ORAL ANSWERS TO QUESTIONS

INFLUENZA AH1N1 – MEASURES

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

(a) the dates on which the recent cases were detected, indicating -

(i) if routine surveillance tests were carried out, and

(ii) the number of cases resulting in death;

(b) the type of vigilance which was maintained at the airport, port and hospitals;

(c) the stock of vaccines, antiviral drug Tamiflu and masks available, indicating the number of persons vaccinated to date, and

(d) if an information campaign is being launched to sensitise the public on the -

(i) symptoms, and

(ii) treatment Protocol.
Mrs Hanoomanjee: Mr Deputy Speaker, Sir, Influenza AH1N1 is a respiratory disease caused by a new strain of virus which is transmitted very quickly from person to person. The first case of Influenza AH1N1 was confirmed in Mexico in April 2009. This novel strain of influenza virus contains a combination of swine, avian, and human influenza virus genes. Following the first case, this virus then spread rapidly all over the world and was declared a pandemic by the World Health Organisation in April 2009.

Clinical symptoms are similar to seasonal influenza, namely running nose, sore throat, cough, high fever, body aches, headache, chills, and vomiting and diarrhoea, in some cases. In some patients there may be complications such as difficulty in breathing and pneumonia.

Given that this virus was new and had never before circulated among humans, the World Health Organisation circulated guidelines for the diagnosis and treatment of this infection.

Since May 2009, my Ministry immediately has taken necessary measures to implement the recommendations of the WHO to contain the introduction of the virus and to prepare the country to face an eventual outbreak. A Preparedness Plan was finalised with all stakeholders and immediate actions were initiated as per WHO guidelines.
In October 2009, according to the WHO and international studies, it was found that this virus was not as virulent as anticipated and the number of fatalities was, in fact, less than that caused by seasonal influenza.

As at 04 July 2010, more than 214 countries have reported laboratory confirmed cases of pandemic influenza H1N1 including 18,311 deaths. Presently, the WHO is of the view that its virulence is still very mild as the Influenza AH1N1 virus has not shown any significant mutation up to now. However, the World Health Organisation continues to actively monitor the progress of the pandemic, and has scheduled a meeting of experts to consider the declassification of the phase of the Influenza H1N1 pandemic.

Mr Deputy Speaker, Sir, as regard part (a) of the question, I wish to inform the House that for 2010 the first case of H1N1 was detected on 10 of February during routine influenza surveillance that was undertaken prior to the arrival of the winter season. Until now, out of 1,234 samples examined at the Central Health Laboratory, 346 were found to be positive for Influenza and of these 124 were H1N1 positive which represent 35% of the total Influenza cases.

There exists a routine surveillance system to identify the current circulating viruses. This routine surveillance system involves the participation of government health institutions as well as private medical practitioners acting as sentinel
surveillance agents. This surveillance system consists of taking, at least, 5 throat swab samples per week from patients suffering from upper respiratory tract infections. These samples are then sent to the Virology Laboratory at the Central Health Laboratory for diagnosis and typing.

The virology laboratory on top of carrying influenza surveillance also carries routine testing on samples from both the public health sector and the private health sector. Up to now, the Virology and Molecular Biology laboratory of the Central Health Laboratory has tested 1,234 samples from both the public and private health institutions.

Up to now, only 1 case of death associated with AH1N1 has been notified. This patient was admitted in a private clinic in the Plaine Wilhems.

Concerning part (b) of the question regarding the type of vigilance maintained at the airport, Port and hospitals, my Ministry has maintained a vigilant surveillance for influenza AH1N1 in accordance with the Ministry Preparedness plan on Pandemic Preparedness, a plan that has been already vetted by WHO, and circulated to all stakeholders.

Our surveillance system was a two-phase containment or mitigation prong based on the prevalence of the virus in the country. Last year, when imported or very few local cases were present, my Ministry used a containment strategy to
limit the spread of the virus in the country. The containment strategy put in place consisted of three steps, namely –

(a) screening all passengers arriving from high risk or endemic countries for H1N1 at the airport using a thermal scanner and check for visual signs of influenza at the ports of entry;

(b) isolation of patients after our public health inspectors tracked down any suspected cases in the hotel or residence to ensure the persons were not infective, and lastly

(c) prophylaxis treatment of contact.

