

GEORGIA



A clinician taking a sample at an ILI sentinel site in Georgia.

OVERVIEW

The partnership between the National Center for Disease Control and Public Health of Georgia (NCDC) and the U.S. Centers for Disease Control and Prevention (CDC) began in 2006. Fiscal year 2015 is the fourth year of NCDC's second cooperative agreement with CDC, with an implementation period from 2011–2016. The purpose of the agreement is to improve laboratory, epidemiological and preparedness capacity for surveillance and response to avian and pandemic influenza.

SURVEILLANCE

Sentinel surveillance of severe acute respiratory influenza (SARI) was first established in Georgia in 2007, with an influenza-like illness (ILI) sentinel site established in Tbilisi in 2009. During fiscal years 2014 and 2015, NCDC continued to make improvements and enhancements to the influenza sentinel surveillance system in the country. NCDC specialists developed a template for regional and district public health centers for reporting and monitoring the weekly trends of ILI incidence and SARI admission rates in their respective regions. In addition, new modules for ILI and SARI data collection were added to the Electronic Integrated Disease Surveillance System (EIDSS), the system for collecting and reporting data on notifiable diseases and especially dangerous pathogens in Georgia.

Georgia continued to submit influenza surveillance data to the World Health Organization (WHO) on a weekly basis and in the 2014–2015 season began submitting to the European Surveillance System (TESSy) that replaced EuroFlu.

HIGHLIGHTS

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

SURVEILLANCE ACTIVITIES

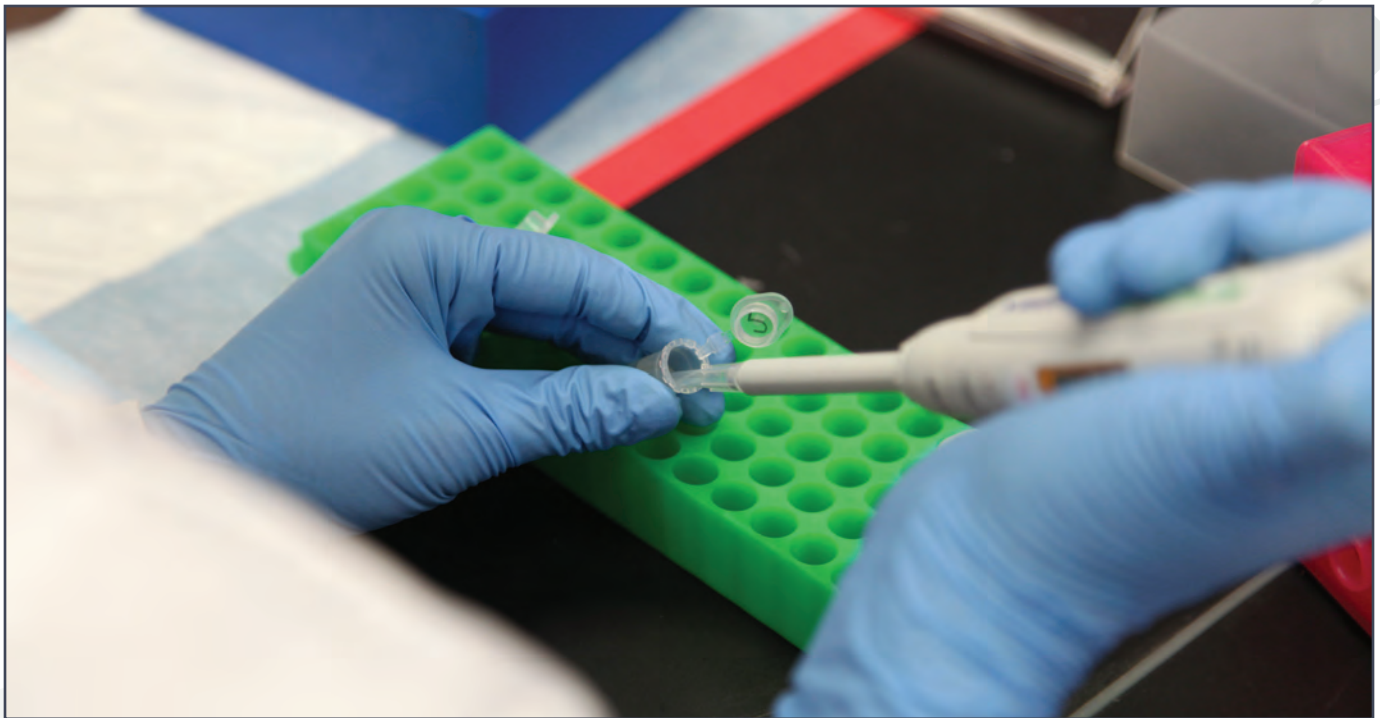
- Conducted a review of the influenza sentinel surveillance system in December 2014 in collaboration with CDC and the Council of State and Territorial Epidemiologists (CSTE).

LABORATORY

The National Influenza Laboratory (NIL) was established at NCDC in 2006 and was recognized as a National Influenza Center (NIC) by WHO in 2007. In 2013, the entire NCDC laboratory was relocated to the NCDC/Richard Lugar Center for Public Health Research, a brand new facility built with funds from the U.S. Defense Threat Reduction Agency (DTRA). In 2014, the NIL was re-designated as a NIC by WHO at the new location at the Lugar Center. During the past nine years of collaboration with CDC, laboratory capacity has been strengthened through staff training on RT-PCR testing, virus isolation, hemagglutination inhibition, and the procurement of essential equipment and supplies.

LABORATORY ACTIVITIES

- Conducted an assessment of the NIC laboratory in collaboration with the Association of Public Health Laboratories (APHL) and CDC using the International Influenza Laboratory Capacity Review Tool.
- Procured necessary reagents and supplies during the 2013–2014 and 2014–2015 seasons.
- Participated in WHO's External Quality Assessment Project (EQAP) in 2014 and 2015 with high marks.
- Confirmed and reported nine fatal infections due to influenza A (H1N1)pdm09 virus infection and



A laboratory technician processing a sample at the Lugar Center.

one due to influenza B during the 2014–2015 season. The age of fatal cases ranged from one to 64 years; eight cases (80%) were in the 30–64 year age group.

- Tested 1,114 specimens for influenza viruses during the 2014–2015 influenza season; 32 were positive for influenza A (H1N1)pdm09 virus, six for influenza A (H3N2) and 185 for influenza B.
- Submitted 20 samples from the 2014–2015 influenza season to the WHO Collaborating Center (CC) in London for virus isolation, sequencing and resistance screening.

PREPAREDNESS

A draft of a national preparedness plan was developed in 2006, and approved by the Ministry of Health (MOH) in 2009. This plan was activated during the 2009 influenza pandemic with great success.

INFLUENZA VACCINE ACTIVITIES

As a result of the national preparedness plan, for the first time in Georgia, high-risk groups were identified and vaccinated with seasonal influenza vaccine, and immunization awareness campaigns were organized for the general population and regional public health center specialists. Eight thousand doses of vaccine were purchased with government funds and administered to high-risk groups, with 500 doses of vaccine used for vaccinating NIC personnel, sentinel site staff, and epidemiologists involved in the ILI and SARI surveillance systems. Additionally, 2,000 doses of vaccine were purchased by the Global Fund project for vaccinating HIV-infected individuals.