TF Situation and Control- Fiji

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Profile – Geographic Location

1 of 22 Small PIC - has 300 islands, 100 inhabited
Profile- Socio-Demographic

- Ethnicity: 57% Ethnic Fijians, 37% Fijians of Indian descent, Fijians of other descent
- 39% of pop is <20y.o
- Rural: Urban pop- 49%: 51%
- Of rural pop, 20% are in remote areas; of urban pop, 20% are in squatter settlements
- GDP per capita- $4,700
- HDI (2008)- 86/169
Profile - Health

- 3 tiered health system
- Growth rate 0.7%
- Life expectancy (2005) at birth 68yrs
- IMR - 18.87/1000 live births
- Intestinal infection - 3rd major cause of morbidity, 8th major COD
Typhoid Situation

• TF an intestinal infectious disease that imposes significant PH burden to Fiji population
• 2008-2012 data: 1,847 cases and 6 deaths
• Spread to several new localities annually; either simultaneous or consecutive occurrences
• Outbreaks occur during warm dry season; natural disasters increase outbreak risk
• Frequency of dengue and lepto occurrences adds to difficulty in TF clinical diagnosis and early response
From a presentation by Drs Jacob Kool & David Whippy, WHO-WPRO, 2011
Lab-confirmed incidence per 100,000 population

- 0-17
- 18-40
- 41-92
- 93-120
- > 120

Average 2008-11

From presentation by Corinne Thompson and Dr Prem Singh, 2012
% change in lab-confirmed incidence per 100,000 population

-20 - 0
10 - 49
50 - 99
100 - 199
200 - 299
300 - 399
≥ 400

Average 2008 - 2011

From presentation by Corinne Thompson and Dr Prem Singh, 2012
Lab-confirmed S. Typhi cases by age, 2008-2012

From presentation by Corinne Thompson and Dr Prem Singh, 2012
National TF Control Chronology

- 2005: major TF outbreak spurred TF control approach
- 2008: increase outbreaks; CD integrated response outbreak investigation and responses formulated
- 2009: a second major outbreak with 300+ confirmed cases in localized population prompted revision of prevailing integrated CD control guidelines and formulation of TF control guideline
- 2009-10 Vaccination of at-risk communities
- 2011 formation of focused National Taskforce for Control of Outbreak Prone Diseases- major activity control waves of TF outbreaks
- Assessment of vaccine effectiveness with community administration
Challenges Identified with TF Control Activities

TF Outbreaks continued to spread to previously TF free localities

- No revision/assessment of prevailing integrated CD control guidelines and protocols to match international benchmark
- Incomplete knowledge of TF epidemiology/transmission dynamics – human, behavioral, microbiological and environmental risk factors- no stance on vaccination use
- Vague knowledge of capacities needed for control program
- PH Law, Policy, Planning, Research- lack TF focus
Formulation of TF Control National Action Plan (NAP)

• MOH Fiji decision to formulate NAP in collaboration with International panel of TF experts and AusAID- 3 days meeting 2012

• Expert recommendations formatted into 3 yrs TF national action plan

• Thematic areas of plan- Clinical and PH research to establish baseline information on TF risk(s); Environmental (WASH concept), Vaccination (community or school based), Behavioral, Clinical, Microbiological, M&E components
Update of Action Plan

• Plan regarded as sufficiently radical to subsequently generate innovative, effective and sustainable TF control and prevention strategies

• Baseline research is underway- see poster presentation by Principal investigator Conall Watson

• Other NAP strategies stagnant due to unavailability of funding

• NAP implementation anticipated to cost USD 750,000-00
Summary Points

• Fiji rapidly urbanizing country
• Infrastructure in remote communities and squatter settlements challenged
• TF predominant amongst ethnic Fijians, 15-29 yrs age group, consistent spread to new localities annually
• TF NAP has radical strategies needed to bring about effective and lasting TF control and prevention functions
• Support needed to progress NAP implementation
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