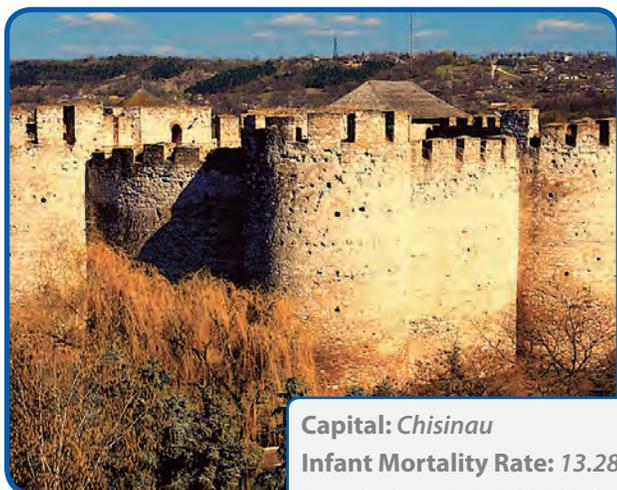


Republic of Moldova



Capital: Chisinau

Infant Mortality Rate: 13.28/1,000 live births

Population: 3,619,925 (July 2013 est.)



Overview

Prior to working with CDC, Moldova implemented hospital-based surveillance in nine sentinel sites, where data was collected on acute respiratory infection (ARI), influenza-like illness (ILI), and severe acute respiratory infection (SARI). In 2009, the Moldovan Ministry of Health (MOH)/National Centre of Public Health (NCPH) was awarded a cooperative agreement from CDC to strengthen human and infrastructure capacities for pandemic preparedness, influenza surveillance, monitoring and early response, communication and infection control. The MOH started laboratory-based surveillance at five sites in 2011. Each sentinel site reports data to the National Viral Laboratory (NVL), which publishes regular surveillance reports regarding epidemiologic and laboratory data and reports weekly through WHO's EuroFlu network. Seminars and trainings have been held to improve biosafety sample collection and shipment, information collection for ARI, ILI, and SARI based on a standard case definition, and reporting. In addition to the partnership with CDC, Moldova also collaborates with the World Health Organization (WHO) Regional and Country Offices, as well as other international partners.

Highlights

- Improved the influenza surveillance system by strengthening the existing hospital-based surveillance and establishing laboratory-based surveillance.
- Collected SARI data from nine hospital-based surveillance sentinel-sites.
- Trained laboratory scientists and technicians on sample collection and screening diagnostics methods.

Surveillance

During the reporting period two laboratory-based sentinel sites were established. Five laboratory-based sentinel sites collected samples and sent them to the NVL. About 50 samples are sent weekly, including samples from patients with SARI. During the last two years, the nine hospital-based surveillance sentinel-sites started to collect data for SARI. Software for influenza surveillance data collection from the nine hospital-based surveillance sentinel sites was established and implemented and medical staff were trained to use the software. The software analyzes data and sends information weekly to the WHO EuroFlu Network. A working group updated the national definitions and main indicators for the 2012/2013 influenza season to be input into the EuroFlu website (for geographical spread, intensity, impact, trend and the dominant type/subtype).

Surveillance Activities

- Three specialists from the NCPH attended the working meeting "Influenza, ARI & SARI Surveillance", hosted by Cantacuzino Institute, Bucharest, Romania (October 2012).
- Three specialists from the NCPH attended the ESCAIDE Conference, Edinburgh, Scotland, UK (October 2012).
- Trained sixty participants on multiple surveillance, outbreak investigation and response, and disease-control activities.

Laboratory

All specimens collected from five laboratory-based sentinel-sites are tested weekly in the NVL. A well-functioning system with a well-maintained cold chain is in place to transport specimens to the NVL in a timely manner. Specimens are all collected at the beginning of the week to ensure they arrive at the National Laboratory by Thursday for testing and are not refrigerated for more than three days. About 50 samples are sent weekly. To improve specimen transportation, a car was purchased with financial support from the CDC grant. The newly renovated NVL provides real-time PCR testing for influenza including detection, typing and subtyping. The NVL fulfilled the terms of reference of a National Influenza Center (NIC) and was designated by WHO as a NIC in 2013.

