



Regional Update No. 7: Pandemic A (H1N1) 2009 Global Outbreak Date: 05 October 2009

HIGHLIGHTS

- Since the global outbreak of Pandemic A (H1N1) 2009, a total of 12,083 confirmed cases and 95 deaths have been registered in Southern Africa, the vast majority reported in South Africa.
- The most affected population group has been children and young adults.

REGIONAL CONTEXT

According to World Health Organization's Regional Office for Africa (WHO AFRO), all countries in the region have activated their national emergency preparedness and contingency response plans. WHO has established a crisis management team at their Africa Office in the Republic of the Congo, as well as one in Zimbabwe covering Southern Africa. The aim of these teams is to work closely with countries to boost their disease surveillance capacity in order to ensure that any suspected case is detected early. Stockpiles of relevant medicines have been dispatched to all countries in the region. The mapping of laboratory and human resources capability at country and regional level have also been undertaken, in order to enable WHO to support countries in responding rapidly to any suspected outbreak.

Although most cases of Pandemic (H1N1) 2009 are relatively mild, severe cases do occur, and there is a serious concern that the virus A (H1N1) 2009 could mutate into a much more virulent strain, and that the next wave of outbreaks could occur soon. In order to speed up country preparedness in Least Developed Countries, WHO and PIC OCHA carried out an Urgent Needs Identification and Prioritization (UNIP). The UNIP Analysis was officially launched on 24 September 2009 in New York, during the UN General Assembly.

Pandemic (H1N1) 2009 in Southern Africa			
Country	Cases (confirmed)	Deaths	Date (up to)
Angola	13	-	28-Sep-09
Botswana	31	-	21-Sep-09
Comoros	No data	-	30-Sep-09
Lesotho	54	-	30-Sep-09
Madagascar	16	-	30-Sep-09
Malawi	4	-	25-Sep-09
Mauritius ¹	69	8	30-Sep-09
Mozambique	30	2	29-Sep-09
Namibia	62	1	30-Sep-09
Seychelles	3	-	30-Sep-09
South Africa	11,729	84	29-Sep-09
Swaziland	18	-	28-Sep-09
Zambia	49	-	30-Sep-09
Zimbabwe	5	-	03-Oct-09
Total	12,083	95	

1. Is monitoring the pandemic but is no longer reporting individual cases

Angola

Situation Update As of 28 September, 13 cases have been confirmed, with 62 suspected cases under investigation.

Support to Government and Government Preparedness Actions The WHO country team continues to support the National Task Force in:

- Epidemiological surveillance activities;
- The provision of information on Pandemic A (H1N1) 2009 trends;
- The preparation of and participation in Inter-Ministerial Commission meetings; and
- Reproduction and distribution of surveillance and case management tools and guidelines.

Actions taken by Government An early warning system has been established in all provinces. This system provides information to the National Epidemiological Data Centre on a daily basis. Furthermore, the Ministry of Health (MOH) submitted the National Plan of Vaccine Needs to WHO. The report identified the following priority groups:

- children under five;
- Pregnant women in their second and third trimesters;
- Health professionals, including persons providing home-based care; and
- Patients with chronic conditions, specifically those conditions related to immunodeficiency.

This report was also published the Inter-Ministerial Commission Report of May - September 2009.

Botswana

Situation Update As of 21 September, 31 confirmed cases have been reported.

UNCT Preparedness The UNCT contingency plan for Pandemic (H1N1) 2009 preparedness and response has been developed and is in place. WHO is the lead agency.

Support to Government and Government Preparedness Actions Health education materials for schools have been developed with the support of UNICEF. WHO continues to provide technical support in all areas of Pandemic (H1N1) 2009 prepared and response.

Actions Taken by Government The multi-sectoral National Pandemic (H1N1) 2009 Task Force Committee continues to meet on a weekly basis to monitor the epidemic and coordinate the response. A pandemic H1N1 contingency plan has been developed. District support and supervision visits have been carried out.

Comoros

No updates received

Lesotho

Situation Update As of 30 September, 54 cases have been confirmed in nine of the 10 districts of Lesotho. The number of confirmed cases constitutes 39% of the total of 138 specimens sent to the South African National Institute for Communicable Diseases (NICD). All confirmed cases were treated with Tamiflu and antipyretics at home, and all responded positively to treatment.

UNCT Preparedness There is no change in the situation since the previous update. The UNCT is mainly supporting Government in preparedness and response to the pandemic.

