The Leader of the Opposition (Mr P. Bérenger) (By Private Notice) asked the Minister of Health and Quality whether, in regard to the swine influenza (A(H1N1)), he will state –

(a) if a first case has been confirmed in Mauritius;

(b) the testing facilities available locally;

(c) the screening done of incoming passengers onboard planes, and at disembarkment;

(d) if Government has ordered vaccines which have recently started being produced;

(e) the special arrangements made vis-à-vis the high-risk countries, and

(f) the measures Government proposes to take for those proceeding on the forthcoming Hajj pilgrimage.

The Minister of Health and Quality of Life (Dr. R. Jeetah): Mr Speaker, Sir, I take it that the hon. Members referring to the influenza A (H1N1). The Influenza of virus A(H1N1) is primarily a pathogen found in pigs. Occasional human infections by the virus has been identified previously. However, there has been a mutation of the virus which has facilitated transmission amongst human beings. The new virus has been named Influenza A(H1N1). At the beginning, the human to human transmission of the new virus was sporadic. Recently, a more sustained human to human transmission is being observed in the American continent. Clinical symptoms are similar to seasonally influenza, namely fever, cough, body ache, sore throat and difficulty in
breathing due to severe lung disease. Following the outbreak of the disease in Mexico and the USA and the sustained human to human transmission, the World Health Organisation (WHO) has raised its level of pandemic alert to phase 4 on 26 April, 2009 and phase 5 on 29 April, 2009 (on a scale of 1 to 6, phase 6 being pandemic period).

As at 29 June, 2009, a total of 70,893 laboratory confirmed cases of influenza A(H1N1) has been detected in more than 110 countries.

With regard to part (a), Mr Speaker, Sir, the reply is in the affirmative. It is an imported case I must press, it is an imported case. It concerns a tourist who came from France and Mr Speaker, Sir, there is no foyer in Mauritius. Throat specimens of the passenger and his companion were taken at the hotel and sent to Virology lab on the same day. The specimens were subsequently sent to the WHO reference lab in London on 20 June 2009. Results from London received on Saturday confirmed by PCR technology, the presence of Pandemic A (H1N1) virus in specimen from the tourist and the absence of Pandemic A (H1N1) in specimen from his companion. The results of the samples therefore validate and confirm the result of the local health lab. On 29 June a medical officer visited both passengers, they are well and have been allowed to move about. None of the close contacts or passengers from the same flight has developed any symptoms of influenza. Mr Speaker, Sir I wish to stress that this is an imported case. The fact that he and his companion are and old contact have been detected traced and managed correctly testifies to the robustness of the emergency preparedness plan which has been elaborated ever since the threat of the disease was announced by WHO. As regards part (b) of the question, Mr. Speaker, Sir, I wish to confirm that the testing facilities are available locally and the testing meets international standards. In view of emerging diseases like influenza, my Ministry has taken two proactive steps in advance. First we have procured a state of the art technology for testing influenza viruses by the use of a thermo cycler device and the technique of polymerase chain reaction that is (PCR). The PCR is a highly sensitive test that allows a single molecule of the virus to
be detected in any sample. This technique uses an enzyme called taq Polymerase that amplifies the target sequence base on the molecular structure of the virus. The amplified gene product of the virus is then detected in real time and results can be obtained within the same day. We have the probes to detect specific sequence of the novel H1N1 virus and other variant viruses including seasonal influenza viruses. I am pleased to inform the House that our results have been confirmed and validated by the WHO Collaborating Centre for Influenza in London. Thus, now we have joined the group of countries with world class laboratory facilities. Secondly, I am pleased to inform the House that we have recently recruited an expert in molecular biology who is an internationally acknowledged scientist with the field track record in influenza detection based at the University of Essex, in England.

Mr Speaker, Sir, regarding part (c) of the question, I wish to inform the House that all general measures of surveillance have been reviewed. In fact, all Incoming Passengers arriving in Mauritius are screened both at the Airport and the Port. All planes arriving at the SSR International Airport are boarded by Medical and Health Officers accompanied by Health Inspector in line with International Health Regulations. In fact, I have to highlight that the Health Personnel at the Airport has been increased as follows -

Medical Health Officers from: 1 to 11
Health Inspectors : 8 to 24
Nurses from : 2 to 10

On board the Doctor and the Health Inspector carry out a visual screening of the passengers and also obtain information from crew members about any abnormal health condition noted on board on any passengers during the flight. The Health Declaration Form duly filled in and submitted by the Aircraft Commander is verified on board and collected.
Upon disembarkation, the passengers are screened in the arrival lounge by the Health Personnel for detection of any Flu like symptoms. Any passenger detected with such symptoms is referred to the Health Post for further investigation and management.

