

## PANDEMIC PREPAREDNESS CLINICS (PPC) – Revised Primary Care Flu Pandemic Response Framework By MOH/SMA

### A NEW ENEMY

The tremendous surge of Influenza A (H1N1) infection since mid-April 2009, originating from Mexico before spreading successively to America, Canada and to the rest of the world, continues to be a persistent threat to both affected and unaffected countries, serving as a stark reminder of how globally interconnected the world has become. As of current (19 June 2009), 89 countries have officially reported 44,287 cases of Influenza A (H1N1) infection including 180 deaths.

The spread of this virus to our shore has even been described as ‘inevitable’. As events are rapidly unfolding before our eyes, there is a need to revise our previous Primary Care Flu Pandemic Response Framework (which was initially designed based on Avian Influenza – H5N1 and past pandemic scenarios) in our battle against the current Influenza A (H1N1) threat in our local setting.

### A NEW STRATEGY – REVISED FLU PANDEMIC FRAMEWORK

GPs who had participated in past flu pandemic workshops organised by SMA, CFPS and MOH realised that the clustering concept of group GPs under a particular region and led by a polyclinic or large medical group forms the fundamental basis for MOH to support them with PPEs and anti-viral supplies.

However, as we know more about the characteristics of the H1N1 virus and its associated morbidity and mortality rate, as well as the efficiency of its transmission, MOH released a circular (MOH 49/2009

dated 12 May 2009) informing GPs that the revised framework will comprise of clinics which will be known as the Pandemic Preparedness Clinics (PPC). In the event of a pandemic, MOH will spearhead the entire operation planning and logistic supply to GPs. Together with polyclinics, it is imperative that GPs who provide the bulk of primary care treatment be roped in to help treat such cases and mitigate the spread of the H1N1 virus in the community.

In order to better equip PPC clinics, MOH will supply them with PPEs and Tamiflu for staff prophylaxis and for the treatment of patients based on prevailing guidelines. Nevertheless, the supply of Tamiflu to PPC clinics for treatment will be monitored through an online real time system called the Health Check System (HCS).

PPC clinics will be activated when there is evidence of sustained community transmission even if we are in DORSCON Yellow. The public can recognise PPC clinics through a decal which will be put up in front of the clinic or they may check from the list of participating PPC clinics near their area on MOH website (to be posted at a later date).

To test the system and to prepare PPC for eventual activation, the first batch of a four-week supply of PPE stocks were dispatched to all PPC clinics recently.

### FIGHTING THE BATTLE TOGETHER

Participation of GPs in these PPC clinics will come from two categories.

Those who have signed up with MOH under the former framework and attended its corresponding flu pandemic workshop would have received a PPC form for PPC registration through their email. This is to verify and to update their clinic details with MOH in addition to confirm its readiness in the event of a pandemic.

Those who have not previously signed up and interested to do so can contact SMA to attend the next available flu pandemic workshop (the last being held on 23 May 2009). After they have attended the workshop, they will receive the above mentioned email containing a PPC form for PPC registration.

The workshop on 23 May 2009 attracted a full house of over 200 participants despite the short notice. Representatives from CDC, MOH, SMA and CFPS gave presentations on the latest H1N1 updates, pointers on how to deal with suspected cases, tips on how to organise a PPC clinic, and explanation of the logistics supply chain and Health Check System. There was also on-site mask fitting by N95 suppliers.

It is hoped that with the successful implementation of the PPC framework through the support of its participating GPs, Influenza A's (H1N1) pandemic assault in Singapore can be mitigated to a large extent. The cooperation of both the private and public wing of the country's primary care sector will go a long way to help safeguard our national healthcare system in times of such crisis. **SMA**