

SECRETARIAT OF THE PACIFIC COMMUNITY

**15<sup>th</sup> MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE  
NETWORK (PPHSN) COORDINATING BODY (CB)**

Nadi, Fiji, 28 November 2008

**MINUTES**

**1. Opening**

**Words of Welcome – Dr Tom Kiedrzyński**  
**Chairperson: Mrs Sara Faletose**

**2. Meeting's context, agenda**

Dr Kiedrzyński presented the provisional annotated agenda to the group.

This meeting was organised taking advantage of the 2<sup>nd</sup> Pacific Avian and Pandemic Influenza Taskforce meeting. Unfortunately, four out of the seven Pacific Island countries and territories members of the Coordinating Body (French Polynesia, Marshall Islands, Northern Mariana Islands and Tokelau), as well as the Fiji School of Medicine, could not attend this meeting (see the list of participants, annex 1).

**3. Review of progress since 14<sup>th</sup> PPHSN-CB meeting**

All recommendations from the 14<sup>th</sup> PPHSN-CB meeting were reviewed by the group (see details below).

**Surveillance**

***Interagency harmonisation for information requirements***

**Progress:** Recently, the World Health Organization (WHO) and the Secretariat of the Pacific Community (SPC) have signed a new four-year Memorandum of Understanding (MoU) designed to improve collaboration between the two organizations and to seek innovative solutions to assist Pacific Island countries and territories (PICTs) to achieve better health outcomes. The partnership will cover the harmonisation of information requirements.

**Way forward:** This is an ongoing issue and advocacy by PPHSN members must be maintained if we want the harmonisation to happen between all agencies. PICTs must also point out to the agencies any duplication that they find.

A letter could be sent by the PPHSN Coordinating Body (PPHSN-CB) to PICTs asking them if there is any type of duplication in the reporting forms that they work with.

***EpiSurv7 system***

**Progress:** Dr Bruce Adlam, Dr Justus Benzler and Dr Jacob Kool met recently in NZ at the Institute of Environmental Science and Research (ESR) to discuss the adaptation of this web-based national notification system (that includes a GIS interface to facilitate the presentation and analysis of data) to the needs and requirements of PICTs. This concerns case reporting on syndromic surveillance and for priority diseases, using standardised case definitions and classification, and facilitating integration of clinical data and lab results. Cook Islands have been identified as the first PICTs' pilot site to implement and test the system and

preparations for the trial have already started. Two staff from EpiSurv7/ESR went to Cook Islands in November to discuss the system with MoH stakeholders.

Dr Boris Pavlin expressed his concern regarding possible internet difficulties (slow internet connexion) that some PICTs may encounter. Dr Adlam replied that the system will be designed with the capacity to work offline, with data stored locally on the workstation and synchronised with the remote server when the connection allows.

**Way forward:** The trial in the Cook Islands should continue and the progress should be shared with PPHSN members.

### *Standardisation*

**Progress:** WHO started working on standardisation of surveillance activities in PICTs. A few PICTs now produce regular surveillance bulletins which prove that their system is working.

The Health Metrics Network, which has been initiated to improve health data quality and usefulness at different levels, should contribute to facilitate the standardisation of surveillance data in the region, although some work yet needed to be done in defining surveillance data standards by the CDC.

The APSED and PRIPPP checklists can be used as evaluation tools.

Some PICTs like Samoa also have monitoring and evaluation frameworks already in place that could be used to provide indicators.

**Way forward:** WHO and SPC should continue working on standardisation of surveillance data in the region.

### *Notifiable diseases*

**Progress:** There is already a list of PPHSN priority diseases that has evolved with the emergence of new epidemic disease threats.

**Way forward:** WHO should elaborate on PPHSN list of priority diseases (add case definitions and classification, define minimal data set, etc).

## **Resources for response**

### *National/territorial EpiNet (or equivalent response) teams*

**Progress:** SPC was waiting for Oct 2008 WHO IHR meeting to add information from this meeting to the letter to be sent to PICTs about the role and composition of the EpiNet teams.

