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SECRETARIAT OF THE PACIFIC COMMUNITY

13th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB)
Noumea, New Caledonia –29-30 March 2007

MINUTES – (Day 1 & Day 2)

Words of Welcome - Dr Thierry Jubeau, SPC
Chairperson: Dr Siniva Sinclair, Samoa

1. Adoption of agenda & timetable

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

2. Review of progress since 12th CB meeting: discussion on recommendations from the last CB meeting

Recommendation 1 on commercial kits that can be used to screen for avian and non-avian influenza:

- For human testing: 2 kits have been selected from the list of 15 kits compiled by WHO; Quidel Quickvue and Binax
- For animal testing: no decision yet, awaiting FAO feedback (2 kits were mentioned by FAO at the PI Taskforce Meeting, Anigen, Directigen)
- The group agreed that PICTs should have the ability to screen for seasonal human influenza.
- SPC aims to implement and maintain a good level of influenza surveillance through the PRIPPP and CDC project for lab-based influenza surveillance
- A lab testing protocol for animal and human influenza would be useful (e.g. flow diagram) - discussion between SPC and WHO has already started on this issue.

Recommendation 2 on stockpiling antivirals

- Each PICT should have an initial stockpile at country level.
- PRIPPP will provide an initial stockpile for the initial response in the rapid containment > to avoid further transmission between humans – before the pandemic
- The production of generic Tamiflu has already started by Thailand, but it is a sensitive and PICT issue (matter of cost) – no assessment has been done.
- Resistance to Tamiflu has been reported, but it would probably increase when there would be transmission from human to human.
- A paper on resistance produced by Menno de Jong from Vietnam will be distributed to CB members by Bruce Adlam
- Timing for the utilisation of Tamiflu as prophylaxis and treatment is very important
- WHO recommends a small stockpile of Tamiflu at this stage for PICTs
- PICTs would like to have clear guidelines on when to use Tamiflu and on the way to define most-at-risk groups

There is also a need for identifying clear communication channels for notification 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. For example, PICTs can contact WHO for Tamiflu stockpile, but they can contact WHO & SPC for PPE kits. SPC has already placed 2 sets of PPE kits in Auckland that can be utilised in case of emergency.

Recommendation 3 on pandemic vaccine

- No progress has been done on this issue – discussion has started in Indonesia according to WHO.

Recommendation 4 on the composition of the Influenza Specialist Group (ISG) that should be updated

- SPC was waiting for the outcomes of the Taskforce meeting to work on this issue
- In light of the Taskforce meeting, SPC will send a proposal to CB members for the update of the ISG membership/composition

Recommendation 5 on PRIPPP

- a and b items have be considered on the second day of the meeting (see section 9)
- c issue has been addressed by the Taskforce meeting (ref. to the recommendations)

Recommendation 6 on leptospirosis

- The PPHSN-CB Focal Point (SPC) needs to send a reminder to PICTs, advising them that SPC supports routine surveillance for leptospirosis and continues to provide PICTs with testing kits if/where need be.
- Wastage must be minimised (e.g. Cook Islands didn't use all the kits provided via the lepto survey because there was a lack of cases and kits finally expired)
- According to George, the provision of testing kits can be viewed as capacity building at the country level
- Leptospirosis is endemic in a number of PICTs (e.g. New Caledonia, French Polynesia also had a lot of cases in 2006 (130 cases))

Recommendation 7 on dengue

- An update is needed regarding dengue outbreaks/cases in Cook Islands, Samoa (where cases have been reported) and French Polynesia
- WHO will follow up on the regional initiative/project developed by Kevin Palmer after the Samoa Commitment (2005)
- SPC received requests for entomological support from the Northern Pacific Island Countries and Territories in 2005 & 2006.
- Following the requests, 2 trainings on vector identification and entomological surveillance were delivered in 2005 and 2006 in collaboration with Pasteur Institut of New Caledonia (IPNC) in Guam and CNMI.
- IPNC & SPC have also developed a concept paper (project) on entomological surveillance which has been submitted to different donors. France already expressed interest in funding the 5-years project which includes 4 components: 1) surveillance including a web-based atlas tool (based on the Ross River model from Queensland), 2) training at country level on surveillance and control 3) community interventions and 4) research component (difficult to get funding for this last component).
- Apparently it will take about 9 months to get the funding from France for the 3 first components.
- IPNC received confirmation that some other funds are also available (since last week) and they propose to start with a small project in collaboration with SPC and Institut Louis Malarde in French Polynesia for Cook Islands (including the web component)
- IPNC&SPC project will also cover vectors of other diseases (e.g. filariasis)

- Tropical Disease Research and Training (TDR) need to be strengthened at the regional level - IPNC&SPC dengue project addresses the entomological part, but the other part needs attention. The Fiji School of Medicine has developed project proposals on TDR but they have not been accepted.
- WHO is recruiting a new person to replace Kevin Palmer who has good TDR skills.

