

SECRETARIAT OF THE PACIFIC COMMUNITY

**16th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE
NETWORK (PPHSN) COORDINATING BODY (CB)**
Auckland, New Zealand, 22 March 2010

MINUTES

1. Opening & election of chairpersons

The meeting started at 8:00 am.

Words of Welcome – Dr Justus Benzler, SPC
Chairperson: Dr Stephen Homasi, Tuvalu
Vice chairperson: Ms Lourdes Duguies, Guam

2. Adoption of agenda & meeting's context

The provisional agenda presented by Dr Homasi was adopted by all CB members (see annex 1).

Given that all PPHSN members had to face the influenza A/H1N1 pandemic in 2009, the PPHSN meetings planned for August 2009, including the 16th PPHSN-CB meeting had to be postponed to March 2010. The representatives of the three out-going core members of 2009 (Marshall Islands, Northern Mariana Islands and Tokelau) are therefore invited to this 16th meeting together with the three incoming core members of 2010 (American Samoa, Federated States of Micronesia and Tuvalu) in order to maintain continuity in the CB deliberations and allow smooth membership transition.

3. PPHSN-CB membership

While going through the current renewal of PPHSN-CB membership, CB members agreed that a process should be initiated to encourage CB core member (country) representatives to communicate with members of their renewal triad groups (ref. to annex 2 of the PPHSN-CB terms of reference document).

The communication process should allow countries not represented in the CB to bring issues to the attention of CB members for discussion during meetings.

Some countries stressed that they may have difficulties in initiating communication with the other members of their triad group, because they had no established communication channels with them (no related geographical, cultural or political concerns).

Recommendation: CB members requested that SPC, as PPHSN-CB focal point, facilitate communication among members of the triad groups before future CB meetings

CB members also talked about the renewal of the allied members which has to take place soon. 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 are thus up for renewal soon (IPNC 3-year term ended actually in 2008 and ESR will end in 2010).

Action: Dr Eric Rafai requested SPC to provide CB members with copies of PPHSN posters in order to present and promote the network during meetings, workshops or other events.

PPHSN-CB members expressed their gratitude to SPC for the support provided to the network since its inception, as focal point of the coordinating body, and hope that this will continue in future.

4. Review of main PPHSN documents and progress since 15th PPHSN-CB meeting

CB members quickly went through the PPHSN Strategic Framework 2003-2006 and agreed that this strategic document should be reviewed during another PPHSN-CB meeting, which should last at least three days.

Most of the recommendations from the 14th PPHSN-CB meeting were reviewed by the group in conjunction with the minutes of the 15th PPHSN-CB meeting.

Surveillance

Interagency harmonisation for information requirements

Progress: SPC, through its cross-sectional monitoring and evaluation system, tries to make sure that there is no duplication in the requests for information or assessment forms which are sent to countries.

Tuberculosis has been mentioned as a good example in terms of harmonisation for information requirements. SPC, WHO and CDC have agreed on a common reporting form.

WHO and SPC also collaborated well in the development of the ILI/H1N1 reporting form during the first wave of the pandemic.

The examples highlight the importance of established procedures for information sharing between agencies as a precondition for reducing the number of information requests to countries.

Ms Duguies from Guam mentioned that they had problems with the influenza surveillance form, which is different for CDC and WHO. The age-grouping is different in each form and therefore they must adjust their data and fill in two different forms each week. WHO stressed that countries should contact them directly when they encounter such problems.

SPC and WHO said that the harmonisation issue would be a guiding principle during the IHR/PPHSN meeting on Syndromic Surveillance for the Pacific due to start the next day.

PacSurv system

Progress: The trial of PacSurv (an adaptation of the New Zealand EpiSurv7 system) in Cook Islands commenced in May 2009. The system had been adapted to Cook Islands context and used for a couple of months to enter data during the H1N1 pandemic, as well as retrospective data of a dengue outbreak earlier in the year.

An evaluation of this trial has been carried out by SPC and ESR, and a report of the evaluation has been compiled and submitted to the former Director of Community Health Services, who has now left the country.

Action: The report has not been endorsed yet, but SPC will follow up this matter with the new director.

Dr Eric Rafai reminded that CB members suggested at the 14th PPHSN-CB meeting that trials should be conducted in a few countries (at least 3). Dr Justus Benzler replied that funding for other trials could not be obtained because the first trial had not concluded yet.

Recommendation: CB members requested that the report regarding the trial in the Cook Islands be shared with PPHSN members as soon as it will be endorsed.

