RISK COMMUNICATION OF INFLUENZA LIKE ILLNESS FOR HEALTH PROVIDERS IN INDONESIA AS A PART OF PANDEMIC PREPAREDNESS

Farida Soetiarto

Center for Biomedical and Pharmaceutical Research & Development

KOMUNIKASI RISIKO PENYAKIT MENYERUPAI INFLUENSA PADA TENAGA KESEHATAN DI INDONESIA, SEBAGAI BAGIAN PERSIAPAN PANDEMI

ABSTRAK. *Flu burung di manusia mempunyai gejala yang bervariasi mulai dari penyakit menyerupai influenza (*Influenza Like Illness/ILI*) sampai pnemonia. Perencanaan pandemi yang baik dalam komunikasi risiko di negara kepulauan seperti Indonesia harus didukung oleh seluruh masyarakat. Tujuan: meningkatkan pengetahuan tenaga medis sebagai komunikator utama tentang gejala ILI. Metode: studi kualitatif pada tenaga kesehatan dan pasien untuk mengevaluasi pengetahuan dan kepedulian terhadap gejala ILI. Pengembangan pesan untuk mengurangi penularan Influenza, pelatihan untuk tenaga pelatih penata laksanaan terhadap influenza pada 80 tenaga kesehatan dari 10 provinsi lokasi surveilans ILI. Pelatihan terdiri dari 9 modul yang dievaluasi dengan tes pada awal dan akhir pelatihan dengan menilai jumlah jawaban yang benar. Hasil: kualitatif riset menunjukkan rendahnya pengetahuan tenaga kesehatan tentang penatalaksanaan ILI, dianggap penyakit biasa bukan penyakit yang berbahaya, flu yang berbahaya adalah flu burung. Penyebab utama kurangnya komunikasi dengan pasien adalah keterbatasan waktu. Pasien membicarakan flu burung hanya bila diekspose di media. Beberapa pesan diproduksi untuk pasien, seperti leaflet, kalender, buklet. Secara umum pengetahuan dan keterampilan meningkat hampir 100% yang dinilai dari jawaban yang benar setiap modul melalui training ini.*

Kata kunci : Komunikasi risiko, Influensa, Tenaga kesehatan

Introduction

Flu pandemics are rare but recurring events, causing million of deaths and typically every 10–50 years throughout history[1]. In 1918 pandemics occurred in Spain (Spanish flu, H1N1), then Asian flu (H2N2) in 1957 and the Hongkong flu (H3N3) in 1968. However, are unknown yet how pathogenic a new pandemic virus would be, and which group it would affect[2]

The emergence of Avian Influenza (AI) in the Asia Pacific region has raised serious concerns among international health authorities over the risk of pandemic influenza.

AI in humans was ranging from typical human Influenza Like Illness (ILI) to pneumonia. ILI is a term used to describe symptoms like flu or as a group of illness like influenza. The U.S. Department of Human Services defines a case of ILI as a person with fever of 37.8^0C or greater orally or 38.3^0C rectally plus cough[3]. A person with laboratory confirmed influenza is considered as a case even if the person does not have cough and fever. An outbreak of ILI is defined as three or more clinically defined cases in a facility within a 7day period[3].

Indonesia has the highest case fatality rate in the world, up to December 31, 2008 the number of cases were 141 cases of AI with 115 deaths. ILI is becoming an important issue which attracted many attention in anticipation of the future worst possibility of influenza pandemic. Communication/education can help families to prepare by informing them on how to protect themselves and their communities and to reduce the burden of pandemic in terms of human and socioeconomic loss[4]. The WHO has assisted the development of national influenza preparedness plans from eight countries (China/Hong Kong, Vietnam, Thailand, Cambodia, Laos, Indonesia, Australia, New Zealand) over two year period (from January 1, 2004 to February 28, 2006)[5]. A Risk Communication Advisory Group has been establish to advise Center for Health Protection (CHP) on the development of risk communication strategies and action plans and to develop and reinforce communication networks for timely and effective risk communication. The advisory group serves as an independent body in assessing the effectiveness of CHP's risk communication activities

To prevent the occurrence of Pandemic, MOH of Indonesia in collaboration with John Hopkins University Center Communication Program/Indonesia (JHU-CCP) proceed further by using the newly developed course material to train health providers of the skill and knowledge on ILI communication

Surveillance provides for the rapid detection of unusual influenza outbreaks, isolation of possible pandemic viruses and the immediate notification of national and international health authorities. Since 2006 National Institute of Health Research & Development has started the Surveillance on Virology and Epidemiology Network in 10 provinces (10 Public Hospitals and 10 Public Health Centers).

The objectives of the studies are to increase knowledge of the health professionals as main communicators on the signs of ILI and to ensure effective risk communication, including information and education by health providers.

Material and Methods

The first, focus Group Discussions of three groups are medical doctors, nurses and mothers with kids under 5 year, to measure the level of knowledge and awareness of ILI symptoms in each sites of ILI surveillances. Second, Developing message for reducing transmission of influenza. The third Training of Trainer for Influenza care was conducted to 80 of health professionals of 20 ILI surveillance sites. The training packets which contain new materials were Communicator ILI Participant's Guidebook, Communicator

ILI Trainer's Note Book and Classroom Presentation Communicator ILI Document.

