

First EpiNet sub-regional workshop in Micronesia

As part of the ongoing development of the Pacific Public Health Surveillance Network (PPHSN), which was established five years ago, health professionals from the Micronesian countries and territories that are members of their national EpiNet teams met in Guam from 10-14 December 2001. This workshop, co-funded and organised by SPC and WHO, was the first of three PPHSN-EpiNet sub-regional workshops for the Pacific — in Micronesia, Melanesia and Polynesia. Participants in these meetings are expected to work on a coordinated Pacific regional response to communicable disease outbreaks. The objectives of each meeting are:

- to further develop mechanisms for Pacific regional collaboration and communication in outbreak surveillance and response;
- to further develop protocols and plans for communicable disease surveillance and response at the national and regional levels, including laboratory support.

The expected output is at least one PPHSN target-disease-specific generic protocol, to be further developed.

The Micronesian sub-regional workshop was attended by a total of 20 participants from the Federated States of Micronesia, Guam, Kiribati, the Marshall Islands, the Northern Mariana Islands and Palau. The Nauru delegates could not reach Guam as there was no plane available; they will be invited to one of the next workshops.

The participants worked on two of the six PPHSN target diseases: cholera and leptospirosis. They made the following recommendations.

PPHSN EpiNet Workshop I - Micronesian sub-region - Guam, 10-14 December 2001 Draft Recommendations

The development of the PPHSN CDs Surveillance & Response activities be clearly placed under the umbrella of the Healthy Islands framework, as endorsed by PICs Ministers during their meeting in Madang, PNG, in March 2001.

The role and function of the PPHSN operational arms (PACNET, LabNet and EpiNet), as clarified at this meeting, should be communicated by the Coordinating Body Focal Point at regional level to PIHOA and other relevant bodies and via EpiNet national Primary Focal Points to ministries and departments of health, regarding how they may be incorporated into existing national structures and regional agencies, including ensuring the human and financial resources needed for their operation.

EpiNet team membership and functions should be a reflection of either:

- Existing communicable disease surveillance and response mechanisms; or
- The foundation of such systems in countries where these are being established or strengthened.

EpiNet team members should be associated with any programme or special national capacity-building initiative, in order to maximize the multi-disciplinary approach of national public health practice.

PPHSN should further develop training opportunities, communications, and other support activities to sustain the initiatives as discussed at this meeting.



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The technical and operational elements of guidelines (cholera and leptospirosis surveillance and response), protocols (e.g. laboratory specimen shipping), and procedures (e.g. PPHSN communications), as put forward at this meeting, should be further edited by the Secretariat, re-submitted electronically to participants by the end of January, and submitted as core documents for consideration by the participants in EpiNet II and EpiNet III workshops, in early 2002.

The whole membership of PACNET-restricted should be reviewed and endorsed by the national health authority.

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.

A written statement should be built in every PACNET-Restricted messages by the PPHSN CB, to ensure that all recipients of messages maintain confidentiality and do not disseminate information without permission of the national government concerned.

Laboratory and outbreak response stockpiles should be maintained at 10-12 strategic sites around the Pacific, to ensure ready access to packaging and shipping specimens overseas.

The Guam PHL should be further supported in its development as a Level 2 laboratory in the LabNet network.

PPHSN should encourage and support L1 laboratories to develop or maintain a capacity for isolation of vibrio species, including for serotyping, especially in areas where cholera has been known to occur.

PPHSN should organise a study to determine the epidemiology of leptospirosis in the Pacific islands, in both the vector and the human population. This study should include a field trial to evaluate rapid tests for the diagnosis of leptospirosis in Level 1 laboratories.

Pacific experience and information on cholera control measures for which scientific evidence is currently lacking (e.g. chemoprophylaxis and immunization in the outbreak setting) should be shared and assessed on a continuing basis to help guide future strategies in the Pacific islands region.

Communicable disease surveillance must be supplemented by environmental and vector surveillance whenever appropriate.

The goals of environmental surveillance should be to identify high-risk areas and to monitor progress over time, in order to support infrastructural development, coordination, and collaboration across sectors.

A request should be sent to Continental Airlines to amend their "carrier variations." The request should include detailed information about the PPHSN and include some additional mechanisms, still to be developed, such as training and certification of more personnel in the packaging of infectious substances.

All other airlines servicing the region should be asked about the existence of any carrier variations that could potentially be obstacles to PPHSN activities, and appropriate arrangements should be sought.

