INTERNATIONAL HEALTH REGULATIONS

Biological Weapons Convention Supporting Health:
Reducing Biological Risk by Building Capacity in Health Security,

18-19 June 2009, Oslo

Guénaël R. Rodier
Director, International Health Regulations Coordination

International Health Regulations ...

Milestones

"Black death" and other plagues spread across the world

The first effective **public health intervention**

Smallpox, cholera, plague, & yellow fever in **International Sanitary Regulations**

IHR 1951 revised in 1969

International Health Regulations ...

WHO's milestones

Emergence of the AIDS **pandemic**

Major travel disruption. **WHO's DG on site**

1st global response coordinated by WHO

WHA considers IHR obsolete and requests IHR revision

International Health Regulations ...

WHO's milestones

World Health Organization

1996

Creation of WHO Department for Emerging Diseases

Emergence in the North. Major economic cost.

Emergence in the South. Major economic cost

International Health Regulations ...

WHO's milestones

New meningitis strain W135

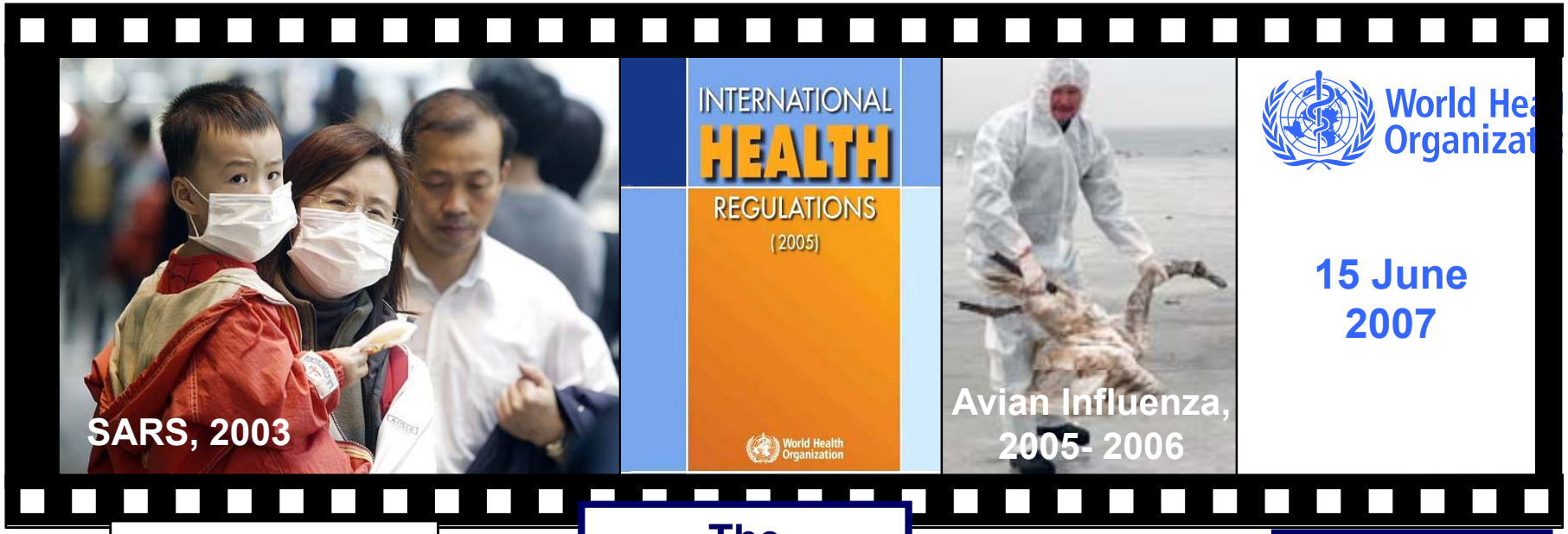
The Global Outbreak Alert & Response (GOARN)

Major outbreaks continue to strike

WHO's Office for National Epidemic Preparedness and Response

International Health Regulations ...

WHO's milestones



First 21st century's global epidemic. Major economic cost

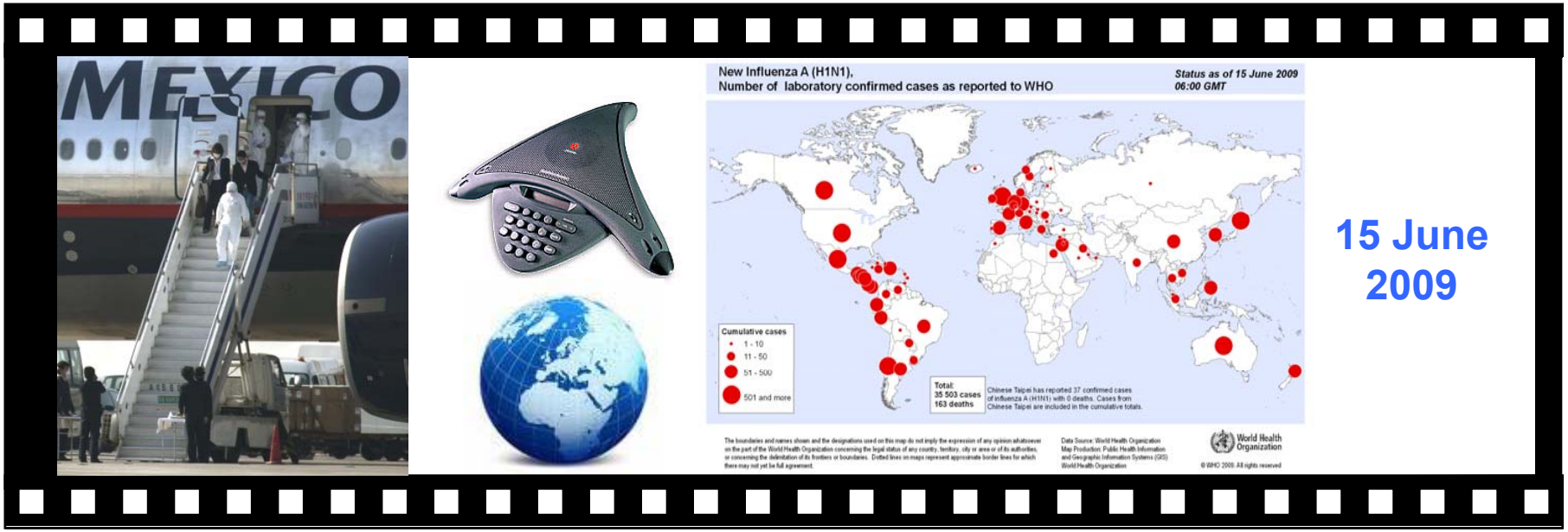
The International Health Regulations (2005)

Influenza pandemic threat

Entry into force of IHR(2005)

International Health Regulations ...

WHO's milestones



15 June 2009

12 April 2009 Mexico notifies an outbreak caused by new A/H1N1 virus,

1st IHR Emergency Committee, 25 April 09. **WHO DG declares PHEIC**

WHO DG declares Influenza pandemic, 11 June 2009

End of period for assessment of national capacity

Purpose of IHR

“ to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (*Article 2*)

IHR (2005)

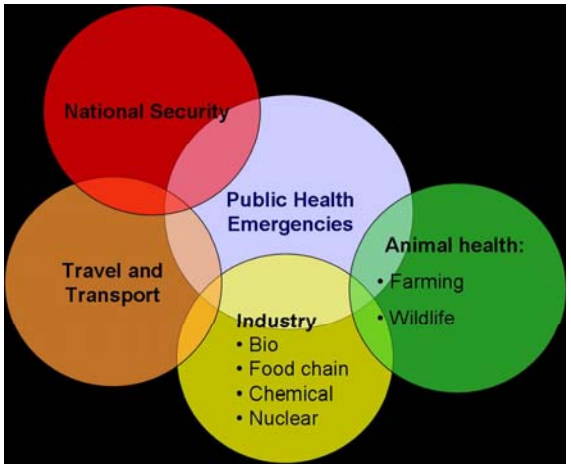
Three Paradigm Shifts

- From **control of borders** to [also] **containment at source**
- From **diseases list** to **all public health threats**
- From **preset measures** to **adapted responses**

