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## Highlights and conclusions from the Eastern Mediterranean Public Health Network (EMPHNET) Conference 2011

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### Abstract

As a follow up of a short communication that the Eastern Mediterranean Health Journal published in December 2011, this article reports on highlights and conclusions from scientific abstracts, methodology workshops and plenary sessions that were presented as part of the Eastern Mediterranean Public Health Network (EMPHNET) conference held from 6 to 9 December 2011 in Sharm Al Sheikh, Egypt.

### Introduction

Over 130 epidemiologists and public health experts gathered from 6 to 9 December 2011 in Sharm Al Sheikh, Egypt for the second conference of the Eastern Mediterranean Public Health Network (EMPHNET) [1] and the fifth regional conference of the global FETP network, called the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) [2]. Residents of Field Epidemiology Training Programs (FETPs) from the Middle East and North Africa Region (MENA), including Pakistan and Afghanistan, presented more than 80 scientific abstracts. Training workshops and subject-specific plenary sessions complemented the conference programme. In this communication, we report the main highlights and conclusions from the conference.

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#### Author disclaimer

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## Setting the stage

Dr Amr Kandeel from the Egyptian Ministry of Health and Population welcomed participants and emphasized the importance of FETP in a global world that has seen life-style changes and noncommunicable diseases come to the region. Dr Naeema Al-Gasseer from the World Health Organization (WHO) Regional Office for the Eastern Mediterranean pointed out the importance of close collaboration across organizations to advance high quality FETPs in the region. Dr Monique Chaaya from the Faculty of Health Sciences at the American University of Beirut, who was invited to give the opening lecture, emphasized the need to include social and political determinants of epidemiology (i.e. societal and political conditions affecting health of a population) in a diverse geographic and economic region, and applauded the organizers for addressing the issue of emergency preparedness in the conference. Two preconference workshops provided teaching in epidemiological methods and ethical issues in emergencies. A third workshop introduced participants to a 6-step strategy for evaluating noncommunicable disease programmes. This material is part of a larger effort to develop and implement noncommunicable disease curricula and field experiences for FETP residents.

## Highlights from submitted abstracts and plenary presentations

### Vector-borne diseases

The frequency of reported outbreaks of dengue virus continue to increase in the WHO Eastern Mediterranean (EM) Region [3]. At the conference, FETP residents from Yemen reported multiple dengue outbreaks since 2002 in all governorates along the Red and Arabian Seas, with the first outbreak reported in 2011 in the most eastern governorate Al Mahara. FETP residents from Pakistan reported on intensified control measures during a dengue outbreak in Hyderabad in 2010. The frequency and severity of dengue has also increased in Pakistan [3]. Chikungunya virus infection is another vector-borne disease that previously had not been reported from the region (except in Pakistan) [4] but now appears to be emerging in the region. FETP residents presented the first ever reported outbreak in Yemen in Hodeidah governorate in 2011 with over 5000 suspected cases with severe symptoms including kidney failure and haemorrhagic manifestations being found. Participants at the conference suggested genetic and entomological investigations [5] to better understand relationships with other outbreaks in Asia and on the Indian Ocean islands. The role of co-infections was also discussed. The region's climate allows year-round survival of *Aedes aegypti*, the main mosquito vector for dengue and Chikungunya virus transmission [3]. *Aedes albopictus*, which is associated with Chikungunya on Indian Ocean islands, has been found in Lebanon and the Syrian Arab Republic [6].

### Vaccine-preventable diseases

A series of presentations at the conference were related to vaccine-preventable diseases, including a pertussis outbreak in Iraq possibly linked to low immunization coverage, successful vaccination of Egyptian Hajj pilgrims against H1N1 influenza virus, and cholera among Somali refugees arriving in Yemen, raising the question of sufficient water, hygiene and sanitation but also the potential need for vaccination against cholera. FETP residents

recommended changes of vaccination schedules for measles in Morocco (introduction of a second dose at 18 months) and hepatitis B in Egypt (introduction of a dose at birth). In a plenary lecture, Dr Rana Hajjeh from the US Centers for Disease Control and Prevention reported that measles deaths in the WHO Eastern Mediterranean (EM) Region had been reduced by 93% from 2000 to 2008 and the EM region is aiming to eliminate measles by 2015. Routine immunization coverage with diphtheria, tetanus and pertussis vaccines (DPT3) in the EM region was estimated at 87% in 2010 (85% globally) [7]. Most countries in the EM region have introduced hepatitis B (all except 2 of 22 countries) and Haemophilus influenzae type B vaccines (17/22), while efforts are under way to introduce pneumococcal (6/22 introduced, 3 planned) and rotavirus (7/22 introduced by end of 2011, 4 planned) vaccines. At the time of the conference, worldwide, 4 countries remained endemic for wild polio-virus (Afghanistan, India, Nigeria and Pakistan) [8]. Dr Rana Jawad Asghar from the Pakistan FETP reported on a national stop poliomyelitis campaign in his country undertaken to advance eradication of the disease.

### Noncommunicable diseases

FETP residents from Jordan, Pakistan and Yemen discussed the burden of breast cancer in women in their countries including occurrence at a young age, advanced stages at diagnosis, and access to and utilization of health services, issues that have been observed in low- and middle-income countries [9]. The conference showed that cancers and other noncommunicable diseases are increasingly seen in the region, are included in surveillance systems or case registries (e.g. the national Jordan cancer registry) and play a significant role in FETP activities. In a plenary lecture, Dr Ali Mokdad from the University of Washington in the United States stressed that noncommunicable diseases in the region needed more attention, should be seen as a national security issue because of their increasing economic implications, and should receive more resources for prevention and research. Dr Mokdad suggested grants be provided to stimulate innovative prevention interventions tailored to different cultural contexts.

### Conclusions

Some of our FETP colleagues who attended the EMPHNET conference are returning home to difficult working conditions. The conference provided stimulating insights into the work of FETPs in the region complemented by methodology workshops and plenary sessions for updates on the current epidemiology, public health knowledge and interventions. The participants learned that, in order to respond effectively to today's public health challenges, FETPs in the region have to deal with both emerging communicable and noncommunicable diseases. Sharing this work with peers in future conferences and through manuscripts will remain important goals for FETPs. In 2012, the region has the honour to host the global TEPHINET conference in Amman, Jordan. The next EMPHNET conference is planned for 2013 in Morocco.

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