

PPHSN country checklist and assessment form 31st March 2003

The EpiNet national/territorial focal points should liaise with their health authorities to complete the following information about preparedness to deal with cases of SARS.

Overview

This one page checklist is meant as a guide for countries in the Pacific Island Region to assist with their response and preparedness planning for SARS. Please tick whatever was achieved. Details in this document may change as more clinical, epidemiological, and laboratory information about SARS becomes available. Please tick whatever was

Preparation of a strategic country plan (adapting PPHSN updated SARS guidelines)

- 1. With the EpiNet national/territorial team, task force established to oversee the development of a comprehensive local SARS response strategy (could be the EpiNet team itself).
- 2. Comprehensive local strategy developed (using available resources from PPHSN and WHO) to manage the response to SARS and prevent its further spread when cases appear.
- 3. Contact maintained with relevant hospitals, clinical services, doctors, nurses, other healthcare workers, and laboratories, and all of them kept informed of the local SARS preparedness and response strategy.
- 4. Contact maintained —through WHO country representative if applicable— with the PPHSN Coordinating Body Focal Point (SPC) or WHO Suva Office, kept informed of development/adaptation **and implementation** of strategic country plan.

If difficulties encountered to achieve the preparation of a strategic country plan, please explain:

Supplies – stockpiling of barrier nursing supplies

- 1. Awareness of the local or regional storage sites of the initial WHO stockpile of barrier nursing supplies, and contact identified when/if these are needed.
- 2. Budget resources and/or donor support identified for the acquisition of a local stockpile of barrier nursing material.
- 3. Local inventory of barrier nursing supplies in the event of SARS cases being identified, performed.
- 4. Consider requirements beyond the time covered using the initial WHO stockpile kit – estimated to be 3 to 4 days. Required volume of equipment ordered from suppliers of barrier nursing material in the event of local SARS cases.

If difficulties encountered to achieve the stockpiling of barrier nursing supplies, please explain:

Enhanced Surveillance

- 1. Current surveillance case definitions and guidelines for reporting suspect or probable SARS cases distributed to clinical facilities likely to see potential SARS patients. Updated SARS case definitions are available from the WHO website—see <http://www.who.int/csr/sars/en/>) or from the PPHSN SARS guidelines on PPHSN SARS webpage—see http://www.spc.int/phs/PPHSN/Outbreak/SARS_Outbreak.htm
- 2. Sensitivity of local surveillance for the detection of new SARS cases maximised – for example, by establishing active surveillance for SARS cases via a local networking (eg teleconference by HF radio) with major hospitals and peripheral health care facilities.
- 3. In regions or countries without previous SARS cases, suspect or probable SARS cases should be notified immediately to the WHO country offices, the PPHSN Coordinating Body Focal point (SPC) or WHO Suva Office, who can assist with planning the local response. This should preferably be done using PacNet or PacNet-restricted.
- 4. System for monitoring and investigating rumours and anecdotal reports of local SARS cases established. Details provided to the WHO country office, the PPHSN Coordinating Body Focal point (SPC) or WHO Suva Office.
- 5. Sensitive suspect case definition should be used by countries at low risk, but with health infrastructure inadequate to respond to a potential local SARS transmission, and planned control measures immediately implemented upon identification of a suspect case, in consultation with the WHO country office, the PPHSN Coordinating Body Focal point (SPC) or WHO Suva Office if needed. The WHO WPRO SARS response team should be notified immediately, preferably through PacNet and PacNet-restricted.

If difficulties encountered to implement enhanced surveillance, please explain:

Procedures for passengers arriving from affected areas and community control measures (for updated affected areas see <http://www.who.int/csr/sarsareas/en/>)

- 1. All passengers having been in the previous 10 days in the affected areas informed about SARS symptoms and where to present for further evaluation if they develop these.
- 2. Local surveillance procedures augmented by developing a process for the identification of symptomatic arrivals from affected regions. Local planned infection control procedures should then be implemented, which may include isolation for up to ten days.
- 3. Procedures to identify contacts of probable SARS cases developed and locally developed adequate control measures implemented. Daily clinical review for fever and/or respiratory symptoms in these contacts undertaken.

If difficulties encountered to implement procedures for passengers arriving from affected areas and community control measures, please explain:

Hospital Infection Control

- 1. A local facility identified and prepared to accept suspected or probable SARS cases. If multiple facilities can be identified in a region, where practical these should be as few as possible and geographically dispersed (i.e. not all located in the capital city).
- 2. Planned local infection control strategy implemented, including isolation and barrier nursing, upon the identification of suspect or probable cases of SARS.
- 3. Local management of suspected SARS cases implemented if possible. Transfer over long distances should be avoided due to the difficulty in maintaining respiratory isolation and barrier nursing techniques.
- 4. Preparedness exercise for 1 - an arriving airline passenger with suspected SARS, and 2 – someone presenting at a peripheral health facility (ie at least different from the hospital supposed to deal with SARS) with suspected SARS, carried out under proper supervision.

If difficulties encountered to implement Hospital Infection Control procedures, please explain:

Laboratory Specimens

- 1. Your regional SARS reference laboratory identified.
- 2. Collection and transport of clinical specimens from suspect or probable SARS cases coordinated with your regional SARS reference laboratory, and the local WHO country office, the PPHSN Coordinating Body Focal point (SPC) or WHO Suva Office kept informed (they are the ones who could assist if you experience difficulties in shipping eg needed supplies or import permits/clearance).
- 3. Collection of specimens should allow for the exclusion of common/usual respiratory pathogens.

