



EGYPT

(Prof H. Tarraf
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6th Mena Influenza Stakeholders Meeting

Organized by Fondation Mérieux

Prague, Czech Republic
6-7 April 2017

COUNTRY OBJECTIVES FOR THE UPCOMING 3 YEARS

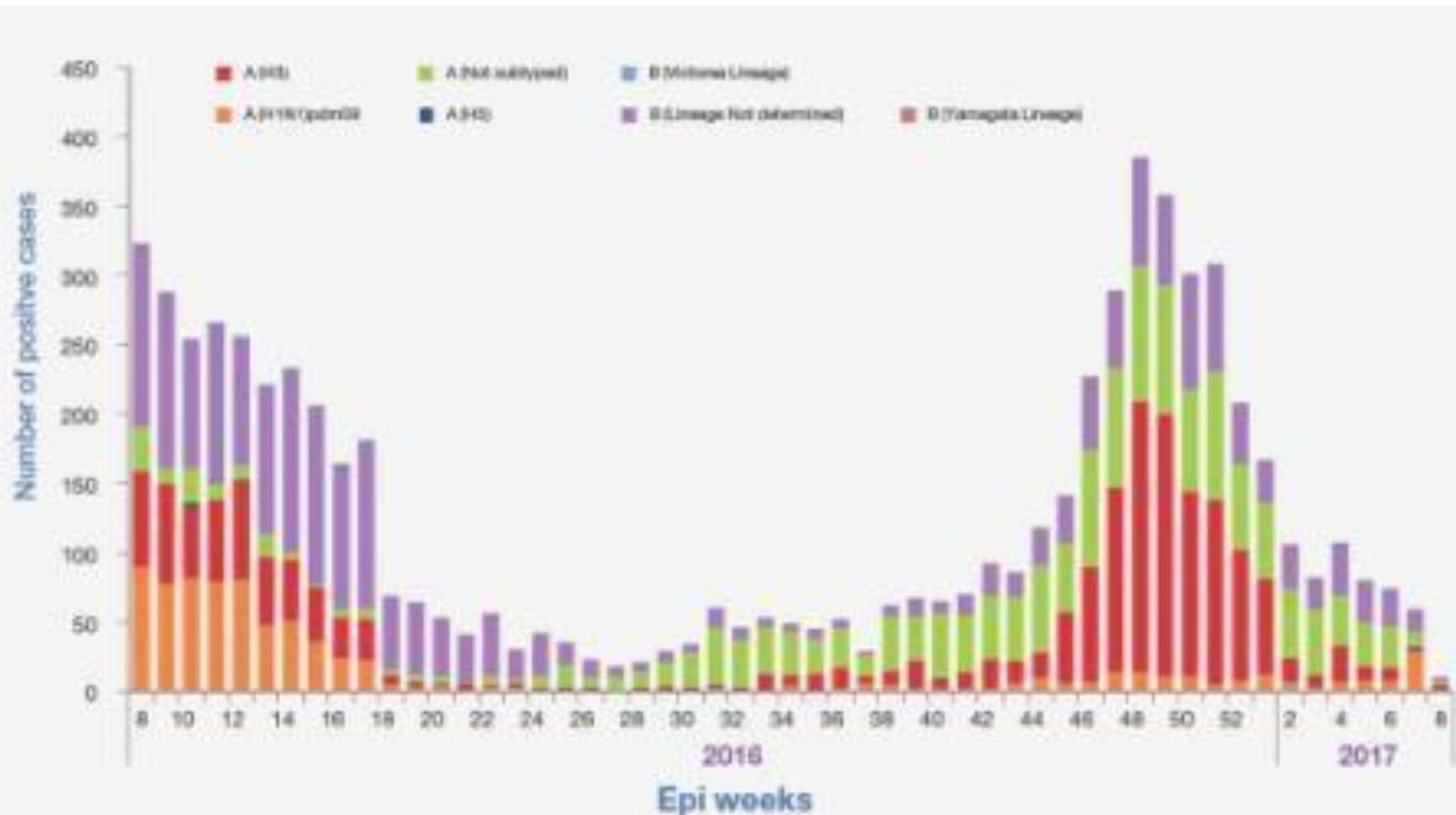
- Improve surveillance and disease burden data
- Improve evidence-based communication on Influenza burden and benefits of vaccination.
- Inclusion of Influenza vaccination in National Vaccination program and in National disease guidelines for high risk population.
- Vaccination of HCPs
- Increased Influenza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