A commitment of

194 States Parties

IHR



- **Global health agenda**

  Global Health security

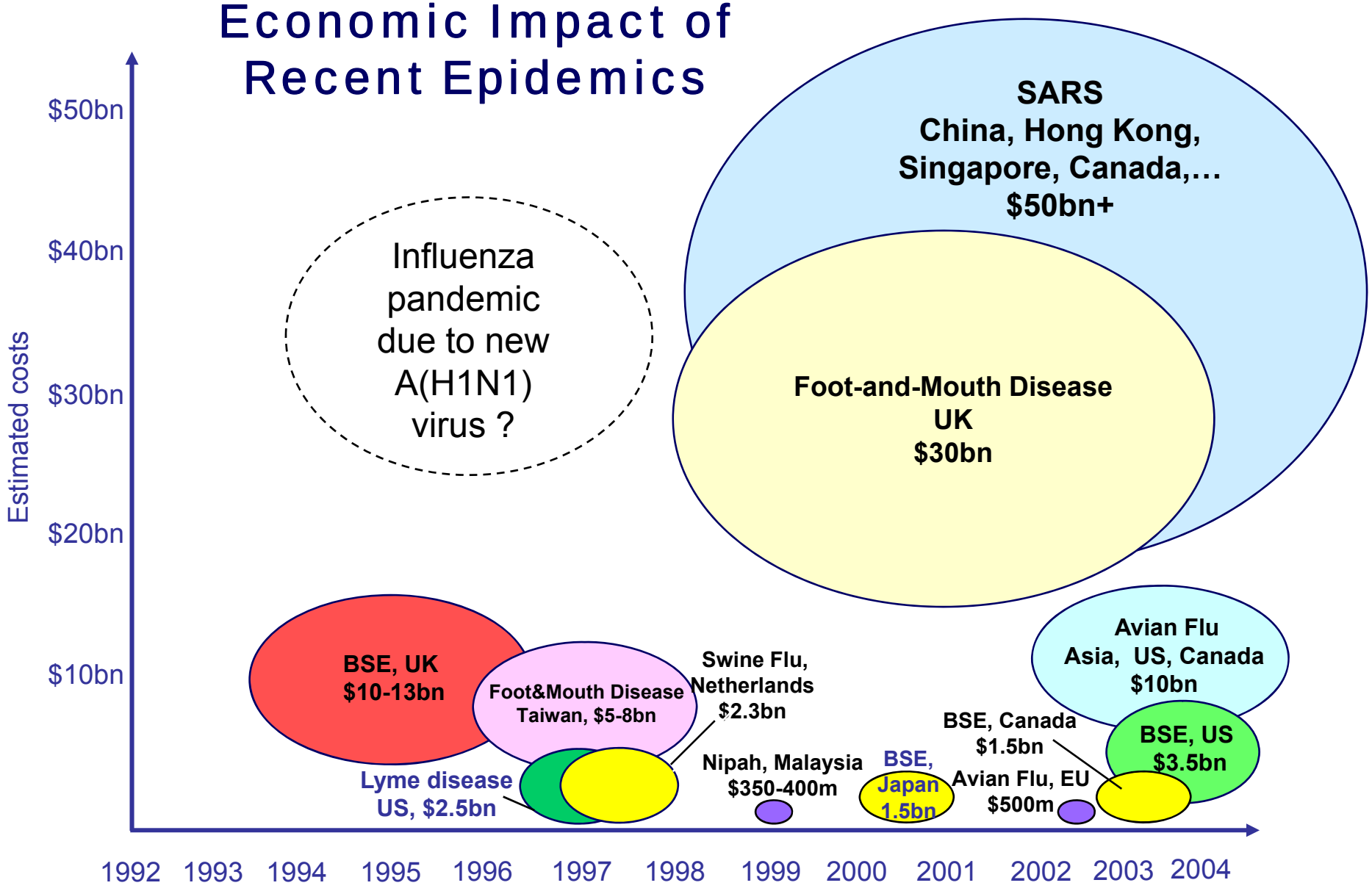
- **Result of negotiation**
  - **international disease spread ↔ trade and travel**

    Art. 2 on purpose and scope
  - **global collaboration ↔ national sovereignty**

    "may / should / would / in general / to the extent possible" …
- **Intersectoral**

  health / transport / agriculture / commerce / defence / …
- **Innovative**
  - **containment at source** → *core capacity requirements*
  - **decision instrument** → *risk assessment is core*

Economic Impact of Recent Epidemics



Seven strategic actions to guide IHR(2005) implementation

	Strategic action	Goal
	GLOBAL PARTNERSHIP	
1	**Foster global partnerships**	WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005).
	STRENGTHEN NATIONAL CAPACITY	
2	Stren… surve… cont…	…eet …e to the risk of international disease spread.
3	Stren… secu…	…tive …ted airports, ports and ground crossings in all countries.
	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
4	Stren… and …	…th
5	Strengthen the management of spec…	Systematic international and national management of the risks known to …ellow …ive substances.
	LEGAL ISSUES AND MONITORING	
6	**Sustain rights, obligations and procedures**	New legal mechanisms as set out in the Regulations are fully developed and upheld; all professionals involved in implementing IHR (2005) have a clear understanding of, and sustain, the new rights, obligations and procedures laid out in the Regulations.
7	**Conduct studies and monitor progress**	Indicators are identified and collected regularly to monitor and evaluate IHR (2005) implementation at national and international levels. WHO Secretariat reports on progress to the World Health Assembly. Specific studies are proposed to facilitate and improve implementation of the Regulations.

[a] Strategic actions 2–5 are key because they call for significantly strengthened national and global efforts.

National alert & response systems

Travel & transport

Global alert & response

Specific risks (e.g. influenza pandemic)

Awareness

Four key technical area

A legal and monitoring framework

World Health Report 2007

	GLOBAL PARTNERSHIP	
1	**Foster global partnerships**	WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005).

- **Other Technical Intergovernmental organizations**

  e.g. FAO, OIE, ICAO, IMO, UNWTO, IAEA, WTO, UNEP …

- **Development agencies / Regional intergovernmental organizations**

  e.g. AFD, CIDA, DFID, JAICA, USAID, ADB, ASEAN, EC, MERCOSUR, WB …

- **WHO Collaborating Centres and Technical partners**

  International Networks / National agencies / NGOs: e.g. GOARN, IANPHI, Pasteur IN, MSF, TEPHINET, DoD-GEIS, ICMM, CDC, ECDC, HPA, InVS …

- **Industry associations** e.g. ACI, IATA, ISF, ISO …
- **Professional societies** e.g. ASM, APHL, ISTM …

	STRENGTHEN NATIONAL CAPACITY	
2	**Strengthen national disease surveillance, prevention, control and response systems**	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	**Strengthen public health security in travel and transport**	The risk of international spread of disease is minim d through effective permanent public health measures and response c city at designated airports, ports and ground crossings in all countrie

- Ports
- Airports
- Ground crossings

- Health system
- Epidemiology
- Laboratory
- Preparedness
- Case management
- Infection control
- Social mobilisation
- Communication
- …

Intersectoral

International Health Regulations Coordination

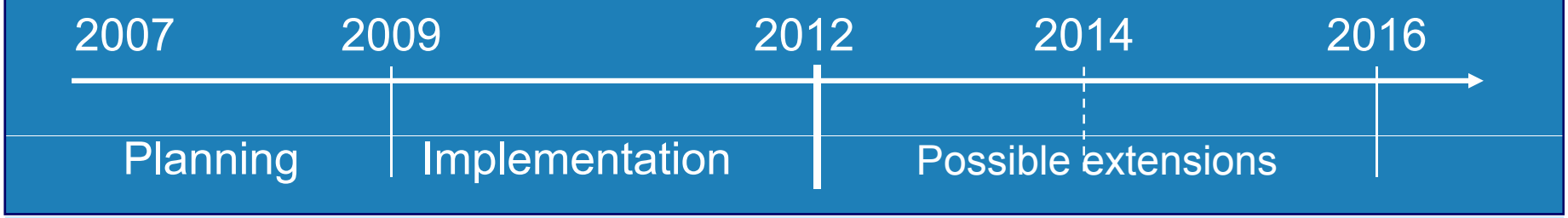
	STRENGTHEN NATIONAL CAPACITY	
2	**Strengthen national disease surveillance, prevention, control and response systems**	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.

Core capacity requirements for surveillance and response (Annex 1A):

"capacity to detect, assess, notify and report events …"

- **Timeline**

2 years + 3 + (2) + (up to 2)



"As soon as possible but no later than five years from entry into force …"

15 June 2009

(Annex 1A): "capacity to detect, assess, notify and report events in accordance with these Regulations …".

