

## 13<sup>th</sup> meeting of the PPHSN Coordinating Body

Members of the Pacific Public Health Surveillance Network (PPHSN) Coordinating Body (CB) met 29–30 March in Noumea, New Caledonia, following the Pacific Avian and Pandemic Influenza Taskforce meeting.

The main focus of the 13<sup>th</sup> CB meeting was to prepare the content of a new PPHSN-CB Action Plan for the next three years, taking into consideration the outputs from the Taskforce and the Ministers of Health for the Pacific Island countries meetings, both of which took place in March (see articles in this issue). CB members also finalised some work that began at the previous meeting.

### Screening for avian and non-avian influenza

Members agreed that a laboratory testing protocol for animal and human influenza would be useful. SPC and WHO will further their discussion on this issue. It was also mentioned that Pacific Island countries and territories (PICTs) should have the ability to screen for seasonal human influenza. SPC pursues its efforts in this area through the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP) and the lab-based influenza surveillance project (see article in this issue).

### Stockpiling antivirals

PRIPPP will provide each PICT with an initial stockpile of Tamiflu to be utilised during the initial response for the rapid containment of the disease before the pandemic in order to avoid further spread between humans. Clear guidelines on when to use Tamiflu and on criteria to define most-at-risk groups would be very useful for PICTs.

### IHR/APSED implementation within the PPHSN/PRIPPP framework

The assessment of PICTs' core capacities required by the new International Health Regulations (IHR 2005) will be started through PRIPPP's Pacific Island HPAI & Pandemic Influenza Preparedness checklist which covers the avian influenza components that need to be addressed quickly. WHO's Asia Pacific Strategy for Emerging Diseases (APSED) checklist will then be used to cover the areas not addressed by the PRIPPP checklist.

### PRIPPP plans

At the last CB meeting, members agreed that, 'The CB has a key role of monitoring the activities of the project, with technical input from the Influenza Specialist Group (ISG). The ISG will report to the CB, which will validate the work of the ISG.'

At the 13<sup>th</sup> meeting, CB members discussed how to monitor project activities.

The Influenza Specialist Group, which has the role of a technical advisory group, must be updated. A renewal process with clear criteria regarding its composition will be developed by the PPHSN-CB Focal Point (SPC) in consultation with CB members. Renewal will be dispatched through PacNet.

All PRIPPP documents that need to be peer-reviewed, such as the results of the PRIPPP assessment checklist, will be sent first to the ISG for technical input, and then to CB members.

A teleconference will be organised the first week of June, with representatives from PRIPPP, ISG and the CB to finalise and approve the PRIPPP Year 2 Work Plan.

### Identifying clear communication channels

There is a need for identifying clear communication channels for notification of public health events and requests for assistance from PICTs. It's clear that WHO must be contacted first if a country detects a Public Health Event of International Concern (PHEIC), but both institutions, SPC and WHO, can be useful in the event of an emergency.

## **Supporting routine surveillance for leptospirosis**

Leptospirosis continues to be an important public health problem in the region. It is endemic in a number of PICTs. The PPHSN-CB Focal Point (SPC) will remind PICTs that SPC supports routine surveillance for leptospirosis and continues to provide PICTs with testing kits if and where needed.

## **Dengue initiatives**

Dengue is also a major public health problem that needs to be addressed quickly. This was highlighted by ministers of health at the beginning of March (see article in this issue). WHO will follow up on the regional initiative developed by Kevin Palmer after the Samoa Commitment (2005). On their side, Pasteur Institute of New Caledonia (IPNC) and SPC have developed a project on entomological surveillance and control that drew the attention of France. Unfortunately, it will take about nine months to receive funding, but other funds may be available to start a small project for Cook Islands in collaboration with SPC, IPNC and Institut Louis Malardé from French Polynesia. The project will also cover vectors of other diseases (e.g. filariasis).

## **PPHSN Services**

### ***PacNet***

There is a need to stimulate PPHSN members to use PacNet more often and efficiently. It was suggested that a letter be addressed to the PICTs' Chief Executive Officers, encouraging them to facilitate contributions to PacNet.

### ***The way forward for LabNet***

Considering all the effort put into L2 laboratory capacity building, and the difficulties encountered in upgrading two of them, CB members agreed that the development of L2 laboratories needed to be further considered. The LabNet Technical Working Group and LabNet partners, together with three members of the CB, were tasked to examine this issue. It was suggested that more efforts focus on the development of L1 laboratories and the referral of testing to L3 laboratories. A cost effectiveness analysis would help to clarify the different options, which are: 1) strengthening L2 laboratories 2) referral to and testing in L2 laboratories, and from there, L3 laboratories 3) direct referral to L3 laboratories.