Recommendation 8 on human resources in health (HRH)

- There is a WPRO Strategy on HRH
- The Fiji School of Medicine (FSMed) has created an HRH committee including WHO, USP and Fiji School of Nursing. The CB members agreed that HRH committee based at Fiji School of Medicine will be augmented with SPC members (Narendra Singh and Lia Maka from SPC Suva) and others as needed and would then subsume the function of the proposed PPHSN HRH Working Group. Some HRH Committee members will draw out Terms of References and membership for the PPHSN HRH Working Group. The TORs will be circulated among the CB members for their consideration and review.
- FSMed have signed a contract with WHO to develop a database of HRH programmes and policies.
- FSMed will also create a network of HRH focal points
- Some CB members were wondering if the HRH Committee would cover all the PICTs considering the fact that FSMed is an important institution but that it doesn't cover the all region (such as PNG and French Territories).
- ESR mentioned that they would be willing to provide assistance in this area as well
- Regular consultations with other institutions were suggested in order to insure a good coordination of the different initiatives.
- Other resources are also available like regional arrangements (e.g. Cuban doctors)

Recommendations 9 & 10 *didn't need to be discussed.*

Recommendation 11 on Infection Control

- It is clear that PPHSN includes 3 key services (PacNet, LabNet and EpiNet) and that PICNet comes as an additional service
- CB members agreed that there is a need to continue advocacy on Infection Control and that this network must be strengthened.

Recommendation 12 on PacNet-restricted role and membership & PacNet

- SPC was waiting for guidance on this issue
- There is a need to stimulate members to use the list more often and efficiently
- Jacob Kool reminded his suggestion made at the last meeting about sending regular messages on PacNet-restricted with the list of members
- PICTs mentioned that they had difficulties to post message freely and quickly on PacNet because they need to get clearance first. It was suggested that an efficient clearance system be put in place to solve this problem.
- A letter from the CB members should be addressed to the PICT CEOs, encouraging them to contribute to PacNet
- SPC will share with CB members information on PacNet members (list of members with titles, etc) and a summary of information circulated on the lists (PacNet, PacNet-restricted, PacNet-Lab, EpiNet Announcement list) in the last 3 years.

Recommendation 13 on PICT representation in the CB

- There was extensive discussion on the proposal (annex 1) presented by SPC (based on the suggestion made at the last CB meeting)
- The role of the PICT representatives should be clarified.
- The role (TORS) of the CB members was also reconsidered.

- At the end of the discussion, the group decided to further consider the following 3 options and take a decision on the second day of the meeting: 1) use the new proposal (affordable according to SPC) 2) use a simpler proposal suggested by Paul Martin, or 3) keep the current system in place since the beginning of the network.
- A small group of CB members developed a simpler proposal as suggested by Paul Martin (option 2). The proposal was then presented to the all group on the second day of the meeting.
- All CB members agreed that the last proposal (annex 2) presented many advantages (simplicity, equity and ownership by PICTs) and that a letter should be sent to all PICTs to get their feedback on this new option and finally get their approval to replace the initial renewal system with this new one.

Recommendation 14& 15 were not discussed.

3. Output from the PI Pandemic Taskforce Meeting

See section 9.

4. Output from the Vanuatu Ministers & Directors of Health Meeting
&
5. Planning session 2007-2008 on IHR/APSED implementation within the PPHSN framework

The Vanuatu recommendations are based on the actions listed in the WHO/SPC joint document produced for the MoH meeting entitled "The Asia Pacific Strategy for Emerging Diseases, including International Health Regulations (2005) and Pandemic Preparedness" on page 10.