Investing in

- **Human resources** (training, distance learning, twinning programmes …)
- **Infrastructure** (buildings, equipments, logistics …)
- **Standard Operating Procedures** (investigation, response, biosafety …)

Focusing on

- **Laboratory quality system** (EQA programmes, biosafety, specimen collection, lab regional network …)
- **Event-base surveillance system** (epidemic intelligence, field investigation, data analysis, risk assessment, reporting …)
- **Communication** (social mobilization, media, web …)

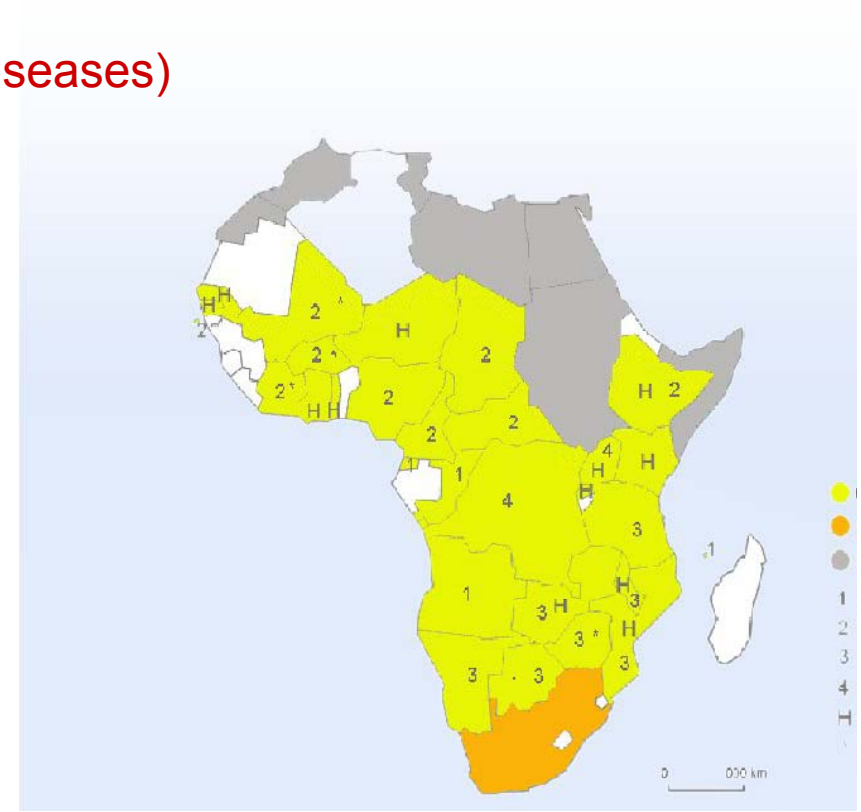
Building on

- National and Regional strategies (e.g. APSED, IDSR)

External Quality Assessment Programme
Africa: 74 Laboratories from 47 countries

Diagnostic capacity:

- Enteric pathogens (Diarrhoeal diseases)
- Bacterial meningitides
- Plague
- Tuberculosis
- Malaria



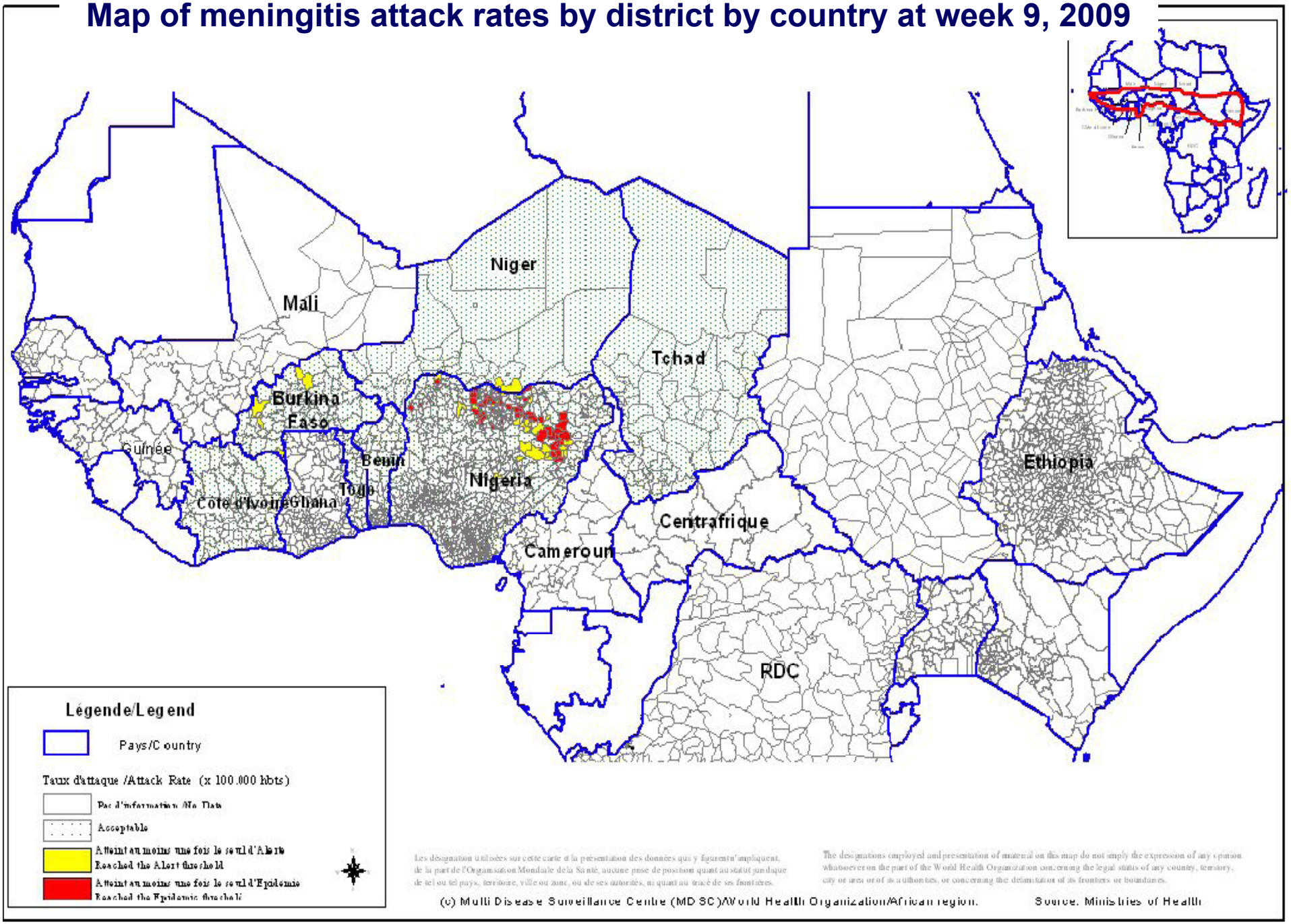
Languages:

- French: 22 countries
- English: 20 countries
- Portuguese: 5 countries

3 panels per year

Support: WHO LYON Office / NICD, Johannesburg / USAID

Map of meningitis attack rates by district by country at week 9, 2009



Biotechnology revolution

Powerful, rapid, affordable

- Rapid diagnostic tests *(e.g. HIV, influenza, plague, cholera, meningitis)*
- PCR machines *(a global epidemic!)*
- BSL3 / 4 laboratories *(projects ongoing in many countries)*
- Private sector is driving the change

A revolution which is not over

- How a laboratory will look like in 2020?

Inform@tion revolution

"The nations of the world are caught up in a revolution: a technological revolution, which is bringing about dramatic changes in the way we live..."

Tom Forester *in* High-Tech Society: The Story of the Information Technology Revolution

… and is bringing dramatic changes in the way we conduct disease surveillance

- how surveillance will look like in 2020?

Decision instrument (Annex 2)

4 diseases that shall be notified **polio (wild-type polio virus), smallpox, human influenza new subtype, SARS**.

Disease that shall always lead to utilization of the algorithm: **cholera, pneumonic plague, yellow fever, VHF (Ebola, Lassa, Marburg), WNF, others….**

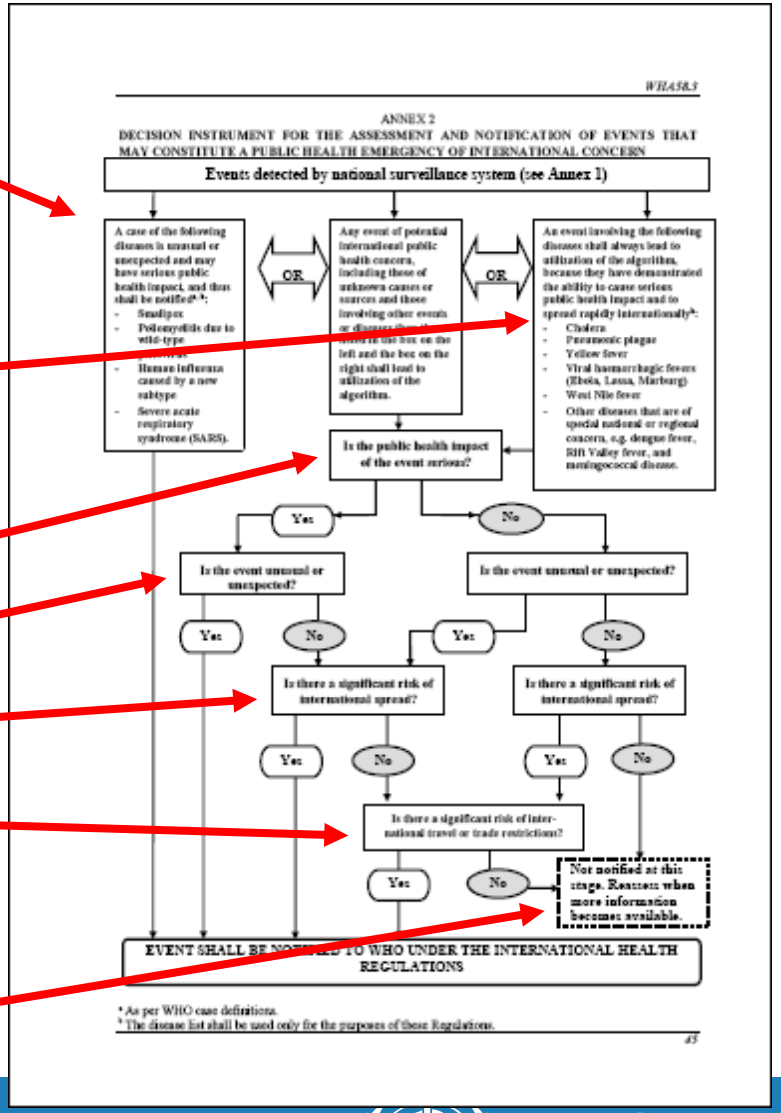
Q1: **public health impact serious?**

Q2: **unusual or unexpected?**

Q3: **risk of international spread?**

Q4: **risk of travel/trade restriction?**

Insufficient information: reassess



WHA58.3

ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Events detected by national surveillance system (see Annex 1)

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified[a, b]:
- Smallpox
- Poliomyelitis due to wild-type
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS).