**Way forward:** The group agreed that the EpiNet (or equivalent response) team should be seen as the operational, field arm of the national IHR focal point. Basically, at least one person from the EpiNet team should also be part of the national IHR focal point. The teams could/should also include one person working on infection control and one person from the animal health sector—depending on the outbreak addressed. SPC will prepare a letter to PICTs in consultation with PPHSN-CB members on the expected composition of EpiNet teams and the proposed terms of reference.

Mrs Sara Faletoes stated that when PICTs already have a Communicable Disease Control Committee in place, the same committee plays the role of the EpiNet team.

Dr Eric Rafai believes that SPC and WHO should meet with the national EpiNet team members (e.g. during in-country visits) to clearly explain them their role and terms of reference and promote PPHSN services.

IHR focal point contacts from PICTs should be included in the Directory of PPHSN resources.

### *Other resources for response*

**Progress:** SPC has provided PPE (for infection control) stockpiles to all PICTs through the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP). There were preliminary discussions with Fiji Pharmaceutical Services (FPS) under Fiji MOH concerning the use of FPS as a regional warehouse for PPE stockpiles, but in the end all stockpiles have been dispatched and are being stored in-country. Discussions are continuing about the possible role of FPS in regional procurement for SPC's Public Health Programme

In addition to stockpiles stored in-country, there are sub-regional stockpiles. There is 1 of each “kit” (Animal Health and Human Health) in each of 4 SPC locations: Noumea, Suva, Pohnpei, and Port Moresby. SPC and WHO also worked on laboratory issues (kits to take lab specimens, shipping containers and procedures, etc.). SPC and WHO have funds that can be used for regional response activities.

**Way forward:** A clear statement/guide on the SPC and WHO regional response funds should be prepared and shared with PPHSN members.

### LabNet

**Progress:** Despite all the efforts made to build L2 lab capacity, 2 of these labs (Guam Public Health Laboratory and Mataika House in Fiji) still don't have the capacity to perform L2 testing. Most of the national L1 laboratories are currently sending their samples directly to L3 laboratories (except Wallis and Futuna, and Vanuatu for instance, who sent dengue samples to IPNC which is an L2/L3 lab). Discussions with New Zealand's National Centre for Biosecurity and Infectious Disease –Wallaceville that could offer some services for outbreak confirmation to PICTs are also underway.

The Pacific Paramedical Training Centre (PPTC) in NZ as well as some L3 laboratories provide quality assurance services to all PICTs.

#### Way forward:

- The best solution right now is to continue with the above arrangements (L1 sending samples to L3 directly or IPNC 12/13 Lab if relevant).
- Access to L3 laboratories should be improved.
- Negotiations with in New Zealand's National Centre for Biosecurity and Infectious Disease – Wallaceville should be pursued.
- More efforts should be placed on bringing L1 laboratories to a standard level (training of laboratory technicians should be organised).
- The standardisation of testing methods used by PICTs should also be pursued to facilitate the stockpiling of tests.
- New dengue rapid tests should be evaluated and recommendations should be made to PICTs on the most cost-effective options.
- Quality assurance services to PICTs should be provided and promoted.
- LabNet Technical Working Body should be reactivated to look at all these issues. Mrs Salanieta Elbourne, SPC laboratory specialist, should coordinate the activities at the regional level in close collaboration with Mrs Vasiti Uluiviti, PIHOA laboratory coordinator for the North Pacific.

### PacNet

**Progress:** A letter has been sent to PICTs to highlight the usefulness of PacNet and encourage them to contribute more on a timely manner. An outline of PacNet postings from January to August, highlighting the nature and scope of information distributed through the list, has been compiled and dispatched to PacNet members (together with information on the access to PacNet archives). Information on the composition of PacNet-restricted list has been sent to all PacNet-restricted members.

**Way forward:** All PPHSN members should continue to promote PacNet. Any opportunity (regional meetings, in-country visits, PICTs national meetings) should be taken to talk about the usefulness of PacNet and the need to contribute to the network in a timely manner.

### Inform'ACTION

**Progress:** A forum to discuss Inform'ACTION articles has been created as recommended during the last PPHSN-CB meeting. It was presented to PPHSN members in Inform'ACTION 29 (announcement posted on PacNet). It is part of a set of tools developed to facilitate Inform'ACTION review. The other tools include: a list of selected articles compiled from the 29 issues of Inform'ACTION published on paper as a supplement of Inform'ACTION 29 and online (with links to all the articles in pdf accessible through SPC and PPHSN websites) + a questionnaire on Inform'ACTION (available in electronic and paper format).

