

## Quarterly Progress Report, PAHO-USAID Influenza Program. Period 01 April 2007 – 30 June 2007

Activities	Planned steps /Tasks	Actual Steps/Tasks	Remedies (if required)	Remarks
1.1 Development of National Pandemic Preparedness plans that adequately incorporate human and veterinary health, as well as all other pertinent issues	1. Multisectoral workshop to introduce a) WHO guidelines for pandemic planning; b) FluAid, FluSurge & FluWorkloss software; c) prototype national action plan for the development of NIPPP	Workshop completed in July 2006. See previous report.		Completed.
	2. Conduct country visits to assess progress in the development of NIPPPs and the legal framework <sup>1</sup> that supports them.	6 country visits completed. Trinidad & Tobago, Barbados, Jamaica and Turks & Caicos Islands in this reporting period. Visits to Anguilla & BVI conducted previously	Country visits to Suriname and Netherlands Antilles in July.	Partially completed
	3. Conduct a Caribbean NIPPS self-assessment multisectorial workshop to finalize national action plans.	This has been completed in July 2006		Completed
1.2 Technical assistance to Caribbean countries to assess and improve the development and implementation of the NIPPP	1. PAHO visits to Caribbean countries to: <ul style="list-style-type: none"> <li>• Assess implementation of national action plans</li> <li>• Provide technical advice and</li> </ul>	Country workshops or meetings held in 7 countries - Antigua & Barbuda, BVI, Dominica, Jamaica, Guyana, Montserrat, St. Lucia	Workshops scheduled for Bahamas, St Vincent & the Grenadines, St Kitts & Nevis in July; Anguilla in August	Partially completed

<sup>1</sup> Consistent with the *International Health Regulations*.

	<p>assist in addressing gaps and finalizing the NIPPP</p> <ul style="list-style-type: none"> <li>• Assist in developing a work plan for local implementation of NIPPP</li> </ul>			
1.3 Technical assistance (includes south-to-south cooperation through temporary consultants) to assess and improve the implementation of the pandemic preparedness plans at local level	1. Assess core capacities and develop action plans to address implementation gaps at local level in Caribbean countries.	Assessment tool developed and has to be adapted for use in Caribbean.	Core Assessment for Trinidad and Tobago scheduled for September	On-going
	2. Conduct table top exercise for initial testing of the plan at local level.	5 tabletop exercises completed in this quarter – Antigua & Barbuda, Dominica, Jamaica, Guyana, Trinidad & Tobago.  Workshop reports available	Tabletop exercises for regional health authorities scheduled for Trinidad and Tobago in August September; St Vincent & Grenadines; St Kitts, Bahamas in July	Partially completed
1.4 Simulation exercises (drills) at local level to test the appropriateness of the plans and the need for adjustments	1. Develop, conduct, and assess pandemic influenza simulation exercises with the participation of local leaders, to test local contingency plans in two selected representative localities in at least 4 Caribbean countries	Caribbean based advisors and technicians have been identified to assist in the planning. Two simulation exercises confirmed (St Lucia and Guyana) for August	Jamaica and Dominica to confirm participation in simulation drills	On-going
1.5 National and sub-national trainer training workshops to strengthen national and local capacity (Rapid response teams-RRTs)for responding to an emerging influenza pandemic strain (with focus	1. Prepare training materials as follows: <sup>2</sup> <ul style="list-style-type: none"> <li>• Adapt WHO guidelines and protocols</li> <li>• Develop/agree on WHO Standard Operating Procedures (SOP)</li> <li>• Develop training materials</li> </ul>	Materials adapted and developed. CD available.		Completed

<sup>2</sup> Under the framework of WHO rapid response protocols and the revised *International Health Regulations* (IHR).

