

Caribbean Response to H1N1

Sub-Regional Workshop on Lessons Learnt

The Barbados Perspective

Introduction

- **Influenza** : three to five million cases of **severe** Influenza Like Illness (ILI) each year.
- **Influenza mortality**: 250, 000 to 500,000 deaths worldwide each year.
- Data specific to Latin America and the Caribbean is minimal.

Aim

- To describe the Barbadian experience with novel influenza A (H1N1).
- To highlight the lessons learnt from the Barbadian experience.

Background

Influenza surveillance

- Started in January 2008.
- **Aim:**
 - to strengthen and coordinate national strategies to prepare for an influenza pandemic.
- **Consisted of:**
 - weekly reporting of all cases of acute respiratory illness (ARI) from all polyclinics and Accident and Emergency.
 - weekly reporting of all SARI cases from the QEH.

Obligations

National Obligations

- To preserve, promote and protect the health of locals and visitors.

IHR Obligations

- To prevent, protect against, control and provide a public health response to the international spread of disease while minimizing the impact on travel, trade and economic activity.

CAREC ADVISORY

Recommendations to Countries

- Advise persons who have recently travelled to affected areas to consult a doctor immediately if they show signs of flu-like symptoms.
- Countries should review their influenza pandemic plans and be prepared to implement measures in accordance with the WHO pandemic influenza phases.

Implications for Barbados

- A pandemic is expected to cause **economic and social disruption** in affected countries. Preparedness and mitigation are required to minimize these effects.
- It is expected that there will be more than one wave.
- We are an inbound tourism dependent country with limited resources.
- A **whole country** pandemic preparedness approach is essential and each Sector, Agency and Individual has a role to play.

Likely Health Outcomes

It was projected from reported international experiences and WHO Guidance that:

- most persons will have mild to moderate illness.
- less than ten percent will have severe disease.
- severe disease will be in vulnerable groups that were yet to be determined.

The Barbadian Response

- Communication
- Health Facilities Response
- Surveillance

Communication Response

- In activating the **National Influenza Preparedness Plan Framework** the NEOC was formalized and briefed.
- The Ministry EOC was also activated.
- **Briefing and presentations were made to:**
 - The Prime Minister and Cabinet
 - Permanent Secretaries and Chief Technical Officers, and
 - The social partners and private sector committee.
- **Training and sensitization was conducted for:**
 - All members of the health sector - public and private.
 - The private sector, other government agencies and department and members of the public.
 - All Port workers, both at the air and seaport. Port health protocols were also developed and disseminated.
 - The UWI Cave Hill Campus and other key groups.

Communication Response (continued)

- A special training and sensitization session was conducted for the Tourism Sector, where the importance of risk communication was emphasized.
- Establishment of hotlines for the general public and reporting by private doctors.

Communication with the general public:

- This was done through the print and electronic media, websites, information leaflets and posters at polyclinics, schools, ports of entry and other venues.
- Guidance documents were developed with respect to schools, daycare centers, camps and mass gatherings. This was particularly important because of our Crop Over Festival which was held in August.

Health Facilities Response

Consisted of Primary Care (polyclinics, private doctors and A&E) and Tertiary Care (QEH) responses.

- Prior to novel H1N1 a DID Manual had been produced and SOPs had been developed for use in the polyclinics and other primary care settings for any case of DID including Influenza.
- The QEH also developed a protocol for how H1N1 should be handled in the tertiary care setting.
- Clinical Protocols for Novel H1N1 and Tamiflu Protocols were also developed and disseminated.

Health Facilities Response (continued)

- Trigger mechanisms were developed and infection control procedures enhanced. This included reconfiguration of clinics to identify and separate suspected H1N1 cases from other patients.
- The intention was that only moderate and urgent cases should be seen either directly or by referral to the Accident & Emergency Department.
- Consultation was made with the BDS to ensure that there were adequate supplies of Tamiflu, Antibiotics and other supportive medication on island.
- Efforts were also made to ensure that supplies of PPE were adequate.

Surveillance Response

Barbados enhanced its surveillance and laboratory activities in April 2009 at phase 5. This consisted of:

- Enhanced surveillance at Ports of entry
 - More staff deployed, extension of port health coverage, issuing of information leaflets and health alert cards.
- Data was collected on all suspected and confirmed cases of novel Influenza A (H1N1)
 - Demographic information, clinical features, past medical history, travel details, close contact details.
- In addition to the normal surveillance sites, data on ARI cases was also being collected from a number of private general practitioner along the tourist belt of the island.