OR

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.

OR

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally[b]:
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Yes / No

Is the event unusual or unexpected?

Yes / No

Is there a significant risk of international spread?

Yes / No

Is there a significant risk of international travel or trade restrictions?

Yes / No

Not notified at this stage. Reassess when more information becomes available.

EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS

[a] As per WHO case definitions.
[b] The disease list shall be used only for the purposes of these Regulations.

45

3	**Strengthen public health security in travel and transport**	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.

Annex 1B

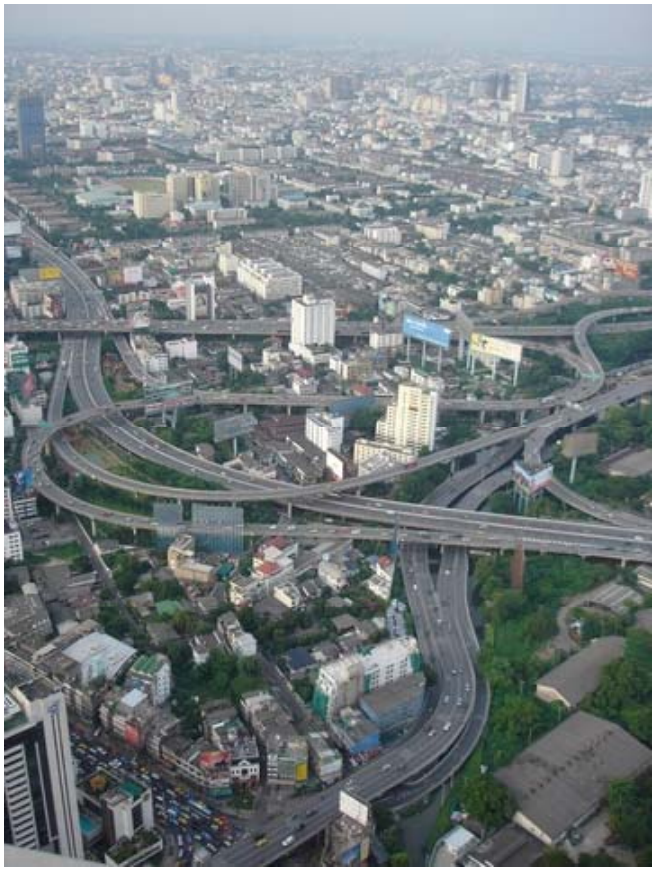
- **At all times**
  - Access to medical service
  - Transport of ill travellers
  - Inspection of conveyances
    (e.g. Ship Sanitation Control Certificate)
  - Control of vectors / reservoirs

- **For responding to events**
  - Emergency contingency plan
  - Arrangement for isolation (human, animal)
  - Space for interview / quarantine
  - Apply specific control measures

CHALLENGES

STRENGTHEN NATIONAL CAPACITY — NATIONAL SURVEILLANCE

- **No one size fits all**
  - diversity of national systems
  - national legislation
- **Special areas**
  - With little or no government control
  - Megacities and periurban areas
- **Donors partly on board**
  - no global cost estimate
  - cross cutting not attractive
  - monitoring indicators currently being field tested



	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
4	**Strengthen WHO global alert and response systems**	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.

Initial Screening

Verification with Member States

Risk Assessment

Response Strategy and Operations

IHR (2005): 10 Parts, 66 Articles, 9 Annexes

PART I	DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES
PART II	INFORMATION AND PUBLIC HEALTH RESPONSE
PART III	RECOMMENDATIONS
PART IV	POINTS OF ENTRY
PART V	PUBLIC HEALTH MEASURES
	Chapter I General provisions
	Chapter II Special provisions fro conveyances and conveyance operators
	Chapter III Special provisions for travellers
	Chapter IV Special provisions for goods, containers and container loading areas
PART VI	HEALTH DOCUMENTS
PART VII	CHARGES
PART VIII	GENERAL PROVISION
PART IX	THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE
	Chapter I The IHR Roster of Experts
	Chapter II The Emergency Committee
	Chapter III The Review Committee
PART X	FINAL PROVISIONS

Responsible authorities (Article 4)

"National IHR Focal Point" means the national centre, designated by each State Party, which shall be **accessible at all times** for communications with WHO IHR Contact Points under these Regulations;

