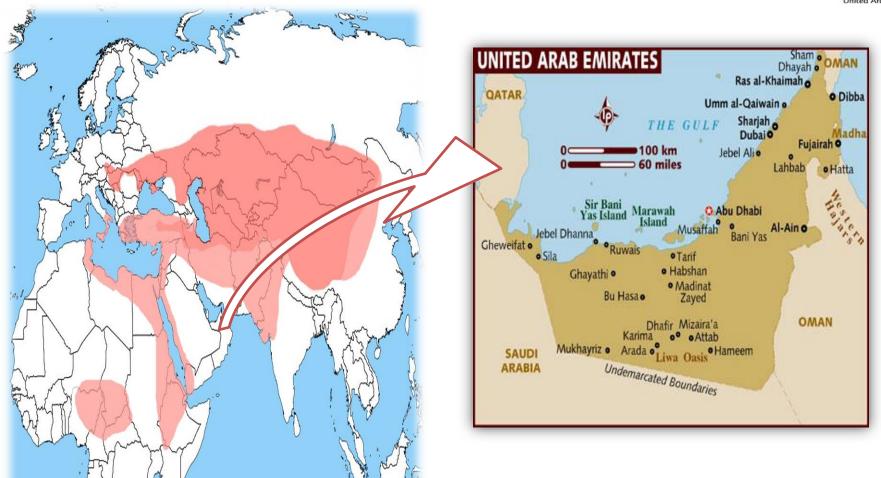
## Influenza Control UAE Experience

Dr Mohamed Badi Hassan
Head of Surveillance and Response
MOHAP UAE

## **United Arab Emirates**



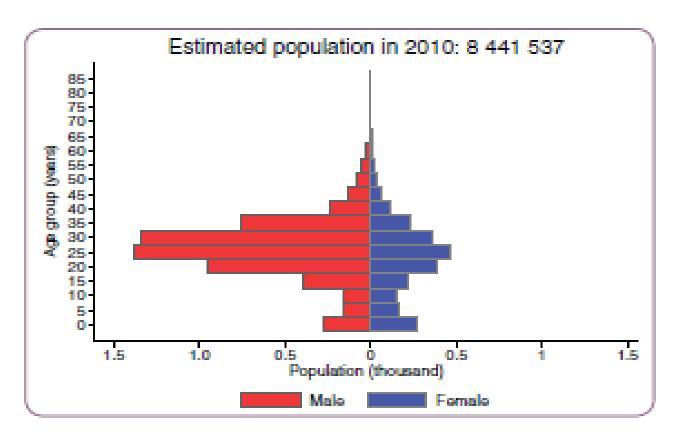


## **Country Data**



- UAE population distribution: 9,156,963; Males: 6,708,256; Females: 2,448,707
- Land Area: 83,600 Sq. km.
- Rates of physicians/1000 population: 2.23/1000
- Rates of nursing and midwifery personnel per 1000 population: 5.04/1000
- Number of hospitals: 126 [38 Public (30%) and Private 88 (70 %) sectors]

### Population pyramid 2010



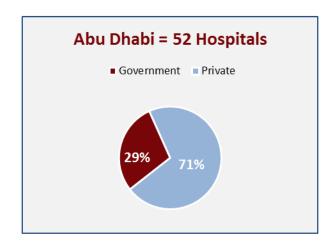
# Health System in UAE

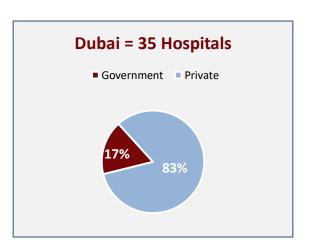


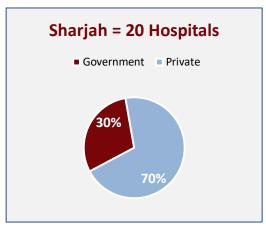
- UAE healthcare sector has witnessed rapid developments over the past few years.
- Successfully attracted major international healthcare players in the market.

