

Summary report on the

# Intercountry meeting on the Eastern Mediterranean Acute Respiratory Illness Surveillance network

WHO-EM/CSR/066/E

Sharm el-Sheikh, Egypt  
12–13 December 2012



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The annual meeting of the Eastern Mediterranean Acute Respiratory Infection Surveillance (EMARIS) network was organized by the WHO Regional Office for the Eastern Mediterranean in collaboration with the U.S. Naval Medical Research Unit No. 3 (NAMRU-3). On 12–13 December 2012, more than 50 participants representing 19 countries of the Eastern Mediterranean Region and staff of the Centers for Disease Control and Prevention, Atlanta (CDC), the Global Disease Detection and Response Program (GDDRC) at NAMRU-3 and WHO headquarters and the Regional Office convened in Sharm el-Sheikh, Egypt to discuss the progress of the EMARIS network and upcoming challenges and opportunities. The theme of the meeting was “Utilization of Surveillance Data for Policy Change.”

Presentations were provided by WHO headquarters and the Regional Office, CDC, NAMRU-3, and country representatives. Four countries (Egypt, Jordan, Oman and Qatar) were commended for their fourth year of participation in EMARIS, and other countries were encouraged to join the network. GDDRC/NAMRU-3 presented a plan for transitioning data management into a web-based reporting system for the EMARIS network that will streamline data entry, analysis and reporting. Updates were provided regarding the recent emergence of a novel human coronavirus in the Region that had surfaced in Jordan, Qatar and Saudi Arabia. Throughout the meeting, participants were charged to continuously find ways to link laboratory functions with epidemiological functions, establish terms of reference for the EMARIS network, and use SARI surveillance data to inform policy decisions at the country level. There were several discussions held throughout the meeting where country representatives were actively engaged in sharing ideas and exchanging information about SARI surveillance.

The meeting was organized following a three-day workshop on burden of disease estimation. During the workshop participants from six countries, Egypt, Islamic Republic of Iran, Jordan, Morocco, Oman and Pakistan, were trained on how to estimate the burden of influenza using the new WHO tool for estimation of burden of diseases. Each country brought one year's worth of data on severe acute respiratory infection (SARI) from the surveillance system and used them during the workshop to estimate the burden of disease of SARI in their countries. The outcome of these estimations were presented and discussed with the rest of the countries during the EMARIS network meeting.

## **2. Conclusions**

The participants expressed appreciation for the continued efforts made by WHO, NAMRU-3 and other partners to promote influenza surveillance in the Region and requested these organizations to continue support and expand the network to include other countries of the Region. It was also observed that policy-makers still do not consider influenza a high priority among public health challenges in countries, and more advocacy is needed to change this attitude.

The new WHO manual and tool for estimation of burden of disease associated with seasonal influenza in a population, and in particular SARI surveillance information, was well received by Member States. Application of the tool showed significant gaps in available SARI surveillance systems in the countries.

The participants recognized the importance of generating evidence on burden of influenza to convince national decision-makers to maintain

and sustain influenza surveillance as part of the national surveillance system.

### **3. Recommendations**

#### *To Member States*

1. Assess and upgrade existing SARI sentinel surveillance and generate evidence when and where quality data are available and use them for advocating policy change for allocation of national resources and integration of SARI surveillance into the national surveillance system to ensure sustainability.
2. Share influenza surveillance data with WHO on a regular basis.
3. Remain vigilant and report any clusters of severe diseases and unusual events in a timely manner as part of commitment to international health security.
4. Formalize the Network, develop a secretariat with clear terms of reference and identify resources
5. Where adequate resources and capacities exist, upgrade national public health laboratories to bio-safety level three (BL-3) laboratories to reduce reliance on the BL-3 laboratory provided by NAMRU-3 in Cairo.

#### *To WHO and partners*

6. Finalize the manual and tool for estimation of the burden of disease associated with seasonal influenza and develop training programmes for building capacity among countries.
7. Work with partners to provide support to countries for assessment, upgrading and expansion of SARI sentinel surveillance.

8. Change the current EMARIS data management process into a web-based reporting system that will be based at the WHO Regional Office.
9. Continue supporting and strengthening the national central public health laboratories including influenza diagnostics.



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