Situation of influenza circulation in Eastern Mediterranean Region, February 2017

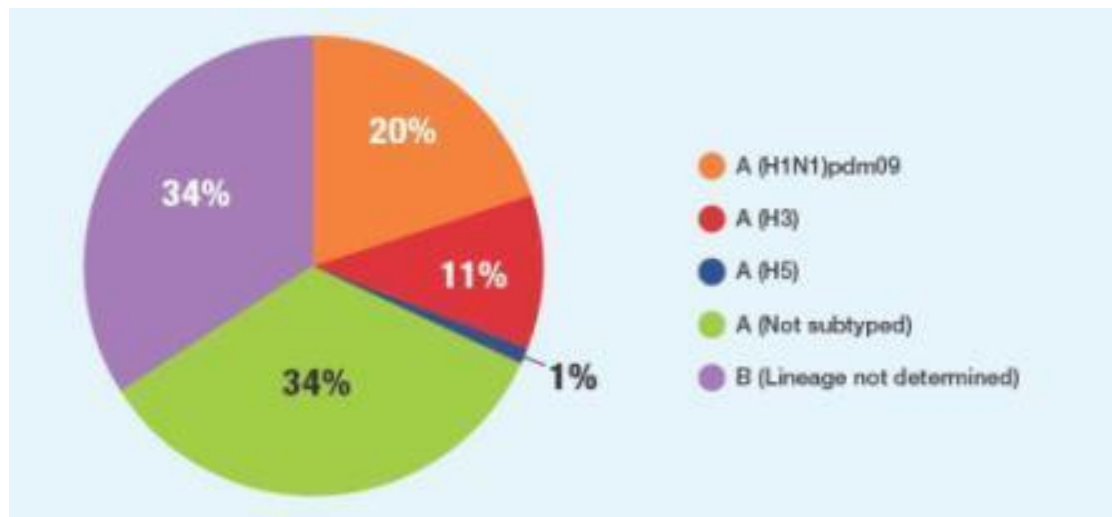


Weekly positive cases of influenza by sub-type, February 2016-February 2017

Circulating influenza viruses by sub-type



Influenza surveillance by EMRO

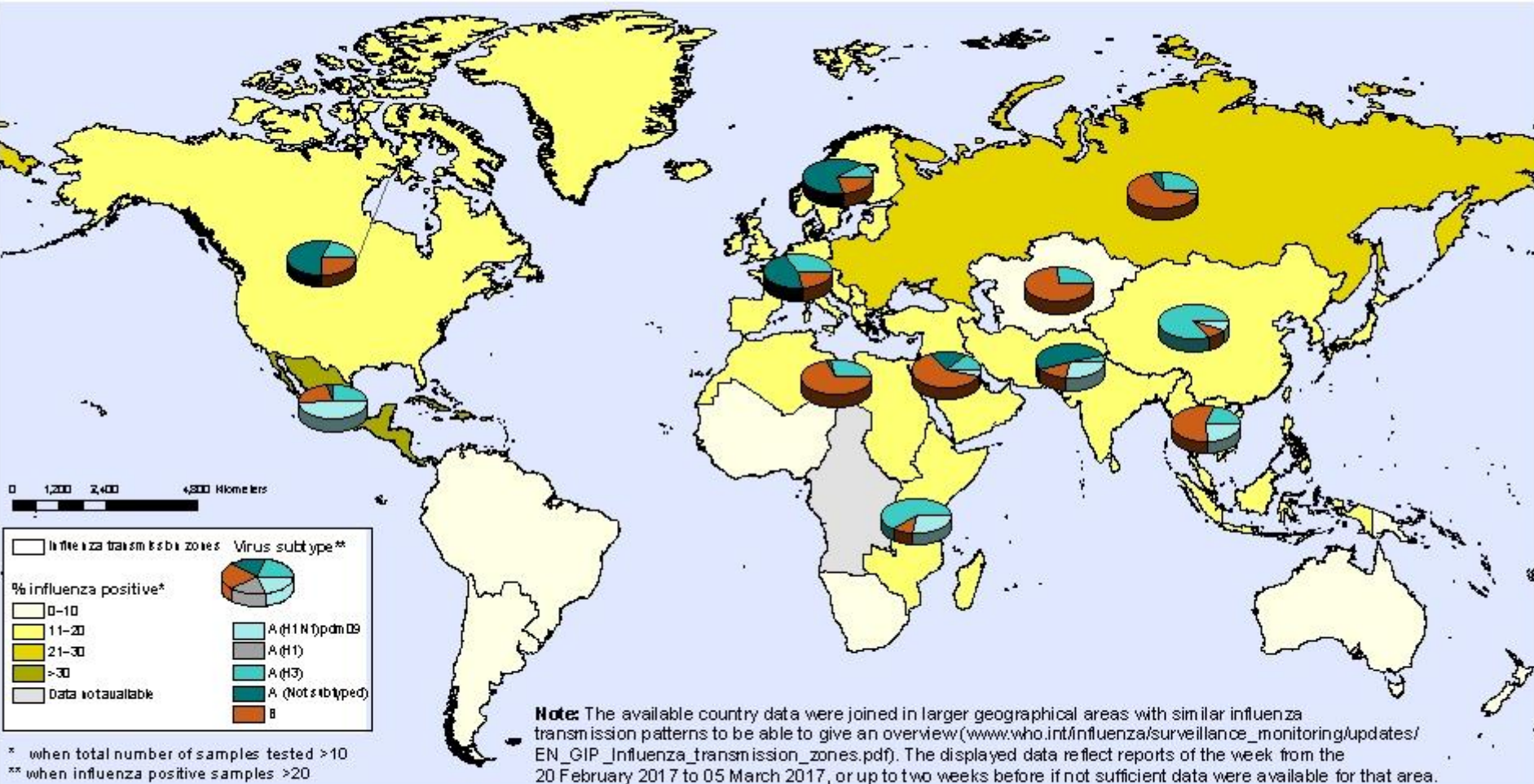


During February, national influenza centres and influenza laboratories in the Region tested a total of 2524 specimens for influenza viruses, of which 223 (13%) were positive

Influenza A viruses accounted for 66% (147) of tested samples and 34% (76) were for influenza B virus samples

Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Status as of 17 March 2017



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/fluinet).

Influenza in Egypt, 2017

- Mild to Moderate activity was reported. Prevalent subtypes include:
 - H3N2
 - B
 - H1N1
- Concerns about Avian flu new mutations.

Avian Flu in Egypt

- 1st H5N1 death in 2017 occurred in February in Fayoum district. A laborer from Tawfikia village.
- MOH reported 356 cases with avian H1N5 between March 2006 and sept. 2016 with 121 fatality (34%).
- MOH reported 10 cases of H5N1 between Jan 1st and end of sept. 2016 with 4 fatalities (40%).



Egypt today reported its first highly pathogenic H5N8 avian influenza detection, making it the third country in the Middle East to report the new H5 clade, which has also spread to several European countries after it was first identified in Russian migratory birds in June.

Egypt's agriculture ministry said two common coots found dead in Damietta governorate on Nov 24 tested positive for H5N8. So far the source of the virus hasn't been determined, and authorities have ordered enhanced surveillance in and around the zone where the birds were found.



Reported incidents of the new strain of bird flu H5N8 observed in migratory birds in the Nile Delta (Demeitta – Beheira & Sharqia) has prompted alarm among Egyptian poultry farmers, residents and veterinary officials that the infection could cross over to domestic poultry and increase the potential for human contact.



According to the World Health Organization (WHO), the H5N8 strain is highly pathogenic among birds, but it has not yet been transmitted to humans.

According to the European Center for Disease Prevention and Control ([ECDC](#)), the H5N8 strains are “essentially bird viruses without any specific increased risk for humans. No human infections with this virus have ever been reported worldwide.”

However, the ECDC added that “the possibility of transmission from birds to humans cannot be completely ruled out. People in direct contact with or handling diseased birds or poultry and their carcasses may be at risk of infection.”

