



Regional Update No. 2: Novel Influenza A/H1N1 Global Outbreak Date: 20 May 2009

REGIONAL CONTEXT

Since the last update, the number of confirmed cases increased drastically but Southern Africa is free of Influenza A H1N1. Wide ranging actions have been already taken by the United Nations to prepare for the impact of a pandemic. Comprehensive preparedness and response plans have been activated, and every effort is being made to ensure that the risk for staff is minimized. National Governments have been supported by UNCTs and are actively engaged in preparedness actions.

Angola

UN Preparedness - There has been no cases of H1N1 Influenza reported. WHO is closely monitoring the situation and daily updates are disseminated to Government, UN agencies, humanitarian partners and donors. On 8 May 2009, the extended Disaster Management Team (DMT) met to introduce the first draft of the UN contingency plan. All agencies have been requested to provide inputs for the finalization of this document and for aligning the plan to the Business Continuity Plan. The UN clinic has received adequate supplies of Tamiflu and the seasonal flu vaccine for all UN staff members and their dependants. The new administrative guidelines for an influenza pandemic outbreak has been disseminated all agencies.

Support to Government and Government Preparedness Actions - The Minister of Health (as Coordinator of the inter-ministerial committee for influenza) and the Provincial Governor of Luanda met with municipal administrators and community leaders to inform them of the required preventive measures. The minister also introduced a new compulsory sanitation form to be completed by all international transport companies operating in Angola. All hotels were instructed to immediately report to the authorities any persons displaying influenza-like symptoms. The Angolan Government sent a delegation to participate in the Extraordinary Meeting of Health Ministers of Central African States, which took place in the Democratic Republic of the Congo on Monday 11 May 2009. The meeting was organized by WHO and attended by health ministers and national experts from Angola, Democratic Republic of the Congo, Gabon, Republic of Congo, Central African Republic, Cameroon, Chad, Burundi and Equatorial Guinea, with WHO also providing technical support.

Botswana

UN Preparedness - The UNCT was informed of the epidemiology and severity of the virus, in particular on the difference between seasonal and pandemic influenza; how human transmission occurs, Signs and symptoms of the H1N1 virus; mechanisms of transmission, prevention, diagnosis and treatment and response activities currently underway by the UN and Government.

It was agreed to update the UNCT Avian Influenza Contingency Plan in order for it to be consistent with the current influenza H1N1 pandemic. This activity has been planned but not yet executed.

Support to Government and Government Preparedness Actions - The Gaborone Airport has already started to screen travelers, and isolation sites have been identified for monitoring any suspected cases.

A press release has been published to sensitize the public. The press release requests people to report to a medical facility if they show symptoms of the virus. Districts have been sent guidelines and requested to be more vigilant. A nation-wide Influenza H1N1 flu alert has been issued to all health workers with details about symptoms and actions to take. Zero reporting by districts to the Ministry of Health and WHO has been initiated

WHO is providing guidance to the Ministry of Health in coordination, and is supporting the National Task Force by providing technical information on the evolution of the outbreak, and technical support in the development of guidelines and Information, education and communication materials. Stockpiles of Tamiflu and personal protection equipment (PPEs) are being mobilized by WHO.

Malawi

UN Preparedness - An assessment of available stocks have been carried out, as well as a mapping exercise of who has what items where. The following supplies are currently in stock: 1,000 adult doses of Tamiflu, 2,434 Personal Protection Equipment (PPE) kits, 475 Protective clothing kits, 193,330 face masks, goggles and laboratory materials and supplies. The UN Avian Human Influenza Task Force Communications Subgroup is finalizing flyers, posters and leaflets on influenza for dissemination to staff. The UN Medical Services Plan and the UN Influenza Pandemic Preparedness Plan is being updated, with the draft to be ready by 15 May 2009.

Support to Government and Government Preparedness Actions - WHO is expected to receive and donate 1,804 doses of Tamiflu to the Government of Malawi once the drug has been registered in the country. WHO and the UN Food and Agriculture Organization (FAO) have supported Government in developing Standard Operating Procedures for staff working in Animal and Human Health Services. Government has developed an action plan and budget for implementing the identified activities.

An assessment carried out by Government has found that:

1. Only one of its two international airports has adequate quarantine facilities and medical workers trained in handling suspected cases of Avian and Human Influenza;
2. Medical workers at border points had been trained in Avian and Human Influenza but will need reorientation;
3. Government does not have stockpiles of Tamiflu, as the drug is undergoing registration; and
4. There are limited stocks of Personal Protection Equipment kits, specimen shipping containers, packaging bags, boots and biohazard bags.

Government has developed Standard Operation Procedures that include revised operational procedures for specimen transportation and laboratory networking and surveillance guidelines. Government is planning to conduct a rapid assessment and plan for preparedness in the priority points of entry and designate treatment centers, as well as re-orientate and train key health workers. Government is still in the process of reviewing its Preparedness Plan.

Mauritius

The Government of Mauritius is trying to scale up the availability of Tamiflu to increase coverage of the population from 11% to 25%. The Ministry of Health has started production of Tamiflu suspension so that it can be used for children.

Mozambique

UN Preparedness – The UN Country Team (UNCT) is currently updating its 2006 Contingency plan for Avian influenza, focusing on its Business Continuity Plan (BCP). WHO received 1,056 blisters of tamiflu for UN staff and their dependents. The International Organization for Migration (IOM) is also undertaking a stock-take of tamiflu for staff.

