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**The Middle East Consortium on Infectious Disease Surveillance  
June 15-18, 2005 Istanbul**

## **Overview**

This report describes a meeting of the Middle East Consortium on Infectious Disease Surveillance (MECIDS) convened in Istanbul by Search for Common Ground in the Middle East. The goals of MECIDS are to improve the ability of nations in the Middle East to respond to disease outbreaks—whether naturally or deliberately caused—and to build confidence among them. MECIDS is composed of public health experts and Ministry of Health officials from Israel, Jordan, and Palestine. MECIDS members established a surveillance system for foodborne disease outbreaks in Israel, Jordan, and the Palestinian territories, with an initial focus on salmonella. The principal goal of the meeting was to exchange information about developments related to infectious diseases in participating nations and to discuss and implement cross-border cooperation in responding to outbreaks.

Participants included senior health officials and experts from Israel, Palestine, Jordan, and Egypt; an expert from the World Health Organization; Becton Dickinson (BD) Company medical and laboratory supply representatives, and a representative of the Nuclear Threat Initiative (NTI), which provided funding for the meeting and which has supported MECIDS since its inception.

MECIDS members have been working together for the past two and a half years. Participants are very enthusiastic about building up MECIDS, despite their obvious differences, and about cooperating to protect themselves against disease outbreaks. “We might have different opinions, but we will work out our differences,” said an Israeli participant. “Diseases don’t know borders.”

## **Key Elements of the Meeting:**

### **1. Agreement on Real-Time Communication:**

*“We all speak the language of Public Health.”* - Palestinian Participant

Participants agreed that regional cooperation and communication on a regular basis would improve response to disease outbreaks. They discussed the need for regional cooperation on sharing information and laboratory data. The group agreed to send in regular salmonella reports to their national coordinators and onwards to each other in addition to communicating either by phone or computer regarding any additional information they want to obtain from one another.

### **2. Agreement for beginning work on submitting laboratory data:**

*“When there is a way there is a will.”* – Palestinian Participant

The group agreed that it is feasible and desirable to begin submitting laboratory data on a regular basis. Each country will submit their data at every 10<sup>th</sup> of the month to the program associate of MECIDS and then onwards to be distributed to all regions on a form of a newsletter and a harmonized data form that they agreed upon in the meeting.

### **3. Agreement that Becton Dickinson Company will donate laboratory supplies.**

Participants discussed the necessity of enhancing the capacity of their laboratories and bringing them up to scale to conduct adequate salmonella testing through the MECIDS foodborne disease surveillance system as they had previously agreed. The Becton Dickinson Company, which sent two staff members to the meeting, agreed to donate laboratory supplies such as reagents to the project participants.

#### **1. WHO Involvement**

The World Health Organization (WHO) will work with the participating countries to coordinate between MECIDS and the Global Salmonella Survey.

#### **2. Influenza Pandemic Preparedness in the Middle East**

Responding to global concerns about avian influenza the participants recommended that MECIDS conduct a conference regarding pandemic influenza and involve many of the Middle Eastern countries improving their surveillance and preparedness for influenza.

#### **Session I: Salmonella Reporting**

In the first session, each country was asked to report its salmonella situation and what has been done to manage it.

*Palestine:* a health official from the Palestinian National Authority Health Ministry reported on a salmonella outbreak in hotel in the West Bank. The outbreak was due to infected rice and chicken that were served at the hotel during a dinner meeting. Sixty patients tested positive for salmonella. In the six months since MECIDS started, and before the outbreak at the hotel, Palestine reported 61 positive salmonella cases in the West Bank and Gaza. Twenty-two of them were serotyped. The health official mentioned that the World Health Organization could provide technical support, training courses in salmonella, and conduct a Middle East (WHO) center for salmonella and other important diseases.

*Israel:* a health official from Tel Aviv University Department of Epidemiology Preventive Medicine, reported that as an adjunct to the enhancement of the Salmonella surveillance system, Israeli MECIDS participants are conducting a case-control study on risk factors for Salmonella Virchow. An increase in Salmonella Virchow isolates has been observed in the last few years in Israel, and Salmonella Virchow is ranked second or third among all salmonella serotypes isolates. The research will target children aged 0-4 years suffering from diarrhea and having their stool sample culture positive for Salmonella Virchow. A matched case control study will be conducted, in which potential risk factors for morbidity due to this serotype will be analyzed. The collection of data was initiated in April, 2005. Twenty five subjects, including cases and

controls, have already been recruited and their mothers interviewed. A second project which will start in the next couple of months will include physicians' surveys which aim to obtain and elaborate information on the current practices of physicians in the region related to the laboratory investigation of foodborne diseases. In order to achieve the desired number of subjects, the researchers are planning to mail 600 questionnaires to pediatricians (assuming about a 50 percent response rate).

