

Summary report on the

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**Fifth meeting of the Eastern  
Mediterranean Acute Respiratory  
Infection Surveillance (EMARIS)  
network and second scientific  
conference on acute respiratory  
infections in the Eastern  
Mediterranean Region**

Casablanca, Morocco  
12–15 November 2019



REGIONAL OFFICE FOR THE

**World Health  
Organization**

**Eastern Mediterranean**

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## **1. Introduction**

The Eastern Mediterranean Acute Respiratory Infection Surveillance (EMARIS) network is a group of countries working together to strengthen and enhance influenza surveillance and the use of surveillance data for developing control programmes and conducting research related to influenza and other respiratory viruses in the World Health Organization (WHO) Eastern Mediterranean Region. EMARIS network meetings have been held regularly since 2011 in order to share good practices for influenza surveillance, track progress and draw important lessons for public health preparedness for pandemic influenza.

From 12 to 15 November 2019, the WHO Regional Office for the Eastern Mediterranean convened the fifth meeting of the EMARIS network, in collaboration with United States Centers for Disease Control and Prevention (CDC) and the Oman Medical Journal, in Casablanca, Morocco. The meeting was held alongside the second Scientific Conference on Acute Respiratory Infections. The meeting and conference aimed to document progress made in the Region in the strengthening of surveillance and response capacity for both seasonal/pandemic influenza, MERS-coronavirus (MERS-CoV) and other emerging respiratory viruses.

The specific objectives of the combined meeting were to:

- review the achievements and challenges countries face in strengthening surveillance and response capacities for seasonal and pandemic influenza in the Region;
- share evidence and best practices emerging from the Region on using influenza surveillance data for severity assessments and on outbreak detection;

- discuss how surveillance data on influenza and other respiratory diseases can be translated into setting policies and programmes for influenza prevention and control;
- document and showcase new scientific achievements and operational research findings for prevention, detection and response to seasonal, novel and other emerging respiratory viruses;
- and enhance young researchers' knowledge and skills on selected technical and topical areas befitting the theme of the conference.

More than 180 people, including representatives from all 22 countries of the Region, participated in the meeting. The country participants included surveillance focal points for influenza-like illnesses and severe acute respiratory infections, directors of epidemiology/communicable disease departments and directors of central public health laboratories/national influenza centres.

The meeting was also attended by 46 experts invited for their global, regional and country level expertise across nine thematic areas: epidemiological surveillance, virological surveillance, influenza burden estimation, outbreak investigation of respiratory diseases, MERS-CoV and other emerging respiratory infections, influenza vaccines, biosafety and biosecurity, human–animal interface and pandemic influenza preparedness.

Additionally, 50 regional researchers participated in the meeting through presentation of scientific abstracts during plenary sessions and a poster exhibition.

## **2. Summary of discussions**

Participants highlighted the challenges they face in undertaking influenza surveillance, prevention and control and preparing for the next pandemic. Key challenges identified included the following:

### *Complex operational contexts and increasing fragility*

Many countries are working against a backdrop of conflict, population displacements, disease outbreaks and natural disasters. More than half the countries in the Region are dealing with ongoing conflict, which poses significant operational challenges. Of these countries, 10 are classified as fragile states by the World Bank. The Region is the source of two thirds of the world's refugees, and is home to more than half (53%) of the world's population in need of humanitarian assistance. Today, there are 16 active emergencies ongoing in the Region. Complex contexts like these present challenges to the logistics of influenza programmes.

### *Limited animal surveillance*

Animal surveillance is critical in the Region where human–animal interaction is high, yet remains weak in many countries. Animal surveillance is important for influenza, not least because of the pandemic potential that zoonotic strains can have. But systems for animal surveillance are weak in many countries and the wide range of animal hosts (across wild and domestic populations) makes comprehensive animal surveillance very difficult in practice.

### *Limited use and uptake of vaccines*

Vaccine coverage in the Region remains low due to vaccine hesitancy, political barriers, industry constraints and other technical challenges. The

lack of vaccination programmes poses a double challenge to tackling influenza: it limits the use of vaccines for seasonal influenza and there is evidence that it can also hold up access to a vaccine during a pandemic.

#### *Inconsistent data sharing*

The timeliness and quality of data shared varies across the Region.

#### *Limited cross-sectoral involvement*

Influenza requires a One Health approach, but cross-sectoral collaboration in many countries remains informal at best. Many One Health initiatives tend to focus on linking human and animal health; the involvement of environment stakeholders is often minimal and other stakeholders are very rarely involved. An effective response to influenza requires the active participation of many different stakeholders, from government ministries and departments (for example, the ministries of finance, trade and education) to industry representatives (industry associations) and communities (influencers, leaders and opinion-makers).

#### *Lack of preparedness planning*

Only six countries in the Region have a publicly available pandemic influenza preparedness plan, and only two have been published or revised since WHO's new guidance was released in 2013. Globally, more than half of the world (99 countries, including 14 in the Region) still have no publicly available pandemic influenza preparedness plan. This represents a big gap in the fight against influenza, but is also an opportunity for introducing a multisectoral approach to planning that can simultaneously build International Health Regulations (2005) core capacities and address other hazards beyond influenza.



### **3. Recommendations**

#### *To Member States*

1. Support early detection by strengthening human and animal epidemiological and virological surveillance, filling related knowledge gaps strategically, and building laboratory capacity to support the Global Influenza Surveillance and Response System (GISRS).
2. Enhance and expand influenza prevention by improving seasonal vaccination programmes and investing in non-pharmaceutical preventive measures.
3. Prepare for pandemic influenza through updating and testing national preparedness plans, including the development of national pandemic vaccine deployment plans.
4. Strengthen the national evidence base to improve understanding of influenza seasonality, estimate burden of influenza in more countries, scale up severity assessments and, ultimately, translate research outcomes into policy.
5. Search for synergies across diseases by using the influenza infrastructure to strengthen other respiratory disease surveillance capacities and integrating influenza into national disease surveillance systems.
6. Work together to align efforts by building partnerships in research and practice, fostering regional collaboration, aligning plans with global strategies and promoting greater data sharing.
7. Promote the One Health approach through building political will for animal health, prioritizing zoonotic disease threats collaboratively and developing mechanisms for integration.
8. Boost awareness and influenza seasonal vaccine uptake by tailoring and targeting messages to key groups, engaging new partners in communication and harnessing behaviour change theory.

9. Engage and mobilize communities by involving them in prevention, detection and control of influenza as equal partners, and engage marginalized groups and political leaders.
10. Be flexible and pragmatic by adapting systems to evolving situations and tailoring solutions to local contexts.

*To WHO*

11. Continue to support countries in building capacities to strengthen influenza systems and structures for influenza prevention, detection and control.
12. Facilitate research for policy by promoting and supporting national influenza burden estimations and other studies to build the relevant national evidence base for meaningful policies.
13. Incorporate country priorities into regional and global guidance and strategies.
14. Facilitate knowledge exchange and collaboration through forums and opportunities for exchanging experience and expertise across the Region, including for other respiratory diseases beyond influenza.
15. Continue to promote the One Health approach through capacity-building and the development of standard operating procedures and other guidance documents.

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