Furthermore, a Thermal Scanner purchased through the WHO Office has been installed at the Airport as from 09 June 2009. It detects cases with temperature above 38°C.

Mr Speaker, Sir, a New Health Declaration Form has also been introduced as from 07 May 2009. It is distributed on board to all Incoming Passengers including those on transit as well as for crew members.

As at 28 June 2009, 1429 planes and 170,925 Incoming Passengers have been screened. Of these, 97,174 passengers coming from countries where cases have been notified by the WHO, have been put under surveillance.

Concerning part (d) of the question, I am advised that the development and production of a vaccine takes six to nine months.

Developed countries have embarked on making the vaccine as of May 2009. Developed countries have made advance purchase agreements for bulk purchase with manufacturers.

WHO has guaranteed supply of vaccines at reduced cost for developing countries in case of a severe pandemic. Therefore, there is no vaccine at the moment we are speaking.

As regards part (e) of the question relating to “The special arrangements made vis à vis the high risk countries”, I am informed that: the World Health Organisation has not recommended any travel restrictions or closure of borders, but has recommended the reinforcement of basic hygienic practices to all travellers.
In Mauritius there has been an extensive sensitisation campaign involving all stakeholders.

In addition systematic surveillance activities have been reinforced at ports of entry.

In this respect a daily update of the countries at risk is being disseminated to all parties concerned.

Mr Speaker, Sir, as regards measures which Government proposes to take for those proceeding on the forthcoming Hajj pilgrimage, it has to be noted that according to internationally agreed protocol, WHO has not recommended any travel restriction related to the outbreak to Influenza A(H1N1) virus.

However, if there is a change in the situation, Government will take measures according to guidelines which may be issued by WHO or any other International Authorities.

Moreover, Government proposes to take the following additional preventive measures for pilgrims going for Hajj –

1. In collaboration with Islamic Cultural Centre to organize sensitization programme for the pilgrims.
2. To strongly advise and appeal to the pilgrims not to take Tamiflu as preventive measures except strictly on medical advice.
3. To advise the pilgrims to be vaccinated against seasonal flu vaccine if new vaccine is not available at the time for Hajj season.
4. Strict surveillance measures on all pilgrims on their arrival.
5. Meningitis vaccine is provided free of charge to all pilgrims since last year.
Mr Bérenger: Mr Speaker, Sir, if I can start with the first case which has been confirmed in Mauritius. I listened carefully to the hon. Minister, of course. Do I take it, therefore, that this person - and his companion - was not spotted at the Airport, went through the thermal cameras and so on, went to his hotel, settled down there and am I right in saying that, after all this happened, it is that person who got in touch with the health authorities and not the other way round?

Dr. Jeetah: Mr Speaker, Sir, part of the suggestion of the Leader of the Opposition is true, that is, the person didn’t have the symptoms because there is an incubation period and the thermal imaging device is set up at 38 degrees. If the temperature was less, it would not have been detected because there would not have been any symptoms. Now how did we detect the case, Mr Speaker, Sir? We have a preparedness plan where we have worked with l’AHRIM, where in each hotel there is a health worker who knows whom to contact in case there is a problem and this is where the operation started. Once the situation was known we immediately and promptly took action and we contained the disease.

Mr Bérenger: Well, very disturbing. Now, that it is confirmed that he went through the thermal scanners and so on, settled down in his hotel and he himself contacted the health authorities, I understand that arrangements have been made in at least two hospitals for that case. Once somebody has been identified as carrying the symptoms, to be isolated, this gentleman and his companion have stayed several days in a hotel. Am I given to understand that this is going to happen again, that when other cases are spotted, they will be allowed to remain three, four, five days in hotels and not in the hospitals that have been prepared for them? If that is the case, has Government given due consideration as to what effect that can have on tourists generally as they become aware that they have been staying in a hotel where there has been one case and possibly if that is going to be repeated in other hotels as well?
**Dr. Jeetah:** Yes, Mr Speaker, Sir, I would like to congratulate and thank the hon. Leader of the Opposition for pointing out that this is a national issue and we should not create too much panic in the population. We should not be alarmist. There are 10 countries that have been affected by this disease and to reassure the Leader of the Opposition, I would like to refer to Algorithm 6 – alert and response for \((A(H_1N_1))\) at the community level. We have a set of protocols to deal with situations in various scenarios, for example, what would we do if there were a case in a high rise building or in a school etc.? We have worked out various scenarios and it is well documented through established protocols. We have enlisted the services of an epidemiologist together with WHO and we have *un plan qui est bien rodé, M. le président.* We had a simulation exercise where we looked at our strength and also at our weaknesses to make sure that we have a plan that works. Each and every person knows exactly what he or she is supposed to do in any *cas de figure.*

