REPORT OF MEETING

WORLD HEALTH ORGANIZATION

SECRETARIAT OF THE PACIFIC COMMUNITY

INAUGURAL MEETING OF THE PPHSN PUBLIC HEALTH LABORATORY NETWORK

(Noumea, New Caledonia, 19-20 April 2000)

Secretariat of the Pacific Community
Noumea, New Caledonia
2001

Note: the dates given are indicative, as the participants agreed they were not realistic, but didn't have the opportunity to further discuss them. All the dates need to be adapted according to the work commitments of the key players and to be flexible.

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Inaugural meeting of the PPHSN Public Health Laboratory Network (19-20 April 2000 : Noumea, New Caledonia)

Report of Meeting

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I. AGENDA

Wednesday 19 April 2000

8:00 Registration

8:15 Opening ceremony
Election of chairpersons and drafting committee

9:00 Objective and expected outputs of the meeting

9/15 Coffee break

9:30 Self-introduction of the participants, with brief presentation of their facilities and activities

10:30 Background:
- From PPHSN to PPHSN public health laboratory network
- Existing CDs prevention and control strategies in the Pacific Island region
- Summary of the findings from the laboratories assessment
- Legal protection

11:15 Working groups:
1. Laboratories lists and contacts
2. Target diseases for level 2 laboratories

12:00 Working groups presentations and plenary discussion / recommendations

12:30 Lunch break

13:30 Working groups:
1. List of tests
   List of equipment/reagents /disposable available/needed, and starting stocks and procurement procedures
2. Indications and protocols for specimen collection, storage and transport to level 2 and 3 laboratories
3. Roles of level 3 laboratories
   Quarantine services & airlines: specimen transport constraints & problems, and proposed solutions. Preparation of thetelemeeting on quarantine issues
4. Flow of information and communication, with plan of implementation

15:00 Tea break

15:15 Group work (continued)

16:30 Break — Drafting committee consolidates draft plan of action

Thursday 20 April 2000

8:00 EWORS presentation

8:15 Working group presentations and plenary discussion / plan of operations

10:15 Coffee break

10:30 Telemeeting on quarantine issues

11:20 Working groups:
1. Human resources needs and solutions: staffing & training
2. Funding mechanisms and overallcoordination
3. Quality control program
4. Legal protection

13:00 Lunch break

13:30 Drafting committee consolidates draft plan of action

15:00 Working groups presentations only

15:45 Tea break

16:00 Plenary discussion: plan of action of last group works, overall plan of action. Summary of the meeting (with key issues)

17:00 Closing ceremony

II. OBJECTIVES OF THE MEETING

Within the framework of the Pacific Public Health Surveillance Network, development of a plan of operation identifying needs and resources for the implementation of the public health laboratory Network in the Pacific Islands region.

Expected Outputs (with existing/possible constraints for each output)

- List of laboratories involved in the PPHSN Public Health Laboratory Network, including the contact person(s) in each laboratory. Plan of action to have all these laboratories involved in the Network
- List of target communicable diseases for level 2 laboratories
- List of tests to be conducted (level 2 and level 3 laboratories) and specimen to be taken with practical comments on technical issues
- List of equipment/reagents/disposable materials available/needed by level of laboratory (specimen collection, storage, shipment, and testing) with starting stocks, procurement procedures
- Indications and protocols for specimen collection, storage and transport to level 2 and 3 laboratories
- Roles of level 3 laboratories clearly identified
- Legal protection:
  - Quarantine services and airlines and potential or existing transport problems/constraints listed. Plan for involving airlines and quarantine services through briefing + agreement, and solving the problems
  - Intellectual property problems and proposed solutions listed
- Flow of information and communication designed, with plan of implementation
- Human resources needs and possible solutions identified: staffing and training
- Funding mechanisms (initial & recurrent costs) envisaged
- Realistic quality control program
- Procedures for overall coordination and implementation of the plan of action

III. SUMMARY OF THE WORKING GROUPS

WORKING GROUP A1
LABORATORIES LISTS AND CONTACTS
(Wednesday 19 April 2000, morning)

1. The first group recommendations is that all endeavours will be made to increase "recruitment" (response) from level 1 laboratories including private facilities if possible. In all cases this will be only if Pacific Island country/territory Governments will agree to such arrangements. The group recommended that e-mail communication means at level 1 laboratories (at least at the national level) will be strengthened and that the necessary support will be sought.

2. The group endorsed the list of the currently proposed level 2 lab network. However a specific recommendations was made for New Zealand to decide and formerly indicate to PPHNS instances which facilities will precisely/namely be involved (e.g., ESR[1], PPTC[2]). Considering that the Malardé Institute is in a transitory phase complementary with New Zealand participation must be considered.

3. A list of criteria to be fulfilled for level 2 laboratories was discussed. Level 2 laboratories must:

- ➔ have an acceptable[3] turn around of specimen to work on;
- ➔ be able to cope with an increase of flow of specimen due to an outbreak situation (provided that specimen would have been appropriately selected beforehand);
- ➔ willingness to participate and enhanced laboratory capability.

4. It was recalled that in the case of Guam some necessary improvement in the technical equipment was found necessary at the time of the on-site expertise carried out by the Pasteur Institute in late 99 specially for the diagnosis for influenza, dengue and measles.

5. Regarding Fiji, laboratory support in training, follow-up and advisory services, in order to enhance technical capacity, was similarly flagged out at the same time.

