

PPHSN Coordinating Body meets

Members of the Pacific Public Health Surveillance Network (PPHSN) Coordinating Body met at SPC's Suva Office, Fiji Islands, on 29 and 31 October 2005. The meeting was held back-to-back with a WHO workshop on the International Health Regulations (IHR) and pandemic influenza preparedness and a meeting of the PPHSN Influenza Specialist Group.

The three meetings were organised with only a little more than a month's notice, and unfortunately members of the Coordinating Body (CB) from Papua New Guinea, Palau, and Wallis and Futuna were unable to attend. Representatives from all the other CB members took part (see list of CB members in the box below).

The agenda for this 11th meeting of the CB included:

- a presentation on the PPHSN, the Samoa Commitment, and an introduction to the Plan of Action 2004–2006
- a review of the PPHSN-CB terms of reference
- renewal of the 2005 PPHSN-CB
- allied membership of the PPHSN
- a debriefing on meetings, workshops and conferences held since the 10th meeting (June 2004)
- training development and achievements
- EpiNet team capacity building
- involvement of CB members in PPHSN development and communication issues
- PPHSN publications
- a review of the Plan of Action 2004–2006
- a briefing on IHR and pandemic influenza

Membership of Coordinating Body following 2004 renewal

CORE MEMBERS

By subregion:

- Melanesia: **Papua New Guinea** (Dr Gilbert Hiawalyer)
- Micronesia: **Palau** (Dr Stevenson Kuardei, actually represented by Ms Eden Ridep)
- Polynesia: **Cook Islands** (Ms Natalie Ngapoko Short)
- French-speaking: **Wallis & Futuna** (Dr Jean-François Yvon)

In 'at-large' selected seats:

- **Solomon Islands** (Dr George Malefoasi)
- **Fiji Islands** (Dr Timaima Tuiketeti)
- **New Caledonia** (Dr Jean-Paul Grangeon)

ALLIED MEMBERS

Secretariat of the Pacific Community (**permanent member**)
 World Health Organization (**permanent member**)
 Fiji School of Medicine (**permanent member**)
 Communicable Diseases Network Australia/New Zealand and National Centre for Epidemiology and Population Health
 Institute of Environmental Science and Research

Details of the second and partial renewal of the PPHSN-CB (2004) are available at:

<http://www.spc.int/phs/PPHSN/Structure/Membership.htm>

Renewal of 2005 PPHSN-CB

The process of membership renewal needs to start soon to ensure that new members are on board for 2006 (as was done in 2004 for 2005). This time, two subregional seats (Micronesia, currently occupied by Palau, and French-speaking countries/territories, currently occupied by Wallis and Futuna), two at-large seats (Fiji Islands and Solomon Islands) and one allied member seat are up for renewal.

PPHSN allied membership

When considering an application for allied membership on the first day of the meeting, CB members realised that there were no written criteria for appointing allied members. A list of

criteria was developed before the second day of the meeting and presented to the group for consideration and endorsement.

After examining the list of allied members, some CB members asked why some partners, such as the Pacific Paramedical Training Centre (PPTC), were not included on the list. It was suggested that a letter of invitation be sent to the PPTC and also that other institutions be approached, such as the Hawaii Institute for Tropical Diseases, UNAIDS (in relation to the inclusion of HIV on the list of PPHSN target diseases) and aid donors.

Regarding the involvement and contribution of aid donors to the network, the CB focal point said that a discussion list called "Flu-aid4pi", which includes a number of donors, had been created recently to ensure coordination between aid donors and agencies in supporting influenza pandemic preparedness in Pacific Island countries and territories (PICTs).

Training development and achievements

Dr Narendra Singh described progress on the series of training courses on Data for Decision Making (DDM) delivered this year in Guam and the Northern Mariana Islands. CB members agreed that DDM in-country training sessions/workshops are more valuable than regional training workshops as they allow health professionals to work on real problems at their workplace and help them change or improve existing systems.

The issue of accreditation of these courses by the Fiji School of Medicine (FSMed) was again raised. Dr Jan Pryor promised to look at the problem and to make a submission to the FSMed Academic Board in January 2006. The recognition of this training by an institution like FSMed would certainly help in developing epidemiological capacity, retention and career progression for health professionals in PICTs.