Each province appointed four health officials with training competence such as province and district health officer, medical doctors from health center & hospital of site ILI surveillance. Three day training of 9 modules was filled with interactive session and cover the topics of: Training overview, Health promotion & Training approach, Coaching, Inter-personal Communication, Creating a Positive Atmosphere in Training for Adult Learning, How to Make Interactive Presentations, Facilitating Skills, Communication Skills and Planning for training. Serial assessment of the available 9 modules were conducted at the initial and end of the courses (before and after training) on ILI prevention and care. The ten areas of studied were Banda Aceh (Nanggroe Aceh Darussalam), Batam (Riau Island), Bandar Lampung (Lampung), Jakarta (DKI), Cirebon (West Java), Solo (Central Java), Malang (East Java), Banjarmasin (South Kalimantan), Makasar (South Sulawesi) and Merauke (West Papua)

Results

Qualitative research showed that the health providers had low awareness on ILI, they consider it as common flu, not a dangerous diseases; the most dangerous flu is AI. Most believe that ILI would not be possible to become pandemic causing outnumbered mortality. Referred time limitation as the main cause of poor communication practices. Clients talked avian flu only when it is exposed by media.

Several massage were developed by JHU-CCP and MOH to response the problems. For health provider, to enhance their knowledge about ILI and patients, Standard Operation Procedure to improve the quality in communication with patients presenting with ILI symptoms. For Patients, raise awareness of ILI symptoms, encourage FLU-WISE preventive action to reduce transmission such as ;

- W : wash hand regularly,
- I : inform yourself & others about flu,
- S : stay apart, keep distance > 1 m when flu,
- E : etiquette, cover mouth, nose when coughing & sneezing.

Message adjusted to Indonesia language as *BIJAK ; (B: biasakan mencuci tangan dengan sabun, I: informasi tentang ILI sangat penting, cari sebanyak mungkin J: jaga jarak jika ada yang sakit flu, A: ajarkan bersin yang baik untuk mencegah penularan kepada orang lain, K: kalau sakit flu berlanjut, periksa ke dokter, puskesmas atau rumah sakit terdekat).*

Specific booklet as a Guide Book for the health providers, contains more information on technical aspects of medical intervention advice. Leaflet for clients with complete information about ILI symptoms and prevention steps to be distributed by doctors to clients after counseling. Poster to create 'call to action' for placement in clinics/hospital at strategic areas to prompt clients to discuss ILI during consultations. ILI posters consists of 2 versions (Kid's version and 'Grandma's version). Standing Banners with alert messages about general ILI symptoms to be placed around clinics/hospitals. Calendars 2008 with alert messages about ILI, to be distributed by doctors to clients along with the leaflets.

To reduce mortality follow FLU-CARE behaviors during the pandemic:

- C-are for the patient at home
- A-ssess & improve knowledge on how to care for yourself
- R-est. as soon as symptoms develop, seek health advice, stay home
- E-valuate for danger signs & act in accordance with the latest information.

TOT for Influenza care was conducted for health professionals of ILI surveillance sites. The 9 modules of TOT were overview, training approach, health promotion, communication skill, creating positive learning atmosphere, interactive presentation, facilitating skills, coaching and plan for training. Serial assessment of the available 9 modules were conducted at the initial and end of the courses.

Discussion

Communication tools to prepare health providers and community for early detection of ILI. Crisis and emergency risk communication is the attempt by health professionals to provide information that allows individuals, stakeholders, and communities to make good decisions about their wellbeing during an emergency[6].

Table 1. The Correct Answers Before and After Training

No	Modules	Before (%)	After (%)
1.	Overview	81.25	99.0
2.	Health promotion	51.20	98.7
3.	Training approach	69.23	98.4
4.	Coaching	66.66	100
5.	Creating positive learning atmosphere	71.79	97.5
6.	Interactive presentation	58.33	100
7.	Facilitating skills	85.89	100
8.	Communication skill	80.76	99.0
9.	Plan for training	62.30%	92.2%.

Due to several reasons such as the described ILI symptoms being a common regular disease, and the difference of climate between Indonesia and Western Countries where winter exists made virus growth, health providers believe that ILI would not be pandemic. The health practitioner mention that most influenza clients would have treatment by themselves, when symptoms remain, they will come to Puskesmas for further check. As indicated that in the assessment, they have been a huge gap between the ILI risk perception versus its awareness.

The role of media was important since most patients feel that discussion in Puskesmas is not satisfying to them, however both health providers and patients agree that intensive dialog would not be possible because of high number of patients visit to Puskesmas. A number of messages as posters, banners, leaflets were placed around Puskesmas or hospitals in order that the patients receive complete ILI alert.

Conclusion, in general, health providers increased in risk communication of ILI, both the knowledge and skills through the courses. Information from posters, leaflets and calendars were useful for the patients.

Recommendations

Advocacy to the local authority who has the qualified trainers on ILI to support further activity in communicating with local community to utilize trained human resources.

Acknowledgements

I appreciate the Center Communication Program (CCP) John Hopkins University, Scholl of Public Health for preparing the Modules and Masters of Trainer

The project was funded by CDC Atlanta

References

1. WHO Outbreak Communication-WHO Handbook for Journalists: Influenza Pandemic, Update January 2005
2. Checklist for Influenza Pandemic Preparedness Planning, WHO, 2005
3. U.S. Department of Health and Human Services. Pandemic Flu, gov, Available from http://www.pandemicflu.gov/index.html
4. Draft of Informal Discussion on Behavioral Interventions for WHO/UNICEF, Bangkok, December 12-14, 2006
5. Mounier-Jack S and Coker, R. Pandemic Influenza Preparedness in the Asia-Pacific Region. An Analysis of Selected National Plans, London School of Hygiene & Tropical Medicine, April 2006, p.5.
6. CDCynergy. Emergency Risk Communication. CDC. Available from: http://www.bt.cdc.gov/erc/features/f001.asp