

## A view on influenza preparedness in the PICTs

PPHSN and its working and donor partners including SPC, WHO and the Asian Development Bank (ADB) have helped to conduct visits to various countries and territories to facilitate process of preparedness to address the threat of influenza pandemic. This was made possible through the support provided by ADB to the Pacific region to address emergency threats of highly infectious diseases like SARS.

The threat of an influenza pandemic is becoming more imminent while even the avian influenza outbreaks in Asia are not contained. According to WHO updates on the avian influenza situation in Asia, healthy-looking domestic ducks are “silent reservoirs” of the highly pathogenic avian influenza (HPAI) H5N1, which is deadly for chickens. Investigation to ascertain linkage of H5N1 from ducks to human infection is still under way. Avian influenza has also now been found in pigs. Thus, the implication is that the longer these outbreaks continue, the closer we are to an event of a pandemic. The winter season in the Northern Hemisphere will favour the co-circulation of the HPAI with the human influenza viruses, therefore co-infection and viral recombination are possible.

Member countries of the World Health Assembly, including the PICTs, made a commitment in 2003 to develop feasible national pandemic preparedness plans. Countries and territories are still at varying stages of preparing or developing their preparedness plans. Though my visits to the countries were to provide technical assistance in the way of surveillance and discussion about a proposal for a framework for contingency pandemic preparedness plan, it was obvious that countries and territories need more information, time and guidance to understand the scope and process of putting together a feasible pandemic preparedness plan. Some of the main issues that need to be addressed and clarified included:

- Influenza or influenza-like illness (ILI) simply referred to as “flu” was never a priority disease or syndrome, and why now will it be a priority? (Lack of information on impact of an influenza outbreak; knowledge of epidemiology of the virus: antigenic drift and shift etc.)
- Influenza does not kill like dengue, malaria, cholera, cardiac diseases, hypertension etc. (The impact of a historical pandemic like that of the 1918 “Spanish flu” cannot be comprehended by the minds of us today ... the closest is SARS.)
- The concept of a good functional surveillance systems and its crucial role in the pandemic preparedness plan, as well as other outbreak-prone infectious diseases is ill-understood and appreciated. There are existing epidemiological surveillance protocols that need to be reviewed and optimised in their application. However, a few things should be considered collaboratively and contextually by the relevant authorities, including the respective PICTs and their working partners as well as their donor partners:
  - Key individuals should be identified and trained accordingly, and be tasked by each national and territorial health systems to take up surveillance as core job, both on communicable as well as noncommunicable diseases.
  - If the suggestion above calls for a re-organisation on some part of the health systems, perhaps it should be considered necessary to do so.
  - PPHSN and its working partners, like WHO, FSMed, and donor partners like ADB, AusAID etc., may be able to assist technically, and to some extent, monetarily in the initial phase of the above development.

The diversity in levels of infrastructural development within the PICTs, together with the rich fabric of cultural and traditional values and practices mean that programmes must be devised to respect the individuality of PICTs yet the uniqueness of getting things done collectively in the Pacific way.

There is “no one size fits all” in addressing issues in the PICTs regardless. National influenza pandemic preparedness plan/guidelines should be developed immediately and activated accordingly. PPHSN influenza preparedness and control, and pandemic preparedness guidelines had been developed and copies of final drafts had been disseminated to EpiNet teams in PICTs. They provide information on issues and processes to set up or reactivate national task force(s) to take pivotal responsibilities in the pandemic preparedness plan, and also assist countries and territories in developing their national pandemic preparedness plan, but these guidelines do not provide a model pandemic preparedness plan.

The national pandemic preparedness plan of each respective country and territory earnestly needs the utmost political support and commitment to see it developed and implemented when the time comes. Your staff and people committed to carry out these plans need your assistance and support to complete their task as soon as possible.

My warm gratitude and great appreciation are extended to heads of health departments and ministries and staffs in PICTs for the invaluable support and reception extended to me when I visited your countries and territories. I look forward to more collaborative work with you all on this issue, but not limited to it only, as there are many other disease threats to our Pacific against which we need to hold hands and fight. My heartfelt thank you to ADB and SPC for their continuous assistance towards the implementation of this project in support of the good health and protection of people of our Pacific region.

Malo ‘aupito..

**Dr Seini Kupu,  
ADB consultant to the PPHSN  
SPC**