The Pasteur Institute of New Caledonia and the Secretariat of the Pacific Community will also organise training sessions on leptospirosis for PICTs will be organised in April 2005. The courses will include laboratory practice and surveillance sessions.

The lack of field activities supervisors for FSMed students (in Field Epidemiology) was brought up. To help fill the gap, Jan Pryor suggested the possibility of involving "future" members of the Regional EpiNet Team in this area. The group agreed with this suggestion.

National EpiNet team capacity building

Members made several suggestions including the following:

- DDM training courses could focus on EpiNet teams from now on
- Training analysis should be conducted through IHR assessments, e.g. by adapting WHO/IHR assessment instruments
- A Pacific Epidemic Intelligence Service (EIS) could be created to provide assistance to National EpiNet teams
- EpiNet teams could meet annually, which would also provide an opportunity for training
- EpiNet teams could report on their activities annually
- EpiNet teams could carry out drills, which could form part of a continuing accredited education process

Addressing this issue through IHR core capacity assessments was unanimously recognized as a good idea and CB members decided to discuss it further during the following WHO meeting.

It was also suggested that the Regional EpiNet Team will provide a great opportunity for training activities, once it is established. For example, when members of the team

investigate an outbreak, they could invite health professionals or students to join them and learn from the experience.

Increasing involvement of CB members in PPHSN development

Ms Natalie Ngapoko Short asked if there was a presentation on the PPHSN that CB members could use to promote the network. She also mentioned the PPHSN leaflet as a good promotional tool. Other CB members shared the same view and it was suggested that these tools be included in the directory of PPHSN resources. Dr Jean-Paul Grangeon suggested that each CB member could help one neighbouring country (e.g. New Caledonia could provide assistance to Vanuatu).

Communication issues

CB members looked at ways of increasing communication among the group. They agreed that a possible option could be to regularly look at the work plan and report on progress made. The PPHSN-CB discussion list was mentioned as a possible means of communication, but some members thought that this might not work because they receive too many emails every day. They preferred teleconferences as discussed during the last CB meeting. It was agreed that there should be one or two teleconferences in addition to the CB meeting. It was also mentioned that Skype or calls generated from overseas countries could be used if cost was an issue.

PPHSN publications

PPHSN publications, including Inform'ACTION, a draft of the directory of PPHSN resources and two websites (PPHSN and Distance Education in Health for Pacific Islands) were presented to CB members for their information and consideration.

Inform'ACTION

All CB members, except those who have joined the network recently, confirmed that they receive Inform'ACTION. Ms Short also mentioned that Inform'ACTION was appreciated in the Cook Islands and that her office had recently mailed photocopies of the bulletin to outer islands. PPHSN members are invited to contact SPC's Public Health Surveillance and Communicable Disease Control Section whenever they needed more copies of Inform'ACTION or other PPHSN publications.

Directory of PPHSN resources

CB members generally approved of the draft CD-ROM version of the directory of PPHSN resources. The directory will be finalised very soon and published on-line on the PPHSN website. A printable version of the complete document will be included on the CD-ROM. Once it is finalised, copies of the complete set (CD-ROM including the printable version) will be distributed to all PPHSN members.

Websites

No specific comments were made on the websites, except that most members did not know about the secure "outbreak monitoring" pages on the PPHSN website. Information on these pages is included in this bulletin.

Plan of action 2004–2006: Progress and issues

Members went through the Plan of Action and discussed each of the activities. Major issues that still need to be addressed are summarised below.

Improving collaboration between public health and animal health experts

Though collaboration has already started through influenza pandemic preparedness plan activities, more work needs to be done in this area. Suggestions included building on the positive experiences and existing collaboration in entomology; including a veterinary in each EpiNet team; and encouraging Ministries of Health and Agriculture to work together.

Updating PPHSN influenza guidelines

PPHSN guidelines for influenza preparedness and control and influenza pandemic preparedness need to be updated in accordance with WHO's new pandemic phases. In the meantime, a table comparing the WHO phases published in 1999 with the new ones published in 2005 has been included in the document.

Other guidelines

The CB focal point gave the following summary of the status of other PPHSN guidelines under development or that need to be developed: Acute Fever and Rash (AFR) almost ready for publication; dengue and typhoid fever under review; influenza and SARS already published; cholera, leptospirosis and laboratory guidelines need to be developed. In light of the long delays in addressing guidelines development and publication, the CB focal point requested that some of this work be shared among CB members.

