

Chronology of PPHSN SARS Actions

Background

16 November 2002
The epidemic starts in Guangdong, China.

The severe acute respiratory syndrome SARS, an atypical pneumonia found to be caused by a coronavirus, was first recognised on the 26 February 2003 in Hanoi, Vietnam, but the epidemic started in Guangdong, China, in November 2002.

As at the end of May 2003, more than 8000 probable SARS cases with more than 750 deaths have been reported from about 30 countries to the World Health Organization (WHO) since 16 November 2002.

26 February 2003
SARS is first recognised in Hanoi, Vietnam.

WHO is coordinating the international investigation of this outbreak and is working closely with health authorities in the affected countries to provide epidemiological, clinical and logistical support as required.

As at the end of May, local transmission has occurred mainly in the following areas: Beijing, Guangdong, Hebei, Inner Mongolia, Jilin, Shanxi, Tianjin and the Special Administrative Region of Hong Kong in China, Taiwan, Hanoi in Vietnam, Singapore, and Toronto in Canada. A number of other countries reported imported cases only or very limited local transmission.

It is currently agreed that a new coronavirus ("SARS virus") is the major causative agent of SARS. The main symptoms and signs include high fever (>38°C or 100.4°F), cough, shortness of breath or breathing difficulties. Approximately 10% to 20% of patients with SARS develop severe pneumonia; about half of these require mechanical ventilation and most of these die.

As at the end of May, the majority of cases have occurred in people who have had close contact with other cases; for this reason, health care workers are at particular risk.

RISK IN THE PACIFIC

The main risk in the Pacific, like anywhere else, is the importation of cases from affected areas with subsequent local transmission to close contacts including health workers due to inappropriate infection control measures.

PPHSN Actions

Alert and dissemination of information

Global alert

12 March 2003
WHO issues a global alert.

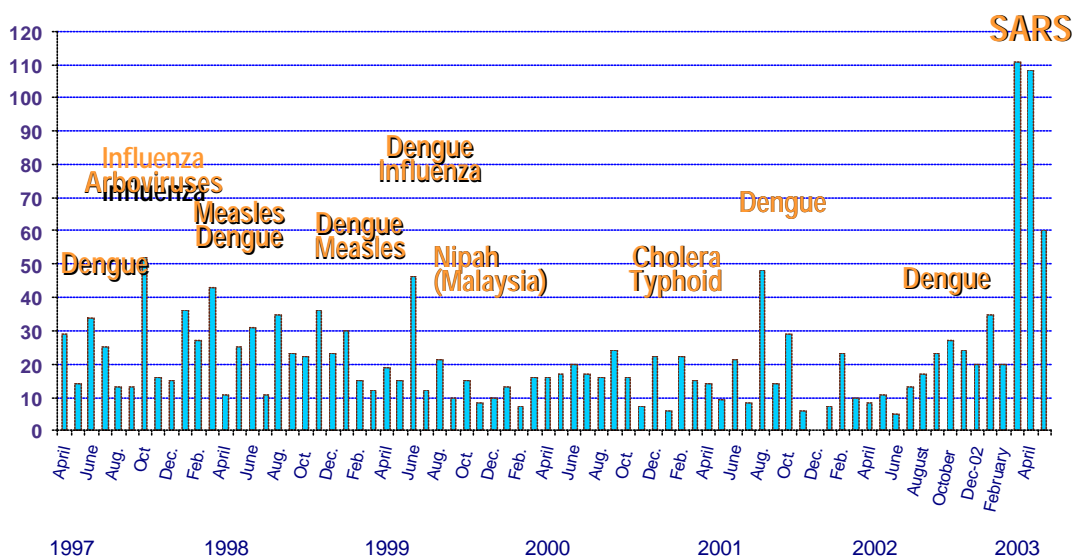
On **12 March 2003**, the World Health Organization issued a global alert about reported cases of atypical pneumonia in Vietnam, Hong Kong Special Administrative Region of China, and Guangdong province in China.

13 March 2003
PPHSN members receive the alert through PacNet.

Dr Kevin Carroll, based in the WHO Suva office, relayed the alert on PacNet on **13 March 2003** in the morning. Subsequently, Dr Carroll and Dr Tom Kiedrzyński from SPC continued to forward regularly and rapidly further information and updates on the outbreak.