Surveillance Response (continued)

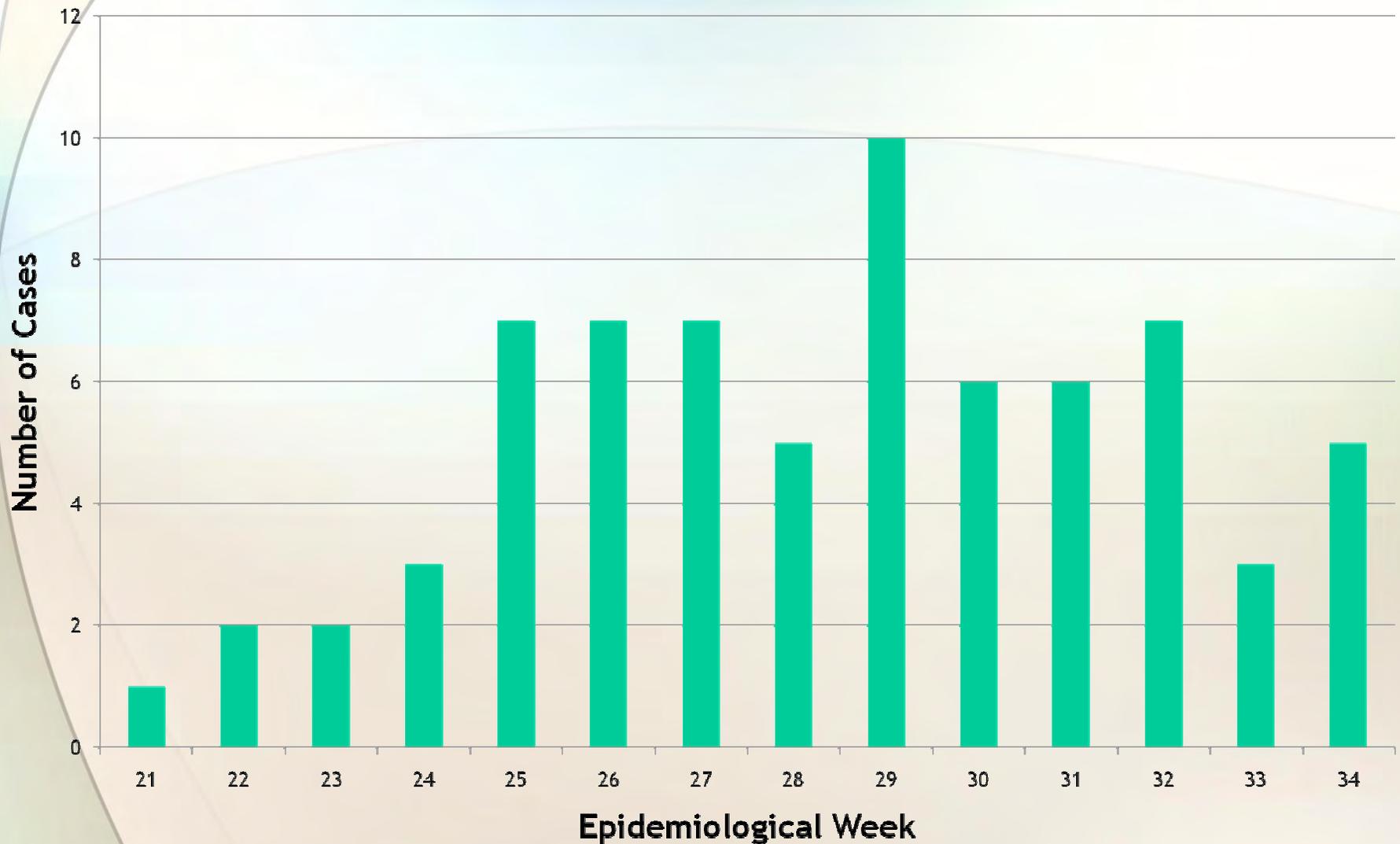
Public Health Laboratory

- A previously developed Plan operationalized.
- Staff trained and prepared to conduct IFA screening .
- Sampling equipment already available due to ARI/SARI surveillance.
- Procedures in place for dealing with samples.
- Funding received from PAHO Emergency funds to procure additional equipment for the lab.

