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## EMPHNET's Word By: Dr. Mohannad Al Nsour, Executive Director

As we are issuing this Newsletter, EMPHNET moves to commence a year that is charged with determination to secure successful results and achievements. It is a critical time for EMPHNET, and we have to work passionately in an attempt to secure effective knowledge sharing while recognizing constraints that impair advances in public health interventions within the Eastern Mediterranean Region. Therefore, we anticipate continuing to advance our efforts to strengthen a variety of essential areas in public health in the region.

I have just completed a visit to Iraq, where I attended the graduation of the first FETP cohort. I take this opportunity to congratulate the new graduates who now hold the responsibility of advancing their professional role and career. My

visit to Iraq was valuable in that I had the opportunity to conduct field visits and meetings with high Ministry Officials. I was fortunate to witness dedication and enthusiasm in creating public health initiatives that support community health needs.

Year 2013 promises inspiration and will feature a myriad of events and training activities. The year will add value to EMPHNET's experience and commitment to change. We will continue investing in capacity building and will operate towards strengthening rapid response, vital registration, non-communicable disease control and prevention, assessing needs of FETPs and initiating new FETPs. Support and trust from the FETPs will expand our success, and we will work together at improving public health in the region.

**Together we will make a difference.....**

## EMPHNET Launches Updated Website

To better serve stakeholders, members and individual visitors, EMPHNET finished updating its website ([www.emphnet.net](http://www.emphnet.net)). The updated website includes news, events, activities calendar and other pages. It also has new features like members area, which is more like a forum open for discussion and dialogue between all registered members at the website. Any member can submit a case, question or inquiry for discussion and others can participate by providing their relevant comments to the discussion matter. You are all welcome to register as members and enjoy

this value adding feature, among others.

Resources are another area of focus for the website features. The need in terms of educational growth, scientific research and general knowledge is well recognized in today's world. Therefore, EMPHNET dedicated all efforts to provide the best available resources for the benefit of the website users and visitors.

To keep you up-to-date with all EMPHNET regional and international events and activities, the website also

dedicated significant focus on all news and events and archive of all those of relevance and concern.

EMPHNET wishes you a joyful and useful visit to our new website and encourages everyone to register and benefit from the offered features and resources.

No doubt that your feedback is always of value. Therefore, you are kindly welcome to provide us with your comments and notes on the functionality of the website in addition to ways you deem fit to meet your needs and satisfaction.



*Part of the Graduation Ceremony*

## Iraq FETP Celebrates First Cohort Graduation

The Iraqi Ministry of Health celebrated the graduation of the first cohort of Iraq FETP. The ceremony was held under the patronage of the Iraqi Minister of Health, Dr. Majid Hamad Amin, with the participation of EMPHNET Executive Director, the Iraqi Ministry of Higher Education and Scientific Research, the World Health Organization (WHO), and the U.S. Centers for Disease Control and Prevention.

On behalf of the Minister of Health, the Director General of the Department of Public Health, Dr. Hassan Hadi Baqir, delivered a speech and pointed out that this step is a cornerstone towards further effective steps to build MoH staff capacities to enable active provision of public health care services that correspond with our expectations on improving all components of the public health system.

In his speech, EMPHNET Executive Director, Dr. Mohannad Al-Nsour commended Iraq FETP for their active presence at both regional and international levels as well as being keen to strengthen public health status in Iraq and the region.

Dr. Ziad Tariq, spokesman of the Iraqi MoH, stated that Applied Epidemiology Program adopted by the Ministry of Health within its activities that aims at the advancement and development of the public health system in Iraq reflects the important perspectives to develop partnerships with the Ministry of Higher Education and Scientific Research and also, at the global level, with the Centers for Disease Control and Prevention

efforts to be in line with changes in the epidemiological profile in the country and their conformity with international standards.

Attendance of the ceremony included representatives from IMC, USADID, individual researchers and relevant organizations.

It's worth mentioning that two scientific conferences were held in Iraq recently, the Joint conference of the Medical City and College of Medicine – Baghdad, 28-29 Nov., 2012. The conference included a session on Mass Gathering (MG) Medicine. Dr. Mohannad Al-Nsour, the Executive Director, presented EMPHNET experience with MG and Dr. Lisa Pryde, US CDC, Center of Global Health delivered a presentation on MG at Global Level. Dr. Faris Al-Lami, Iraq FETP Director, also delivered a presentation on MG Scope. Discussion during the conference focused on MG during religious visits to Karbala.

