



Regional Update No. 3: Novel Influenza A/H1N1 Global Outbreak Date: 27 May 2009

HIGHLIGHTS

- ✓ No countries in the region have reported cases of the H1N1 virus.
- ✓ Zambia is seeking US\$1.2 m to undertake implement preparedness activities which include training of health workers, strengthening risk communication for communities, etc.

REGIONAL CONTEXT

The region continues to remain on alert for Influenza A H1N1. All countries in the region are revising their Contingency and Business Continuity Plans. Lessons learnt from previous pandemic stated that a second wave of the pandemic may be expected in the coming months and WHO urges countries to remain on alert.

The Regional Office for Coordination of Humanitarian Affairs for Southern Africa (OCHA ROSA) is developing a diagnostic of country preparedness. Based on the findings from the diagnostic, gaps and priority countries will be identified for additional support from the region.

As of end May 2009, 53 countries have officially reported 15,510 cases of influenza A (H1N1) infection, including 99 deaths. The countries most affected included the United States of America with 7,927 cases and 11 deaths, followed by Mexico with 4,910 cases and 85 deaths as well as Canada with 1,118 cases and two deaths. There are fears that if the virus spreads, it could mutate into a more dangerous form and that there could be a second, more lethal wave.

Angola

UNCT Preparedness - The UNCT held a second briefing session to sensitise staff about the signs and symptoms of Influenza A/H1N1. The UN clinic received from WHO headquarters more than 10,560 Tamiflu doses and 75 kits of personal protective equipment (PPE) for UN staff.

Support to Government and Government Preparedness Actions - WHO donated to the Angolan government 20,540 doses of Tamiflu and funding to the value of US\$20,000 for the development, printing and distribution of Information, Education and Communication (IEC) materials. WHO provided technical guidance and support for the adaptation of training guidelines and protocols, surveillance forms and revision of the national Preparedness and Response plan.

Botswana

No new updates to report.

Comoros

No new updates to report.

Lesotho

UNCT Preparedness - The UN-Lesotho Pandemic Task Team has revised its Preparedness and Business Continuity Plan for H1N1. Briefings to sensitise staff about Influenza A have been conducted. The Task team also conducted an inventory of Tamiflu and personal protective equipment for the UN system. Tamiflu stocks can cover all UN staff members, while personal protective equipments stocks are only available for essential staff.

Support to Government and Government Preparedness Actions - WHO and FAO are working with the Ministries of Agriculture and Health in strengthening their capacity for preparedness and response. In particular, WHO has supported the Health Sector in conducting orientation sessions for District Epidemic Preparedness and Response Teams. Procurement of Tamiflu and personal protective equipment (PPE) for the Health Sector has also been undertaken. The Health Sector with the support of WHO has updated its Emergency Preparedness and Response Plan and developed guidelines for the management and control of Influenza A aimed at health workers. WHO provided technical support to the Government for the training of health workers at ports of entry. Given the lack of laboratory testing facilities for the H1N1 virus, the Government has entered into an agreement with a South African accredited virology laboratory to address this gap.

FAO provided technical guidance to the Department of Livestock Services for the surveillance of swine family in the country. The Department trained personnel (rapid response team) in the collection of samples. A public awareness campaign on the animal health aspects of Influenza A is also being planned. To support the Department in animal diagnostic testing, FAO will provide shipping for testing samples, if needed.

With support from WHO, the MOH has updated information on education and communication materials for National public awareness campaign. Public Service Announcements (PSA's) have also commenced on 5 May 2009 in print and broadcast media.

Madagascar

UNCT Preparedness / Support to Government:

1. Safety of staff and assets under their authority:

- Delivery of a sample of tamiflu to Johannesburg to test validity of the expiry date.
- Dissemination of information material to all agencies and public posting in the main hall of UN House.
- Holding of information sessions for each agency, coordinated by WHO.

2. Continuity of critical operations:

- Updating or elaboration of Business Continuity Plans by each Agency, coordinated by OMT for a 'One UN Business Continuity Plan'.

3. Support to national authorities:

- UN contingency plan review in progress, coordinated by the Resident Coordinator, and with the assistance of OCHA and WHO.
- Updating of national preparedness and contingency plans for avian influenza, carried out during a 2-days workshop (15-16 May, 2009), including whole of society approach/critical sectors: first draft elaborated. With financial assistance from WHO, and technical assistance from UNOCHA/RCO and WHO.
- Technical assistance for planned national simulation.
- Arrival of 250,800 capsules of tamiflu for government, imported by WHO. To be delivered to Government only after first cases notified.