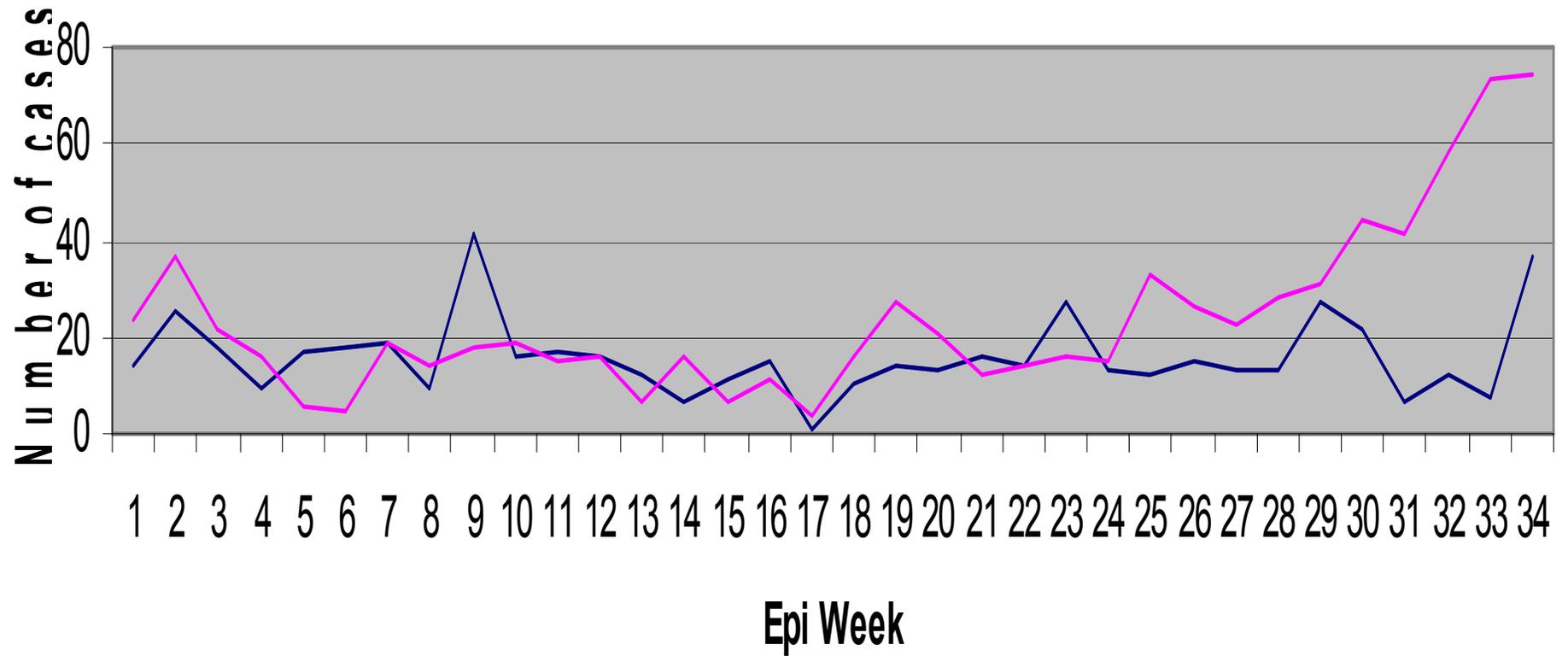
What is our current situation?

- Between April 26 and September 7, 2009 we have sent 258 cases for influenza testing
- 135 (52.1%) were negative for influenza virus
- 19 (7.3%) are pending
- 71 (27.4%) were positive for Influenza A (H1N1)
- 16 (6.2%) were positive for Influenza B
- 4 (1.2%) were positive for Parainfluenza
- 3 (1.2%) were positive for Seasonal influenza A (H3N2)
- 10 samples were rejected