WORKING GROUP A2
TARGET DISEASES FOR LEVEL 2 LABORATORIES
(Wednesday 19 April, morning)

6. The working group decided that there should be two groups of priority diseases at level 2 laboratory.

First Target Diseases
- Measles (rubella)
- Dengue

Second target diseases
- Influenza
- Leptospirosis
- Cholera
- Typhoid

[1] Institute of Environmental Science and Research
[2] Pacific Paramedical Training Centre
[3] An acceptable turn around means that the necessary diagnosis techniques must be in use routinely, i.e., and not be re-started in the case of an outbreak occurrence.

7. The first group will be under surveillance and diagnostic procedures at level 2 laboratories at the inception of the network. Two issues were identified as per the immediate inclusion of the second group of diseases:

- Funding
- Technical/reagents/equipment

8. During the first 12-18 months of operations of the public health laboratory network activities will be monitored in order to find out solutions to cope with the two above mentioned issues.

9. In the interim the question was raised whether operational guidelines could be developed so that level 1 laboratories would know what to do with suspected cholera and typhoid outbreaks on one hand, and influenza and leptospirosis on the other hand (e.g., locally testing for cholera and typhoid and referring to level 3 laboratories for influenza and leptospirosis). It was decided that further working group discussions will resolve that question.

10. The group also recommends that the identified resource problem will be duly acknowledged in order to facilitate the quest for solutions.

11. The point was also raised that it might not be necessary requirements for all level 2 laboratories that they should be able to implement diagnostics facility for influenza and leptospirosis at the inception of the network.

12. It was also flagged out that diagnostic capacity building of level 2 labs should not happen at the expenses of the possibility of diagnosing/monitoring diseases of local importance.

13. It is to note that Acute Haemorragic Conjunctivitis (AHC) is not considered of being part of the list of diseases that level 2 laboratories will monitor in the near future (as such, AHC outbreaks will continue to possibly be monitored on PACNET, but will no longer be namely on the list of priority diseases targeted by PACNET).

WORKING GROUP B1
LIST OF TESTS FOR LEVEL 2 LABORATORIES
LIST OF EQUIPMENT/REAGENT/DISPOSABLE AVAILABLE/NEEDED
STARTING STOCKS AND PROCUREMENT PROCEDURES
(Wednesday 19 April, afternoon)

Action points

14. *The supplies required by level 2 laboratories are dependant on the methodologies to be used and the number of specimens likely to be received.*

15. **General requirements**

- e-mail facilities, (L1, L2 and L3 level labs)
- -80° C facilities including racks boxes/ boxes/serum storage vials
- ELISA facilities
- reagents (minimum stock requirements)

16. **List of tests for level 1 and 2 laboratories**

Disease	Laboratories level 1	Laboratories level 2
Measles/Rubella	(refer all samples to L2)	IgM ELISA
Typhoid	Routine (refer a sample of strains to L2)	Antibiotic resistance and QC
Vibrio	Routine (refer a sample of specimens to L2)	confirmation (serotyping) and QC
Influenza	(refer all samples to L2)	Immunofluorescence on nose-swabs ELISA on nose-swabs
Dengue (*)	(refer all samples to L2)	IgM ELISA HAI (paired serum) PCR (long term prospect)
Leptospirosis (**)	(refer all samples to L2)	ELISA MAT

(*) For development of further testing capacity PCR is recommended over viral isolation.

- Setting of adequate premises and protocols for PCR would need to be rigorous
- PCR would give considerable additional capacity such as typing of influenza.

(**) The problem needs to be quantified first (IPNC, lab in Brisbane)

Explanatory note

- ELISA = enzyme-linked immunosorbent assay
- HAI = hemagglutination inhibition
- PCR = polymerase chain reaction
- MAT = micro-agglutination test (direct agglutination)
- IgM, IgG = immunoglobulin class M or G

Starting stocks and procurement procedures

Stock

17. Minimum stock needs to be held to enable immediate response/dispatch. The minimum level will depend on potential demand.

Procurement procedures

18. This will depend on who is funding supplies and needs to be looked at further.

19. Recommendations

- Measles/dengue minimum stock: 1 kit
- Establish good communication link by e-mail/fax to enable request of further reagents
- Supply of minimum stocks need to be staggered to avoid problems with expiry dates
- Review of laboratories who develop their own reagents/tests to ensure quality control of in-house reagents/tests.
- That these minimum stocks held are not for clinical services but for the public health surveillance.
- Funding mechanism needs to be discussed.
- Appoint a working group to investigate further.

Working Group

20. To appoint a working group to define what is a suitable number of samples/methodologies per each disease.

21. It is difficult to predict what supplies/stocks are required, a review after a period of time will be needed to readjust the laboratory supplies/minimum stocks.

22. Within the working group there is need of representation from epidemiologists and from L3, L2 and L1 labs.

a) What are appropriate methodologies?
b) What number of samples are appropriate/expected?
c) What is the scope for collection of samples at the field level, how will this impact the L2 methodologies selected?
d) What is the potential for future PCR capacity at L2 (particularly Guam, Fiji) including consideration of what is required to set adequate premises and rigorous protocols to prevent erroneous results?

23. Aim should be to present a range of choices/options that can be used accordingly to the individual countries needs and expectations.

24. It should be clearly identified what lab does what, and all the labs should be listed with this information in a document.