Laboratory Activities

- Collected and tested specimens from five laboratory-based sentinel-sites weekly in the National Viral Laboratory (NVL).
- Collected and sent more than 100 clinical samples for confirmation and quality control assurance of laboratory testing to the WHO CC in London.
- Participated in external quality control programs at WHO CC London, WHO CC Hong Kong and WHO CC Atlanta while keeping internal quality control procedures in place at NVL.
- Strengthened laboratory capacity by having three specialists from the NVL attend the 3rd International Influenza Meeting in Muenster, Germany, September 2012. Expenses were covered by the CDC grant.
- Procured consumables and reagents for laboratory diagnosis of influenza.
- Purchased hardware for reporting results from the influenza laboratory network at the national level to WHO, CDC and other international partners.

Preparedness

A joint WHO/CDC mission was conducted in December 2012. During the visit, the team worked with Moldova influenza staff to assess the national core capabilities for pandemic influenza preparedness and response. Recommendations from the mission included: to ensure the decision making structure incorporates information from a multi-sectoral group and WHO; to work towards standard operational procedures for decision making; to prioritize the funding allocated to the plan for the highest priority issues; and to work towards sustainable funding. Because the world has entered an era in which the numbers of new and re-emerging global health threats (infections such H1N1 influenza, H5N1 influenza, SARS, drug-resistant pneumonia; natural disasters, and other public health emergencies) argue for a longer-term, more strategic, and more coherent approach to global health preparedness, the Republic of Moldova is in the process of revising the National Pandemic Plan

as a part of the National Preparedness and Response to Public Health Emergencies Plan in accordance with the International Health Regulation (2005).

Preparedness Activities

- Conducted the national intersectoral workshop “Evaluation of the progress of implementation of the International Health Regulation and the National Pandemic Plan for Influenza” in September 2012.
- Conducted interdepartmental working group meetings monthly to discuss proposals for improvement of the National Pandemic Plan.
- Hired a local consultant to review and re-write the National Pandemic Plan and facilitate the activities of the Interdepartmental working group.
- Started to re-write the National Pandemic Plan utilizing concrete practical “guidelines” with a focus on identification of key individuals and institutions, ways of proceeding, reporting, behaving, equipment and consumables to be used, methodology, etc.
- Attended the “Workshop on Pandemic Preparedness guiding principles for revision of pandemic preparedness plans”, in Copenhagen, Denmark (December 2012).
- Assessed the preparedness for public health emergencies at the national and territorial levels.

Training

- Conducted the national intersectoral workshop “Evaluation of the progress of implementation of the International Health Regulation and the National Pandemic Plan for Influenza” in September 2012.
- Attended the Laboratory Management Training Course in Bangkok, Thailand (2 attendees).
- Attended the Updating Protocols for Influenza, SARI, ARI Surveillance and Laboratory Diagnostic Workshop in Bucharest, Romania.

Publications

Cojocaru R, Spînu C, Gheorghita S et al. Improvement of the influenza, ARI and SARI surveillance system in Republic of Moldova. European Scientific Conference on Applied Infectious Disease Epidemiology, 24–26 October 2012, Edinburgh, Scotland, UK. ESCAIDE reference number: 2012953, pp.99.

Spînu C, Cojocaru R, Spînu I et al. Clinical— epidemiological and virological recovery of influenza, IRVA and SARI surveillance system. 23rd Annual Meeting of the Society for Virology, 6–9 March 2013, Kiel, Germany. pp.72.

Spînu C, Scoferța P, Cojocaru R et al. The significance of the influenza, ARI and SARI surveillance system in Republic of Moldova. Third International Influenza Meeting, 2–4 September, 2012, Muenster, Germany. pp.133.