

A National Surveillance Network; the Secret Weapon for Combating the Current Major Egyptian Threat "HCV"

By

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In the fall of 2002, I was presenting a seminar about molecular and genetic epidemiology, when Dr. Fadia A. Mesallam, a Public Health specialist at El-Minia University, El-Minia, Egypt, asked me to suggest her some research topics that can be feasible and beneficial to our own community; "I would like to perform scientific researches for the sake of Allaah and for assisting our Egyptian community, but not only for the purposes of promotion and attaining scientific degrees" she said. Her words motivated me to propose that every researcher in the diverse fields of Community Medicine and Public Health must find out and prioritize the national health-related problems and the required health services and interventions for dealing with those problems with an ultimate goal of developing the Egyptian community.

Having this in mind, few months later, I came to have a train trip with Professor Hammam M. Hammam, (May Allaah bestow His Mercy upon him and admit him to the paradise); and I stimulated him by talking about what Dr. Mesallam has told and my thinking to suggest having a national research strategy for all the Community Medicine and Public Health professionals from all the Egyptian Universities to tackle our major health

problems. Prof. Hammam replied "As a developing country, we are still far beyond following the international health-related research fashions, and we should refrain from researching on topics of others' interest and concern. In Egypt we have our own health priorities and community concerns; however, we can adopt the successful ways of the developed nations and copy their useful tools, approaches and management strategies".

Once the Egyptian Community Medicine Association (ECMA) held its annual conference under the title of "Priorities of health care in Egypt". While going through the titles of the lectures and book of abstracts of the ECMA annual meeting, I could not find a single research that mentions hepatitis C viral infection (HCV). It was surprising for me to miss HCV from the list of topics of a conference that was supposed to discuss priorities of health care in a country, which has one of the highest prevalence rates of HCV, worldwide.

Upon reporting to the ECMA conference organizers and expressing my opinion and feelings about the absence of HCV from this meeting of "priorities of health care in Egypt", they accused me of underestimating and de-motivating the participating researchers; and they had even

depicted my simple comment as a destructing feedback. Then, they related the lack of studies done by Public Health and Community Medicine professionals on HCV to the lack of resources and the absence of team work among Egyptian researchers.

Such a highly-specialized annual meeting is supposed to be reflecting what Community Medicine departments in all the Egyptian Universities are currently researching on and the topics that they are being busy with. If HCV is absent from the annual meeting of ECMA, it means that either HCV is out of the scope of interest of the Egyptian Community Medicine researchers or it is not recognized by ECMA as one of the health care priorities in Egypt.

Integrated prevention efforts:

For the management of the HCV problem, we can learn a great deal from the scaling-up of management of other major health problems e.g., poliomyelitis or measles.

In the past three decades, in Egypt we had a high mortality rate of measles among children, and the poliomyelitis viral infection was endemic. Since then, millions of doses of vaccines have been delivered and the numbers of cases and deaths for both diseases have fallen by more than 90%. On **2005, pleausrably**, Egypt has been declared as a poliomyelitis-free country.

Despite the lack of effective HCV vaccine till now, these successes with other diseases can serve as important models and an inspiration for rapid HCV scale-up.

Taking the advantage of the existing delivery systems for childhood vaccination is one of the most efficient methods for rapidly scaling-up HCV prevention.

In Egypt, we succeeded to end up and control our crisis with the frequent epidemics and infant and childhood mortalities of acute respiratory infections, gastro-enteritis with dehydration and tetanus neo-natorum. Moreover, we've achieved a great success in decreasing the Egyptian maternal mortality rates to acceptable figures with minimal differences on comparison with the international figures of developed countries. Those health problems were nothing but a shameful tattoo for the medical scientists and practitioners in Egypt. The key element or the secret weapon in every mentioned success was approaching each problem by establishing an efficient surveillance system.

Let me remind you here, with one of the best and outstanding examples of the effectiveness of this secret weapon, which is the Schistosomiasis Surveillance System Network of the late 1980s and early 1990s that could beat the endemic schistosomiasis parasitic disease.

In fact the surveillance system must be supported by other efforts for finding and promoting effective medicines and researching for finding chemoprophylaxis as well as developing effective and safe vaccines. The local facilities must have tools for technical, laboratory, regional monitoring and supporting systems with high communication and surveillance networks. *Without having such high-quality*

surveillance, all the efforts for controlling and preventing HCV will be flying blindly.

However, we, Public Health and Community Medicine professionals, have to perform our duties; we should direct the researches inside our units, departments and institutes through a planned strategy that is based on our community needs and public concerns. Afterwards, resources and financial support will come.

The Egyptian Community Medicine professionals are efficient to design and implement nation-wide surveillance studies that can bring a full image of the HCV problem magnitude in Egypt, ending up the uncertainties and dilemmas of the various rates published in small reports by mal-designed, localized or small scale studies. They can reach the decision-makers and national health planners and convince them with the true health priorities through well-designed studies with ingenious and documented data.

Obtaining true medical data through a nation-wide surveillance network is the first step in the right way for success. Without ongoing high-quality data it will be impossible to monitor progress and focus efforts on elimination or eradication of HCV or any other national health threat. This will never be attained except through integrated efforts, which must be the ruling and basic approach in HCV national surveillance. *Partnering with community-based groups may be another key to large-scale implementation.*

We must ensure that all prefectures have adequate monitoring systems in place.

Nonetheless, scattered approaches and efforts will be neither technically nor financially appropriate.

Our country need to adopt these proven and efficient approaches to integrated delivery and to copy the ways of coordinating the work between the controlling programs and colleagues involved in other health programs.

Since we are raising the symbols and signs of health-care priorities and up-roaring with the slogans of nationalism, we must take the responsibility and fight the HCV with all our efforts and resources. If we fail to take the HCV as our current direct enemy and continue turning a blind eye to it, we will be deceiving ourselves and betraying our nation.

If today's Egyptian medical scientists are willing to do something useful for their country, they should be devoted to their work just as our senior and previous generation was. We should adopt their strategies and follow their footsteps in pursuing our major epidemiological challenges.

We loved the field of Community Medicine because our seniors loved it and they involved us in fighting against the national health worriers i.e., schistosomiasis, AIDS, childhood diarrheal diseases, acute respiratory infections, neonatal tetanus, infant and maternal mortality and poliomyelitis. We feel lots of pride and happiness that we have seen and shared the success of our seniors in offering help for our national public health concerns. We are delighted and satisfied because we were part

of the secret weapon either on the national or regional surveillance networks for controlling or eradicating these national health problems. I wonder if the new generations of Community Medicine specialists will have the same love for the field and feel pride and satisfaction with what they are doing or researching on?!

I want to end up this commentary by saying again that *high-quality surveillance is the secret weapon and the sure approach for successful tackling of our past, current and future health care-related challenges*. May Allaah bless Professor Hammam and all our seniors

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