Laboratory Requirements for Dengue Diagnosis at Level 2 Laboratories – 3 points of view

25. **First point of view**

a) IgM ELISA is the most feasible testing procedure for laboratories in Fiji and Guam. Despite of non-specific reactions, IgM ELISA could be a useful method, if the proper sampling, interpretation and confirmation (level 3 laboratory) procedures are provided.
b) A collection of paired sera for HAI test should also be promoted at same time. A clear laboratory guideline and quality control mechanism should be established for HAI test.
c) An establishment of PCR for all level 2 laboratories should be planned as a long-term plan, including training.

26. **Second point of view**

a) The strategy of detection of epidemics at level 2 laboratory must involve conventional serological methods (detection of total IgM using MAC-ELISA, detection of total Ig using HIA). In order to obtain a clear biological confirmation of cases, these methods require the collection of 2 samples 8-10 days apart in order to evidence significant increasing of antibodies.
b) This protocol requires to be based on an efficient network of selected physicians in order to optimise the efficiency of surveillance (syndromic surveillance).
c) The implication of level 3 laboratories (PCR and/or viral isolation) could be activated by level 2 laboratories in a case of acute and expanded epidemic situation in order to obtain as soon as possible the confirmation of the etiology.

27. **Third point of view**

a) Single IgM ELISA result is not confirmatory but can be useful in the context of a suspected outbreak to enable a vigilant and appropriate public health response.
b) Paired serum collection has been tried (& discussed) in the past and many practical issues have prevented a successful system from being established.
c) To enable PRO-ACTIVE vigilant surveillance use of ELISA IgM on single samples ALONGSIDE encouragement for paired sera should be used. Level 2 labs should have ELISA IgM facilities for dengue & use discretion per its use when paired sera are not available.
d) Insistance of paired sera (e.g. HAI confirmation of dengue) will limit the ability of some areas to obtain samples for referral to level 2 labs for dengue surveillance.
e) Suggest use of IgM ELISA, HAI if paired sera available & referral of IgM positive samples for confirmation at level 3 (PCR testing).

WORKING GROUP B2
INDICATIONS AND PROTOCOLS FOR SPECIMEN COLLECTION, STORAGE, AND TRANSPORT TO LEVEL 2 AND 3 LABORATORIES
(Wednesday 19 April, afternoon)

Plan of action

28. Indications for specimen collection

What?
Guidelines for specimen collection (based on surveillance case definitions) for the 6 target diseases: when and what to collect.

Who?
PPHSN-CB, as part of the development of surveillance and response guidelines

When?
By November 2000

Comments
- Draw on existing guidelines and reference sources.
- Consider external monitoring of the demand for and appropriate use of public health laboratory services (e.g. by EpiNet)

29. Shipping guidelines

What?
Draft detailed guidelines for packing, labelling, and shipping specimens, including an assessment of likely demand.

Who?
A Network member if time available, but more likely by a consultant (x 1 month)

When?
Process underway by November 2000

Comments
- Draw on existing guidelines and reference sources.
- Incorporate communications methods to share information and track shipped specimens.
- Consider formalizing arrangements with selected transit hubs (e.g.Nadi, Brisbane).
- Consider outsourcing shipping arrangements to a private company.
- Incorporate feedback from recipient labs on adequacy of packing.

30. Shipping supplies

What?
Supplies for specimen collection and shipping provided to level 1 labs, and in larger quantities to selected central sites.

Who?
- "Prime" the system with supplies provided byWHO.
- Seek other support for maintenance supplies (e.g. recycling from L3 labs, donor or L3 lab contributions).

When?
Initial supplies provided by August 2000.

Comments
Incorporate an inventory system and an audit of utilisation, developed by PPHSN LabNet Working Group.

31. **Shipping arrangements**

What?
Convene meetings in Nadi and Guam with airline representatives, shipping agents, and representatives of airport services and customs to consider and resolve shipping requirements and storage in transit.

Who?
PPHSN-CB members convene Nadi meeting; seek support from Micronesia-based PPHSN LabNet members to convene Guam meeting.

When?
September 2000

Comments
- Draw on existing information sources for background on current IATA[4] and non-IATA requirements.
- Seek agreements for support.

32. **New technologies**

What?
- Explore other options for point of care (field) tests, and for specimen collection, such as filter paper methods, to reduce shipping complexity and cost.
- Assess cost benefit.

Who?
Seek interest and support from L3 reference laboratory staff.

When?
Ongoing.

33. **Indicator diseases**

What?
Incorporate a more common condition, such as (suspected) influenza, as soon as possible, with guidelines to allow its use as a continuing test of the system.

Who?
PPHSN LabNet

When?
As soon as possible.

[4] International Airlines and Transportation Association

34. **Training**

What?
Develop a training plan for country-level training of L1 staff in packing and shipping specimens.

Who?
Seek support from reference laboratories involved in training.

When?
November 2000

Comments
Such training may be incorporated into regularly scheduled visits for other laboratory training or quality assurance monitoring.

35. **Funding**

What?
Consider the funding implications as each of the above is developed, and incorporate this into overall PPHSN LabNet funding requirements.

Who?
Those responsible for each of the above.

The action plan of the workinggroupe B2 is presented in a Table in Annex 1 pages 26 and 27

WORKING GROUP B3
ROLES OF LEVEL 3 LABORATORIES
(Wednesday 19 April, afternoon)

Roles of Level-3 laboratories:

Quality control
PCR: molecular typing
Virulence studies
Strain identification

36. Consideration needs to be given to communication networks and how the information will be disseminated in a timely relevant manner.

