



# DCD Bulletin

Department of Communicable Diseases

## 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 [emrgodcd@who.int](mailto:emrgodcd@who.int) inserting "DCD Bulletin" in the subject line.

## Inside this issue

- World Immunization Week preparation, page 2
- Assessing risk communication in Qatar, page 3
- Assessing avian influenza public health risk in Egypt, page 3
- Stepping up public health measures to control MERS-CoV, page 4
- Sendai Framework for Disaster Risk Reduction 2015–2030, page 4
- Intercountry meeting of the directors of public health laboratories in the Eastern Mediterranean Region, page 6



Rapid response team with focus on Ebola training in Khartoum, Sudan

## Programme news

### Training for national rapid response teams with focus on Ebola

The first subregional training workshop for national rapid response teams on Ebola virus disease (EVD) was organized by WHO from 15 to 19 March 2015 in Khartoum to help strengthen preparedness and response capacity in the Region.

The workshop was inaugurated by Mr Bahar Idris Abu Garda, Federal Minister of Health, who heads the Higher Committee for Ebola Preparedness and Response in Sudan. In his address he expressed his commitment to strengthening health sector preparedness for EVD and other health threats through regular training of national rapid response teams, including organizing periodic drills and simulation exercises to test the readiness of national health systems to manage such emerging threats.

Participants included epidemiologists, laboratory technicians, nurses, public health and emergency staff from Sudan and Yemen and facilitators and observers from the Egyptian Society of Epidemiology, WHO and the Federal Ministry of Health of Sudan. The 5-day training course covered essential functions of multidisciplinary rapid response, including disease surveillance, risk assessment, infection prevention and control, contact tracing, risk communication and safe burial.

Over the past year, the EVD outbreak has been the largest and most complex on record. This epidemic represents a threat to global health security and highlights the urgency for addressing the immediate needs to enhance preparedness and response capacity in non-affected countries. The emergency training for national rapid response teams is part of WHO's regional action plan to support improvements to preparedness and readiness measures for EVD in the Region.

### HIV, TB, malaria and tropical diseases

#### Malaria Control and Elimination (MCE)

##### Updating the integrated vector management strategy for the Region

A technical consultative meeting on updating the regional integrated vector management strategy was held from 11 to 12 March 2015. Participants included programme managers for integrated vector control, academics from renowned research institutions in the Regional Offices for the Eastern Mediterranean and Africa and international integrated vector management experts. The discussions focused on identifying specific issues, good practices, lessons learnt from the participating countries and the key priority action areas for Member States and WHO.

#### Neglected Tropical Diseases (NTD)

##### Yemen on the brink of eliminating schistosomiasis

The World Health Assembly affirmed the feasibility of eliminating schistosomiasis from some Member States as delegates to the Sixty-fifth Health Assembly adopted resolution WHA65.19 on the elimination of schistosomiasis.

Yemen has intensified efforts to achieve elimination of schistosomiasis (bilharzia) through treatment campaigns. Latest data from the Ministry of Public Health and Population show that the proportion of heavy schistosomiasis infections has dropped to below 1% in two thirds of 36 sentinel sites across the country.

Two treatment campaigns were carried out in December 2014 and January 2015. During these two months, health workers distributed praziquantel (the WHO-recommended medicine of choice against bilharzia) to 4.3 million and 2.9 million children and adults, respectively.

### Neglected Tropical Diseases (cont.)

The Yemen Schistosomiasis Project is supported by the World Bank with a US\$ 25 million grant. It closes in 2016.

Since 2010, over 25 million free treatments or 62 million tablets of praziquantel have been offered to Yemenis living in areas endemic for schistosomiasis. Albendazole is donated by GSK through WHO and is co-administered with praziquantel to the same population. Coverage of target groups has been through three channels; health centres, schools and mobile sites. Mobile sites were the most popular mechanism of reaching adults.