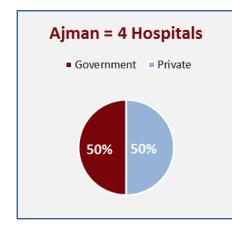
## **Hospitals in UAE**

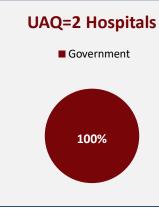


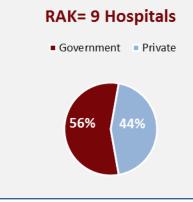


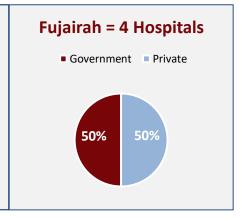












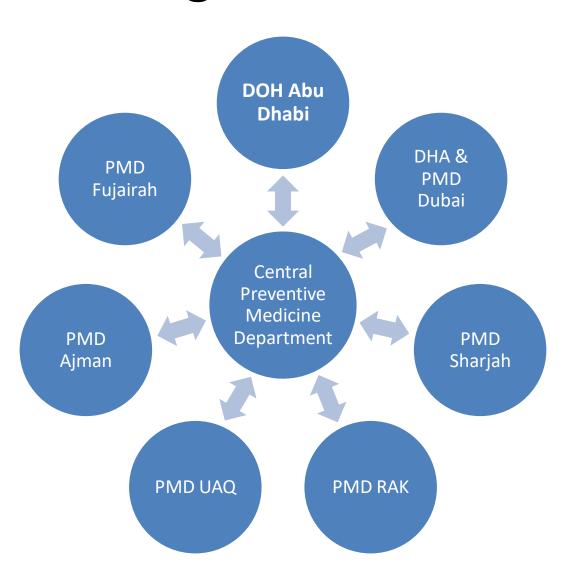
# Health System Governance

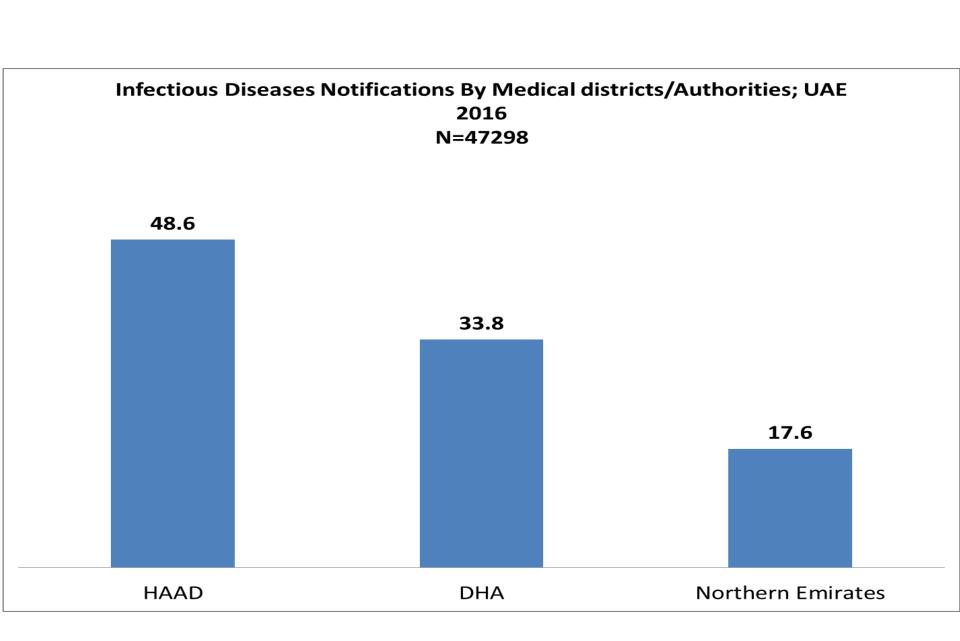


- Single Federal Entity –MOHAP
- Other local Government entities include:
  - Department of Health Abu Dhabi
  - Dubai Health Authority
  - Ministry of Presidential Affairs