37. **Quality control**

- Could be achieved by expanding the RCPA & NRL in Australia to forward testing panel (quality control) to Pacific Island Nations – specifically level 2 labs.
- Consideration should also be given to introducing quality management procedures in place similar to NAZA + IS09001.

38. **PCR : molecular typing**

- Appropriateness of testing andrôle of specific laboratories (level 3) – laboratories guides.
- Minimum of two laboratories.

39. **Virulence studies**

Needs to be clearly defined and may have minimal impact (depending upon organism in question on Public Health impact).

40. **Strain identification**

41 **Sending the samples: the problem of quarantine services & airlines**

- IATA[5] packaging critical to ensure entry of clinical samples into country.
- Cost of IATA packaging will need to be met by (see attached) some source. Packaging can be reused.
- Customs declaration forms must be appropriately filled out. «Diagnostic samples of no commercial value».
- Reputable courier company must be employed.
- Clear written guidelines need to be established for each "sending" laboratory and each "recipient" level 2 or 3 lab. Permits need to be in place, as well as there must be an advance notice that samples are being forwarded. A contact list is important.
- Level 2 labs should have access to either dry ice or liquid nitrogen as a prerequisite.
- SPC are going to homework hard with authorities to facilitate movements of samples to level-3 laboratories in appropriate condition.
- Education of all laboratory staff not only on proper method of forwarding samples to level-2 and level-3 lab, but also on the appropriateness of the testing requested.
- Personal telephone, email, or fax communication with referral lab prior to sending samples.

WORKING GROUP B4
FLOW OF INFORMATION AND COMMUNICATION, WITH PLAN OF IMPLEMENTATION
(Wednesday 19 April, afternoon)

Action Plan

42. **Reach agreement regarding policies and procedures on the flow of information → MOA within PPHSN LabNet**

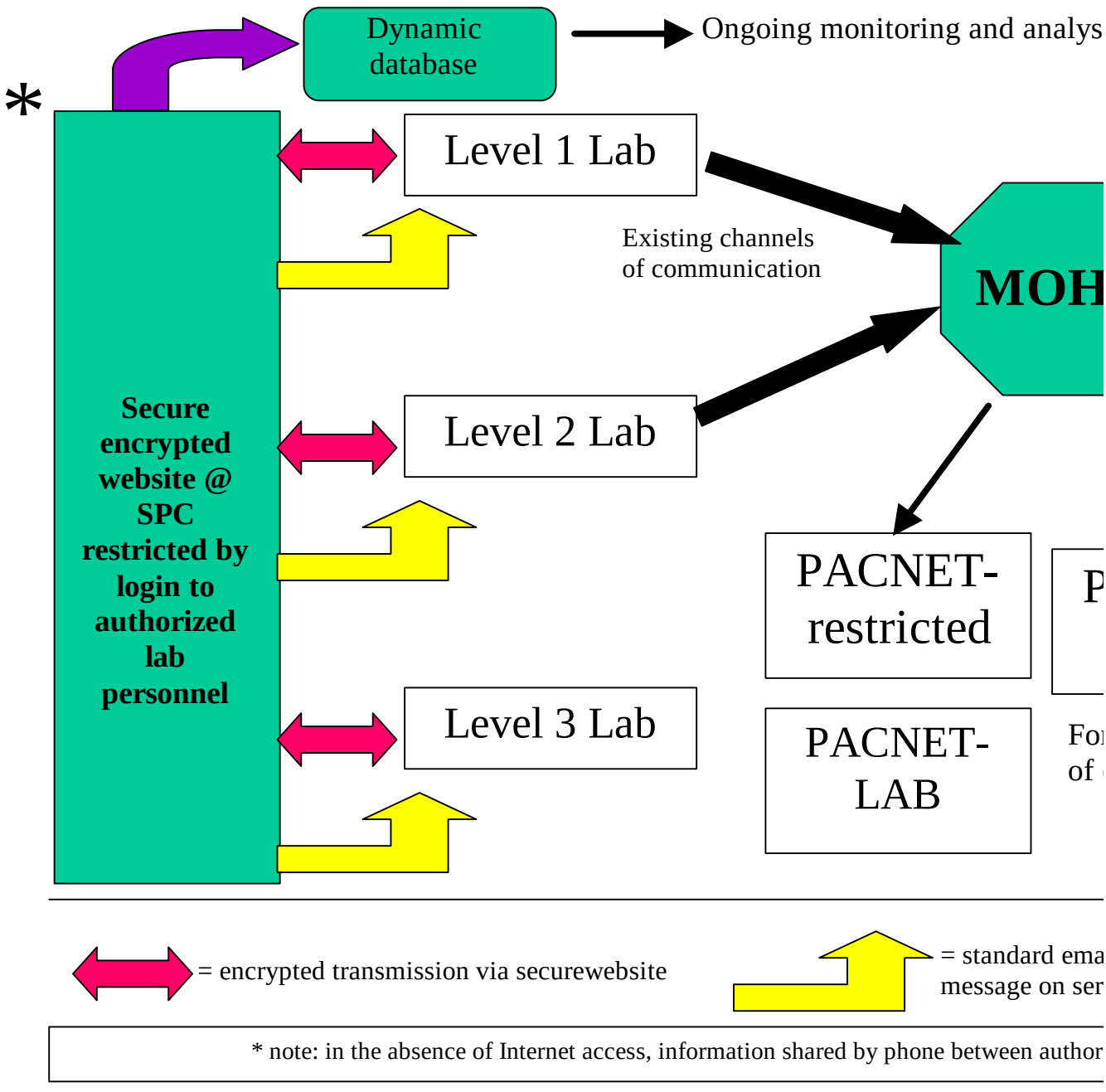
- information shared between labs to be coded in terms of patient identity;
- laboratories at different levels only share information within the PPHSN LabNet between authorized individuals;
- information within the PPHSN LabNet transmitted through most secure mechanism available, ideally through an encrypted server, alternatively by phone between authorized individuals;
- only recognized MOH authorities may release information outside of the PPHSN LabNet;
- MOH encouraged to define national policies & procedures re: flow of samples between labs within nation, flow of information within nation, release of information from MOH.

