Response to Pandemic H1N1 – Singapore’s Experience

Ministry of Health
Singapore

Dr Jeffery Cutter
(Senior Consultant MOH Communicable Diseases Division)

Scope
• Current Situation
• Strategy & Approach
• School Measures
• Public Communication
• Recommendations for vaccinations
Current Situation

- ARI / ILI attendances
- Influenza biosurveillance
Weekly proportion of ILI among ARI polyclinic attendances

% ILI

Ewk 28 (13-18 Jul)
Ewk 29 (19-25 Jul)
Ewk 30 (26 Jul - 1 Aug)
Ewk 31 (2 Aug - 8 Aug)
Ewk 32 (9 Aug - 15 Aug)
Ewk 33 (16 Aug - 22 Aug)
Ewk 34 (23 Aug - 29 Aug)
Ewk 35 (30 Aug - 5 Sep)
Ewk 36 (6 Sep - 12 Sep)
Ewk 37 (13 Sep - 19 Sep)
Ewk 38 (20 Sep - 26 Sep)
Ewk 39 (27 Sep - 3 Oct)
Ewk 40 (4 Oct - 10 Oct)
Ewk 41 (11 Oct - 17 Oct)
Ewk 42 (18 Oct - 24 Oct)
Snapshot as of 26 Oct 2009

- Estimated >280,000 cases
- 1393 cases admitted due to clinical indications since mid-Jul
- 98 severely ill cases
- 18 deaths
Strategy & Approach

- Containment Phase
- Mitigation Phase
- Lessons Learnt
Objectives

• Maintain essential services in Singapore so as to limit social and economic disruptions

• Reduce morbidity and mortality through treatment of influenza cases

• Slow and limit the spread of influenza to reduce the surge on healthcare system
  • Isolation and Quarantine
  • Community-wide measures
Operation during Containment and Mitigation Phase

Treatment & Biosurveillance

- Anti-viral: Tamiflu (oseltamivir) or Relenza (zanamivir)
- Biosurveillance of ILI* patients in the community and hospital ED
- Polyclinic attendance for ILI

Containment

Testing
- Containment
  - Laboratory confirmation for all cases

Isolation
- Containment
  - Isolation of cases
  - Quarantine of contacts (with prophylaxis)
  - Screening of visitors at border checkpoints
  - Screening and visitation measures in hospitals & clinical areas

Mitigation

Testing
- Mitigation
  - No testing necessary in majority of cases.

Isolation
- Mitigation
  - Voluntary isolation of cases
  - Screening and visitation measures in hospitals & clinical areas

* Fever (>38 degrees), cough and/or sore throat, runny nose, headaches and/or body aches
• Objective of containment measures was to delay community spread to enable the healthcare system to be fully prepared to manage large numbers of cases.

• Containment was gradually replaced by mitigation as community cases increased in week of 23 Jun.

• Important to prepare the public that community spread cannot be prevented indefinitely. Move to mitigation can then be accepted by the public.
Border Control Measures
Containment measures in schools

• Reopening of schools
• Triggers for Class Closure
• Schools were reopened on 29\textsuperscript{th} June as scheduled after a 4-week vacation.

• 7 days Leave of Absence (LOA) were given to students and teachers whom had just returned from affected countries after 22\textsuperscript{nd} June.

• Close monitoring - twice daily temperature taking
Pre-Schools
• Class closure (7 days) when 2 known confirmed cases or 3 cases with 7-day MC in a class within a 3-day period

Schools
Class closure (7 days) when 3 known confirmed cases or 5 cases of 7-day MC in a class within a 5-day period

Measures ceased on week of 24 Aug 09
Public Communication

• Good Hygiene & Social Responsibility
• Pandemic Preparedness Clinics
Good Hygiene & Social Responsibility

Prevent the Flu from Spreading

1. Practise good personal hygiene
   - Wash your hands thoroughly and often with soap and water.
   - Cover your mouth and nose with a tissue when coughing or sneezing.

2. Be responsible
   - Wear a mask when you have the flu or common cold.
   - Never spit in public places.
   - When sharing food or mealtimes, use a serving spoon.

3. Lead a healthy lifestyle
   - Eat a balanced diet with plenty of fruit and vegetables.
   - Do 30 minutes of physical activity at least 5 days a week.
   - Keep stress levels low.
   - Do not smoke.

For more information, visit www.hpb.gov.sg or call Healthline at 1800 223 1616.
Good Hygiene & Social Responsibility

Washywishyclean song

WHAT ADDITIONAL PRECAUTIONS SHOULD HOUSEHOLD CONTACTS TAKE?

Observe good personal hygiene. Clean your hands with soap and water (or use an alcohol-based hand rub) frequently, including after every contact with the infected person.

Use paper towels for drying hands after hand washing or have a dedicated cloth towel for each person in the household.
Designated flu clinics to manage H1N1
- Decal to be put in front of clinic for public identification
- 450+ GP clinics
- SMS “clinic” to locate PPC

• Public advised to go to PPC or polyclinics during mitigation
  - Can still visit your own family doctor
  - Exception for 3 very high risk categories (dialysis, active cancer treatment, pregnant) – see your specialist

• Equipped
  - Trained at flu pandemic workshop organised by SMA/MOH – infection control measures etc
  - Equipped with PPE and Tamiflu from national stockpiles
Recommendations for Vaccination
Recommendations for Vaccination

• Estimating vaccine need
  – 1 million doses of Influenza (H1N1) vaccine, sufficient to meet the needs of Singaporeans

• Establishing vaccine priority groups
  – Persons in the high-risk group
    • pregnant women; and
    • people with chronic medical conditions*
    • young children from 6 months to under 5 years of age
  – Healthcare workers
  – Other Essential Service Personnel

• Rolling out our pandemic vaccination

* Lung disorders, heart diseases, diabetes, kidney failure, neuromuscular disorders, immunosuppressed
Thank You