

## Inter-agency information sharing/coordination Meeting on avian influenza

Hosted by the International Federation of Red Cross & Red Crescent Societies,  
Southeast Asia Regional Delegation

7 September, 2006 (Thurs), 2 - 5 PM  
Imperial Queen's Park Hotel, Bangkok

### Minutes (DRAFT)

#### Summary minutes:

- The afternoon meeting was attended by INGO, UN, Embassies, Donors from country and regional office representatives (a total of 41 participants) and was intended to provide an opportunity for agencies to share information, identify and initiate coordination issues among agencies involved in Avian Influenza.
- The meeting outputs were:
  - o A clearer understanding of Thailand's Avian Influenza past response, pandemic response plans and preparedness activities
  - o Information on Thailand's table top exercises being conducted at the provincial level throughout the country
  - o Sharing of Thailand's agriculture and poultry outbreak containment strategies and policies
  - o **Action Point: the IEC material booth was a successful start. Participants appreciated the opportunity to see educational and communication materials from other organizations targeted in specific languages and cultures from around the region. Please continue to bring your IEC materials for sharing.**

### Key theme: Thailand's Avian Influenza pandemic response plans and preparedness activities

#### 14:05 Opening:

The group was welcomed by the Chair, Chadin Tephaval Media-Communication Officer of the WHO office Representative to Thailand, followed by roundtable introductions from all attendees. Thank you to the organizers, International Federation. Today's program will feature representatives from the Thai government who will share their experiences and plans for pandemic preparedness on AHI from both the human health perspective and the animal health perspective.

#### Introductions round table *(see the list of participants at the end of this document)*

- |   |   |
|---|---|
| 1. Thailand Ministry of Public Health           | 17. UNICEF Thailand   |
| 2. Thailand Department of Livestock Development | 18. Care USA  |
| 3. AMI  | 19. Southern Weekly, China  |
| 4. Coverage                                     | 20. UNEP, CMS   |
| 5. MSF- France                                  | 21. IEIP-TUC  |
| 6. Plan International                           | 22. DGMQ- TUC   |
| 7. UNSIC  | 23. Unilever  |
| 8. European Commission                          | 24. Siam City Cement  |
| 9. IOM  | 25. Mercy Malaysia  |
| 10. Kenan Institute Asia                        | 26. ECHO  |
| 11. ADRA Asia                                   | 27. ARC International   |
| 12. WHO/SEARO                                   | 28. KI Asia   |
| 13. UN Resident Coordinator Office              | 29. IRC   |
| 14. AusAID                                      | 30. Finnish Red Cross   |
| 15. UN-OCHA                                     | 31. International Federation of Red Cross and Red Crescent Societies (IFRC) |
| 16. CDC / ThaiMoPH                              |   |

14:15

## Experience Sharing

1) Presentation by Dr. Woraya Luang, Ministry of Public Health, Thailand, Influenza Program and Pandemic Preparedness (*see attached presentation*)

Overview:

- Map depicting confirmed occurrence of H5N1 in poultry and wild birds since 2003. Thailand has experienced 4 waves of Avian Influenza – the latest wave was/is in the 2<sup>nd</sup> quarter of 2006.
- Now endemic across the world - H5N1 cases confirmed in 10 countries
- Human cases - as of Aug 2006 - worldwide total 240 cases confirmed with 141 deaths.
- In Thailand, 4 waves. The 1st round of infected poultry occurred in 42 provinces, 12 (ill)\8 (deaths) 2<sup>nd</sup> round in 51 provinces 5 (ill)\4 (deaths), 3<sup>rd</sup> round in 11 provinces 5 (ill)\2 (deaths)
- According to WHO, there are 6 phases of pandemic development. Thailand is currently in between phases 3 and 4 with this 4<sup>th</sup> wave
- The Thai MoPH National Strategic Plan for Avian Influenza Control and Influenza Pandemic Preparedness in Thailand, 2005-2007, published in May 2005, is available to download from: <http://epid.moph.go.th/invest/ai/bird%20flu.pdf>. There is an updated version for 2006, but it's currently only available in Thai.
- Estimated impact of new influenza pandemic, min estimated 10% case rate of 6.5 million, moderate case rate is 40% reaching 26 million people. Extensive social and economic impacts are possible in the moderate situation – in that case, there won't be enough hospital beds.
- AI is a national agenda now in Thailand. Strategic plan 05-07 has been developed, an operation plan master plan has been developed, plus 1 operation plan for each ministry (i.e. ministry of agriculture, interior, defense).
- The plan addresses 5 key main strategies: 1) surveillance in animals and humans (including improved labs) 2) stockpiling and logistics (including clinical trials) 3) emergency responses (including isolation rooms, trainings, and case management guidelines) 4) public risk communication (including livelihoods) 5) coordination (including integration of pandemic preparedness plans into national disaster plans, table-top exercises on ppp at provincial level)
- Thai MoPH estimated they will spend 6-7 million USD per year on this plan, with an emphasis case management and infection control in hospitals, stockpiling personal protective equipment and tamiflu and biohazard viral containers
- A public communication AI update on the daily situation can be found on [www.moph.go.th](http://www.moph.go.th) with English version
- At provincial level in regards to the table top exercises; 1 person is designated as Mr. Bird Flu at each province to provide coordination and support local health infrastructure and health vol.
- Table top exercise is a full scale pandemic response exercise involving all essential services. A "Toolkit" was distributed to every province containing the Thai strategic plan, operational plan, manual for trainer to conduct table top exercise, 6 CD. More than 10 provinces have completed table top exercise since March 06. Central government level exercises are pending and cabinet level is envisioned for the future.
- After table top exercise, will have a functional drill that involves every ministry agency and sector
- Going forward; support private sector preparedness seen as a major component of national preparedness

## Questions, Answers, and Comments:

**Q:** Mark Striling - Siam Cement - according to history if a pandemic hit 10-40% of the workforce would be absent. Does your plan account for those losses? Have you gone through critical role analysis - identify critical organizations, key staff including the Mr. Bird Flu and essential Ministry officers, to seek alternatives or as needed replacements ahead of time?

**A:** In our scenario and plan we have estimated 30% workforce loss, and the operational plan reflects this prediction of workforce loss according to the WHO different phases. The same estimations are used for government ministries, hospitals, and essential services.

**Q:** Australia already has plans to close borders and isolate certain areas to contain outbreak areas in the case of an AI pandemic. Does Thailand have similar plans?

**A:** At the central level, resources must and would be moved to help other areas in need. Each province has its own plans and resources, and provinces are encouraged to cooperate with other provinces and share resources. There would be no border closures expected, at least at this moment, but we would be in alignment with WHO recommendations.

**Comment:** Koji Nabae – UNSIC – I was able to visit and see the provincial table top exercises during their operation. During the drills, each province responded differently, but questions like absenteeism have been discussed within each province.

**Comment:** Chadin Tephaval – WHO – There was a TCELS meeting yesterday with key private sectors involved in planning process - each company has their own plans for response, and the purpose of this private sector meeting was to find similarities between corporate plans to have basic guidelines and procedures that are similar.

**Q:** Dr. Chadia – WHO – can you tell more about what the Thailand government has learned from the table top exercises?

**A:** These provincial level table top exercises have been a multisectoral response, with MoH village health volunteers, community members, and heads of each government sector. All sectors (police, transportation, etc) want the MoH to take the lead.

**Q:** Have there been any concrete decisions on restrictions in Thailand during phase 4 or 5 outbreak?

**A:** We will follow the WHO recommendations. Of course we will have in place entry screenings. But countries have different opinions about what level the containment levels. In general descriptions, in our plan we will have restriction on transportation, but to what extend is yet to be known.

**Comment:** In the case of a pandemic outbreak, closing or limiting borders would be the most effective means to hinder the spread. Social distancing is also an important message - no large gatherings, isolated the sick, self-isolation if feeling unwell.

**Q:** to what extent were the civil society involved in Thailand's planning process? Are there NGO or other civil society on the committee board?

**A:** The only civil society sector that was involved in Thailand's planning was the Thai Red Cross. Otherwise, only government ministries were included in creating the national plans.

