



# DCD Bulletin

Division of Communicable Disease Control

## DCD Bulletin

This quarterly bulletin presents important news, events and announcements from programmes of Division of Communicable Disease Control in the World Health Organization (WHO) Regional Office for the Eastern Mediterranean. For details, please contact [dcd@emro.who.int](mailto:dcd@emro.who.int) inserting "DCD Bulletin" in the subject line.

## Issue highlights

- The challenge of cutaneous leishmaniasis
- Capacity-building on pandemic influenza
- Web-based tuberculosis surveillance
- Governing Board of Global Fund to Fight AIDS, TB and Malaria meets to decide on key issues



Vaccination Week held across the Eastern Mediterranean Region 24–30 April, 2011

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## The challenge of cutaneous leishmaniasis

Cutaneous leishmaniasis is endemic in more than 70 countries worldwide with an estimated 1.5 million new cases per year. Countries of the Eastern Mediterranean Region contribute to approximately 60% of the total burden.

In the Region there are two main types of cutaneous leishmaniasis distinguished by causative agent and cycle, epidemiological pattern and clinical presentation.

Anthroponotic cutaneous leishmaniasis (ACL), caused by *L. tropica* and transmitted by *Phlebotomus sergenti*, tends to occur in urban settings with dense human populations. Large outbreaks usually occur when *L. tropica* is introduced in new foci or following native human population movements into old transmission foci of ACL. After a long incubation (1–8 months) lesions of ACL occur all year with a peak between October and March. Typically, it is a single dry lesion of the face which usually heals within a year but which can last longer.

ACL is a major public health problem in the Region and particularly in Afghanistan, Islamic Republic of Iran, Pakistan (due to cross-border transmission with Afghanistan) and the Syrian Arab Republic. A total of 85 672 cases were reported in the Region in 2009.

Zoonotic cutaneous leishmaniasis (ZCL) foci due to *L. major* are found in Afghanistan, Egypt (Sinai), Islamic Republic of Iran, Iraq, Jordan, Libyan Arab Jamahiriya, Morocco, occupied Pal-

estinian territory, Pakistan, Saudi Arabia, Sudan, Syrian Arab Republic and Tunisia. A total of 34 554 new cases were reported in the Region in 2009. The disease is painless when the lesions are uncomplicated. The incubation period is often less than 4 months. The lesions are often severely inflamed and ulcerated and heal within 2–8 months. Frequently, there are multiple lesions, especially in non-immune patients, which can lead to disfiguring scars.

Global trends show an increase in the number of new cases, which also applies to several countries in the Region, however, this can be explained not only through the strengthened surveillance and diagnosis of cases, but also as a consequence of poor implementation/evaluation of control activities. The knowledge and information available at the regional level indicate incidence and prevalence data are underestimated due to several factors: cases occurring in remote rural areas are not reported; socioeconomic constraints and other barriers to access to the primary health care level prevent patients from being diagnosed; and poor policies implemented to include leishmaniasis as a notifiable disease. In several countries of the Region outbreaks tend to occur at 10-year intervals.

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## Programme news

### Control of Tropical Diseases and Zoonosis

#### Review meeting on leishmaniasis, Juba, South Sudan

A review meeting on leishmaniasis was held in Juba in the presence of Ministry of Health of staff from all endemic states, implementing partners and WHO staff from Khartoum, Somalia and Ethiopia. During the meeting the visceral leishmaniasis first national technical guidelines were agreed upon, including the reporting tools. The meeting also made key recommendations, including continuation by the World Food Programme to supply

food at treatment centres, distribution of bed-nets to be scaled up in endemic areas, Ministry of Health to play a proactive role in establishing a visceral leishmaniasis control programme and to increase the number of facilities conducting the direct agglutination test (DAT).

## Surveillance, Forecasting and Response

### Training workshop on pandemic influenza in refugee and displaced population settings, Amman, Jordan, 2–5 May 2011

A subregional training workshop on preparedness for, and mitigation of, pandemic influenza in refugee and displaced settings was held in Amman, Jordan, from 2 to 5 May 2011. This workshop, hosted by the Ministry of Health in Jordan, was the result of ongoing collaborative work between the surveillance, forecasting and response programme of the Regional Office, the Global Influenza Programme of WHO headquarters and the Influenza Division of the Federal Centers for Disease Control and Prevention (CDC), Atlanta, USA. Recognizing the challenge of managing influenza pandemic in refugee and displaced population settings compounded with the fragile health infrastructure in many countries hosting these marginalized populations, the workshop was intended to build appropriate public health capacities of these countries facing humanitarian emergencies by designing an affordable system for surveillance of influenza and other respiratory diseases caused by the novel virus. As many as 21 participants from 7 countries of the Region attended the workshop.



Workshop on pandemic influenza, Amman, Jordan

### Training course on infection prevention and control for respiratory infection in health care facilities, Riyadh, Saudi Arabia, 10–13 April 2011

The first training course on infection prevention and control in health care for acute respiratory infections was held in Riyadh, Saudi Arabia from 10–13 April 2011. The objectives of the course were to train participants on effective infection control measures and practices for epidemic and pandemic-prone acute respiratory diseases in health care settings. This course was hosted by the WHO Collaborating Centre for Infection Control at King Abdul Aziz Medical City in Riyadh. Infection control professionals from Bahrain, Iraq, Jordan, Kuwait, Oman, Qatar, Saudi Arabia, Sudan and Yemen participated in the course.

