

Capacity building against biological risk: How Article X can contribute to the security aims of the BTCW as well as public health

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Stimulants for capacity building

- National needs and experiences
 - Natural outbreaks
 - Pandemic threat
- The International Health Regulations
 - Article 5+13 and Annex 1A
 - Capacities to detect, report, assess, notify and respond to public health events
- The Biological Weapons Convention
 - Article X
 - Sixth Review Conference



Three main principles of health preparedness in Norway

- Same responsibility
 - "Whoever is responsible for a service will also have the responsibility for preparedness and for services, including financing, during war and peace time crises and catastrophes." (Act on preparedness in the health and social services § 2-1)
- Similarity
 - Use of the same organisations and assets, but re-enforce them
- Handling at lowest effective level
 - Local responsibility

→ Integrating biopreparedness with public health



Rationale for integrating biopreparedness with public health

- Clear and established chains of command and responsibility
- Training on everyday events
- Late realisation that event is bioterrorism
- Rational use of limited resources



Sensible use of resources

- Invest wisely
 - general epidemic preparedness
 - multiple-use preparedness
 - robust health service and public health system
 - no biodetectors in the community
 - technically hardly possible
 - logistically unsustainable
 - no BSL4-laboratory
 - unnecessary with one more in Europe
- International collaborations
 - WHO → IHR
 - EU → ECDC
 - Neighbouring countries → EpiNorth

An acceptable level of preparedness must be defined



Key national capacities

Main function: support to local authorities

- National microbiological laboratory for preparedness
- National competence centre for diagnosis and treatment
- National field epidemiology group and training programme
- National vaccine stockpile
- National pharmaceutical stockpile
- National epidemic intelligence system



