

TF Situation and Control- Fiji

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MOH Fiji

Profile – Geographic Location



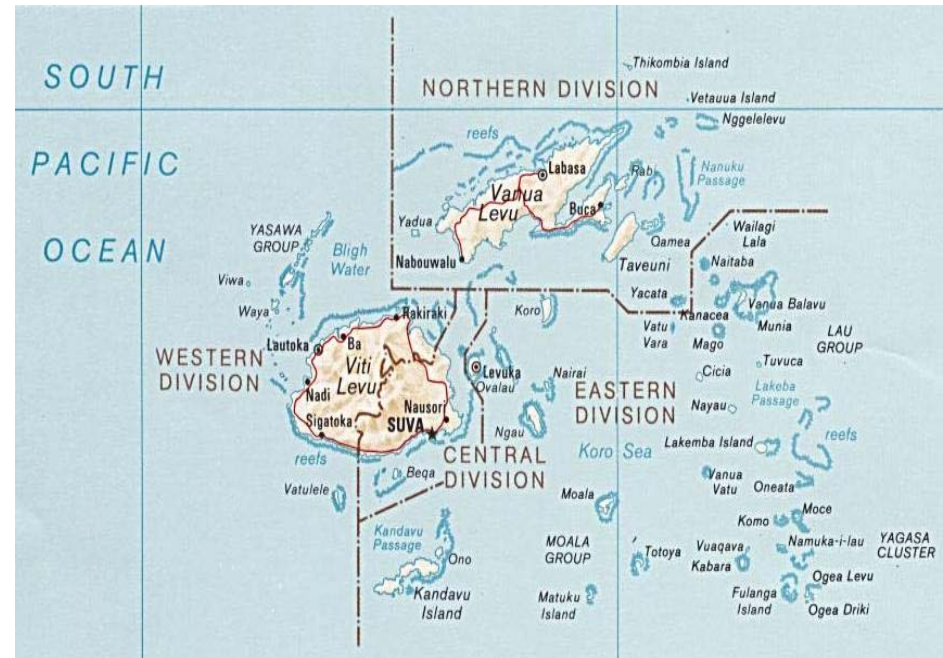
1 of 22 Small PIC- has 300 islands, 100 inhabited

Profile- Socio-Demographic

- Population (2007): 837 271
- 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

