

LISTERIOSIS EMERGENCY RESPONSE PLAN WORKSHOP

**NATIONAL INSTITUTE OF COMMUNICABLE DISEASES
24 – 25 APRIL, 2018**

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1. BACKGROUND

Prior to 2017, an average of 60-80 laboratory-confirmed listeriosis cases per year, were reported in South Africa. In July 2017, an increase in laboratory-confirmed cases of listeriosis was reported to the National Institute for Communicable Diseases (NICD) which was followed by investigations into the reported increase. On 5 December, 2017, the listeriosis outbreak was declared by the Minister of Health, Dr Aaron Motsoaledi. Listeriosis was declared notifiable and the Regulations were published on 15 December 2017.

To further enhance the response to the outbreak, the Department of Health with the support from the World Health Organization (WHO) has set up an Incident Management System (IMS). The main objective is for all stakeholders involved, to work as ONE TEAM, with ONE PLAN, as a government coordinated response to control and end the current listeriosis outbreak and to strengthen systems to prevent future outbreaks.

This process will ensure compliance with provisions of the International Health Regulations (IHR) (2005) (South Africa completed the IHR-JEE in November/December 2017) and the recommendations from the Extra Ordinary SADC Health Ministers Strategic Meeting on Listeriosis Preparedness and Response, held in Johannesburg, 15 March 2018.

In order to implement the IMS, a South African Incident Management Team (IMT) which includes key Departments and other stakeholders has been established. The IMT is based at the Emergency Operations Centre (EOC) at the NICD. The work of the IMT is initially planned for 3 months, after which a review of the outbreak will be conducted and appropriate recommendations made.

As part of the response to control and end the current listeriosis outbreak and to strengthen systems to prevent future outbreaks, the National Department of Health (NDOH) and the NICD organized a two days' workshop to orientate all participants on the Listeriosis Emergency Response Plan (ERP), i.e, the status quo, and all aspects of listeriosis prevention and control. The workshop was held at the NICD from the 24th to the 25th of April 2018.

2. WORKSHOP OBJECTIVES

2.1 Main Objective

The main objective of the workshop was to ensure that all stakeholders work as ONE TEAM, with ONE PLAN, as a government coordinated response to control and end the current listeriosis outbreak and to strengthen system effectiveness to prevent future outbreaks.

2.2 Specific Objectives:

- To update all stakeholders on the status of listeriosis outbreak and enhanced measures for the control of the outbreak.

- To orientate all stakeholders on the Listeriosis ERP for South Africa, including the Incident Management System (IMS), Incident Management Team (IMT) and the Emergency Operations Centre (EOC).
- To disseminate tools and guidance required for this response.
- To gather information on current activities, plans and needs in the provinces.
- To begin to address the recommendations from the IHR - JEE assessment report.

3. EXPECTATIONS FROM ALL STAKEHOLDERS

- To address the recommendations from the IHR-JEE assessment report.
- To implement the Listeriosis ERP and enhance capacity to respond to future epidemics.

4. FORMAT OF THE WORKSHOP

The workshop was attended by representatives from the following organizations:

- National Department of Health
- Provincial Departments of Health
- Department of Agriculture, Forestry & Fisheries
- Provincial Departments of Agriculture, Forestry & Fisheries
- Department of Trade and Industry
- Department of Environmental Affairs
- Department of Cooperative Governance
- National Health Laboratory Services (NHLS)
- National Institute for Communicable Diseases (NICD)
- South African National Defence Force
- World Health Organization
- US Centres for disease Control and Prevention

Day one of the workshop focused on technical presentations to orientate all participants on the status quo, and all aspects of listeriosis prevention and control, the IMS and presentations on provincial experiences in response to listeriosis. Day two covered group work of the following streams: Epidemiology and Surveillance, Environmental Health, Risk Communication and Community Engagement, as well as Food and Environmental Laboratory Testing. Decisions on specific function areas were noted for action. The workshop agenda is attached as Annexure 1.

5. DAY 1: PROCEEDINGS

Chairperson: Dr K McCarthy

Dr McCarthy welcomed all participants to the workshop.

