Implementation of the Epidemiological Telephone Conference (EpiTec) in Tunisia, 2016-2018

Dr Souha Bougatef
Observatory of New and Emerging Diseases
Plan

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Introduction

• Indicator-based surveillance (IBS) is no longer sufficient to respond in a quick, flexible, and adequate manner to public health challenges.

• Therefore, event-based surveillance (EBS) becomes necessary to respond to urgent public health threats.
Organisation

• Establishment of “Epidemiological alerts management unit”
  • Epidemic Telephone Conference (EpiTec Tunisia) with RKI: are an innovative surveillance method to identify, discuss and respond to infectious diseases in real-time. Offers a scientific and structured platform for regular exchange of Epidemic Intelligence about current events related to infectious disease epidemiology,

• Since March 2016,

• Each Tuesday, 30 min,

• Service of confcall Tunisie Telecom.
EpiTec

• Participants at regional and national level
  - Focal points from 24 governorates
  - Surveillance experts from the National Observatory for New and Emerging Diseases (ONMNE),
  - The **Strategic** Health operations Center (ShocRoom),
  - The Primary Healthcare Direction (DSSB),
  - The Pasteur Institute of Tunis (IPT)
  - Hygiene direction
**Epitec – benefits**

- Direct communication in the field of epidemic intelligence
  - Horizontal and vertical information exchange
  - Identification of synergies and completion of information
  - Faster evaluation of events
  - Establishment of information network
- Quick, simple and cost-effective
- Strengthens technical skills
- Quick distribution and forwarding information to other stakeholders
  - Faster implementation of public health measures
Objectif

• Our aim is to share the Tunisian EpiTec experience, to cite the most frequently reported events and to assess challenges for sustainability.
Methods

• Surveillance experts from the National Observatory for New and Emerging Diseases (ONMNE), the Strategic Health operations Center (ShocRoom), the Primary Healthcare Direction (DSSB), the Pasteur Institute of Tunis (IPT) and focal points from 24 governorates jointly developed a standardized operating procedure (SOP) for EpiTec implementation during workshops from 2015 to 2016.

• In April 2016, a simulation exercise was conducted to refine the procedures and to share a real operational EpiTec experience.

• The satisfaction of EpiTec participants was evaluated using an online survey in August 2017 and the EpiTec SOP was adapted accordingly during workshops in September and October 2017.
Results

• Participation rates and reported events
• The first EpiTec was held on March 15, 2016.
• The median number of participants per conference was 10 ± 0.73 (range 4-16).
• The highest participation rate per governorate was 86.4%, followed by 77.3%.
• Out of 24 regions, 22 participated at least once.
• The average number of events reported per EpiTec was 3.5 ± 0.45 (range 1-7).
• The main reported events were Hepatitis A, SARI/ILI, West Nile Fever, Brucellosis cases and Typhoid Fever.
Number of EpiTec participants from March 2016 to March 2018
Type and number of events reported during Epitec from March 2016 to September 2018
Evaluation of participant satisfaction

- The evaluation in August 2017 showed that 94% of EpiTec participants (n = 17) felt well prepared to actively participate in the teleconferences and that 88% found the duration of the conferences adequate.

- Moreover, 88% of the participants stated that the information shared during EpiTec was useful for their everyday work. For example, the participants reported that they used EpiTec as a platform to share experiences with outbreak investigation and management (i.e. during a Hepatitis A epidemic) and to recommend methods and techniques that have proven useful.

- Finally, the continued participation of all stakeholders and an agreement on the kind of events that should be reported via EpiTec was recommended.
Conclusion

• Participation to EpiTec and reporting of events varied among the governorates and was lower after public holidays, which may be explained by the availability, awareness and interest of each focal point.

• The most commonly reported diseases (SARI/ILI, brucellosis and typhoid fever) are also subject to obligatory reporting as a part of the national IBS system. However, EpiTec also covered events that are not notifiable through the IBS system and it helped to take preventive measures in time.
Conclusion

• As EpiTec is a new surveillance tool in Tunisia, commitment of all stakeholders and implementation of the recommendations from the evaluation are required to improve it.

• The training curriculum “Early Warning and Response” which targets the local, regional and central level is currently being developed to reinforce its implementation.
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THANK YOU