



### Regional Update No. 6: Novel Influenza A/H1N1 Global Outbreak Date: 31 July 2009

#### HIGHLIGHTS:

- There are 195 cases in nine countries in the region reporting confirmed and/or suspected cases of the H1N1 virus.
- WHO urges countries to step up surveillance and case management systems.
- Organisations are urged to put priority focus on finalising their programme continuity plans as part of their Pandemic Contingency Plan to ensure business continuity.

#### REGIONAL CONTEXT

As of 30 July 2009, nine countries in the region have officially reported 195 laboratory confirmed human cases of pandemic (H1N1) including zero death. The breakdown of confirmed cases by country is given in Table 1.

A major challenge faced in the region pertains to weak surveillance and case management systems. These challenges are compounded by insufficient laboratory testing capability, poor leadership and insufficient drug supplies. Given the above, it is estimated that the region has a higher caseload of Influenza A (H1N1) cases compared to official reports.

WHO has urged all countries in the region to step-up community social mobilization campaigns on preventative measures, such as on hand hygiene and respiratory etiquette. Also, training of health workers, particularly those working at ports of entry is urgently needed in most countries in the region.

Countries in the region are updating their UNCT Contingency Plans, including Business Continuity Plans (BCPs). WHO is providing Governments with technical support to develop suitable response plans.

At the regional level, a draft Inter-Agency Standing Committee (IASC) Contingency Plan is being developed. Existing gaps in the CP include the following:

1. Contact list of focal points;
2. List of critical staff; and
3. List of critical functions and essential programmes to be maintained during a pandemic.

The primary focus of the Regional CP is to support country-level preparedness and response. In so doing, the Regional Office for the Coordination of Humanitarian Affairs for Southern Africa (OCHA ROSA) emphasizes the need for UN agencies and NGOs to join National Task Forces on Pandemic Influenza to ensure synergy between the government and humanitarian actors' response plans. In so doing, Regional organizations need to support their country offices finalise their plans.

Table 1: No. of countries reporting H1N1

Country	Confirmed Cases	Suspected Cases
Botswana	2	-
Lesotho	0	1
Mauritius	1	-
Mozambique	-	1
Namibia	4	-
Seychelles	3	-
South Africa	183	-
Swaziland	2	-
Zimbabwe	0	1
<b>TOTAL</b>	<b>195</b>	<b>3</b>

**NB: Given that countries are no longer required to test and report individual cases, the number of cases reported actually understates the real number of cases.**

## Angola

**UNCT Preparedness** – The Disaster Management Team (DMT) is revising its simulation exercise tools following a recent Regional Humanitarian Pandemic Workshop convened by Interaction Consortium, USAID and IFRC. In addition, the country continues to finalise its Contingency Plan. The UN clinic received doses of the seasonal flu, imported from South Africa and as of 30 July 2009, vaccination of all UN employees and their dependents has started.

## Lesotho

**Situation Update** - The country sent samples of three suspected cases for testing to the National Institute of Communicable Diseases (NICD) in South Africa. To date, two of the suspected cases came back negative. Result of the third case is pending.

**UNCT Preparedness** - The UN-Lesotho Pandemic Task Team is planning a Simulation Exercise to test the functionality of its Preparedness and Business Continuity Plan for Influenza A (H1N1).

**Support to Government and Government Preparedness Actions** – The Department of Livestock has trained Rapid Response Teams (RRTs) for the surveillance and collection of samples in pigs throughout the country. The Department is also developing a public campaign on the animal health aspects of the disease.

## Mozambique

**Situation Update:** The country reported one suspected case. The patient was a tourist from Brazil. The test result was confirmed as negative both by the National Reference Laboratory in Maputo as well as from the NICD in South Africa.

**UNCT Preparedness** – The UNCT continues to review and consolidate the UN Contingency plan. WFP is preparing an internal action plan to ensure programmatic continuity in the country. The plan includes standby agreements with cooperating partners, commercial entities, identification of core staff for critical functions, coordination mechanisms with Government entities and other UN agencies, alternative sources of communication and training on preventive measures for the staff and cooperating partners. The plan aims to ensure that WFP still operates in the event of a pandemic to complement the existing UN and Ministry of Health plans.