**Q:** Awareness messages and campaigns will be recommended to the general population in Thailand?

**A:** This plan will be revised periodically - at the moment we don't have specific recommendations included in the plan, only that awareness campaigns are essential in creating public awareness and increasing public education.

#### **WHO update; Rapid Response Team TOT on AI**

The Thailand Ministry of Public Health - U.S. Centers for Disease Control and Prevention Collaboration's International Emerging Infections Program (IEIP) has the pleasure of releasing workshop material following the Rapid Response for Avian and Pandemic Influenza Training of Trainers Workshop which was held in Bangkok, Thailand on July 17-21, 2006. It should be noted that the released material is "living" data. 10 CDs were distributed to interested organizations. The IFRC SEA regional delegation has 1 copy. If you are interested in obtaining a copy, please contact us.

**15:05**

#### **Experience Sharing**

2) Presentation by Arunee Chaisingh, Department of Livestock Development, Ministry of Agriculture (*see attached presentation*)

Overview: I will share about

- The DLD has a national institute of animal health with 7 regional veterinary research & development centers laboratories spread throughout the country.
- When a suspected case occurs, the village volunteer or farmer tells the district livestock officer, who then communicates with one of the regional labs to confirm the diagnosis in poultry.
- The DLD website shows up-to-date disease outbreak information – including the date, province.
- In the 1<sup>st</sup> AI wave in 2003, Thailand culled 30 million birds within 5 km radius of the initial confirmed H5N1 poultry. The distance was reduced to 1 km radius in subsequent waves.
- In Thailand, our policy states that we choose to cull and we do not vaccinate poultry like in some other countries primarily because Thailand is a large exporter of chicken.
- Outbreaks in the poultry and the free-grazing duck population follows a similar pattern
- HPAI (highly pathological avian influenza) has been listed as a communicable disease since 1956.

- We can cull with 75% compensation and control the movement of poultry in high risk areas by the restrictions in place and the increased the number of checkpoints
- Bio security and restructuring the farming system has been challenging, as has trying to change behaviors of children who run and play with the poultry
- One successful project to control the movement has been the mandatory registration of fighting cocks - each cock has a fighting cock passport with a picture of their face and a close up of the legs
- For commercial poultry system, Thailand has started compartmentalization to increase bio security. And restructuring duck raising into structured farms with boundaries to try to restrict free grazing duck movement. The country has been divided into 9 zones (with 1-4 provinces in each zone) with free movement within the zone only.
- From the technical laboratory side, we conduct investigations, surveillance and monitoring; we take clinical swabs of the poultry for the testing and have fully established labs to confirm the strain (H5N1 or a new strain?), and we cooperate with other ministries
- For the clinical surveillance - we use the MoPH village volunteer system to help monitor in the communities
- Active surveillance started in 2004. In 2006 wet market surveillance started before Chinese New Year. No movement is allowed until the results are back for samples collected during national wide surveillance periods
- In Thailand, there has been no evidence of Tamiflu resistance strain of HPAI

**Questions, Answers, and Comments:**

**Q:** Koji Nabae – UNSIC – compensation which was paid in the 1<sup>st</sup> wave was 130 million and in the 2nd wave 5 million was paid out. Why is there such a big difference?

**A:** The 1<sup>st</sup> wave was not only culling compensation but included money for restructuring their farming system. The price difference in the second wave was only for the culling compensation at 75%.

**A:** Regarding reporting from the framers – if a farmer suspects his or a neighbor’s poultry are ill, do they have to report to the DLD animal center or is it voluntary?

**Q:** It’s not mandatory for the village farmers to report, but the government strongly recommends farmers to report suspect cases. In the commercial farms, there is a reporting system in place. Mortality generally occurs daily even without HPAI - so daily records are kept - and the commercial farms report. Mortality rates are monitored for increase. For the backyard farmer, there is no reporting system in place. Usually when the climate changes, birds will commonly die from normal causes, so small farmers are asked to report when there is an unusual rise in deaths.

**Q:** The testing for poultry sometimes seem to be delayed. How long does it usually take for the testing and results to be made public?

