

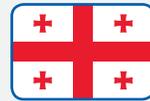
Republic of Georgia



Capital: *Tbilisi*

Infant Mortality Rate: *14.21/1,000 live births*

Population: *4,555,911 (July 2013 est.)*



Overview

CDC has supported the development of influenza surveillance in the Republic of Georgia through a cooperative agreement with the National Center for Disease Control and Public Health of Georgia (NCDC Georgia) since 2006. Since the beginning of the cooperative agreement, both epidemiology and laboratory components of the influenza surveillance system have been greatly strengthened. Quality assurance measures have been developed and implemented in the laboratory and at the surveillance sites. The influenza surveillance system has been enhanced by conducting annual rounds of surveillance system monitoring and trainings of epidemiologists and clinicians in influenza epidemiology and surveillance. A national preparedness plan was developed in 2006 and approved by the MOH in 2009. Some parts of the plan have since been updated and a new version should be approved soon. The National Influenza Lab (NIL) at NCDC Georgia was recognized by the World Health Organization (WHO) as a National Influenza Center (NIC) in 2007.

Highlights

- Established an influenza sentinel surveillance system throughout the country.
- Developed and implemented quality assurance measures in laboratories and at surveillance sites.
- Enhanced the influenza surveillance system by conducting a number of annual rounds of surveillance system monitoring and trainings of epidemiologists and clinicians in influenza epidemiology and surveillance.

Surveillance

Since 2012, when influenza and ARI were excluded from the list of notifiable diseases of the national surveillance system, the ILI/SARI sentinel system became the only source of data for influenza surveillance. However, during the previous year, data received from sentinel sites and the national routine surveillance system was monitored by the Project Management Unit, and the acquired results showed that the sentinel surveillance system precisely reflected trends reported by the national routine surveillance system.

Surveillance Activities

- Continued regular monitoring of health care facilities throughout the country to reveal gaps and challenges in the influenza surveillance system.
- Provided sentinel and non-sentinel sites with all necessary equipment and supplies, including liquid nitrogen for adequate storage and transportation of collected specimens.
- Submitted virological and epidemiological data electronically to the European Influenza Surveillance Platform (www.euroflu.org) on a weekly basis.
- Updated and uploaded data to the NCDC Georgia website (www.ncdc.ge) regularly throughout the year.
- Prepared and disseminated surveillance reports among health care professionals and stakeholders throughout Georgia.

Laboratory

The NIL was established at NCDC Georgia in 2006 and was recognized as a NIC by WHO in 2007. Over the past 7 years, laboratory capacity was strengthened as a result of staff training on RT-PCR testing, virus isolation, and hemagglutination inhibition, as well as the procurement of essential equipment and supplies.

In FY 2013, Georgia received emergency supplemental funding to enhance SARI surveillance for H7N9. Funding will be used to establish three additional SARI sentinel sites and to ensure specimens are collected from and laboratory testing is conducted on all SARI and pneumonia cases. Previously, SARI specimens have only been collected on days specified by protocols and were not collected from all cases.

Laboratory Activities

- Procured reagents and supplies for the NIC.
- Confirmed and reported 29 lethal cases due to A/H1p during the 2012–2013 season. The age of fatal cases ranged from 2 to 75 years; 23 fatal cases (79.3%) were in the 30–64 year age group.
- Tested a total of 1,509 specimens for influenza at NIL from October 2012 to September 2013. Of the samples tested, 332 were found to be positive for influenza A/H1p, and 111 were positive for Influenza B.
- Collected 30 samples from the specimens taken during the 2012–2013 influenza season and sent them to the WHO CC London for virus isolation, sequencing and resistance screening.

Preparedness

A draft of a national preparedness plan was developed in 2006, and approved by the MOH in 2009. This plan was activated during the pandemic with great success. Two lead specialists of NCDC Georgia participated in a workshop focused on updating National Preparedness Plans organized by WHO in Copenhagen, Denmark in December 2012.

Training

- Conducted trainings for health care providers, including clinicians and sentinel site personnel, on influenza surveillance, prevention and infection control.
- During visits to monitor sentinel surveillance sites, conducted on-site surveillance training for epidemiologists responsible for patient registration and reporting in order to improve their skills and to strengthen the system.