The goal of the Yemen Schistosomiasis Project is to ensure that such 1% proportion is achieved in all the remaining sentinel sites by 2016. If achieved, Yemen – once highly endemic – will become one of the few countries to have defeated schistosomiasis and eliminated it as a public health problem.

vaccines; 3 million of them are in the Eastern Mediterranean Region. Hence, “Close the immunization gap” is a call for action for all individuals, communities and governments. In parallel to the global theme, Member States in the Region will be selecting national themes according to their own national context and priorities.

Many countries have prepared plans of action addressing variety of activities; including national launching ceremonies, media campaigns, training, seminars and social mobilization events. During the week, many countries will be expanding vaccination services, such as tracking unvaccinated people, extending operational hours, implementing large-scale vaccination campaigns and using child health days to deliver an integrated package of life-saving health interventions.

### Pakistan pioneers new WHO/UNICEF comprehensive approach to effective vaccine management improvement planning (cEVM-IP)

In 2014, Pakistan conducted an effective vaccine management assessment which showed that the minimum acceptable benchmark levels of vaccine management performance were not reached for cold chain storage, temperature control, stock management, supply chain infrastructure, distribution systems and logistic information system. With 50% of vaccine storage points in the country having insufficient cold chain capacity for existing vaccines, and against the backdrop of a two-fold increase in required storage for introduction of inactivated polio virus and rotavirus vaccines by 2018, Pakistan will strengthen its immunization supply chain system for its current and future needs.

A joint WHO and UNICEF mission; under the auspices of the Immunization Supply Chain and Logistics Hub, was organized to support Pakistan develop a comprehensive improvement plan aligned with its national comprehensive multi-year strategic plans. This marked the first time when WHO and UNICEF pioneered the new approach. During the mission various workshops were organized at federal and provincial levels to develop province-specific plans. Each plan was developed in line with the 2020 vision and implementation roadmaps according to four strategic goals:

## Immunization and Vaccines

### Vaccines Preventable Diseases and Immunization (VPI)

#### World Immunization Week preparations in the Region

Every year during the last week of April, WHO, partners and Member States around the globe celebrate World Immunization Week. Member States in the Region have been observing this important event since 2010 as a regional initiative along with the WHO European and America regions. During the 2012 World Health Assembly, Member States mandated World Immunization Week as one of the official global health public campaigns.

Last year, almost all the Member States in the Region observed this important event and used this opportunity to enhance immunization programme activities. Through innovative and combined advocacy, education and communication activities and immunization services, the Week intends to:

- increase awareness and vaccine utilization
- mobilize political commitment and resources
- expand immunization services to the most difficult-to-reach populations.

The theme this year is “Close the immunization gap.” Unfortunately, each year worldwide, around 22 million infants are not getting their basic

- strengthening data for management by scaling-up the Vaccine Logistics Management Information System to ensure reliable and timely data;

- strengthening human resources for logistics



**Comprehensive effective vaccine management improvement plan for Pakistan**

### Vaccine Preventable Diseases and Immunization (cont.)

at all levels to ensure compliance with effective vaccine management policies and practices;

- ensuring sufficient storage infrastructure for current and future vaccines by equipping storage points with the right equipment suitable for the environmental condition with continuous temperature monitoring and sustainable maintenance system;
- implementing a pull-based distribution system for vaccines with reliable transport system organized around efficient network redesign and route planning.

To ensure implementation of the plans, federal and provincial management and monitoring committees will be established for implementation oversight. As a next step, the comprehensive approach to effective vaccine management improvement planning will be included in the next GAVI Alliance health systems strengthening proposal for funding support to ensure that strategic activities are funded.

## Health Security and Regulations

### Pandemic and Epidemic Diseases

#### Assessing risk communication capacity in Qatar

The WHO Regional Office conducted a risk communications mission to assess the capacity of Qatar from 8 to 12 March 2015, in response to an invitation from Qatar's Supreme Council of Health. The 5-day mission reviewed the available strategy and planning documents on health education, risk communication, social mobilization on infectious diseases, including Middle East respiratory syndrome coronavirus (MERS-CoV); identified key risk communications gaps and challenges; and provided recommendations to address gaps.