**Mr Bérenger:** My question is simple. There has been one case where somebody who has been checked having the virus, has been allowed to stay several days in a hotel and I am sure other tourists were not aware of that. My question is: will that be allowed to happen again if other tourists come and are identified as carrying the virus? Will they be allowed to stay in hotels or other place or will they – I won’t use the word “quarantine” - be kept separate from tourists, from the local population especially in prepared hospitals?

**Dr. Jeetah:** Mr Speaker, Sir, for this particular case, the person was kept in a separate bungalow. We are well aware of how contagious this can be and everything that needed to be done was done and this person - I am given to understand - was a case with very mild symptoms. It was a mild case. I would not interfere in the work of doctors. I have a team of doctors looking at the situation and I can only go by their advice.
Mr Bérenger: I move to the second part of my question: whether we are equipped and staffed adequately to conduct full proof tests in Mauritius? I heard the Minister said that this is the case. Is he confirming, therefore, that we have all the staff including virologists that are required to carry out those tests? I try to obtain the technicalities of what the Minister has said, that is, the new equipment that we bought and so on. I noted that in Qatar, for example, a few days ago, they had, through the World Health Organisation, obtained testing kits that allow them to conduct Swine Flu test and get results within three hours. Are we talking about the same kind of equipment?

Dr. Jeetah: This is a very sophisticated equipment called the PCR, Polymerase chain reaction which exactly detects the specific type of virus. We have a world expert with us, with the equipment, who could actually detect this virus. As I said, our result has been validated by a WHO lab in London. I can assure the House and the community at large that we do have technology and the personnel that can take care of the testing for the A(H1N1) locally.

Mr Bérenger: As far as the screening on board and at disembarkment of passengers is concerned, including the aviation staff and so on, I listened to the hon. Minister and I read what he said elsewhere, that every passenger disembarking is checked. Is everybody checked through this thermal camera or imager? Is it the case? Because my information is to the contrary, that not everybody goes through this thermal camera or imager.

Dr. Jeetah: Unfortunately, the hon. Leader of the Opposition does not the right information. I can assure the House that every passenger goes through this thermal imaging device. It is an equipment that everybody, including the crew has to go through. I am not sure what the hon. Leader is getting at. I can give the assurance, Mr Speaker, Sir, I have been to see it myself over a simulation exercise, that every passenger has to go through and we have trained personnel who are
actually monitoring incoming passengers. In fact, they have to do calibration of the equipment every so often to ensure that it is recording the correct temperature.

Mr Bérenger: The hon. Minister referred also to whatever screening is done on board the plane after it has just landed. I am sure that the hon. Minister will agree with me that confidence building is of the essence here. I have received comments from not only from tourists, but also Mauritians coming in. What takes place when it has landed is that one or two Health Officers come, walk up and down the aisle, look at people and go away. In a way we have become the laughing stock of a lot of people. What are exactly those health officers who come on board meant to do? Can't we do things differently so that instead of having the kind of reaction which I have met with it, in fact, builds confidence?

