

### **Pacific Global Salmonella Surveillance (GSS) training course**

The first Pacific Global Salmonella Surveillance (Salm-Surv) training course was conducted from 23 to 27 October 2006 at the Pasifika campus of the Fiji School of Medicine, Suva, Fiji Islands. The course eventuated after a year of planning and coordination through the Centers for Disease Control and Prevention (CDC) Global Salm-Surv team. Those involved included Stephanie Delong from CDC, SPC Pandemic Preparedness and Training Specialist Dr Narendra Singh, resource people from the Pasteur Institutes of New Caledonia (IPNC) and Paris (IPP), CDC's Enteric Disease Branch, the WHO Global Salm-Surv team, OzFoodNet, the USA Food and Drug Administration (FDA), New Zealand's Institute of Environmental Science and Research (ESR), the Australian Department of Health and Ageing, Australian National University (ANU), Fiji School of Medicine (FSMed) and the Fiji Ministry of Health (MOH).

The objectives of the training were to:

- a) improve *Salmonella typhi* isolation capacity (detection) to address the issue of typhoid fever outbreaks in PICTs;
- b) develop and strengthen salmonella typing capacity, thus improving laboratory surveillance for salmonella;
- c) develop and enhance the outbreak rapid investigation and response capacity of EpiNet teams (or communicable disease control taskforces) in PICTs in general and against salmonella in particular, including strengthening teamwork and addressing system issues; and
- d) update participants on the progress of LabNet development, the current situation of lab testing and especially lab-based surveillance, and LabNet issues for PPHSN priority diseases.

This training course was unique due to inclusion of *S. typhi* aspects in the global course on non-typhi salmonella, which was done in light of typhoid fever problems in some PICTs (Fiji, Samoa, Tonga, Vanuatu, Marshall Islands and Papua New Guinea) in the last 10 years. The resource people developed new study materials, case studies and sessions or modified existing Epi-Ready materials from the CDC course. Most of the laboratory arrangements, including compiling the laboratory manual, were made by Dr Anne-Marie Perchee from IPNC.

The course gathered approximately 60 participants and 13 resource people or trainer-facilitators. Participants came from the Cook Islands, Fiji, French Polynesia, New Caledonia, Tonga, Samoa, Kiribati, Tuvalu, Solomon Islands and Vanuatu as well as from the host institutions, Fiji MOH and FSMed. Approximately half of the participants were microbiology technicians and the rest were public health practitioners/epidemiologists.

There were two distinct components to the course: major laboratory training on salmonella isolation, identification, typing and sensitivity testing; and field-epidemiology/outbreak-investigation training. A series of combined sessions (lecture tutorials/small-group sessions) for both cadres of professionals simulated team efforts during an outbreak investigation and response.

The epidemiology stream of participants was oriented to laboratory procedures and work involved in microbiology departments. They were also given computer-based training for data entry and basic data analysis on two mornings of the week to enable them to develop capacity to handle surveillance and outbreak data.

It was anticipated that the fact that this course involved combined training for the two groups of professionals would result in better teamwork (cooperation and collaboration), communication and coordination between public health and microbiology staff, especially for surveillance and outbreak investigations and response in PICTs. Aside from this, participants drew up basic country action plans and developed networks with each other and with the resource people.

The training generally went very well, with encouraging feedback from participants. A few suggestions were made to improve the training. The country action plans require more work and

prioritising with PICTs, and inclusion in future work plans of participants and SPC's Communicable Disease Specialist. Follow-up training was suggested to review implementation aspects, and planning was initiated for spreading the training to PICTs not represented in the group.

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