in the local level)	2. Conduct 1 subregional workshop for the Caribbean to train trainers with a two phased response approach using <i>WHO's Rapid response protocols</i> .	Completed in January 2007		Completed
	3. Conduct practical training of local influenza outbreak response teams in effective rapid response to and containment of influenza, under the framework of the WHO protocols and the revised <i>International Health Regulations</i> (selected priority localities).	6 priority localities identified (Belize, Bahamas, Jamaica, Guyana, Trinidad & Tobago, Suriname). 2 multi-country training planned (Netherlands Antilles, ECC).	Trinidad & Tobago, Netherlands Antilles and ECC planned for August.	On-going
1.6 Monitoring, supervision and evaluation systems for the rapid response teams	1. Provide technical assistance to Develop and conduct simulations in selected localities to evaluate the role of outbreak response teams in each Caribbean country.	Guidelines for simulation to evaluate rapid response teams in 2 Caribbean countries		On-going
1.7 Procurement of necessary supplies to support early identification and response to influenza	1. Procurement of software, hardware, and necessary communications equipment (technology for early surveillance/response system; and for data management for contact tracing). <sup>3</sup>	List of required communication equipment prepared after consultation with countries.  Software for data management for contact tracing identified and available on web.  Technical specifications available.	Procurement and shipping planned for next quarter.	On-going

<sup>3</sup> Will coordinate with Southern Command.

	2. Procurement, management/storage, and distribution of stocks of drugs, PPE for human and animal health workers (10,000 kits), transport media, and other supplies in readiness for outbreak rapid response.	4500 PPE kits sent by CAREC to Trinidad and Tobago in last Quarter.  CAREC distributing limited quantities for use in training activities and for pre-positioning at country level.  Technical specifications available.	Additional shipments to the Caribbean in next quarter.	Partially completed
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**Outcome 2: Countries have communication strategies in place and general public and especially high risk groups are aware of avian influenza disease in animals and humans and informed of locally appropriate interventions to prevent and contain the problem.**

Activities	Planned Steps/Tasks	Actual Steps/tasks)	Remedies (if required)	Remarks
2.1 Risk communication workshop (trainer training) to create a cadre of 20 communicators for the Americas	1. Create a cadre of 15 Spanish and 5 English speaking risk communicators to work in the countries.	Held three-day workshop in Washington DC from 18 to 20 July 2006 that brought together participants from Central America and the 16 Caribbean countries, as part of a hemispheric wide effort	NR.	Completed
	2. Develop materials/tools for use in training risk communicators in the Caribbean and Central America.	Developed with WHO a Train-the-Trainers Modules, developed Communication Guidelines and Communication Checklist that were used during the workshop and placed on a CD-Rom for distribution to the	NR	Completed

		participants.		
2.2 Develop regional communications capacity and ensure communication strategies and operational plans are part of each country's National Influenza Preparedness Plan.	1. Finalize the communications plan checklist.	Held a workshop in Guatemala 7-9 November with 39 participants from six Central American countries. Each country presented communication plans and worked on outbreak communication skills. The communication plan checklist has been produced and disseminated to assist with creation of plans and assessing gaps. Workshops also were held in early 2007 in the Caribbean.	NR	Completed
	2. Analyze completed country plans to determine the inclusion of adequate communications plans	Ongoing. Countries routinely submit updated plans for comments and suggestions. The majority of countries in the Region have AI/PI communication plans within their NIPPPS.		Ongoing activity
	3. Conduct 2 subregional workshops with participants from the MOH and Ministry of Agriculture (MOA) to ensure inclusion of communication component in the national plans.	Two workshops were held, one in Jamaica 11-12 January and another in Trinidad and Tobago 17-18 January 2007. 46 participants attended. Methodology included drills, exercises, exchange and lectures.	Follow up should be held for countries that still lack plans.	Completed