**Support to Government and Government Preparedness Actions** – The Centre for Disease Control donated 300 medium regular flocker swabs for the collection of influenza specimen as well as plastic consumables for the Real Time Protocol for Detection and Characterisation of Influenza A (RT-PCR) panel. In addition, in order to improve the communication and coordination of surveillance activities at ports of entry, WHO provided telecommunications support to teams posted at various point of entry into the country.

## Namibia

**Situation Update** - To date, the Ministry of Health and Social Services (MoHSS) has reported four confirmed cases of the H1N1 virus. Three of the confirmed cases had a recent travel history to countries reporting on the H1N1 virus. The latest case is a mother who contracted the virus from a confirmed case.

**UNCT Preparedness** - Currently, the UN Pandemic Task Force is supporting UN agencies to finalise their programme continuity plan and is due to be completed by the first week of August 2009. This will pave the way for the finalization of the updated UN Pandemic Influenza Contingency Plan.

**Support to Government and Government Preparedness Actions** – In order to improve national preparedness, the UNCT via the Resident Coordinator's Office submitted a proposal to support Government's efforts to finalise its National Pandemic Contingency Plan.

## South Africa

**Situation Update** – All nine provinces in the country have confirmed H1N1 cases. Nationally there are more than 100 cases reported. Gauteng province is the most affected.

**Response** – The National Pandemic Task Force has stepped up response efforts. As a high priority, the Task Force has ordered the distribution of additional Tamiflu stocks from depots to hospitals. Procurement of an additional 500,000 doses of Tami-flu is in progress. Health Guidelines are being finalised and will be disseminated to health workers. Additionally, the Task Force is strengthening the capacity of health workers in all provinces on diagnosis, case management and surveillance.

Information, Education and Communication (IEC) materials, such as posters, pamphlets are being revised, printed and distributed given the current situation and will be disseminated to the public shortly. Press statement and interviews have been disseminated to the media.

**Government Response** - The National Department of Health (NDoH) has intensified case surveillance and management at Oliver Tambo International Airport in Johannesburg as well as other ports of entry.

The NDoH and Department of Education are developing posters and other teaching materials for schools and universities.

Due to the high costs of the thermal scanners for all airports, the Task Force agreed to use the available funds for additional vaccines to be distributed for community level preparedness.

Province of residence	Laboratory-Confirmed Cases as at 18 July 2009	Newly confirmed cases as at 24 July 2009
Eastern Cape	15	1
Free State	5	0
Gauteng	87	14
KwaZulu Natal	13	8
Limpopo	1	1
Mpumalanga	4	0
Northern Cape	1	0
Northwest	4	0
Western Cape	21	7
<b>Total for South Africa</b>	<b>151</b>	<b>32</b>

## Swaziland

**Situation Update:** Two cases of Influenza A (H1N1) were confirmed on 26 July 2009. The patients have a travel history to Italy.

**UNCT Preparedness** –The UNCT continues is in the process of finalising 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. WHO Guidelines on Influenza A are distributed regularly to OIE and national authorities. WHO has provided 1,000 doses of Tamiflu, Personal Protective Equipment (PPE) kits and specimen transportation to South Africa, if necessary. Agreement has established with the NICD in South Africa for laboratory testing.

## Zimbabwe

**Situation Update** – The country experienced the first suspected case on the 20th of July 2009, which was detected at Harare International Airport. The patient was from Egypt. A Rapid Response Team (RRT) comprised of the Ministry of Health and Child Welfare (MHCW) and WHO responded to the situation. Samples were collected and were found to be negative. The patient was closely monitored for seven days and discharged.

**Support to Government readiness** – WHO supported the Ministry of Health (MoH) develop a draft national Influenza A (H1N1) preparedness plan along with operational procedures. The procedures developed include: case management, surveillance, laboratory testing, social mobilisation and training of Rapid Response Teams (RRT).

From 16-17 July 2009, the MoH and WHO conducted Influenza A orientation sessions for health workers from the Northern Region. In addition, from 24 - 25 July 2009, MoH and WHO supported the Ministry of Health and Child Welfare (MoHCW) host

orientation sessions for immigration, disaster management officials, health personnel and other stakeholders from Central Hospitals, ZIMA and Bulawayo City, etc. To improve coordination and communication from the 10 priority ports of entry, MoH purchased 10 mobile phones.

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