**A:** The general turn around time is 2 weeks. This timeframe is especially true if the first results are negative, because more tests are run to be sure it’s not a false positive. If test results for H5N1 are positive, results can be available within 1 day.

**Q:** Your strategy focuses on high-risk areas along the river and major highways. Can you elaborate on how DLD identifies a high risk area?

**A:** High risk areas are difficult to predict. Obviously highways used for poultry transport are classified as high risk, but other areas are only classified as high risk after they have been proven.

**Q:** Can you elaborate on Thailand’s compensation scheme? Does it cover all size farms and include migrant farmers?

**A:** We will compensate farms of any size according to the rules and at the 75% rate. I cannot comment precisely on migrant farmers.

**Q:** What is the chain of command and coordination between DLD and the local provincial level? In some instances, there have been reports of the local government giving orders to cull without proof.

**A:** DLD doesn’t charge a fee for the sample testing - so if there is a suspected poultry case, please notify DLD for testing. But I don’t have direct information on the local orders to cull. We have a lab network with 7 regional centres in Thailand and communicate with neighboring countries.

**Q:** Wild birds are the responsibility of the ministry of natural resources, and domestic poultry is under the department of livestock development. What is the level of exchange between the 2 departments?

**A:** We have joint meetings to share information between the 2 departments. Sometimes we also have lab exchanges to test samples. Reports are shared.

**16:15**

**Plenary Discussion,** Led by: Chadin Tephaval – Office of the WHO Representative to Thailand

- Risk communication is still an important issue. How can we re-package the AI messages so they stay current with the media?
- PSA with Jackie Chan is being translated into other languages, as reported by UNICEF, so this is one way to continue reaching populations
- UNICEF, MoPH, Ministry of Education, and a Japanese University produced 1 million posters – very colorful, pictorial cartoons of good behavior, in several different languages
- Kim - KIAAsia; behavior change takes a long while. How do we promote the change and how do we measure it?
- Dr. Julie - CDC - KAPS survey (knowledge, attitude, perceptions) is a tool that gives good baseline data of the community, but monitoring and evaluating those changed behaviors is often difficult.
- IOM - has developed IEC with MOPH and support by WHO for use along the Thailand/Myanmar boarder in migrant and/or displaced populations. We have developed 3 booklets in different languages (Thai, Karen, and Burmese language). IOM will host an IEC conference next week – this is open to other agencies – please register if you're interested in presenting.
- Most corporate business don't have a disaster preparedness plan - and those that do have a business continuity plan are often not applicable to a situation like AI. One of the challenges is that companies often have large numbers of daily labor employees, who are relatively uneducated, and who are not only household earners but responsible for supporting extended families at home and/or abroad. The major problem for corporations to anticipate in a pandemic situation is an economic collapse.
- Interestingly enough, the reason many of the large USA-based companies have business continuity plan on AI is because of legislature related to the US stock market mandate.
- Nestle Thai presented a very good plan with communication strategies and IEC several months ago. The presenter was willing to share further their detailed posters developed in both English and Thai languages. If any businesses are interested in having the July minutes and presentations and detailed annexes of posters, please contact the International Federation for that email.
- Stockpiling issues: what is recommended? Face masks,
- INGOs and the UN agencies have been very effective recently in influencing corporate behavior. Many of the recommendations and guidelines that have been produced have reached the private sector and consequently have lead to domino effect of corporations also making plans and educating their employees in an effort to change behaviors.
- Illiterate populations remain a vulnerable group, especially in risk communications - sometimes posters with words can't convey the message, and the key idea is lost - what educational materials are available with no/minimal wording?

**16:45**

**Any Other Business**

Led by: Molly Schmidt, Regional Health Program Officer, IFRC

Next month's topic was decided by the group at the August meeting as some lead-time was needed to get participants from other countries. October's theme will be on Vietnam, two speakers are identified (NGOs coming from Vietnam). We need a volunteer for a chairperson, preferably someone with regional function, with knowledge on AI situation in Vietnam. If there are any volunteers, please contact the International Federation. Agreed: In the absence of any volunteers, Anne Ancia from UNSIC will assume the role.

