



Strengthening AHI Prevention and Control in the Temporary Shelters on the Thai/Myanmar Border



**Inter-agency information sharing/coordination
meeting on avian influenza**

**Bangkok
November 2, 2006**



Border Health Agencies



AMI K3, K4, K5
(Aide Medicale Internationale)

ARC K4, K5; K6
(American Refugee Committee)

IRC Kn1, Kn2, K7
(International Rescue Committee)

MI K1, K2
(Malteser International)

SMRU K6
(Shoklo Malaria Research Unit)





Health Assistance INTERVENTIONS

**Medical consultations and
treatment in OPD/IPD**

Immunizations

**Antenatal, Obstetric and
Postnatal Care**

Family Planning





Health Assistance INTERVENTIONS

HIV/AIDS prevention and care

Chronic Diseases Management

Referrals to Thai hospitals

Health Promotion





Health Assistance INTERVENTIONS

Supplementary/Therapeutic Feeding

Epidemiological surveillance

GBV prevention and response

Water and Sanitation Services





Coordination Between NGOs

Committee for Coordination of Services to Displaced People in Thailand

Health Sub Committee of the CCSDPT

- meets monthly to discuss health programming issues in the camps.

HSC Task Forces

- ◆ **Burmese Border Clinical Guidelines**
- ◆ **Nutrition**
- ◆ **Health Information Systems (HIS)**
- ◆ **Avian and Human Influenza**
- ◆ **RCH**
- ◆ **Health Worker Training**





Coordination with MOPH

Communicable Disease Surveillance

Collaborative effort with MOPH

-Agreed-upon case definitions, data collection form and process for submitting data

-Data on 18 diseases collected

-Monthly reports since June 2002

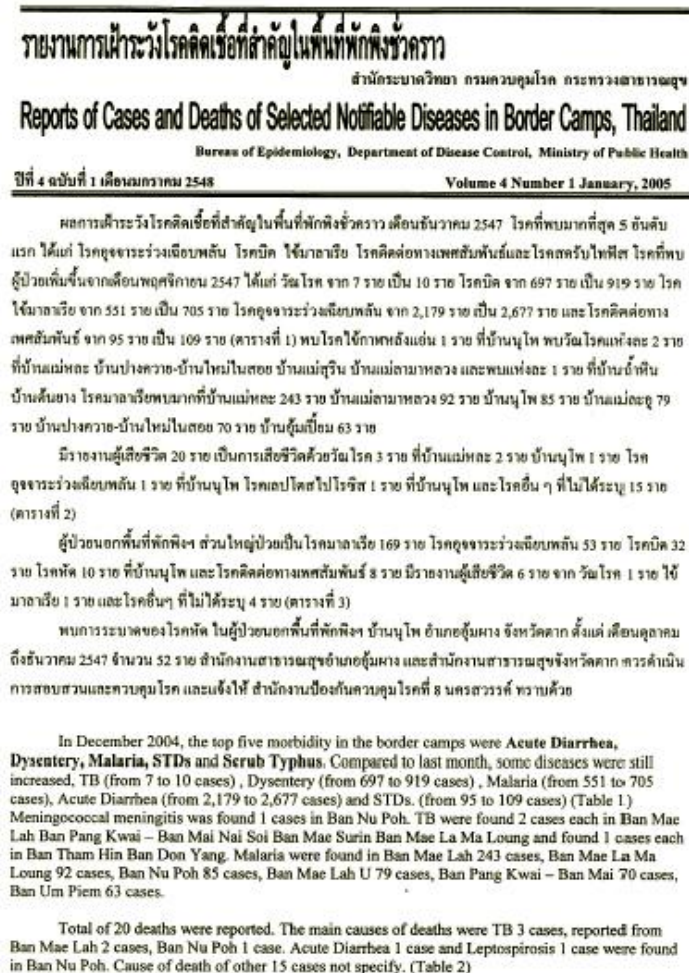
-Feedback from MOPH each month

-Reports can be accessed on the internet:

◆ <http://whothai.org>

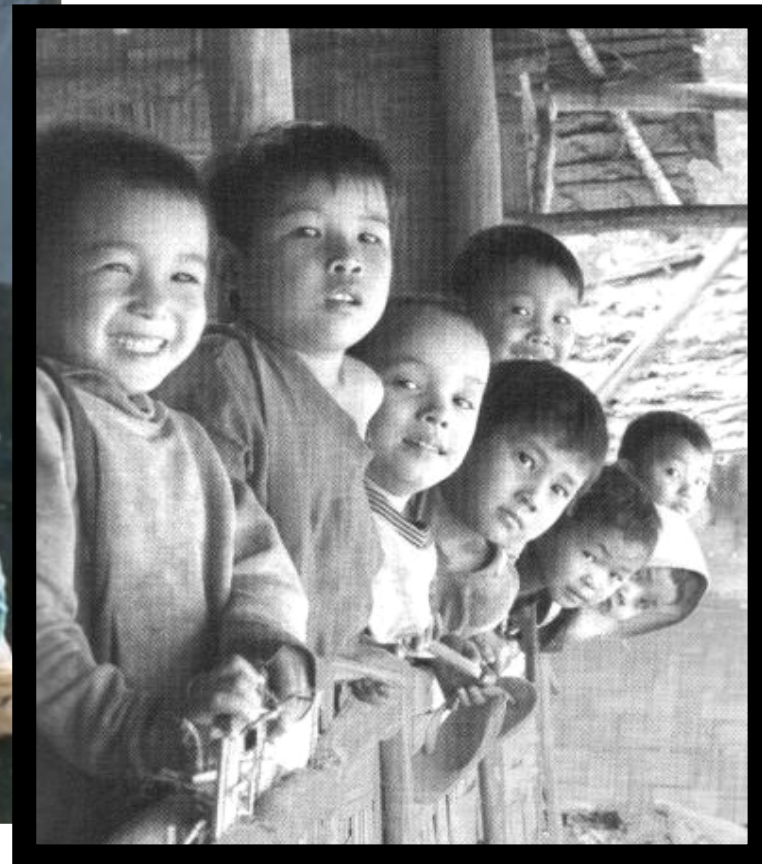
or

◆ <http://www.bordercamp.net>



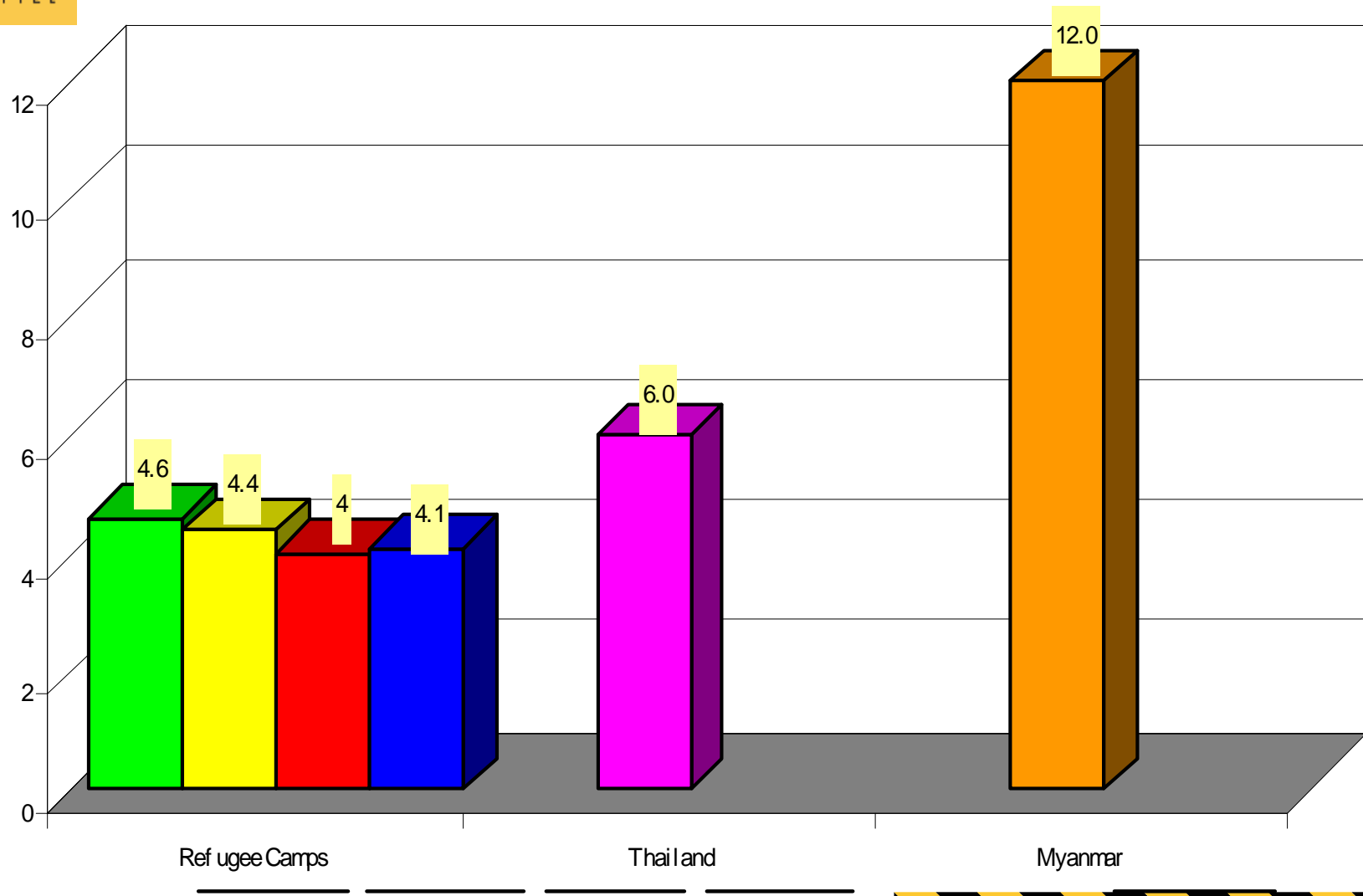


HEALTH OUTCOMES



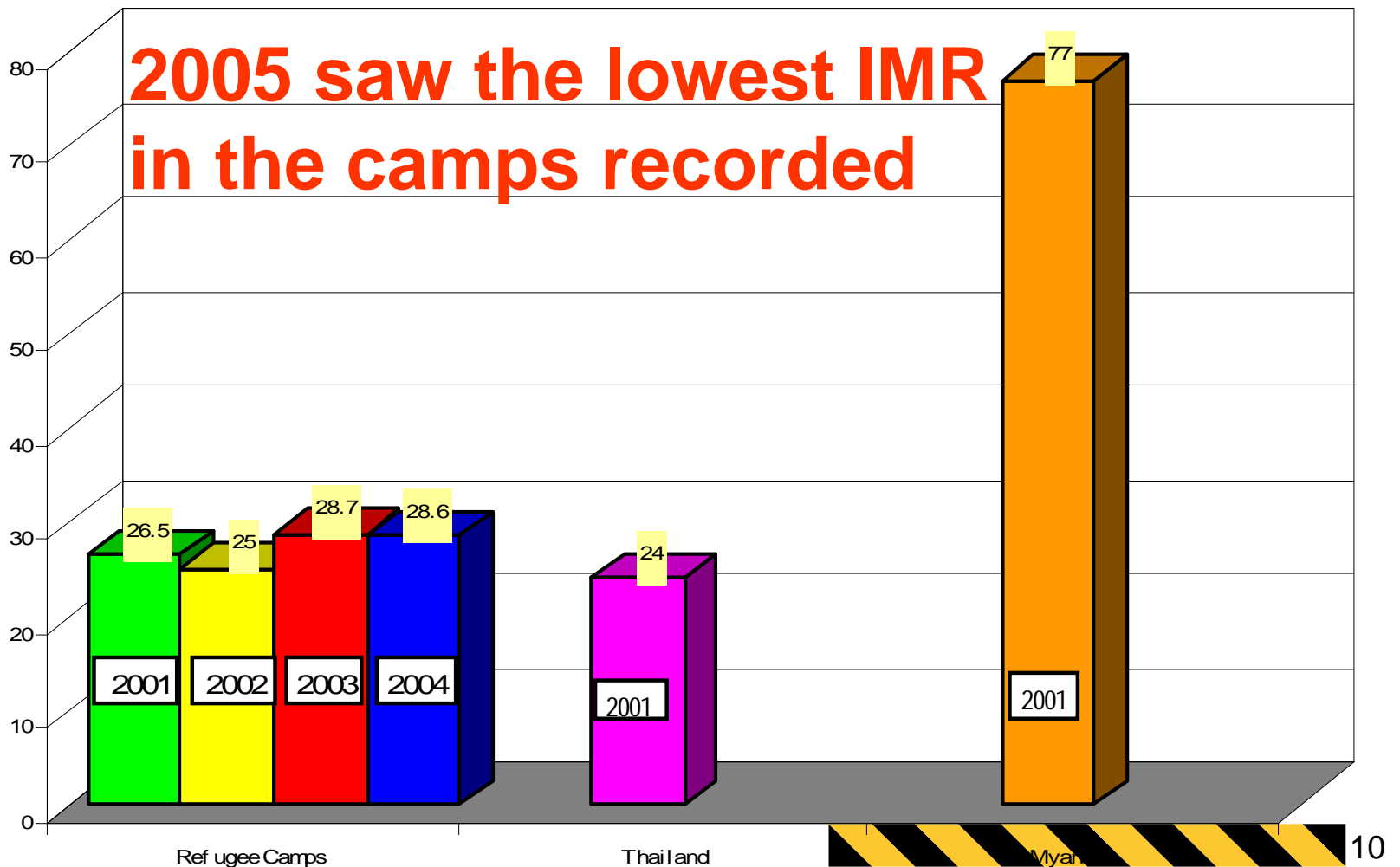


Lower Crude Mortality Rate than Thailand and Myanmar





Infant Mortality Rate slightly higher than in Thailand but lower than Myanmar





Leading Causes of Morbidity

- ◆ **Non-communicable diseases (>50%)**
- ◆ **ARI (28%)**
- ◆ **Watery Diarrhoea and Dysentery (8%)**
- ◆ **Skin Disease (5.3%)**
- ◆ **Malaria (1.8%)**





***Risk Factors* for refugees and displaced populations(1)**

- ◆ Overcrowding, particularly in camp settings;
- ◆ Poor access to basic health-care services that will be accentuated by a pandemic;
- ◆ Limited or no access to hospitals for supportive care;
- ◆ High prevalence of malnutrition;
- ◆ High incidence/prevalence of other communicable diseases, e.g. acute respiratory illnesses,
- ◆ Malaria, human immunodeficiency virus (HIV);





Risk Factors (2)

- ◆ Logistic challenges resulting from often remote locations or ongoing active conflict;
- ◆ Lack of adequate surveillance/early warning systems to detect cases or clusters;
- ◆ Poor links to national disease surveillance systems;
- ◆ Possible exclusion from national influenza preparedness and response activities;
- ◆ Lack of trained and equipped staff to investigate cases/clusters detected.