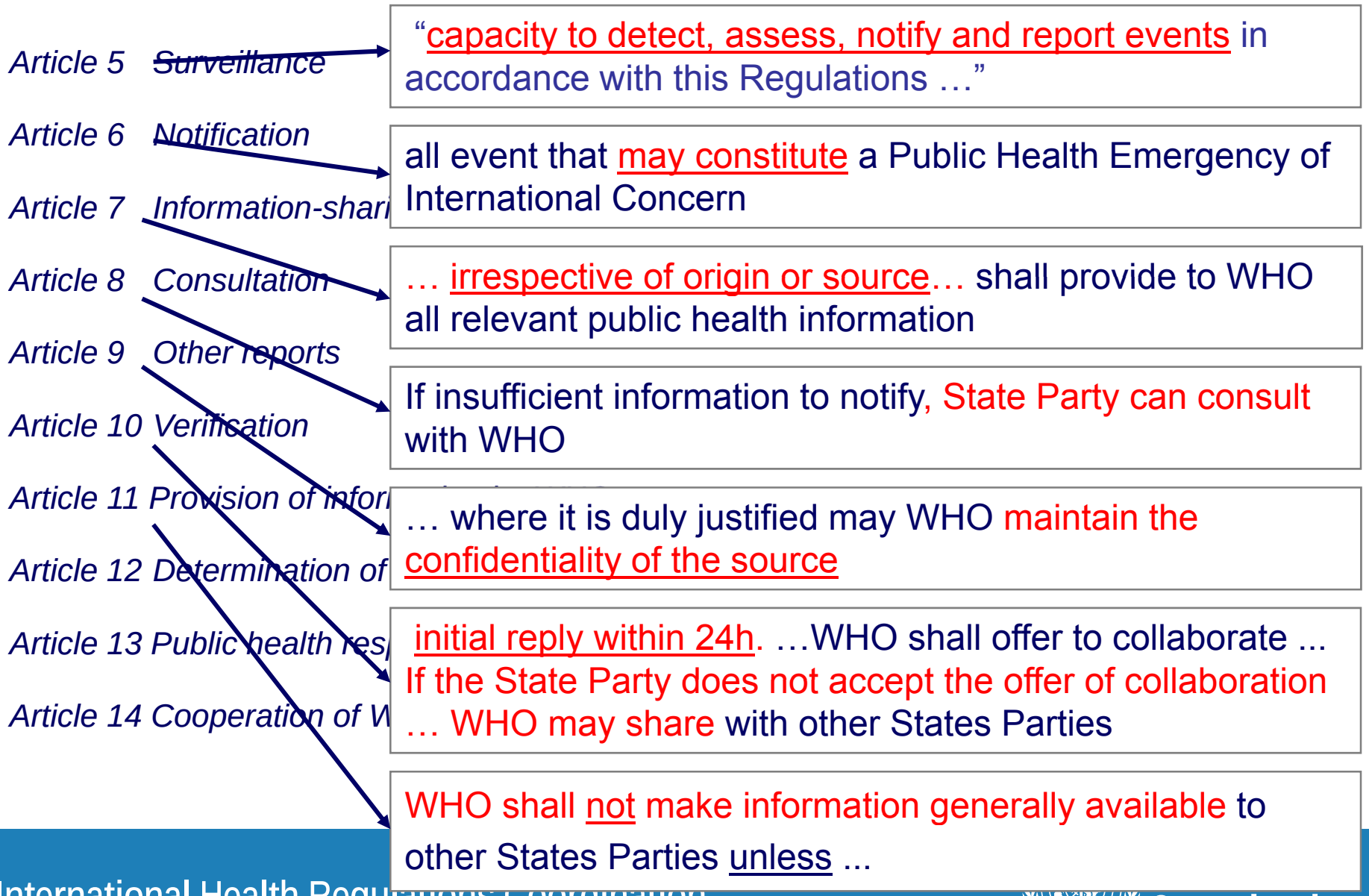
National IHR Focal Point

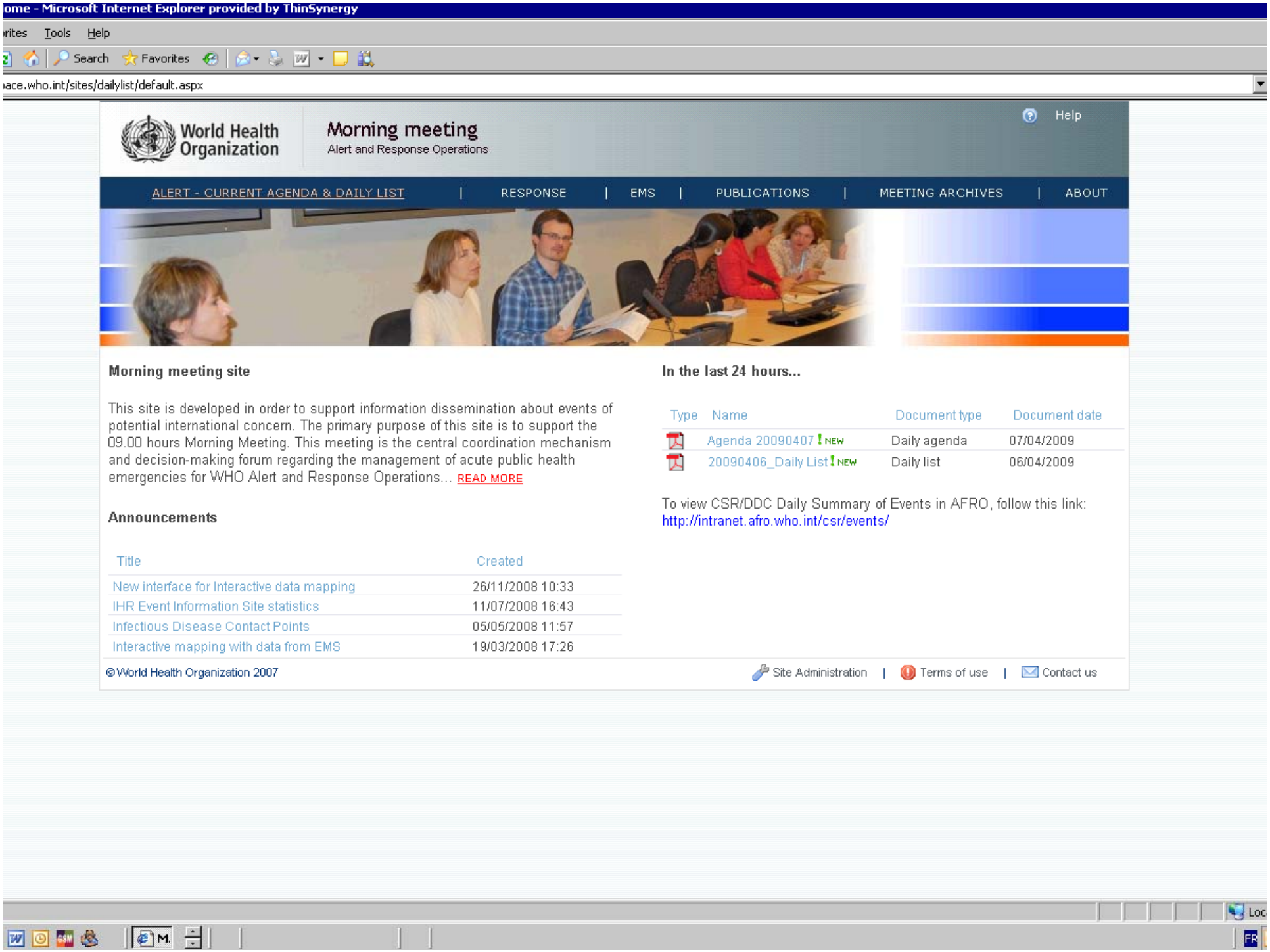
(One per State Party)

WHO IHR Contact Point

(One per WHO Region)

PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

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ace.who.int/sites/dailylist/default.aspx
World Health Organization
Morning meeting
Alert and Response Operations
Help
ALERT - CURRENT AGENDA & DAILY LIST | RESPONSE | EMS | PUBLICATIONS | MEETING ARCHIVES | ABOUT
Morning meeting site
This site is developed in order to support information dissemination about events of potential international concern. The primary purpose of this site is to support the 09.00 hours Morning Meeting. This meeting is the central coordination mechanism and decision-making forum regarding the management of acute public health emergencies for WHO Alert and Response Operations... READ MORE
Announcements
Title Created
New interface for Interactive data mapping 26/11/2008 10:33
IHR Event Information Site statistics 11/07/2008 16:43
Infectious Disease Contact Points 05/05/2008 11:57
Interactive mapping with data from EMS 19/03/2008 17:26
In the last 24 hours...
Type Name Document type Document date
Agenda 20090407 ! NEW Daily agenda 07/04/2009
20090406_Daily List ! NEW Daily list 06/04/2009
To view CSR/DDC Daily Summary of Events in AFRO, follow this link:
http://intranet.afro.who.int/csr/events/
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Agenda

22 April 2009

Event ID	Hazard	Syndrome	Disease	Aetiology	Country	Verification	Incoming dt	Last update
New event								
2009-E-3545	Infectious	Acute Watery Diarrhoeal Syndrome			Nigeria	WHO-NFP risk assessment ongoing	2009-04-03	2009-04-20
Ongoing event								
2009-E-3538	Infectious	Acute Respiratory Syndrome			Russian Federation	WHO-NFP risk assessment ongoing	2009-04-15	2009-04-21
2008-E-3370	Infectious		Cholera		South Africa	WHO-NFP risk assessment ongoing	2008-11-20	2009-04-21
2009-E-3484	Infectious		Cholera		Zambia	WHO-NFP risk assessment ongoing	2009-02-27	2009-04-21
2008-E-3353	Infectious	Acute Watery Diarrhoeal Syndrome	Cholera	V. cholerae O1 Ogawa	Mozambique	WHO-NFP risk assessment ongoing	2008-11-04	2009-04-21
1959-J10-11-ID	Animal	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	H5N1	Indonesia	WHO-NFP risk assessment ongoing	2005-07-13	2009-04-21
2009-E-3520	Infectious		Meningococcal disease	N. meningitidis serogroup A	Central African Republic	WHO-NFP risk assessment ongoing	2009-03-26	2009-04-21
2009-E-3536	Undetermined	Unknown and unspecified causes of morbidity or			Nepal	WHO-NFP risk assessment ongoing	2009-04-14	2009-04-17
2009-E-3532	Infectious		Cholera	V. cholerae O1 Ogawa	Paraguay	WHO-NFP risk assessment ongoing	2009-04-08	2009-04-16
2008-E-3367	Infectious		Cholera		Zimbabwe	WHO-NFP risk assessment ongoing	2008-11-18	2009-04-20
2008-E-3402	Animal	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	H5N1	Egypt	WHO-NFP risk assessment ongoing	2008-12-16	2009-04-20
2009-E-3531	Infectious		Meningococcal disease	N. Meningitidis serogroup A,	Chad	WHO-NFP risk assessment ongoing	2009-04-03	2009-04-15
2009-E-3493	Infectious		Meningococcal disease	N. meningitidis serogroup A	Niger	WHO-NFP risk assessment ongoing	2009-03-04	2009-04-17
2009-E-3451	Infectious		Meningococcal disease	N. meningitides, serogroup A	Sudan	No verification requested	2009-02-03	2009-04-14
2009-E-3432	Infectious		Meningococcal disease	N. meningitidis serogroup A	Uganda	WHO-NFP risk assessment concluded	2009-01-22	2009-04-02
2008-E-3405	Infectious	Acute Neurological Syndrome, unspecified	Meningococcal disease	N. meningitidis serogroup A, W135	Nigeria	WHO-NFP risk assessment ongoing	2008-12-17	2009-04-16
2009-E-3518	Infectious		Yellow Fever		Congo	WHO-NFP risk assessment ongoing	2009-03-24	2009-04-17

