.

Samoa is also currently working on a campaign for the elimination of lymphatic filariasis, based on the COMBI approach.

**Dr Nicole Cerf**, from French Polynesia, talked about the special position of French Polynesia in relation to IHR. The national focal point is currently based in Paris, but they are waiting a confirmation from Paris (France) in order to locate another focal point in French Polynesia. This also needs to be clarified in the IHR by WHO. She believes that the implementation of the new IHR is a very good opportunity for PICTs to strengthen their outbreak surveillance and response systems.

Dr Cerf mentioned also two national initiatives/activities:

- A study on sexual behaviour in relation to HIV prevention carried out in 2005 and 2006. The analysis is completed, and they are now in the difficult phase that consists in translating numbers in words and draw prevention messages. Dr Cerf then asked if SPC could assist them in achieving this task.
- A survey to evaluate the program to eliminate lymphatic filariasis in French Polynesia (PacELF program funded by WHO).

**Dr Kenneth Tabutoa** expressed his concern regarding the fact that the National EpiNet Teams don't include a lot of epidemiologists. This reflects the general situation in the region. Other CB members confirmed that this problem was not observed in the Pacific only. This is a global issue. Political commitment at country level is needed to address the issue.

**Dr Tom Kiedrzynski** listed a number of regional/international meetings and initiatives of interest to PPHSN members:

- Asia Pacific Dengue Prevention Board (APDPB): Dr Kiedrzynski was invited to become a member of the board early in 2007, and he participated in the APDPB meeting on laboratory diagnostics that took place in Bangkok on 1-2 December 2007. APDPB, a technical and international forum, was created in 2006 and is an important resource for dengue-related matters.
- Meeting on IHR for the PICTs: Dr Kiedrzynski could not participate in the meeting due to airline problems, but he met with WHO the following day to discuss collaboration.

- SPC together with UNICEF provided assistance to the Solomon Islands Ministry of Health in implementing an early Warning and Response (EWAR) system for outbreak-prone diseases in the two provinces (Western and Choiseul Provinces) affected by the tsunami in April 2007.
- Support provided to PICTs under the Pacific Regional Influenza Pandemic Preparedness Project: pandemic influenza preparedness plans development and review, and testing exercises carried out in Niue and Fiji, Regional Infection Control guidelines developed (almost finalised), communication advices provided in collaboration with UNICEF, legal advices provided for influenza pandemic preparedness and in relation to the IHR, procurement of stockpiles of antiviral drugs, personal protective equipment and Rapid Test Kits for the detection of avian influenza in poultry. PRIPPP has also a Small Grants Facility to allow PICTs direct access to funds up to \$AU45,000 to build national response capacity for avian and pandemic influenza.
- Two workshops were conducted in Cook Islands in September 2007: the first on mastering epidemiological data (organised by SPC and co-funded by SPC and WHO) and the second on vector surveillance and control (conducted by SPC, Pasteur Institute of New Caledonia and Louis Malarde Institute in French Polynesia)
- Dr Tom Kiedrzynski and Dr Jacob Kool contributed to an article on “Border Control by South Pacific Island Jurisdictions during the 1918/19 - Influenza Pandemic: Successful or Unsuccessful?” published in Emerging Infectious Diseases.
- Upcoming event: Data for Decision Making training courses in Solomon Islands, and possibly American Samoa and Fiji.

## 8. Other issues discussed

The need for **improving collaboration among PPHSN partners**, especially SPC and WHO, through workplans/duty travel plans sharing was mentioned. This should be started between SPC and WHO as soon as possible.

The **possible inclusion of NCDs within the planning and operations of PPHSN** was raised again. This proposal is not new, it had already been considered by CB members in the past. A paper entitled “NCD Surveillance within the planning and operations of the PPHSN – A discussion document” was written in August 2003 by Dr Jan Pryor, Dr Maximilian de Courten and Dr Rob Condon, and published in Inform’ACTION #15. The paper will be forwarded to CB members for their information and consideration. In the meantime, all CB members agreed that it would be better to develop a network/mechanisms or approach similar to PPHSN for NCDs, rather than adding on current PPHSN priority diseases (CDs).