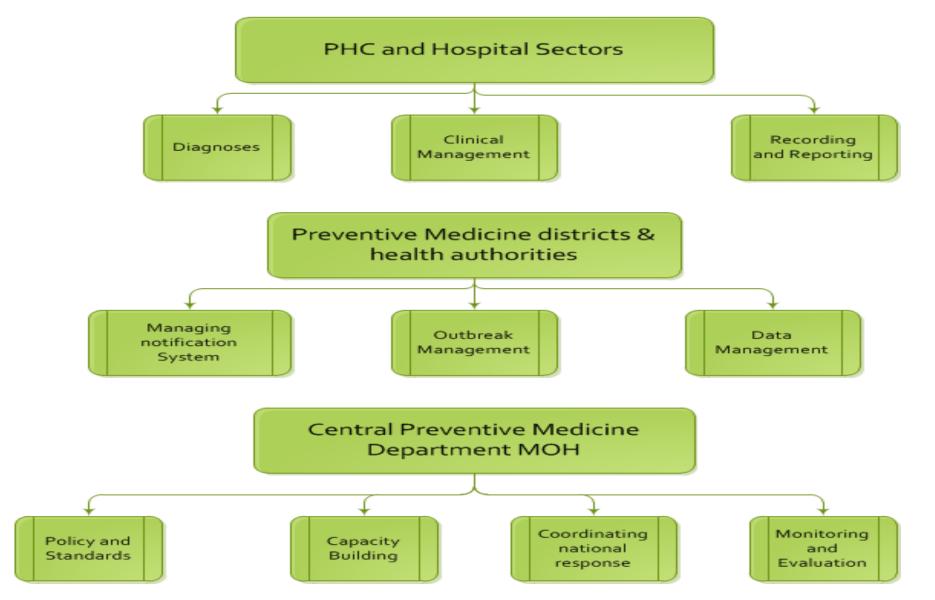
### THE SURVEILLANCE SYSTEM

## Management structure





## Clear Roles and Responsibilities



#### Communicable diseases surveillance and response system UAE, Defining Roles and Responsibilities Work process and Roles Function Suspect a Notify. Notifiable Health Facility Case Management relevant cooctimestocc infectious Authority Management: Disease Notification and 2222 Data 2222 management Surveillance Institute Incident and Receive Outbreak and Outbreak Periodic **Epidemiological** Data Management notification Management management investigation reporting ME, Authority Define Local Raise awareness maintain Monitor participation Maintain effective Managing and quality of Feedback sources of capacity for notification-Notification. Case definitions notifications Notifications mechanism System Capacity Building, Coordinating Perform Risk Workforce development, Analysis of national response Assessment ar National Data Training Responce Health status profile , Provide technical

assistance

## Infectious diseases notification system

### Law 14 for the year 2014

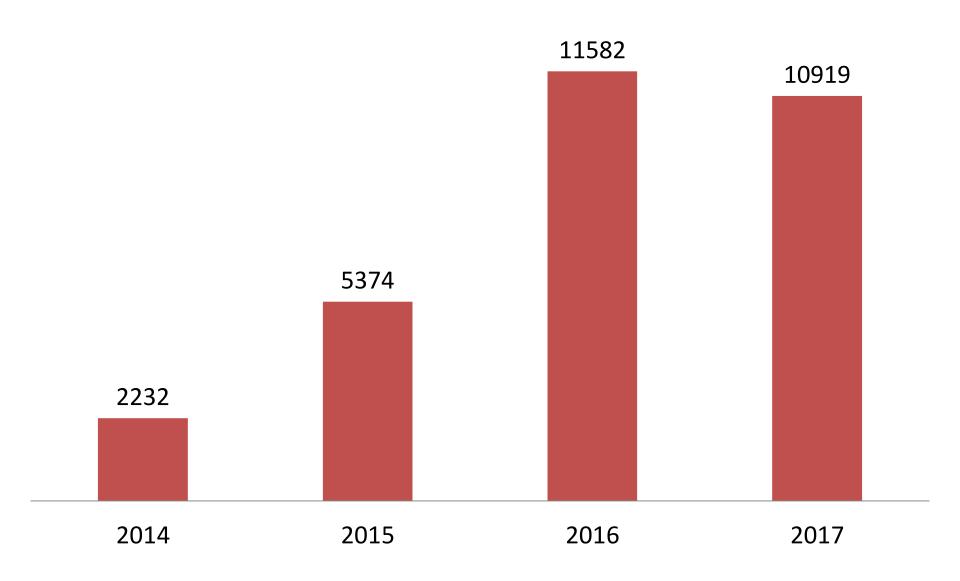
- Mandatory reporting with defined timeline
- Free diagnoses and treatment for Table 1
   Diseases
- Power to impose compulsory public health measures on individuals, communities, work and market places

## Notifiable Diseases List

- The list includes over 65 diseases and syndromes
- Influenza is included

## **INFLUENZA STATISTICS**

### **Influenza Notifications 2014-2017**



## The ILI/SARI Sentinel Surveillance

- November 2016 WHO mission to assess the feasibility to establish Influenza sentinel surveillance
- The National Influenza Surveillance Protocol developed with EMRO support
- Both ILI and SARI Sentinel sites selected
- A Laboratory is "Designated" as NIC

