

# DCD Bulletin

Department of Communicable Diseases



DCD team wishes a happy new year to the readers of DCD Bulletin

## DCD Bulletin

This quarterly bulletin presents important news, events and announcements from programmes of Department of Communicable Diseases 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.

## Inside

- Major decisions taken at the 28th meeting of the Global Fund Board (p2)
- Pneumococcal conjugate vaccine introduced in Djibouti and Pakistan (p2)
- Yellow fever in Sudan (p3)
- Restructuring of Division of Communicable diseases (p4)



Neglected Tropical Diseases programme has conducted a study on validation, risk factor assessment and entomology of Visceral Leishmaniasis rapid diagnostic test strips in South Sudan. Visceral Leishmaniasis is a fatal disease and is endemic in South Sudan.

## Programme news (HIV, TB, Malaria and Tropical Diseases)

### HIV/AIDS and STIs (HAS)

#### World AIDS Day, 2012: Scaling up HIV testing and counselling is crucial for "getting to zero"

On the occasion of World AIDS Day, 1 December, the WHO Regional Office highlighted the HIV treatment gap in the Region. The Eastern Mediterranean Region is experiencing the fastest rate of increase of the HIV epidemic in the world. However, the Region is providing the lowest coverage of HIV prevention, treatment and care services.



More than 85% of people living with HIV in the Region who need life-saving antiretroviral therapy do not receive it. In his message on the occasion of World AIDS Day 2012, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, reiterated that without ending the treatment gap in the Region and without scaling up HIV testing and counselling and other prevention interventions, the Region is far from getting to zero. For this reason, the regional theme for the World AIDS Day campaign under "Getting to Zero" addressed HIV testing and counselling.

### Stop TB

#### TB managers and Regional Green Light Committee meeting

Stop TB organized a meeting of the national TB control programme managers in Cairo, Egypt, in December. The meeting reviewed countries strategic plans, discussed new developments such as post-2014 Stop TB strategy and the new funding model of the Global Fund. TB control programme managers, focal points of MDR-TB, WHO staff and independent experts attended the meeting. The TB managers meeting was followed by the first meeting of WHO Regional Office hosted Green Light Committee which aims at promoting the scale up of MDR-TB in the Region.

#### Research methodology, proposal development workshop for the TB programme in Yemen

In November, a workshop on research methodology and proposals development was held in Sana'a, Yemen. The workshop aimed at developing protocols to address the challenges facing TB control while strengthening the research capacity of the national TB control programme in Yemen. The workshop was attended by 23 participants who worked together and developed six draft protocols with the assistance of an expert facilitator.

### Malaria control and elimination

#### First training course on malaria elimination

The malaria control and elimination programme organized the first regional training course on malaria elimination in November in Luxor, Egypt. Twenty-two participants from Afghanistan, Djibouti, Jordan, Oman, Pakistan, Philippines, Saudi Arabia, Somalia, South Africa, Sudan and Thailand, as well as staff from WHO Regional Office for Africa, participated in the course proceedings. The course was facilitated by WHO staff from headquarters and the Regional Office and external experts.

After an interlude of nearly two decades, when no countries were certified malaria-free by WHO, the Regional Office took the initiative in late 1990s to promote and technically support malaria elimination in countries, where the situation was appropriate. As a result, two Member States belonging to the Eastern Mediterranean Region, United Arab Emirates (2007) and Morocco (2009) were the first to be certified malaria-free since 1973. Since then, a number of countries in other WHO regions, especially Europe, have achieved or advanced towards malaria-free status.

#### Largest ever long-lasting impregnated net distribution campaign launched in Yemen

The largest ever campaign for distribution of more than 4 200 000 long-lasting impregnated nets (LLINs) started in Yemen in October. The campaign will be conducted in phases.

### Malaria elimination and control (cont.)

During the launching ceremony, Ministry of Health & Population, National Malaria programme, GCC, WHO and Alawn Foundation endorsed The Malaria Free Hadramout Region Initiative.