The containment strategy is used when the virus was introduced from infected cases and gradually spread widely in the community, as it is now. In accordance with our plan and the recommendations of WHO, screening for incoming passengers are not required because the virus is already present in the community. In this containment phase our surveillance consists of locating the prevalence of the virus in different risk groups. Towards this end, we routinely collect specimens representative samples of patients attending our hospitals and area health centres for the presence of influenza virus and test for the presence of the H1N1 virus. According to established protocol with the private sector, the
private sector has to refer suspected cases to the Ministry for testing and confirmation.

Mr Deputy Speaker, Sir, as regards part (c) of the question, the number of vaccines available is 171,387 doses.

The total number of antiviral drug Oseltamivir - which is commonly known as Tamiflu - available is 2,792,750 doses. These can treat 279,275 patients representing 23.2% of the population.

The number of masks available is 595,694.

Up to now, 5,613 persons have already been vaccinated against AH1N1 on top of the individuals who have been vaccinated by the Ministry of Social security, National Solidarity and Senior Citizens Welfare.

Mr Deputy Speaker, Sir, as regards part (d) of question, I wish to inform the House that aggressive information campaigns have been launched to sensitise the public on the signs and symptoms of the disease since August 2009 when 300,000 pamphlets were produced by my Ministry. Each student in Mauritius at the level of preprimary, primary, secondary and tertiary has received a pamphlet on AH1N1 through the Ministry of Education and Human Resources. Many public and private institutions have received posters on Influenza AH1N1. Besides, mass media campaigns both in Creole and in Bhojpuri and community based
interventions have been carried out in the community particularly in schools, workplaces and community settings such as social welfare centres, community welfare centres, women centres, youth centres and so forth.

A treatment protocol regarding case definition, guidelines for admission (adults, children), laboratory testing and prescription of Oseltamivir for Influenza AH1N1 was issued to all doctors of private and public sectors in August 2009. An updated protocol is being circulated to the president of the Private Medical Practitioners Association and Private Clinics. An information campaign on necessary precautionary measures during the period of influenza was resumed on 11 February 2010. TV and radio spots were broadcast on MBC for periods 11-17 February 2010, and as from 25 June to date spots are being broadcast as an ongoing process.

As from 14 April 2010, all private and public health institutions, including those in Rodrigues, have been informed of the vaccination programme and its extension to other target groups. A communiqué on precautionary measures and decentralisation of the AH1N1 vaccination programme was again published in three daily newspapers for periods 29 June 2010 to 02 July 2010 and 07 July to 09 July 2010.
At the level of my Ministry, a meeting was held for coordination and monitoring purposes on 24 June 2010. It was then decided that posters and pamphlets be redistributed and the Ministry of Education and Human Resources be asked to sensitize all schoolchildren on influenza during the morning assembly, School Health Programme be reinforced, radio and TV talks by public doctors to inform the population about the AH1N1 virus and the increase of influenza cases due to the winter season be strengthened.

A circular letter was issued on 25 June 2010 to all Regional Health Directors, including Rodrigues to reinforce health sector response following the recrudescence of Influenza AH1N1 -

(i) to ensure availability of Personal Protective Equipment, consumables, including drugs and adequate bed space;
(ii) to reinforce infection control measures in all health institutions;
(iii) to introduce triage system for flu patients and to set up flu clinics in each regional hospital, and
(iv) to procure sufficient stock of reagents and primers for laboratory investigations.

Mr Deputy Speaker, Sir, I wish to reassure the Leader of the Opposition and Members of the public that the situation is fully under control and that all
necessary measures are being undertaken by my Ministry to effectively manage and control this pandemic.

**Mr Bérenger:** Mr Deputy Speaker, Sir, we have been informed that, for this year, the first case was detected on 10 February, and thereafter 123 other cases were detected. Doctors in the private sector had been warning for some time now that there were cases of swine flu, as commonly known, in the country. Can I, therefore, ask the hon. Minister why did she go on radio to say that there are no cases in the country?

