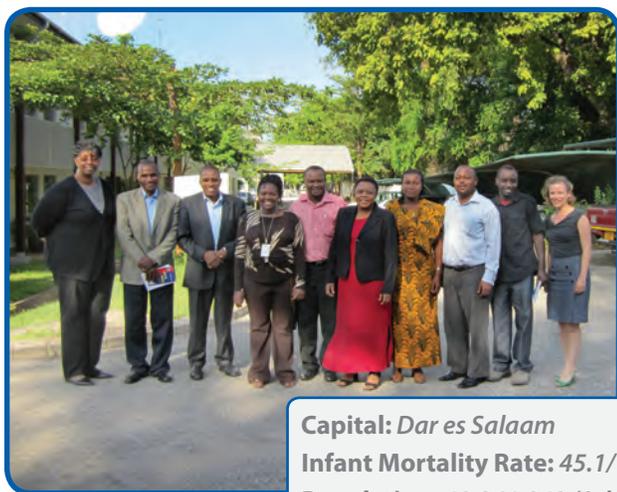


Tanzania



Capital: Dar es Salaam
Infant Mortality Rate: 45.1/1,000 live births
Population: 48,261,942 (July 2013 est.)



Overview

The Ministry of Health and Social Welfare (MOHSW), Preventive Services Department through its Epidemiology and Diseases Control section collaborates with CDC to sustain influenza surveillance networks and respond to seasonal and pandemic influenza in Tanzania. Influenza epidemiologic surveillance is done in six sentinel surveillance sites [five severe acute respiratory infection (SARI) and influenza-like illness (ILI) sites and one ILI site]. The influenza virologic surveillance is being done through the National Influenza Laboratory (NIL) which is responsible for the implementation of laboratory aspects including setting up adequate standard operating procedures for sample collection, storing, shipping and testing of samples collected from the sentinel surveillance sites.

Highlights

- Increased collaboration between public and private health facilities.
- Increased the capacity to detect, diagnose, and manage other emerging and re-emerging diseases.
- Contributed to the country's timely response to Rift Valley fever in 2007, the 2009 H1N1 influenza pandemic and the dengue fever outbreak in 2010 and 2013.
- Established linkages between human and animal surveillance through the sharing of influenza surveillance reports, technical committee meetings, joint trainings and public awareness sessions on regular basis.
- Provided SARI reports to MOHSW through IDSR from the sentinel sites.

Surveillance

Influenza surveillance activities are conducted at the six sentinel sites and a total of 3,444 samples were sent to the NIL. Two biannual meetings were hosted with various stakeholders to evaluate achievements and challenges of influenza surveillance and identify steps to address these challenges. The result of these meetings is improvement for the sentinel sites increasing the target of specimen collection by 70%.

During the biannual meeting, performance indicators were developed and shared with the flu team. Upon developing indicators, two underperforming sites were dropped. Two supportive supervisory visits to the existing six sentinel sites were conducted on a quarterly basis. The supervisory visits resulted in a review of surveillance implementation activities, mentoring and on the job training.

Surveillance Activities

- Reviewed surveillance implementation activities, provided feedback to site authorities and began discussions on sustainability issues during supervisory site visits.
- Drafted a sustainability plan which indicates how the Government will sustain the program after the CDC funding ends.
- Shared surveillance data with other agencies and the Prime Minister's office.

Laboratory

The capacity of the MOHSW for diagnosis and surveillance of avian influenza and human influenza together with other diseases like Dengue fever, Novel Influenza A H7N9, MERS Coronavirus, Chikungunya, Yellow Fever, and Rift Valley Fever was increased. The NIL conducted PCR testing at the NIL in which a total of 3,444 specimens for influenza type A and B and subtypes A (H1), A (H3), and A (H1 pandemic) using real-time RT-PCR with positivity rate of 8.6%.

The NIL participated in the yearly External Quality Assessment Project (EQAP) conducted by WHO panels 6–12 since 2008–2013 with 100% scores. The NIL has also started the process to obtain NIC certification with the initial assessment already completed and application pending review by WHO.

The National Laboratory Quality Assurance and Training Centre were audited by SADCAS with ISO15189 standard with only one nonconformance observed, and were recommended for accreditation.

Laboratory Activities

- Submitted a total of 120 virus isolates to the WHO Collaborating Center in Atlanta.
- Initiated the process to obtain NIC certification; an initial assessment has been completed and the application has been sent to WHO.
- Serviced laboratory equipment and procured reagents.
- Tested a total of 3,444 specimens giving results for influenza type A and B and subtypes A (H1), A (H3), and A (H1 pandemic) using real-time RT-PCR with positivity rate of 8.6%.

Preparedness

Tanzania's MOHSW continued to work with CDC, the United Nations, and other stakeholders in the implementation of the preparedness and response plan for avian and pandemic influenza and other emerging infectious diseases.

The preparedness activities were carried out at a minimal pace as limited funding was available to implement the plan except for the MOHSW-CDC CoAg which concentrated on surveillance component.

The MOHSW received a total of 15,000 sets of personal protective equipment (PPE) from CDC for preparedness against emerging and re-emerging infectious diseases

Following the outbreaks of influenza H7N9 in China, coronavirus in the Middle East and dengue fever in our country, the MOHSW in collaboration with other stakeholders have been working closely in activating the emergency preparedness and response plan.

Preparedness Activities

- Produced and distributed standard case definitions (SCD), notification letters and case management protocol to Regional Health Management Teams regarding the threat of both MERS Coronavirus and H7N9 outbreaks.
- Strengthened the surveillance at the point of entry.
- Prepared leaflets for community awareness about H7N9.
- Developed sustainability plan and elaborated strategies on how the influenza surveillance system can continue without the USG financial support.
- Distributed PPEs to the regions, districts and health facilities in the country at large.

Training

- Trained and activated 36 district rapid response teams for timely response of influenza.
- Trained 27 sentinel site staff (surveillance officers, clinicians and laboratory experts) on surveillance and response to the emerging and re-emerging infectious diseases including H7N9.
- Provided refresher and on-the-job training to sentinel surveillance staff during supervisory visits.
- Conducted training on data management to 18 sentinel site staff members.
- Trained 24 Regional and Council Health Management team members on disease surveillance and outbreak response.
- Provided cell culture training to two laboratory technicians in South Africa.