Sleeping under LLINs is one of the proven effective tools against malaria and other important vector-borne diseases prevalent in Yemen, such as leishmaniasis. The planned scaling up of the coverage by the bednets from 15% until the end of 2009, to the planned universal coverage to the entire target population of 8.5 million by early 2013 will help Yemen move forward towards the target "Arabian Peninsula Free of Malaria by 2020". According to the Yemen's malaria programme strategy, more than 8.5 million individuals living in rural areas must be protected by LLINs.

### Twenty-eighth meeting of the Global Fund Board results in major decisions

The Board of the Global Fund took major decisions during its twenty-eighth meeting in Geneva in November, 2012. The important decisions made by the Board included: 1) Ambassador Mark R. Dybul, a former United States Global AIDS Coordinator, was appointed as the Global Fund's new Executive Director. Dr Dybul helped create and then lead the President's Emergency Programme for AIDS Relief, known as PEPFAR; 2) The Board voted in an immediate transition to a new funding model that was adopted in September. Under the new approach, countries will be grouped in bands, which the Global Fund says will enable the Board to ensure focus is placed on countries with the highest disease burden and the least ability to pay, among other factors. The new funding model will replace the rounds-based system; and 3) The Board terminated the employment of its Inspector General, John Parsons. The Board expects the search for a new Inspector General to take about six months. An interim Inspector General will be appointed shortly.

### Global Fund meets with nationals and partners on TB, HIV grants in Yemen

Yemen is currently benefitting from three grants from the Global Fund for TB, Malaria and HIV. Due to security constraints, a MeSST workshop could not be carried out in Yemen. Instead the workshop was organized at WHO Regional Office in Cairo. Global Fund secretariat, officials of national programmes for TB and HIV, principle recipient of grants and technical partners, including WHO and UNAIDS joined the workshop. The workshop besides offering a learning opportunity, provided a venue for all partners to sit together

and review the grants situations. Both TB and HIV programmes were recommended to conduct several measures for better performance.

## Immunization and Vaccines

### Vaccine preventable diseases and immunization (VPI)

#### Pakistan initiates phased introduction of pneumococcal conjugate vaccine

Pakistan started a phased introduction of pneumococcal conjugate vaccine (PCV10) in October, 2012 in the province of Punjab. The vaccine will expectedly be introduced in Sindh and Azad Jammu and Kashmir in January 2013 to be followed by other provinces. Pneumonia is one of the top two killers of children under five years of age in developing countries, including Pakistan. The pneumococcus is the major cause of fatal pneumonia in this age group. In Pakistan, more than 27 000 deaths among children under five are attributed to pneumococcal diseases every year. Introduction of PCV is expected to significantly contribute to achieving Millennium Development Goal (MDG) 4, which aims to reduce child mortality.

#### First phase of MenA conjugate vaccine campaign in Sudan

Sudan has successfully implemented the first phase of the campaign against meningococcal disease. More than 16 million people aged between 1 and 29 years in 10 states of the country were vaccinated with meningococcal A (MenA) conjugate vaccine. Sudan, a country of the African meningitis belt, used to experience devastating epidemics periodically. The last major epidemic affected the country in 1999–2000 with more than 33 000 cases and around 2400 deaths. Several smaller epidemics have occurred in the country since then. The MenA vaccine has proved to be highly effective in prevention of meningococcal diseases in the African countries through similar campaigns.

#### Pneumococcal vaccine introduced in Djibouti

Djibouti introduced pneumococcal conjugate vaccine through its national Expanded Programme on Immunization (EPI) in December. The launching ceremony was attended by the Minister of Health, the State Minister for National Solidarity, the Chair of the National Women Union of



Launching ceremony of LLINs distribution campaign in Yemen

### Vaccine preventable diseases and immunization (cont.)

Djibouti, UN agencies and other stakeholders. The Minister of Health thanked WHO, UNICEF and the GAVI Alliance for their support and hoped that pneumococcal vaccine will help protect children in Djibouti and achieve MDG 4. Pneumonia is a major public health challenge in Djibouti. The pneumonia mortality rate is estimated to account for 19% of deaths in children under 5. The pneumococcus, the major cause of fatal pneumonia, is responsible for around half of these deaths in Djibouti. In addition, pneumonia with diarrhoea remains a leading cause of morbidity among children under 5 in the country. It is also expected Djibouti will introduce rotavirus vaccine in 2013.