In previous years, outbreaks of avian influenza strains, particularly the highly pathogenic and life-threatening [H5N1 strain of the virus](#), have resulted in the mass culling of birds, [million pounds worth of losses to Egypt's poultry industry](#) and the hospitalization and death of a number of people. The [H7N9 and H9N29](#) strains were reported to have affected the Egypt's human population in 2015.

COMPONENTS / Actions	Progress achieved since the beginning of MENA INS?	2017 – 2018- Future actions to attain (to be completed in September)	Challenges
SURVEILLANCE	Improved through MoH and NAMRU		New mutations/Avian influenza
VACCINATION	Increased from 800 000 to 1 400 000 this year	Improve coverage rates particularly high risk groups & HCPs	- Under awareness of -- HCP and public Safety issues
SOCIAL MOBILIZATION / EDUCATION / AWARENESS	<ul style="list-style-type: none"> - Medical Societies meetings - TV programs - Media - Posters 	Influenza Advisory Board to include Medical Societies dealing with high risk groups , EMRO and MoH	<ul style="list-style-type: none"> - Priority - Financial - Political issues
ADVOCACY & POLICY	Several Press conferences including MoH and decision and policy makers	Inclusion of vaccination in National guidelines and National vaccination programs	<ul style="list-style-type: none"> - Priority - Financial - Influenza literacy

CONCLUSIONS / HIGHLIGHTS

- ❑ HCPs remains the main deciders /prescribers of flu vaccine intake by the majority of patients/public in Egypt – Hence the main target of our efforts to increase coverage and protection of high risk groups.
- ❑ In the absence of compulsory vaccination , Influenza vaccine coverage in Egypt can be promoted through construction of an Advisory board of KOLs and decision makers to communicate with various societies dealing with high risk groups to include influenza vaccination in National guidelines and adopt high levels of recommendation.
- ❑ In parallel with high alert programming of new viruses that doesn't have a protective vaccine , there must be equal efforts to prevent an existing virus with significant burden and which we have effective tools to prevent .

CONCLUSIONS / HIGHLIGHTS

- ❑ a PIP program must be structured with health authorities and EMRO, in order to avoid deficiencies we faced during 2009 H1N1 pandemic.

- ❑ Our role as MENA/ISN in Egypt is also to connect with non-governmental societies to promote studies on Influenza burden in different risk groups to provide evidence-based rationale for Influenza prevention programs.

Influenza vaccine recommendations

National Clinical Practice Recommendations for Management of Diabetes Mellitus Dec. 2015”

Editing Board



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

Prepared by
(National Diabetes Committee)



2015

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

Prepared by
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2015

Type 1 DM

“Annually provide an influenza vaccine to all patients with diabetes ≥ 6 months of age.”

Type 2 DM

“Yearly administer the Influenza vaccine to diabetics aged over 6 months”.

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

Influenza in Gynecology



Rofayda Health Park

January 18 • 🌐

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?



There are several different types of vaccines available and some vaccines can be harmful to a baby, so mothers need to be very careful before getting any immunization. However, there are some vaccines that are recommended before and during pregnancy.

Related Links

- Clinics
- Maternity
- Academy
- Dar El Oyoum



Why should pregnant women get vaccinated?

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

What vaccines are recommended before pregnancy?

If you are planning to get pregnant, it is recommended that you get the vaccine for chickenpox, HPV and measles, mumps and rubella (MMR).

Which vaccines are safe during pregnancy?

- **Hepatitis B:** Pregnant women who are at high risk for this disease and have tested negative for the virus can receive this vaccine. It is used to protect the mother and baby against infection both before and after delivery. A series of three doses is required to have immunity. The second and third doses are given one and six months after the first dose.
- **Influenza (Inactivated):** This vaccine can prevent serious illness to the mother during pregnancy. All women who will be pregnant (any trimester) during the flu season should be offered this vaccine.
- **Tetanus/Diphtheria/Pertussis (Tdap):** Tdap is recommended during pregnancy, preferably between 27 and 36 weeks' gestation, to protect the baby from whooping cough.

<http://rofayda.org/health-tips/immunizationandpregnancy/>



THANK YOU

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