- 6 Hospitals and 11 PHC centres
- Physician coordinators well selected and trained
- Management team selected and trained in each sentinel site
- Local health departments providing supervision and support

## **POLICIES AND SOPS**

## UNITED ARAB EMIRATES MINISTRY OF HEALTH OFFICE OF ASST. UNDER SECRETARY FOR HEALTH CENTERS AND CLINICS



الإمارات العربية المتحدة وزارة المصحصة مكتب وكيل وزارة الصحة المساعد لقطاع المراكز والعيادات الصحية

#### تعمیم اداري رقم (3) لعام 2015

Regarding Prevention and Cotrol of Acute Severe Respiratory Infections حول اجراءات الوقاية والتحكم في حالات التهابات الجهاز التنفسي الحادة

To All government Health Facilities MOH And to All Private health facilities licenced by MOH

With reference to the national plan for prevention and control of Severe Acute Respiratory Infections (SARI), the Ministry of health recommends the implementation of the following measures with immediate effect

الى: كافة المنشآت الصحية التابعة لوزارة الصحة والمنشآت الخاصة المرخصة من قبل الوزارة

استناداً على الخطة الوطنية لمكافحة امراض التهابات الجهاز التنفسي الحادة ومن اجل تعزيز الصحة العامة فأن وزارة الصحة توصي بتطبيق الاجراءات التالية فورا

1 – Strengthening epidemiological surveillance and enhance prompt reporting to departments of preventive medicine and health authorities on suspected Severe Acute Respiratory Infections (SARI) in accordance with the approved standard case definition and procedures

2. Laboratory testing of all cases of Severe Acute Respiratory Infections admitted to hospitals, in coordination with the preventive medicine departments following approved standards. Protocols should include MERS-CoV as well as Influenza viruses.

1 - تعزيز الترصد الوبائي والتبليغ الفوري لإدارات الطب الوقائي والهيئات الصحية عند الاشتباه بحالات الالتهاب التنفسي الحاد والذي يتطلب الادخال للمستشفى (SARI) وذلك وفق الاجراءات المعتمدة

2 — اجراء الفحوصات المخبرية لجميع حالات الإلتهابات التنفسية الحادة والتي تدخل للمستشفيات وذلك بالتنسيق مع ادارات الطب الوقاني وفق المعايير المعتمدة. مع مراعاة ان يشمل الفحص فيروس الكورونا المستجد وفق البرتكولات المعتمدة.

3. Strengthening infection control procedures in all medical facilities in accordance with circulars issued on the same subject in dealing with cases of respiratory infections in health

3 - تعزيز اجراءات مكافحة العدوى في جميع المنشآت الطبية وفق التعاميم الصادرة حول نفس الموضوع في التعامل مع حالات الالتهابات التنفسية في المؤسسات الصحية (مرفق)

- 4. Strengthening contact management and appropriate use of chemoprophylaxis to ensure starting medication during the first 48 hours of diagnosis with emphasis on high risk contacts (the elderly, people with chronic diseases, children under 5 and pregnant women)
- 5. Emphasis on the need to raise the Flu vaccine coverage giving priority to the following population categories:

A – High risk populations including the elderly, people with chronic diseases, pregnant women and children under five.

B – Healthcare workers especially those in AE departments, Outpatient clinics, Primary Health care clinics, and those in Intensive care units.

Thank you for your cooperation

4 - تعزيز اجراءات متابعة المخالطين وتوفير العقاقير الواقية خلال ال 48 ساعة الاولى من تشخيص الحالة مع

التركيز على المخالطين الاكثر خطورة (كبار السن، المصابون بالامراض المزمنة، الاطفال دون الخامسة و الحوامل)

5 — العمل على رفع التغطية بالتطعيم بلقاح الأنفلونزا
 لموسم 2014-2015 والذي يغطي H3N2, H1N1 and
 مع التركيز على الفنات التالية:

أ — الفنات الاكثر خطورة وتشمل كبار السن، المصابين بالأمراض المزمنة والنساء الحوامل والاطفال دون سن الخامسة .

ب — الكوادر الصحية مع التركيز على العاملين بأقسام الحوادث والعيادات الخارجية وعيادات الرعاية الصحية الاولية والعاملين باقسام العناية المكثفة.