**Mrs Hanoomanjee:** Mr Deputy Speaker, Sir, I don’t know where the hon. Leader of the Opposition got his information. In fact, when this was broadcast on radio several times to say that I said that there were no cases, I had asked the IBA to send me copies of the recordings. I have listened to them, I never said that. Second thing is that, in spite of the fact that several newspapers have been saying that there has been a change, a volte-face and things like that, there are other papers which have said the contrary. I have got a copy of a paper in my hands which said:

“I listened to the answers given by Mrs Hanoomanjee to reporters and she pointed out that only about 2% of the total number of upper respiratory infection cases were likely to be AH1N1 and invited those asking the
questions to read the *communiqué* that the Ministry of Health had released and that contained valuable advice about precautions to take and that people should follow the advice.”

Further, that paper said…

**Mr Bérenger:** On a Point of order, the hon. Minister cannot read from a newspaper without even telling us what paper, what she is reading. She cannot go at length like that.

**The Deputy Speaker:** The hon. Minister can just make reference to that part which concerns this question.

**Mrs Hanoomanjee:** But, Mr Deputy Speaker, Sir, since the hon. Leader of the Opposition has said that there has been - and this is an affirmation on his part - that there has been a volte-face, I am saying what the paper said. It said –

“Mrs Hanoomanjee was straightforward, concise and precise in her replies which left no doubt about the fact that everything was being managed well and there was no need for any alarm.”

**Mr Bérenger:** Mr Deputy Speaker, Sir, the hon. Minister says that she never said it. Is she aware that her officers also went on radio, took part in debates, giving the impression and saying that there are no cases in the country? Will not
the hon. Minister agree with me that if, as from 10 February or thereabout, everybody had been made aware that there are cases, without panicking, doctors might have behaved differently, the public might have behaved differently? Will she agree with me?

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, I would not agree that my officers went on radio to say that there have been no cases; that is not true. Anyway, what I have to point to the hon. Leader of the Opposition is that I have nothing to hide. The figures are there. I gave the figures, we have got nothing to hide. It is a national issue. Our point is that we should not create panic in the population. We should not be alarmist. I can only reassure the House, and the population, that everything is being done at the level of my Ministry to prevent the spread of the disease.

Mr Bérenger: The hon. Minister tells us that she means to hide nothing. Then why was not the population and doctors made aware that there are cases detected since February 2010? Why did we have to wait for somebody to die for then the figure of 124 positively tested cases to be made public?

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, as I said, the figures are there; the figures have been made public. This is a national issue, it concerns everybody. I don’t recall whether the PMPA came to me and asked me for
figures. There has never been any case. My point is that the cases are there, the figures are there and we should not create panic in the population.

(Interruptions)

**Mr Deputy Speaker:** Order! Order!

**Mrs Hanoomanjee:** The cases are there. I would say as well that out of those 124 cases, one died. Out of those 123 cases, Mr Deputy Speaker, Sir, the patients have recovered following treatment which they have had; they were given the usual treatment for flu, there was no need to panic.

**Mr Bérenger:** Mr Deputy Speaker, Sir, we are informed that 1,234 samples were sent to the lab for examination, coming from both the private and the public sectors. Will the hon. Minister agree with me that the result has been 124 swine flu tested positive? Will she agree with me that, in fact, the figure must be higher, being given that not everybody is being sample tested? Has the Ministry tried to work at estimates of what is the real situation in the country?

**Mrs Hanoomanjee:** Mr Deputy Speaker, Sir, I can’t go beyond what has been said. Samples have been tested. Our laboratory has a limited capacity and we can’t go for analysis of all cases. What we do is that we take samples, we analyse them and we have the result for those samples. Any case which is referred to us also by the private sector is being analysed.
Mr Bérenger: In India, they have decided, as from this year, to allow private practitioners to take swabs and to screen for swine flu. Are the doctors in the private sector allowed to do the same here in Mauritius?

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, yes, and, in fact, this is what is being done. They send it to us for analysis. It is our lab which does all the analysis and diagnoses the cases.

Mr Bérenger: Apart from that one recent last Saturday’s death associated with swine flu, since the outbreak of the endemic reached us in Mauritius, can the hon. Minister remind the House whether there have been other cases of death?

Mrs Hanoomanjee: As at now, I don’t have any other cases of death reported. There has been one case. Mr Deputy Speaker, Sir, I wish to say that that case of one death, I would not be able to provide confidential information on the patient here with due respect to the relatives of the deceased. But what I can say is that that patient had a very heavy track record of non-communicable diseases.