Color legend: New event | Update received by ARO | Awaiting update

1 / 3 75.5% Find

One week later …

Agenda

29 April 2009

Event ID	Hazard	Syndrome	Disease	Aetiology	Country	Verification	Incoming dt	Last update
New event								
2009-E-3568	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Belgium	Verification requested from NFP	2009-04-27	2009-04-28
2009-E-3569	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Czech Republic	Verification requested from NFP	2009-04-28	2009-04-28
2009-E-3567	Infectious	Acute Respiratory Syndrome		(suspected swine Influenza)	Germany	WHO-NFP risk assessment ongoing	2009-04-27	2009-04-28
2009-E-3572	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Ireland	WHO-NFP risk assessment ongoing	2009-04-28	2009-04-28
2009-E-3570	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Italy	WHO-NFP risk assessment ongoing	2009-04-27	2009-04-28
2009-E-3571	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Russian Federation	WHO-NFP risk assessment ongoing	2009-04-28	2009-04-28
2009-E-3565	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Sweden	Verification requested from NFP	2009-04-27	2009-04-28
2009-E-3566	Infectious	Acute Respiratory Syndrome		(Suspected swine infulenza)	Switzerland	Verification requested from NFP	2009-04-27	2009-04-28
Ongoing event								
2009-E-3555	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	France	WHO-NFP risk assessment ongoing	2009-04-26	2009-04-28
2009-E-3556	Infectious	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	Swine influenza A/H1N1	Israel	WHO-NFP risk assessment ongoing	2009-04-26	2009-04-28
2009-E-3542	Infectious	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	Swine influenza A/H1N1	Mexico	WHO-NFP risk assessment ongoing	2009-04-16	2009-04-28
2009-E-3553	Infectious	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	Swine influenza A/H1N1	New Zealand	WHO-NFP risk assessment ongoing	2009-04-26	2009-04-28
2009-E-3554	Infectious	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	Swine influenza A/H1N1	Spain	WHO-NFP risk assessment ongoing	2009-04-26	2009-04-28
2009-E-3415	Animal	Acute Respiratory Syndrome	Influenza due to identified avian or animal influenza virus	H5N1	Viet Nam	WHO-NFP risk assessment ongoing	2009-01-05	2009-04-28
2009-E-3559	Infectious			(suspected swine influenza)	Colombia	Verification requested from NFP	2009-04-27	2009-04-27
2009-E-3558	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Australia	WHO-NFP risk assessment ongoing	2009-04-27	2009-04-27
2009-E-3557	Infectious	Acute Respiratory Syndrome		(suspected swine influenza)	Costa Rica	Verification requested from NFP	2009-04-26	2009-04-27
2009-E-3538	Infectious	Acute Respiratory Syndrome			Russian Federation	WHO-NFP risk assessment ongoing	2009-04-15	2009-04-21

Color legend: New event | Update received by ARO | Awaiting update

WHO INTERNAL WORKING DOCUMENT; CONFIDENTIAL - NOT FOR FURTHER DISTRIBUTION

Hazard: ANIMAL
Syndrome: ACUTE RESPIRATORY SYNDROME
Disease: INFLUENZA DUE TO IDENTIFIED AVIAN OR ANIMAL INFLUENZA VIRUS
Aetiology: H5N1
Event ID
2008-E-3402

INITIAL REPORT:
News media (including all news media, GPHIN, ProMED) GPHIN
2008-12-16

EGYPT
Asyot, Monofya,Minia
2008-12-13

FIRST REPORT
VERIFIED 2008-12-16 cases: 1; deaths : 1
UNOFFICIAL 2008-12-31 cases: 1; deaths :

LAST UPDATE: GPHIN 2009-01-26
VERIFIED cases: ; deaths :
UNOFFICIAL cases: 1; deaths :

NEW AFFECTED AREAS:

CONFIRMED BY:
LABORATORY: Yes NAMRU-3

LAST INCOMING INFO
2009-03-11
EMRO: MoH reported a new confirmed human case; a one and a half year old female from Menofia Governorate. Her symptoms began on 6 March and she was hospitalized on 9 March where she remains in a stable condition. Infection with H5N1 avian influenza was confirmed on 10 March by the Egyptian Central Public Health Laboratory.

Investigations into the source of her infection indicate a history of close contact with dead and sick poultry prior to becoming ill.

Of the 58 cases confirmed to date in Egypt, 23 have been fatal

SUMMARY INFO

• 2009-03-10 - DON publication: MoH reported a new confirmed human case; a two and a half year old male from Amaria District, Alexandria Governorate. His symptoms began on 3 March and he was hospitalized at Alexandria Fever Hospital where he remains in a stable condition. Infection with H5N1 avian influenza was confirmed by the Egyptian Central Public Health Laboratory on 4 March.

Investigations into the source of infection indicate a history of close contact with dead and sick poultry prior to becoming ill.

Of the 57 cases confirmed to date in Egypt, 23 have been fatal.

• 2009-03-05 - GPHIN: 8 y.o. male suspected of having human AI from Alexandria Province. The case has a history of close contact with sick and dead poultry.

EMRO: confirms 57th case for Egypt in a 2.5 y.o. male from Amaria District, Alexandria Governorate. Onset of symptoms began on 3 March and was hospitalized at Alexandria Fever Hospital on the same day. The child received treatment with Tamiflu on the same day of hospitalization (3 March). Infection with H5N1 avian influenza was confirmed by the Egyptian Central Public Health Laboratory on the 4th of March. Investigations into the source of infection indicate a history of close contact with dead and sick poultry prior to becoming ill. The child is in a good health condition and he is stable.

ACTION
DON publication ☑

POINTS OF CONTACT
HQ: Keiji Fukuda

RO: H. El Mahdi El Bushra

Daily list: 2008-12-16

IHR site (ex OVL): No (0)

Web: No

Press release: No

CRITERIA FOR INT.C.
• Serious Public Health Impact
• Unusual or unexpected
• Int. travel or trade


WHO | Avian influenza - situation in Egypt - update 7 - Microsoft Internet Explorer provided by WHO
File Edit View Favorites Tools Help
Back
Address
OMS | Grippe aviaire – situation en Égypte – bulletin n°7 - Microsoft Internet Explorer provided by WHO
File Edit View Favorites Tools Help
Back Search Favorites
Address http://www.who.int/csr/don/2009_03_11/fr/index.html
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Organisation mondiale de la Santé
Chercher
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Alerte et actions
Réseau mondial OMS d'alerte et d'action en cas d'épidémie
Règlement sanitaire international
Alerte et action en cas d'épidémie et de pandémie
Activités dans les pays | Informations sur les flambées épidémiques | Ressources | Centre des médias
OMS > Programmes et projets > Alerte et action en cas d'épidémie et de pandémie > Flambées épidémiques
imprimer
Grippe aviaire – situation en Égypte – bulletin n°7
11 mars 2009 -- Le Ministère égyptien de la Santé et de la Population a annoncé un nouveau cas humain confirmé de grippe aviaire. Il s'agit d'une petite fille d'un an et demi dans le Gouvernorat de Menofia. Ses symptômes sont apparus le 6 mars, elle a été hospitalisée le 9 et se trouve actuellement dans un état stationnaire. Son infection par le virus H5N1 de la grippe aviaire a été confirmée le 10 mars par le Laboratoire central égyptien de la santé publique.
L'enquête sur l'origine de son infection indique des contacts rapprochés avec des volailles malades et mortes avant la survenue de sa maladie.
Sur les 58 cas confirmés jusqu'ici en Égypte, 23 ont été mortels.
Emplois | Chercher | Contacts | Suggestions | RSS | Confidentialité | Courriels frauduleux |
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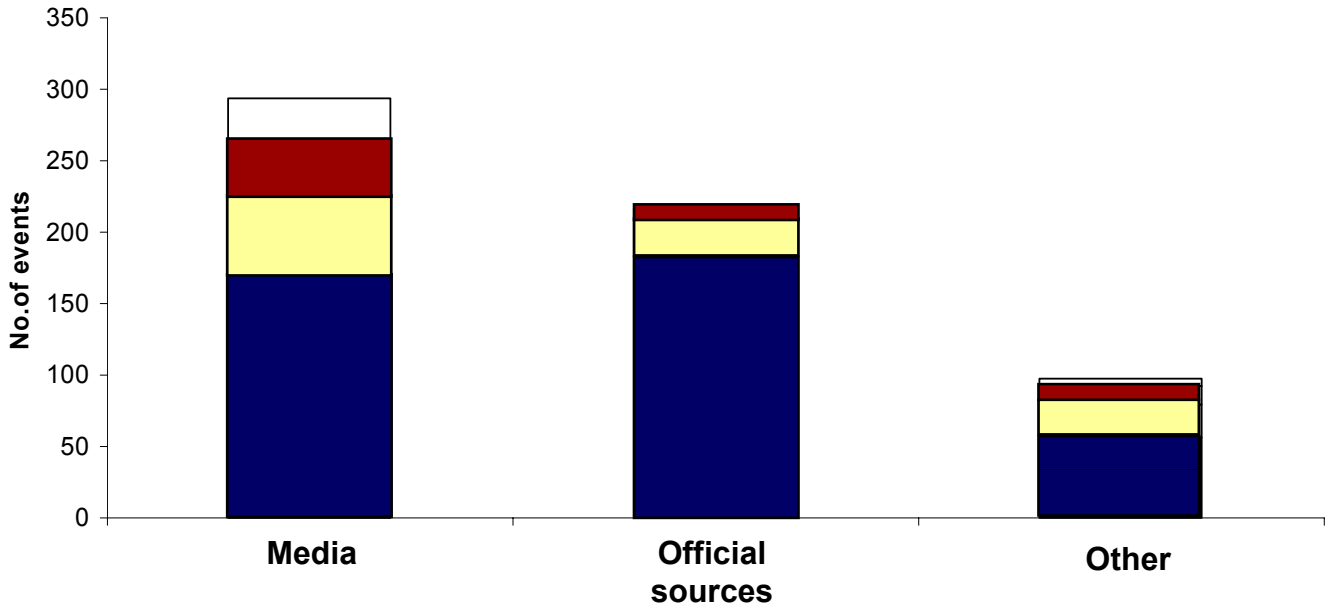
Information sources and verification outcome

