Southeast Asia Regional Inter-Agency Information Sharing/Coordination Meeting on Avian & Human Influenza

Hosted by the Asian Disaster Preparedness Centre

Organized by the Asian Disaster Preparedness Center and Nestle Thailand

14 May 2009 (Thurs), 2 - 4 PM

Imperial Queen's Park Hotel, Sukhumvit Soi 22, Bangkok

3rd Floor, Bangkok Panorama II Room

Theme: Round Table discussion: recent H1N1 influenza virus outbreaks

These minutes, presentations, handouts, and information about future and past meetings can be found on the **AHI-NGO-RC/RC Asia Partnership on Strengthening Community-Based Approaches to Management of Avian and Human Influenza in Asia**, comprised of the Asian Disaster Preparedness Center (ADPC), CARE, the International Federation of Red Cross and Red Crescent Societies (Federation) and the International Rescue Committee (IRC) and funding partnership by the Canadian Government via ADB. project website: http://www.adpc.net/communityAHI-Asia/MEETING/Default-MEETING.asp

Full project details can be found here: http://www.adpc.net/communityAHI-Asia/

Chair: Koji Nabae, UNSIC.

Organizations Present:

1. OIE
2. FAO
3. World Vision Thailand
4. IFRC
5. TRC
6. UNICEF
7. Murdoch University/WSPA
8. ARC
9. TNS
10. AED
11. Nestle Thailand
12. ADPC
13. EU
14. IOM
15. UNSIC
16. FRCS
17. ILRI/HSRI
18. SEARO (WHO)

Total: 25

14:10 hrs. Introductions

Presentation: Mr Richard (Rick) Brown, South East Asian Regional Office, World Health Organisation (SEARO, WHO):

"H1N1 briefing for diplomatic and partner community update 13.05.09"

See power-point presentation on ADPC website.

14:45 hrs Q&A

There was a question re: Mexico outbreak of H1N1, the case fatality rate high e.g. hospitals and workers affected

Why has the case fatality in Mexico been so much higher than the rest of the world? Co-infection perhaps?

The answer given included:

- Difficult to be exact about Mexico as case numbers are suspected to be 10s of 1000s so some we don't know about. We know numerator (i.e. confirmed case fatalities) but not denominator (i.e. how many people have contracted H1N1 in Mexico). The number of reported deaths has reduced as laboratories are confirming deaths from H1N1 or not.
- Previous deaths not tested for perhaps. For Mexico we can expect case fatality rate to come down and US to go up. So Mexico has abnormally high fatality to case rates, and the US abnormally low we suspect. Increased risk of fatality for those with underlying conditions. Buts also previously fit adults getting sick too. Perhaps immune system is overreacting (like H5N1).
- Health worker documented cases in US, Germany and Mexico, including deaths in Mexico are not tested and anecdotal at this stage. Exposure is high in hospitals-not surprisingly.

- Science paper two days ago about 23,000 cases mortality rate is 0.4% higher compared to 1957 pandemic. Higher mortality rate than seasonal influenza. With 0.5% mortality expect up to 20 million deaths globally as we now have a higher population than in 1957.

There was a question re: The severity of the H1N1 flu, is this something we can communicate to public? Engage in active discussion. Do you think that will happen by the fall? Do you want our help? Is there some way we can communicate severity to public? Public are used to levels.

The answer given included:

- WHO published a document on measuring severity of pandemics……
- This suggestion has been discarded in the past. Because can't measure severity. A scale of severity can't be used as there are areas that are more affected than others and also because of issues like social class. We continue to maintain the logic of 6 phases and it is hard to measure. We don't know severity and second waves can be more fatal.
- The impact depends on the levels of morbidity and mortality but also on the number of susceptible people. In a pandemic everyone is susceptible, but seasonal influenza not everyone is susceptible. Severity is the same, but impact bigger in a pandemic.
- Virus can behave differently in different populations.

There was a question re: older people (who are reported as least likely to die from H1N1) where do they get their immunity from?

The answer given included: observation only that they are not getting sick. There are rumours that there are researchers possibly looking at studies of serums that the older population have, but not sure.

There was a question re: What are the conditions for level 6? How do WHO decide when to push the pandemic level from 5 to 6?

The answer given included: I don't know-we are not involved being here in SE Asia. Sustained transmission in the community is considered 2-3 generations of spread. And

community could include within families. Cluster situation. Schools, shopping centre exposure and spread is sustained transmission.

There was a question re: vaccines. The seasonal vaccine includes H5N1. Stating that current vaccine not protective where does that come from?

The answer given included: Again we are out of the loop of WHO discussions in the US. We could look at those infected in the Americas and see who was vaccinated and protected and those not. The statement is based on virus composition in vaccine. But speculation only at the moment. I hope those studies are happening in US examining this topic. Perhaps not enough numbers yet.

There was a question re : We did pandemic preparedness training before this H1N1 outbreak and when it came to phase 4-5, in our exercises we were trying to contain it, but this is not happening now. If the next pandemic took place do we try to contain it? Or is a situation of examining each circumstance individually.