### Typhoid fever

Dr Eric Rafai (Fiji) and Dr Robert Thomsen (Samoa) shared their experiences and difficulties in addressing typhoid fever in their respective countries and asked the CB members if they could provide them with advices or ideas to control the disease: The advices and ideas from other CB members included:

- Vaccination is not the first solution, PICTs must try to address the underlying issues of water safety, sanitation, and hygiene.
- PICTs should try to address typhoid fever through water sector projects (as typhoid fever spread is linked to water and sanitation problems - Water supply is a major issue in Samoa and Fiji)
- Changing the attitude of people (via COMBI approach) is a way to go, but it takes time and the campaigns/actions must be repeated on a regular basis.
- Since it’s difficult to rely on typhoid laboratory rapid tests (up to 80% of people having a negative test can have typhoid) > a confirmation is needed from a reference lab and it takes time to get the results, it is therefore better to control the disease through the investigation of the suspected case(s) based on clinical case definitions and the implementation of aggressive treatment of the suspected cases in a timely manner.
- The major problem being the treatment of the healthy carriers (those who do not show any clinical signs and symptoms of typhoid but who are capable of infecting others). A large body of

international literature and guidelines recommend ciprofloxacin as the most effective antibiotic, both for patients and for chronic carriers.

- A number of documents on typhoid fever that includes successful experiences or useful information were listed:
  - Draft PPHSN guideline for prevention, control and treatment of typhoid fever (by Dr Seini Kupu and Dr Siale 'Akau'ola)
  - A report on Typhoid Fever in Tonga, written by Dr. Siale. 'Akau'ola
  - Reports from consultations in Samoa prepared by Dr Yvan Souares and Dr Micheal O'Leary
  - A series of articles on typhoid fever in Fiji, Samoa and Tonga published in Inform'ACTION 21
  - Documents from a WHO consultation held in Guam before the 1<sup>st</sup> Sub-regional EpiNet meeting in 2001, and the 3<sup>rd</sup> Sub-regional EpiNet meeting held in 2002.

Copies of these documents were provided to Dr Rafai and Dr Thomsen.

## 9. Planning of PPHSN activities

Check the outcomes of the World Café on page 11 (Annex 1).

## 10. Way forward

A series of key action points and recommendations will be compiled by the PPHSN Coordinating Body Focal Point (SPC) out of the present minutes and circulated to the CB members for their consideration.

Some working groups will be activated as agreed during the meeting.

The PRIPPP Year 3 Workplan will also be sent to the Influenza Specialist Group (ISG) and CB members for feedback.

CB members agreed that a regional meeting including two members of the national EpiNet teams from the 22 PICTs should be organised during the 1<sup>st</sup> semester of 2009. This should help maintaining relationships between members and also stimulating some functions of the network that may not be well known by EpiNet members.

WHO is planning to organise an IHR meeting around October 2008. The EpiNet meeting could be organised back to back with this meeting. If needed, the WHO meeting might be postponed to early 2009 to accommodate this. SPC and WHO will try to identify funds to organise the regional EpiNet meeting.

The meeting was closed after a series of positive remarks from Mr Ed Diaz (CNMI), Dr Eric Rafai (Fiji) and Dr Nicole Cerf (French Polynesia and Chairperson of the meeting).

## World Café

### THEME: SURVEILLANCE CAPACITY BUILDING

- Priorities & Strategies
- for In-country and Regional

### Surveillance

#### *Scope*

- should also include **NCDs**
  - particularly where there are links to CDs
    - e.g. Cervical cancer
  - but caveat overburdening of existing system/resources
    - there is a danger that additional tasks will be given to CD people without additional resources.
- should include mortality data and perhaps cause of death

#### *Objectives*

There are multiple objectives for Surveillance.

On a time-scale they range from **Early Warning** to **Monitoring of long-term trends**.

#### *Methods*

- There is a lot of method overlap between CD and NCD surveillance
- but **choice of methods** depends on
  - common vs rare diseases (frequency)
  - acute vs chronic diseases (duration)
    - including persistence of serological markers
  - health seeking behaviour
    - hospital-based vs community-based
  - potential to generate outbreaks

Which data needs to be collected regularly?

Where are occasional studies more appropriate?

Does it need a **7 days / 24 hours availability** (on call)?

- Should be integrated with IHR procedures.
- Should be defined in national disaster management plans.