## Health security and regulations

### Pandemic and epidemic diseases

#### Yellow fever outbreak in Sudan

Sudan announced a yellow fever outbreak in Darfur in October. By the first week of December, 2012, a total of 788 cases, including 166 deaths (case-fatality rate: 21.1%) had been reported in this outbreak. As soon as the outbreak was laboratory-confirmed, the pandemic and epidemic disease programme led a team of international experts for rapid outbreak response to control and prevent the spread. The team consisting of WHO and US NAMRU-3 staff were deployed for technical support. A timely response resulted in a waning of the outbreak as of the first week of December. The operation also led to the launching of a reactive emergency vaccination campaign against yellow fever in affected communities covering a population of over 5 million.

#### Novel human coronavirus in Jordan

In view of detection of novel coronavirus among health-care workers in Jordan, the pandemic and epidemic disease programme conducted a field investigation in Jordan upon the request of the Ministry

of Health. The field investigation carried out by a multidisciplinary team developed recommendations for the Ministry of Health on strengthening sentinel surveillance system for severe acute respiratory infection, laboratory diagnostic capacities, infection prevention and control practices at health-care facilities.

#### Coronavirus FAQs

This is a new strain of coronavirus that has not been previously identified in humans. Coronaviruses are a large family of viruses that are known to cause illness in humans and animals. In humans, this large family of viruses is known to cause illness ranging from the common cold to severe acute respiratory syndrome (SARS). For frequently asked questions and answers on coronavirus, please visit:

[http://www.who.int/csr/disease/coronavirus\\_infections/faq\\_dec12/en/](http://www.who.int/csr/disease/coronavirus_infections/faq_dec12/en/)

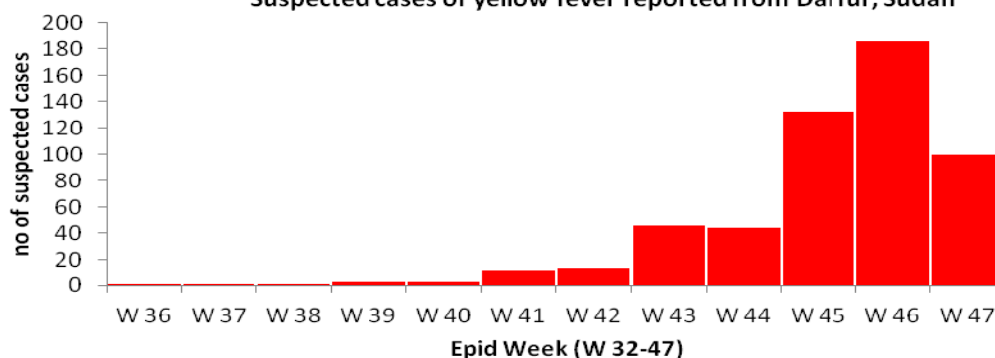


Transportation of yellow fever vaccine to inaccessible areas in Darfur, Sudan

#### Public health preparedness for hajj 1433/2012

The Ministry of Health in Saudi Arabia invited representatives of the pandemic and epidemic disease programme to participate in a mission to observe the public health preparedness measures undertaken by the Kingdom for hajj 1433/2012 in October. The technical mission represented by the Director of Communicable Diseases advised the Ministry of Health on implementing appropriate public health measures for prevention and control of epidemic-prone infectious diseases among hajj pilgrims. The mission also identified several important considerations for the health officials for effective surveillance and public health response to epidemic-prone infectious diseases in mass gatherings.

Suspected cases of yellow fever reported from Darfur, Sudan



## Pandemic and Epidemiological Diseases (cont.)

### Strengthening surveillance for influenza and SARI in the Region

Four important activities were conducted during October–December aiming at strengthening the surveillance for influenza and SARI in the Region. The first was a subregional training workshop on early recognition, detection and response to respiratory outbreaks held in Cairo from October 2012. Over 22 participants were trained in the workshop. The workshop was followed by an exercise to design an appropriate guidance for surveillance of influenza in internally-displaced population settings through a participatory workshop held in Amman, Jordan, in November 2012.