Increasing ILI surveillance

The CB focal point introduced a new project entitled "Increasing influenza surveillance in the Pacific Island region". The project is being funded by CDC and is expected to start very soon (see article in this bulletin). A CB member suggested that ILI surveillance could be linked to the hospital based active surveillance (HBAS) system already in place, but other CB members questioned whether this was feasible, given that HBAS and ILI surveillance have different target populations.

Support for dengue fever surveillance

Progress in this area includes a project on entomology and dengue surveillance that has been developed by the PPHSN CB focal point in collaboration with the Pasteur Institute of New Caledonia. This project includes two components: training and vector surveillance. Another achievement was the training workshop on identification of vector mosquitoes that was delivered in Guam in July 2005.

Support for acute flaccid paralysis (AFP) and acute fever and rash (AFR) surveillance

Considerable progress has been made in this area (for more information check Inform'ACTION 19).

Support for HIV/STI surveillance

SPC's activities in this area are progressing well, especially with additional funds from ADB to become available soon to strengthen the activities.

Foodborne disease surveillance

A foodborne disease surveillance working group (FBDSWG) has been set-up under the PPHSN framework and teleconferences have started. The group is now trying to identify funds to provide training in this area throughout salmonella surveillance. There was extensive discussion on the priority and usefulness of salmonella surveillance in comparison to other important public health issues in the Pacific Island region, but finally members agreed that foodborne disease surveillance was valuable and useful in the context of food safety. The CB focal point reminded the group that foodborne disease surveillance had always been and will always be considered a secondary aspect of PPHSN activities.

Reviewing and improving infection control measures in PICTs

Considerable progress has been achieved in this area (see article in this bulletin).

Regional EpiNet team (RET)

A document on the RET was presented and endorsed by PICT Ministers of Health during the Samoa meeting in March 2005 (for more information, check the Samoa Commitment). Some work to help identify suitable members of the RET has already been carried out by the CB focal point through the development of the directory of PPHSN resources, but more work

needs to be done, including creation of the RET, and development of funding proposals and operational guidelines. CB members agreed that this issue needed to be addressed urgently and a working group was formed to develop a work plan within the next four months to accelerate the process. Members of the RET working group are Dr Tom Kiedrzyński, Dr Jean-Paul Grangeon, Dr Mahomed Patel, Dr Jan Pryor and Dr Jacob Kool.

Pandemic influenza preparedness and PPHSN

The PPHSN-CB focal point summarized the activities of PPHSN partners since the 1st Regional EpiNet Workshop in September 2003:

- Creation of an influenza specialist group (ISG);
- Proposal developed and funding received from ADB through the SARS “RETA” project with the recruitment of a consultant who undertook seven visits to PICTs on awareness raising and influenza pandemic preparedness, and also developed the PPHSN guidelines for influenza in consultation with the ISG;
- Publication of PPHSN influenza guidelines;
- WHO new documents (influenza pandemic preparedness checklist and global influenza preparedness plan with a new pandemic phase classification);
- Pandemic preparedness issues discussed in Samoa during the Ministers of Health meeting and also during the WHO Regional Committee Meeting;
- Various proposals sent to aid donors with positive feedback received so far: CDC approved the Project on increasing influenza surveillance (details above) and New Zealand endorsed the proposal entitled “Strengthened national influenza preparedness (SNIP)” (described in Inform'ACTION 21);
- Creation of the list “Flu-aid4pi” for aid donors;
- Statement from Prime Minister John Howard that Australia will give AUD8 million for pandemic preparedness in the Pacific Island Region;
- Willingness of New Zealand to share their experiences during drills/exercises to test their new influenza pandemic plan (they have invited New Caledonia to participate in the exercise).

CB members also listed common issues that needed to be addressed during the following WHO meeting. These included travel limitations, access to antivirals and vaccines, and stockpiles for PICTs.

IHR and PPHSN

This issue was briefly discussed during the CB meeting. Nevertheless, all CB members agreed that it was very important to remember the conclusions and recommendations of the Samoa Commitment established during the WHO meeting.

Next CB meeting

The next meeting will take place in February/March 2006 in conjunction with the coming infection control workshop.