Dr. Jeetah: Mr Speaker, Sir, this very morning I had a conversation with the hon. Vice-Prime Minister and Minister of Tourism and we discussed this issue. I have to explain to the House and to the hon. Leader of the Opposition that we are in an alert 6, that is, there is a world pandemic situation and we rely a lot on tourism. My Ministry has taken every step that is required to ensure that we have the situation under control. We have this new form that passengers need to fill, so we are making sure that there is somebody who is taking cognizance of these forms and ensuring that there is nobody ill in the plane. I do take the point of the hon. Leader of the Opposition and I have also received many emails and suggestions from people who have had a phone call asking of their state of health. We have taken a certain number of actions and these would be reviewed in time. The question is not to create un espèce de psychose, but we have to make sure that we have a system which is effective. It is putting a lot of pressure on my Ministry, I can ascertain the House, but we are doing everything to have the situation under control.
Mr Bérenger: As far as the ordering and purchasing of vaccines is concerned, the Minister knows - and he has said it, I think - that mass production has started of the vaccine against swine flu. But the point is that the rich countries have preordered massively and that, therefore, the World Health Organisation is worried sick, if that is the expression, that now that the southern hemisphere winter comes, the danger is down here in the south, that the rich ones would have kind of jumped the queue and will have purchased all that will be available. I understand that Government is relying on guarantees given by the World Health Organisation that there will be a stock available, but can’t we place an order? We are not amongst the big ones, but can’t we place an order? I know it has been looked into. How much will it cost, can we afford it? This is vital. Can we have details about what guarantees the World Health Organisation has given that the poor countries that are hit will have vaccines available?

Dr. Jeetah: This is a case of hedging here. I can reassure the hon. Leader of the Opposition that for prevention against Avian flu, my predecessor managed to get more than 1.5 million doses of Tamiflu and we have started the procedure to procure more Tamiflu. With regard to this vaccine, there is nothing available at the moment, but we are continuously discussing with the WHO and we will take the decision as and when required, I can reassure the hon. Leader of the Opposition.

Mr Bérenger: The hon. Minister himself mentioned Tamiflu. Indeed, on the 26 May, he informed us that in an attempt to reach the 25% norm set by the World Health Organisation, we were going through emergency procurement facilities to get the required amount of Tamiflu. Can I know where matters stand?

Dr. Jeetah: I understand the process is in place, Mr Speaker, Sir, I don’t have the details, but it is being taken care of. But I can guarantee the House that we have doses that can treat 160,000 potential patients.
Mr Bérenger: Is the Minister sure about what he just said, or is it to be divided by ten? It is not that we have so many doses for more than a million people but that we have so many doses that have to be given ten times to one individual, that is, we must divide that figure by ten?

Dr. Jeetah: 160,000 people represent about 13% of the population; this is what I mentioned and that makes up 1.5 million doses. So, the amount that we have for the population is for 160,000 patients to be treated at the moment with the current stock.

Mr Bérenger: Tamiflu is being used not as a vaccine, as we all know, I am sure, but it helps when cases are detected. I am sure the hon. Minister is aware that these last hours, the first case of resistance to Tamiflu has been identified in Denmark and that, therefore, they had to switch to another drug which is called Relenza. Is it available in Mauritius or are we taking measures that in case we meet with that kind of problem, we have this second leg drug available?

Dr. Jeetah: In fact Mr Speaker, Sir, it is Zanamivir inhaler and my Ministry has made provision to procure 500 treatment courses in case somebody contracted a resistance. But here, I would like to make an appeal to the population that this is not a drug that we can take as a preventive measure. It has to be taken upon prescription by a doctor and a person utilizing Tamiflu should make sure that he or she takes the full course. One should not stop taking the drug if one starts feeling that one is getting better.

Mr Bérenger: The next part of my question is related to what I call high risk countries. Can we know which countries had been identified for us in Mauritius being given geographically where we are and the airline connections in our region or right up to Europe? Can we know whether an exercise has been carried out to identify in the case of Mauritius which are the highest risk countries?
Dr. Jeetah: In fact, Mr Speaker, Sir, I am not making any distinction between one country to another. We are taking the guidelines of the WHO and I’ve got a list here. For example, Argentina we have had as at 24.06.09, 82 passengers who have been screened and I can go on like this - Mexico, Indonesia, and so on. I can circulate this document and everything is being monitored. Of course, the countries that have had a largest number of cases are the United States, Mexico, Canada, Australia, UK and Spain, but every passenger coming from any of these countries that have been declared having had this disease are being surveyed and followed up to make sure that we detect any sign or any symptoms of A(H1N1).

Mr Bérenger: The hon. Minister himself has just mentioned Indonesia. Is he aware that, apart from the measures which he has mentioned, and which other countries are taking, for example, in the case of Indonesia, they have decided now to ask passengers coming in from what they have identified as high risk countries to wear masks for a minimum of three days?

Dr. Jeetah: Mr Speaker, Sir, I would like to reassure the hon. Leader of the Opposition that we are using every advice that we obtain from WHO. There is no such suggestion at the moment, and I do not propose to do anything other than go by WHO guidelines.