	4. Share communication messages and materials.	An internet page has been set up on the PAHO Website to facilitate the access of information, a Share point site has been established as part of a Communicators' Network, and there is an upcoming web dialogue for journalists with the Communications Initiative.	NR	Completed
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Outcome 3: Enhanced national and local capability to respond and contain outbreaks of emerging zoonoses with focus on avian influenza				
Activities	Planned Steps/tasks	Actual Steps/Tasks	Remedies (If required)	Remarks
3.1 Promote and support the adoption of a regional surveillance system for animal diseases focusing on avian influenza	1. Support the expansion of the already existing surveillance system to include avian influenza information.	Epidemiologists and analysts of the informatics area of PANAFTOSA have ended the preparation of the models for data management, case definition and the functional structure of the information capture and management systems. These products served as basis for the preparation of computational programs mentioned in 3.1.2. and 3.1.3.	PANAFTOSA is carrying testing of the applications, prior to country use. Test to be completed by end second week of July.	Partially Completed

Objetivo 3: Establecer un sistema de información para el monitoreo y el control de la influenza				
	2. Revise and/or develop standard operation procedures (SOP) for the reporting of field and laboratory information.	PANAFTOSA finalized the configuration of the SIVCONT(Continental Information and Surveillance System) in order to include mechanism to report sanitary occurrences (field and laboratory information) related to the respiratory and nervous syndrome of birds, that includes Avian Influenza. Accordingly, this application is available for the report of the countries. PANAFTOSA started up the promotion in the countries, of the use of this program.	PANAFTOSA is programming a training workshop in Central America in order to teach and promote the use of SIVCONT. First part, Costa Rica, August 8-10. Second part September 16-21, place to be defined	Partially Completed
	3. Support establishment of a computer system to make more accessible the exchange of this information at national and subnational level.	The analysts of the informatics area and epidemiologists of PANAFTOSA finalized the preparation of an information system on the basis of cooperative networks called SIRCOOP as solution for the collection, management, and feedback of health information at the national and local levels. These new computer applications are in the final test phase.	The system is in testing stage, with the collaboration of MAPA Brazil. Test to end the final week of July.	Partially Completed

<p>3.2 Strengthen the existing diagnostic capacity of veterinary laboratories for avian influenza diagnosis and establish a network of national laboratories in Central America and the Caribbean.</p>	<p>1. Identify and address gaps in laboratory capacity Central America and the Caribbean and select veterinary labs that may become subregional reference laboratories (work already in progress at PAHO)</p>	<p>Significant progress has been achieved in coordination with other international, regional and national organizations for the strengthening of laboratory capacity. The laboratory techniques used in the Region were evaluated in the framework of GF TADs coordinated by FAO/OIE.</p>	<p>Two diagnostic courses were planned for the first semester of 2007, one on conventional diagnosis for the Caribbean was carried out in Dominican Republic and one on Conventional PCR techniques for Caribbean Countries was carried out at CIRAD, Guadalupe</p>	<p>Partially Completed</p>
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Outcome of Subproject/Component: <i>Development of a network of reference laboratories for the diagnosis of influenza</i>				
	<p>2. Establish basic laboratory infrastructure and procedures and identify the mechanism to expedite the access to reference reagents for laboratory diagnosis in the Caribbean.</p>	<p>Selection of primers for the conventional PCR is completed. The PCR training courses were carried out at Vicosas, Brazil February 2007, for the Andean Region and Central America as part of the FAO TCP in collaboration with the technical cooperation agencies acting in the Region.</p> <p>A training course on molecular diagnosis of AI using PCR techniques was carried out at CIRAD for 8 Caribbean countries, Guadelupe June 11-15 2007. 12 participants from 8 Caribbean countries. PAHO financed the participation of 4 countries and CIRAD also financed 4 countries.</p>	<p>Coordination of training on molecular biology diagnostic was coordinated by PANAFTOSA in collaboration with FAO, USDA, CIRAD, OIRSA, IICA, the University of Maryland and VLA-UK. Primers were selected, defined and recommended for the diagnosis of HPAI strains using this technique.</p>	<p>Partially Completed</p>