## ***Strengthening Infection Control***

It is clear that PPHSN includes three key services (PacNet, LabNet and EpiNet) and that PICNet comes as an additional service. CB members agreed that there was a need to continue advocacy on Infection Control and that this network must be strengthened. PRIPPP will take care of PICNet development.

## ***Revitalizing the EpiNet concept***

CB members raised the issue of National/Territorial EpiNet teams, which tend to be more administrative teams rather than response teams working in the field. The EpiNet concept needs to be revitalised with the role and responsibilities clearly defined in relation to the IHR. Training strategies (as described below) were also envisaged to improve on the current situation.

## ***Developing the Regional EpiNet Team in conjunction with GOARN regionalization***

The WHO Western Pacific Region is in the process of 'regionalizing' GOARN to ensure more institutions in the Western Pacific Region (including those in the Pacific Islands) join the Network and avail of the opportunities for participating in outbreak responses. The creation of another regional network should be avoided but the Regional EpiNet Team could facilitate capacity building in field training.

## **Human resources in health (HRH)**

The Fiji School of Medicine (FSMed) has created an HRH committee that includes WHO, University of the South Pacific, and Fiji School of Nursing. CB members agreed that the HRH committee, based at FSMed, will be augmented with SPC members and others as needed and

would then subsume the function of the proposed PPHSN HRH Working Group. FMed has already signed a contract with WHO to develop a database of HRH programmes and policies. HRH also plans to create a network of HRH focal points in PICTs. Regular consultations with other institutions (e.g. in PNG and the French territories) were suggested in order to ensure good coordination on the different initiatives.

### **Training strategies for PICTs staff in infectious disease surveillance and response**

CB members were in favour of organising in-country training courses for EpiNet teams. This option presents the advantage of training all EpiNet team members at the same time. Courses should include pragmatic exercises, field epidemiology, and outbreak investigation components, and be targeted at public health technical personnel, rather than administrative personnel.

Distance education was also considered an option for delivering training courses to PICTs' health professionals; however, facilitators should not rely on Internet only, as many PICTs still have difficulties in accessing it.

The development of training courses should be linked with PICTs' core capacity assessments carried out through the PRIPPP checklist, APSED and IHR tools. The HRH Committee, as a PPHSN Working Group, should be tasked with developing a continuous professional education (CPE) framework. This should help to progress in APSED-related core capacity building.

A strategy to provide targeted priority training needs should also be developed by the PPHSN HRH Committee, and funding proposals for long-term training programs (10 years) on the basis of the Field Epidemiology Training Programme (FETP) should be sent to potential donors.

There is a lack of skilled field epidemiology personnel in the public health sector in many PICTs. The CB should promote public health surveillance and response work in the region and ensure that ministers of health are aware that this is an important area.

Finally, CB members recognised that the DDM training courses organised by SPC and other PPHSN partners were very useful and should be continued and linked to HRH development in PICTs.

### **Discussion on recent outbreaks**

Representatives from Cook Islands, French Polynesia, Samoa and New Caledonia shared their current experiences, successes and problems in dealing with dengue.

CB members recognised that a good surveillance system, with the active participation of clinicians, is essential in order to prevent the spread of dengue. Links between clinicians and public health workers must be strengthened at the country level.

CB members asked the CB focal point (SPC) to continue to highlight good practices and important experiences from PICTs through Inform'ACTION. It was also suggested that a special issue of Inform'ACTION be dedicated to dengue.

### **Other Surveillance support to PICTs**

See article on EpiSurv7 in this issue.

### **PICT representation in the CB**

As agreed at the last meeting, CB members explored other options for PICT representation in the CB. After extensive discussion, they opted for the option that presents the most advantages in terms of simplicity, equity (based on countries, not populations), and ownership by PICTs. A letter will be sent to all PICTs to receive feedback on this new proposal and to finally obtain their approval to replace the initial renewal system with this new one.

**Next steps**

A small working group was tasked by the CB to draft an Action Plan based on the discussions of the meeting. The latter will be circulated among the group and further discussed and developed at the teleconference planned at the beginning of June. It was also suggested that a list of upcoming events be placed on the PPHSN website.

The complete set of minutes from the meeting can be downloaded from the PPHSN website at: [http://www.spc.int/phs/PPHSN/Meetings/CB/13th\\_PPHSN-CB\\_meeting.htm](http://www.spc.int/phs/PPHSN/Meetings/CB/13th_PPHSN-CB_meeting.htm)

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