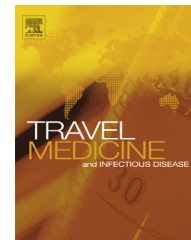




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CORRESPONDENCE

Establishment of a mass gathering department within health service systems
**KEYWORDS**

Health service system;
Mass gathering;
Hajj

Dear editor,

We read the article written by Charrel with great interest [1] and we intend to add some points to his invaluable paper. Every year, various religious, cultural, social, scientific, sport, and political mass gathering festivals take place in different parts of the world. We suggest that a special department be established within the health service system of all countries which send a considerable number of tourists to long pre-planned crowded ceremonies. Establishment of such an office in order to evaluate the tourists' health status before departure and monitor them after they have returned to their country of origin has many advantages. The department can be designed and named according to the type of the ceremonies. In our country, we have such an office named Medical Board of Islamic Republic of Iran's Red Crescent for Hajj (MBIRIRCH). Prior to traveling to Saudi Arabia, all Iranian pilgrims are clinically and para-clinically examined, screened, vaccinated, and educated based on a unique protocol notified by MBIRIRCH; then, the abled pilgrims are permitted to participate in the rituals. Moreover, we established a syndromic surveillance system to monitor the pilgrims' health status during the journey [2]. As Charrel stated, there were great concerns about the transmission of new emerging diseases like MERS-CoV, Ebola, and avian influenza among pilgrims who participated in Hajj in recent years. Accordingly, tracking primary and secondary cases will be well conducted in this surveillance system. Furthermore, considering the Charrel's statements about respiratory pathogens, we

reported the most common microbial agents in Hajj as follows respectively: Adenoviruses (36.2%), Rhinoviruses (30%), Influenza type B virus (20%), Intestinal bacilli (19.4%), Chlamydia pneumonia (15.8%), Haemophiluses (9.1%), Streptococcus A, C and G (8.5%) and Influenza type A virus (1.5%) [3].

Ethics committee approval

The paper has been prepared in accordance with the rules of the ethical review board of Tehran University of Medical Sciences.

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Authors' contributions

1. Dr. Payman Salamati designed the idea, drafted the paper and approved the version to be published.
2. Dr. Seyed mansour Razavi designed the idea, revised the paper critically and approved the version to be published.

Conflict of interest

None.

References

- [1] Charrel RN. Hajj, Umrah, and other mass gatherings: which pathogens do you expect? Beware of the tree that hides the forest! *Travel Med Infect Dis* 2014;12:418–9.
- [2] Razavi SM, Sabouri-Kashani A, Ziaee-Ardakani H, Tabatabaei AR, Karbakhsh M, Sadeghipour HR, et al. Trend of diseases among Iranian pilgrims during five consecutive years based on a syndromic surveillance system in Hajj. *Med J Islam Repub Iran* 2013;27:179–85.
- [3] Razavi SM, MohazzabTorabi S, Salamati P. Treatment and prevention of acute respiratory infections among Iranian hajj

[pilgrims: a 5-year follow up study and review of the literature.](#)
Med J Islam Repub Iran 2014;28:1–11.

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