Standardisation

Mrs Sharmain Mageo from American Samoa and Ms Lourdes Duguies from Guam shared information on their surveillance systems and explained that their territories had to use the standard CDC guidelines and incorporate variations to adapt them to their local situation. These guidelines were primarily designed for US mainland, not taking the context of the Pacific US territories into consideration.

Dr Tekie Iosefa also shared information on the Tokelau surveillance system, which is specific to the territory. He stressed that the human resources are very limited and public health staff have to handle different tasks. He explained that very recently they had a chicken outbreak and that the outbreak investigation was conducted by public health professionals because they have no animal health professional.

CB members didn't expand on the standardisation issue as this was due to be discussed during the subsequent IHR/PPHSN meeting on Syndromic Surveillance.

Recommendation: CB members expressed their support for standardisation of surveillance and regional information sharing.

Notifiable diseases

A PPHSN Outbreak Manual based on Tuvalu Outbreak Manual and developed by WHO and SPC will be presented to all PICTs for comments at the IHR/PPHSN meeting. This manual includes information on different notifiable diseases, including case definitions.

Resources for response

National/territorial EpiNet (or equivalent response) teams

SPC contacts Pacific Island countries and territories (PICTs) regularly in order to update the contacts and information regarding the National/Territorial EpiNet teams. The countries are also invited to send any changes in their EpiNet composition to SPC (contact person: Elise Benyon (eliseb@spc.int) when relevant.

IHR focal point contacts from PICTs have been included in the Directory of PPHSN resources 2010.

Other resources for response

Representatives from Fiji Islands, Guam, Tuvalu and Tokelau expressed their gratitude to SPC and WHO for the supplies of PPE (for infection control) stockpiles before and during the H1N1 pandemic, including through the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP). They also thanked SPC for the support provided for specimen shipping.

Action: Dr Tekie Iosefa from Tokelau asked if SPC could replenish Tokelau gloves supply.

CB members talked about current funding mechanisms for specimen shipping which are often limited to specific pathogen(s). They were wondering if donors could be more flexible and allow them to use these funds for other pathogens as well, when necessary (see recommendation below).

Recommendation: PPHSN members should approach donors and ask them to facilitate integrated and flexible specimen shipping mechanisms that are not pathogen-specific.

LabNet

A lot of lab activities and improvements have occurred since the last regional LabNet meeting in 2006. A meeting was planned for early 2009, but it was postponed because of the pandemic. Then, a number of sub-regional training workshops were conducted to address immediate influenza lab issues under the CDC project on increasing lab-based influenza surveillance in the Pacific. The project was implemented in 15 sites of the Pacific, providing supplies of microscopes and consumables, training and setting up shipping mechanisms.

Continuous assessment of the outbreak-prone diseases (6 PPHSN target diseases: dengue fever, measles, influenza, leptospirosis, typhoid fever and cholera) was done during the implementation and follow-up in-country visits of the lab-based influenza project.

At the completion of the implementation of the project, national influenza laboratory capacity assessment using an international tool will be conducted by Mrs Salanieta Elbourne with the CDC Influenza Division and American Public Health Laboratory.

Mataika House capacities have been upgraded (L2 reference lab for influenza confirmation); however the laboratory does not get a lot of requests for confirmation from its neighbouring countries as L2 lab. There is a need for networking and lobbying about this possibility.

Mrs Salanieta Elbourne, SPC laboratory specialist, and Mrs Vasiti Uliviti, PIHOA Regional lab coordinator, are currently working on plans for strengthening Guam Public Health Laboratory's L2 capacity.

A regional lab strategy paper has been developed by a group including Mrs Salanieta Elbourne in support of the WHO Asia-Pacific lab strengthening strategy that has been confirmed by the Asian Pacific Laboratories and will be rolled-out during a regional meeting which will take place in September 2010 (probably in Nadi).

Action: This regional lab strategy paper will then be shared with PPHSN members at the coming regional LabNet meeting.

The LabNet catalog, including information (contacts and procedures) on each L1, L2 and L3 laboratories has been updated and published on line on PPHSN website. It is also available on the Directory of PPHSN Resources.

Dr Stephen Homasi stressed that it is very important for countries to know where they can send their specimens for diagnostic or confirmation.

SPC in collaboration with PPTC, FSMed and PIHOA are currently in discussion on improving lab training for the Pacific, and will include WHO.

Professor Ian Rouse mentioned that Fiji College of Medicine, Nursing and Health Sciences (FSMed) is willing to contribute to national lab capacity building.