The other two major activities on influenza included a subregional workshop held in Sharm-El-Shaikh in December 2012 attended by participants from six countries. The workshop aimed at training participants on estimation of burden associated with influenza in general population using surveillance data. The workshop was followed by an intercountry meeting which helped in deciding on important resolutions by countries to strengthen influenza and SARI surveillance.

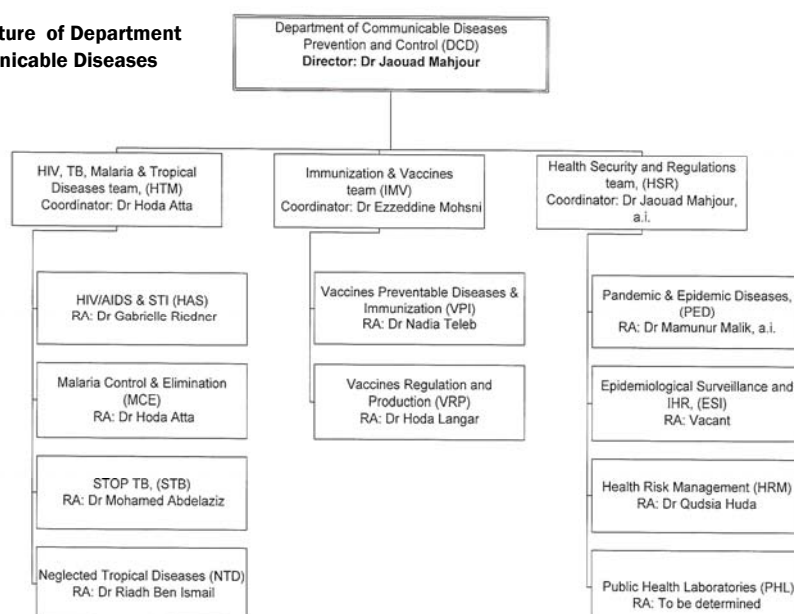


Participants of training on seasonal influenza burden estimation

### Restructuring of Division of Communicable diseases

The Division of Communicable diseases has been restructured in line with five priorities set by the WHO Regional Director for the Eastern Mediterranean, Dr Ala Alwan. The Division is now called “Department of Communicable Diseases with three teams i) HIV, TB, Malaria and Tropical Diseases (HTM), ii) Immunization & Vaccines (IMV) and iii) Health security and Regulations (HSR).

#### New structure of Department of Communicable Diseases



### Epidemiological surveillance and International Health Regulations (IHR 2005)

#### Regional IHR meeting held in Morocco

A Regional IHR stakeholders' meeting was held in Rabat, Morocco in November 2012. Representatives from ministries of health, agriculture and points of entry of all Member States in the Region; experts in different IHR capacities and donors participated in the meeting. The meeting provided a forum for review of the regional situation, identification of achievements and gaps. The meeting was also instrumental in identifying strategies and committing countries and donor support to address the gaps.

#### Workshop on laboratory quality management

A multicountry workshop on laboratory quality management was held in Cairo, Egypt, in November 2012. Laboratory technicians from 12 Member States participated in the workshop. The workshop provided information on laboratory quality management system, including all aspects of the laboratory operations, the organizational structure, processes and procedures, to achieve the highest level of accuracy and reliability.

#### Health preparedness at mass gatherings

A workshop for health preparedness at mass gatherings was held in Amman, Jordan, in October 2012 with representation of Ministries of Health in Iraq and Jordan. The workshop recommended several measures, including implementation of the requirements of public health core capacities for surveillance and response and those related to points of entry under IHR. The workshop also emphasized development and implementation of an enhanced surveillance system during mass gatherings in Iraq besides strengthening pre-hospital victim management capacity and the hospital capacity to respond to mass casualty incidents.

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