5.1 Opening Remarks – Dr Y Pillay, DDG: Communicable and Non-Communicable Diseases Prevention, Treatment and Rehab

In his opening remarks Dr Pillay noted the following important points:

- Listeriosis was declared notifiable by the Minister of Health and the Regulations were published 15 December 2017.
- A multi-sectoral IMT has been strengthened under the leadership of the NDoH. This development builds on the initial EOC activation in December 2017, and draws upon appropriate experts from key stakeholders, essential to the control of this emergency and with the skills to strengthen the system for future outbreaks of this nature.
- All this work is guided by the:
 - International Health Regulations IHR (2005): The NDoH is obligated to strengthen preparedness and core response capacities for public health emergencies in line with these regulations.
 - National Development Plan 2030: One of the long term health goals for South Africa is to increase the average male and female life expectancy to at least 70 years, and to ensure universal health coverage.
 - Sustainable Development Goals 2030: One of these goals is to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
 - SADC Ministers of Health commitment to harmonise procedures for the prevention, detection and response to Listeriosis in the SADC Region and to enhance, upscale and strengthen enforcement of policies that are harmonized and aligned to international Codex Alimentarius.

Through this workshop, all the stakeholders at national and provincial levels are expected:

- To begin to address the recommendations from the IHR-JEE assessment report.
- To implement the Listeriosis ERP and enhance capacity to respond to future epidemics.

He wished all participants fruitful discussions.

5.2 Incident Management System – Dr J Wekesa

Dr Wekesa presented the IMS - the standardized structure and approach that WHO has adopted to manage its response to public health events and emergencies. Dr Wekesa noted that the IMS is flexible and allows for multi-sectoral collaboration to achieve a common goal and it covers critical functions such as Leadership, Partner Coordination, Information and Planning, Health Operations and Technical Expertise, Operations Support and Logistics, and Finance and Administration. He concluded his talk by pointing out that a joint RSA/WHO IMT was established to coordinate enhanced response to listeriosis outbreak in South Africa. The WHO support team is comprised of experts in the following areas: Incident Management, Food Safety, Risk Communication, Epidemiology, and EOC. The presentation is attached in Annex 4.

5.3 South African Listeriosis Emergency Response Plan – Dr K McCarthy

In her presentation Dr McCarthy noted the following:

The ERP was developed by a multi-sectoral IMT and approved by NDoH on 20 April 2018. The aim of the plan is to control and end the current listeriosis outbreak, and to strengthen systems to facilitate prevention and early detection of outbreaks. The ongoing activities include surveillance, investigation of cases of listeriosis as well as risk communication and community engagement. Additional activities are being conducted in phased manner as follows:

- Phase 1: Development of the ERP, communication of the plan to provincial and district stakeholders. Development of material and training of staff to support inspections of facilities identified as at-risk food processing plants.
- Phase 2: Inspection of at-risk food processing plant and strengthening the capacity of district environmental health practitioners.
- Phase 3: Reporting and consolidation of health system strengthening activities, and an after action review.

Progress will be monitored against set performance indicators. The presentation is attached in Annex 4.

5.4 Risk Communication and Community Engagement – Prof D Munodawafa

The presentation outlined the following aspects:

- A definition of risk communication from WHO context and WHO's experiences in preparedness, response and recovery phases.
- The interaction between responsible authorities, key stakeholders including targeted communities to achieve the desired behaviour change.
- Information requirements based on target audience i.e. what technical health professionals want to know =; and what the public wants to know – safety concerns and precautions for individuals, families and communities.
- The key messages (including universal five keys to food safety) and relevant communication tools to effectively convey messages.
- Operationalisation of communication strategies at all levels of government.
- Challenges and opportunities in risk communication.

5.5 South African Listeriosis Outbreak Situation Report – Dr J Thomas

Dr Juno Thomas presented an overview of the outbreak including current figures as follows:

- Sporadic cases occur worldwide, mostly in persons at high risk.
- Outbreaks associated with contaminated food products are becoming increasingly common.
- Surveillance for listeriosis cases include diagnostic algorithm based on case definition and diagnostic tests.