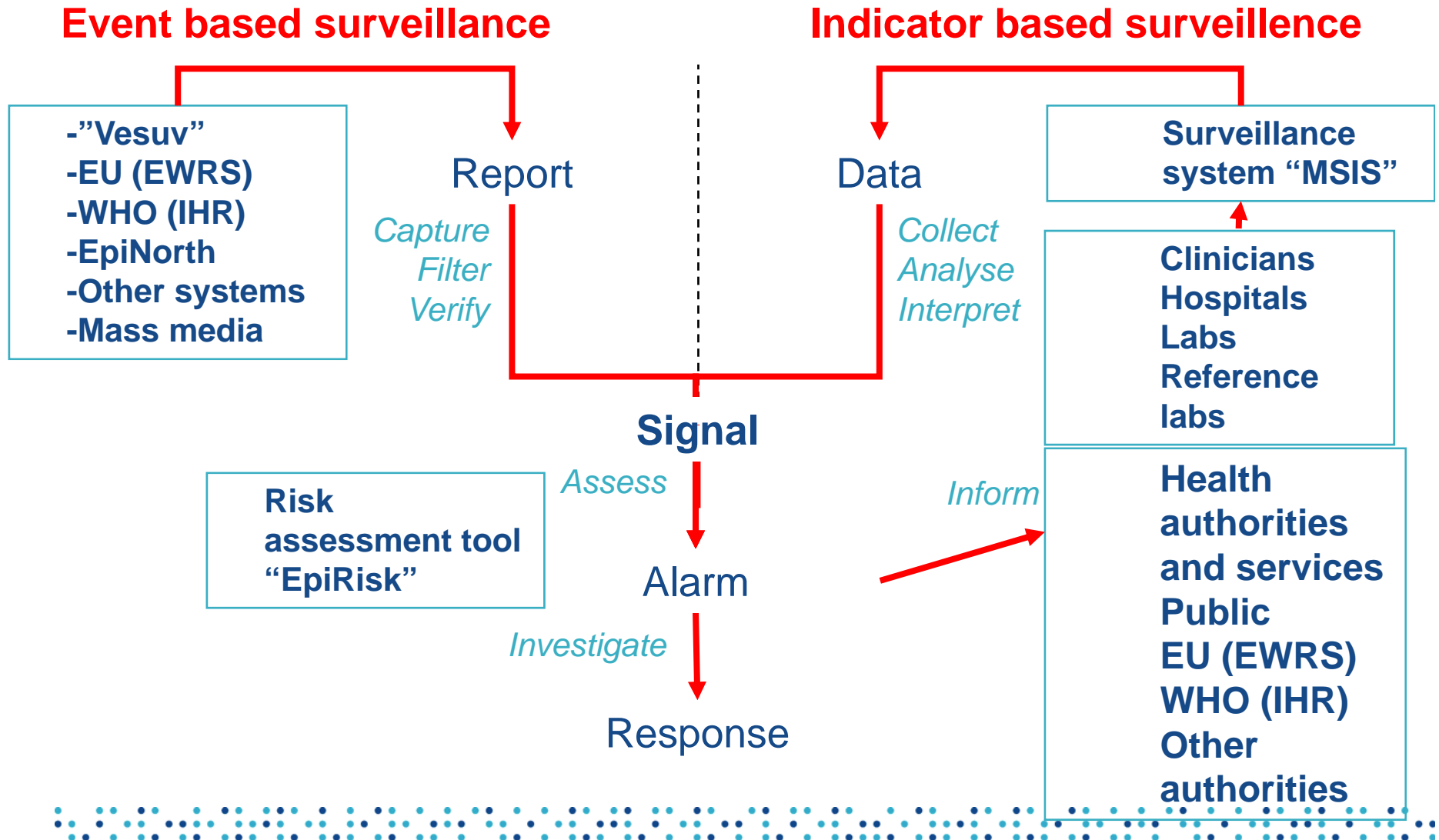
Epidemic intelligence

- **Definition:** All the activities related to early identification of potential health threats, their verification, assessment and investigation as a basis for recommending control measures.
- **That is:**
 - Detection
 - Investigation
 - Communication

Kaiser R, Coulombier D, Baldari M, Morgan D, Paquet C. What is epidemic intelligence, and how is it being improved in Europe?. Euro Surveill 2006;11(2):E060202.4.



Framework for epidemic intelligence in Norway



The Kon-fu-tse principle of surveillance



"Notify to WHO the events that you would like to know about if they occurred in your neighbour country."

If in doubt, notify!

