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Summary report on the

Consultation to develop tools for estimating the burden of influenza in the Eastern Mediterranean Region

Cairo, Egypt
15–17 May 2012



World Health
Organization

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction	1
2.	Summary of discussions	1
3.	Recommendations	5

1. Introduction

The WHO Regional Office for the Eastern Mediterranean organized a consultation on developing tools for estimating the burden of influenza and other acute respiratory infections in Cairo, Egypt, on 15–17 May 2012. The consultation was attended by international and regional experts on influenza and hepatitis from the University of Edinburgh, Imperial College London, Ministry of Health of Sudan, Field Epidemiology and Laboratory Training Program (FELTP) in Pakistan, U.S. Naval Medical Research Unit No. 3 and WHO headquarters and the Regional Office. The objectives of the consultation were to discuss a regional tool for estimating the burden of seasonal (and pandemic) influenza in countries of the Region and to decide on the roadmap for piloting and finalizing the regional estimation tool.

2. Summary of discussions

A draft WHO Manual for Estimating Disease Burden Associated with seasonal Influenza in a Population has been developed through a project with the primary goal of developing a “how-to” guide for influenza disease burden estimates that targets low- and middle-income countries. The manual is limited to estimating the disease burden associated with the respiratory manifestations of influenza (severe acute respiratory infections or hospitalized severe ALRI) and is mainly built on WHO surveillance strategy and a companion to the WHO global interim epidemiological surveillance standards for influenza. The manual targets epidemiologists and data analysts with basic training in epidemiology working in low and middle income countries. It is accompanied by a spread sheet model to help user in routine influenza disease burden estimation.

The consultation agreed that a plan of action should be formulated for implementation of the draft manual and associated tools in order to estimate the burden of influenza and acute respiratory infections (ARI) in the Region. It was agreed that the ultimate goal of estimating their burden is the establishment of evidence-based national influenza programmes in countries of the Region. The focus of evidence generation will be on estimation of the medical burden of influenza and other ARI. The socioeconomic burden will be estimated separately at a later time. The estimation of burden of ARI should be carried out by countries. WHO will strengthen capacities among countries and provide technical support along with partial financial support as much as possible for implementation.

The WHO manual for estimating disease burden associated with seasonal influenza in a population and WHO global interim epidemiological surveillance standards for influenza should be used together when developing protocols for estimating the burden of influenza. The available data in countries need to be critically assessed for completeness and quality. Standardized checklists, based on checklists in the manual, will be developed for this purpose. The results will be used to categorize the countries accordingly for timing the estimation of the burden activities as well as planning the capacity-building programmes.

Countries of the Region can be categorized into three groups. Group A countries are those that have ongoing surveillance for severe ARI and can immediately provide data required for estimating the burden of disease. Group B countries have syndromic surveillance with laboratory capacity but not enough data for immediate estimation. Group C countries have some data with no laboratory confirmation of influenza. There are two subcategories of this last group. Group C-1 countries have a wealth of data and used to be among group A or

B countries but due to different reasons have stopped collecting and reporting data. Group C-2 countries do not have a functioning surveillance system and no data are available.

WHO will work closely with each group of countries based on a plan with clear objectives and expected results. For Group A countries, the objective will be to estimate the influenza burden of disease using the electronic tool. The expected result will be to present preliminary results on burden of disease estimates available by the first week of December 2012. For Group B countries, the objective will be to bring the countries to the level that can allow estimation of the influenza burden of disease (improvement of surveillance and data). The expected result by December 2012 is that countries will have a detailed specific costed plan for improvement of influenza sentinel surveillance based on self-assessment and mapping of their sentinel influenza surveillance. For Group C countries, the objective will be to bring the countries to the level that can estimate the influenza burden of disease (improvement of surveillance). The expected result will be that by December 2012, Group C countries will have a detailed specific costed plan for improvement of influenza sentinel surveillance based on self-assessment and mapping of their sentinel influenza surveillance with technical assistance from WHO and partners. The benchmarks of implementation for all three categories were discussed and agreed upon, based on which a timetable for activities was developed and disseminated during the meeting.

WHO and countries need to put into service mechanisms to ensure fulfilment of the requirements of the tools and swift functioning of related systems. These are:

- **Regional Oversight Committee (ROC):** The functions of the ROC are primarily facilitation, coordination and sharing information, to ensure that all the activities are being implemented properly and according to the plans. The ROC will facilitate and provide technical support through the Technical Advisory Group to the Member States upon request and decides on financial requirements of the activities. The ROC should have a budget for the oversight business as a common basket supported by all partners. Detailed terms of reference will be formulated in the near future. The Regional Office will be the Secretariat of the ROC.
- **Technical Advisory Group (TAG):** This group will be the technical arm of the ROC and will provide technical back-up to the ROC as “Resource Persons”. This group will be accessed through teleconferences and/or video-conferences. Financial support to the TAG will be through the ROC if needed. The first meeting of the TAG will materialize during the intercountry meeting in June 2012.
- **National Implementation Teams (NIT):** Countries require establishing NITs to ensure swift implementation of the burden of disease plans. Members of the NITs were proposed as: director of the programme as the chairman, an experienced epidemiologist preferably field epidemiologist, data manager for maintaining the dataset, statistician from National Statistical Bureau dealing with demographic experience, secretary along with representative from NIC (or CPHL virology where there is no designated NIC). The director will be oriented in intercountry meetings and the epidemiologist, data manager and the demographer from selected Group A countries will be assisted technically in estimating their burden of disease.

The draft manual will be shared with the Member States during the intercountry meeting in June 2012. The beta-version of the electronic tool will be ready for limited release in August 2012 and will be shared with Jordan and Pakistan (due to availability of good data and support from FELTP in these countries) for pilot testing. This will allow the end users to learn the methods outlined in the manual by employing the tool and at the same time assist the developers of the tool in debugging the electronic tool. These countries will technically be supported by the developers of the tool and will benefit from the FELTP in their countries. The testing of the beta-version is envisaged to be completed by end September 2012, following which the tool will be released and made available in October 2012.

3. Recommendations

To Member States

1. Establish a national programme on influenza. The process should start with estimation of the burden of seasonal influenza and planning for reduction of the burden.
2. Invest in research in the influenza and increase their publication in peer reviewed journals.
3. Establish/improve their seasonal influenza sentinel surveillance and share the information regularly.
4. Actively participate in regional and global influenza networks.

To WHO

5. Take necessary action to sensitize national authorities on the benefits and use of burden of disease estimates in order to ensure

political commitment, resource allocation and sustainability of action.

6. Provide technical support to countries for improving influenza sentinel surveillance, estimation of the burden of disease associated with influenza and the development of national programmes for influenza control.



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