- Only those cases that meet ‘confirmed’ cases definition are included; there are no probable, possible or suspected cases. A confirmed case is:
 - A person who has clinical features in keeping with listeriosis (symptoms and signs depend on site and severity of disease*)
 - and**
 - laboratory confirmation of *Listeria monocytogenes* (by culture or PCR).
- Case investigation relies on timely reporting of laboratory-confirmed cases to health department, which in turn may trigger further trace back investigation.
- The source of the outbreak has been identified as ready-to-eat processed meat products manufactured at Enterprise Foods’ Polokwane production facility.
- The number of cases of laboratory-confirmed listeriosis reported per week has decreased since the recall.
- Details in Annex 4.

5.6 Surveillance for Notifiable Medical Conditions - Dr P Mutevedzi

Dr Mutevedzi presented on the new electronic Notifiable Medical Conditions (NMC) system.

- The development of this new electronic system is in line with recommendations of the IHR-JEE.
- The new NMC surveillance system includes a mobile app and a web platform that will allow doctors and nurses to report NMCs to the Department of Health.
- The app will facilitate timely detection and notification of NMC, linkage of laboratory and clinical data.
- The app will also generate epidemiology reports dashboard, critical in prevention of widespread outbreaks.
- The system is expected to be rolled out in all provinces in a phased approach.

Details in Annex 4.

5.7 A Summary of Report Back from the Provinces – Actions to date, Successes and Challenges

In line with the RSA Constitution and the National Health Act, 61 of 2003, Provinces are carrying out various activities of the listeriosis ERP. Provincial outbreak response teams have been reactivated in all provinces. These activities include:

- Ongoing listeriosis surveillance (detection and investigation of cases).
- Identification and inspection of at risk food processing plants. The recall is completed, factory remains closed and repairs ongoing in Limpopo.
- Ongoing health promotion/communication: health talks on listeriosis prevention.

5.8 Role of Food Safety in the Prevention of Listeria

5.8.1 Global Perspective – Dr S Madsen

Dr Madsen's presentation highlighted the following points:

- Trends in reported confirmed cases of listeriosis in EU have been on the increase.
- Risk assessment:
 - Implicated foods include foods with long shelf life under refrigeration and ready to eat (RTE) foods.
 - High risk groups: Pregnant women (about x20) at risk than other healthy adults; people with HIV/AIDS (x300) at risk than within individuals with normal immune system).
- Control methods:
 - WHO and FAO developed an international qualitative assessment of Listeria in RTE foods. All sectors of the food chain should implement:
 - Good hygienic practices.
 - Good manufacturing practices.
 - Food safety management system based on principles of Hazard Analysis Critical Control Points (HACCP).

The presentation is attached in Annex 4.

5.8.2 South African Context, Legislation and Further Plans – Ms S Parring

Ms Parring pointed out that current legislation does not specify what acceptable levels of Listeria in food are. To strengthen legislation implementation, EHPs should quote the Foodstuffs Cosmetics and Disinfectants Act (Act 54 of 1972) which says that any person shall be guilty of an offence if he sells, or manufactures or imports for sale, any foodstuff – which is contaminated, impure or decayed, or in terms of any regulation deemed to be harmful or injurious to human health. Details in Annex 4.

5.9 The Role of Environmental Health in the Prevention of Listeria: Laboratory Investigation and Environmental Management

5.9.1 The Role of Environmental Health in the Prevention of Listeria: Laboratory Investigation – Prof A Duse

In his presentation, Prof Duse gave a summary of the history and epidemiology of Listeria, the role of the laboratory in confirmation of outbreaks including the importance of food specimen management, infection prevention and control measures.

The full presentation is attached in Annex 4.

5.9.2 The Role of Environmental Health in the Prevention of Listeria: Environmental Management – Mr M Ramathuba

Mr Ramathuba pointed out that that environmental health is the responsibility of metropolitan health services. This is stipulated in the National Health Act, 61 of 2003. He urged delegates to complete the data submission/reporting forms to NDoH and to be part of training activities in provinces and support district EHPs. Details in Annex 4.

6. DAY 2 PROCEEDINGS

Chairperson – Mr R Ramathuba

Day 2 comprised group work and functional area focused training. The groups reviewed the listeriosis plan; discussed planning and coordination, materials and logistic requirements; and Standard Operating Procedures/ documents for dissemination.

