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### **Afghanistan moves towards an integrated disease surveillance system**

Afghanistan is one of the few countries in the Region moving towards integrating the multiple streams of its disease-specific surveillance system for more efficiency and to improve its overall response capacity. In January 2012, a team from the Regional Office visited Afghanistan to conduct an in-depth assessment of its existing surveillance system.

The team, through consultation with various stakeholders, defined a road map for the Ministry of Public Health for establishing an integrated disease surveillance and response system. Afghanistan's commitment to improve its surveillance and response capacities for epidemics is proof that the efficiency and quality of health systems can be improved even in most challenging environments.

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### **South Sudan accords top priority to infection prevention and control in health facilities**

As South Sudan recovers from its war ravaged health systems, the country has made infection prevention and control practices at health facilities one of its top public health priorities. The country has faced a number of viral haemorrhagic fever epidemics in the past that resulted in health care-associated transmissions in hospital due to lack of poor infection control practices by health-care workers.

In January 2012, the Ministry of Health of South Sudan invited experts from the WHO Regional Office to advise on how to establish an evidence-based infection prevention and control programme in hospitals and secondary health facilities. The team provided guidance on how a good infection prevention and control programme in health facilities can better protect the health of the population in epidemic situations.

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### **International conference on dengue and its control in Pakistan**

The Regional Office supported the WHO Pakistan country office and Government of Punjab in February 2012 to organize an international conference on dengue control. In view of the biggest ever dengue outbreak in Pakistan in 2011, which resulted in over 4500 suspected cases including 450 deaths, the conference aimed to document best practices and lessons learnt for control of dengue fever in the country.

With the participation of over 20 global experts in the field, the conference resulted in recommendations on surveillance, early detection, case management, vector control, behavioural interventions and emergency response for preventing dengue fever outbreaks.

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### **Cholera in Somalia: Searching for a sustainable solution**

In 2011, Somalia faced one of its worst cholera epidemics with over 65 000 cases and 2000 deaths reported, the majority amongst children under 5 years of age.

In February 2012, the WHO Regional Office, in collaboration with the Centers for Disease Control and Prevention (CDC), UNICEF, USAID, WHO headquarters and WHO Somalia country office, organized a technical consultation to develop recommendations for sustainable solutions for control of cholera in the face of the decades-long acute humanitarian emergency in the country.

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### **Making it easy: Assessment of infection prevention and control programmes**

In April, the Regional Office produced an electronic version of the Infection Prevention and Control Assessment Tool (e-IPCAT) that can assist countries in assessing their infection prevention and control programmes at national and health facility level in accordance with recommended best practice.

The tool will also help countries to measure their progress over time in establishing an evidence-based infection prevention and control programme. The tool has been rolled out to all

the countries in the Region after pilot testing in Jordan, South Sudan and Sudan.

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### **Infection prevention and control for health care**

All evidence suggests that health care-associated infections (HCAI) are increasingly becoming a major public health problem in the Eastern Mediterranean Region. In addition, nosocomial transmissions in health care due to poor adherence of infection control practices by health-care workers has been on the rise in the Region. In June 2012, the Regional Office organized two back-to-back consultative meetings on infection prevention and control in health care. The first of these two meetings developed the outline of a guidance tool for surveillance of HCAI in countries to better understand the HCAI burden in the Region.

The second consultation prepared the ground work for developing a guidance document for prevention of health care-associated transmissions of Crimean-Congo haemorrhagic fever and other viral haemorrhagic fever infections that many countries in the Region are prone to. Both meetings were attended by experts from countries of the Region, infection control professionals working with WHO Collaborating Centres and infectious disease epidemiologists working in the relevant fields.

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### **Hepatitis: Know it, Confront it**

On 28 July 2012, the Regional Office marked World Hepatitis Day for the first time, providing technical support to countries for their activities. All types of viral hepatitis occur in the Region with some countries having among the highest infection rates globally for hepatitis C and hepatitis E. Given this context, the Day was observed to raise public awareness about viral hepatitis and focus attention on what can be done for its prevention and control.

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### **Understanding the unknown: Investigation into Nodding Syndrome**

Nodding Syndrome is an unexplained neurological condition, characterized by repetitive drooping forward of the head, often accompanied by convulsions. The condition predominantly affects children aged 5–15 years and thousands of cases in children have so far been reported

in South Sudan. The etiology of the disease remains unknown and there is no known treatment.