Support to Government and Government Preparedness Actions The UNCT supported the government in conducting an assessment of areas that require urgent support in preparedness and response to A H1N1. The needs were submitted to WHO and OCHA at the end of August 2009. WHO continues to provide technical and logistical support to the government in the investigation, surveillance and management of H1N1 cases (both suspected and confirmed). UNICEF has pledged an

estimated US\$ 50,000 in support of public awareness and social mobilisation activities. A formal request from government, required for the release of these funds, is being awaited.

Actions Taken by Government All districts are on high alert for the detection and response to flu-like illnesses. Suspected cases of Pandemic (H1N1) 2009 are investigated, with nasal swabs taken. Tamiflu is being used for the treatment of cases. The Disaster Management Authority, through the Health and Nutrition Working Group, has been briefed on the current situation and is being requested to provide resources for the full implementation of the national Pandemic (H1N1) 2009 Preparedness and Response Plan.

The Government has submitted its support requirements to WHO and OCHA through the Urgent Needs Identification and Prioritization Tool. Areas identified for urgent support are logistical and equipment support, production and dissemination of Information, Education and Communication (IEC) materials; assistance in assessing and addressing critical logistical food and fuel needs during a pandemic and training workshops for government and private sector partners to develop sectoral business continuity plans.

The above needs have not yet been addressed and are therefore still relevant.

Madagascar

Situation Update As of 30 September, 16 cases has been confirmed. Fourteen of these were established to be imported cases.

UNCT Preparedness The UNCT Contingency Plan on Pandemic Influenza is being finalized and will be signed by Heads of Agencies shortly. The finalization of the Business Continuity Plans of UN Agencies is also ongoing. Sensitization of UN staff members, including their dependents, to pandemic influenza is being reinforced. A needs assessment of required drugs (Tamiflu), vaccines and equipment for all agencies has also been undertaken, and WHO has already provided doses of Tamiflu to the UN clinic.

Support to Government and Government Preparedness Actions Technical staff from UN Agencies are supporting the four technical commissions put in place as per the national contingency plan. The four technical commissions are: Epidemiological Surveillance; Containment and Mitigation Activities; Health System Responses and Communication. Technical and financial support to the organization of a national two-day workshop on implementation of the Whole of Society Approach to Pandemic preparedness and response was also provided by the UNCT.

Actions Taken by the Government The MOH, with the technical support of WHO and the Resident Coordinator's Office (RCO) convened a national two-day training workshop on the implementation of the Whole of Society Approach to Pandemic preparedness and response. A road map on the development of Business Continuity Plan for each key sector and updating the National Contingency Plan has been developed and will be implemented by the end of 2009.

Government also has developed a national plan for the prioritization of vaccines for pandemic influenza when it becomes available, and implemented a communication plan to raise awareness of the general public on pandemic influenza prevention.

Furthermore, with the support of the United States' Centre for Disease Control (CDC), an assessment of core capabilities for pandemic influenza preparedness and response was undertaken.

Malawi

Situation Update As of 25 September, four cases have been confirmed, with 16 suspected cases under investigation.

UNCT Preparedness A Table Top Simulation Exercise was conducted, in which members of UN Pandemic Influenza Task Force, as well as Government representatives, participated. The contingency plan will be revised as per the findings during the exercise. Sharing information and communication to UN Staff on the virus and situation in Malawi is ongoing.

Actions taken by Government Health workers in private healthcare facilities were briefed on Pandemic (H1N1) 2009, and Government is looking to identify a local laboratory that can test for Pandemic (H1N1) 2009. Surveillance has been increased in areas where there have been confirmed cases. Government has also carried out a large-scale public information campaign to raise awareness of pandemic influenza. In conjunction with the UNCT and other partners, Government also trained health workers at points of entry, and pre-positioned Tamiflu at designated treatment centres.

Mauritius

Actions taken by Government (through the Ministry of Health and Quality of Life (MOH&QL), by sector)

Coordination

- A multi-sectoral committee has been established and several meetings have been convened under the chairmanship of the MoH&QL;
- Technical meetings with partners have also been held under the chairmanship of the Director General of Health Services;
- An Emergency Technical Committee has been established to monitor the situation on a daily basis;
- A focal person has been appointed to monitor the global situation daily, with the assistance of WHO;
- A communication line has been established with doctors working in hotels and within communities, in order that any suspected cases are immediately reported;

Airport and port

- Surveillance has been reinforced at the airport;
- Table Top and simulation exercises were organized at the airport and the port;
- Prior to landing, the air crew captain communicates any suspected case to the health authorities at the airport;
- On landing, all incoming passengers as well as the cabin crew complete a Health Declaration Form;
- A thermal scanner has been installed at the airport for the screening of passengers;
- Health messages are aired to incoming passengers and those in transit at the arrival lounge;
- A daily list of incoming passengers from high-risk countries is submitted to the MOH&QL.

