

**PPHSN EpiNet Workshop II**  
**Melanesian sub-region and French-speaking countries and territories**  
**Noumea, 4-8 March 2002**

**Recommendations**

**Target diseases**

1. Quality sentinel surveillance with laboratory support is recommended for dengue, influenza, leptospirosis and measles. It should have defined criteria for the essential elements of the system, geographically cover strategic places, be based on syndromic reporting, and be supplemented by comprehensive outbreak surveillance and laboratory-based surveillance.
2. National health authorities should ensure that dengue test strips are available in level 1 laboratories as needed.
3. WHO/SPC should make recommendations as to the most appropriate rapid tests to be adopted by level 1 labs.
4. That the current WHO recommendations for influenza vaccination to be administered to at-risk groups be adopted by PPHSN and implemented where affordable.
5. Formation of an Influenza Specialist Group (ISG) from within the existing EpiNet personnel with interest and experience in influenza. A priority task for this group would be to develop a generic influenza pandemic plan for the region which countries could use as a framework for their own detailed plans.

**Stockpiles**

6. The PPHSN Co-ordinating Body should ensure the provision of adequate stockpiles of supplies and equipment for PPHSN/EpiNet activities and operations in case of outbreaks.
7. An inventory system for the management of stockpile supplies should be introduced into the LabNet/EpiNet system.

**EpiNet teams**

8. EpiNet team membership and functions should be a reflection of either:
  - existing communicable disease surveillance and response mechanisms; or
  - the foundation of such systems in countries where these are being established or strengthened.

9. Encourage national EpiNet teams to function as a formal, proactive team with a regular function and specific terms of reference (ToR). A model EpiNet team ToR delineating specific team composition and encompassing specific roles in surveillance, communication, prevention, response and training might be developed by the PPHSN-CB to be modified as appropriate by countries.
10. PPHSN-CB and EpiNet national teams should develop and implement a regular mechanism for the monitoring and evaluation of EpiNet teams (i.e., national and RET) function and for the reporting of EpiNet team activities and operations both nationally and through the PPHSN.
11. PPHSN-CB should organise a Regional EpiNet Team, i.e., a core group of EpiNet national and regional team members, who take turns to respond in the first instance to requests for assistance from national EpiNet teams.
12. PPHSN-CB should create a mechanism to categorise human resources available to EpiNet to allow ready identification of specific expertise (e.g. for outbreak response, for training, etc.) and to provide redundancy in the composition of the RET.
13. Convene regular regional meetings of the EpiNet teams (note: costs might be reduced by scheduling such meetings to coincide with other regional meetings where EpiNet team members are likely to be present).

## **Training**

14. PPHSN-CB to develop and implement a PPHSN/EpiNet Training Strategy based on an inventory of available resources and training needs, and which includes opportunities for the incremental acquisition of necessary capacity and qualifications through a combination of formal training activities, episodic opportunities for training (e.g. outbreak investigations, research activities, etc.), and exchange schemes.

## **LabNet**

15. The possibility of a LabNet Level 2 laboratory for Papua New Guinea should be explored with appropriate authorities in PNG by the LabNet Technical Working Body.
16. Quality assurance standards should be developed for Level 1 and Level 2 laboratories and Level 2 laboratories activity in relation with LabNet referrals should be regularly assessed by LabNet TWB.

## **PACNET**

17. Ensure reliable and coordinated communication to EpiNet team members through the continued use of PACNET with the following considerations:

- The whole membership of PACNET-restricted should be reviewed and endorsed by the national health authority.
  - The official agreement of ministries/-departments of health should be sought to allow all members of national EpiNet teams to receive messages on PACNET-Restricted. The PACNET-Restricted listserver would also accept all messages from national EpiNet members, although countries may wish to implement internal guidelines for their own team members about posting messages.
  - That EpiNet team members be made aware of the existence of the PACNET archive of messages on the SPC website.
  - That Level 2 labs be included in the PACNET-restricted list.
  - That Level 1 laboratories be included into PACNET-Lab.
18. PACNET should be used to facilitate the sharing of national and international legislation and regulations, and other pertinent guidelines and information in areas related to surveillance and control.
19. PACNET should be used to alert countries to training opportunities, and these opportunities should be organised through a calendar of EpiNet-related activities.

### **Airlines and logistics**

20. PPHSN-CB should engage regional airline companies, courier services, and relevant country customs and other officials, to raise awareness on the need to ensure the swift and secure transport of LabNet biological specimens, and to reach a widely understood and clearly articulated agreement as to how this will occur.
21. At least one Health Department and veterinary services representative from each country should obtain appropriate training and certification for packaging and shipping of dangerous goods.
22. Updating and distribution of import permits for all countries should be coordinated by WHO/SPC.

### **General**

23. Develop and implement a PPHSN/EpiNet Communication Strategy targeting increased awareness of PPHSN/EpiNet activities and operations among national health systems.
24. Encourage the development and availability of mapping software that can be used by EpiNet team members.
25. Pursue ongoing regional political support for PPHSN/EpiNet through inclusion on the agenda of the biennial Heads of Health Meetings, and through involvement

with the Pacific Forum through the CROP (Council of Regional Organisations of the Pacific) Health and Population Working Group.

26. Engage other pertinent regional and international organisations (e.g. INCLIN – the International Clinical Epidemiology Network, TEPHINET – the Network of Training Programs in Epidemiology and Public Health Interventions, APEC – the Asian-Pacific Economic Cooperation forum) to become informed about and, as appropriate, involved with the activities of the PPHSN/EpiNet.
  27. The PPHSN CB and national EpiNet team members should explore options for ensuring a sustainable political and financial support of EpiNet activities including team development, training and support, and for the prevention and control of outbreaks—e.g., core operational budget based on voluntary contributions from governments and other donors, including research projects.
  28. In light of the increasing administrative workload anticipated from the progressive implementation of PPHSN/EpiNet activities and operations, ensure adequate administrative support through lobbying from the PPHSN membership for the maintenance of adequate support for the PPHSN-CB focal point at SPC, and exploration by the PPHSN-CB as to how administrative tasks might be shared across the PPHSN membership.
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