Strengthening AHI Prevention & Control Project Objectives

- ◆ **Increase AI prevention and control preparation and planning for NGOs working with Burmese refugees and migrants on the Thai-Burma border.**
- ◆ **Increase capacity to respond to suspected human and animal cases of H5N1.**
- ◆ **Increase communication and coordination between agencies working on the Thai-Burma border.**





Partner Organization

- ◆ **Shoklo Malaria Research Unit (SMRU)**
- ◆ **Kenan Institute Asia (KIAAsia)**
- ◆ **World Health Organization (WHO)**
- ◆ **International Organization for Migration (IOM)**
- ◆ **United Nations Children's Fund (UNICEF)**
- ◆ **Thai national, provincial and district MOPH and DLD offices**





Partner Organization

- ◆ **Thai MOPH – US CDC Collaboration (TUC)**
- ◆ **United Nations High Commissioner for Refugees (UNHCR)**
- ◆ **Mae Tao Clinic (MTC)**
- ◆ **Aide Medical Internationale (AMI)**
- ◆ **Malteser International (MI)**
- ◆ **American Refugee Committee (ARC)**





Project Activities

PANDEMIC PREPAREDNESS

- ◆ Provide TA to CCSDPT NGOs and MTC to develop and implement specific PPRP
- ◆ Develop border-wide PPRP with CCSDPT and other organizations working with displaced Burmese populations
- ◆ Convene monthly CCSDPT AHI Task Force Meetings to monitor the implementation of all PPRP activities





Project Activities

HUMAN SURVEILLANCE

