

***Keynote Address***

***By***  
***Dr Samlee Plianbangchang***  
***Regional Director, WHO South-East Asia***

***At***

***Designation of National Health Laboratory, Yangon, as***  
***National Influenza Centre***

***Yangon, Myanmar***  
***26 February 2008***

# **Designation of National Health Laboratory, Yangon, as National Influenza Centre**

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**DR SAMLEE PLIANBANGCHANG  
REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA**

Lt-Gen. Myint Swe, of the Ministry of Defence; Government of the Union of Myanmar,

Excellency Professor Kyaw Myint, Minister, Ministry of Health, Government of the Union of Myanmar;

Excellency Professor Mya Oo, Deputy Minister, Ministry of Health, Government of the Union of Myanmar;

Dr Ko Ko, Regional Director (Emeritus), WHO South-East Asia Region,

Excellencies,

Distinguished Representatives from the UN and international agencies,

Honourable guests, ladies and gentlemen;

I am very pleased to be here today at the ceremony for accreditation of the National Health Laboratory as a National Influenza Centre. I am also grateful and thank His Excellency Professor Kyaw Myint for inviting me to Myanmar.

The creation of the National Influenza Centre (NIC) in the National Health Laboratory is a remarkable achievement of the Government of the Union of Myanmar in responding to the current threat of influenza pandemic. We must congratulate the Government of the Union of Myanmar for this commendable effort.

The influenza virus occasionally causes epidemics and pandemics. As far as records are available, there were three major influenza pandemics in the 20<sup>th</sup> Century. The most devastating one was the Spanish flu outbreak in three consecutive waves across the globe in 1918 that killed at least 50 million people. The subsequent pandemics were in 1957 and 1968 respectively. Though milder, the later two pandemics still killed about 2 million people.

Influenza virus is prone to cause pandemic, because its genetic composition is relatively unstable. So, it frequently undergoes mutation, or combines with the animal virus; the phenomena that can lead to the emergence of a novel virus against which the human population has no immunity. Therefore, the infection with this type of virus can rapidly spread and result in a pandemic.

Currently, we have a threat posed by avian influenza that may emerge as the next pandemic in human beings. To ensure effective preventive and control measures we need a system to monitor and predict the influenza epidemic right at its start.

WHO established a Global Influenza Surveillance Network as early as 1950. This Network is to monitor and characterize an influenza virus of pandemic potential. The National Influenza Centres, like the one we are now inaugurating, form the backbone of this global network.

These Centres are national institutions designated to be National Influenza Centres by the national health authorities.

Since the Government of the Union of Myanmar has formally designated the National Health Laboratory as their National Influenza Centre, WHO now recognizes this Centre as a member of the Global Influenza Surveillance Network.

We welcome National Influenza Centre of Myanmar to this network, which currently consists of 122 centres in 93 countries around the world. Being a member of the WHO Global Influenza Surveillance Network entails both the right and the responsibility in the prevention of the influenza pandemic.

To jumpstart the functioning of the National Health Laboratory as the National Influenza Centre in Myanmar, WHO has provided reference reagents for the diagnosis of the H5 virus. Every year, WHO will continue providing standardized kits for identification of the current strains of influenza viruses. These reagents cannot be commercially procured; they are exclusively produced for National Influenza Centres by WHO Collaborating Centres.

The information by these Centres on the antigenic characterization of influenza viruses that are globally circulating will be shared. National Influenza Centres also will receive WHO publications on regional and global influenza activities. For this global network to maintain its vigilant monitoring, NIC will need to fulfil its functions, which include, among other things:

- Sharing of viruses for risk assessment;
- Sharing of the relevant information with the global network;
- Collecting clinical specimens and undertaking initial identification of the type of virus.
- Alerting the Global Network of any influenza virus that cannot be readily identified by using WHO reagents.

Initially, the NICs were primarily involved in the surveillance of seasonal influenza viruses. These viruses had formerly not attracted our attention in the Region, due to the presence of other competing diseases. However, the scenario has changed because of the endemicity of the H5 Avian Influenza (H5AI) in this part of the world.

These avian influenza viruses which are usually found in poultry have crossed species barriers and caused human infection with high case fatality rate. Thus, the role of NICs have become increasingly important; their adequate capability and capacity to fully function has become, as expected, indispensable. They must be able to expeditiously collect and ship; and where appropriate, correctly test the samples to identify H5 viruses. Timely and accurate diagnosis of influenza virus by NICs could be very helpful in averting a pandemic of influenza.

Last year, the revised International Health Regulations (IHR) 2005 came into force. Under these Regulations, a global system to identify public health threats was created. Among others, human influenza caused by the novel virus needs to be reported to WHO through this system for rapid global response.

To strengthen the regional response to the requirements of IHR, NICs in Bangladesh and DPR Korea have been reactivated and new NICs, like this one in Myanmar, designated. WHO support has been extended to the Centre and this support will continue. Maintaining the functioning of NICs at the international level depends on networking among the centres around the world. To enhance this partnership in South-East Asia, a strategy for networking of NICs in the Region is being implemented.

The National Health Laboratory in Myanmar is invited to be an active partner in this development process. Such networking will enable the sharing of methods, scientific findings, reagents and expertise.

Once again, I welcome the advent of the NIC in Myanmar and I wish the Centre all success in its contribution to global efforts to prevent influenza pandemic. And once again I sincerely congratulate the Government of the Union of Myanmar for their foresight and initiative in the creation of this National Influenza Centre.

Thank you.