

## Minutes of the Task Force meeting

Date: 16<sup>th</sup> June, 2009

Venue: CPO's Chamber

### Participants

1. Dr. Pandup Tshering, Med Supdt. JDWNRH
2. Dr. Gosar Pemba, JDWNRH
3. Mr. Sonam Dorji, PPD
4. Mr. Tandin Dorji, CPO, CDD, DoPH
5. Mr. Tandin Chogyel, DoPH
6. Mr. Tshewang Dorji, ICB, DoPH
7. Mr. Tshering Gyeltshen, ICB, DoPH
8. Ms. Pema Udon, DMS
9. Ms. Gaki Tshering, ICT Unit
10. Ms. Roma Karki, DoPH

The meeting was facilitated by Mr. Tandin Dorji, CPO, CDD, DoPH. He briefed the participants on the activation of the National Steering Committee and the National Executive Committee of NIPPP. The meeting also discussed on the Influenza A suspected case being investigated by a team of JDWNRH (Investigation Team). The Med. Superintendent of JDWNRH reported that the team advised all the members who take care of the suspect patient not to go out and mix with other people. They were provided with the mask and advised to keep close monitoring of all the close contacts. Sample was collected from the suspect patient and it will be sent to Bangkok for confirmation.

### Recommendation:

1. There are some people who refuse to be screened at the Paro Airport. This needs to be discussed with higher authority.
2. The messages developed for dissemination to the public should be approved by the Task Force before it goes to the media. At present, the messages can focus on two areas i.e on preventive measures at individual level when not sick and control measures when an individual is sick.  
It was found out that the posters on Influenza A for general public are not yet put up in the public places they are supposed to be displayed. Therefore, the ICB should follow up with the districts on this and advice them the places the posters should be displayed.  
Public messages should be given to the media with high coverage so that the messages can reach all corners of the country.  
A briefing meeting for radio jockeys was recommended where they will be briefed on the Influenza A messages.
3. It was felt that laboratory diagnostic capacity needs to be developed immediately. Therefore, it was recommended to set up RT-PCR facility in the country which can help in early diagnosis and control the spread of H1N1 infection. To send samples to AFRIMS, Bangkok, takes longer time which delays the confirmation of cases. Moreover, since Bangkok is experiencing Influenza A outbreaks, AFRIMS may get over burdened with samples from Bangkok which may result in providing less preference to samples from Bhutan.

In addition, many people travel into the country from affected countries like India and Thailand (Bangkok) every day from Paro Airport and other land crossings which is a threat of incursion of H1N1 infection into the country. This also demands the requirement of diagnostic facilities in the country at the earliest.

4. In case the pandemic strikes the country, it would require a huge human resource surge capacity in the hospitals. Therefore, it is recommended that the Nursing Department should draw up a plan for back up support to the hospitals. The nurses should also be trained on treatment and management of Influenza A cases.
5. Tamiflu antiviral should be distributed to all four border district hospitals, Paro hospital and two regional hospitals. The Regional hospitals already have 200 capsules. An additional 200 capsules for RRH and 100 capsules for Paro and border district hospitals will be distributed.
6. A check list for Influenza A preparedness and response should be developed.