### Surveillance Capacity building

#### *Key priorities & Strategic approach for In-country and Regional Surveillance*

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#### *Scope*

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  - particularly where there are links to CDs
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### *Objectives*

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On a time-scale they range from **Early Warning** to **Monitoring of long-term trends**.

### *Addressees of Surveillance Capacity Building*

- Everybody who is responsible for Surveillance.
  - Who is actually responsible?
    - Everybody who is involved.
      - Who is involved?
        - Everybody in the health sector; public & private sector.

### *The people who contribute by reporting*

- need to understand the purpose
- need to get feedback (timely)

### *Methods*

- There is a lot of method overlap between CD and NCD surveillance
- but **choice of methods** depends on
  - common vs rare diseases (frequency)
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- health seeking behaviour
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- potential to generate outbreaks

Which data needs to be collected regularly?

Where are occasional studies more appropriate?

### *Syndromic vs lab-based surveillance*

- syndromic: e.g. Acute fever & rash (AFR), Acute flaccid paresis (AFP), Influenza-like illness (ILI), Severe acute respiratory infection (SARI), Diarrhoea

### *Issues of Hospital-based surveillance*

- Are there Hospital information systems in place?
  - e.g. PATIS (Patient Information System) in Fiji & Samoa
    - Variable selection based on admin rather than epi needs
      - e.g. **Admission date** instead of **Onset of illness**
- Use of ICD10 often doesn't fit with entities of syndromic surveillance
  - but such data should still be regularly analysed

### *Standardisation*

There should be a Monitoring & Evaluation framework, with a standard set of indicators. This is achieved mainly for NCDs (STEPS), but also for some CDs, e.g. in the area of EPI (Immunisation programme), SGS (2nd Generation Surveys).

Should there be a standardised list of Notifiable Diseases?

*Special example of Tokelau*

- All cases that need to be hospitalised are referred to a Samoa hospital.
- Case-by-case feedback is provided from Samoa and should be analysed.

**LabNet Capacity building**

*Key priorities & Strategic approach*

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1. L2 Development : Fiji, Guam.

a) Guam :

Bacteriology routine

USNH – PCR (Flu, Dengue, Lepto)

b) Fiji:

Mataika House

- PCR
- Need more Specimens;
- Better sustenance of testing:
- Explore **partnership** with FSMed for running PCR and other testing & training students;
- Partnership to fund consultants and trainers (Ministry of Health, FSMed, other institutions);
- Need experts at Ministry of Health to be able to advise the country/region;
- Seeking LabNet help to bring in experts to Ministry of Health and the region.

2. Specific Test Strategy Development/Recommendation

- To evaluate a rapid test kit for Typhoid (Salmonella typhi)
- The intention is to utilize this test when epi/investigation teams go out to conduct community or rural investigations for typhoid outbreaks
- Two kits that have been evaluated with published data: Tubex, Typhidot

3. QA improvements

- LabNet approach – whole lab;
- **Patient care** improvement standards;
- Address QA respects with lab testing:
  - Specimen collection,
  - Equipment maintenance,
  - Personnel training/qualifications,
  - Test methodology,
  - Procurement,
- LabNet can provide QA standards,
- Develop a set of basic lab QA standards,
- Provide to PICTs and perhaps have a user-friendly audit on a regular cycle, with reports,
- Develop some technical training/attachments with LabNet partners.

## **Response capacity building**

### *Key priorities & Strategic approach*

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The following priorities and strategic approaches were identified:

#### **1. Budget** for national and regional activities

- Budget availability is crucial, especially as mobilising a response requires logistic arrangements, like travel which may be expensive and challenging in the region.
- Multiple sources of funding to be identified at regional level.

#### **2. Training**

It should

- shape response systems decentralized towards operational levels close to the field.
- be done at all levels of the health system, and include frontline workers in particular, as well as lab specimen taking procedures.
- therefore be carried out in-country.
- be practical/field based in the country context and refer to an existing Early Warning System.
- include an in-country project (e.g. “research” in surveillance and response).
- include attachment during outbreak situations as they offer excellent opportunities for training.
- always have clear objectives and evaluation built-in.
- include professionals from the higher levels of the health system to train the more peripheral levels (TOT, or as facilitators).
- include training in PPE use.
- have some training continuity built-in as a follow-up (e.g. as continuing education).