Mr Bérenger: The hon. Minister made reference to a meeting which is being called by the WHO to kind of declassify the pandemic. Is she aware that, at the beginning of last month, in fact, there was such a meeting of the WHO Emergency International Committee, which decided against - they are having
another meeting this month - doing so and the WHO said that it is critical for countries to maintain vigilance concerning the pandemic and so on?

**Mrs Hanoomajee:** Yes, Mr Deputy Speaker, Sir. In fact, this is true. The hon. Leader of the Opposition is right, there has been a meeting and that is why we have kept all our surveillance measures in place and we are still getting our aggressive sensitisation campaigns on.

**Mr Bérenger:** I think I heard – I might have heard wrongly – the hon. Minister say that the check-in at the airport and the Port has been somewhat relaxed, because the swine flu is now with us inside. In fact, across the world, from what I see, this is not the case, even if it has reached us, if we have had 124 cases tested positive. As the World Health Organisation has requested, vigilance at the airport and the Port remains required. In that context, can I ask whether we have temperature scanners operative at the airport and the Port?

**Mrs Hanoomanjee:** Mr Deputy Speaker, Sir, I wish to emphasise on one point, that is, last year the situation was different. Now, we are not on the containment phase. Last year, we were on the containment phase because we did not want to have imported cases of the virus. But now, the virus is already in the community and when the virus is already there, there is no point again in checking at the airport.
Mr Bérenger: Mr Deputy Speaker, Sir, I don’t pretend to be an expert. But surely, with the World Cup having just taken place, people are coming back. In India, they are being very careful at the airports…

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, this is not the information that I have. It is within the protocol of the WHO which says that, if a country has already had the virus and that the virus is already in the country, then there is no need to have surveillance at the Port and airport. The virus is already in the air, it is already in Mauritius. This is the information that I have. But what we are doing is that we are still having surveillance for Chikungunya and Dengue cases. This is still on.

Mr Bérenger: I did not hear the answer concerning the temperature scanners that I understand had been ordered. Are they in operation?
Mrs Hanoomajee: Well, these scanners are still at the airport and are still operational to identify Dengue fever and Chikungunya symptoms. I would like to reassure the hon. Leader of the Opposition that we are strictly adopting WHO guidelines. There is no such suggestion at the moment to say that we have to check at the airport and the Port. I do not propose to do anything other than that proposed by the WHO guidelines.

Mr Bérenger: Mr Deputy Speaker, Sir, if I can move on to vaccines and Tamiflu. Will the hon. Minister confirm that we have no expiration problem as far as the vaccine or Tamiflu is concerned, that the Tamiflu being used have not reached beyond the due date and that no date has been extended?

Mrs Hanoomanjee: I can reassure the Leader of the Opposition that all Tamiflu that I have are well within the date and there is no Tamiflu which has gone beyond the expiry date. As I said, the total number of patients that can be treated immediately is around 279,275 patients. Moreover the stock of Tamiflu in the private sector also can cater for more than 4,000 patients.

Mr Bérenger: I did not hear the hon. Minister reply as far as the expiry dates of the vaccines are concerned?

Mrs Hanoomanjee: We have checked that also, Mr Deputy Speaker, Sir, and I can confirm to the hon. Leader of the Opposition that such is not the case.
Mr Bérenger: As far as vaccination is concerned, can I ask the hon. Minister why is it only on 25 June of this year that a press communiqué was issued sur la grippe et en ce qui concerne le programme de vaccination contre la grippe AH1N1, especially taking into consideration, from what I understand, that it takes some six weeks after injection for the vaccine to be fully operational?

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, we have been constantly sensitising the public on this issue. We started with certain target groups. The first target groups were the front liners, that is, hospital personnel and pregnant women. We have been phasing it. On 25 June we said that we were extending it to other target groups.

Mr Bérenger: Does the Minister have the percentage of health operators – individuals, I mean – workers, hospital servants, nurses and so on that have been vaccinated?

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, I don’t have specific figures, but what I can say is that they have all been sensitised. But, as at now, we cannot compel anybody - be it members of the health personnel or members of the public - to have the vaccine done. But we are trying to sensitise them more. Actually, I had already scheduled a meeting with the relevant associations, the Nursing
Association and the relevant trade unions, so that they can also come up and sensitise the health personnel to this issue.