6.1 Group 1: Epidemiology and Surveillance Group – Ms T Nemungadi, Mr L Ratya and Ms N Ramalwa

The leads of the Epidemiology and Surveillance Group provided highlights of the IHR-JEE recommendations including the need to maintain and further strengthen real-time surveillance, and outbreak investigation. An emphasis on using this three-month Listeriosis ERP period to strengthen the Provincial and District outbreak response team was made.

Reporting template:

The Listeriosis reporting template was shared and discussed by all. The aim of the template is to standardize reporting and provide timely information on the implementation of the Listeriosis response and preparedness plan in the country. The template was reviewed and the updated version was to be shared the following day. The reporting template is attached as Annex 2.

Case investigation Form (CIF):

- The Listeriosis case investigation form was reviewed, and Dr Thomas and the Information Team were requested to circulate the updated CIF.
- It was agreed that the CIF should be completed by two officials depending on the level of the health care facility: namely: IPC nurses in the hospital setting and Operational Managers in the PHC setting. Other sections should be completed by the environmental health practitioners.
- CIF to be sent to the NICD and a copy to District and Provincial CDC coordinators.

6.2 Group 2: Environmental Health, DAFF, Food Safety, DTI/NCC – Mr Ramathuba and Ms Parring

This session is summarized as follows:

- Provinces that have already looked at the high risk facilities were requested to start using the profiling tool to ensure that it gives the same outcome. The forms will be forwarded to the IMT in batches.
- The identified high risk processing facilities will need to be inspected and audited against the inspection tick sheet that will be provided by the National office. This information will be made available to the IMT entered into a data base that will be used to understand the Listeria outbreak and to ensure that trade confidence is restored. It is possible that further samples will be analyzed by the NHLS.
- There will be a new case investigation form and once the design has been finalized it will be circulated.

The following actions are required immediately:

- The DM's and the City of Cape Town in the case of the Western Cape to profile their food processing companies based on a risk assessment. This tool was presented and feedback expected by no later than 2 May 2018.
- The tick sheet developed by the DAFF, used by DAFF in abattoirs and for export meat processing plants to be used by the EHP's after they have profiled premises. Comments on this tick sheet will still be considered until 2 May 2018.
- Training will be rolled out across the country, and this will focus on legislative mandate, sampling programmes and procedures.
- An inspection team has been put together and this team will visit the different provinces and do random joint inspections with the local EHPs at high risk premises identified through risk profiling.

Details in summary attached, Annex 3.

6.3 Group 3: Risk Communication and Community Engagement – Mr S Gumede, Mr L Mudzanani and Prof D Munodawafa

The session was chaired, Mr Gumede and an overview of the Listeriosis Risk Communication and Community Engagement current status was presented by Mr Mudzanani. Provincial delegates were afforded the opportunity to present achievements and challenges they face in the responding to the Listeriosis outbreak.

The following actions were agreed on:

- To hold weekly teleconferences with focal points for the purpose of giving updates, addressing urgent needs and reviewing progress.
 - The teleconference will be held on Thursdays at 2 pm.

- To prepare and share with Provincial focal points the template for developing a Technical Proposal and Budget for planned activities based on the Response Plan for Risk Communication and Community Engagement.
 - All Provinces to submit their funding requests by 5 May 2018
- To develop a Plan for Risk Communication, Community Engagement and Technical Support to Provinces in areas of IEC materials, community outreach and capacity strengthening.
- To work in close collaboration with other technical teams involved in the Listeriosis ERP in order to achieve an integrated approach.

The session provided an opportunity to exchange information on current Listeriosis outbreak and possible solutions. This meeting also helped deepen the understanding of challenges and opportunities for regarding Risk Communication and Community Engagement activities at the Provincial level.

Annexure 1: Programme for the Listeriosis Workshop

   health Department: Health REPUBLIC OF SOUTH AFRICA		
LISTERIOSIS WORKSHOP NATIONAL INSTITUTE OF COMMUNICABLE DISEASES 24 & 25 APRIL 2018 Day 1 Chairperson: Dr K McCarthy		
Time	Content	Presenter / Facilitator
09:00 – 09:10	Opening, welcome and introductions	Dr. Y Pillay
09:10 – 09:30	Background, objectives and expected outcomes of workshop	
09:30 – 10:00	Incident Management System (IMS)	Dr J. Wekesa
10:00 – 10:30	South African Listeriosis Emergency Response Plan Expectations from the provinces	Dr K McCarthy
10:30 - 11:00	Risk Communication	Prof D Munodawafa
11:00 – 11:15	TEA	
11:15 – 11:35	South African Listeriosis Outbreak Situation Report	Dr J Thomas
11:35 – 11:55	Surveillance for Listeria NMC & App	Dr P Mutevedzi