43. **Develop necessary infrastructure to support communication policies and procedures of the PPHSN LabNet**

- maintain PACNET-Lab for on-going discussion of developmental issues among an extended working group;
- establish PACNET-Restricted for verification of outbreaks;
- make available a secure server at SPC;
- develop customized website for the exchange of encrypted information within PPHSN LabNet;

[5] International Airlines and Transportation Association

- develop dynamic database that documents all website activity ➔ provide system for monitoring/analysis of usage;
- establish QC system to trial/monitor/revise above system;
- upgrade capability of all PPHSN LabNet users to use above Internet-based system (dedicated equipment, sustainable access to the Internet, training, technical support).


Dynamic database
Ongoing monitoring and analys
*
Level 1 Lab
Existing channels of communication
MOH
Secure encrypted website @ SPC restricted by login to authorized lab personnel
Level 2 Lab
PACNET-restricted
Level 3 Lab
PACNET-LAB
= encrypted transmission via securewebsite
= standard ema
message on ser
* note: in the absence of Internet access, information shared by phone between author

WORKING GROUP C1
HUMAN RESOURCES NEEDS AND SOLUTIONS: STAFFING & TRAINING
(Thursday 20 April 2000, morning)

44. **Human resources:**
- Needs and solutions
- Staffing
- Training

45. **Needs assessment**
- Questionnaire L1 labs included human resources, equipment
- Starting point for needs assessments – need to document expertise as well as staff levels

46 ***Mechanism***:
- Extended survey/mapping exercise for L1 and L2 laboratories
- SPC to generate questionnaire/circulation
- L1 specific questionnaire
- L2 specific questionnaire

⇨ Match existing laboratory expertise against expectations of capacity of L1 & L2 laboratories
⇨ Identify strengths and weaknesses/needs
⇨ Funding – cost out resource/training needs (economic analysis)

47. **Formalise relationships with L3 laboratories**

- L3 countries need to commit formally to PPHSNLabNet

- Clarification of L2 laboratories reached
  - L2= NC, Guam, Fiji, ? Tahiti (on the basis of its geographical remoteness)
  - ESR[6], New Zealand is willing to participate but has limited expertise in dengue and cholera.

48. **Immediate objectives**

- Mapping exercise/needs assessments to include training needs (as stated above)
- Identify specific deficiencies
- Map training resources : ➔ matching existing training programmes against need
  ➔ new training curriculum if needed
- maintaining levels of expertise/continuity in the long term
- specific training needs, e.g. packaging, processing specimens, shipping requirements etc.
  - appropriate tests being ordered (external QA[7])
  - technical expertise e.g. PCR for L2 laboratories
  - preventive maintenance
  - appropriate collection methods
  - basic biostats/epidemiological training e.g. detect clusters, changes from baseline (promotes team building advocacy)
  - information technology incl. basic computer literacy, web based training
  - orientation to the overall process, procedures of PPHSNLabNet including security/safeguards
  - quality assurance (also part of orientation)

[6] Institute of Environmental Science and Research
[7] Quality Assessment

- what training is currently available
    - canvas current membership
    - call for expectations of interest
        - current Pacific/Pacific Rim academic institutions and L3 laboratories
        - wider audience e.g. Japan
    - → identify deficiencies
    - develop new curriculum if necessary
    - train the trainer e.g. L2s train L1 laboratories
    - establish linkages for ongoing training programmes.

49. **Continuing professional education**

- its significance relative to PPHSNLabNet needs to be clearly articulated within the Pacific
- cultural change that embraces ongoing training
- distance education
- internet based teaching modules (longer term objective as self directed learning)
- inclusion of laboratory staff in established continuing education activities e.g. Grand Rounds
- presentations by visiting staff e.g. L3 laboratories/QA programme
- debriefing process from outbreak investigations→ inclusive of laboratory staff (laboratory member as part of outbreak response team)
- outbreaks/lessons learnt written-up and used for FETP
- must be undertaken at recognised institution.

50. **Funding**

- economic analysis as part of TOR of mapping exercise
- ? cost recovery via paying for training modules
- creating an expectation of higher wage/ promotion following training
- real problem for administrators : may be linked to contracts/certification e.g. New Caledonia. Not necessarily true for the rest of the Pacific at present
- staff migration, need to keep training
- user created demand e.g. increase testing as expertise increases
- network asset e.g. new training module marketed and sold outside the network for cost recovery.