**Mr Bérenger:** Recently, in India, Mr Deputy Speaker, Sir, the authorities decided to inform doctors not to wait for results of tests and so on and to go ahead with Tamiflu without waiting for tests if they are convinced that there is a possibility or a probability of somebody having swine fever. What is the situation here?

**Mrs Hanoomanjee:** What we are doing is that, if ever the treating doctor finds that there are symptoms which require Tamiflu, he will, of course, give Tamiflu and the symptoms that usually he diagnoses is whether the patient has upper respiratory tract infection. But high risk groups such as people who have got diabetes problems, hypertension and cancer, are treated immediately with Tamiflu.

**Mr Bérenger:** Mr Deputy Speaker, Sir, I have a question which I forgot to ask earlier on. As cases were detected as from 10 February, were *les proches* - family members, people close to those cases - informed that so and so had this problem so that they make the necessary arrangements?

**Mrs Hanoomanjee:** What we have done is that we have ensured a follow-up on the patient, but, as I have just said, out of the 123 cases that we had, they recovered immediately from usual medicines that we take for flu.
The Deputy Speaker: Time is over, but I will allow two questions; one from hon. Dr. S. Boolell and a last question from the hon. Leader of the Opposition.

Dr. S. Boolell: Is the hon. Minister aware that there is a consent form which needs to be signed before the vaccination is conducted and that the signing of this consent form acts as a deterrent, preventing people from actually getting vaccinated? Since I can ask one question only, I might as well add a second part. Does the hon. Minister consider it a good policy to have 12% of the population, the above sixties, being vaccinated by the Ministry of Social Security, National Solidarity and Reform Institutions and the rest being vaccinated by the Ministry of Health and Quality of Life? I would like to know whether there should be a change in the vaccination policy being considered at national level.

Mrs Hanoomanjee: Mr Deputy Speaker, Sir, I am aware of that consent form. In fact, that consent form has been a sort of inhibition for people to come over and sign. What happened was that when we had bought the vaccines from the WHO, there was legal impediment which was put therein to say that if ever something happens to the person taking the vaccine, if there is any reaction, the WHO is not to be held responsible. That is why that was done in the Mauritian context also. There was a consent form which was asked to be signed by those who come to have the vaccines done. This acted as a sort of inhibition. I should
tell you, Mr Deputy Speaker, Sir, that I find this ridiculous because we can’t, as a Ministry, ask people to have the vaccines done and, at the same time, we say that we are not liable if something happens. Again, I asked my officers to consult the State Law Office and the consent form is no longer there.

With regard to the second question regarding those above 60, it has been the policy of Government. We will try to see whether we should formulate another policy so that only one Ministry does all the vaccines or whether it should continue to be done by the Ministry of Social Security, National Solidarity and Reform Institutions.

**Dr. S. Boolell:** This is a matter of priority. Only this morning, an officer of the Ministry stated on radio that the consent form has to be signed. May I humbly suggest that the hon. Minister communicates with her officers?

**Mrs Hanoomanjee:** Mr Deputy Speaker, Sir, let me say that I have communicated all information to my officers and that has been done since one week. Regarding the consent form, that had been done since one week back.

**Mr Bérenger:** This does not do away with the fact that what took place on the radio this morning. Mr Deputy Speaker, Sir, since last Sunday, as a responsible Opposition and today, in Parliament – which the Minister will agree - we did not do anything which will create panic. Not at all! But if she listens to the
radio this morning, there is - I won’t say panic - a lot of confusion and worry out there. Will the Minister agree that there is need to better communicate on the symptoms and on what people who run the risk of having swine flu are to follow in terms of medical procedures?

**Mrs Hanoomanjee:** Let me reassure the Leader of the Opposition that we have done our best; we have issued communiqués which were concise, precise and clear. Those communiqués were broadcast on radio, television and on newspapers as well.

The second thing is that we have done programmes in Bhojpuri on the radio at the MBC and on private radios. We have done in Creole as well and I believe this is what we can do, Mr Deputy Speaker, Sir.

**The Deputy Speaker:** We move on to Questions addressed to Dr. the hon. Prime Minister. Hon. Fakeemeeah!