

Editorial

Already...

So, the three EpiNet workshops are already over. Guam, Noumea and Apia: the Micronesian, Melanesian (and French-speaking countries and territories) and Polynesian sub-regions. These workshops were a big success. We at Inform'Action are grateful for the observations of Dr. Lepani Waqatakirewa and Dr. Siale 'Akau'olo, who were involved as both session chairmen and participants.

In all, nearly 70 Pacific Island health professionals who are members of EpiNet national teams participated in these workshops and took part in developing guidelines for the control of PPHSN target diseases. There were some major contributions, and, with a view to improving PPHSN services, a whole series of important concepts came out as recommendations. These recommendations grew in number from one workshop to the next: 18 in Guam, 28 in Noumea and, in a burst of inspiration, 38 in Apia! But why limit oneself and not add other ideas to those given previously?

Some of the recommendations were repeated or developed from workshop to workshop, in an on-going dialogue maintained by a pooling of thoughts and intentions. What is most important is that the workshops proved to be complementary, not only because each targeted two different diseases, but also with regards to proposed improvements to or solutions for the overall structure and operation of PPHSN services.

One recommendation which came up at all three workshops aimed at improving communications between EpiNet teams while at the same time respecting official channels, whose approval is vital in the area of information distribution. This recommendation stated: "The official agreement of ministries/departments of health should be sought to allow all members of national EpiNet teams to receive messages on PACNET-Restricted. The PACNET-Restricted listserver would also accept all messages from national EpiNet members, although countries may wish to implement internal guidelines for their own team members about posting messages." All this so that: "Communication between the EpiNet national (and equivalent) teams must be strengthened."

With that in mind, a letter on this topic is going to be sent to health department and ministries to suggest that they enrol all their EpiNet team members in PACNET-Restricted. The PACNET-Restricted listserver was created to allow Pacific Island countries and territories access to "front-line" information on outbreaks or diseases which might lead to outbreaks. In the very early stages, this information is often sensitive and confidential because it is either unconfirmed and/or has not yet brought about what could be considered adequate public health measures. Health authorities often hesitate to put anything on PACNET and for that reason, only a limited number of members have access to the PACNET-Restricted listserver, i.e. one or two people from each health ministry or department, as well as the members of the PPHSN



Coordinating Body¹. It is mainly through the Coordinating Body's allied members that resources can be mobilised when a country or territory expresses such a need. The restricted list, which is an extension to PACNET, makes it possible to provide even more timely information about the detection of a possibly serious epidemic disease, thereby giving the countries and territories time to prepare themselves. Including EpiNet members on this distribution list will make it more operational, as they are key elements in any response given, particularly with the possibility the list provides to exchange experience between teams and to gain access to the resources described above.

As for PACNET, it remains a broader distribution list which includes not only EpiNet team members but also a large number of health professionals working in the Pacific or who have an interest in what goes on there, including certain internationally known specialists. In times of need, the PACNET provides wider access to resources. All throughout an outbreak, including at the very beginning, it is, then, the preferred list to use to reach a broader range of potential expertise and resources. In addition, once the diagnosis has been confirmed and public health measures taken, PACNET makes it possible to provide a large number of health professionals with more precise, reliable, professional, and less alarmist or "sensational" information than that found in the media, and to have, in exchange, the reactions of those health professionals.

So, the recommendations from the last two EpiNet workshops in Noumea and Apia are presented in this issue as those from the first workshop were included in the previous one. They will allow us to continue to develop and improve the PPHSN and its three arms PACNET, LabNet and EpiNet, i.e. early warning, confirmation and response.

One recommendation which came out of the Noumea workshop, where one of the two target diseases was influenza, mentioned forming "an Influenza Specialist Group (ISG) from within the existing EpiNet personnel with interest and experience in influenza." "A priority task for this group would be to develop a generic influenza pandemic plan for the region which countries could use as a framework for their own detailed plan." It does seem reasonable to believe that a new influenza pandemic is likely to appear. We should remember that the "Spanish flu" pandemic in 1918-1919 killed more than 20 million people and that deaths due to each of the pandemics in 1957 and 1968-69, respectively the "Asian flu" and the "Hong Kong flu", have been estimated at about one million. It is important to know that the 1957 influenza epidemic took only six months to spread throughout the world from its starting point in China, whereas, at the time, international travel was less rapid and widespread than it is today. For those reasons, this ISG should be set up fairly rapidly and develop an appropriate action plan to give interested countries and territories time to prepare themselves. Some have already begun to take measures...Given the

¹ The representative of 5 (soon 7) countries and territories currently serve as core member representatives. The Fiji School of Medicine, SPC, WHO, UNICEF, the CDN/ANZ Network and the Australian National University's National Center for Epidemiology and Population Health (NCEPH) are the allied members, with the latter two Australian agencies, i.e. CDN/ANZ and NCEPH) sharing a representative.

prediction of an upcoming pandemic, the New Zealand Ministry of Health has decided to act and conducted a test preparation exercise, the “Virex Exercise” described in this issue of Inform'Action along with an example of how influenza tends to strike in the Pacific Islands provided by Dr. Bruno Hubert of French Polynesia.

In the meantime, let's not forget that a DEN-1 outbreak is still raging in the Pacific and that preparedness must be maintained.

Finally, in this issue we also get an optimistic note from the Fiji School of Medicine concerning telehealth developments, particularly with regards to distance education.

Happy reading to all and see you soon.

Dr. Tom Kiedrzynski