Mr Bérenger: I come to the last part of my question, that is, the measures Government proposes to take for those proceeding on the forthcoming Hajj pilgrimage. Again, just a few seconds ago, the Minister took the attitude that we go all the way with the World Health Organisation, we do not do anything which they do not recommend, which they do not prescribe. But there are special cases. Will the hon. Minister agree with me that we have to do all we can, so that we do not meet with any trouble in the case of Hajj? Because it is a sacred religious duty. Can I ask the hon. Minister whether he is aware that, for a number of weeks already, Government and religious authorities, especially in Egypt but also in
Saudi Arabia, have been preparing and making proposals how to deal with the situation *comme* the Hajj pilgrimage?

**Dr. Jeetah**: I am sure they must be taking care of all this. Mr Speaker, Sir, WHO is not an entity that works on its own. We are party to the decisions taken by WHO. We have our representatives here. So, I am sure that they must be working out a protocol. As I have answered, we will go by international established protocols to do whatever has to be done, to make sure that we protect the community who would be participating in Hajj pilgrimage.

**Mr Bérenger**: I am sure that, on both sides of the House, we want to be as careful and helpful as possible concerning the Hajj pilgrimage. Is the Minister aware that, in Egypt, a few days ago, the health Minister came out with a statement, saying that even quarantine might be required for the Hajj pilgrims? That would be something very, very difficult and tough. Have we looked into that, have we looked into what the Egyptian authorities have mentioned, and how do we react to that?

**Dr. Jeetah**: Mr Speaker, Sir, should Egypt take any decision, like they have decided to eradicate all pigs in their country, is a matter of choice for the country. But, I would like to reassure the hon. Leader of the Opposition that we go by the guidelines of WHO, because WHO is, after all, the apex organisation that can best guide us.

**Mr Soodhun**: Mr Speaker, Sir, the Minister mentioned about the scan placed at the airport. I would like to know whether the Minister is aware that now a new temperature scanner has been introduced in Singapore, Hong Kong and China for all passengers travelling, and this does exist. It is nearly the same as the single manometer - that does not cost a lot - and easily detects whether there is a case of fever. I would like to know whether the Minister is ready to consider - I have checked this morning with the Chinese Embassy; it does exist, and is not
expensive - introducing such type of temperature scanner for all passengers and not only tourists, as there is risk for all people and not only for the tourists.

**Dr. Jeetah:** Mr Speaker, Sir, if we are taking about the AH1N1 virus, we have obtained a scanner that has been provided by WHO. We are using the best equipment that has been available by the authorities in this field.

**Mr Bérenger:** I am sure that the hon. Minister is aware that, by the tone that we have put questions and obtained answers, I wanted to get maximum information out to the country. We have had this first case, and what has happened has happened, and I will not come back to it. Will the hon. Minister agree with me that there is need to fine-tune and, as from now, whether somebody is identified at the airport or later on at the hotel or elsewhere, other arrangements will have to be made?

**Dr. Jeetah:** Mr Speaker, Sir, I did explain that we have a plan that has taken all the *cas de figure* possible, and we are going according to documents to make sure that each and everybody knows what he or she has to do. Very often, I must say, one is in a situation of panic when one does not know, when one does not have a plan. So, it is not a question of managing by crisis or whatever. We have got a plan, we have got the best experts and, here, I would like to seize the opportunity to thank all the doctors and all the staff members who have worked towards making this plan effective. Today, we are in a situation where we are in control, and it is not as if we have to run like headless chicken, as it could be if we did not have this plan.

**Mr Speaker:** Time is over! I will exceptionally allow a question from Rodrigues.

**Mr Spéville:** Mr Speaker, Sir, the hon. Minister has just said that all disembarking passengers fill in this yellow form, which I have a copy, and that it should be collected at the airport by officers of the Ministry of Health. So far,
having travelled quite a few times, I have not seen a single counter for the officers collecting these forms. Can the hon. Minister inform the House why this has not been done?

**Dr. Jeetah:** Mr Speaker, Sir, just to reassure the hon. Member, as at the 29, that is, yesterday, we have had 181,787 passengers and crews screened, out of which 94,876 were put under surveillance and 87,767 passengers and crews were visited. 170 were sent to medical post and 133 were seen by my RPHS, that is, the Regional Public Health Superintendent. I can give every detail. One could not get all these figures if one was not controlling.