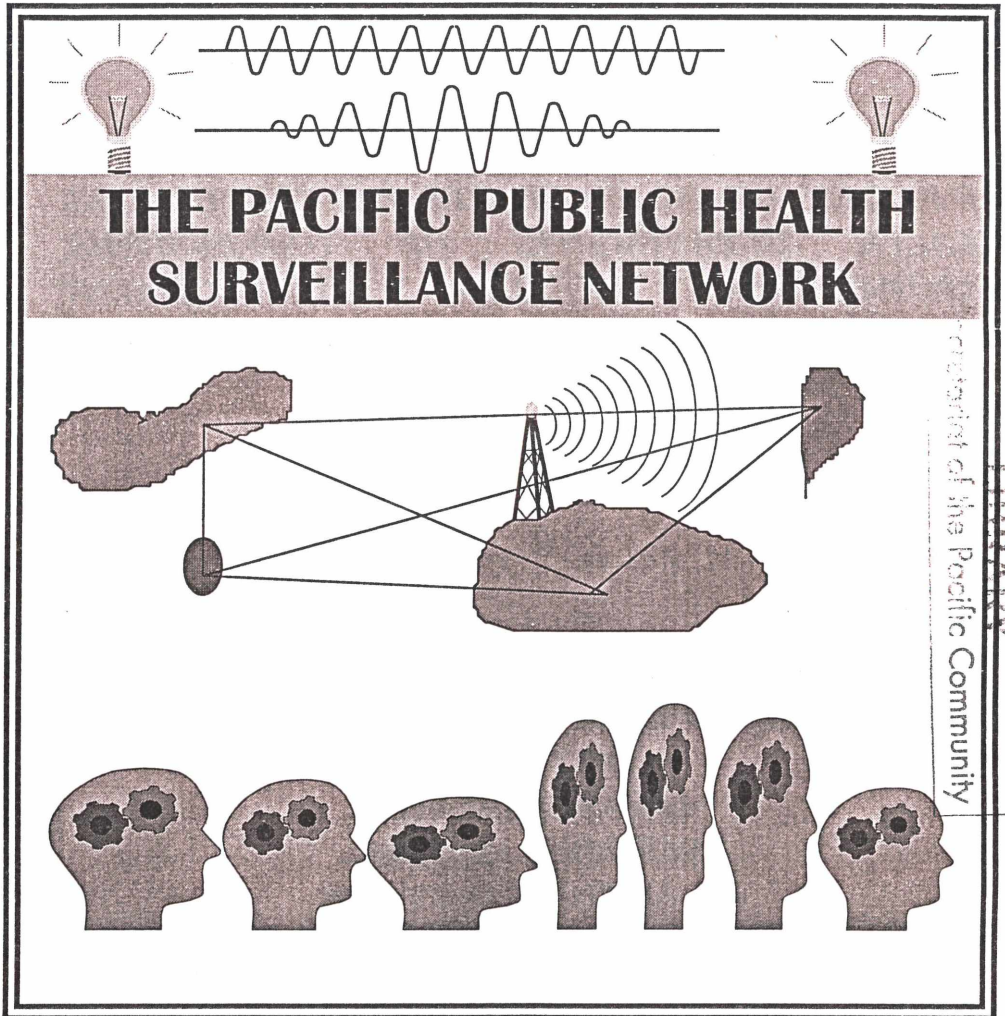


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The Pacific Public Health Surveillance Network

A PACIFIC ISLAND INITIATIVE

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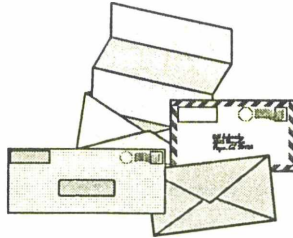
BACKGROUND INFORMATION

All Pacific Island Countries and Territories conduct public health surveillance activities and submit the data to regional and international agencies such as WHO, UNICEF, UNDP, UNFPA, and Centers for Disease Control in the USA. Each country or territories has its own system of data collection, processing, and reporting. Several problems have been identified with the surveillance efforts in the Region. The indicators included in the surveillance list are largely determined by the international agencies. While there is limited regional collation of surveillance data, the activity is not integrated to provide a comprehensive perspective of regional needs and priorities. Training programs for quality data collection, their analysis and interpretation at the national level are not always coordinated between aid agencies, and may not address specific regional perspectives.

Furthermore, there is a heavy demand on the countries and territories to provide information on a large number of indicators (175 indicators in all) and the indicators are requested in formats prescribed differently by each of the agencies. The countries and territories concede that it is difficult to provide quality data with the high level of demands upon them, and that the data are therefore of limited usefulness in local and regional decision-making and action. At the same time, the agencies too are aware of these limitations, and usually tend to publish the data with the appropriate qualifications about the data quality.

