

PPHSN EpiNet Workshop III
Polynesian sub-region
Apia, 18-22 March 2002

Recommendations

Target diseases

1. To achieve a wide coverage, measles surveillance should be primarily community-based in order to detect all suspected cases of measles. At same time, the hospital-based system (fever and rash surveillance) integrated with the existing AFP surveillance must continue to detect wider range of fever and rash diseases in selected hospitals, and be evaluated after one year. Where appropriate (varies between countries), surveillance should expand to include private practitioners and hospitals as they may be the first to see suspected measles cases.
2. The suspected measles case investigation form should be revised accordingly to conform to the community-based and hospital-based surveillance systems based on the WHO-recommended case investigation form.
3. Investigation that include epidemiological assessment and laboratory testing should be conducted for every suspected measles case. Every case should be reported immediately. Suspected important outbreaks of measles should be confirmed by conducting laboratory testing on selected cases (e.g. the first 5-10 cases).
4. Mass vaccination should be carried out immediately when a measles outbreak is suspected, without waiting for laboratory confirmation if there is enough clinical and epidemiological information to suspect measles outbreak. Contacts should be vaccinated within 72 hours after exposure.
5. Administration of Vitamin A to children at the time of measles diagnosis has been shown to decrease both the severity of disease and the case-fatality rate and is therefore recommended.
6. Communicable disease surveillance must be supplemented by environmental surveillance whenever appropriate, especially in the case of diseases with faecal-oral transmission like typhoid fever.
7. Environmental preventive measures should be preferred to disease-specific interventions as they can prevent other diseases transmitted by feces.
8. One of the primary goals of environmental surveillance should be to identify high-risk areas and risk factors and to monitor changes over time, in order to

support infrastructure development, coordination, and collaboration across sectors.

9. At community level, environmental surveillance must use a participatory methodology to identify problems and priority areas for the communities in order to start working in these areas first. Public facilities (e.g. schools, clinics) must also be priorities for environmental health improvement to exemplary sanitary standards so that they serve as examples of good practice.
10. WHO/SPC, together with PPHSN-allied laboratories, should evaluate the existing rapid tests for typhoid fever and make recommendations as to the most appropriate ones for the Pacific and as to the way/circumstances in which they should be used.
11. All countries should have laboratory capacities to meet minimum standard requirements for typhoid fever and cholera testing (culture, identification and anti-microbial susceptibility of *S. Typhi* and *V. Cholerae*). [This should be a priority in endemic countries and territories. In other places, if this is not practical, pre-arranged shipment of specimens should be first organised and done, as soon as possible, to a Level 2 laboratory.]^{*}
12. Phage typing may be carried out at ESR in NZ only for selected isolates.
13. Safety procedures should be enforced in all laboratories that carry out culture of *S. Typhi*. These should include basic safety measures and proper use and maintenance (including testing), and, if possible, installation of safety cabinet.

Stockpiles

14. Create an environmental health stockpile of supplies (including soap, disinfectant, chlorine, pesticides, water purification tablets) and equipment (including sprayers, water quality test kits, mosquito nets) at strategic locations. These locations should be decided in coordination with disaster management committees.
15. Policy that permits allocation of emergency funds for outbreak control should be a priority in each country.
16. A cheap and rapid procurement system should be established for supplies that are necessary for outbreak control.

^{*} The recommendations have been further edited as agreed at the end of the workshop. The sentences between [] have been added for clarity purposes.

EpiNet teams

17. Country level CD surveillance and response (EpiNet) teams should have clearly defined roles and responsibilities, and well developed action plans aimed at responding to epidemic situations. Their membership must be based on expertise/position at least in the following key areas: public health, epidemiology, laboratory, clinical setting, environmental health; and one person (position) should have a clearly defined leadership and co-ordination role in the team.
18. A regional outbreak response team (Regional EpiNet Team) including national and regional experts, co-ordinated by SPC and WHO, should be established and organised, with clear ToR and an official mandate endorsed by the DoH and MoH of the PI region, to provide support and expertise to PICTs whenever needed or requested.
19. PPHSN-CB must continue to work with the National EpiNet teams to further organise their network, develop surveillance and response guidelines (including preparedness) and support measures in outbreak situations.
20. Evaluation tool(s) and method(s) should be developed by the PPHSN-CB, and used during and after outbreak situations by the EpiNet teams in order to improve their present and future activities.
21. The National Disaster Committees (or equivalent) must liaise with the National EpiNet teams and consider outbreaks of priority epidemic CDs as emergency situations taking priority over other work.
22. The country EpiNet focal point should notify the PPHSN-CB focal point (SPC) as soon as any changes are made in EpiNet membership.

Training

23. PPHSN-CB to develop and implement a PPHSN/EpiNet Training Strategy based on an inventory of available resources and training needs. This should include opportunities for the incremental acquisition of necessary capacity and qualifications through a combination of formal training activities, episodic opportunities for training (e.g. outbreak investigations, research activities, on-the-job training etc.), and exchange schemes. Counselling techniques for all health workers should be included in the training courses.
24. The PPHSN should encourage the exchange of experience and expertise between PICTs regarding the control and prevention of outbreak-prone diseases. This type of exchange should also be used for training purposes.
25. Case studies on outbreak investigation and control from the PI region must be used to develop training materials.

26. Health care workers must be instructed prior to public notification in the ways to prevent/control outbreaks. [So that they are able to deliver proper messages to patients and communities, and help implementing proper prevention and control measures.]*

LabNet

27. Due to close proximity, accessibility and availability of flights, most of the Polynesian countries send specimens for confirmation to New Zealand. Hence, it is proposed that New Zealand must have at least one L2 level laboratory included in LabNet.

28. PACNET-Lab should be further expanded to facilitate communication among laboratories at all levels.

29. All laboratories must be able to demonstrate minimum requirement for essential procedures, with a regular assessment by an adequate quality control programme.

PACNET

30. Communication between the EpiNet national teams or other 'communicable disease control committees' must be strengthened. In any case, the focal point must be responsible for disseminating the information to the other team members. The official agreement of ministries/departments of health should be sought to allow all members of national EpiNet teams to receive messages on PACNET-Restricted. The PACNET-Restricted listserver would also accept all messages from national EpiNet members, although countries may wish to implement internal guidelines for their own team members about posting messages. The same should apply for PACNET.

Airlines and logistics

31. Whenever specimens need to be shipped, clear communication with all parties must be initiated in order to ensure the shipment is done properly and received on time.

32. The PPHSN should assist in organising training in logistics and packaging whenever it is needed.

33. All necessary documents (forms and guidelines) and appropriate shipping materials should be available to all L1 laboratories.

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34. Arrangements and procedures required by airlines and courier companies should be negotiated in advance.

General

35. Use all means of mass media and involve interest groups to inform and educate the public on outbreak prevention and control measures.

36. SPC, as focal point of the PPHSN-CB, and WHO should ask the PICTs to seek political commitment and support from their respective governments, and from the Forum Secretariat (through the director and minister of health, and the head of the government), for the development of outbreak control and prevention activities at national and regional level.

37. PPHSN-CB should mobilise resources and seek proper funding in order to secure PPHSN development and activities (including training).

38. Communication should be improved through new ICTs (including Internet-based communication), and appropriate training in these.