Regarding **Action point 1** for SPC, WHO and other partners[1]

- The PICTs core capacity assessment will be started through the PRIPPP checklist which covers the Avian Influenza components that need to be addressed quickly (because of the emergency)
- Then, the APSED checklist will be used to cover the areas not covered by the PRIPPP checklist.
- SPC & WHO expressed concern about the delay that could be engendered by the finalisation of the checklists and they invited the CB members to share their opinions on this issue with the group, as detailed below.
- Some CB members felt that the assessment process should start quickly in the PICTs and that more energy should be put on the application process than the refining of the tools, especially the PRIPPP checklist that has been already looked at during the PI Taskforce Meeting.
- The checklists could be shared among the CB members for further consideration with a dateline set. The CB core members/PICTs representatives could also get the feedback of their EpiNet team.
- The PRIPPP checklist will be translated into French by SPC. The APSED checklist should also be translated once finalised.
- ESR mentioned a risk assessment tool that could be utilised to analyse the results of the checklist. It would give a good indication of where the PICTs are.

Regarding **Action point 2** for SPC, WHO and other partners[2]

- SPC mentioned that PRIPPP will take care of PICNet development.

[1] Work with Pacific Island Countries to finalize the APSED baseline data collection tool—the IHR core capacity assessment—that can be used in the Pacific Island Countries.
[2] Further explore necessary regional or subregional approaches to support national and local core capacity-building, including LabNet, EpiNet and PICNet development, regional rapid response mechanism (e.g. Regional EpiNet Team) and the utilization of the Global Outbreak Alert and Response Network (GOARN).

- A summary of LabNet situation and mechanisms (L1, L2 and L3) was presented by SPC
- CB members agreed that L1 capacity-building was important
- Considering all the efforts put on L2 labs capacity building and the difficulties encountered in the development of 2 of them (Guam and Fiji), CB agreed that the development of L2 labs needed to be further considered.
- Some CB members felt that L2 labs development should not be a priority for the short-term period.
- It was suggested that more efforts should be put on the development of L1 laboratories and the transfer of testing to L3 laboratories. The most important for the PICTs is to get the tests done.
- A cost analysis regarding the different options 1) strengthening of L2 laboratories 2) transfer and testing in L2 laboratories + transfer and testing to L3 laboratories 3) direct transfer to L3 laboratories should be done.
- WHO Twinning initiative was mentioned as a good opportunity to develop lab capacities. IPNC (as support provider) and Mataika House (as support recipient) have already applied and received approval from WHO according to Jacob Kool.
- An algorithm on what to send and where to send would be very useful for PICTs
- 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.

The LabNet Technical Working Body (SPC, WHO & IPNC) & LabNet partners, together with George, Jacob and Bruce are asked to further discuss the issue of support to L2 laboratories and to submit their proposal to the CB members within 6 weeks.

6. Planning session 2007-2008 on Training strategies for PICTs staff in infectious disease surveillance and response

See also section 2, recommendation 8.

- SPC presented the progress and lessons learnt from the series of training courses on "Data for Decision Making (DDM)" delivered by SPC, WHO, CDC and other PPHSN partners in 2005 and 2006 in Guam and CNMI.
- Discussions have started with WHO POLHNet to provide the DDM training courses at distance.
- The WHO Global Salmonella Surveillance Training Course organised by SPC, CDC, IPNC and many other partners was also mentioned. A new training workshop is planned this year for the countries that have not participated to the first workshop in 2006. This workshop includes public health professionals and microbiologists.
- CB members raised the issue of National/Territorial EpiNet teams, being more administrative teams rather than responses teams working on the field.
- The EpiNet concept needs to be revitalized with a clear role and responsibilities defined in relation to the International Health Regulations
- CB members are in favour of organising in-country training courses for EpiNet teams (advantage: training all the EpiNet team members and possibly other health professionals in the same time). The courses should include pragmatic exercises, field epidemiology and outbreak investigation components.
- CB members considered distance education as an option for delivering training courses to PICTs health professionals; however the facilitators should not rely on internet only, as many PICTs still have difficulties in accessing internet. Different means of communication can be utilised to deliver

distance education: email, CD-Rom, teleconferences, internet, and papers (ESR uses a combination of CD-ROMs and teleconferences for instance - USP has also experience in this area).