PPHSN member reactions, questions and contributions followed very quickly both on PacNet and through direct individual email messages. This is illustrated by the spectacular increase in the traffic on PacNet as shown on Figure 1.

Figure 1: Number of messages posted on PacNet by month, April 97–May 03



Information was very efficiently shared on PacNet and its derived and restricted lists. The preparedness and alert tool of the PPHSN has shown once again its appropriateness and usefulness.

Travel advisory

WHO issued an emergency travel advisory on **15 March 2003**, including the revision of WHO SARS case definitions, and recommended that any suspect cases be report to national health authorities.

15 March 2003
WHO issues emergency travel advisory.

Dr Tom Kiedrzyński, on behalf of the PPHSN-CB Focal Point, relayed the travel advisory on **17 March 2003** and suggested that, in the event of SARS cases occurring in a PICT, they be reported on PacNet or PacNet-restricted additionally to the reports to national health authorities.

17 March 2003
PPHSN-CB Focal Point relays the travel advisory; suggests PPHSN members report on PacNet or PacNet-restricted as well as to national health authorities.

- Reporting on PacNet or PacNet-restricted:
- is an easy way to report;
 - will keep PICTs health professionals aware of the potential threat and allow them to take appropriate measures (especially to protect the health staff in contact with such cases); and
 - will allow monitoring of the situation.
 - PacNet is an easy way to access regional resources; and
 - WHO is member of both lists.

Information is only a prelude to action and is of little significance in isolation. Therefore, the PPHSN-CB members also undertook preparedness activities for SARS.

SARS Task Force

To respond to the threat and limit the spreading risk of SARS in the Pacific Island region, the PPHSN Coordinating Body (PPHSN-CB) set up a SARS Task Force.

17 March 2003
PPHSN-CB sets up PPHSN SARS Task Force.

Dr Tom Kiedrzyński, on behalf of the PPHSN-CB Focal Point, launched this initiative on **17 March 2003**. Two days later, the task force was composed of a small number of dedicated public health professionals, including laboratory specialists, from CDC/PIHOA, Fiji Ministry of Health, Fiji School of Medicine, Institut Pasteur de Nouvelle-Calédonie (IPNC), MAE/NCEPH/ANU, SPC and WHO.

The first objective of the task force was to compile a SARS regional contingency plan based on the existing plans/materials from WHO and CDC and adapted to the Pacific Island context. This was

achieved on 19 March 2003 with the completion of the First Interim Guidance for the management of SARS in the Pacific Island countries and territories.

SARS Guidelines for Pacific Island Countries and Territories

19 March 2003
First PPHSN Interim Guidance for the management of SARS.

Dr Kevin Carroll compiled the first draft of the guidelines on 19 March 2003. The document was then quickly reviewed by Dr Tom Kiedrzyński and sent to all directors of health using the PacNet-restricted list, and to all the EpiNet National Team members using the EpiNet Announcement list.

As and when necessary, the interim guidelines have been continuously updated, developed, revised and harmonised with the WHO and WHO Western Pacific Regional Office (WPRO) guidelines.

A second version, more complete and including 10 annexes, was compiled on 28 March 2003 using the Draft Template for PPHSN Field Manual Guidelines. (The template was originally developed in January–February 2003 to reorganise the PPHSN Outbreak Surveillance and Response Guidelines developed by the participants of the EpiNet sub-regional workshops in 2001–2002.)

A third version, more complete again, followed on 9 April 2003. Since then the chapters have been updated regularly and separately.

The latest version of the guidelines covers the following areas:

Basic disease facts (background, description of disease, epidemiology);

Surveillance (PPHSN case definitions for hospital based surveillance, surveillance at points of entry, surveillance within a country, reporting and minimum dataset);

Preparedness — initial action and responsibilities (staff responsibilities for the various actions, clinical assessment of suspected patients, enhanced surveillance, communications, laboratory diagnosis, initial community interventions, external reporting, requests for support, and coordination among agencies);

Case management — the clinical response (investigations, management of suspect cases, management of probable cases, diagnosis, specific treatment, hospital discharge and follow-up);

Hospital infection control (care for patients with probable SARS);

Management of contacts of suspected and probable cases (including contacts of suspected cases on aircraft);

