



Egypt (Action plan 2017-2018)

7th Mena Influenza Stakeholders Meeting

Organized by Fondation Mérieux

Riga, Latvia 9-10 September 2017 Egypt is a low-middle-income country. It has a per capita gross national income (GNI) of US\$ 3.160 (2013). It has a large geographic area and a population of 92.06 million (2017).

Seasonal Influenza vaccination is not considered a top priority by MoH in terms of funding or obligatory immunization . However the MoH make all efforts to monitor Influenza (SARI surveillance) and make public recommendations to the benefit of Influenza vaccination particularly in high risk groups or in face of epidemics.

Vaccination against seasonal Influenza is therefore motivated mainly by HCPs who are indeed the sole prescribers of seasonal influenza vaccines and who carry the task of explaining the Benefit/Risk of such vaccines to their patients. (a matter depending on the HCPs/patient belief of its importance). Vaccination coverage rates in Egypt remains at very low rates which does not meet the WHO GAP recommendations which aim at fighting Influenza and preventing pandemic spread

Influenza prevention is therefore a responsibility shared by MoH and HCPs who prescribe means of prevention

Egypt is one of the countries that have experienced a large epizootic of highly pathogenic avian influenza in poultry caused by the influenza A (H5N1) virus. Since 2006, Egypt has reported over 100 human cases of avian influenza A (H5N1) and tens of deaths. Prior to the avian influenza crisis, about 2.2 to 2.5 million chickens were produced daily in Egypt by around 75 000 licensed breeders.

H5N1, a virus with pandemic potential remains a challenge for the health system in Egypt. In 2014 alone, there were 191 confirmed cases of which 72 proved fatal. Egypt convened a consultation on using PIP funds to scale up capacities in the month of August. Representatives of the Ministry of Health and Population, national influenza centres, the WHO country office and the Regional Office participated in the discussion.

The meeting paved the way for a collaborative approach to the implementation of PIP activities in the country.

Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003-2017

Country	2003-2009*		2010-2014**		2015	2016	2017		Total			
Country	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	8	5	0	0	0	0	0	0	0	0	8	5
Bangladesh	1	0	6	1	1	0	0	0	0	0	8	1
Cambodia	9	7	47	30	0	0	0	0	0	0	56	37
Canada	0	0	1	1	0	0	0	0	0	0	1	1
China	38	25	9	5	6	1	0	0	0	0	53	31
Djibouti	1	0	0	0	0	0	0	0	0	0	1	0
Egypt	90	27	120	50	136	39	10	3	2	1	358	120
Indonesia	162	134	35	31	2	2	0	0	0	0	199	167
Iraq	3	2	0	0	0	0	0	0	0	0	3	2
Lao People's Democratic Republic	2	2	0	0	0	0	0	0	0	0	2	2
Myanmar	1	0	0	0	0	0	0	0	0	0	1	0
Nigeria	1	1	0	0	0	0	0	0	0	0	1	1
Pakistan	3	1	0	0	0	0	0	0	0	0	3	1
Thailand	25	17	0	0	0	0	0	0	0	0	25	17
Turkey	12	4	0	0	0	0	0	0	0	0	12	4
Viet Nam	112	57	15	7	0	0	0	0	0	0	127	64
Total	468	282	233	125	145	42	10	3	0	0	858	453

* 2003-2009 total figures. Breakdowns by year available on subsequent tables.

** 2010-2014 total figures. Breakdowns by year available on subsequent tables.

Total number of cases includes number of deaths. WHO reports only laboratory cases.

All dates refer to onset of illness.

Source: WHO/GIP, data in HQ as of 20 April 2017



The National Influenza Pandemic Executive **Committee** is responsible for developing strategies appropriate to the country's needs and situations, drawing expertise from the WHO and relevant international and local multidisciplinary expert groups. An integrated national plan for avian and pandemic influenza was developed in response to the rapid spread of avian influenza in Egypt. A wellstructured communication plan exists within the Pandemic Influenza Preparedness Plan. This can serve as a model for a broader preparedness plan for a public health emergency of international concern.