Drugs, equipment and consumables

- Stockpiling of 197,942 doses of Oseltamivir has been undertaken. Procurement is underway to cover an additional 13% of the population so as to have an overall coverage of 25% of the population;
- A stock of surgical masks and N95 masks is available at the MOH&QL;
- Polymerase Chain Reaction (PCR) testing for Pandemic (H1N1) 2009 is being carried out by the Virology Department;
- Actions have been initiated to assure the availability of Intensive Care Unit (ICU) equipment and other consumables;
- Action has been initiated through the WHO Country Office for the procurement of 2.5 million doses of Pandemic A (H1N1) 2009 vaccine;
- The private pharmaceutical sector has been requested to increase its stock of Tamiflu.

National Preparedness Plan (NPP), Standard Operating Procedures (SOP) and protocol

- A NPP has been developed and is being implemented, with the technical support of WHO;
- Detailed Standard Operating Procedures (SOP) for each possible scenario has been developed and is being adhered to;

- Protocols for the clinical management of cases has been developed and is being adhered to;
- Protocols and guidelines on infection control in health care settings have been prepared and disseminated.

Care and treatment

- Based on the Influenza Like Infections (ILI) survey, it is estimated that 250,000 cases of Pandemic (H1N1) 2009 cases have occurred in Mauritius to date; Flu clinics were opened in hospitals and other community outlets and have recently been scaled down due to a rapid decrease in the number of Pandemic (H1N1) 2009 cases;
- Isolations wards for patients suffering from the virus A H1N1 2009 are being used in all regional hospitals;
- Other non-hospital-based sites such as youth recreational centres have been identified for isolation purposes in the event of a surge in cases.

Sensitization

- Public sensitization is being conducted using face-to-face communication and the media, particularly radio and television;
- Awareness campaigns on Pandemic (H1N1) 2009 has been carried out to sensitize airport and airline staff.

Education (through the Ministry of Education)

- Primary and secondary schools, as well as tertiary education facilities were closed for one week, from 21 to 28 August, to prevent a further spread of Pandemic (H1N1) 2009. Pre-primary schools were closed from 21 August to 4 September;
- A cleaning and disinfection campaign was carried out within the premises of all schools.

Support to Government and Government Preparedness Actions WHO on behalf of the UNCT in Mauritius participated in all the meetings chaired by the MOH&QL, as well as some of the technical meetings. The WHO Liaison Officer was solicited on a number of occasions to make statements and provide advice to the press during meetings chaired by the Minister of Health. WHO provided technical support for the preparation of the NPP protocols and guidelines and participated in Table Top and simulation exercises.

Mozambique

Situation Update As of 29 September, two deaths have been reported and 30 cases confirmed. Six provinces have reported suspected cases, while both deaths and all 30 confirmed cases occurred in Maputo City. All confirmed cases were tested by NICD. The first reported death was a HIV-positive patient.

UNCT Preparedness Due to the global alert on the Pandemic A (H1N1) 2009 outbreak, pandemic Influenza preparedness is now a major priority area for the UNCT and the MOH. The revision of the UNCT Contingency Plan is ongoing. The UNCT with the technical support of the Pandemic Influenza Coordination (PIC) team (OCHA ROSA) in Johannesburg is planning to organize a table top exercise on Pandemic influenza preparedness for the National Government around the fourth week of October 2009.

Support to Government and Government Preparedness Actions WHO donated packaging material (50 boxes, triple packing) to the National Reference Laboratory of Immunology, to be used for the transport of specimens and provides support to the transportation of specimens to NICD in South Africa. Furthermore, the UNCT is also supporting the development of the National Plan for Prevention and Control.

Actions taken by Government The MOH established an isolation ward and an intensive care service for patients at the Maputo Central Hospital, printed posters on prevention and posted them at key public places such as hospital and airports. A manual for health workers on the prevention was also posted on the MOH website. The MOH and WHO conducted a training of health professionals (laboratory technicians, hospital staff, and key government staff) at national and provincial level and continues to strengthen epidemiological surveillance and social mobilization.