Qatar's Supreme Council of Health recognizes risk communications as one of the key components in emergency health preparedness and response. This has been manifested during recent health events in cases of EVD and influenza A (H5N1). During the mission, a new tool developed by WHO was used to assess the risk communications capacity of Qatar. The tool, which will be used globally, looks into how risks are communicated through information sharing, guidance, and dialogue to manage the threat and protect communities. The tool reviews the emergency communication plan, communication coordination, information transparency during an emergency, listening and understanding public and partner perception, communication evaluation, and operations and staffing.

Under the International Health Regulations (IHR

2005), risk communication is one of the core capacities essential to the early detection and rapid response to emerging infectious disease outbreaks. While it is not possible to prevent these health emergencies, their adverse impact can be mitigated through effective risk communications. Through strategic planning, collaborative efforts, and appropriate guidance, the national government and organizations are better able to protect communities while organizing people and partners towards the achievement of a health goal.

Members of the team met with several partners to look at the challenges currently faced with regards to risk communications and identify short-, medium- and long-term collaborations with the Supreme Health Council. The team met Council stakeholders, namely the Hamad Medical Corporation, Primary Health Care Corporation, Qatar Red Crescent Society, Qatar Petroleum, Qatari TV and radio stations, National Resilience Capability Programme, Qatar News Agency, Ministry of Interior, Ministry of Environment and the Ministry of Defence.

#### Mission assesses avian influenza public health risk in Egypt

Upon an invitation from the Ministry of Health and Population of Egypt, a joint technical mission of WHO/Food and Agriculture Organization of the United Nations (FAO)/World Organisation for Animal Health (OIE)/US Centers for Disease Control and Prevention (CDC)/US NAMRU-3 was conducted in Egypt from 8 to 12 March 2015 to assess the public health risk associated with the recent spike of outbreaks in poultry, as well as human cases of avian influenza A (H5N1) in the country.

The mission assessed the current situation in both animal and human health sector, provided both short-, mid- and long-term recommendations in order to step up appropriate containment measures to reduce the circulation of avian influenza A (H5N1) virus at the animal-human interface and also to minimize the risk of transmission to humans.

In November 2014, the number of human cases officially reported by the Ministry of Health and Population of Egypt was 10, followed by 23 cases in December. The number of cases reported in January 2015 was 20, followed by 50 cases in February, and 30 cases in March. This rise is the highest ever in avian influenza cases reported among humans in Egypt since the first human case was reported in the country in 2006.

Currently, WHO is stepping up its efforts to investigate the reasons behind this surge and



Members of the risk communication assessment team in Qatar

### Pandemic and Epidemic Diseases (cont.)

advise the Ministry of Health and Population appropriately on the control measures to limit the infection in humans.

Since its introduction in Egypt in 2006, avian influenza A (H5N1) virus has been circulating in domestic poultry in the country and has been the source of sporadic human infections. The number of cases reported is higher compared to last year; however, the increase in the number of cases does not change current risk status of this epidemic.

Almost all cases of H5N1 infection in humans have been associated with close contact with infected live or dead birds, or H5N1-contaminated environments. Although the majority of cases reported in recent months were due to close contact by humans with either sick or dead poultry in backyards, in some instances, humans have been reported to have contracted the disease from live poultry markets.

Symptoms of infection in humans include fever, malaise, cough, sore throat and muscle aches. Severe disease and death may result from the complication of pneumonia.



MERS-CoV assessment team in Saudi Arabia

### Stepping up public health measures to control MERS-CoV

A team of experts from WHO, FAO, OIE and Institut Pasteur, France, conducted a mission to Saudi Arabia to assess the current situation of MERS-CoV following a surge of cases in the past few weeks and to make recommendations for improving the surveillance, prevention and control of the virus. In March, more than 40 cases have been reported in several locations in the country, including infections acquired in health facilities.

“The Kingdom did a lot to control the MERS-CoV. We want to hear WHO experts’ feedback on the Kingdom’s progress but also where we can improve. The government is fully committed to implementing the right control and prevention measures and also to funding any activities needed to control this disease,” said Ahmed Bin Aqeel Al Khateeb, the Saudi Arabian Health Minister.

The Minister also stressed the need to enable any hospital, whether government-run or private to handle a MERS-CoV case.