The second conference was the fourth annual conference of the Human Resources Training and Development Center, Ministry of Health, which was conducted in collaboration with US CDC and included a session on FETPs. Dr. Al-Nsour presented EMPHNET networking experience: current activities and plans forward, Dr. Lisa Pryde presented the concept of FETP and Dr. Al-Lami contribution focused on Iraq FETP achievements and activities.



*Graduates Receiving Certificates*



in Ataltna, Georgia. Such partnerships contribute to enhancement of improve field activities of the ministry, which will lead to developing foundations of outbreaks surveillance and response. That will eventually lead to making the response

## EMPHNET Participates in 1st EpiSouth Plus Project Meeting

EMPHNET participated in the first meeting of the EpiSouth-Plus Project held in Rome from 5-7 December 2012, at the Italian Ministry of Health. More than 100 participants attended the meeting, which was organized by the Italian National Institute of Health (ISS) with the purpose of presenting the current status of the project's activities and discussing future developments and strategies. Considered as the biggest inter-country collaborative regional effort, the EpiSouth Network, which includes 27 countries (9 EU and 17 non-EU, plus one EU candidate country), focuses on increasing health security in the Mediterranean Area and South-East Europe by enhancing and strengthening preparedness to common health threats and bio-security risks at national and regional levels in its member countries. The meeting focused on sharing and discussing results achieved by the project its two years course of action while examining prevailing opportunities and challenges for coordinated action at regional level. During the meeting, participating countries discussed integration between laboratory and epidemiological surveillance; early warning systems and epidemic intelligence; World Health Organisation (WHO) guidance for points of entry; organization of a table top simulation exercise in the EpiSouth region. Parallel sessions were organized to allow the work packages steering teams to discuss and agree on the project's proposed plan of actions for the last year of project activity. EMPHNET's contribution and participation in the EpiSouth-Plus project meeting was valuable given its important role in the region. EMPHNET expects to contribute to activities concerning "The WHO Guidance for the Points of Entry" under Work Package Seven (WP7) and to the "Assessment and Capacity Building in generic preparedness" Work Package Five (WP5).

## Jordan FETP response to Syrian Refugees crisis

During 2012, a large number of Syrian refugees crossed the Jordanian borders. These refugees have lost their families; some were injured, diseased, and, above all, most of them were frustrated and depressed. Recent official reports indicate the settlement of around 35,000 registered refugees in the Za'atari Camp, and a larger number in different communities throughout Jordan. Local authorities in Jordan are undertaking significant efforts to provide shelter for the growing number of refugees and manage the related infrastructure needs. Such tasks are, at all times, very challenging, costly and complicated.

Jordan Ministry of Health (MOH) through the Field Epidemiology Training Program (FETP) plays an important role in providing assistance for disease prevention and reducing the incidence of morbidity and mortality among the Syrian Refugees.



### FETP Activities:

#### Outside the refugees camp

Jordan FETP established an information system for Syrian Refugees reporting on weekly basis. The reporting is done by FETP residents in official meetings with a Steering Committee for Syrian Refugees with (UNHCR, WHO, Hashemite Charity Organization and Jordan Aid Association).

FETP residents designed a specific reporting form for the Syrian Refugees, which includes socio demographic variables, diagnosis treatment and follow-up. Those forms are distributed to all health directorates and hospitals in Jordan

FETP graduates are assigned as focal points at the health directorates to follow up on cases among Syrian Refugees. Their designated roles are to supervise and monitor healthcare services provided to the Syrian Refugees.



All information concerning Syrian Refugees are collected, analyzed and interpreted by FETP residents then sent to decision makers in MOH and disseminated to other stakeholders on weekly bases.

#### Inside the refugees camp

Jordan FETP has established surveillance system for communicable and non-communicable diseases, supervise and monitor the health centers and health providers, conducts vaccination campaigns for (polio - measles - vitamin A). So far, 5881 child received vaccination and Vitamin A supplementation. In addition, Jordan FETP provided the required vaccines included in the national immunization program for communicable diseases, and conducts outbreak investigation for communicable diseases including diarrheal diseases.



Other FETP activities include checkup and control on food quality and water sources including chlorine testing, health care promotion and education, early detection of diseases which are considered under control in Jordan, including Tuberculosis, Bilharziasis and Leishmaniasis, early detection of Cholera by regular testing in stool samples of Diarrheal diseases, and follow up with concerned authorities for sewage disposal inside the camp.