Media remain a key source of timely primary information

Distribution of events by initial source of information and verification outcome, **01 Jan 07 – 31 Dec 08**

(N = 607)



True event | No event | Unrelated event | unverifiable

Type of events: June 2007 - January 2008, n = 210

Type	Infectious	123
	Animal	38
	Food safety	19
	Undetermined	17
	Product	8
	Chemical	4
	Natural disaster	1
Initial information source		
	Media	103
	IHR NFP or Government	43
	Other org., NGOs, etc.	38
	WHO	22
	Foreign government	4

WHO coordinated response (GOARN)

H5N1, Pakistan / Ebola, Uganda / Ebola, DRC / RVF, Sudan / Marburg, Uganda

Information for action

GOARN Support System at WHO

Operational Support Team

- GOARN management
- Field epidemiology unit

Logistics unit

- Field logistics
- Stockpiles
- Logistics mobility unit (Dubai)

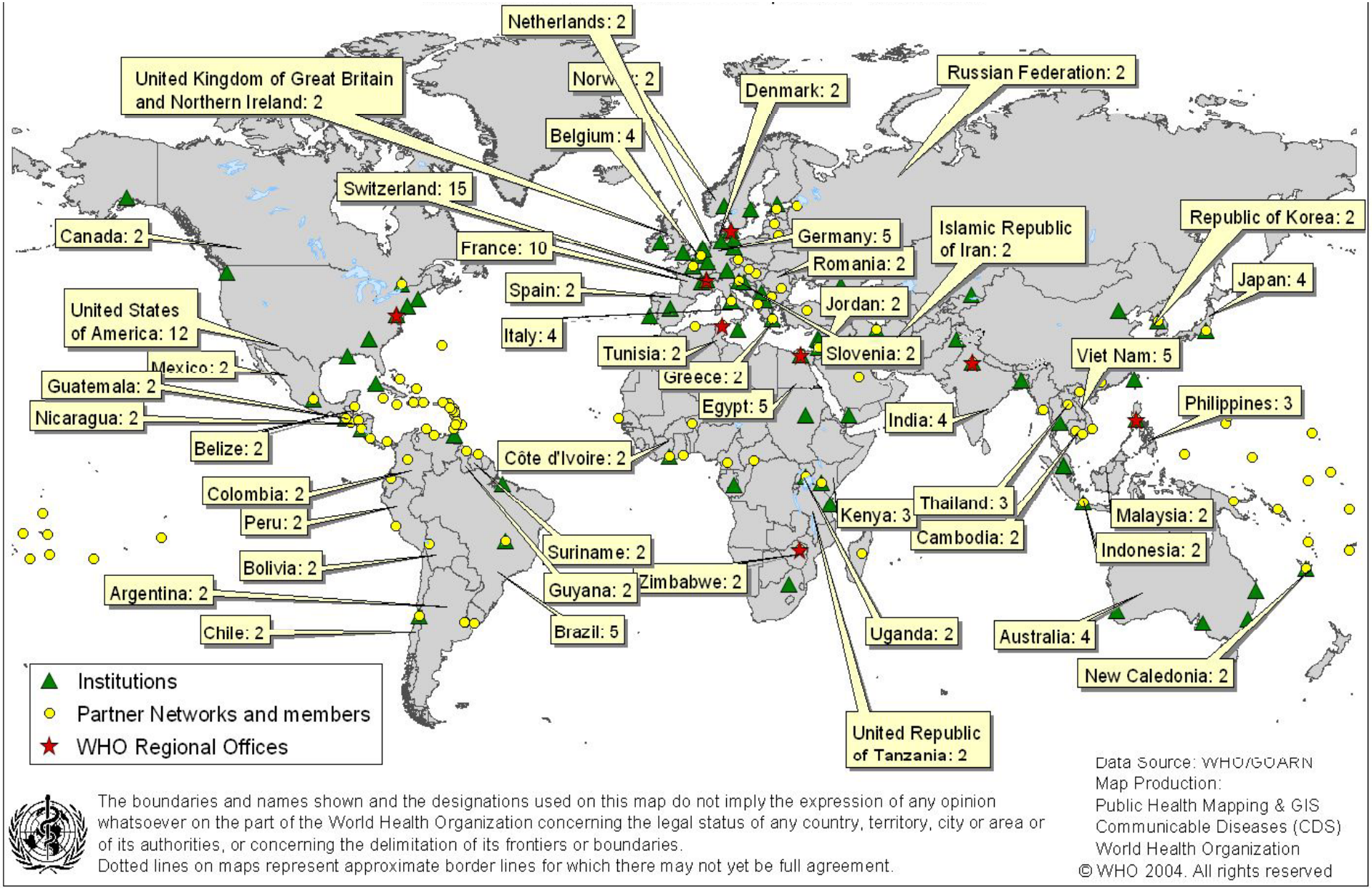
Electronic tools

- Event Management System (EMS)
- Field Information Management System (FIMS)
- Early Warning Alert and Response System (EWARN)

Strategic Health Operations Centre (SHOC)

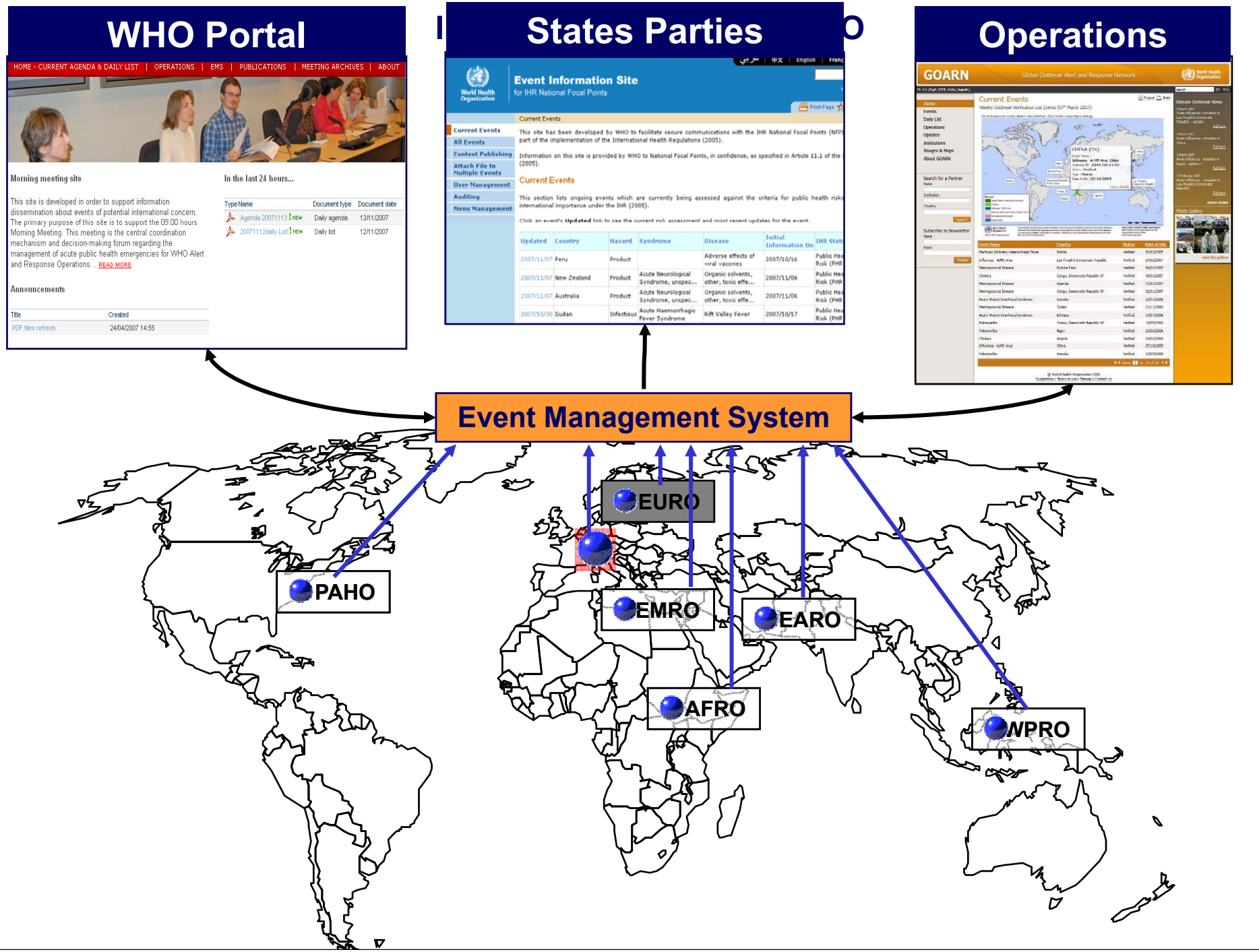
WHO Strategic Health Operations Centre (SHOC), May 2009