Although data collection and surveillance have improved globally in recent months, critical gaps in knowledge remain, and several challenges in the country will require further work. For example, how and why infections occur in the community is yet to be understood, and this is critical for

stopping the outbreak. In addition, cases that occur in health-care settings require further analysis to fully understand what steps are needed to ensure infection prevention and control measures are adequately implemented. The fact that infections are still occurring in some health-care settings but not in others indicates that current infection control measures are effective but not implemented.

Besides implementing good infection control and prevention measures, efforts to educate professionals and the public are urgently needed. There are also significant gaps in community engagement to fully understand routes of infection and the preventive steps that should be taken. Defining groups that are most at risk, such as the elderly and those with underlying medical conditions, and how to target these groups with the right health messages remains a challenge.

Additional information from research studies is also required to better understand the risk factors for infection and transmission. Results from case-control studies from affected countries are urgently needed, in particular, from the most affected one, Saudi Arabia. An understanding of the evolution of the virus is needed, through studies to address the knowledge gaps at the human/animal interface environment.

### Health Risk Management (HRM)

#### Sendai Framework for Disaster Risk Reduction 2015-2030 of the Third World Conference on Disaster Risk Reduction

The Third World Conference on Disaster Risk Reduction, held from 14 to 18 March 2015 in Sendai, Japan, which epitomized unique opportunity for countries to adopt a concise, focused, forward-looking and action-oriented post-2015 framework for disaster risk reduction based on a comprehensive assessment of Hyogo Framework for Action 2005–2015. The conference was opened by the UN Secretary General Ban Ki Moon who mentioned in his speech that ‘sustainability starts in Sendai’ emphasizing the importance of the conference in taking strategic steps to reduce disaster risks. The inauguration was also attended by the Prime Minister of Japan and many heads of state and ministers, high level officials of countries, the United Nations, nongovernmental organizations and other partner organizations. The opening of the conference was also attended by H.H. the Emperor and Empress of Japan.

The conference concluded with a commitment to support countries in building national and community resilience to disasters. A new framework called Sendai Framework for Disaster Risk Reduction 2015–2030 was adopted by 187

### Health Risk Management (cont.)

UN Member States with seven targets and four priorities for action. Through organized advocacy and intense support of Member States of all six regions of WHO and partners, including the International Federation for Medical Students Association. 'Health' has been underscored as one of the central pillars in the disaster risk reduction agenda. Epidemics, pandemics, the International Health Regulations, and the impact of disasters on health and health facilities were discussed at length in the conference.

The WHO delegation included strong representations of all six regional offices and headquarters and led by Assistant Director General Dr Bruce Aylward who represented the Director General in the conference.

For further information:

<http://www.wcdrr.org/>

[http://www.wcdrr.org/uploads/Sendai\\_Framework\\_f\\_or\\_Disaster\\_Risk\\_Reduction\\_2015-2030.pdf](http://www.wcdrr.org/uploads/Sendai_Framework_f_or_Disaster_Risk_Reduction_2015-2030.pdf)

<http://www.wcdrr.org/uploads/EN7.pdf>

[http://www.wcdrr.org/uploads/Resolution\\_Voluntary\\_Commitment.pdf](http://www.wcdrr.org/uploads/Resolution_Voluntary_Commitment.pdf)

### International Health Regulations (IHR)

#### Third regional stakeholders' meeting to review implementation of the International Health Regulations (IHR 2005) – with focus on Ebola

The third IHR stakeholders' meeting was held at the WHO Regional Office between 11 and 13 January 2015 to: review key findings and recommendations on Ebola preparedness and response readiness assessment missions undertaken in the Region in November and December 2014; identify specific strategies to overcome challenges and fill highlighted gaps; review the progress made and reasons behind continuing gaps at country levels in implementing the recommendations of the first and second IHR regional meetings; and identify ways to implement resolution EM/RC61/R.2 on global health security and previous recommendations. Around 120 participants, including directors of communicable diseases departments, national IHR focal points and those involved in emergency preparedness and response, points of entry, risk communication and laboratories from 17 countries of the Region; representatives of several United Nations agencies, technical institutions, donors and WHO collaborating centres participated in the meeting. A second round of the meeting with the same scope was conducted in Tunis between 4 and 5 February 2015 for the remaining five countries of the Region.

