

Surveillance Experience South Pacific Games Fiji Islands 2003

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".

Fiji Islands was honoured and privileged to host the South Pacific Games this year. The event took place in June 2003 during the global SARS outbreak, which complicated the preventive and control measures that were put in place to prepare for disease outbreak containment. Here is an overview of this experience.

Scenario

- There was a mass gathering of people in this era of SARS.
- The dengue fever epidemic was still on in the region and in Fiji Islands.
- We had limited resources— both financial and human.
- The event was going to put stress on basic infrastructure such as water, power, etc.
- Disaster implications had to be taken into account also.

Medical set up

- Health facilities were set up at all sports venues.
- A 24-hour health facility was made available at the main Games village (University of the South Pacific campus).
- Health facilities were also set up at the other Games village.
- The CWM Hospital was the main referral centre.
- The St John Ambulance Brigade provided emergency transportation between the Games villages, sports venues and the main referral hospital.
- There were, all together, 100 health professionals (including doctors, nurses, physiotherapists, dentists, pharmacists and nutritionists) and 140 first aid attendants volunteering during the Games.

The major risks

- SARS outbreak;
- dengue fever outbreak;
- food-borne illnesses; and
- other communicable diseases such as STIs and HIV/AIDS.

Preparedness

- **Preventive measures** were put in place to prepare for SARS, dengue fever, food-borne diseases, HIV/AIDS and STIs, and other communicable diseases.
- **All medical volunteers, including ambulance drivers**, received training in SARS preparedness and use of PPEs.
- Mock runs were organised in conjunction with the main referral hospital.
- Protocols for SARS preparedness were produced for all health facilities in the sports venues and Games villages.
- Pre-Games spraying of venues for mosquito control was carried out.
- Internal and external **communication** mechanisms were set up. The existing media were used.

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- Intra- and inter-sectoral collaboration was crucial — e.g. SPGOC, Disaster Management Committee, Multi-sectoral SARS Task Force, WHO and SPC.
- An inventory and a stockpile of resources were organised: drugs, personal protective equipment (PPE), medical consumables.
- Educational campaigns for preparedness were carried out.

Surveillance and response plans

Surveillance and response plans were developed, using the existing surveillance system — passive notifiable-disease reporting and SARS reporting, as well as the PPHSN and WHO guidelines for SARS.

Lessons learnt

- Being prepared for worst case scenario was important.
- A practical surveillance and response plan — to take into account reporting requirements, roles and responsibilities — is needed.
- A dedicated surveillance officer and a dedicated person to be in charge of communication are needed.
- Inter-sectoral and intra-sectoral collaboration were crucial.
- Allocation of appropriate resources is needed.
- Political commitment is needed.
- Training and raising of awareness for health professionals and paramedics was important.
- Wider dissemination of plan to important stakeholders is needed.

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