	<p>3. Provide guidelines and training on surveillance, sample collection, handling and shipment for AI to international reference laboratory from the Caribbean. Provide shipment materials, PPE, kits for sample collection and IATA guides to all participants. .</p>	<p>Subregional training workshops on specimen collection, transportation and field diagnostics for avian influenza. October 16 to 20 CAREC, Port of Spain, Trinidad and Tobago. There were 34 participants from 21 countries financed with funds from PAHO/USAID (20 participants), FAO (8 participants) and CIRAD (6 participants). USDA/APHIS provided funds for logistic, shipping boxes for samples and Fludetect diagnostic Kits. PPE kits were provided by USAID.</p>	<p>Participants trained in whole blood and swab samples collection, use of PPE kits and rapid test diagnosis in the field. In addition PPE kits were distributed (10 per country) and received instructions on sample shipment to reference laboratories.</p>	<p>Completed</p>
	<p>4. Provide training on sample handling and shipment for AI to international reference laboratory from selected South American countries. Provide shipment materials, PPE, kits for sample collection and IATA guides to all participants</p>	<p>Subregional training workshop Bogotá, Colombia, November 7-9, 2006 Subregional Workshop for Certification on IATA biosafety regulations, field and laboratory diagnosis and specimen collection for avian influenza diagnosis.. There were 37 participants from 6 countries financed with funds from PAHO/USAID. USDA/APHIS provided funds for logistic, boxes for samples and Fludetect diagnostic Kits. PPE kits were provided by USAID.</p>	<p>Participants trained in whole blood and swab samples collection, use of PPE kits and rapid test diagnosis in the field and received instructions on sample shipment to reference laboratories.</p>	<p>Completed</p>

	<p>5. Conduct 1-week hands on training in basic diagnostic procedures for the detection of avian influenza, and obtain all the necessary laboratory supplies/reagents for this training.</p>	<p>PAHO together with FAO carried out one conventional diagnosis training course that put together the resources of FAO TCP and PAHO-USAID grant for the benefit of the Caribbean Region. This training course was carried out June 11-15, 2007 in Santo Domingo, Dominican Republic with 22 participants from 17 countries. PAHO financed the participation of 7 countries.</p>	<p>Participants trained in serology and virus identification techniques, commercial kits for serology and virus detection.</p>	<p>Completed</p>
<p>3.3 Support targeted AI surveillance activities, contribute to the identification of high risk areas and analyse the multisectoral information to define the high risk areas for possible human exposure to avian influenza in Central America and the Caribbean.</p>	<p>1. Support qualitative risk analysis carried out by other agencies on this topic.</p> <p>2. Support expanded surveillance of avian influenza in high risk areas.</p>	<p>PANAFTOSA is elaborating an analysis of information model for the geographic risk characterization of Avian Influenza for the avian and human populations. This risk analysis model is going to use the information gathered with the assistance of the computer system under development.</p>	<p>PANAFOSA jointly with the focal points of VP of Central America are organizing a plan of technical cooperation to conduct the studies of analysis of risk on the income and dissemination of Avian Influenza in countries of Central America. To this end the implementation of workshops of training and of joint efforts is being coordinated with OIRSA, FAO, and IICA in order to carry out the analyses. In them it will be used the information that have the countries and the</p>	<p>Partially Completed</p>