During the two meetings, progress and challenges toward IHR implementation, particularly

preparedness and response to the current EVD outbreaks were shared with Member States. Several recommendations were also made to enhance national capacities for preparedness and response to Ebola and to further support implementation of IHR in the areas of: leadership and coordination; national IHR focal points; points of entry; surveillance and contact tracing; infection prevention and control; and laboratory and risk communication. Furthermore, a 90-day plan was developed to support countries to implement the recommendations by the end of May 2015.

#### Two subregional workshops to enhance capacity at points of entry for preparedness and response to EVD

Enhancing capacities at points of entry was one of the areas for which countries requested immediate WHO support to ensure better preparedness and response to Ebola cases detected at points of entry or on board of conveyances. In response to this request and as part of a 90-day plan, two subregional workshops were conducted in March 2015.

The first workshop from 16 to 18 March was held in Tunis with participants from different sectors of public health authorities at airports, airport authorities, civil aviation and national IHR focal points of Djibouti, Libya, Morocco, Somalia and Tunisia. The second workshop was conducted between from 28 to 30 March in Amman with participants from Egypt, Jordan, Lebanon, occupied Palestinian territory and Sudan. Also, experts from the International Civil Aviation Authority, WHO/ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation and International Air Transport Association participated in both workshops. Workshops covered essential requirements at points of entry, including public health contingency plans as an integral part of the aerodrome emergency plans and standard operating procedures for continuous communication between points of entry and the health surveillance and response system, including for notification, management of and referral of passengers who are ill detected at airports and on board conveyances and adoption of health measures. Participants were also made aware of WHO developed guidance and training materials related to points of entry.

## Public Health Laboratories

### Intercountry meeting of the directors of public health laboratories in the Eastern Mediterranean Region

The meeting of the directors of public health laboratories was held from 23 to 28 February 2015 in Tunis, Tunisia, and attended by representatives from 17 Member States, as well as representatives from a number of partner organizations, including Centers for Disease Control and Prevention in Atlanta, NAMRU-3, Royal Tropical Institute (Netherlands), and Institut Pasteur (France). During the meeting, participants reviewed the status of the public health laboratories in the Region and discussed ways to strengthen laboratory quality management system, biorisk management, laboratory information systems, equipment maintenance and diagnosis of infectious diseases of public health concern in line with the IHR (2005). The meeting reviewed, revised and endorsed the draft regional Health Laboratory Strategy 2015–2019 and recommended its finalization for review by the Sixty-second Regional Committee for the Eastern Mediterranean for adoption and use by Member States to develop national laboratory policies and strategic plans.

In addition, the meeting discussed the role of public health laboratories in food safety systems and for surveillance of antimicrobial resistance.

### National training on laboratory quality management system in Hargeisa, Somalia

The Regional Office conducted national training on the laboratory quality management system from 4 to 7 April 2015 in Hargeisa. The training was attended by 26 laboratory professionals from north-western, north-eastern and south-central Somalia. The main goal of the training was to increase participants' understanding of and capacity to implement laboratory quality management systems in their respective laboratories. The participants were introduced to the quality management systems as a systematic approach to ensure delivery of accurate and reliable test results in timely manner and to understand its importance and benefits. They looked at major strategies for implementation of individual quality management system components, as well as approaches and tools for assessment and monitoring of quality management activities. During the course, the newly developed WHO laboratory quality STEPwise Implementation tool was tested by participants as the first instance of its piloting in the Region.



Training participants develop an action plan to strengthen laboratory quality using the WHO laboratory quality STEPwise implementation tool

#### For correspondence:

WHO Regional Office for the Eastern Mediterranean  
Abdul Razzaq Al Sanhoury Street  
P.O. Box 7608, Nasr City  
Cairo 11371, Egypt  
Telephone + 20-2-2276-5282  
Facsimile + 20-2-22765414  
Email: emrgodcd@who.int