Additional comments

51. The L1 laboratory questionnaire was mainly technical in nature and didn't collect information on the existing level of expertise or training needs.

52. There is currently no post graduate training in the Pacific at a level available in Australia and New Zealand and this requires attention.

53. There is in-service training available in New Caledonia but there is no ready access to modular training as per Australia and New Zealand.

54. Targetted courses are preferrable to meet the needs of the Pacific, especially modules that build on "on the experience" rather than formal academic qualifications.

55. PPTC[8] was invited to take on this role for PPHSNLabNet.

56. Laboratory technician training in Australia and New Zealand is in the form of a Batchelor of Medical Science and is not easily portable.

[8] Pacific Paramedical Training Centre

57. Training modules exists, however, the form of delivery needs to be tailored to suit the needs of the Pacific e.g. block course on specific laboratory methods (PCR, ELISA techniques).

58. PPTC Modular training courses can be made available subject to funding.

WORKING GROUP C2
FUNDING MECHANISMS AND OVERALL COORDINATION
(Thursday 20 April 2000, morning)

Plan of Action

Co-ordination

59. There is a need for a flexible structure for the facilitation and coordination of the PPHSN LabNet development, at both administrative and technical level.

60. This will be done by a technical working body (TWB) which will include SPC, WHO and Institut Pasteur from New Caledonia (the latter in its capacity of providing resources, including technical expertise and sharing of workload). SPC, in its capacity of PPHSN-CB Focal Point, will have the responsibility of some of the administrative issues related to the TWB.

61. The PPHSN CB should officially recognise the TWB, who will then be answerable to the CB and the PPHSN core members.

62. As well, the TWB will communicate with the countries and territories through the laboratory technical focal point (to be identified).

63. As the PPHSN-CB can invite any allied body of the network to its meetings, it is recommended the lab representative to the TWB be invited to the next CB meetings when they will be dealing with PPHSN LabNet issues. As well, whenever the CB meeting is held in a country or territory of a level 2 laboratory, the representative from this lab will be invited as well.

Funding

64. The drafting committee of the Inaugural Meeting of the PPHSN Public Health Laboratory Network should consolidate the funding requirements identified throughout the meeting and from the reports of the various working groups.

65. The focal point of the PPHSN-CB should estimate the cost of each, place these in a proposed order of priority, and indicate which are already funded or likely to be funded, and by whom.

66. The focal point should circulate this summary by May 2000 to all members of the CB and to representatives of L2 and L3 laboratories, for comments and modifications, and for suggestions on possible sources of support.

67. All members of the CB (and PPHSN members and L2/L3 laboratories, if possible) should explore further funding options.

(In table format):

Activity	Responsible	Target date	Comments
Consolidate information on funding needs	**Drafting committee**	**20 April 2000**	**Drawing on meeting documents, discussions, and working group reports.**
Estimate costs and prioritise funding needs	**CB focal point**	**May 2000**	**Indicate for which of these funding is assured or likely.**
Circulate summary to CB members and L2/ L3 laboratory representatives	**CB focal point**	**May 2000**	
Explore funding options	**CB, and all members of the PPHSN and PPHSN LabNet**	**Ongoing**	

WORKING GROUP C3
QUALITY CONTROL PROGRAMME
(Thursday 20 April 2000, morning)

Plan of Action

68. **Internal Quality Control**

a) Standardised Operational Procedures (SOP)
- SOP should be prepared at level 2 laboratories for all target diseases
- SOP should include procedures for internal quality control.
- The mechanism to share SOPs among laboratories should be established

b) Panel of samples
- Level 3 laboratories should provide panels of samples (sera for dengue and measles, slides for influenza).
- PPTC will be responsible for distribution of panels to level 2 laboratories

c) External Quality Control
- External quality control programme should be developed as a long-term plan.
- Existing quality control network should be utilized (Australian, USA, French)
- The funding mechanism should be established to implement External Quality Control programme
- PPTC will take a coordinating role in External Quality Control programme.

69. **Quality Control Strategy for each disease**
- Cholera / Typhoid: existing PPTC network for both level 1 and level 2 laboratories (expansion to other areas – funding)
- Dengue / Measles (Rubella): Serum Panel
- Influenza: Slide Panel
- Leptospirosis: to be decided

70. **Communication**

- The communication mechanism should be established to facilitate quality control programme (Website, email: PPHSN LabNet).
- Annual Meeting of laboratories would be useful to exchange information and improve the quality control system.

71. **Funding Requirements**

- Short-term
  (1) Distribution of panels

- Long-term
  (1) Expansion of PPTC Network (cholera / typhoid)
  (2) External Quality Control
  (3) Annual Meeting

WORKING GROUP C4
AIRLINES AND QUARANTINE
(Thursday 20 April 2000, morning)

Plan of Action

72. The group basically endorsed the two-leg strategy put forward during the teleconference and previous group work (Group B3).

a) That the meeting incorporates in the final report :
   - a list of all potential issues and problems related with transport (import and export) of biological specimen within the PPHSN laboratory Network, and
   - a recommendation that these will be passed to the Pacific Plant Protection Organisation SPC via the SPC Plant Protection Project which serves as the Secretariat of the PPPO Executive Body.

b) That the PPHSN approaches Airlines, Quarantine and Health authorities in Fiji and Guam especially, with the help, in Fiji, of the SPC Plant Protection Project in order to:
   - inform them of the PPHSN LabNet goals and Plan of action, and to discuss the ways of reaching potential agreements for these two critical regional transportation hubs
   - raise awareness about and discuss the problems of the smooth circulation of biological samples (human, vegetal and animal) throughout the PICTs.

