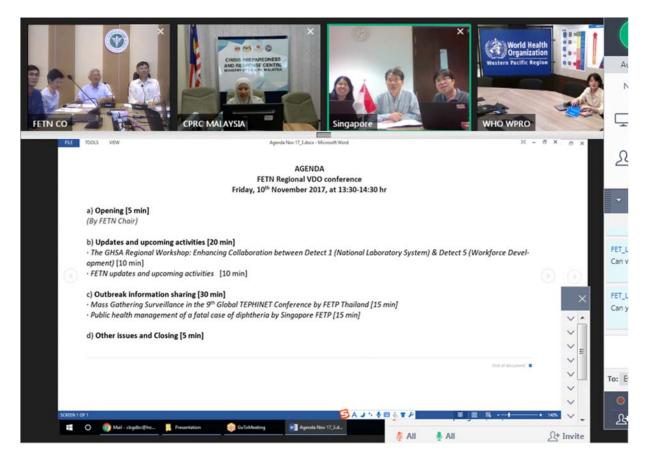


SUMMARY ASEAN+3 FETN VIDEO CONFERENCE 10th November 2017

The 2017 fourth-quarter regional videoconference for ASEAN+3 Field Epidemiology Training Network (ASEAN+3 FETN) was held on Friday, 10th November 2017 during 13.30-14.30 hr, Bangkok Time (GMT+7). The meeting was coordinated by FETN Coordinating Office (CO), and Technical support was provided by Ministry of Public Health, Thailand. The web conference software, "GoToMeeting", was used as the main tool for this meeting.

Nine member countries including Indonesia, Lao PDR, Malaysia, Philippines, Singapore, Thailand, Vietnam, China and Japan, as well as ASEAN Secretariat and observer from WHO WPRO attended this meeting.

Assoc Professor (Dr) Steven Ooi, on behalf of the current Chair of ASEAN+3 FETN (Singapore), officially started the meeting, and welcomed all participants.









The agenda of videoconference appears in Annex 1.

Updates and upcoming activities.

FETN Updates and Upcoming Activities were reported by FETN Coordinating Office. Eleven person-times of Exchange of Trainer &Trainee and the Workshop on Science and Art for Epidemiologists to Influence Policy Makers were carried out after the 8th FETN Steering Committee Meeting(SCM) in Singapore. The Workshop on Scientific Writing in Field Epidemiology 2018, The Joint AVEG-FETN Video Conference, as well as the 2nd Joint Consultative Meeting between AVEG and FETN were scheduled in early 2018. Japan, as the incoming Co-Chair, also informed the meeting on the tentative date and location (19-21 June 2018 in Tokyo) of 9th FETN SCM.



The meeting took note on ASEAN Secretariat's suggestion on revisiting and operationalizing the endorsement and recommendations from ASEAN higher levels regarding AVEG-FETN collaboration during the 2nd Joint Consultative Meeting.



The presentation of ASEAN+3 FETN Coordinating Office appears in Annex 2. The draft concept note of 2nd AVEG- FETN Meeting appears in Annex 3.

The GHSA Regional Workshop: Enhancing Collaboration between Detect 1 (National Laboratory System) & Detect 5 (Workforce Development) was presented by Dr. Khanchit Limpakarnjanarat from Thailand GHSA Regional Coordinating Office. Dr. Khanchit informed the meeting on the theme and major outputs of the 4th High Level Ministerial Meeting on GHSA conducted recently in Uganda. The meeting adopted the Kampala Declaration on Health Security Agenda which highlighted the commitment of members to support extension of the GHSA to 2024, and tasked GHSA Steering Group to develop a proposal for the next phase of the initiative to be presented in the next High Level Ministerial Meeting to be held in 2018 in Indonesia. Dr. Khanchit also announced that the GHSA Regional Workshop: Enhancing Collaboration between Detect 1 (National Laboratory System) & Detect 5 (Workforce Development) will be held during 5-7 February 2018 in Bangkok Thailand. This workshop aims to strengthen the collaboration among national laboratory system (Detect 1) and workforce development (Detect 5) in animal and human health sectors. And to facilitate the participation of relevant focal points, this



meeting will be organized in conjunction with the 2nd AVEG-FETN Joint Consultative Meeting. Dr. Khanchit encouraged all member countries to join this meeting.



<u>The presentation of Thailand GHSA Regional Coordinating Office appears in Annex 4.</u> <u>The Kampala Declaration of Health Security Agenda appears in Annex 5</u>

Outbreak information sharing

Surveillance systems for mass gathering events: The 9th TEPHINET Global Scientific Conference &The 23rd National Epidemiology Seminar was presented by Dr. Thanachol Wonghirundecha from FETP Thailand. The methodology and operational procedures of the surveillance system, including screening, event based surveillance(EBS) and indicator based surveillance(IBS), response, food sample collection and post conference survey, were described. The results were presented and key lessons regarding thermoscan use, importance of both EBS and IBS, integration of surveillance into event medical service etc, were discussed. The meeting thanked the sharing from FETP Thailand, and member countries interested in conducting the same were encouraged to coordinate with Thailand.



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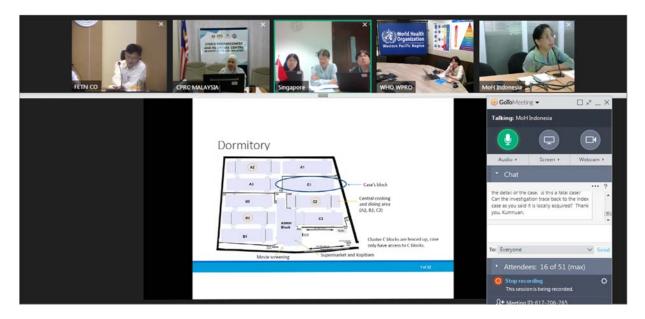
The presentation of FETP Thailand appears in Annex 6.

Public Health Management of Diphtheria was presented by Ms Pei Pei Chan from Singapore FETP. Singapore maintained high coverage of vaccination against diphtheria. A case of diphtheria with typical symptoms was reported, the patient was an adult foreign construction worker without recent travel history. Rapid response was activated prior to laboratory confirmation. Contract tracing and preventive treatment were carried out, contact monitoring and carriage test were also implemented. Role of astute physician to enable prompt implementation of public health measures and National Adult Immunization Schedule (NAIS) to ensure vaccination coverage among subpopulations were emphasized as key lessons.

Vaccination schedule, tracing of infection source, and the recommendation of giving a booster dose of diphtheria containing vaccine every ten years was discussed. Indonesia shared their experience of combating diphtheria in multiple provinces and consideration of implementing total community vaccination. Thailand also shared the experience of previous outbreak investigation which led to a nationwide multi-year catch up vaccination campaign for adult population, and the subsequent change in their national immunization programme where a booster dose every 10 years was introduced. Thailand offered further sharing of relevant study outputs (FETP Thailand is working on translating said documents into English language and will likely share the findings by next FETN Video



Conference). Consideration of initiating joint action in investigation involving migrants from member countries were also suggested, the meeting agreed to take note and continue further discussion on future occasions.



The presentation of Singapore appears in Annex 7.

The Chair thanked the presenters and all participants for their fully active participation and discussion throughout the meeting period, and encouraged all members to carry on communication upon interested issues after the meeting. The videoconference ended at 15:30 hr.