

# REPUBLIC OF MOLDOVA



Room for influenza virus isolation on cell cultures (Room No. 8).

## OVERVIEW

Since 2009, the U.S. Centers of Disease Control and Prevention (CDC) has worked with the Ministry of Health (MoH), National Center of Public Health of the Republic of Moldova (NCPH) to build capacity for pandemic preparedness, communication, surveillance, monitoring, early response, and infection control. Fiscal year 2015 is the second year of CDC's sustainability cooperative agreement with NCPH. The purpose of the award is to improve laboratory, epidemiological, and preparedness capacity for surveillance and response to pandemic influenza.

## SURVEILLANCE

During the reporting period, nine sentinel sites collected samples and sent them to the National Influenza Laboratory (NIL), with approximately 40–60 samples sent weekly. Weekly influenza surveillance data are collected and submitted electronically to the World Health Organization (WHO), and in the 2014–2015 season Moldova began submitting data through the newly established system, The European Surveillance System (TESSy), which replaced EuroFlu. The NCPH website ([www.cnspp.md](http://www.cnspp.md)) is also updated on a regular basis throughout the year.

Software allowing for electronic transmission of influenza surveillance data from the sentinel sites to NCPH continued to be used and enhanced and all new medical staff at sentinel sites were trained on how to use the software. A working group updated the national definitions and main indicators for each new influenza

## HIGHLIGHTS

- Improved the influenza sentinel surveillance system by strengthening hospital, polyclinic, and laboratory surveillance for ILI, ARI, and SARI.
- Developed and implemented quality assurance measures—including External Quality Assurance Programs—at the NIC and at the nine surveillance sites.
- Improved the influenza surveillance system by conducting workshops and trainings on influenza epidemiology, surveillance, and laboratory diagnosis.

season and input the data into the EuroFlu website (through the 2013–2014 season) and TESSy website (starting in the 2014–2015 season).

## SURVEILLANCE ACTIVITIES

- Continued to monitor sentinel sites regularly and provide all necessary assistance and supplies for transportation of collected specimens.
- Prepared and disseminated surveillance reports on a weekly basis among healthcare professionals and stakeholders.
- Developed a new MoH order to incorporate sentinel surveillance (ILI, ARI, and SARI) into the Electronic Integrated Disease Surveillance System (EIDSS) that was approved.
- Strengthened surveillance capacity by training 60 people on influenza surveillance, outbreak investigation and response, and disease control activities.

## LABORATORY

The NIL was recognized as a National Influenza Center (NIC) by WHO in 2013. All specimens collected from the nine sentinel sites are tested weekly at the NIC. A well-functioning system with a well-maintained cold chain is in place to transport specimens to the NIC in a timely manner. Specimens are all collected at the beginning of the week to ensure they arrive at the NIC by Thursday for testing and are not refrigerated for more than three days. The NIC provides RT-PCR testing for influenza viruses including detection, typing

and subtyping. The NIC sent influenza samples for confirmation to the WHO Collaborating Centre (CC) in London, UK in 2014 and 2015.

### LABORATORY ACTIVITIES

- Confirmed 21 deaths due to an influenza virus: one child and 20 adults, including two pregnant women during the 2014–2015 season.
- Tested 685 specimens for influenza viruses from October 2014 to September 2015: 108 were positive for influenza A (H1N1)pdm09 virus, 10 for influenza A (H3N2), and 110 for influenza B.
- Submitted 129 samples during the 2014–2015 season to the WHO CC in London for virus isolation, sequencing, and resistance screening.
- Participated in External Quality Assessment Project (EQAP) by the WHO CC London, WHO CC Hong Kong, and WHO CC Atlanta.
- Designated specialists to attend training with the WHO CC in London (October 2013) and the WHO CC in Atlanta (March 2015).
- Participated in a laboratory assessment using the International Influenza Laboratory Capacity Review Tool, in collaboration with APHL and CDC.

### PREPAREDNESS

The European Centre for Disease Prevention and Control (ECDC) and WHO missions conducted in 2014 assessed the national core capabilities for communicable diseases, including pandemic influenza preparedness and response. Recommendations included the following: ensure that the decision-making structure incorporates information from a multisectoral group; work towards standard operational procedures for decision making; prioritize the funding allocated to the plan for the highest priority issues; and work towards sustainable funding. Due to new and reemerging global health threats, a more strategic and more coherent approach to global health preparedness is needed. The Republic of Moldova is in the process of revising the National Pandemic Plan in accordance with the International Health Regulation (2005).

### PREPAREDNESS ACTIVITIES

- Assessed preparedness for public health emergencies at the national and territorial levels.
- Continued discussions with stakeholders regarding the improvement of the National Pandemic Plan.

### TRAINING

- Identified two specialists to attend training on techniques and research on isolation, growth, and characterization of influenza viruses at the National Institute for Medical Research in London, UK (October 2013).
- Identified two specialists to attend the CSTE/CDC Influenza Data Management and Epidemiological Analysis Course in Athens, Greece (April 2014).
- Identified one specialist to attend the CDC/APHL International Advanced Influenza Real-time RT-PCR Workshop in Atlanta, Georgia (March 2015).

### INFLUENZA VACCINE ACTIVITIES

As a part of the National Preparedness Plan, high-risk groups were identified and vaccinated with seasonal influenza vaccines. Immunization awareness campaigns aimed at the general population and regional public health center specialists were organized. With government funds, 150,000 doses of vaccines were purchased and administered to high-risk groups, NIC personnel, sentinel site staff, and epidemiologists involved in the ILI, ARI and SARI surveillance system.