73. In Fiji, the SPC PPProject should be the leading player, in first instance, in contacting the national Quarantine authorities.

74. In both meetings, the PPHSN should be primarily represented by appropriate CB members and/or by the CB Focal Point, when necessary.

75. The PPHSN should issue "Universal precautions" guidelines to specify how human samples should be handled and packaged in outbreak investigation circumstances, together with relevant monitoring procedures to ensure that these will be standard practices within the PPHSN LabNet. These guidelines and procedures will also encompass (and guarantee) that, in case of a potentially severe outbreak (according to clinical and epidemiological evidences) caused by an harmful emerging or already known pathogen, operational steps will be described for collecting, packaging, and shipping samples, and that the appropriate high security (P4) laboratory will be contacted. Level 2 labs will, in that case, not be involved in the diagnostic process, and be skipped over. These guidelines will also be passed over to PPPO for their information, comments and appreciation.

76. The PPHSN-CB will make an inventory of the Airline companies in the region and will determine those not being a member of the International Airlines and Transportation Association (IATA). The latter will then be approached in order to find out what are their specific requirements re. transportation of biological samples (e.g., if allowing biological samples to travel in the same plane as food stuff for sale). Further steps will be to explore the possibility of developing specific agreements within the umbrella of the PPHSN.

Intellectual Property

77. That the case of any technology derived from outbreak investigations and other epidemiological studies (e.g., vaccines, scientific papers, germs identification, etc.) will be dealt separately under the currently existing copyright and other international agreements (refer to WIPO, UNESCO, Bio-diversity convention, etc.).

78. As for the issues of using biological samples for other studies than the original purpose for which they were taken—falling under a mix of "intellectual and community property" in the Pacific, the group recommends that, in any case, final approval on the matter is left to each individual Pacific Islands country and territory, according to the existing local legislation and code of ethics.

79. It is recommended that the PPHSN-CB consults with the individual PPHSN countries and territories about their individual requirements for informed consent.

80. The group also felt that a generic "informed consent" form will be developed for consideration by the PPHSN country-members, which will give individuals the choice of agreeing or not to the fact that the samples taken from them may be used for a different purpose later on. Once agreed on the content and endorsed by the PICTs, such a form could be placed on the PPHSN web-site, and be available for download by any national health authority, for example.

81. The group recommends that the PPHSN-CB develops, a code of conduct to be approved by the PPHSN Core members. This code will be of a particular interest for those samples collected during outbreak investigation, where the emergency context avoids having the necessary time to develop more specific contracts or Memorandum of Agreement[9] between the country/territory and the investigating agency/University/laboratory. If not in an emergency situation, these latter should be developed on an case by case basis, at country/territory level.

82. In drafting the above-mentioned PPHSN code of conduct, two background relevant experiences will be explored:

- the recent Nipah/Hendra virus outbreak that took place in Malaysia in 1999/2000, and
- the procedures developed within the International Network of Pasteur Institutes

[9] MOAs recommended by all working groups should be included into one unique MOA.

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WORKING GROUP B2: INDICATIONS AND PROTOCOLS FOR SPECIMEN COLLECTION, STORA AND 3 LABORATORIES PLAN OF ACTION

Activity	Responsible	Target date	Comments
Indications for specimen collection Guidelines for specimen collection (based on surveillance case definitions) for the 6 target diseases: when and what to collect.	PPHSN-CB, as part of the development of surveillance and response guidelines	November 2000	♣ Draw on existing guidelines and refe sources. ♣ Consider external monitoring of the for and appropriate use of public healt laboratory services (e.g. by EpiNet)
Shipping guidelines Draft detailed guidelines for packing, labelling, and shipping specimens, including an assessment of likely demand.	A Network member if time available, but more likely by a consultant (x 1 month)	Process underway by November 2000	♣ Draw on existing guidelines and refe sources. ♣ Incorporate communications metho information and track shipped specime ♣ Consider formalising arrangements selected transit hubs (e.g. Nadi, Brisba ♣ Consider outsourcing shipping arran to a private company. ♣ Incorporate feedback from recipient adequacy of packing.
Shipping supplies Supplies for specimen collection and shipping provided to level 1 labs, and in larger quantities to selected central sites.	♣ "Prime" the system with supplies provided by WHO. ♣ Seek other support for maintenance supplies (e.g. recycling from L3 labs, donor or L3 lab contributions).	Initial supplies provided by August 2000.	♣ Incorporate an inventory system and of utilisation, developed byLabNet Wo Group.
Shipping arrangements Convene meetings inNadi and Guam with airline representatives, shipping agents, and representatives of airport services and customs to consider and resolve shipping requirements and storage in transit.	♣ PPHSN-CB members convene Nadi meeting. ♣ Seek support from Micronesia-based LabNet members to convene Guam meeting.	September 2000	♣ Draw on existing information source background on current IATA and non- requirements. ♣ Seek agreements for support.

