

Weekly Epidemiological Monitor

Number of countries with developed National Pandemic Influenza Preparedness Plans,

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Current major event

National Pandemic Influenza Preparedness Plans (NPIPP) in the EMR

WHO EMRO in collaboration with the Global Influenza Programme (GIP) of WHO headquarters conducted a 3-day participatory workshop on National Pandemic Influenza Preparedness Plan (NPIPP) in Tunis, Tunisia, from 13 to 15 August 2018. This workshop was attended by 35 participants from five countries. Three of these countries were from the Eastern Mediterranean Region (EMR) and two were from the WHO African region (AFR).

Editorial note

Historical and recent pandemics of influenza have demonstrated the large scale severe morbidity and mortality that have been associated with the disease (Please see the table). Prevention and control of pandemic influenza requires global and national multi-sectoral preparedness and response strategies. This include development and regular updating of national pandemic preparedness plans by periodic testing and simulation exercise (table top or field simulation). The NPIPP should be supported by operational plans at national and sub-national levels for activation of response in the event of actual pandemic.

Pandemic influenza preparedness and planning is continuous and interactive process of planning; testing of propositions and assumptions; simulation exercises; revision and translation of the plans into operational plans at different administrative levels of a given country. Furthermore, preparedness and response plans are crucial documents that must be reviewed and updated regularly with new changes in global guidance or emergence of new evidence-base for best practice.

The objectives of the workshop organized by the WHO Regional Office were to identify the gaps and weaknesses of the national pandemic influenza preparedness plans (NPPPs) of the participating countries through review and use checklists in a systematic manner. Countries that attended the Participatory Workshop were Morocco, Oman and Tunisia from the EMR; and Ghana and Tanzania from AFR. These countries were selected based on the fact that they: a) had an existing NPIPPs that were due for revi-



*JEE = Joint External Evaluation. **NAPHS = National Action Plan for Health Security

Estimated deaths from influenza pandemics

during the 20 th and 21 st centuries		
Year	Virus type	Number of estimated deaths
1918	Influenza A (H1N1)	40 million
1957	Influenza A (H3N2)	1.1 million
1968	Influenza A (H3N2)	1 million
2009	Influenza A (H1N1)pdm09	150-575 thousand

sion (majority of the plans were last updated in 2009); b) recently conducted Joint External Evaluation (JEE) for IHR core capacity assessments; and c) have a functional National Influenza Centre (NIC). The participating countries were also required to complete the checklist for Pandemic Influenza Risk and Impact Management that was prepared by WHO and shared with the countries prior to the workshop.

During the 3-days workshop, participants reviewed their NPIPPS and also benefited from direct guidance of facilitators and technical assistance from the Subject Matter Experts. Through review of available background information and use of checklist in a standardized manner, the workshop participants initiated revision of their national plans and developed clear plans of action for finalization of the plans. Close follow-up by the two Regional Offices to finalize these national plans was agreed with the countries.

Influenza virus has the potential to mutate rapidly and can cause pandemic. Countries should therefore stay vigilant by ensuring that their national NPIPPs are up to date and their laboratory capacities are enhanced to be able to detect any novel influenza virus that may cause the next pandemic.

JEE completed	Review and costing NAPHS	
In for Health Security		
Update on outbreaks in the Eastern Mediterranean Region		
MERS in Saudi Arabia; cholera in Somalia; cholera in Yemen; Diphtheria in Yemen.		
Current public health events of international concern [cumulative N° of cases (deaths), CFR %]		
Avian influenza:	2006-2017	
Egypt (A/H5N1)	[359 (122), 34%]	
Egypt (A/H9N2)	[4 (0)]	
Ebola virus disease (EVD): 2018		
Democratic Re- public of Congo (DRC)	[142 (97), 68.3%]	
Rift Valley fever : 2018		
Kenya	[95 (11), 11.6%]	
Uganda	[23 (8), 34.8%]	
Cholera: 2017-2018		
Somalia	[6 364 (42), 0.7%]	
Yemen	[1 125 189 (2 326), 0.2%]	
Tanzania	[3 739 (68), 1.8%]	
Diphtheria: 2018		
Yemen	[1 904 (98), 5.1%]	
Bangladesh	[8 179 (44), 0.5%]	
MERS: 2012-2018		
Saudi Arabia	[1 876 (726), 38.6%]	
Yellow Fever: 2017-2018		

Brazil

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[1 266 (415), 32.7%]