- ◆ **Pilot Influenza-like illness (ILI) surveillance project in Tham Hin Camp healthcare facilities in collaboration with IOM and CDC**
- ◆ **Collaborate with SMRU and TUC/CDC to establish ILI surveillance mechanisms in all 9 refugee camps**



Project Activities

HUMAN RESPONSE

- ◆ **Develop Standard Operating Procedures (SOP) for outbreak response (treatment protocols, infection control procedures and reporting to MOPH)**
- ◆ **Train NGO/CBO health staff on the AHI SOPs for outbreak response**





Project Activities

ANIMAL SURVEILLANCE

- ◆ **Develop guidelines for active poultry surveillance (APS) and reporting of unusual deaths among domestic poultry**
- ◆ **Provide TA and train CCSDPT NGOs/ CBOs staff in all 9 refugee camps to strengthen surveillance within domestic poultry**
- ◆ **Provide sub-grant to health agencies to implement APS activities**





Project Activities

COMMUNICATION – BCC

- ◆ Disseminate AHI BCC materials developed for Burmese refugees and migrants
- ◆ Implement AHI awareness and BCC campaigns Tham Hin and MHS Sites 1 and 2
- ◆ Provide sub-grants to AMI, MTC, ARC and MI to implement AHI awareness and BCC campaigns





Recommendation for priority actions by NGOs

- ◆ Reinforce Infection Control Systems in camp clinics
- ◆ Early detection through clear case definition and notification of RTG authorities
- ◆ Increase to 4 months the drugs and supplies buffer stocks
- ◆ Stockpiling of PPEs