Activity	Responsible	Target date	Comments
Indicator diseases Incorporate a more common condition, such as (suspected) influenza, as soon as possible, with guidelines to allow its use as a continuing test of the system.	LabNet	As soon as possible	
New technologies ♣ Explore other options for point of care (field) tests, and for specimen collection, such as filter paper methods, to reduce shipping complexity and cost. ♣ Assess cost benefit.	Seek interest and support from L3 reference laboratory staff	Ongoing	
Training Develop a training plan for country-level training of L1 staff in packing and shipping specimens.	Seek support from reference laboratories involved in training.	November 2000	♣ Such training may be incorporated i regularly-scheduled visits for other lab training or quality assurance monitorin
Funding Consider the funding implications as each of the above is developed, and incorporate this into overallLabNet funding requirements.	Those responsible for each of the above		

ANNEX 2

LIST OF DOCUMENTS

Provisional Agenda

Informal 1 :	Objectives of the meeting
Informal 2 :	List of participants
Informal 3 :	List of documents
Informal 4 :	Guidelines for the working groups

Working Papers :

Working paper 1 :	The Louis Malardé Institute Medical Biology Laboratory (LABM), Paper presented by Dr R. Goursaud, Malardé Institute, French Polynesia
Working paper 2 :	Guam Public Health Laboratory, Paper presented by Mr Severino David, Department of Health, Guam
Working paper 3 :	About ESR, Paper presented by Dr Diana Martin, ESR, New Zealand
Working Paper 4 :	Pacific Laboratory Network, Paper presented by Dr Philippe Pérolat, Pasteur Institute, New Caledonia

Information Papers :

Information paper 1 :	EWORS – Early Warning Outbreak Recognition System, Dr Maidi Putri
Information Paper 2 :	Naval Medical Research Unit #2, Jakarta, Indonesia, Dr Kevin Porter
Information ¨Paper 3 :	Pacific Paramedical Training Centre Profile, Dr John Elliot, PPTC, New Zealand

Reference papers :

- WHO Recommended Surveillance Standards, Second Edition – October 1999.
- Report of Conference : PACNET/WESTERN PACIFIC HEALTHNet (WPHNet) Pacific Telehealth Conference, Noumea, New Caledonia, 30 November to 3 December 1998.

ANNEX 3

GUIDELINES FOR THE WORKING GROUPS

This document is designed to provide all participants with clarification on the working group sessions. It explains the link between these sessions and the expected outputs of the meeting, and defines the role of the working group facilitator andrapporteur

Should you need further details, please feel free to contact the meeting secretariat.

⌘ Purpose and expected outputs of the group works

The goal of each group work (and of the meeting) is very practical: for each subject, it is to identify the operational steps to be achieved in order to get the PPHSN Lab Network operational, what means to come up with a realistic plan of action.

The plan of action must also identify the resources needed and available for its implementation.

The tasks to be performed by each working group in respect of one each of the topics addressed will be to:

- First clarify if necessary the different areas of the topic to be discussed, and what has to be covered by the plan of action.

- List the operational and practical steps to be taken and the activities to be carried out over the next 12-18 months (to be decided) in order, for example, to solve the (potential) problems with quarantine services and airlines.

- Identify the resources needed and available for achieving these steps and activities so that the PPHSN Lab Network becomes operational.

⌘ Composition of the working groups

Each working group will have 1 facilitator and 1rapporteur.

The facilitators are proposed by the organisers and selected at the beginning of the meeting.

As each rapporteur is part of the drafting committee, therapporteurs are also selected at the beginning of the meeting.

⌘ Role of the facilitator

The role of the facilitator will beto :

- facilitate the discussions, i.e. to initiate active and constructive interaction between the working group members.
- guide the discussions so that they result in practical recommendations (first morning) and a plan of action (all group works).
- help the rapporteur to wrap up the plan of action at the end of the session.

Note that the facilitator should be relieved of taking notes during the discussions. He/she will be assisted by the rapporteur.

⌘ Role of the rapporteur

In addition to being a working group member, the rapporteur will primarily concentrate on taking the minutes of the discussions, in a "plan-of-action" kind of format, i.e. as simple and clear as possible (limiting the editing).

The rapporteur will also be a key-person in the expected flow of information (see hereunder).

⌘ Presentation of group work

One person of each of the working groups (the facilitator, the rapporteur or someone else, as decided by the group) will also have to report to the meeting in plenary. He/she will:

- briefly summarise the contents of the discussions
- present the draft plan of action, as suggested by the participants to the group work

The meeting will then be able to further discuss these points during the plenary sessions.

⌘ The expected flow of information

As already mentioned above, the plan of action of each working group will be based on the minutes taken by the working group's rapporteur. Drafting and editing will be done by him/her, with the help of the facilitator and any other volunteering member of the working group (keeping this drafting group to 2-3 people seems to be reasonable). The rapporteur will finalise his/her work in the drafting committee.

On Wednesday morning, the rapporteurs will wrap up and give their final draft recommendations/plan of action to the meeting secretariat contact person after the presentation and discussion in plenary session, with all the changes requested and approved during the plenary session included in the draft.

Regarding the other working group sessions (Wednesday afternoon and Thursday morning), the rapporteurs will have to wrap up the plan of action and pass it to the meeting secretariat contact person **right after the group works** During the plenary sessions, they will also be responsible of taking notes of the changes to be done in the plan of action they have drafted, and to communicate these changes to the meeting secretariat contact person

The meeting secretariat contact person is Mrs Elise Benyon.

Secretarial assistance will also be available for final formatting of the document and liaison with the translation services.