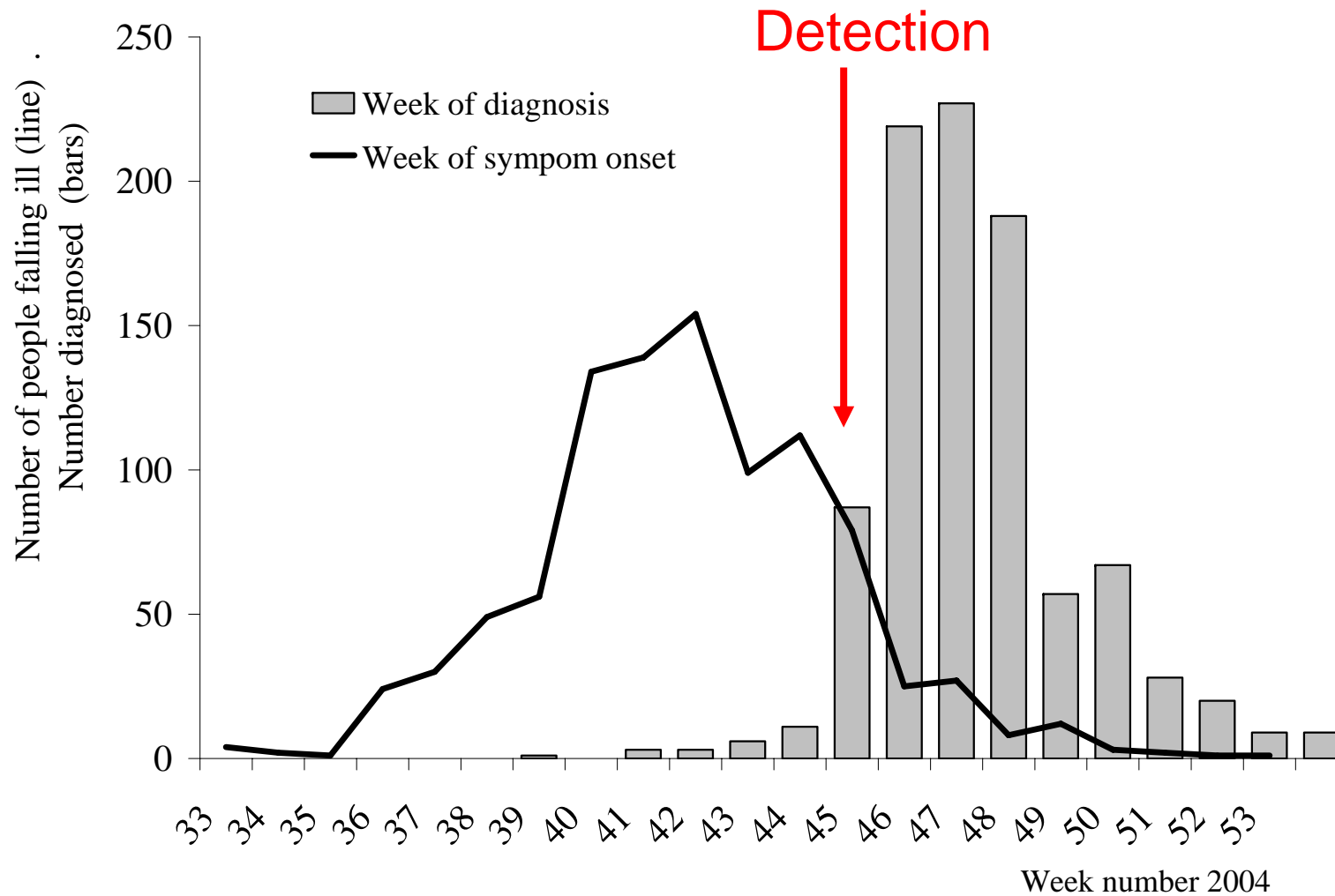


Main areas for improvement

- Surge capacity of
 - competent personell
 - equipment
 - intensive care beds
 - isolates
- Mental preparedness
 - information preparedness
- Laboratories
 - environmental samples
- General coordination
 - with other sectors (police, military, civil defence)
- Exercises
- Preparedness at municipal level
- Surveillance of syndromes
 - detect events earlier



Outbreak of giardiasis in Bergen



EpiNorth collaboration



www.epinorth.org



Modes of the collaboration

Annual meeting

EpiNorth Journal

EpiNorth Data

- Annual notification figures on 43 diseases from 11 countries and 11 Russian regions

EpiVax

- Tables of vaccination schedules in the countries in the region

EpiWatch

- Epidemic intelligence from the region

EpiTrain

- Annual one-week training course in infectious disease epidemiology

EpiWords

- English-Russian epidemiological glossary

EpiNews

- News on conferences, institutes etc

EpiLinks

- Links to institutes and other resources in the region



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EpiNorth

Journal of the Network for Communicable Disease Control in Northern Europe



- Congenital Rubella Syndrome In Saint-Petersburg
- Rubella in Arkhangelsk Oblast
- Rotavirus and Norovirus Infections in Arkhangelsk Oblast
- Rotavirus Disease Burden in Eastern Part of WHO/Europe
- Синдром врожденной краснухи в Санкт-Петербурге
- Краснуха в Архангельской области
- Рота- и норовирусная инфекция в Архангельской области
- Бремя болезни при ротавирусной инфекции в восточной части Европейского региона ВОЗ



- EpiWatch
- EpiNews
- + EpiNorth Journal
- EpiNorthData
- EpiVax
- EpiWords
- + EpiScience
- + EpiTrain
- EpiLinks
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New influenza A(H1N1): Assessment of the situation as of 29 May



by Published: 31.05.09 Updated: 31.05.2009 22:39:50

The EpiNorth secretariat publishes this updated risk assessment at least once a week:

Conclusion

The most likely scenario is an introduction of the virus to most countries over the next few weeks and a large epidemic in the southern hemisphere over the next months while the northern hemisphere will experience a relatively calm period this summer (possibly with some outbreaks in closed settings like health care institutions, cruise ships and schools), followed by a large outbreak in the autumn or winter. However, it is not much less likely that there is a first wave in the north already this summer, like in the USA now. We do not know what percentage of the population will be infected and what percentage of the infected that will fall ill. We do not know whether the virus will change and acquire new characteristics.

- Эпидобстановка
- Эпидновости
- + Журнал "ЭпиНорт"
- Эпидстатистика
- Вакцинация
- Эпидтермины
- + Эпидисследования
- + Обучение
- Ссылки
- + Проекты НИОЗв
- + О нас

English version

Новый грипп А (H1N1) (высокопатогенный вирус гриппа типа А/Калифорния/04/2009): оценка ситуации по состоянию на 29 мая 2009 г.



by Опубликовано: 31.05.09 Обновлено: 31.05.2009 22:39:50

Секретариат проекта «ЭпиНорт» публикует оценку степени риска заболевания, как минимум, еженедельно.

Выводы

Наиболее вероятным развитием событий станет появление этого вируса во многих странах в ближайшие недели и развитие крупной эпидемии в южном полушарии в течение ближайших месяцев, в то время как в северном полушарии лето пройдет относительно спокойно (возможно будет зарегистрировано некоторое число вспышек в закрытых группах, таких как медучреждения, круизные суда и школы) с последующей большой вспышкой осенью или зимой. Однако не менее вероятно, что первая волна заболевания в северном полушарии уже пройдет этим летом, как сейчас в США. Мы не знаем, какой процент населения будет заболеть. Мы не знаем, изменится ли вирус и приобретет ли он новые свойства.