**Way forward:** CB members thought that it was a good idea and that the forum should be further promoted among the network. The technical possibility of sending digest information to the forum subscribers should be explored.

### **PICNet**

**Progress:** Ongoing. SPC and WHO do collaborate on infection control.

**Way forward:** PICTs should try to involve infection control officers in their EpiNet teams (already mentioned in the EpiNet section).

### **Training (surveillance and response)**

**Progress:** A shorter version of the field epidemiology training programme (FETP) set-up by Dr Narendra Singh from SPC has started in some PICTs.

Dr Bruce Adlam mentioned a training resource assessment carried out by AusAID. He had been requested to provide information to them on NZ training resources and he was wondering if SPC and WHO had been contacted too.

The high turn-over of health professionals in the region makes it difficult to build and maintain national capacities in surveillance and response.

WHO had great success with the epidemiology courses that they offered this year through the POLHN (Pacific Open Learning Health Net). Fiji demand was massive. This helped identify motivated people for this kind of training.

#### **Way forward:**

- PPHSN members need to make sure that the right people, those who are working in the field, are properly trained. But the task is not easy because the selection of course participants is done by the PICTs (not always in consultation with the training agencies).
- The training agencies should encourage the PICTs' health authorities to ensure that the trained staffs share their knowledge with their colleagues (training of trainers). EpiNet team members should try to advocate this approach at the national level.
- In-country training is very useful as it makes it easier for staff working on a daily basis in the areas covered by the training to attend it and to raise those issues that are most relevant to their work. PPHSN members should take advantage of any outbreak happening in the PICTs to train the EpiNet team in the field. If possible, health professionals from other PICTs should be invited to participate in the investigation and response activities. Training agencies (including SPC and WHO) should try to figure out how to secure funding for these training opportunities. One way of doing this might be to include a response component in the training programmes.
- SPC should continue working on the identification of a regional pool of trainers and resources for outbreak investigation (using the Directory of PPHSN Resources).
- WHO should offer its epidemiology course through POHLN to PICTs again during the first half of next year.

### **PPHSN-CB TORs**

**Progress:** The revised version of the TORs has been endorsed and circulated to PPHSN-CB members.

**Way forward:** Risk communication is not well addressed in the region in a systematic way. This issue will be discussed at the next PPHSN regional meeting. SPC is planning to continue working in this area with UNICEF. WHO Manila Office just hired a risk communication officer, Mrs Caroline-Anne Coulombe (Email: [coulombec@wpro.who.int](mailto:coulombec@wpro.who.int)), and PPHSN partners should liaise and work with this person.

### **Collaboration among PPHSN partners**

**Progress:** Done through the WHO/SPC new MoU (see details in the surveillance section).

## Regional coordination strategy for avian and pandemic influenza

**Progress:** MoU again.

**Way forward:** Clear procedures on the regional coordination strategy need to be written, but we already have important documents (IHR and the MOU) that cover this issue.

## Regional project to support vector surveillance and control activities against dengue

**Progress:** Some aspects of the project (i.e. the involvement of the private sector) were discussed during the dengue meeting.

**Way forward:** PPHSN members emphasised the need to strengthen Dengue (incl. vector) surveillance and control in the region given the current outbreak situation. Ongoing in-country training would be an important component of this. The PPHSN-CB members will review the key recommendations from the Dengue meeting once they are available.

## NCDs and PPHSN

**Progress:** WHO and SPC have developed a Pacific Framework for the Prevention and Control of NCDs.

**Way forward:** PPHSN-CB members agreed that it is not feasible at this stage to include NCDs within the operations of PPHSN.

## PPHSN regional meeting

SPC and WHO are planning to organise a regional EpiNet meeting in August 2009 in conjunction with the IHR meeting. Training sessions and a LabNet satellite meeting might be organised in the same time.

## 4. PRIPPP monitoring (recommendations from the PRIPPP mid-term review)

Mrs Jennie Fischer presented the recommendations from the PRIPPP mid-term review to PPHSN-CB members. The comments from the CB members (regarding the recommendations that have implications for the network) are presented below.