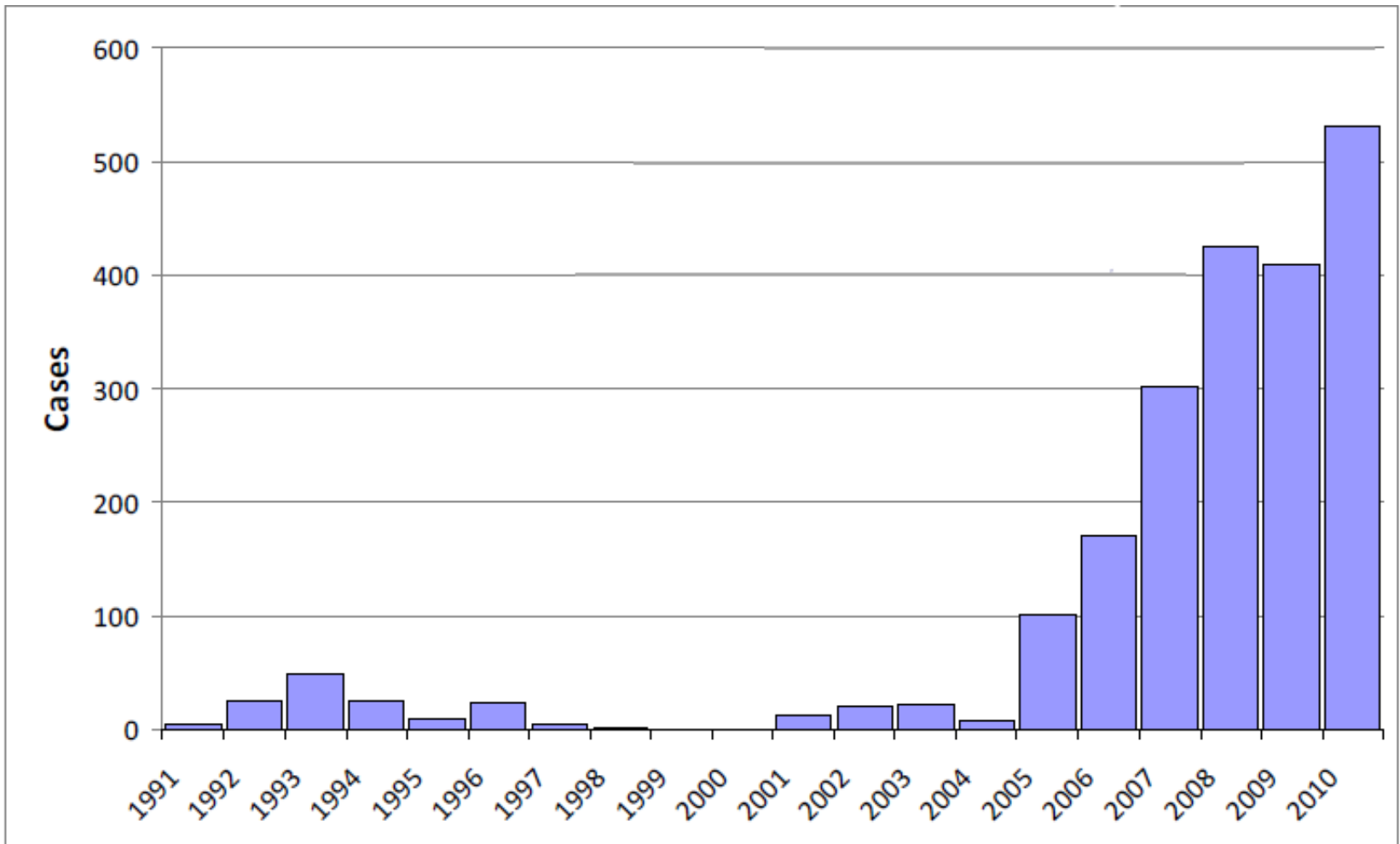
Profile- Health

- 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

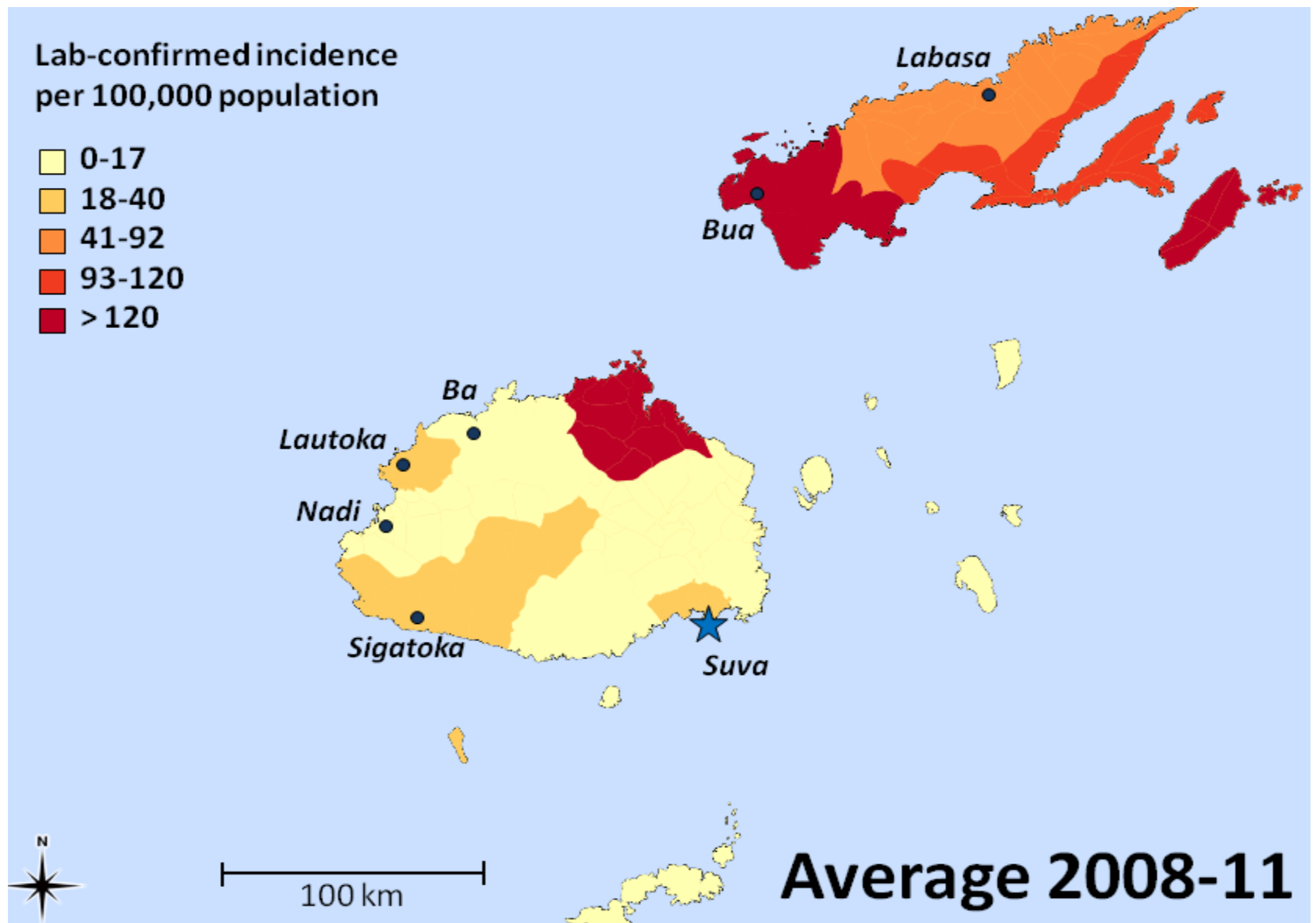


Typhoid Situation

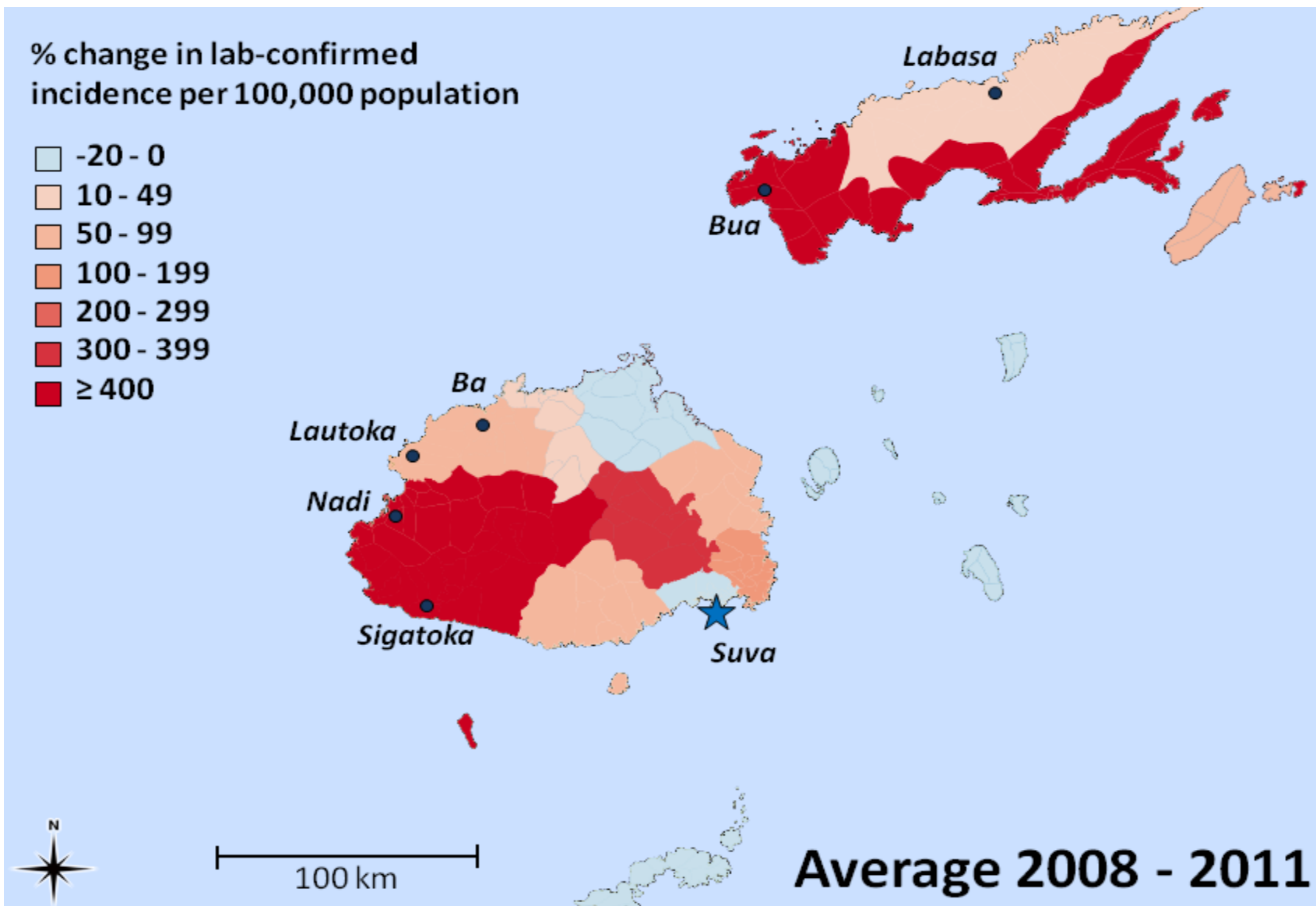
- TF an intestinal infectious disease that imposes significant PH burden to Fiji population
- 2008-2012 data: 1,847 cases and 6 deaths
- Spread to several new localities annually; either simultaneous or consecutive occurrences
- Outbreaks occur during warm dry season; natural disasters increase outbreak risk
- Frequency of dengue and leptospirosis occurrences adds to difficulty in TF clinical diagnosis and early response