In August 2012, WHO organized the First International Scientific Meeting on Nodding Syndrome in Kampala, Uganda, together with the Centers for Disease Control and Prevention (CDC) and the UK Department of International Development (DFID). The meeting discussed the findings of a case-control and case-series investigation in several countries, including a study conducted by CDC and the Regional Office in South Sudan. The meeting proposed further collaborative studies to identify causes, treatment and preventive measures for this largely neglected disease prevalent in the under-resourced settings of Africa for decades.

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### **Determining the feasibility of increased use of seasonal influenza vaccines in the Region**

The use of seasonal influenza vaccines in the countries of the Region is very low, with none currently on target to meet the related resolution of the Fifty-sixth World Health Assembly (WHA56.19), which calls for 75% coverage among those aged over 65 years. As this low uptake has severe implications on the pandemic influenza preparedness in the Region, the Regional Office has started the development of a five year regional plan for increased use of seasonal influenza vaccines through a technical consultation to determine feasibility held in September 2012. The plan aims to stimulate influenza vaccine uptake and drive long-term demand in the Region.

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### **Influenza outbreaks: Being ready for the unexpected**

Influenza and respiratory disease outbreaks caused by a novel virus can often cause large scale mortality and morbidity in populations within a short span of time. Being prepared for such unexpected events, may improve the readiness of health systems for managing pandemics. In October 2012, the Regional Office organized a training course for front-line health care workers on early recognition, detection and response to influenza and other acute respiratory infection outbreaks in the community. These training courses are part of the Office's ongoing public health capacity building programme for pandemic influenza. Similar training courses were organized in Djibouti, Jordan, Sudan, South Sudan and Yemen.

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### **Protecting global health: Public health preparedness for Hajj 1433/2012**

Mass gatherings, such as the Hajj, present a global health risk because of the potential for the international spread of disease by both arriving and returnee travellers. Upon invitation from Saudi Arabia, the Regional Office participated in a technical mission to observe and review the public health measures undertaken by the government for the Hajj 1433/2012.

In particular, the mission's role was to advise the Ministry of Health on implementing appropriate public health measures for prevention and control of epidemic prone infectious diseases amongst pilgrims. The Hajj season for 1433/2012 was declared free from any major public health event following the close and joint supervision of the public health measures undertaken.

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### **Influenza in displaced population settings: finding the best control strategies**

Over 10 million people are currently displaced in the Region, living mostly in countries with complex emergencies. Influenza caused by a novel virus can cause significant mortality and morbidity in these situations owing to overcrowding and other conditions that favour enhanced transmission. The Regional Office is designing appropriate strategies for early detection and control of influenza and other acute respiratory infections caused by a novel virus.

In November 2012, the Regional Office organized a workshop in Jordan, involving all health partners and countries in humanitarian crisis in the Region, to find the best influenza control strategies. This is part of the Office's ongoing work to improve pandemic influenza preparedness in the Region.

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### **Yellow fever in Sudan: Helping stop the spread**

In October 2012, the Federal Ministry of Health in Sudan informed WHO of a yellow fever outbreak in Darfur that turned out to be the largest epidemic reported in Africa in the last two decades. By December, a total of 849 suspected cases, including 171 deaths, had been reported.

To help minimize the spread of the disease, the Regional Office assisted Sudan in conducting field investigations and strengthening epidemic response measures. Surveillance and case management were improved and WHO supported the Ministry in strengthening laboratory diagnosis, entomological assessment and the procurement of vaccines. Over five million people at-risk were vaccinated in an emergency mass immunization campaign conducted in three phases.

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### **Investigation for novel coronavirus infection: limiting the threats to public health**

In November 2012, the Regional Office fielded a team of epidemiologists, an infection control expert and a laboratory virologist in response to a request received from the Jordanian Ministry of Health for investigation of a cluster diagnosed with novel coronavirus infection. The investigation led to identification of possible source of the infection and helped limit further exposure.

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### **Estimating the burden of influenza in general population: Generating evidence for control**

An important part of the work of the Regional Office throughout the year was assisting countries to estimate the burden of influenza in the general population using routine surveillance data. Countries were assisted with advice, guidance and the necessary technical support this.

In December 2012, selected countries presented their burden estimates in the annual meeting of the Eastern Mediterranean Acute Respiratory Infection Surveillance (EMARIS) network. Evidence on the burden of influenza and its risk factors is used to develop a comprehensive programme for the prevention and control of influenza in the Region.

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### **Preventing epidemics: looking forward to a better future**

The regional Pandemic and Epidemic Diseases programme seeks to achieve a Region free from the toll of epidemics and avoidable human suffering caused by preventable infectious diseases. In 2013, the Regional Office will continue to support countries through policies and

programmes for the prevention and control of epidemic diseases based on evidence and best practices.

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