If difficulties encountered to implement laboratory specimen shipment procedures, please explain:

Additional information

Please complete the following table as well:

Action.	Details.	Status / contact details (tel/fax –office and after hours), email
WHO Country Focal Point	<i>Point of first contact for national and WPRO SARS</i>	WR or CLO in countries where present, otherwise the PPHSN Coordinating Body Focal point (SPC) or WHO Suva Office.
National Focal Point	<i>MOH/DOH designated SARS focal point / coordinator (preferably the EpiNet team Focal Point or a member of the team)</i>	
Designated SARS Isolation Facility (s)	<i>Hospital with isolation (preferably intensive care) facilities designated by MOH /DOH for SARS admissions</i>	
Designated		Institute Pasteur

<p>SARS laboratories</p>	<p><i>Laboratories with appropriate infection control capability designated by MOH /DOH for SARS specimen processing and/or trans-shipment. The labs listed in the next column are those who explicitly agreed to do the above. The form needs yet to include at least one additional lab for the Northern part of the Pacific Island region.</i></p>	<p>Alain Berlioz-Arthaud Laboratoire de Biologie Medicale, Institut PASTEUR de Nouvelle Caledonie, BP 61, 98845 Noumea, New Caledonia. Tel: +(687) 27.02.85 Fax : +(687) 27.33.90 Email : aberlioz@pasteur.nc</p> <p>WHO Collaborating Centre for Reference and Research on Influenza Ian Barr WHO Collaborating Centre for Reference and Research on Influenza 45 Poplar Road, Parkville, Victoria, Australia 3052 Tel: +(61) 3 9389 1761 Fax: +(61) 3 9389 1881 Email: ian.Barr@csi.com.au</p> <p>Clinical Virology, Communicable Disease Programme, Institute of Environmental Science and Research (ESR) Dr. Sue Huang; Dr. Fiona Thomson-Carter 34 Kenepuru Drive, PO Box 50-348, Porirua, Wellington 6004, New Zealand Tel: +(64)-4-914-0700 Fax: +(64)-4-914-0770 Email: Sue.Huang@esr.cri.nz; Fiona.Thomson-Carter@esr.cri.nz</p>
<p>Immediately identifiable requirements from PPHSN (if any).</p>	<p><i>Anything you think you urgently need.</i></p>	

The following information has been prepared to assist WHO WRs and CLOs when liaising with national health authorities regarding public health response to the current outbreak of Severe Acute Respiratory Syndrome (SARS). The PPHSN SARS Task Force thinks that this information should also be obtained from countries without WHO offices so that arrangements can be made to enhance our preparedness. The PPHSN SARS Task Force has already circulated interim guidelines about SARS, which will be updated continuously and circulated, as knowledge about this disease increases.

WPRO has provisionally categorized member countries based on 3 levels of risk and 3 levels of capability to respond to the outbreak.

Risk Categories

- R1 countries where cases have been reported
- R2 where traffic risks exist between these and R1 countries
- R3 all other WPR countries

Capability to Respond Categories

- C1 countries needing the most assistance from WHO in terms of emergency supplies, enhanced surveillance and technical assistance
- C2 countries with limited national resources and requiring some emergency assistance
- C3 countries not requiring much assistance except for technical advice and international network coordination

Category	R1	R2	R3
C1	Vietnam	Cambodia Lao PDR Northern Mariana Islands Samoa * Tonga *	Mongolia American Samoa Cook Islands Federated States of Micronesia Kiribati Marshall Islands Nauru Niue

			Palau Papua New Guinea Pitcairn Solomon Islands Tokelau Tuvalu Vanuatu Wallis and Futuna
C2	China	Malaysia Philippines Macao SAR Republic of Korea Brunei Darussalaam Fiji * Guam	French Polynesia New Caledonia
C3	Singapore	Australia Japan New Zealand	

* These countries are now R2 given the Rugby Teams that will be/are coming back from the worst-affected areas in East Asia.

This assessment is current as of 31 March 2003. Revisions may be necessary as the SARS epidemic evolves, and will be included as necessary in subsequent updates.

Do the NHA agree with this first assessment? YES / NO

If NO, please specify why:

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A kit of supplies developed to address initial requirements for management of an outbreak of SARS in select countries has been dispatched to the WR offices in Laos, Mongolia, Cambodia, Papua New Guinea, Fiji (2 kits), Samoa, the WHO CLO offices in Kiribati, Solomon Islands, Tonga and Vanuatu, and for the Northern Pacific Guam PHL. A list of contents is in the 2nd attachment.

Daily Updates

Please advise whether

you receive the daily (or so) updates through PacNet: YES / NO

you can access the WHO daily epidemiologic update via the internet (<http://www.who.int/csr/sars/>): YES / NO

you would like to receive daily updated in a different way or format YES / NO

If YES please specify:

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After completion of the form

Please keep a copy with the SARS or EpiNet Focal Point and return the completed form by email or fax to:

PPHSN-CB Focal Point
Dr Tom Kiedrzyński
Epidemiologist (Ag)
Secretariat of the Pacific Community, PPHSN-CB Focal Point
SPC PO Box D5
98848 Noumea cedex
New Caledonia

Tel: + (687) 26 20 00 or 01 43
Fax: + (687) 26 38 18
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OR

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