- CB members agreed that the development of training courses should be linked with the PICTs core capacity assessments carried out through the PRIPPP checklist and APSED, IHR tools. The courses will be based on the assessment results and training gaps/needs highlighted by the assessment. Training courses should also be targeted to public health technical personnel rather than administrative personnel.
- A strategy to provide targeted priorities training needs should be developed by the PPHSN HRH Committee, and funding proposals for long-term training programs (10 years) on the basis of the FETP should be sent to potentials donors such as AusAID. During the meeting, Dr Jacob Kool mentioned that WHO had funds available for training in the area of field epidemiology and therefore that the PPHSN HRH Committee might also approach WHO when the proposals will be ready.
- There is a lack of field epidemiology skilled personnel in the public health sector in many PICTs. CB should promote public health surveillance and response work in the region and make sure that Ministers of Health are aware that this is an important area. One way of dealing with this issue might be to clearly define public health function and look at the minimum resources required to be able to fulfil the function.
- Training should be delivered to help establish these core public health functions (as part of a capacity building package) rather than to train health professionals in areas not clearly stated in their job description.
- PPHSN has captured the attention of the Ministers of Health since many years now. The network could therefore play an advocacy role in this area. (it could focus the next Ministers of Health meeting)
- The HRH Committee, as a PPHSN Working Group, should be tasked to develop a continuous professional education (CPE) framework. This should help to progress in APSED-related core capacity building. Progress reports regarding the Committee activities on CPE will be sent to CB members for their consideration, review and approval.
- Finally, CB members recognized that the DDM training courses are very useful and should be continued and linked to the HRH development in PICTs.

7. Overview and discussion on recent outbreaks

- Ngapoko Short presented the general characteristics of the dengue outbreak that affects Cook Islands since 2006: the serotype is DEN-1; the vector is probably Aedes Polynesiensis according to Kevin Palmer, although Aedes Aegypti is also present in Cook Islands. Ngapoko also listed the different measures put in place to control the outbreak. Apparently, it is more difficult to conduct vector control activities for Aedes Polynesiensis mosquitoes than Aedes Aegypti.
- Alex Wiegandt gave an overview of the dengue situation in French Polynesia: after an endemic phase, a progressive increase of DEN-1 (same as the 2001 outbreak) cases occurred with an epidemic situation this year. The vector is Aedes Aegypti. No severe cases have been reported.
- Siniva Sinclair mentioned a problem that they encountered in Samoa in 2006 with the rapid tests for dengue. A few cases were positive on the rapid tests and negative on the confirmatory test (Elisa). Paul Martin from IPNC mentioned that many low IgM positive with rapid tests are due to polyclonal activation by Hepatitis A (or this could be Ross River cases). PICTs should therefore ask the confirmatory L3 lab to conduct testing for Hepatitis A or Ross River when the confirmatory test is negative for dengue (influenza or leptospirosis).
- Jean-Paul Grangeon and Paul Martin stated that 6 cases of dengue had been reported in New Caledonia in 2006 (5 imported cases and 1 local transmission) and that they managed to avoid/stop the virus from spreading because of efficient perifocal control measures put in place.

- The experience of New Caledonia shows that the spread of dengue virus can be stopped with efficient perifocal control measures. However, this is only possible if the cases of dengue are reported very quickly. In 2003, a big outbreak of dengue occurred in New Caledonia because a few clinicians didn't report dengue cases. The same thing happened in Cook Islands last year; the first cases of dengue were not reported quickly enough.
- CB members recognised that a good surveillance system, with the active participation of the clinicians is essential to prevent dengue from spreading. Links between clinicians and public health workers must be strengthened at the country level.
- CB members asked the CB focal point 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.
- Finally, Jacob Kool asked the group if they could consider the following question: Is an outbreak of dengue (like those affecting some of the PICTs actually) an event of international concern that needs to be notified according to the new IHR? The response was yes, although it required some debate.
- While considering the above question, CB members exchanged their views on the definition on an outbreak. They also thought that a general guideline to notify dengue would be very useful.
- SPC mentioned that a draft PPHSN guideline on dengue had been developed. The document requires some more work.
- CB members also agreed that it would be worth asking PICTs to share their national notifiable disease legislation with their PPHSN colleagues.

8. Planning session 2007-2008 – Regional surveillance and support to PICTs

See also the other sections which include information on regional surveillance and support to PICTs.