4. Other:

Madagascar Humanitarian Country Team (IASC) meeting held on 14 May to share information on status of AH1N1 and to sensitize NGOs on possible elaboration of business continuity plans.

Malawi

UNCT Preparedness – The country continues to update its Pandemic Preparedness Plan and its Business Continuity Plan. Malawi is also preparing for a table-top exercise to test the revised Pandemic preparedness plan. The Communications Subgroup of the AHI Taskforce is finalizing flyers, posters and leaflets to sensitise staff.

Support to Government and Government Preparedness Actions – On behalf of the government, USAID and the Centre for Disease Control (CDC) negotiated for use of WHO & CDC designated Laboratories in Kenya and South Africa for testing suspected Pandemic Influenza cases. Additionally, WHO supported the Government to develop Standard Operating Procedures (SOPs) for staff working in Animal and Human Health Services.

WHO will donate 19,040 doses of Tamiflu to the Government for prepositioning at three designated central hospitals, identified as treatment centres for Influenza A. Tamiflu is now registered by the Medicines and Poisons Board of Malawi

In order to ensure that all health workers are adequately trained and informed, the Government will be dispatching SOPs and training/ information packages to health workers in all hospitals and points of entry across the country.

Mauritius

No new updates to report.

Mozambique

UNCT Preparedness – The UN Country Team (UNCT) is currently updating its 2006 Contingency plan influenza, focusing on its Business Continuity Plan (BCP) with support from UN Department of Safety and Security (UNDSS). Updates on Influenza A continue to be shared to all UN staff focusing on the status of the epidemic, prevention measures and preparedness activities underway.

Support to Government and Government Preparedness Actions – WHO continues to advise the Ministry of Health on the current Influenza A situation. WHO shared the operational guidelines on case management and improved the investigation Forms for Influenza A.

WHO provided technical support for a two-day workshop on preparedness and response activities for Influenza A/H1N1 and rapid containment. Thirty-three delegates participated from 11 provinces among them clinicians, surveillance officers and International Health Regulation (IHR) focal points. To support the MoH in diagnostic testing, WHO will be deploying an expert for training Virology laboratory staff on the testing and detection process (RT-PCR) for Influenza A H1N1 diagnosis.

Namibia

UNCT Preparedness - Currently, the UNCT is revising the UN Pandemic Influenza preparedness plan based on guidelines provided by PIC/OCHA. The AHI taskforce has recommended that UN staff briefings continue every two weeks to sensitise staff about the pandemic, and also update them on pandemic preparedness activities underway. A healthcare service provider for running a UN Fever Clinic has been identified. The taskforce has proposed that the UNCT consider vaccination for the seasonal flu for all UN staff and their dependents.

Support to Government and Government Preparedness Actions – WHO and UNICEF continue to support the Ministry of Health and Social Services (MoHSS) by participating in the National Health Emergency Management Committee, which is held twice a week. WHO has procured 1,000 doses of Tamiflu and 75 kits of personal protective equipment (PPE) for MoHSS.

MoHSS with support from a WHO epidemiologist has revised the National Preparedness and Response Plan. The draft plan is expected to be tabled for discussion among Government, NGO and UN stakeholders shortly. A national training workshop on case management and surveillance is being organised by WHO for clinicians from the public and private sectors. AH1N1

treatment and surveillance centres have been identified. Information, Education and Communication materials to sensitise the public about Influenza A, its signs and symptoms, how transmission occurs, preventative measures have been developed and will be disseminated shortly.

Seychelles

UNCT Preparedness – On 7 May, WHO briefed UN agencies on Influenza A and the necessary prevention measures that need to be taken by staff and their family. Additionally, the country has completed revising its Contingency plan, including the purchase of sufficient medical supplies for all staff members.

UNDP, WHO and the Regional Office for the Coordination of Humanitarian Affairs for Southern Africa (OCHA ROSA) are in discussion with the Ministry of Health and the Department for Risk and Disaster Management (DRDM) to host a table-top simulation exercise to test the Contingency Plan. The proposed dates are for the second week of July.

Support to Government and Government Preparedness Actions - WHO prepositioned 10,000 doses of Tamiflu to the amount of US\$16,000 for the Ministry of Health.

