

Niue's perspective on preparedness for avian influenza and pandemic threats

This paper is based on a presentation prepared and delivered by the Niue representatives (Mr Manila Nosa, Ministry of Health, and Mr Poi Okosene, Department of Agriculture, Forestry and Fisheries) during the first Pacific Island Pandemic Taskforce Meeting held in March in Noumea, New Caledonia.

Introduction

Niue is the largest single coral island in the world, with a land mass of 259 square kilometers. It is located within a triangle formed by Samoa, Tonga and the Cook Islands. The most obvious geographical feature of the island is its rocky terrain; steep cliffs (average height 35 meters) are found along the entire coastline.

Niue's population is multi-ethnic, and numbers 1700 (2006 census). In addition, approximately 20,000 Niueans live in New Zealand. Niue is a self-governing small island state (SIS) in free association with New Zealand. The main export commodities are fish and nonu juice, with good prospects for vanilla, honey, taro and handicraft exports in the future.

Response of human and animal health services to the avian influenza and pandemic threat

Human Health Services: Niue Fook Hospital is the only hospital on the island. Information on the epidemiology and incidence of suspected cases of human influenza or influenza-like illness (ILI) are normally captured and recorded through medical consultations. The channel of notification/communication for a suspected ILI outbreak is from the medical officers to the Chief Public Health Officer. Following such notification, Niue Health Department's response includes mobilising the EpiNet Rapid Response team.

The Niue Health Department sends samples from suspected human ILI cases to LabPlus laboratory in Auckland, New Zealand for further processing and confirmation.

Animal Health Services: The Department of Agriculture, Forestry and Fisheries (DAFF) has been tasked with establishing a surveillance system to capture information on the incidence of suspected avian influenza cases, according to the Niue Influenza Pandemic Preparedness Plan (NIPPP). This information is to be collected and collated by the animal health officer. Similarly, in response to a suspected avian influenza outbreak, the DAFF animal health officer will activate the relevant NIPPP component, and alert their human health counterparts, the DAFF Minister, and SPC's animal health office (located at Nabua, Fiji).

All avian specimens are referred to SPC's animal health laboratory for processing or forwarding to an L2 reference laboratory.

Composition of the Niue Influenza Pandemic Taskforce

The Niue Influenza Pandemic Taskforce (NIPT) is a multi-sectoral taskforce that was established during a two-day, in-country consultation workshop with Dr Seini Kupu (Pandemic Influenza Preparedness Specialist, SPC) in July 2006. The Taskforce includes members from:

- Health Department (4 representatives; the Chairperson is the Director of Health)
- Police Department (1 representative; the Vice-chairperson is the Police Commissioner and Chairman of the National Disaster Council)
- DAFF (2 representatives)
- Education Department
- Community Affairs
- Customs Department
- Environment Department
- Premier's Department

- Faith-based organisations (FBOs)
- Niue Island United Association of NGOs (NIUANGO)
- Broadcasting Corporation of Niue (BCN).

Some members of the Taskforce are also members of the Niue Disaster Council (NDC), and the NIPPP comes under the Niue disaster council emergency plans. The Health Department is the lead agency for pandemic preparedness.

NIPPP will be used also as a guide to monitor any events or outbreaks of concern from a human or animal health standpoint, whether or not these are associated with a global pandemic influenza event. If avian or pandemic influenza is determined to be present, the relevant component(s) of NIPPP will be activated, and communication channels within the Taskforce will be activated in collaboration with the Niue Disaster Council and the Cabinet.

The Cabinet is Niue's highest-level decision-making body. The Taskforce acts as an advisory body to the Cabinet through the NDC. The Director of Health is given the power to issue directives and is supported by the Police with respect to emergency situations, as authorised by the Cabinet.

The Taskforce has met three times since July 2006, primarily to update members on new regional and global developments, and to discuss the future direction of NIPPP. Members of the Taskforce, including those from other essential services, were encouraged to develop their own micro-plans and link these to NIPPP, but at present, only the Health Department has prepared a pandemic micro-plan.

Status of NIPPP

Cabinet endorsed the draft NIPPP in September 2006, and NIPPP has undergone a few updates. A few action points are yet to be implemented before an update is due to be made to the Cabinet.

Priority activities planned for the next 9–12 months

Table 1

Human Health	Animal Health
<ul style="list-style-type: none"> • Identify source of funding to support certain activities in NIPPP • Develop risk communication strategy • Test NIPPP (parts/overall) in July or August • Stockpile Tamiflu • Develop recovery plan for NIPPP • Develop vaccination policies (seasonal and pandemic) • Develop Emergency Response Plan (ERP) for Health Department • Establish communicable disease surveillance system, including for influenza • Develop legal framework to cover NIPPP • Facilitate legislative process to comply with International Health Regulations (IHRs) • Attend and observe Exercise Cruickshank (May 2007, Wellington, New Zealand) 	<ul style="list-style-type: none"> • Develop micro-plan as an annex to NIPPP, standard operating procedures for Highly Pathogenic Avian Influenza (work closely with SPC) • Identify source of funding for certain preparatory activities • Develop or build local capacity through assistance and guidance from regional organisations. • Develop materials for awareness programmes and IEC • Develop risk communication • Ensure legal framework is in place for the implementation of animal health preparedness and response activities.

The main challenge so far is completing the priority activities mentioned above. In order to complete NIPPP, funds are needed to purchase and stockpile items such as personal protective equipment (PPE) and pharmaceutical supplies for the hospital. Some of the activities mentioned above require assistance from regional organizations.

Cyclone Heta experience, 2004

The strengths and weaknesses presented below are a summary based on the overall operations coordinated by the Niue Disaster Council in relation to Cyclone Heta.

Numerous lessons were learned from the preparation for and response to Cyclone Heta that helped in designing Niue's NIPPP.

Table 2

Strengths	Weaknesses
<ul style="list-style-type: none"> • Formation of a national disaster council (NDC) • NDC met, made recommendations to Cabinet for approval or further clarification • Decisions were quick • Coordinated approach to recovery • Community strengthened • Excellent departmental response – Health, Telecom, Power, Water, Broadcasting, DAFF • International response from New Zealand, Australia, other countries, regional organisations during recovery phase 	<ul style="list-style-type: none"> • Delay declaring a 'red alert' — issued only when a cyclone with the threat of destructive winds was imminent • People failed to heed warnings • Poor administrative support • Lack of coordinated planning prior to the event • Poor coordination between government departments and community response • Lack of understanding of roles, changes from search and rescue to management of disaster coordination • Poor analysis • Lack of funds

PRIPPP

The Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP) is perceived by Niue's representatives to the Regional Pandemic Taskforce as an apt provider of technical support, through its professional staff, and also through Niue's pandemic taskforce and the strengthening of healthcare systems preparedness to enable an appropriate minimal response in the case of an avian or pandemic influenza event.

The Pacific Island Pandemic Taskforce Meeting, held in Noumea in March 2007, was a great opportunity to learn about other Pacific Island pandemic preparedness plans; new developments (regionally and globally) in relation to preparedness issues, and the regional coordinating mechanism for human and animal health issues. The endorsement of the terms of reference of the Pacific Avian and Pandemic Influenza Taskforce (PAPITaF) under PRIPPP was the highlight of the meeting.

Fakaaue Lahi (Thank you)

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