### Recommendation 2

PPHSN-CB members agreed that PRIPPP needs to review its goals and have a better framework to measure its objectives. Once revised, the new goals and framework could be sent to PPHSN-CB members and PAPITaF members for their comments.

### Recommendation 4

Every country is different and PRIPPP should ask each country to identify a national focal point that will communicate and gather information from the full national taskforce (including all sectors involved in avian and pandemic influenza preparedness activities).

### Recommendation 8

The group agreed that the PRIPPP Steering Committee should include other key stakeholders involved in disaster preparedness and risk communication (UNICEF) because PPHSN-CB and PHOVAPS Advisory Group do not cover those areas.

### Recommendation 19

Though the idea of organising a review of PPHSN systems and services is good, it's not the role of PRIPPP to engage this process. This should be discussed with all PPHSN members.

## 5. PRIPPP monitoring (recommendations from PAPITaF meeting and year-3 PRIPPP work plan)

The group went through the recommendations from PAPITaF meeting and made a few comments and rewording suggestions. The revised version of the recommendations will be circulated to all PAPITaF meeting participants.

Electronic copies of the year-3 PRIPPP work plan were provided to PPHSN-CB members for their consideration and comments by 5 December.

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

**Dr Justus Benzler** mentioned 2 significant meetings on dengue fever that occurred in 2008:

- Asia Pacific Dengue Programme Managers Meeting – Focus on the Asia Pacific Dengue Strategic Plan, in Singapore, May 2008
- Second International Conference on Dengue and Dengue Haemorrhagic Fever (more scientifically oriented) – Focus on entomological side, in Thailand, October 2008, followed by a Dengue Prevention Board Meeting.

### *Upcoming meetings:*

Global Salmonella Surveillance Training Workshop in Guam in February 2009

PIHOA meeting in Guam in March 2008

**Dr Boris Pavlin** talked about an initiative carried out in the Federated States of Micronesia in 2008 in collaboration with SPC: Setting-up of a sentinel surveillance network on influenza, involving laboratory. SPC and WHO hope to expand the model throughout the North PICTs.

**Mrs Tauga Eritai** pointed out the article published in Inform' ACTION 29 regarding the infection control workshop that was organised in Kiribati in 2008 by SPC.

**Mrs Salanieta Elbourne** mentioned laboratory meetings that occur once a year in the North Pacific. She believes that these meeting should be extended to PICTs from the South Pacific as they allow PICTs to share lab issues. She also talked about the Fiji Medical Association which organise meetings regularly where lab issues are discussed too.

**Dr Bruce Adlam** said that the main focus of the training that they organized in NZ this year was on foodborne diseases (due to the Salmonella outbreak). They also organized training on EpiSurv7 system. Bruce reminded the group that ESR can offer support to PICTs on microbiological testing.

**Mrs Jennie Fischer** mentioned 2 meetings on pandemic influenza preparedness:

- PACOM conference – Focus on pandemic preparedness (military approach) in Cairns, June 2008
- CDC Cooperative Agreement Meeting – Focus on pandemic influenza preparedness and monitoring and evaluation issues, in Cairo, August 2008

**Mrs Sara Faletese** stated a number of national initiatives and events that took place in Samoa this year:

- National filariasis campaign that mobilised the all Ministry of Health
- National simulation exercise on disaster preparedness
- Dengue outbreak and the activation of Communicable Disease Control Committee (linked to disaster)

*Upcoming event:* A testing exercise on pandemic influenza preparedness will be held in 2009 > SPC will be contacted for assistance.

Mrs Faletoese is a member of the Pacific Human Resources for Health Network and she mentioned a gap analysis on human resources issues that will be launched by SPC next year under this network. She also thought that this network workplan could be link-up with the year-3 PRIPPP workplan.