### Pandemic (H1N1) workshop, Beirut, Lebanon, 10–12 May 2011

A regional workshop for reviewing country experiences in pandemic (H1N1) vaccine deployment and vaccination activities was organized in Beirut, Lebanon, from 10 to 12 May, 2011. EPI managers and pandemic (H1N1) national focal points

from 18 countries in the Region participated. The workshop discussed vaccine deployment activities, identifying vaccination strategies, the management of deployment and vaccination activities, social mobilization and communication, legal and regulatory issues, information management, management of injection wastes, post-marketing surveillance, cold chain logistics and resource mobilization.

To advocate for proactive deployment two technical missions were sent to Egypt and Jordan in April 2011 to review the pandemic (H1N1) vaccine deployment plans and the implemented vaccine deployment and vaccination activities at central and governorate level.

## International Health Regulations (IHR 2005)

### IHR implementation assessed in Egypt

Upon the request of the Ministry of Health of Egypt, an assessment of early IHR (2005) monitoring and implementation was carried out from 17 to 21 April 2011. A team from WHO, jointly with the concerned IHR national officials at the Ministry, were divided into four working groups to cover areas of surveillance, response, communication, coordination and preparedness, laboratories and points of entry. Each working group identified strengths and weaknesses proposing a set of recommendations which will be reformulated into a plan of action.

## Vaccine Preventable Diseases and Immunization

### Vaccination Week in the Region, 24–30 April

WHO Regional Office for the Eastern Mediterranean organized the second Vaccination Week initiative under the theme of "Partnership for immunization" from 24 to 30 April 2011. Despite complex political and security situations in many countries of the Region, the week's launching ceremonies, celebrations and activities were successfully held. Globally, an estimated 180 countries and territories for the first time carried out simultaneous mass media and immunization campaigns. Moreover, many countries expanded their vaccination services, including tracking unvaccinated people, extending operational hours, implementing large-scale vaccination campaigns and leveraging Child Health Days to deliver an integrated package of life-saving health interventions. Finally, a regional launching ceremony was

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## Vaccine Preventable Diseases and immunization (cont.)

held at the Regional Office in Cairo on 21 April in the presence of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. During the ceremony, a successful round table discussion with representatives from academia, nongovernmental organizations, the United Nations and the media was organized. For more information visit: <http://www.emro.who.int/vpi/vwem2011/>.

## Malaria Control and Elimination

### Maintaining a malaria-free Iraq

A meeting to share the experience of the field assessment for malaria and finalizing the malaria strategy for 2011–2015 was held in Istanbul, Turkey, from 16 to 18 April, 2011. Officials of the national malaria programme of Iraq and staff of the WHO Regional Office attended the meeting. Participants shared their experiences of conducting national programme assessments. The report of the assessments provided detailed information on the current situation of malaria and anti-malarial activities conducted in Iraq that resulted in interruption of local transmission, with the last local cases recorded in 2008. Based on the findings of the assessment, the strategy for prevention of re-establishment of malaria transmission 2011–2015 was developed and discussed in a plenary session with participants.

### 13<sup>th</sup> International diploma course on malaria programme planning and management, Islamic Republic of Iran, 15 April–15 June, 2011

The 13<sup>th</sup> International diploma course on malaria programme planning and management is being held in Bandar Abbas, Islamic Republic of Iran, from 15 April to 16 June 2011. Participants from Somalia, Islamic Republic of Iran, Sudan, Afghanistan and Yemen attended the course.

## Stop Tuberculosis

### New Regional Adviser for the Stop TB programme



Dr Mohamed Abdel Aziz, formerly an adviser for the Global Fund, has joined the Regional Office as the new Regional Adviser for Stop TB. Dr Aziz brings with him a wealth of experience at country, regional and global level. Regional Office colleagues wish him every success in his new responsibilities.

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### Tuberculosis case-finding in 22 countries of the Region

In a recent article in *International Union of Tuberculosis and Lung Diseases* a hypothetical model, developed at the WHO Regional Office, to evaluate the efficiency of the case-finding process in 22 countries of the Region was presented. The model is based on a patient's pathway to care in a STEPwise approach from the community to tuberculosis management units. Performance was measured using indicators for each of the components of the Stop TB strategy, and a scoring system was developed. The indicators associated significantly with tuberculosis case detection were then reported. Authors believe that this tool can assist countries in evaluating the efficiency of their surveillance system in detecting tuberculosis cases.

### Web-based TB surveillance launched

The web-based surveillance system entails online submission of data from all facilities providing care to tuberculosis suspects or cases and automatically generates reports. Developed by the Stop TB programme of the Regional Office, the system offers online forms and generates reports identical to the revised recording and reporting system for tuberculosis. In addition to the standard reports, a comprehensive list of indicators related to each section of the system is automatically generated. The system is providing a comprehensive database for any country on tuberculosis. For more information or requests for training, please contact: [STB@emro.who.int](mailto:STB@emro.who.int).

### Global Fund Board meeting in Geneva, 11–12 May

The governing body of the Global Fund to Fight AIDS, TB and Malaria held its 23<sup>rd</sup> Board meeting in Geneva from 11 to 12 May 2011. Delegations from 10 countries, led by elected representatives of the Region for the Global Fund Board and HE Minister of Public Health of Yemen attended the meeting. During the meeting, several key decisions were made on, among other things, the Global Fund's reform agenda, new Country Coordinating Mechanisms guidelines, the election of the Chair and Vice-Chair of the Board, new eligibility, counterpart financing and prioritization criteria, and the release of the report by the Office of the Inspector General of its investigation into several grants in Mali. For details please visit: [www.theglobalfund.org](http://www.theglobalfund.org).



World Malaria Day 2011 commemorated across the Region, here, in Kabul, Afghanistan



Eastern Mediterranean delegation participates in Global Fund Board meeting