



Staffing

- 1 U.S. Assignee
- 1 Locally Employed

Impact in Laos

- CDC-supported pandemic influenza vaccine delivery reached one million persons in Laos during the pandemic
- The Laos 1-year FETP will serve as a model for other countries where MoH have limited staff available to participate in a typical 2-year FETP
- Investments in influenza laboratory detection, surveillance, and outbreak response capabilities led to designation as a WHO National Influenza Center



Center for Global Health

Centers for Disease Control and Prevention

CDC in Laos

Factsheet

The Centers for Disease Control and Prevention (CDC) began operations in Laos with a memorandum of understanding in 2006. The agreement was renewed for another five years in August 2011, with a focus on pandemic, avian, and seasonal influenza. Since 2006, there has been a significant strengthening of engagement to include technical assistance in HIV/AIDS prevention and control and expanded maternal and child health immunization coverage. CDC programmatic activities are primarily worked with and through a WHO Country Collaboration. CDC provides de-facto Country representation for U.S. Government health interests, including those of the Department of Defense and the U.S. Department of Agriculture, Animal and Plant Inspection Service.

Top 10 Causes of Deaths in Laos

1. Perinatal conditions	14 %	6. Chronic obstructive pulmonary disease	4%
2. Lower respiratory infections	10%	7. Tuberculosis	2%
3. Ischaemic heart disease	8 %	8. Malaria	2%
4. Diarrheal disease	8%	9. Road traffic accidents	2%
5. Cerebrovascular disease	5%	10. Self-inflicted injuries	2%

Source: WHO World Health Statistics 2006

Influenza

In Laos, CDC is building capacity for avian, pandemic, and seasonal influenza preparedness by strengthening laboratories, surveillance, outbreak response, capacity building initiatives, infection control guidelines and best practices, clinical case management, and pandemic planning. CDC technical investments have led to: recognition of seasonal influenza as a public health problem; reliable laboratory capacity to detect influenza; data sharing of viral data with WHO Global Influenza Surveillance and Response System; and improvements and expansion nationwide of the Influenza-Like Illness and Severe Acute Respiratory Illness Surveillance Networks. Testament to capacity enhancements has been shown by WHO recognition of the National Center for Laboratory and Epidemiology as a designated National Influenza Center in August 2010. Capacity building beyond influenza has strengthened the International Health Regulations as practiced in Laos, and enabled Laos' first time laboratory detection of human anthrax and circulating dengue subtypes.

Immunization

CDC's contribution to the Expanded Program for Immunization is channeled through WHO in Laos. CDC provides operational and technical support for vaccine initiatives against maternal tetanus, measles, rubella, acute flaccid paralysis (polio) and pandemic influenza as well as for data management. CDC experts also assist in monitoring vaccination campaigns, including pre- campaign planning and post campaign review. Notable accomplishments include:

- Introduction of hepatitis B birth dose home visits, including BCG vaccination, post-natal care, and vitamin A for new lactating mothers
- Proposed piloting of new vaccine carrier design (2011)





Laos at a Glance

Population:	6,400,000
Per capita income:	\$2,060
Life expectancy at birth women/men:	66/63 yrs
Under 5 mortality:	60/1000 live births

Population Reference Bureau, 2010



Field Epidemiology Training Program (FETP)

CDC capacity building investments include standing up and providing operational support for the Lao FETP. A year-long training initiative, intended to decentralize outbreak response and surveillance capabilities, Lao FETP is organized into one month of practical classroom instruction and three months of field work. The Lao FETP has resulted in a 15-strong national network of alumni and uniquely brings human and animal health FETP candidates together to carry out invaluable investigative work that has led to the following:

- Recognition of morbidity and mortality associated with seasonal influenza outbreak occurrence
- Expansion and improvements of influenza surveillance networks
- Determination of the susceptibility of the female population of child-bearing age to rubella
- Epidemic cholera prevention and control
- Recognition of the outbreak potential of Japanese encephalitis virus (JEV) and implications for JEV targeted vaccination
- Study of adverse events following pandemic influenza vaccination
- Recognition and control of human anthrax outbreak
- Management by the Lao FETP of 25 outbreak investigations in less than three years

HIV/AIDS

The CDC Thailand Global HIV/AIDS Asia Regional Office has worked in Laos since 2009, with the goal of providing technical assistance (TA) to strengthen the country's HIV response. The focus is on HIV prevention in men having sex with men (MSM), quality services for counseling and testing and for care and treatment, laboratory capacity, HIV surveillance, health information systems, and mother-to-child transmission. Activities have included development of training curricula, guidelines, and standard operating procedures; field supervision; and data use for program planning and decision-making. CDC's TA has brought many "lessons learned" from Thailand's experience in developing and implementing their HIV/AIDS program to the Lao setting. HIV/AIDS work has also benefited through collaboration with WHO and partnering with the National Center of HIV/AIDS and Sexually Transmitted Infections. Notable accomplishments include:

- Development of behavioral change communication guidelines
- Facility-based and outreach management for prevention and control in MSM populations
- Draft training curricula and standard operating procedures adopted to fit the Laos context for HIV/AIDS care and treatment, HIV counseling and testing, and preventing mother to child transmission
- Strengthened laboratory quality assurance systems
- Training of 47 national and provincial officers and managers to use information for program planning and decision-making

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