GOARN: Institutions and Partner Network

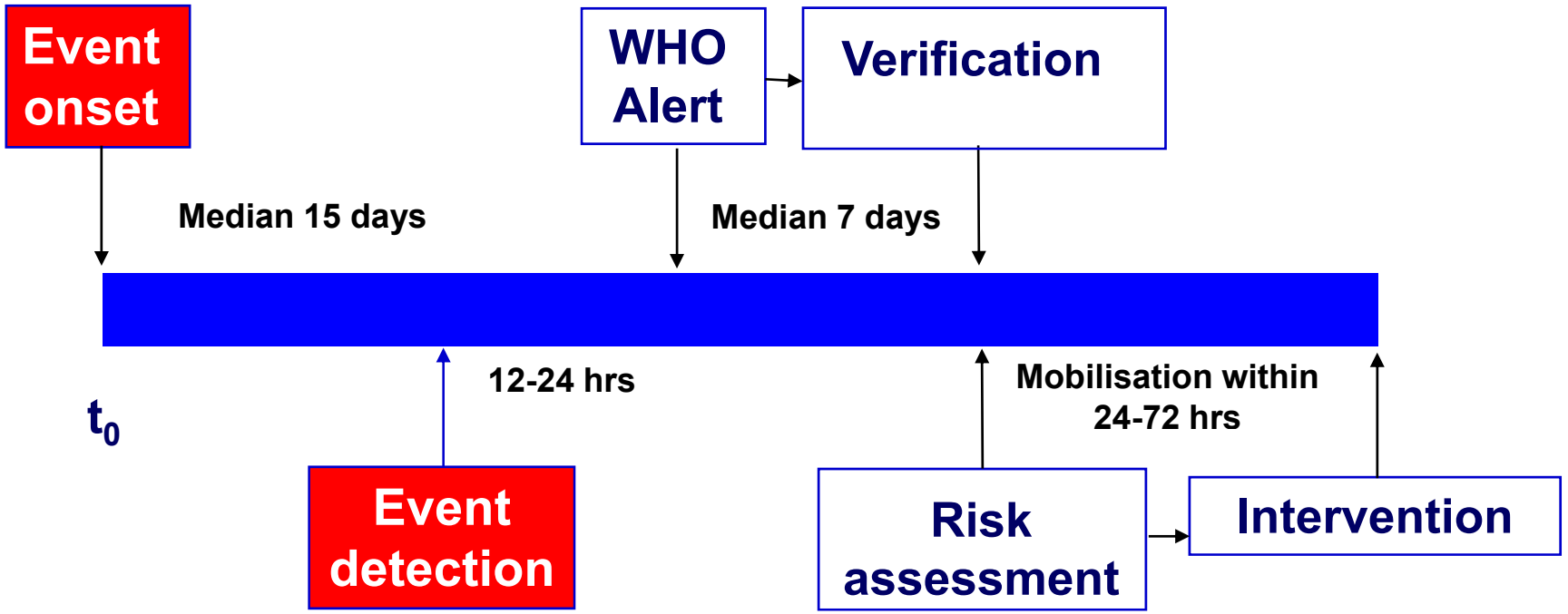


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO/GOARN
Map Production:
Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization


WHO Portal
HOME - CURRENT AGENDA & DAILY LIST | OPERATIONS | EMS | PUBLICATIONS | MEETING ARCHIVES | ABOUT
Morning meeting site
This site is developed in order to support information dissemination about events of potential international concern. The primary purpose of this site is to support the 09.00 hours Morning Meeting. This meeting is the central coordination mechanism and decision-making forum regarding the management of acute public health emergencies for WHO Alert and Response Operations... READ MORE
In the last 24 hours...
Type Name
Document type
Document date
Agenda 20071113
Daily agenda
13/11/2007
20071112daily List
Daily list
12/11/2007
Announcements
Title
Created
PDF files refresh
24/04/2007 14:55
States Parties
Event Information Site
for IHR National Focal Points
Current Events
All Events
Content Publishing
Attach File to Multiple Events
User Management
Auditing
Menu Management
Operations
GOARN
Global Outbreak Alert and Response Network
Event Management System
EURO
PAHO
EMRO
EARO
AFRO
WPRO

Timelines
Depend on both National and Global Efforts



	PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
4	**Strengthen WHO global alert and response systems**	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.
5	**Strengthen the management of specific risks**	Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.

- Influenza
- Polio
- SARS
- Smallpox
- Cholera
- Meningitis
- Yellow fever
- Food safety
- Chemical safety
- Radionuclear safety
- …

- Tuberculosis
- Malaria
- HIV/AIDS
- EPI

Driving forces at country level … but vertical and not integrated

> 95% of day-to-day threats to global public health security

BTWC Article X

► Grants the States Parties to the Convention the right to participate in, and the undertaking to facilitate, the exchange of equipment, materials and information for the use of biological agents for peaceful purposes, as well as scientific cooperation in the field.

IHR Art 5

► Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from entry into force of these Regulations for State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.

Art.44 Collaboration and assistance

44.1 States Parties shall undertake to collaborate with each other, to the extent possible, in:

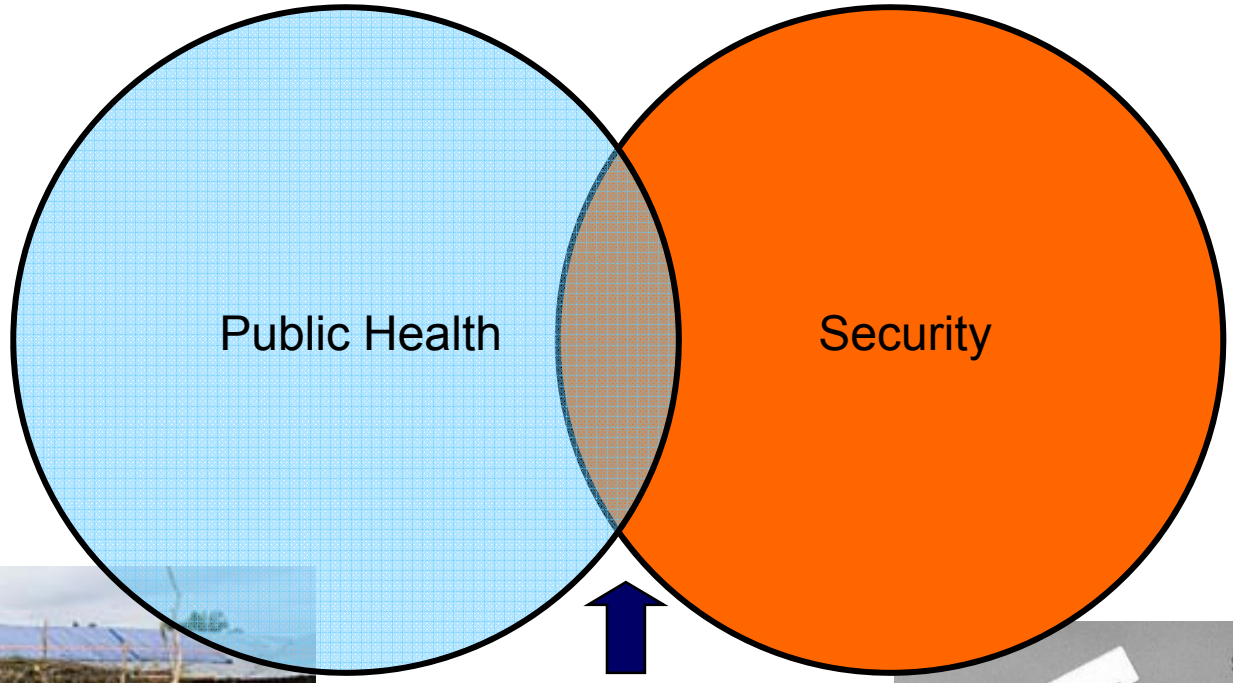
(a) the detection and assessment of, and response to, events as provided under these Regulations;

(b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations; and

(c) …

A Challenge for Intersectoral Collaboration

avoid intersectoral confusion!



Public
health
security

Thank you

www.who.int/ihr