Namibia

Situation Update As of 30 October, 1 death has been reported and 62 cases confirmed in 11 of the 13 regions. The youngest case was seven months, the oldest 78 years. The median age of cases is 20.5 years, with 32 male and 30 female cases.

UNCT Preparedness The UNCT is finalizing the process of contracting a health care facility to run “a fever clinic” for UN staff and dependants. Most UN Agencies have completed their businesses continuity plans. The updating of the UNCT Contingency Plan is expected to be completed by end October.

Support to Government and Government Preparedness Actions WHO is supporting the development and printing of IEC materials, including 50,000 leaflets titled *Basic Facts About Pandemic (H1N1) 2009 and How to Prevent it*, posters and bumper stickers. WHO is also continuing its support to the Ministry of Health and Social Services (MOHSS) in its response by participating in and providing guidance and advice to the National Health Emergency Management Committee, which meets twice a week.

Actions taken by Government The Ministry is continuing to monitor the situation and the Office of the Prime Minister Office recently called a meeting to reactivate the Task Force for Pandemic Influenza. Various actions have been undertaken such as activation of the National Health Emergency Management Committee, training sessions to health workers at health facilities, dissemination of guidelines on diagnosis and case management to public practitioners; revision of the pandemic Preparedness and Response Plan and procurement of drugs and PPE.

Seychelles

No updates received

South Africa

Situation Update As of 30 September, 84 deaths have been reported, and 11,729 cases confirmed. An estimated fifty percent of all deaths were pregnant women.

UNCT Preparedness The UNCT Influenza Task Force meets twice a month. There are adequate stockpiles of Tamiflu available for all UN staff. The UNCT Pandemic Influenza Contingency Plan has been updated to include staff changes and a business continuity plan. No new case of UN staff members has been reported. Hospitals and physicians have been identified for the treatment of UN Staff and their dependents, in case of infection.

Actions taken by Government Clinical and laboratory surveillance has been strengthened, and communication and public awareness campaigns expanded.

Swaziland

Situation Update As of 28 September, 18 confirmed cases have been reported in three of the four regions of the country.

UNCT Preparedness The UNCT has reviewed the UNCT Pandemic Contingency Plan, which include the development of Agency-specific business continuity plans that are to be an integral component of the Contingency Plan.

Support to Government and Government Preparedness Actions WHO and UNICEF are providing technical assistance to the MOH in the training of healthcare workers in Pandemic Influenza. To date, four seminars have been held, attended by 520 healthcare workers. There is a need for funding to run more such seminars, with the goal of training and additional 1,500 healthcare workers.

A committee has been formed, which includes WHO and UNICEF, to develop a national Pandemic A (H1N1) 2009 Vaccine Initiative. This initiative will include the defining of the country's vaccine needs, estimating the quantities to be procured, the mobilizing of resources for such procurement, and the developing of plans for the distribution of vaccine to target populations. WHO has also been supporting the MOH in procuring additional stocks of Tamiflu through the WHO procurement mechanism.

Zambia

No updates received

Zimbabwe

Situation Update As of 03 October, five cases have been confirmed, with an additional 27 probably cases.

Actions taken by Government The National Task Force continues to meet weekly. Furthermore, the first national "Call to Action" meeting hosted by WHO, took place on 28 and 29 September 2009. Zimbabwe is the first country to have such a meeting due to the fact that it already has a flexible platform the cholera command and control centre to coordinate epidemic response activities on which it could capitalize. The National Task Force, as well as other partners (GAA Merlin, Zimbabwe National Health care Trust, National Microbiology Reference Laboratory, University of Zimbabwe Virology Laboratory and others), and the original signatories to the initiative (IFRC, UNICEF, OCHA and WHO) were at the workshop. The next steps, as recommended at the workshop and during National Task Force meetings, include:

- Training of health workers in case management and infection control;
- Scaling up of communication and health promotion activities to enhance the public's knowledge and awareness
- Scaling up laboratory support to enable real-time PCR testing in the long term, but in short term, support is needed in the procurement of additional PPE and stocks of Tamiflu;.

Continued support is required in:

- Training of health workers in case management and infection control;
- Communication and health promotion;
- Upgrading and accreditation of the University of Zimbabwe Virology Laboratory and the National Microbiology Reference Laboratory, to enable PCR testing;
- Training of laboratory scientists in sample collection and analysis;
- The incorporation of vaccine usage in the national Pandemic Preparedness Plan.

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