For the November and December meetings: if these are going to be on specific country, we need to start preparing for it in advance. For ex, Indonesia? Other suggested topics are AI issues in displaced and migrant population, other vulnerable groups.

Agreed: the Nov and Dec meetings to be on Indonesia and migrant and displaced population. The order will be decided later.

Other future dates: October 5<sup>th</sup>, November 2<sup>nd</sup>

**List of participants:**

<b>Inter-agency information sharing/coordination Meeting on avian influenza</b>			
Participant List - SEPTEMBER 7			
#	Organization	Name	Title
1	ADRA ASIA	Brendon Irvine	Associate Director, Programs and Planning
2	AusAID - Bangkok	Michael Cole	Program Manager
3	Southern Weekly, China	Hujun Li	Journalist
4	CARE	Wayne Ulrich	Regional Coordinator, Disaster Risk Management & Emergency Response
5	CDC/ThaiMoPH	Dr. Julie Fischer	Microbiologist, International Emerging Infections Program (IEIP)
6	CDC/ThaiMoPH	Jacqueline Gindler	Medical Epidemiologist
7	Coverage	Andrew Durieux	Director
8	Department of Livestock Development	Dr. Arunee Chaisingh	Veterinary Officer, National Institute of Animal Health
9	ECHO	Dr. Cesar Arques	Regional Sector Expert for Health
10	European Commission	Filip De Loof	Programme Officer
11	Finnish Red Cross	Jyri Rantanen	SEA Regional Representative
12	IFRC	Dr. Amgaa Oyungerel	Regional Health in Emergencies Delegate
13	IFRC	Molly Schmidt	Regional Health Programme Officer
14	IFRC	Andy McElroy	Regional Reporting and Planning Delegate
15	IFRC	Kanyasorn Tusabhopol (Charee)	Regional Information Officer
16	IFRC	Phianghai Boonsuk (Aoy)	Health and Care Officer, Thailand Tsunami Recovery program
17	IOM	Dr. Predrag Bajcevic	Migration Health Physician
18	IOM	Dr. Nigoon JITTHAI	Migration Health Physician
19	IRC	Liviu Vedrasco	Health Coordinator Avian Influenza
20	Kenan Institute Asia (KIAAsia)	Kim Johnson	Program Coordinator
21	MSF	Gilles Isard	Acting Head of Mission
22	OIE	Nichola Hungerford	Communications Officer
23	Plan International	Shehlina Ahmed	Plan Asia Regional Health Advisor
24	Siam City Cement	Mark Stirling	Group OH&S Manager
25	Thailand MoPH	Dr. Woraya Luang	Medical Officer, Influenza Program & Pandemic Preparedness
26	UN Residence Coordinator Officer	Patnarin Sutthirak	Coordination Analyst Inter-Agency Support Unit
27	UN Residence Coordinator Officer	Fakhrinisso Kurbonshoeva	Information Officer

28	UNDP	Nescha Teckle	CPR Team Leader UNDP Regional Centre in Bangkok
29	UNEP	Douglas Hykle	Co-ordinator / Senior Convention on Migratory Species Advisor
30	UNICEF	Pornthida Padthong	Assistant Communication officer
31	Unilever, Thailand	Karin Pattanasak	Quality and Consumer Safety Manager
32	Unilever, Thailand	Dr. Thanapol Chantrasawang	Company Medical Advisor
33	Mercy Malaysia	Dr. Jamilah Mahmud	Head of the ADRRN regional network
34	UN-OCHA	Mackinnon Kidd Webster	Intern
35	UNSIC	Anne Ancia	Inter-agency Regional Coordinator on Avian and Human Influenza for Asia and the Pacific
36	UNSIC	Koji Nabae	Avian and Human Influenza Regional Coordinating Officer
37	WHO	Chadin Tephaval	Communications Officer
38	WHO	Dr. Chadia Wannous	Office of the WHO Representative to Thailand, Technical Officer
39	AMI	Dr. Khin Sein Aye	Medical editor
40	AMI	Dr. Jeaulouis Mosser	Medical Coordinator
41	ARC INTERNATIONAL	Dr. Saiful Qayyum	Clinical Coordinator