## 2012 TEPHINET Conference: A remarkable milestone for EMPHNET

The 2012 Seventh TEPHINET Global Scientific Conference added a major milestone to EMPHNET's success this year – it was a big event that was held in Amman from November 10-15, 2012. Hosted by EMPHNET and Jordan's Ministry of Health, the conference was attended by over 400 international professionals who gathered from 63 countries. Participants included FETP residents and graduates; public health officials; representatives of national, regional and international public health organizations; and university professors. All gathered under a global platform to share lessons and explore solutions to emerging public health problems.



More than 1000 abstracts were submitted for review and evaluation by the conference Scientific Committee. Two hundred and fifty-one abstracts from 47 countries were selected for presentation at the conference, out of which 120 oral presentations and 116 poster presentations were given. Presentations covered a wide range of topics that were of concern to many countries around the globe, with specific focus on food and water borne diseases, vaccine preventable diseases, non-communicable diseases, vector borne diseases, zoonotic diseases, maternal health, reproductive and child health, respiratory diseases..



The seventh Global Conference brought for the first time a new approach to maximize knowledge exchange by live streaming many of the conference sessions. These sessions were recorded and are now available through the TEPHINET website. Oral and poster presentations were evaluated by a group of selected reviewers. Consequently, Dr. R. Alethea de Guzman from the Philippines received the best oral presentation award and Dr. L Ee Tay from Australia received the award for the best poster presentation.

Others were awarded in recognition for their remarkable commitment to TEPHINET, as well as a number of key individuals and organizations for their significant contribution to public health efforts worldwide. Awards were also given to Dr. Mufuta Tshimanga (Zimbabwe FETP Coordinator) and Dr. Mark E. White (Center for Global Health-U.S. CDC) as well as to the Division of Public Health Systems and Workforce Development at the U.S. Centers for Disease Control and Prevention and the Global Capacities Alert and Response Department at the World Health Organization.

Success of the conference comes as a powerful thrust to EMPHNET especially when considering the great momentum achieved in strengthening its relationship with different stakeholders. In addition, the conference provided EMPHNET with the opportunity to advance towards achieving its vision by fostering interconnectedness and cohesion between different FETPs across the globe and not only within the Eastern Mediterranean Region. EMPHNET is delighted for undertaking the opportunity of arranging and organizing the conference, and is indebted to TEPHINET for entrusting it with such an important and significant role.



## Rapid Response Teams Training: Story of Success-Iraq

By Dr. Faris Lami, Resident Advisor, FETP Iraq

Cholera is an acute bacterial disease that caused by a bacterium called *Vibrio cholera*. *Vibrio cholera* cause profuse and painless acute watery diarrhea. If not treated properly can kills within hours. The disease infects human being through ingestion of food or water contaminated with the causative agent. Cholera has a relatively short incubation period so can produce large outbreaks in a short time. Hence once the first case is detected a rapid response is vital to reduce number of mortalities and morbidities.

In September 2012, cholera cases reported from two northern governorates of Kirkuk and Sulimaniyah. These two governorates are located in north of Iraq with an estimated population of 1.8 million. Both of the governorates share the same source of drinking water.



This outbreak was the second cholera outbreak in Iraq in less than five years. After the initial reports reached the FETP Office of Iraq, we deployed two of the Rapid Response Teams members (RST), who were trained in Amman by EMPHNET, to confirm the outbreak and estimate the extent of the outbreak. During 21-24 October 2012 an investigation team deployed to the area that included five RST members who were trained Amman- Jordan, 2012.

The main objectives of this investigation was to investigate the outbreak of suspected cholera, evaluate the response in the two affected provinces and evaluate the preparedness of non affected governorates of Erbil, Duhok, Ninewa, Salahaldin, Diyala, and Najaf.

Seven investigation teams were assigned and five of teams led by RST graduates. The teams conducted their assigned activities and the outbreak was under control by end of the October.

The teams conducted a thorough outbreak investigation, assisted the response activities and evaluated the preparedness and response in different governorates. Residents who participated in the RST training were very active in developing the tools for investigation of the outbreak and in developing the detailed protocol to implement the activities. They also conducted a case control study to find out the risk factors associated with the disease and outbreak. Impact of RST training was very clear in organizing the activities, development and implementation of protocols since the start of the work and nicely ended with putting the final report, highlighting the main gaps and threats.



Cholera outbreak hit Iraq in 2007, which diseased over 4000 people and killed 24, while in 2012 only 272 confirmed cases are detected and four deaths registered.