Dr Virginia Hope mentioned that ESR is also still committed to assist Pacific Island countries and territories through training activities. Mrs Salanieta Elbourne from SPC conducted a sub-regional lab training at ESR the week prior to this CB meeting.

Recommendations: CB members believe that a regional LabNet meeting should be organised soon to address strategic laboratory development. They also agreed that a LabNet Technical Working Body should be re-established (including WHO, SPC, ESR, IPNC, and other reference labs) to look at laboratory issues for the region.

PacNet

CB members agreed that PacNet is a very useful tool.

Inform'ACTION

Ms Christelle Lepers from SPC explained that the forum created in 2008 to discuss Inform'ACTION articles had not been successful. The complexity of accessibility to the forum may have discouraged PPHSN members to use it. SPC looked at ways to simplify the system but this was not possible. This forum was initiated to encourage PPHSN members to contribute to the bulletin, but this doesn't seem to be an issue anymore. Many countries (7 in all) contributed to last issue dedicated to Pandemic influenza A(H1N1).

She also explained the new process put in place in 2009 to increase the speed of the exchange of information and experience through the bulletin: articles are now published on line as soon as they have been reviewed and edited before the bulletin is complete.

Mrs Sharmain Mageo shared her experience regarding her contribution to Inform'ACTION #30. She was invited by Christelle to write a paper on the surveillance system that they put in place for the 10th Festival of Pacific Arts in American Samoa. She was very pleased with the feedback and assistance provided to her in the writing of the article.

Mrs Mageo also stressed that she had used the article published by Palau Ministry of Health regarding their surveillance experience/strategy during the 9th Festival of Pacific Arts as a reference document to develop American Samoa surveillance strategy. Subsequently, Mrs Sharmain Mageo's article is now being used by Solomon Islands for the preparations of the 11th Festival of Pacific Arts.

CB members agreed that Inform'ACTION proves to be a good tool to exchange information and experience on public health activities among Pacific Island countries and territories.

PICNet

Progress: The PPHSN Infection Prevention and Control Guideline, developed by SPC in consultation with PPHSN members and in collaboration with WHO has just been published. Each CB members received a copy of the guidelines. Copies have also been sent to PICNet members and PICTs' Departments/Ministries of Health.

Way forward: PICTs should continue to involve infection control officers in their EpiNet teams.

Training (surveillance and response)

See section 6 for further details on training needs.

Risk communication

Progress: A tri-agency initiative including WHO/SPC/UNICEF on risk communication for H1N1 in the Pacific arose in July 2009 during the first wave of pandemic influenza A(H1N1). The purpose of the initiative was to pool human and funding resources from the three agencies, agree on a common strategy and avoid duplication to better assist PICTs in their risk communication activities to face H1N1.

Through the initiative, a number of countries received assistance and the collaboration between agencies went very well. The three agencies are now considering building on this initiative and integrating risk communication into a broader communication initiative entitled "Strategic Health communication" consisting of UNICEF, WHO, SPC and UNFPA. The Strategic Health communication approach is working on a common framework across all health areas.

5. Briefing regarding the IHR/PPHSN meeting on syndromic surveillance for the Pacific

WHO and SPC quickly briefed the CB members on the purpose of the IHR/PPHSN meeting on syndromic surveillance for the Pacific (see details in the above discussion).

6. Debriefing regarding matters important for PPHSN: training, SPC and WHO (and other partners') support & others

Dr Narendra Singh's presentation on Data for Decision Making (DDM) training for the PICTs was well received by CB members. All CB members agreed that this training should be continued (see recommendation below).

Dr Singh also talked about the other training courses that were provided to PICTs through SPC and other partner agencies: Global Salmonella Surveillance, Infection Control, Mosquito vector surveillance and control, ParaVet, etc. (see annex 3)

Dr Seini Kupu made a presentation on the activities and achievements of the Pacific Regional Influenza Pandemic Preparedness Project, implemented by SPC in collaboration with partners since 2006. Dr Kupu mentioned that the project will end in 2010 but that SPC's support to PICTs will continue through PPHSN (see annex 4).

Professor Ian Rouse explained that a lot of changes have occurred at Fiji College of Medicine, Nursing and Health Science (ex. Fiji School of Medicine, FSMed) in the last 3 to 6 months. There are now more training opportunities for Pacific Island countries and territories. The College could organise and tailor courses according to training needs expressed by the PICTs, either at the College, in-country or via internet through the Pacific Open Learning Health Net (POHLN). The College is also in favour of supporting training courses on field epidemiology, such as DDM.