11:55 – 13:00	Report back from the provinces (actions to date, successes and challenges) 1. Surveillance 2. Environmental Health 3. Risk Communication/Health 4. Health Promotion 5. Food Safety	Provinces
13:00 – 14:00	Lunch	
14:00 – 14:30 14:30 – 15:00	Role of Food Safety in the prevention of Listeria • Global perspective • South African context, Legislation and further plans	Dr S Madsen S Parring
15:00 – 15:30	Tea	
15:30 – 15:50	The role of Environmental Health in the prevention of Listeria Laboratory Investigation	Prof A Duse
15:50 – 16:10	The role of Environmental Health in the prevention of Listeria Environmental management	M Ramathuba
16:10 – 16:20	Closing remarks of day 1	Dr K McCarthy

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NATIONAL INSTITUTE OF COMMUNICABLE DISEASES

24 & 25 APRIL 2018

Day 2:

Chairperson: Mr R Ramathuba

Time	Content	Presenter / Facilitator
09:00 – 09:15	South African Listeriosis Emergency Response Plan Expectations from the provinces	Dr K McCarthy
09:15 – 09:30	Group Photo	N Govender
09:30 – 09:45	Tea	
09:45 – 13:00	Breakaway Sessions 1 for Functional Areas: – Epidemiology and Surveillance – Environmental Health, Food and environmental laboratory testing (NHLS) – Risk communications and community engagement	Team Leads
13:00 – 13:45	Lunch	
13:45 – 15:00	Breakaway Sessions 2 for Functional Areas: – Epidemiology and Surveillance – Environmental Health, Food and environmental laboratory testing (NHLS) – Risk communications and community engagement	Team Leads
	Closing remarks	

Annexure 2:

REPORTING TEMPLATE
THE LISTERIOSIS OUTBREAK RESPONSE AND PREPAREDNESS PLAN
FOR SOUTH AFRICA
PREPARED APRIL 2018



1. INTRODUCTION

Listeriosis was declared notifiable by the Minister of Health and the Regulations were published 15 December 2017.

To further enhance the response to the outbreak, the Department of Health with the support from the World Health Organization (WHO) has set up an Incident Management System (IMS). The main objective is for all stakeholders involved, to work as ONE TEAM, with ONE PLAN, as a government coordinated response to control and end the current listeriosis outbreak and to strengthen systems to prevent future outbreaks.

This process will ensure compliance with provisions of the International Health Regulations (IHR 2005) (South Africa completed the IHR-JEE in November/December 2017) and take into consideration the recommendations from the Extra Ordinary SADC Health Ministers Strategic Meeting on Listeriosis Preparedness and Response, held in Johannesburg, 15 March 2018.

As part of the implementation of the IMS, a South African Incident Management Team (IMT) which includes key Departments and other stakeholders has been established. The WHO technical experts are part of the IMT, operating under the operational oversight of the WHO Regional Director with technical support provided by the Programme Area Manager (PAM), and Director of Emergency Operations (EMO).

The IMT is based at the Emergency Operations Centre (EOC) at the National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service (NHLS). The work of the IMT will initially cover a period of 3 months, after which a review of the outbreak will be conducted and appropriate recommendations made. The work will involve among other activities, regular meetings held at the EOC depending on the need.

2. PURPOSE

The aim of this template is to standardize reporting and provide timely information on the implementation of the Listeriosis response and preparedness plan.

3. REPORTING GUIDELINES

A guide has been prepared for this purpose. However, provinces are free to provide additional information accordingly. Reports will be provided under the following key functional areas:

3.1 Epidemiology and Surveillance

- a. Surveillance for listeriosis cases.
- b. Monitoring & evaluation of response (by tracking decline in cases, patient interviews etc.)
- c. Production of situation report and other technical reports for stakeholders.

3.2 Environmental Health

- a. Monitoring of recall of affected foodstuffs.
- b. Strengthening food safety monitoring programs in food production facilities.

