SARS: Samoa's experience: The good, the bad and the ugly — lessons learned and future prospects

Based on the presentation prepared for the 1st Regional EpiNet Workshop "Building on the SARS experience — Preparing PPHSN for emerging and re-emerging infectious diseases".

Highlights Samoa's response to SARS

1. Pre SARS: (January to February/mid March):

A flu-like illness epidemic occurred in Samoa, giving rise to fortnightly Samoa Communicable Disease Control Committee (CDCC) meetings, and PacNet posting on PPHSN input.

2. SARS Period/SARS Hijack: March–July/August

March

- 12/3/03: WHO issues a Travel Alert. There is a need for WHO and PPHSN SARS Management and Control Guidelines. Public Health and Clinical Response Teams are established.

April

- There is a high public panic; and a high political demand for public health Action: CDCC meetings are held every week and SARS forms are developed. The SARS Contingency Plan is approved by Cabinet ($250,000 approved).
- Orders are placed for essential Infection Control Supplies.

May

- WHO first STC (technical assistance and review) mission arrival — training of health personnel and extensive consultation are held.
- SARS control measures are put in place at all ports of entry using PPHSN/WHO guidelines.
- Legislation: SARS is recognised as a notifiable disease.
- The SARS National Task Force (multi-sectoral) is established.
- All Samoan scholarship students return from China.
- Seven people arrive from mainland China, quarantined in transit to American Samoa.
- One Chinese is deported (returned on Air Pacific flight).
- There is a Cabinet directive to ban all travel of all public servants and Samoan citizens to SARS-affected areas.
- The task force is very active (airlines screening and refusal).

June

- The legislation is revised re quarantine of Samoa citizens from SARS-affected areas.
- The isolation facility is changed.
- Negotiations occurred re health staff support and fringe benefits — e.g. Life Insurance.
- NB clinicians expressed concern about a possible measles or rubella epidemic.

July

- The ban is lifted on travel to and from SARS-affected areas.

August

- Surveillance continues re communicable diseases “acute fever and rash” epidemic. A rubella outbreak is confirmed by the Victorian Infectious Disease Research Laboratory (VIDRL) on 22 August 2003.

Strengths

- Major strength was our own Government/Cabinet support.
- The CDCC forum — prompt response in acknowledging the global epidemic.
- WHO presence and tremendous support — technical advice, materials (Infection Control sets for 50 cases).
- PacNet and PPHSN presence and support through provision of SARS Control and Management Guidelines in conjunction with WHO.
- Support and collaboration of all partners and stakeholders in health, international health and travel.
- Good multimedia support locally, regionally and globally — e.g. NZ and Australian daily TV and radio broadcasts (Pacific and world news).
- Existence of National Border Control Council and National Disaster Management Council.
- Existence of draft policies on Infection Control and Occupational Health and Safety.

Weaknesses

- Lack of resources: human; materials and equipment; and funds.
- A prolonged process of establishing parameters for management of potential cases including laboratory confirmation options.
- Legislation was outdated.
- Public panic.
- Negative effects on economy via tourism.
- Ban on travel — missed opportunity for WHO Regional Meeting on SARS.
- Very costly/expensive.

Opportunities

- Liaise closely and effectively with Government and partners/stakeholders in international health and travel — improve public confidence in health services.
- Enhancing Government focus — advocacy and social marketing on health issues (especially in Public Health).
- Revise the existing laws on communicable diseases.
- Revise the role/functions of the CDCC — focus on strengthening health information, surveillance and laboratory.
- Strengthen integration within the Ministry of Health, and also collaboration with other Government Ministries and NGOs.
- Further improve on existing systems of the different divisions in the Mnistry of Health — capacity building.
- WHO and PPHSN appreciation, importance and further development — e.g. WHO technical assistance and mobilisation of funds for PPHSN activities.

Threats

- Arrival of a SARS case would have been disastrous for Samoa: possibility of race extinction.
- International travel and tourism economy.
- Limited resources inappropriately given to SARS when there are more prevalent important epidemics e.g. **rubella.**
- Health personnel.

Lessons learned

- Principles — need political commitment and support at highest level.
- That no man/woman is an island.
- With international travel, the world is only a global village.
- Need for technical and scientific assistance from WHO and SPC-PPHSN.
- Reaffirms the need for good information surveillance systems.
- Need to strengthen partnership in health, with all other health-related stakeholders.
- Learning experience for all concerned.
- Health is indeed a national, regional and global priority, and we must utilise the opportunities.
- Ultimately aspiring to make a difference in improving the quality of our peoples lives.

Future prospects

- Need to continue to build on our strengths and address our weaknesses and learn from the lessons identified.
- Need to achieve a realistic and holistic balance in addressing both CDs and NCDs within the context of PHC, Healthy Island vision and health promotion.
- Need the technical assistance/guidance of WHO and SPC-PPHSN but, at the end of the day, the future re PPHSN EpiNet programme for your country is in your hands, your heads, your hearts and your souls.

Namulauulu Dr M. Nu'ualofa Tu'u'au-Potoi
Chairperson Samoa CDCC
Focal point Samoa PPHSN/EpiNet Team and
Director/ACEO, Public Health, Samoa