The Central Public Health Laboratory in Egypt has been recognized as a national influenza centre since 2009. All possible tests such as virus isolation, PCR, serology and sequencing exist and are currently functioning. The sequencing at the Central Public Health Laboratory is only for measles and rubella, not for influenza, but the laboratory has started to include seasonal influenza.

In addition, VACSERA has been recognized as a national influenza centre in Egypt since 1951: virus isolation, polymerase chain reaction and serology are available and functioning; only sequencing is not available. It has conventional polymerase chain reaction which is used in the WHO External Quality Assessment Project. During July/August 2017, regional national influenza centres and influenza laboratories tested a total of 1514 specimens for influenza viruses, of which 235 tested positive. The average percentage of positivity rates is 7%, with highest positivity rate recorded in Qatar and Saudi Arabia. The lowest rates were recorded in Egypt, Iraq, Jordan and Morocco. Of the viruses tested, 193 (82%) were influenza A viruses and 42 (18%) were influenza B viruses. Of the subtyped influenza A viruses, 76 (32%) were influenza A(H1N1)pdm09 viruses and 29 (12%) were influenza A(H3) viruses.





In the northern Africa influenza transmission zone, during the month of July/august 2017, Egypt and Morocco reported no influenza activity.



COUNTRY OBJECTIVES FOR THE UPCOMING 3 YEARS

- Improve surveillance and disease burden data
- Improve evidence-based communication on Influenza burden and benefits of vaccination.
- Inclusion of Influenza vaccination in National Vaccination program and in National disease guidelines for high risk population.
- Vaccination of HCPs
- Increased Influenza vaccine coverage rates to achieve protection of high risk groups.

COMPONENTS / Actions	Progress achieved	Objectives for upcoming 3 years	Challenges
SURVEILLANCE	Egypt's national influenza centres are functioning well and its SARI and ILI surveillance system provides good quality representative baseline data on influenza epidemiology with support from the Partnership Contribution funds.	The Egyptian government is enhancing the capacity of its national public health system to respond rapidly if there are suspicions that a highly pathogenic influenza virus can be transmitted between humans in a sustained way.	New mutations/Avian influenza

The Central Public Health Laboratory has established and supervises influenza laboratories in several governorates in line with a detailed action plan. These laboratories have recently established a quality management unit to lead efforts to implement a national laboratory quality management strengthening strategy. They are participating in the (regional) WHO microbiology external quality assessment scheme for the countries of the Region and the (international) WHO external quality assessment programme for the detection of influenza A virus subtypes by polymerase chain reaction.

COMPONENTS / Actions

Challenges

SURVEILLAN

Seven regional laboratories will be upgraded to increase the diagnostic capacity of the Central Laboratory for Veterinary Quality Control of Poultry Production and assist in active surveillance. Efforts should be made to upgrade the capacity of the laboratory and provide in-country and out-of-country training of laboratory analysts and introduce new technologies for the diagnosis of avian influenza. All staff in poultry farms and chest and fever hospitals, surveillance teams and rapid response teams should receive the annual vaccine against seasonal influenza.

COMPONENTS / Actions	OMPONENTS / Progress achieved Actions		Challenges	
VACCINATION	Increased from 800 000 to 1 400 000 this year	Improve coverage rates particularly high risk groups & HCPs	 Priority Under awareness of HCP and public Safety issues 	
SOCIAL MOBILIZATION / EDUCATION / AWARENESS	 Medical Societies meetings TV programs Media Posters 	Influenza Advisory Board to include Medical Societies dealing with high risk groups , EMRO and MoH	PriorityFinancialPolitical issues	
ADVOCACY & POLICY	Several Press conferences including MoH and decision and policy makers	Inclusion of vaccination in National guidelines and National vaccination programs	 Priority Financial Influenza literacy 	

Actions

2017-2018

1. Communication with HCPs (being the main patients' reference and decision making)







Main Activities

1- Communication with scientific societies (e.g.: Gynecology, IM, Diabetes, respiratory & allergy, Paedia......etc. to establish:

- Advisory Board Diabetes in Delta (Aug 2016)
- Put influenza in local congresses scientific agenda (Dia-Egypt Oct. 2016, MESI Oct.2016, Gynae. Scientific meeting Oct. 2016, Gynae university congresses 2017 , Paedia 2016, Diabetes Institute 2017, WAD 2017, MESI 2017.)
- HCPs Scientific communication & awareness with different specialties in different governorates (Resp., Diabetes, Gynae.. ..etc.) via meetings and webinars.
- CME with Diabetes guidelines (Specialists Program)
- Promote vaccination among HCPs .
- Data on vaccination effectiveness & safety.
- Highlight among Gynecologists vaccine safety in all stages of pregnancy .