Figure 1: Distribution of 2009 H1N1 confirmed cases by EPI week



Comparative Analysis of Fever&Respiratory 2008 & 2009



— 2008 — 2009

Challenges & Solutions

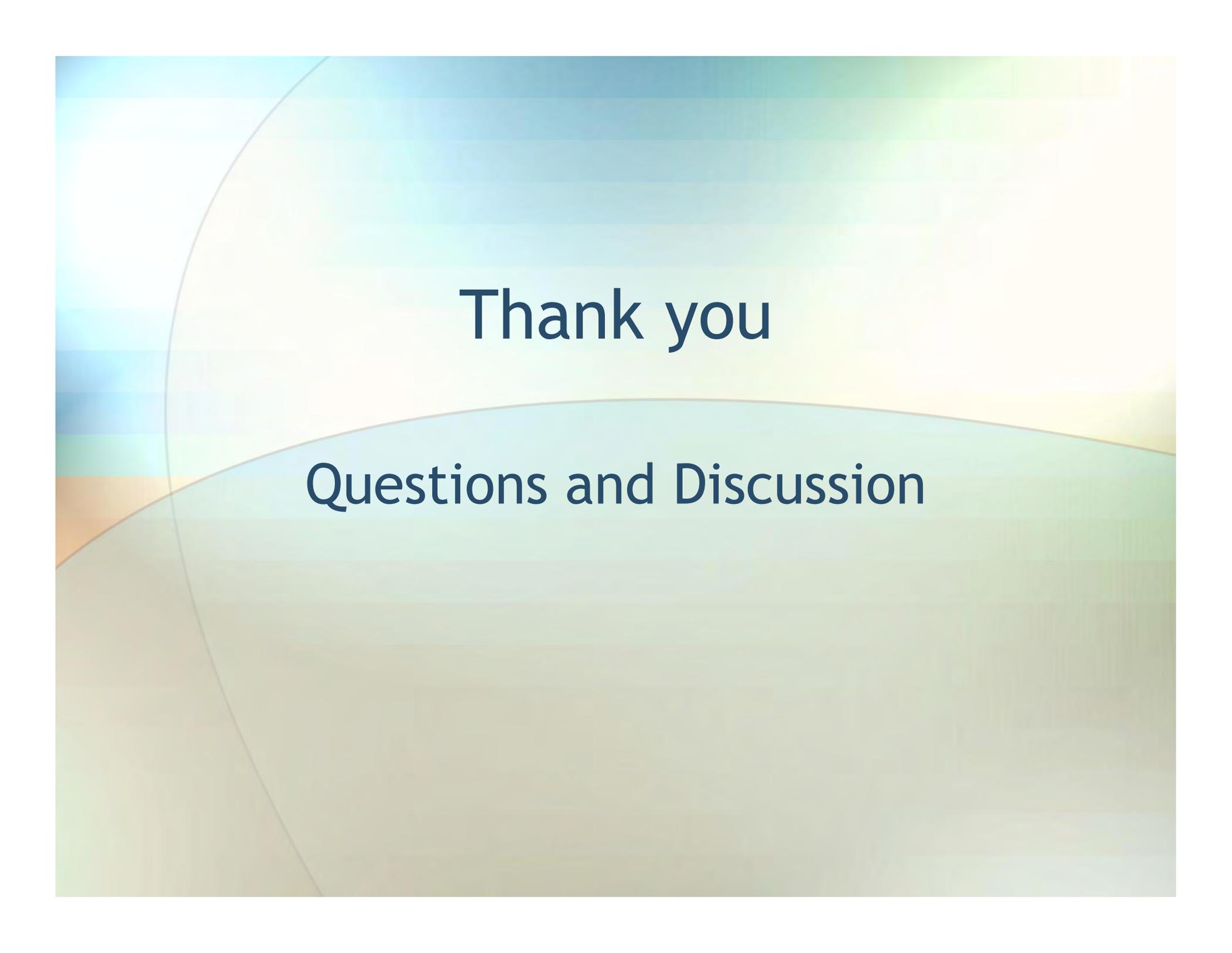
- Inadequate surveillance resources.
- Lack of a doctor for dedicated flu clinic to support QEH.
- Shortage of Nurses.
- Safe & efficient transport system of swabs & PPE from the private sector on 24 hour basis.
- Resource constraints at CAREC regarding testing.
- A second epidemiologist hired through contractual arrangement.
- Doctor hired through contractual arrangement.
- Redeployment of Nurses from Geriatric system.
- Redeployment of Drivers to create a dedicated courier service.
- Laboratory Staff trained and screening test implemented.

Challenges & Solutions

- Paucity of practical guidance for managing a rapidly evolving situation.
- Ensuring continued involvement of the private health sector to guarantee a uniform response.
- Facilitating flow of cruise ship visitors especially when home porting.
- A major challenge was mitigating hysteria and indifference in order to sustain an effective response.
- Lack of effective integration into the disaster management framework.
- Regular regroup meetings of all stake holders, which facilitated the development of protocols and procedures to fit the Barbadian context.
- Weekly email updates and changing protocols to respond to identified challenges. *(Still a work in progress.)*
- A protocol was developed & implemented through wide stakeholder consultation.
- Changing communication messages and messengers to achieve the desired result.
- NEOC Meetings. *(Still a work in progress.)*

Lessons Learnt

- Protocols and Guide Documents must evolve in a timely manner to match the situation.
- Keep communication channels open with stakeholders.
- Know your local situation in order to anticipate and plan for challenges.
- Media sources, especially the internet were good sources of information for planning.
- Involving stakeholders in planning and evaluation is your best tool for sustaining buy-in, long term interest and response.
- Keep track of resource accumulation and associated financial commitments and encumbrances.
- Have a central coordinating mechanism for all aspects of the response.



Thank you

Questions and Discussion