A regional, interagency/intergovernmental group of trainers as well as regional resources for outbreak investigation should be identified using available information (e.g. PPHSN Directory of Resources). This group would also help supporting outbreak investigations and response training, and would serve as the “Regional EpiNet Team”.

#### **3. System requirement**

An Early Warning System should be in place.

#### **4. Guidance**

Guidelines for outbreak investigation should be available and include procedures and list of required equipment.

#### **5. Kits**

- Kits to take lab specimen to be set, together with shipping containers and clear procedures, and pre-positioned with ad hoc stock management practice (e.g. annual). Innovative ways to preserve samples should be envisaged if deterioration during shipment is likely to occur (e.g. ethanol-fixed or dried venous blood spot on filter paper).

- PPE (for infection control) should be available and pre-positioned too. PPE supplies would best be managed through a central warehouse for the Pacific Islands, if possible, which would link with suppliers and have more affordable prices.

## **Strengthening PPHSN Information Services**

### *Key priorities & Strategic approach*

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#### **1. PacNet**

Most of the discussions focused on the ways to address the fact that it takes quite some time to most of the PICTs to post “early warnings” or “early updates” on PacNet (due to clearance channels & other issues):

- Raising awareness on the usefulness of PacNet at national high decision/political level is essential.
- WHO should promote PacNet and other PPHSN services in conjunction to the International Health Regulations (e.g. When WHO receive an outbreak-related report from PICTs through the IHR focal Point, they should encourage the PICTs to post the information on PacNet too for the benefit of the other PICTs).
- National EpiNet team members should promote PacNet and other PPHSN services within their country and outside too (e.g. during weekly EpiNet team meetings, when they attend external meetings)
- PacNet messages are taken very seriously by PICTs Directors of Health, so we should try to find a way to heighten their awareness of the fact that all PICTs should contribute to PacNet in a timely manner.
- SPC should send annual summaries to PICTs of all outbreak-related messages/reports posted on PacNet. This should make them realise the usefulness of PacNet and hopefully encourage them to contribute to it (e.g. if they have not reported an event that should have been reported they will realize so).
- The importance of sending ‘early warning’ messages on PacNet should be clearly stated in EpiNet teams’ TORs. Whenever possible, clearance of PacNet messages should be facilitated (if possible given) by EpiNet teams (e.g. one member of the EpiNet team could have authority to give the permission to post “early warnings”).
- It was also suggested that summaries of current/ongoing outbreaks of CDs (such as dengue) happening in the region should be compiled and shared with PPHSN members through PacNet on a regular basis (e.g. every 6 months)

General remark from the facilitator: all CB members were concerned about this issue and it became clear from the discussions that all PPHSN members, the PICTs, allied members and partners should promote PacNet if we want to change behaviours.

The problem of “personal” messages being posted on the list was also raised. There was one suggestion to change the configuration of the list: the “outlook” reply button on top of the email messages would enable members to reply to the author only and the reply to all button would enable them to reply to all the list members > SPC remarks: 1 – We (SPC) don’t know if this is feasible; 2 – This may discourage discussions between PPHSN members, which is also one purpose of the list.

## **2. *Inform'ACTION***

Most of the new CB members didn't know *Inform'ACTION*. The “world café” was therefore a good opportunity to present the bulletin. Good feedback was received from those who are already on the distribution list. Dr Bruce Adlam mentioned that he had received 5 email messages related to his article on “EpiSurv” published in *Inform'ACTION* 26 (> showing that *Inform'ACTION* is read). Mr Ed Diaz from CNMI mentioned that the bulletin is being circulated within the public health department. Dr Nicole Cerf gave also a positive feedback and asked if she could receive a copy of the bulletin directly as she was receiving it through a supervisor. Dr Eric Rafai suggested that a “chat room” should be created to discuss *Inform'ACTION* articles > this may encourage PPHSN members to read and contribute to *Inform'ACTION*. Two CB members also proposed to send contributions for future issues.

## **3. PPHSN Website**

Most of the CB members didn't know PPHSN website (most of them being new). Some of them mentioned that they had problems with internet (difficulties to download documents) and they asked if they could contact SPC directly to get the information through emails. The website should include a list of upcoming events. The facilitator, Christelle, invited the members to visit the website and to send her comments/feedback and possibly contributions such as surveillance reports.