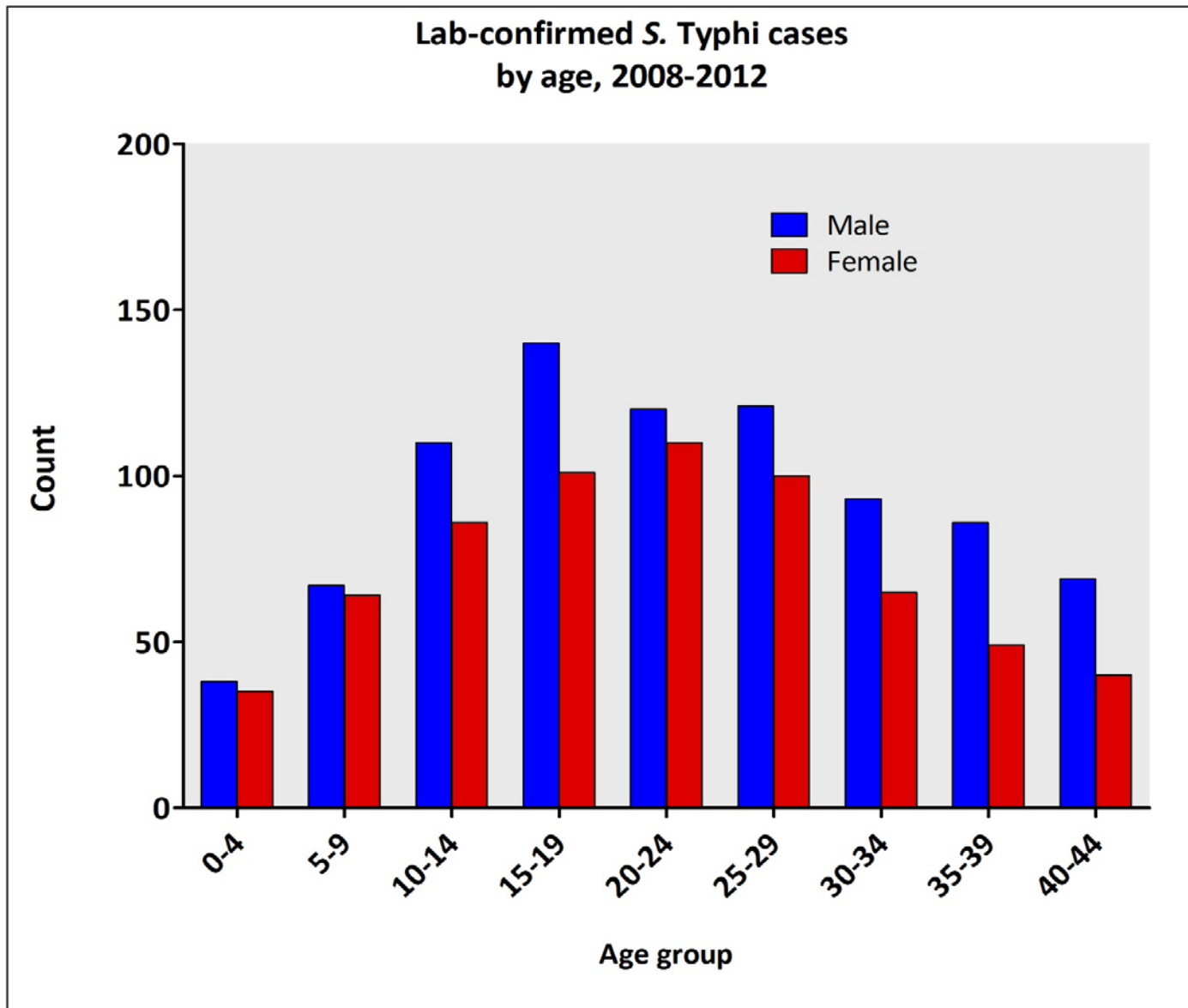
From a presentation by Drs Jacob Kool & David Whippy, WHO-WPRO, 2011



From presentation by Corinne Thompson and Dr Prem Singh, 2012



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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

Acknowledgements

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Fiji Meeting/ CaT
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