South Africa

UNCT Preparedness - WHO received 1056 doses of Tamiflu (adults) which will cater for UN agencies. UNICEF is procuring, on behalf of all UN agencies, the Tamiflu suspension for children dependents in South Africa and “La Roche” has been requested to keep the medicine and would release them upon request. The Preparedness plan is yet to be finalized, most UN Agencies are working on their business continuity plans. It is planned that the plan will be submitted to the SMT in their next meeting on 2 June 2009.

Support to Government and Government Preparedness Actions - SA has no cases reported yet as there is a high level of awareness. The season of “Seasonal influenza” has started and surveillance had been ongoing. 56 lab confirmed cases of H3N2 had been tested. SA will not turn away any patient that is a suspect case and will give medical attention to infected person.

Port Health Guidelines has been developed and expected to be released to all international ports of entry. The Government is planning to procure 4 scanners to be in place in the Durban and Cape Town Airports.

Billboards for H1N1 are placed at all major international airports, all outdoor media publications were developed. It is also reported that media publications and editorial features are done weekly. Ten thousand posters with a thousand were distributed to each province. Key messages had been sent to different government departments. Script for radio on SABC was also developed.

Swaziland

UNCT Preparedness – The UNCT continues to update its Contingency Plan for pandemic influenza.

Support to Government and Government Preparedness Actions – WHO is providing technical support to the multi-sectoral pandemic preparedness Committee. A national training workshop of Training of Trainers (ToT) for clinicians, custom officials and immigration officials is being planned by MoH with support from WHO. A/H1N1 treatment and surveillance centres have been identified.

Information, Education and Communication materials to sensitise the public about Influenza A signs and symptoms and preventative measures is being developed. Public Services Announcements (PSAs) are also regularly broadcast on television and radio to reduce the risk of acquiring Influenza A/H1N1 infection.

Zambia

UNCT Preparedness – Currently Zambia is free of Influenza A H1N1 case but remains at high risk. The suspected the H1N1 virus case in Ndola was tested negative.

Support to Government and Government Preparedness Actions - The country has a National Contingency Plan for pandemic influenza. WHO has identified short-term isolation facilities for high risk areas. However, there is a need to develop a national quarantine centre for infectious diseases. Laboratory facilities for animals have been identified and are available at the University Teaching Hospital (UTH) and the University of Zambia, School of Veterinary Medicine. There are limited stocks of Tamiflu and protective equipment for UN staff and procurement is currently underway to address this shortfall.

The multi-sectoral AHI Task Force is focused on developing preparedness and response plans at the provincial and district level, efforts. To this end, assessment teams are visiting various provinces and districts to ascertain the preparedness. Already, assessment teams visited the Southern province (Victoria Falls, Kazungula, Kariba, Chirundu, Katima Mulilo and Livingstone Internationa Airport) earlier this month. The objective of the assessment was to determine the availability of Information, Education and Communication (IEC) materials, the accessibility of medical supplies and logistical capacity. Findings of the assessment team included the need for continued community sensitization activities, laboratory supplies, and the need for MOH to provide technical and logistical support to provinces.

To ensure adequate preparedness and to mitigate the local impact of a pandemic, MoH and partners developed a Health Sector Response plan to undertake the following activities:

1. Reduce opportunities for A/H1N1 infection
2. Strengthen risk communication to communities
3. Strengthen early warning system
4. Identify and equip facilities for managing patients
5. Mitigation of disease occurrence
6. Reduce morbidity, mortality and social disruption
7. Conduct research to guide response measures

To implement the above activities, US\$ 1,2m is needed.

Zimbabwe

UNCT Preparedness – The AHI Task force has developed Information, Education and Communications materials. Procurement of an additional supplies of Personal Protective Equipment (PPEs) equipment was sent to WHO Zimbabwe by WHO AFRO, making 75 kits available for outbreak investigation.

Support to Government and Government Preparedness Actions – WHO supported the MoH develop procedures for management of suspected cases at ports of entry. Isolation facilities of suspected cases at Harare international Airport have been identified as well as arrangements for ferrying suspected cases from the airport to health facility.

Assessment missions are being planned for all airports (Bulawayo, Victoria Falls and Nqabuko airports) and border posts to assess levels of preparedness in the areas of case management, infection control, mecal supplies and the capacity of existing port health authorities.

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/vehciles to health information officers inorder 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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