



Public Health Surveillance and Hajj Pilgrimage as a Mass Gathering

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Dear Editor-in-Chief

A mass gathering (MG) is defined by World Health Organization (WHO) as “any occasion, either organized or spontaneous, that attracts sufficient numbers of people to strain the planning and response resources of the community, city or nation hosting the event” (1). Hajj pilgrimage is one of the fundamental pillars of Islam which must be performed by those Muslims with adequate means and health once in their lifetime (2). Hajj as a mass gathering of pilgrims around the world can amplify the transmission of epidemic prone diseases at the Hajj place and the countries which departed pilgrims as well. This letter was aimed to highlight (i) the rationale for implementing syndromic surveillance in the era of public health issues of Hajj pilgrimage and (ii) challenges faced to Iranian health system.

There are sufficient evidences that indicate public health issues of MG such as risk of infectious diseases, outbreaks, non-communicable disease risks and so on (3-6). In other word, infections can spread from the host to home community once participants return to their country (3).

Generally speaking, one of the main challenges for policy makers is the process of identifying known or potential diseases or outbreaks. As general recommendations, pilgrims should be taken counseling and screening for diseases before travel, educated well for respiratory and hand hygiene precautions (7). Vaccination against meningococ-

cal disease and yellow fever is required by Saudi Arabia for Hajj pilgrims as well (8). To detect health events that occur during Hajj pilgrimage, syndromic surveillance system should be implemented. This system should communicate information for early recognition and reporting by clinicians using prediagnostic data. Communicating such data play an important role in the home country to prevention the spread of infections from Hajj pilgrims to their country.

Moreover, there are some diseases with long incubation periods which might be affect pilgrims during Hajj. So that, such diseases can pose a risk among pilgrims and their relatives on return. Accordingly, complete evaluation of pilgrims using rapid diagnosis tests by their entrance to Iran, post travel counseling and postponing social activities were recommended by experts. If needed, health system should implements a passive surveillance system using innovative mobile networks and so on.

In conclusion, we just presented here the outlines of challenges and their solutions in Iran in context of Hajj pilgrimage. So that, policy makers and public health surveillance stakeholders should be assured that the recommended strategies were applicable and efficient.

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