Briefing sessions have been held with UN partners, such as the ISCISA (National Superior Institute for Medicine and UN Programme Management Team, etc) with regards to the current situation of Influenza A and the current status of preparedness and response capacity.

Support to Government and Government Preparedness Actions – WHO continues to advise Government on the current Influenza A situation. WHO shared the operational guidelines for Pandemic Influenza to inform national preparedness and response activities. WHO is also working with Virology labo to strengthen diagnostic testing. Transportation routes of Influenza A to laboratories is also identified.

Namibia

UNCT Preparedness - On 15 May 2009, UN staff were briefed on Influenza A and the necessary prevention measures that need to be taken by staff and their family. The UNCT is also exploring the possibility of contracting a healthcare service provider to run a fever clinic for UN staff and dependants.

Support to Government and Government Preparedness Actions –WHO continues to regularly update the Ministry of Health and Social Services on the developments regarding the situation of the AH1N1 globally.

The MoHSS is prepositioning Tamiflu and protective equipment. The MoHSS is developing Information, Education and Communication materials to sensitise the public about Influenza A, its signs and symptoms, how transmission occurs, preventative measures, etc.

The National Health Emergency Management Committee comprised of the Government, UN and NGOs has been activated and is holding meetings twice a week to monitor national preparedness and response activities.

South Africa

Current Situation - To date there have been no cases of novel influenza AH1N1 confirmed in South Africa, 6 cases fitted the case definition but laboratory results were negative for novel influenza A/ H1N1. Seasonal influenza A/H3N2 has been confirmed in 68 specimens to date.

UN Preparedness - The UNCT Technical Team has been holding its weekly meeting and revising the UNCT Preparedness plan which is planned to be submitted to the Senior Management Team on 2 June 2009. UNCT had secured the necessary antiviral drugs and PPE to all UN Staff. UNICEF on behalf of all UN Agencies will procure other drugs. The team is in contact with National Government to receive the list of reference hospitals in the country.

Support to Government and Government Preparedness Actions - A consultation and screening process for suspected cases and specific laboratory testing for novel influenza AH1N1 at the National Institute for Communicable Diseases (NICD) was formalised. Molecular testing for both seasonal and novel influenza is in place at the National Influenza Reference Centre at NICD. This system is supported by a well-established seasonal influenza surveillance programme with 220 sites countrywide and 4 sites for surveillance for severe acute respiratory illness (SARI). This will contribute to early identification of influenza A/H1N1 introduced in South Africa. The laboratory service specifically for novel influenza is also available to countries in the region.

Active surveillance for A/H1N1 influenza cases using a standard case definition was instituted. Guidelines around case definitions, clinical presentation, specimens, management of suspected cases, infection control and management of close contacts were circulated widely to health professionals and institutions in the country.

Communication strategy has been planned and some have been implemented such as H1N1 billboards are placed at all airports, all outdoor media publications were done, media publications and editorial features are done weekly. Thousands of posters were distributed to provinces and key messages had been sent to different departments.

Gauteng Province managed to put in place the hotline for A/H1N1 and can be used for other communicable diseases.

Zimbabwe

UNCT Preparedness – The UNCT is currently reviewing and updating its Contingency Plan. The Avian Influenza Taskforce conducted visits to Harare International Airport and Wilkins Infectious Diseases Hospital to assess levels of preparedness. In addition, procurement of tamiflu and protective equipment have been received. Approximately, 1,056 treatments (blisters of 10 tablets of 75mg) for UN staff were received on 15 May 2009. Personal Protective Equipment (PPEs) equipment provided by WHO AFRO was received to enable outbreak investigation.

Support to Government and Government Preparedness Actions - Medical stocks of tamiflu (20,240 blisters of 10 tablets of 75mg) for the country were received on 12 May 2009.

Assessment of the state of readiness of health facilities; MoHCW is coordinating administrative measures to ensure readiness while WHO shall ensure the availability of stocks of tamiflu (1000) and PPEs. On surveillance, MoHCW has issued communication to all health facilities instructing them to include seasonal influenza in the rapid disease notification system.

IEC materials (alert for travellers and the general public) have been sent for printing. Short Message Services (SMS) messages have been approved by the Ministry of Health and Child Welfare (MoHCW) and will be sent to the public on their mobile phones via Econet a mobile technology company.

Set up of toll free lines at Ports of entry, use of existing cholera provincial/national level toll free lines. Following the second meeting held on 13 May, a decision was made to assess port health facilities and Wilkins infectious diseases hospital, which is one of the designated treatment centres for influenza. Cholera command and control centre is part of the preparedness and response mechanism for the H1N1. Daily updates are shared with the health cluster.

Gaps

There is need to support the assessment/repair/replacement of radio communication network on which surveillance mainly depends as well as support supplementary means of accessing regular surveillance reports from health facilities such as providing fuel/vehicles to health information officers in order to ensure that all suspected cases are reported and followed up.

Brain drain and lack of motivation has affected all cadres of health staff including formerly trained case management teams and port health authorities. There is a need to assign, retrain, and equip Port Health authorities to currently unmanned border posts. The equipment needed includes wheel chairs for movement of patients, tissues, receptacles for disposal, caravans or tents for isolation among others. Case management and rapid response teams also require reorientation in the treatment protocols for Influenza A.

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