To address these problems with surveillance, the South Pacific Commission (SPC), WHO and UNICEF sponsored the Inter-agency Meeting on Health Information Requirements in the South Pacific in Noumea, New Caledonia in December 1995. The participants included representatives of the agencies, health professionals from five member countries or territories of the SPC, and experts in disease surveillance. The meeting identified various short term solutions to reduce the demands for data provision by the countries and territories. More importantly, it set out a strategic plan for improving surveillance activities so that it would be possible to generate quality data for decision-making and action at the national and regional levels. This included a plan to develop a public health surveillance network in the region. The Pacific Public Health Surveillance Working Group was constituted to develop and implement the recommendations of the meeting.

The Working Group was given its mandate by member nations of the SPC through the Fifteenth Regional Conference of Heads of Health Services in Noumea, New Caledonia in March 1996.



Clippings from PACNET



Preventing dengue fever epidemics

[This message followed a warning issued by the Focal Point, highlighting epidemic risk factors and PICTs especially exposed]

< < Just another encouraging example of reaction related to the information circulated through/by the Network, published by Fiji Times, then by PACNEWS last week:

Community Health Programme
Focal Point
Pacific Public Health Surveillance Co-ordinating Body

Persons to contact :
Dr Yvan Souarès Dr Tom Kiedrzyński

+FIJI - DENGUE :FTimes :PACNEWS 1: Thu Apr 17 09:46 1997

Dengue fever alert

SUVA (Pacnews)--Fiji's health ministry has issued a second dengue fever alert after a recent surveillance report found an increase in the number of people contracting the virus in neighbouring countries. A government statement says the Cook Islands and New Caledonia were experiencing new cases of dengue fever, the Fiji Times reports. Common symptoms of dengue fever are sudden onset of high fever, severe head and back ache, pain on moving the eyes, joint and muscle pain, loss of appetite, nausea, vomiting and weakness. The ministry warns that the risk of dengue fever outbreak is high particularly as Fiji is currently having rainy weather and is a major transit country for travelers....PNS > >

Preventing measles epidemics

[Introduced by the Focal Point, follow : a) the initial "Alert message", and b) advice from the WHO office in Fiji]

< < The following alert was received from Dr Martin Tobias in the New Zealand Ministry of Health. Due to the mobility of the population between New Zealand and Pacific Islands, there is potential for this outbreak to spread. Please bring this to the attention of EPI managers and other public health officials, to consider what appropriate action can be taken.

Tony Stewart
(on behalf of the PPHSN focal point) > >

a) Early warning message from New-Zealand, by Dr. Martin Tobias

< < Community outbreaks began in late February - early March 1997 in Hamilton (Waikato, North Island), and by April had spread to Auckland. So far in May scattered cases have also been confirmed in Rotorua, Hawkes Bay and Wellington areas (all in the North Island). This year to 15/5/97 a total of approximately 300 cases have been notified (including almost 90 confirmed cases) and 15 hospitalisations (no deaths). A significant proportion of the cases have been children, including many infants of Pacific Islands ethnicity, mainly in the Auckland area.

The epidemic was predicted by mathematical modeling, and doctors and parents were advised in December 1996 to catch-up on missed MMR immunisations. Since outbreaks began, outbreak control action has been taken in the affected areas. This has included lowering the age for MMR1 to 6 months in Auckland.

Beginning later this month in Auckland and the Waikato, and from early June elsewhere, a national campaign will be implemented, including bringing forward MMR2 from age 11 years to age 2 - 10 years (i.e. this will be an early second dose for most children).

Additional vaccine has been ordered, health education materials and consent forms have been printed, and a communications strategy including a national hotline have been set up. I will ask that SPC be kept informed. Weekly and monthly measles updates are also available on the Ministry's homepage on the Web. > >

b) Reaction and advice from Dr. Michael O'Leary, WHO/Suva

< < Many thanks to Tony Stewart and Sitaleki Finau, and to Martin Tobias (the original source of information) regarding the measles alert for New Zealand. This is the type of early warning message that the Network can facilitate, thus providing valuable information to Network members in the Pacific islands.

For the Pacific island countries and areas, especially those with close links to New Zealand, this alert should inspire heightened surveillance, with rapid reporting and investigation of suspected measles cases. Suspicion should be high when children present with illnesses characterized by fever and rash. A typical clinical case definition for suspected measles is: fever AND rash AND any one of the following: cough, runny nose, red eyes (cough/ coryza/ conjunctivitis). If an outbreak can be identified in very early stages, specific interventions may be possible, but we must remember that measles is highly communicable and spreads very quickly.