Dr Boris Pavlin, from WHO, expressed his concern regarding the ability of training partners in the region to support and maintain long-term mentorship for FETP/DDM type of courses. Dr Singh and Professor Rouse replied that this should be possible via email communication (as already been done).

Dr Jacob Kool mentioned that WHO continues to offer its epidemiology course to PICTs through POHLN.

Dr Ann-Claire Gourinat made a presentation on the support and services that the Pasteur Institute of New Caledonia can offer to PPHSN members (see annex 5).

Dr Virginia Hope made also a presentation on the support and services that the Institute of Environmental Science and Research of New Zealand can offer to PPHSN members (see annex 6).

Recommendations: CB members proposed that a technical working group (including FSMed, WHO and SPC) be re-established to look at training programmes for the Pacific.

They also agreed that in-country training should be strengthened in the following fields:

- Field epidemiology (DDM training for instance)
- Entomology
- Infection Control for Nurses.

Finally, they recommended that long-term funding should be committed (for at least 3 years) for accredited modular training programmes (such as FETP, DDM).

7. Future plans and closure

Recommendation: CB members agreed that the next CB meeting shall be held in Fiji in November 2010, in conjunction with a LabNet meeting, funds permitting.

Fiji College of Medicine, Nursing and Health Sciences offered to host these meetings.

The meeting closed at 15:00 after a few remarks by Dr Stephen Homasi, the Chairperson.

List of ANNEXES

- Annex 1: Provisional agenda
- Annex 2: List of participants
- Annex 3: Field epidemiology Capacity Building in the Pacific by utilising Pacific experience
DDM-FETP *A model Training for PICTs* by Dr Narendra Singh (in a separate document)
- Annex 4: Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP)
by Dr Seini Kupu (in a separate document)
- Annex 5: Institut Pasteur de Nouvelle-Calédonie – Missions, Assistance and Services offer to
PICTs by Dr Ann-Claire Gourinat (in a separate document)
- Annex 6: Services provided by ESR by Dr Virginia Hope (in a separate document)

List of ACRONYMS

CDC	Centers for Disease Control and Prevention
DDM	Data for Decision Making
FETP	Field Epidemiology Training Programme
ESR	Institute of Environmental Science and Research
FSMed	Ex. Fiji School of Medicine, now College of Medicine, Nursing and Health Sciences
IHR	International Health Regulations
ILI	Influenza Like Illness
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

ANNEX 1

SECRETARIAT OF THE PACIFIC COMMUNITY

16th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB)

Auckland, New-Zealand, 22nd March 2010

PROVISIONAL AGENDA

Monday 22 Mar 2010

Morning (08:00 - 11:30)

1. (08:00; 30 min) Welcome, Self-Introduction of participants & Election of a Chairperson for the 16th CB meeting
2. (08:30; 10 min) Adoption of agenda
3. (08:40; 45 min) PPHSN-CB membership
Resp.: Chairperson
Support documents: TORs & Annexes
 - 3.1. roles of CB members
 - 3.2. membership renewal

Break (09:25; 25 min)

4. (09:50; 60 min) Review of main PPHSN documents and progress since 15th PPHSN-CB meeting
Resp.: Chairperson, with the support of SPC
Support documents: PPHSN Strategic Framework 2003-2006 & Recommendations from the 14th meeting of the PPHSN Coordinating Body (CB), Noumea, April 2008
5. (10:50; 40 min) Briefing regarding the IHR/PPHSN meeting on syndromic surveillance for the Pacific

Lunch (11:30; 60 min)

Afternoon (12:30 - 14:30)

6. (12:30; 90 min) Debriefing regarding matters important for the PPHSN: training, SPC and WHO (and other partners') support & others
Resp.: All
Support documents:
Allied members are invited to prepare up to 3 slides per institution, spelling out the assistance and services they are offering or can offer to PICTs. (These slides need to be sent to the PPHSN-CB focal point at SPC for compilation, by Thu, 18 March, at the latest.)
Core members are invited to discuss in their country prior to the meeting the kind of assistance and services that is most needed and appreciated by their country, and to share those views, thoughts and ideas at the meeting. (No slides required.)
Further support documents on request.
7. (14:00; 30 min) Future plans (round-the-table discussion) and closure

End (14:30; note: a subsequent secretariat meeting (WHO & SPC only) to start at 15:00)

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LISTE DES PARTICIPANTS**

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