Outcome 1: Enhance national and local capacity to respond and manage emerging zoonotic diseases and zoonotic interface				
			other organizations, as well as the generated through the use of the SIVCONT and SIRCOOP systems, as well as the models of geographical analyses generated by PANAFTOSA.	
3.4 Conduct surveillance among animal health workers and other risk groups (animal laboratory staff, cullers, etc).	<ol style="list-style-type: none"> <li>1. Implementation of surveillance in high risk groups.</li> <li>2. Educate animal health workers and other risk groups on the prevention of Influenza A (H5N1) and relevant public health and biosecurity measures.</li> </ol>	<p>In collaboration with IDB, an analysis is being made on the need for integration between health and agriculture in the preparedness plans to properly attend the human animal interface.</p> <p>A video on preventive and biosafety measures for persons handling birds with emphasis on small and backyard producers is under preparation.</p>	PANAFOSA jointly with HDM/CD is preparing an action plan in order to implement technical cooperation in is matter.	Partially Completed
3.5 Development of multisectoral simulation exercises and promotion of the participation of the health sector at the subregional level with the agriculture sector. Joint activity with OIE, FAO, IICA and OIRSA	<ol style="list-style-type: none"> <li>1. Develop and conduct avian and human influenza simulation exercises at subregional level for the Caribbean countries</li> </ol>	PANAFTOSA is developing a work plan for carrying out training exercises in Avian Influenza sanitary emergencies to be used in Central America and the Caribbean. The work plan will include the experiences of PANAFTOSA on the execution of simulations exercises in the Caribbean an LAC and the ones obtained from the avian influenza simulations carried out in	PANAFOSA jointly with CPC are organizing simulation exercises in countries of the Caribbean. These exercises include works in field with real productive scenarios, and the participation of the sectors of agriculture and health, in addition to the sector	Partially Completed

Gripe A (Influenza A) - Situación de Vigilancia y Control de la Gripe A (Influenza A) en el Caribe - Situación de Vigilancia y Control de la Gripe A (Influenza A) en el Caribe				
		<p>Argentina, Peru, and Uruguay. The plan will be discussed and executed in coordination with other organizations. Simulation exercises are planned in Paraguay, and The Caribbean region.</p>	<p>of the poultry industry. To expedite the organization of a Regional exercise for the Caribbean a PAHO officer participated of a simulation exercise in Jamaica, in addition he participated of a similar exercise in the Bahamas. In addition PANAFTOSA personnel participated on the national simulation exercise carried out by Uruguay. The experience gathered will be used in the planning of the Caribbean simulation planned for the second semester of 2007, in Guyana and Saint Lucia.</p>	

## **Appendix 1: Narrative on ER1. For the period April to June 2007**

In this Quarter, country activities for Influenza Preparedness began to accelerate as country resources diverted to the World Cup Cricket games became available.

- 7 Workshops to further develop National Influenza Pandemic Preparedness Plans were held in Dominica, Montserrat, St Lucia, Antigua & Barbuda, Jamaica, Guyana, and Suriname. 4 Workshops are planned for St Vincent & the Grenadines, St Kitts & Nevis, Grenada and Anguilla in the next quarter.
- Technical meetings were held in the BVI, St Lucia, the Netherlands Antilles (Curacao and St Martin) and Suriname to plan or to monitor progress on NIPPP completion.
- Planning for the simulation exercises has commenced. A technical expert in simulations has been contracted to develop the guidelines and scenarios for the simulations, two countries have scheduled simulation exercises (Guyana & St Lucia) in conjunction with the Animal Veterinary Public Health sector. Two other countries are interested but have to confirm dates and availability.

### **Other developments during this period**

#### **Success stories**

Some countries are taking ownership of their national pandemic preparedness by using and adapting methodologies and instruments developed by PAHO for the project.

- After conducting a national level tabletop exercise with PAHO support, Trinidad and Tobago opted to conduct tabletop exercises for its 5 regional health authorities in lieu of a national planning workshop. It was felt by the Ministry of Health that the regional level exercises were more useful for disseminating information about the national plan and to get a better integrated regional and local level plan.
- A request has been made for an Avian Influenza exercise similar to the Pandemic Influenza exercise that was developed for the project. This methodology would be used by the Animal Veterinary sector to help in their preparations.
- Two countries have taken a broader approach to their national pandemic preparedness. Jamaica hosted a two day workshop for the non-health sector which included public utilities, the Ministry of Foreign Affairs, local and national disaster planning organizations as well as agricultural and health sectors. Using the WHO checklist as a guide, these non-health sector institutions began planning for their organizations. In a similar approach, St Lucia has a program of activities for the various sectors to prepare their individual plans which will be integrated into their national plan.