*Jordan:*

Jordan Ministry of Health, expressed the need for all MECIDS partners to agree on a common method and a common form for submitting the data collected from all laboratories involved in the project. In Jordan, the Ministry of Health is conducting a population study on the burden of illness due to salmonella, shigella, and brucella. The official also discussed a typhoid outbreak that occurred in the Jordan Valley in November and December, 2004. Another health official from the Bacteriology Laboratories at the Jordan Central Reference Laboratory, discussed the need for antisera in the Jordanian laboratories for further testing of salmonella samples.

*Egypt:* an Egyptian Ministry of Health official attended this MECIDS meeting for the first time in order to see if Egypt would like to join this consortium on infectious disease surveillance. The official discussed the importance of a regional surveillance system with the neighboring countries.

*Cooperative Monitoring Center at Amman:* an official from the Cooperative Monitoring Center (CMC@Amman), Jordan, discussed the center's role in the MECIDS project. It is to act as a hub for collecting and sharing MECIDS health data among the participating countries.

*Becton Dickinson (BD) Diagnostics:* Detlef Siewert, Business Director, Eastern Europe, Middle East, and Africa. BD, a worldwide leader in the medical and diagnostic fields, manufactures products which combine safety, quality and reliability. Mr. Siewert discussed how BD would cooperate with MECIDS and would provide laboratory supplies to the participating countries over the next couple of years.

*World Health Organization:* Dr. Peter Braam, Director, Global Salmonella Survey. Dr. Braam presented the WHO Global Program on Foodborne Disease Surveillance, and discussed with MECIDS participating countries the possibility of linking the regional network into the Global Salmonella Survey program as well as working on a standard salmonella reporting form provided by WHO to monitor the disease.

## **Session II: Break-Out Sessions**

After the presentations, the participants divided in to four groups. One group were to discuss the Salmonella reporting form, the second on how to use the MECIDS System as an alert system, the third were the laboratory group participants, and the fourth were the coordinators of each region.

### *Group 1: Salmonella Reporting Form*

The participants in this group discussed what data should be placed into the form, which will be a primary method for sharing routine information that will enable MECIDS members to identify

trends and spot unusual events. A Jordanian health official presented a harmonized form for all regions to use when submitting data, which the group agreed to finalize and begin using in pilot form.

*Group 2: How to use MECIDS as an alert system*

The participants in this group discussed how MECIDS members should share information about suspicious health events in their early stages. They discussed the challenge of getting permission from their ministries to release information and the risks of circulating unconfirmed data. They noted that the newly passed International Health Regulation will require WHO member states to share information on emerging infections, and they suggested two ways to overcome challenges. First, the MECIDS executive director will write a letter to the heads of participating ministries, updating them on the consortium's progress and asking them to allow their staff to release data to other in the consortium. Second, the group will familiarize itself with ProMed-Mail, a moderated list-serve used to exchange concerns and test observations about suspicious health events. ProMed is interested in creating a private list for Middle East countries and would like to use MECIDS as the core of the list.

*Group 3: Laboratory participants and Becton Dickinson (BD) - Diagnostic*

Laboratory professionals met with BD representative to discuss what laboratory supplies are needed in each regional laboratory. They came to an agreement that each country would provide a supply list to BD by June 30<sup>th</sup>, 2005.

*Group 4: Country Coordinators and MECIDS program associate.*

The coordinators from each country (Palestine, Israel, and Jordan) all met with the program associate of MECIDS to discuss the next steps to be taken by each coordinator to move forward with the MECIDS foodborne disease surveillance system. The coordinators agreed to the following:

- To submit the salmonella data form to the MECIDS program associate on the 10<sup>th</sup> of each month
- To participate in the creation of MECIDS newsletter by submitting information to the MECIDS program associate on the 10<sup>th</sup> of each month on disease events of interest to be shared with all MECIDS members as well as to be launched on the website for all viewers.
- To report to the MECIDS program associate on the 10<sup>th</sup> of each month on any MECIDS-related activities such as training, workshops, new policies, etc.
- To maintain regular communication with all coordinators associated with MECIDS.
- To maintain a connection with the Cooperative Monitoring Center in Amman, in order to update MECIDS web site regularly.
- To submit a quarterly financial report that lists:
  1. Hours worked by and salary or incentives paid to any personnel using MECIDS funds
  2. Costs related to any MECIDS-related activities (training, workshops, etc.)
  3. Purchases made with MECIDS funds

They also discussed that proper documentation, such as receipts and ministry- or university-issued payroll documents, shall be submitted with this quarterly financial report.