Recommendation for priority actions by NGOs

- ◆ Offer seasonal influenza vaccine to frontline healthcare workers
- ◆ Identify critical functions that will need to continue during the pandemic (6-8 weeks)
- ◆ Identify sites and construct Respiratory Health Care Facilities



Recommendation for priority actions by NGOs

- ◆ **Establish surveillance and rapid response team (SRRT) in each camp. SRRT composition: Field Coordinator, Medical Officer, Head Medic and Nurse, Lab-technician and representatives of Camp Committee**



AHI Border Coordination Meeting

October 27, 2006 – Mae Sot, Thailand

1. To coordinate and standardize AHI prevention and control activities between NGOs working in 9 Thai-Burma border camps and RTG authorities.
2. To develop a coordinated border-wide AHI Pandemic Preparedness, Response and Containment Plan
3. To discuss the formation of the AHI Rapid Response Teams in each of the 9 Thai-Burma border camps and coordination with the RTG provincial and district Rapid Response Teams.





- 4. To share existing AHI surveillance experiences and to discuss the establishment of a border-wide AHI surveillance system linked with the national AHI surveillance system.**
- 5. To coordinate AHI Behavior Change Communication (BCC) campaigns along the border (materials development, testing and production, training of trainers and dissemination).**



Main Aspects of Surveillance in Thailand - Human

- ◆ **MOPH – summary of current aims**
 - ◆ **Identify suspected case and confirm**
 - ◆ **Using case management definition**
 - ◆ **Contact with any pneumonia case**
 - ◆ **Identify human to human contact**
 - ◆ **Identify large areas of chicken deaths**
- ◆ **How active should we be in identifying cases?**
 - ◆ **Very active!**
 - ◆ **But is difficult**





Can the process of surveillance at country level be used at camp level – Human?

- ◆ **Definitions would need to be modified because of the numbers**
- ◆ **Need to target more severe cases**
- ◆ **Need to have a common definition for all the camps**
- ◆ **We should incorporate active surveillance into day to day management?**
 - ◆ **We know risk factors and we can incorporate into history taking and ask for possible contact**



Main Aspects of Surveillance in Thailand - Animal

- ◆ **Control at source the most important step**
- ◆ **Increase surveillance to increase detection**
- ◆ **Case definition – abnormal or sudden death**
 - ◆ **5% mortality in 2 days – village chicken**
 - ◆ **1% mortality in 2 days - industry**
- ◆ **If criteria met the chickens will be culled**
- ◆ **Rely on volunteer system for notification**
- ◆ **X-ray in the use of surveillance**
 - ◆ **Conducted from time to time across provinces**





Can the process of surveillance at country level be used at camp level – ANIMAL?

- ◆ **X-ray surveillance of the birds is feasible in the camps but active surveillance will be difficult**
- ◆ **May be easier for animals as samples and testing easier – rapid flu testing**
- ◆ **Lots of cooperation needed**
- ◆ **Process with chicken death needs to be determined**
 - ◆ **Needs to be robust and standardised**



Practicalities - Animal

- ◆ **Need to know normal chicken death rate**
- ◆ **Difficult to monitor chicken deaths in camp as sometimes no one is responsible for the animals**
- ◆ **Need to be able to test as soon as chicken dies**
- ◆ **If culling - need equipment and plan**
- ◆ **Must have compensation for chicken culled in the camp**





Animal diagnosis

- ◆ **Performed in regional lab**
- ◆ **How should the samples be sent to the lab and who is responsible?**
- ◆ **Need to train camp members to detect significant chicken death and subsequent procedure**
 - ◆ **Similar to program in villages**
- ◆ **Directed by camp committee with cooperation with the district office**



Who should respond to a case of H5N1?

- ◆ **Difficulties in using Thai RRT**
 - ◆ **Fear**
 - ◆ **Language**
 - ◆ **NGO territory**
 - ◆ **Distance**
- ◆ **Camp based RRT**
 - ◆ **Need training++++**
 - ◆ **No current system in place**



Conclusion

- ◆ **MOPH need to have a presence to ensure consistency in suspected cases**
- ◆ **Huge numbers involved if a suspected case becomes a confirmed case**
- ◆ **Need a camp response team to work with MOPH**
- ◆ **MOPH will send a team to the site**
 - ◆ **Give Tamiflu to close contacts**
 - ◆ **Serum of contacts**
 - ◆ **Same management as for Thai Village**





Conclusion

Must have

- ◆ Cooperation
- ◆ Standardisation
- ◆ Coordination