**Dr Tom Kiedrzyński** mentioned a number of meetings:

- WHO consultation on field epidemiology training programme (FETP) for the Pacific, in Manila, October 2008
- GOARN meeting in Melbourne (topic discussed: partnership, GOARN decentralization, role of GOARN with regards to training, response mechanisms)
- WHO IHR meeting in Cook Islands in September 2008
- Meeting with UNICEF regarding further collaboration work on risk communication

*Upcoming meetings/events:*

- Joint IHR/PPHSN meetings co-organized by WHO and SPC in August.
- Ministers of Health Meeting co-organised by WHO and SPC in July
- A regional simulation exercise should be explored by PPHSN members

#### **Other matters:**

Dr Justus Benzler presented the current state and progress of SPC's initiative towards a "Health Data Sharing Agreement", and distributed electronic and paper copies of revised draft templates (general agreement and specific LoA) to all PPHSN-CB members for their consideration and comments. This initiative is the result of previous discussions among PPHSN-CB members regarding the issue of data sharing between SPC and other PPHSN agencies and PICTs.

## **7. Conclusion and closure**

The next PPHSN-CB meeting should be organised around August 2009 back to back with the IHR/PPHSN meetings. Regarding renewal of representation in the CB, Fiji replaced Solomon Islands as from 2008, and three new core members will join the CB as from 2009: Wallis & Futuna replacing French Polynesia, Guam replacing Kiribati, and Niue replacing Samoa. For the allied members, IPNC had commenced its 3-year term in 2006, and the term of ESR had been renewed in 2008 for another 3 years. These seats will thus be up for renewal in 2009 and 2011, respectively.

Mrs Sara Faletoese (Chair of the meeting), Dr Tom Kiedrzyński and Dr Boris Pavlin closed the meeting after a few remarks and thanks to the participants.

## LIST OF PARTICIPANTS / LISTE DES PARTICIPANTS

CORE MEMBERS REPRESENTATIVES  
REPRÉSENTANTS DES MEMBRES STATUTAIRES

<b>Fiji</b> <i>Fidji</i>	<b>Dr Eric Rafai</b> National Adviser for Communicable Disease, Fiji Centre for Disease Control, Mataika House, Tamavua, Fiji Islands. Ph: (679) 3320066 fax: (679) 3320344 Email: <a href="mailto:rafai@health.gov.fj">rafai@health.gov.fj</a> / <a href="mailto:eric.rafaï@hotmail.com">eric.rafaï@hotmail.com</a>
<b>French Polynesia</b> <i>Polynésie française</i>	<b>Not represented – Replaced by New Caledonia</b> <i>Non représentée – Remplacée par la Nouvelle-Calédonie</i>
<b>Kiribati</b>	<b>Mrs Taua ERITAI</b> Deputy Secretary, Representative of the National Disaster Office Office of Te Beretitenti PO Box 68 Bairiki, Tarawa Kiribati Tel +686 21183 Ext 15 Fax +686 28 121 E-mail: <a href="mailto:teritai@ob.gov.ki">teritai@ob.gov.ki</a> or <a href="mailto:t_meritai@yahoo.com.au">t_meritai@yahoo.com.au</a>
<b>Marshall Islands</b> <i>Iles Marshall</i>	<b>Not represented</b> <i>Non représenté</i>
<b>New Caledonia</b> <i>Nouvelle-Calédonie</i>	<b>Mme Catherine CATALDO</b> Infirmière de veille sanitaire Services de veille et contrôle Sanitaires – DASS NC BP N4 – 98851 Nouméa Cedex Tel: + 687 24 37 18 Fax: + 687 24 37 14 Email: <a href="mailto:catherine.cataldo@gouv.nc">catherine.cataldo@gouv.nc</a>
<b>Northern Mariana Islands</b> <i>Iles Marianne du Nord</i>	<b>Not represented</b> <i>Non représenté</i>
<b>Samoa</b> <i>Samoa</i>	<b>Mrs Sara FALETOESE</b> Principal Health Planning Officer Minsitry of Health Private Mail Bag Apia Tel + 685 68100 Fax + 685 26553 E-mail: <a href="mailto:d_faletoese@yahoo.com">d_faletoese@yahoo.com</a>



**Tokelau**

**Not represented**  
*Non représenté*

**ALLIED MEMBERS REPRESENTATIVES  
REPRÉSENTANTS DES MEMBRES ASSOCIÉS**

**Fiji School of Medicine**  
*Ecole de médecine de Fidji*

**Not represented**  
*Non représenté*

**Institut Pasteur de  
Nouvelle-Calédonie**  
*Pasteur Institute of New Caledonia*

**Dr Sylvain Mermond**  
Médecin biologiste  
Institut Pasteur de Nelle-Calédonie  
B.P. 61 98845 Nouméa Cedex  
Phone: (687) 27 02 85  
Fax: (687) 27 33 90  
E-mail: [schanteau@pasteur.nc](mailto:schanteau@pasteur.nc)