The answer given included: containment is still a sound idea. But I am sceptical as to if it will be possible and will it succeed. But there is a moral obligation and it is still worth while if it saves even a small number of deaths. Also some strains are more recognizable than others. E.g. deaths cluster in a village over 2 weeks is easier than detecting a mild strain that is perhaps wide spread by the time it is recognised. If a new pandemic started in the right geographical location, and it was contained survival could be good. So containment is still good idea.

There was a question re: H1N1 mixing with H5N1, what is the likelihood of this happening?

The answer given included: at this stage instruction is don't worry about it. Keep eye on the ball. Stop this by social distancing etc. But there are H1N1 viruses with resistance to Oseltamivir, so that may be the bigger threat if they mix. So putting people in hospital together with influenza-could mix virus strains if cohorting people. But this is quite rare.

Coffee Break 3:00-3:30pm

Open discussion:

There was a discussion: AED information dissemination involves a website: www.pandemicpreparedness.org
This includes WHO materials, NGO materials etc. We have these materials (influenza risk reduction in English, Thai, Lao languages) and would like feedback from you.

There was a question re: what can be done to regroup this information? Perhaps create pamphlets to disseminate to eg our staff for preparedness? Perhaps even a Powerpoint so can copy and paste info they need? If all information, health promotion resources etc can be brought together from WHO UNICEF etc now is the time to do this.

The point was made: Feedback is greatly appreciated. Here is my email address: antonschneider@gmail.com for other feedback, comments etc.

There was a question re: What do you think of a triage centre or simulation activity like those discussed in NGOs? e.g. for workers, families or friends?

The answer given included:

- I can tell you what the UN is doing. UNSIC have been preparing since 2005 for pandemic plans. In place at country level. This current situation, and moving forward in pandemic phases has already enacted some contingency plans. As this is the first time these have been enacted there are questions raised. UN staff have guidance as we do have a website. Guidance from WHO too. www.un.org/staff/pandemic recently been updated.

- This contingency plan covers ADB UN staff and dependence too. There is one practicing doctor. In UNSIC are there doctors? There are some of us around (non-practicing) but there could be licensing issues if treating Thai nationals (as not licensed here). In UN agencies there are focal points. Also social distancing is a great tool-stay home, don't come into workplace (eg even for a fever clinic). If UN staff want advice they can phone a hotline within UN. Given out tamiflu to some UN staff, but only to be taken after Dr of UN given go ahead.

The point was made: When I worked in Hanoi, we decided that with SARS we could not rely on hospitals. So issues re: nurses and workers available to triage.

The point was also raised: home care alternatives and options are available depending on country in which the UN office is.

There was a question re: we took basic measures food, H2O, cash reserves etc. currently working on behavioural triggers according to phase progression. This is difficult as definition of severity etc is unclear. This is less alarmist than Indonesia 2 years ago. Before, the impacted area was like a fried egg (i.e. defined contaminated and non-contaminated areas), now scrambled egg in diagram. Is is realistic to define an outbreak? It is difficult to plan for.

The answer given included:

- the WHO phases are drawn out for public health purposes, ministers and WHO. And relates to global situation. Eg we could be in phase 6 if not in Asia (but in Americas and Europe). Talking of a preparedness mode and alert mode. This could create a situational analysis more dynamic. We are currently in high alert mode.

- Containment. Is it possible to contain? Eg in the 'yolk' do you increase surveillance? But we are beyond this in this outbreak. And our 'plan' for the next possible pandemic did not go accordingly eg started in pigs in Americas not Asia in H5N1.

There was a question re: so UN has given tamiflu to staff? So a contingency plan has been talked through. In our organisation some people have demanded stock to be disseminated. But for now it is still a stockpile. We have been asked that if your family is already sick, use existing health system. If that fails our Dr on staff will advise accordingly.

The answer given included:

- not every UN agency will give tamiflu to staff. Depends on agency and limited by medical or legal rules or regulations. Should be available to travelling UN staff. But up to each agency.

Other business/news:

- potential origin in pigs. OIE CDC FAO mission to try and trace origins. One mission to visit farms in region near infected people. High level of biosecurity and no trace of virus.

- UK rural affairs. Topics covered range from pork imported from Canada to information re: preparedness. www.defra.gov.uk

- The ADPC website is tracking changes of H1N1 outbreak.

There was a question (to AED): how will you finalise these materials you are showing us?

The answer given included: On the website will be available

There was a question re: how will you disseminate to schools?

The answer given included: we are collaborating with UNICEF. How we function will differ by country. In Thailand based as regional office, need a partner to disseminate with in schools.

Meeting Finished 4:00pm

Websites/email addresses referred to in the meeting:

antonschneider@gmail.com

www.pandemicpreparedness.org

www.un.org/staff/pandemic

www.defra.gov.uk

www.adpc.net/v2007/