Reducing the risk of importing SARS through international travel (WHO recommendations to limit the spread of SARS by international travel, traveller's alert, PPHSN SARS Task Force advice, advice to airline staff and national airport health authorities, disinfection of aircraft);

28 March 2003
Second version, more complete, of PPHSN SARS Guidelines.

and includes the following annexes:

ANNEX 1 List of Key Contacts

ANNEX 2 PPHSN Reporting Form

ANNEX 3 PPHSN Advice to Governments Regarding Travellers Arriving from SARS Affected Areas

ANNEX 3B Areas with Recent Local Transmission of SARS

ANNEX 4 SARS Patient Management Flow Chart (example)

ANNEX 5 Advice and Questionnaire to Arriving Travellers (examples from Solomon Islands and Guam)

ANNEX 6 Health Advice on the Prevention of Respiratory Tract Infections (example from Hong Kong Ministry of Health)

ANNEX 7 Health Advice on the Prevention of Respiratory Tract Infections in Public Places (example from Hong Kong Ministry of Health)

ANNEX 8 New Zealand Infection Control Advice for Managing Patients with SARS

ANNEX 9 PPHSN Country Checklist and Assessment Form 31 March 2003

ANNEX 10 WPRO SARS Preparedness Kit Contents List (and instructions on use)

ANNEX 11 WPRO Example of Instructions for Home Isolation of Close Contacts

ANNEX 11B WPRO Example of Advice for a Traveller from an Affected Area with No Known Contact with a SARS Case

End of March 2003

WPRO dispatches kit of supplies for management of an outbreak of SARS in selected countries.

The various versions of the PPHSN SARS interim guidelines were sent to all directors of health and national/territorial EpiNet team members by email.

The PPHSN Advice to Governments Regarding Travellers Arriving from SARS Affected Areas (Annex 3) was sent separately from the guidelines to all directors of health and EpiNet national/territorial teams.

Provision of SARS kits in selected countries

As well, WHO developed a kit of supplies to address initial requirements for management of an outbreak of SARS. By the end of March, the kit had been dispatched by WPRO to the WR offices in Papua New Guinea, Fiji (2 kits), Samoa, the WHO CLO offices in Kiribati, Solomon Islands, Tonga, Vanuatu and for the Northern Pacific Guam PHL.

02 April 2003

PPHSN country checklist and assessment form.

Evaluation of the Risks and Needs in each Country/Territory

4 April 2003

PPHSN Advice to Governments Regarding Travellers Arriving from SARS Affected Areas.

The PPHSN country checklist and assessment form of 31 March 2003, included in the guidelines as Annex 9, was also sent separately to each director of health and EpiNet national/territorial team. Dr Kevin Carroll and Dr Tom Kiedrzyński also contacted by telephone each country/territory individually.

The purpose of this initiative was:

- to allow the Pacific Island countries and territories to systematically assess their level of preparedness in order to better organise their national response; and
- to allow the PPHSN Task Force to identify areas where support is needed in order to better plan the regional response.

9 April 2003

Completion of a third version of the PPHSN SARS Guidelines.

On 18 April 2003 the Task Force launched a survey on the number of passengers coming from affected countries by country/territory, in order to have a better idea of the risk of SARS importation in each country/territory. In April as well, a new member joined the group, Dr Catherine Pitman, microbiologist and infection control specialist, contracted by WHO. She has been travelling to Pacific Island countries to help establish SARS preparedness, including infection control measures.

18 April 2003

Survey on risk of SARS importation in each country/territory.

SARS web pages

All the guidelines and documents were published and updated regularly on the PPHSN website http://www.spc.int/phs/PPHSN/Outbreak/SARS_Outbreak.htm

The PPHSN website is a new, additional way of disseminating information. The documents are available in both Word and HTML formats. The advantage of the Word documents is that they can be directly used, or copied and adapted, by the PPHSN members. The HTML version is quick to access on-line.

The PPHSN SARS webpages comprise SARS guidelines, Pacific Island Countries examples for SARS preparedness, and links to websites and other sources of information. The contents are continually updated as and when new information becomes available.

The number of visits to the PPHSN website has doubled since the beginning of this global epidemic.

Situation as at 31 May 2003

As at 31 May 2003, none of the Pacific Island countries has been affected by SARS.