**Institute of Environmental Science  
& Research LTD ESR (New Zealand)**

**Dr Bruce Adlam**  
Population and Environmental Health Programme ESR  
P.O. Box 50348 - Kenepuru Drive Porirua  
Direct dial: (64) 4 914 0688.  
Tel: (64) 4 914 0700.  
Fax: (64) 4 914 0770  
E-mail: [Bruce.adlam@esr.cri.nz](mailto:Bruce.adlam@esr.cri.nz)

**World Health Organization**  
*Organisation mondiale de la santé*

**Dr Boris Pavlin**  
Medical Officer  
Communicable Disease Surveillance and Response  
World Health organization,  
Western Pacific Regional Office  
P.O. Box PS70  
Department of Health and Social Affairs  
Palikir, Pohnpei, FM 96941  
Tel: (691) 320 2619  
Fax: 1 866 8683948  
E-mail: [pavlinb@wpro.who.int](mailto:pavlinb@wpro.who.int)

**Dr Peter Kreidl**  
Epidemiologist  
Communicable Disease Surveillance and Response  
World Health Organization,  
Office for the South Pacific  
33 Ellery Street, Downtown Boulevard  
Provident Plaza One, level 4  
P.O. Box 113  
Suva, Fiji  
Tel: (679)-323 4100  
Fax (679)-323 4177  
E-mail: [kreidlp@wpro.who.int](mailto:kreidlp@wpro.who.int)

## GUESTS PARTICIPANTS / PARTICIPANTS INVITÉS

**Secretariat of the Pacific Community**  
*Secrétariat de la Communauté du Pacifique*

**Mrs Jennie Fischer**  
Project Coordinator  
Secretariat of the Pacific Community  
B.P. D5  
98848 Noumea Cedex  
Tel: +687-266 780  
Fax +687-26 38 18  
E-mail: [jennief@spc.int](mailto:jennief@spc.int)

**Mrs Sala Elbourne**  
Laboratory Specialist  
Secretariat of the Pacific Community  
B.P. D5  
98848 Noumea Cedex  
Tel + 687-262 000  
Fax+ 687-26 38 18  
E-mail: [salae@spc.int](mailto:salae@spc.int)

**Secretariat of the Pacific Community**  
*Secrétariat de la Communauté du Pacifique*

**Dr Tom Kiedrzyński**  
Epidemiologist  
BP D5, 98848 Noumea Cedex  
Tel: (687) 26 20 00 ext. 143  
Fax: (687) 26 38 18  
E-mail: [tomk@spc.int](mailto:tomk@spc.int)

**Dr Justus Benzler**  
Communicable Disease Surveillance Specialist  
BP D5, 98848 Noumea Cedex  
Tel: (687) 26 20 00 ext. 232  
Fax: (687) 26 38 18  
E-mail: [justusb@spc.int](mailto:justusb@spc.int)

**Ms Christelle Lepers**  
Surveillance Information Officer/Rapporteur  
BP D5, 98848 Noumea Cedex  
Tel: (687) 26 20 00 ext.181  
Fax: (687) 26 38 18  
E-mail: [christellel@spc.int](mailto:christellel@spc.int)

**Ms Isabelle Barbot**  
Interpreter/Interprète  
BP D5, 98848 Noumea Cedex  
Tel: (687) 26 20 00 ext. 164  
Fax: (687) 26 38 18  
E-mail: [isabelleb@spc.int](mailto:isabelleb@spc.int)

**M. Roy Benyon**

Interpreter/Interprète  
BP D5, 98848 Noumea Cedex  
Tel: (687) 26 20 00 ext. 164  
Fax: (687) 26 38 18  
E-mail: [royb@spc.int](mailto:royb@spc.int)

**M. Patrick Delhaye**

Interpreter/Interprète  
BP D5, 98848 Noumea Cedex  
Tel: (687) 26 20 00 ext. 164  
Fax: (687) 26 38 18  
E-mail: [patrickd@spc.int](mailto:patrickd@spc.int)

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