- Bruce Adlam presented the surveillance system SURVINZ and EpiSurv7 software that has been developed at ESR (Annex 3). EpiSurv7 is a simple application for real-time surveillance, based on the internet. He mentioned that ESR would be happy to extend the software to PICTs.
- CB members asked a lot of questions on the system: confidentially/safety of the system (as the names are stated on the reporting forms), risk of duplication (as different health workers can enter data), etc.
- CB members thought that the same kind of application could be used in the PICTs, provided that there is an option for data management and control at the country level where the data could be stored too. The support and maintenance of the system could continue to be done from a distance. The setup can be modified, so that the web interface could also be used offline, as many PICTs don't have reliable access to internet. The system could then run independently with a local host.

9. Planning session 2007-2008 – PRIPPP plans

- At the last CB meeting, CB 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.'
- This time, the CB members discussed how they are going to monitor the activities of the project.
- First of all, the group agreed that the Influenza Specialist Group needed to be updated. The PPHSN-CB Focal Point (SPC) will draft a renewal proposal, with clear criteria regarding the membership (number of members required, qualifications, areas of expertise, etc.) and submit it to the CB members for their consideration before sending it to PacNet (Timeline to update the group = 1st May).
- CB members agreed that the ISG is a technical advisory group.

- Once the ISG will be updated, the PRIPPP will then be able to send its Year 2 Work Plan for consideration, comments to the ISG. Then, the plan will be sent to the CB members for their consideration.
- PRIPPP will also send the results of its assessment checklist to the ISG for consideration, technical input. Afterwards, the results will be sent to the CB members and the HRH Committee (especially the training gaps/needs identified by the assessment).
- Finally, a teleconference will be organised the first week of June, on Thursday 7 June at 9:00am (Noumea time) exactly, with representatives from the PRIPPP, the ISG and the CB to finalise and approve the PRIPPP Year 2 Work Plan.

10. Planning session 2007-2008 – other items to include on the CB Action Plan

- A small working group (including Jan Pryor, Justus Benzler, Siniva Sinclair, Tom Kiedrzynski, Jacob Kool and Paul Martin) was tasked by the CB to draft an Action Plan based on the discussion of the meeting (see preceding sections). The draft Action Plan will be circulated among the group and further discussed and finalised at the teleconference planned on Wednesday 7 June (see section 9).
- CB members mentioned a number of important and upcoming events that should also appear on the Action Plan, such as:
  - South Pacific Mini Games, Samoa, 2007
  - MDG meetings
  - NCD surveillance opportunities/initiatives as recommended in the Samoa Commitment
  - Progress of SPC Knowledge Management Group
  - Pacific Health Metrics Network
  - PINA meeting in May 2007
  - Health Research Development Meetings (organised from 3 to 6 October by WPRO, end preceded by a HRC meeting on 1-2 October)

  It was also suggested that a list of upcoming events be placed on the PPHSN website.

LIST OF ANNEXES

Annex 1: Improving Equity and Functionality of PICTs' Representation in the PPHSN-CB (in a separate document)
Annex 2: Optional consideration for PPHSN-CB PICT membership (in a separate document)
Annex 3: SURVINZ – Surveillance Infrastructure New Zealand – from ESR (in a separate document)
Annex 4: List of Participants (below)

LIST OF ACRONYMS

CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CPE	Continuous professional education
DDM	Data for Decision Making
FETP	Field Epidemiology Training Programme
ESR	Institute of Environmental Science and Research
FSMed	Fiji School of Medicine
GOARN	Global Outbreak Alert and Response Network
HRH	Human resources in health
IHR	International Health Regulations
ILI	Influenza Like Illness
ISG	Influenza Specialist Group
NCDs	Non Communicable Diseases
NZ	New Zealand
PIHOA	Pacific Island Health Officers Association
PPE	Personal Protective Equipment
PPTC	Pacific Paramedical Training Centre
PRIPPP	Pacific Regional Influenza Pandemic Preparedness Project
SPC	Secretariat of the Pacific Community
TORs	Terms of Reference
WHO	World Health Organization

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Noumea, New Caledonia, 29 – 30 March 2007

13ème RÉUNION DU GROUPE DE COORDINATION DU RÉSEAU OCÉANIEN DE SURVEILLANCE DE LA SANTÉ PUBLIQUE
29 – 30 mars 2007, Nouméa, Nouvelle-Calédonie

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