2. Communication & awareness for pharmacists ongoing (Materials & Banners)

	Actions	Main Activities
2017/2018	2- Research	 Design a number of Burden studies to measure the true impact of Influenza on different high risk groups. Initially involving: * Pregnant women * COPD patients * Diabetics * Cardiovascular diseases.

2017/2018

Actions 3. Communication with Public.





Main Activities

1. Increase awareness of Influenza among public (Not just common cold) to understand magnitude of the problem, complications , safety & efficacy of vaccination. (Public awareness leaflets, flyers, posters ..etc.) – ongoing in pharmacies & HCPs clinics, popular clubs, schools & teach basic hygiene measures

2. Media, social media, with simplified language, knowledge and information in proper timing , by medical societies & bodies (Done)

3. Influenza slide kits to be included in diabetes educators courses. (Done)

	Actions	Main Activities
2017/2018	3.Communication with Health authorities.	 1- Started scientific body initiation followed by MOH communication. This scientific working group will include members from the following societies: Egyptian Society of Chest Diseases and Tuberculosis Egyptian Society of Cardiology Egyptian Society of Obstetrics and Gynaecology National Diabetes Committee Egyptian Pediatric Diabetes Society Modern Egyptian Society of Allergy and Immunology Egyptian Society of Pediatrics Communicating with MoH and WHO/EMRO Target: Position paper to unify fight against Influenza Encourage research on disease burden Ensure vaccine availability and

Influenza vaccine recommendations National Clinical Practice Recommendations for Management of Diabetes Mellitus Dec. 2015"



National Clinical Practice Recommendations for Management of Diabetes Mellitus 2015 Ministry of Health & Population

> Prepared by (National Diabetes Committee)



Type 2 DM

Type 1 DM

"Annually provide an influenza vaccine to all patients with diabetes ≥ 6 months of age." "Yearly administer the Influenza vaccine to diabetics aged over 6 months". National Clinical Practice Recommendations for Management of Diabetes Mellitus 2015 Ministry of Health & Population

> Prepared by (National Diabetes Committee)

> > 2015

In 2016 Educational sessions for guidelines in all governorates including Influenza vaccine recommendations (specialist Program)

Influenza in Gynecology





Influenza vaccine is very safe for pregnant women during all stages of pregnancy.

If you have any questions that you want answered by our doctors, please send us a direct message and we will be happy to answer them for you!



ROFAYDA HEALTH TIPS Immunization and Pregnancy: To Do or Not To Do?



Why should pregnant women get vaccinated?

Firstly, an immunized pregnant woman will transfer her immunity t the baby. Also, immunization helps the mother avoid serious complications due to her naturally decreased immunity during pregnancy.

What vaccines are recommended before pregnancy?

Design a study on Influenza disease burden in pregnancy in our region

http://rofayda.org/healthtips/immunizationandpregnancy/

Gaps and recommendations

- Egypt attracts a large number of tourists every
- year so there is a probability of acquiring
- different patterns of circulating influenza
- viruses, especially during the winter season.
- Reinforcement of the effectiveness of the
- influenza surveillance system and mobilization
- of the capacity of general hospitals to prepare
- for an influenza pandemic are the main
- objectives of the Human Pandemic Influenza
- Preparedness Plan in the country.

CONCLUSIONS / HIGHLIGHTS

- Improved surveillance
- Working on national vaccination programs to include Influenza vaccination in a suitable priority.
- Encourage studies on Influenza disease burden on different high risk groups.
- Proceed with a body of medical societies to unify efforts to fight influenza.
- Vaccination of HCPs

Abflug / Departure					
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THANK YOU

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