د حسين عبد الرحمن الرند

وكيل وزارة الصحة المساعد لقطاع

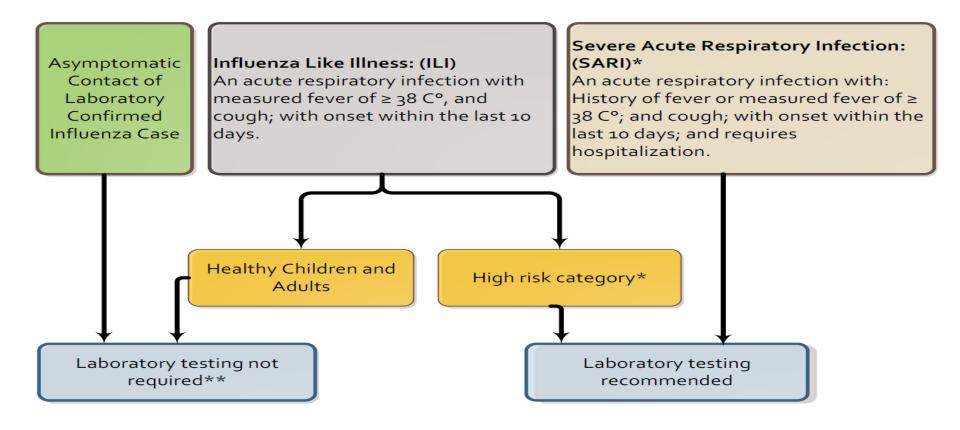


صدر بتاريخ: 2015/2/3



دولة الإمارات العربية المتحدة وزارة الصحة إدارة الطب الوقائي

#### Seasonal Influenza Laboratory Testing Guide



\*\*Post exposure Preventive measure done without screening

\*Start Antiviral treatment immediately Do not wait for the Laboratory result

#### Seasonal Influenza Contact Management Recommendations

- No need to screen contacts
- Vaccination is not recommended as post exposure measure

Close Contact: Resides with or taking care of confirmed H1N1 case, Sharing eating or drinking utensils, Does not include walking by infected person or sitting across the room

Infectious Period: "One day before fever begins until 24 Hrs. after fever ends"

#### Assess contact risk profile

High risk contacts

- Provide Tamiflu as Prophylaxis
- Follow up
- Report to service if symptoms develop

Healthcare workers and Emergency Medical personnel

- Provide Tamiflu as Prophylaxis
- Follow up
- Report to service if symptoms develop

Healthy Children and Adults

Do not provide prophylaxis
especially
>48 Hrs. since last close contact
Contact not during the
infectious period

#### Consider Early treatment as an alternative to Chemoprophylaxis:

Counsel contacts on early Flu symptoms, close follow up for high risk contacts, start Tamiflu as treatment as soon as symptoms develop



#### **Antiviral Treatment Recommendations** for Seasonal Influenza Patient with Flu Assess clinically and investigate Symptoms Severe Acute Respiratory Mild or Infection(SARI) uncomplicated Requiring hospital admission illness Pregnancy Severe illness Treat with Tamiflu No risk High risk\* immediately do not factor wait for lab confirmation Treat with Antiviral Consider Antiviral if within 48 Hrs. Close follow up Infection control Infection control Return to care within 72 Return to care within 72 Hrs in no improvement Hrs. if no improvement

#### \*High Risk

- Children below 5 especially <2 years</li>
- Elderly >65 years
- Pregnant women till 2Wks post partum
- Comorbidities

## Social Mobilization

- A national task force to develop annual campaigns to raise awareness and improve vaccine uptake
- Supported by Sanofi Pasteur
- 2 rounds were organized 2016 and 2017 seasons

# DON'T GET THE FLU ... GET THE FLU VACCINE

CONSULT YOUR PHYSICIAN ON HOW TO GET THE VACCINE FOR YOU AND YOUR FAMILY

### تجنب الإنفلونزا ... بادر بأخذ التطعيم

استشر طبيبك حول كيفية الحصول على تطعيم الإنفلونزا لك ولعائلتك









لك ولعائلتك

### DON'T GET THE FLU ... GET THE FLU VACCINE

CONSULT YOUR PHYSICIAN ON HOW TO GET THE VACCINE FOR YOU AND YOUR FAMILY









pdf الكتيب.

## Challenges and future directions

- Enhance epidemiological and laboratory surveillance
- Incorporate influenza vaccination in clinical management guidelines
- Develop research capacity and enhance multisectoral coordination and collaboration

• Thanks