3.3 Risk communications and community engagement

- a. Improving and enhancing dissemination of information on food safety guidelines to the public.

3.4 Food and environmental laboratory testing (NHLS)

- a. Strengthening food and environmental laboratory testing services.

4. PROCEDURE FOR REPORTING

Frequency of reports: Weekly, on Fridays by 17:00

Where should reports be sent to: All reports should be consolidated by the Provincial Outbreak Response Team and the Chairperson should forward the report to:

The Incident Manager: Tel: 011 386 2004; Email address: eocagent1@nicd.ac.za

The National Coordinating Committee: Tel: 012 395 8831/8145; Email address: patrick.hlungwani@health.gov.za

REPORTING TEMPLATE FOR THE LISTERIOSIS OUTBREAK

(To be completed by the Chairperson of the Provincial Outbreak Response Team)

Reporting for period: dd /mm / 2018 to dd/mm / 2018

Due Weekly on Friday by 17:00

	FUNCTIONAL AREAS	LIST OF EXPECTED STAKEHOLDERS	LIST OF PARTICIPATING STAKEHOLDERS	ACTIVITIES TO BE CARRIED OUT	PROGRESS	CHALLENGES	RECOMMENADCTIONS	NEXT STEPS
1	Epidemiology and Surveillance							
2	Environmental Health							
3.	Risk communications and community engagement							
4.	Other (including affected plants industries, public etc.)							

Should you have any technical queries regarding this matter, kindly contact Dr Kerrigan McCarthy (Incident Manager), Tel: +27(0)11-555-0542, Email: kerriganm@nicd.ac.za

Annexure 3: Breakaway Session on Environmental Health and Food Control

# Item	Agenda items: Discussion and validation of training manual for EHPs and VPH officials; and tools	
	Comments/amendments:	
1.	Risk profiling tool: • Change the title of the tool to food processing premises • At risk consumers: category A revise as: main consumer group is general population including vulnerable groups • Specify Listeria in the sampling program implemented • Weighting for question 7 should be less in order not to grossly influence the scoring • Include a category on frequency of sampling • Include the legal owner/person in charge of the company • Specify the name of the province General comment: (a) provide communication with regards to the visits of the inspection teams from the national level (b) as a starting point <i>specify that the focus of the tool will be RTE meat processing facilities</i>	
2.	Inspection tool: • Use all types of methods during the inspection: document control, observation and interview/person-to person interaction. • Ask if the ventilation has been approved by the building plan and request if need be documentation for validation. Include also observation: condensation of vapor, molds • illumination to be added also on document control/records - refer to OHS – criteria for illumination • change sufficient to appropriate PPE • garbage waste area add column for not applicable • the outside waste area to be drained and graded • distinguish between natural and artificial illumination • separate sufficient and clean under change rooms and toilets • include aspects on cross-contamination – production plan layout (separation of raw materials from end product; traffic patterns and other risks of cross-contamination) • include assessment of the type of cleaning and disinfection methodology used - with a particular focus on possible formation of aerosols - evaluation of procedures for cleaning and disinfection on food contact surfaces • presence and functionality of hand wash basins • insert hand drying facilities as an option in addition to disposal paper towel • include aspects on control of heat treatment where appropriate	

	etc • include pallets as an additional option to shelves • include frequency and monitoring/control of hand washing (habit) • injury on duty register add on documentation to be checked • include floor drains and grease trap and management therefore • include a column for not applicable • include aspects on traceability • include aspects on pest control • instead of producing medical certificate make reference to reporting of illness • at the end of the checklist include a section for providing overall comments/additional comments for issues not captured in the check-sheet • include verification of the temperature measurements by inspector measuring temperature • calibration of inspector's thermometer	
3.	Training manual: • include in the acknowledgments - GDARD General comment: During the training, emphasize on the specific roles of each department/stakeholders.	
4.	Actions/next steps • EHPs to commence profiling of establishments – submit by Wednesday 2 May 2018. Input can be provided however till next week Friday 4 May 2018 • Inspection tool deadline comments to be submitted by Monday 30 April 2018 • Training manual inputs to be provided by Monday 30 April 2018	

Annexure 4: Listeriosis Presentations