In the period preceding a possible outbreak (such as now, in most of the Pacific), measures other than increased surveillance will depend on the local and national situation. Clearly this would be a good time to consider your own national situation, and whether any sizable groups of children have been left unimmunized and susceptible. Timely measles immunization of infants or young children, always important, may now deserve additional public education messages and emphasis.

More aggressive measures, such as mass vaccination campaigns, may be considered in selected instances, but this requires careful consideration and logistical planning in order to reach at least 95% of the target population (usually children under 10 years of age). In some places, such as the Caribbean, periodic, coordinated, multicountry mass vaccination campaigns have proven effective in breaking the cycle of measles transmission and measles epidemics.

UNICEF and WHO are officially notifying Pacific governments and EPI managers of this measles alert, to raise awareness, and to encourage consideration of the national situation and susceptibility to an epidemic. The various options in measles prevention and control will be a major topic at the upcoming meeting of EPI managers in September 1997, about which governments will be notified shortly. > >



The activities of the Working Group culminated in the "Pacific Island Meeting on Public Health Surveillance" that was co-sponsored by SPC and WHO in Noumea in December 1996, and The Pacific Public Health Surveillance Network (PPHSN) was formally established.

THE NETWORK

The aim of the Network is to improve surveillance in the Pacific Islands in a way that will enable informed decision-making and appropriate public health action in an efficient and sustainable manner. The Network hopes to have the widest relevant partnership, including all SPC member countries and territories, training and development aid institutions from the Pacific including universities (e.g. in Fiji, Australia, Canada and Hawaii), World Health Organization, UNICEF, other existing public health networks (e.g. Communicable Disease Network of Australia and New-Zealand, Caribbean Epidemiology Center, French National Public Health Network, and Centers for Disease Control and Prevention in the USA).

The Network has five development strategies :

- harmonization of public health surveillance data, and development of appropriate surveillance systems;
- development of relevant and cost effective computer applications;
- adaptation of training programs in public health surveillance and field epidemiology to local and regional needs;
- extension of membership to new clients, services and other relevant networks; and
- publication of timely and accurate health information, including early warning messages on outbreaks of disease, bulletins, articles publicizing the work of the network members, monographs, etc.

At present, the Network has a Coordinating Body composed of representatives from five Pacific island countries and territories (Federated States of Micronesia, Fiji, New Caledonia, Solomon Islands and Western Samoa), soon to include two more countries, and 5 international, regional and training institutions (SPC, UNICEF, World Health Organization - Western Pacific Regional Office, National Centre for Epidemiology and Population Health at the Australian National University, and University of Hawaii). The current focal point of that coordinating body is at the SPC's Community Health Programme in Noumea.

MEMBERS OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE CO-ORDINATING BODY:

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PACNET

The current name of the e-mail listserver of the Pacific Public Health Surveillance Network is "PACNET", but this is very much open to discussion and new suggestions would certainly be welcome.

The PACNET list is currently moderated for the sole function of including new subscribers. The two moderators are Tom Kiedrzyński and Yvan Souares in their capacity of representing the PPHSN focal point. Would you be asked how can one be considered for subscribing to PACNET, simply advise the applicant to send the command <SUBSCRIBE PACNET> without any signature after it to the listserver address: listserv@listserv.spc.org.nc.

An epidemic in a Pacific country or territory can spread to other countries or territories. If these countries and territories know about it,

they can take preventive actions against it
and, moreover,

the Network is a possible source of resources: Aid or international agencies (e.g. WHO, UNICEF, SPC), health specialists, laboratories,... are part of it; they can provide expertise and advise, means for prevention or control,... if there is a need that is expressed by the Health Department of the country/territory.

The “Focal Point” – or contact place – of the Network is the Community Health Programme at the SPC.

Although FAX and PHONE can be used for getting in touch with the Network through the Focal Point, the most cost-effective way to share information is the electronic mail (or E-MAIL). A majority of Pacific island countries or territories have connection possibilities at home. In ministries and departments of health, it may replace expensive international fax or phone communications with colleagues abroad (to seek advise, share information,...), and make do some savings.

SECTION OF YOUR MINISTRY/DIRECTION OF HEALTH TO E-MAIL AS SOON AS HOME.

Moreover, the Network has a listserver on e-mail, called PACNET. A message sent to it is automatically dispatched to all Network members... what makes the spread of useful information very easy, but also gives a forum for discussion, and many answer possibilities for questions. To avoid disparity amongst countries and territories, we copy and fax all relevant messages to the Network members that are not e-mail connected... But the easiest and best way for Health Professionals remains the e-mail connection...it makes the future of communicating positively hopeful, in an environment where communication is life!!

For more information about the Network, see the leaflet about it and messages attached. The latter illustrate the kind of information whose circulation has actually been made possible and easier through it.