International Health Regulations (IHR): Speaking the Same Language

Signals & Trends: What Will Public Health Look Like in 10 Years?

Roberta Andraghetti, Regional Advisor - International Health Regulations
Pan American Health Organization (PAHO) / World Health Organization (WHO)

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1980 – 2005 Milestones

International Health Regulations

- WHO Member States recognized need to collectively respond to public health emergencies of international concern
- An Intergovernmental Working Group tasked with the revision of the IHR(1969) established in 2004
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005
- Current IHR entered into force in June 2007
- A legal tool requested, developed and negotiated by WHO Member States – based on dialogue, transparency and trust – that describes procedures, rights and legal obligations for States Parties and WHO
- Not a new technical discipline (…*existing*…) – tool that serves public health according to good, evidence-based, practice and adapted to the context
- State's commitment – beyond the health sector

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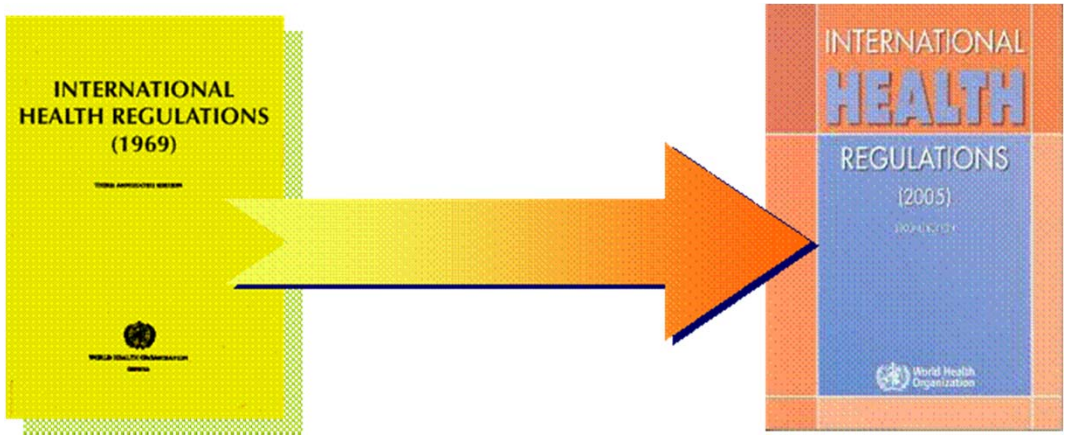
Purpose and scope of the IHR

"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)



- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to, also, containment at source

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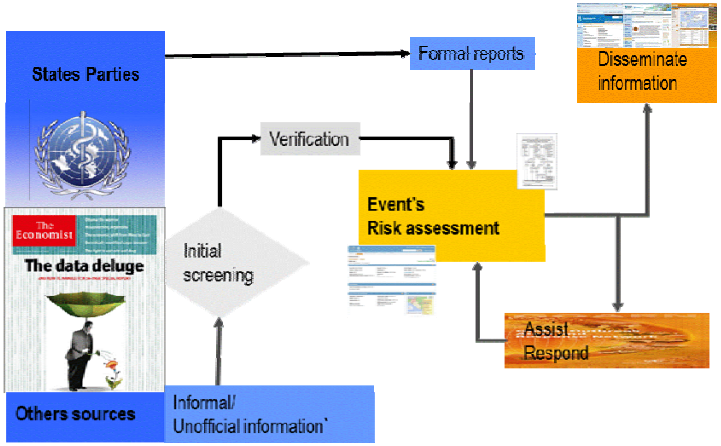
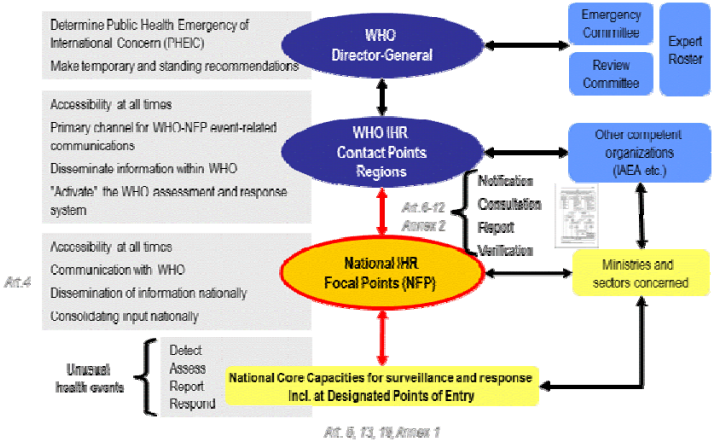
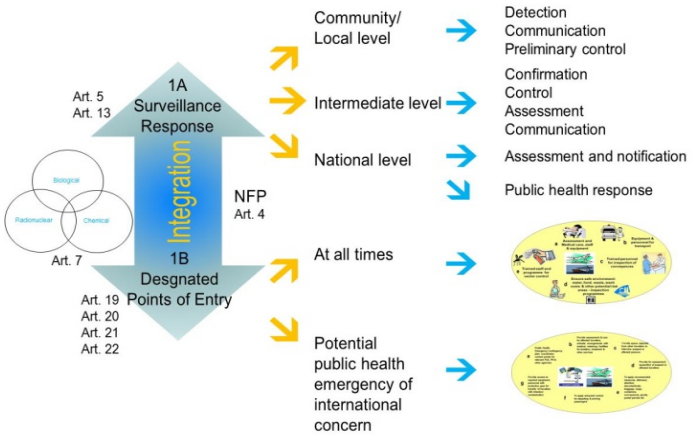
WHO Global Alert and Response System



IHR Operational Framework

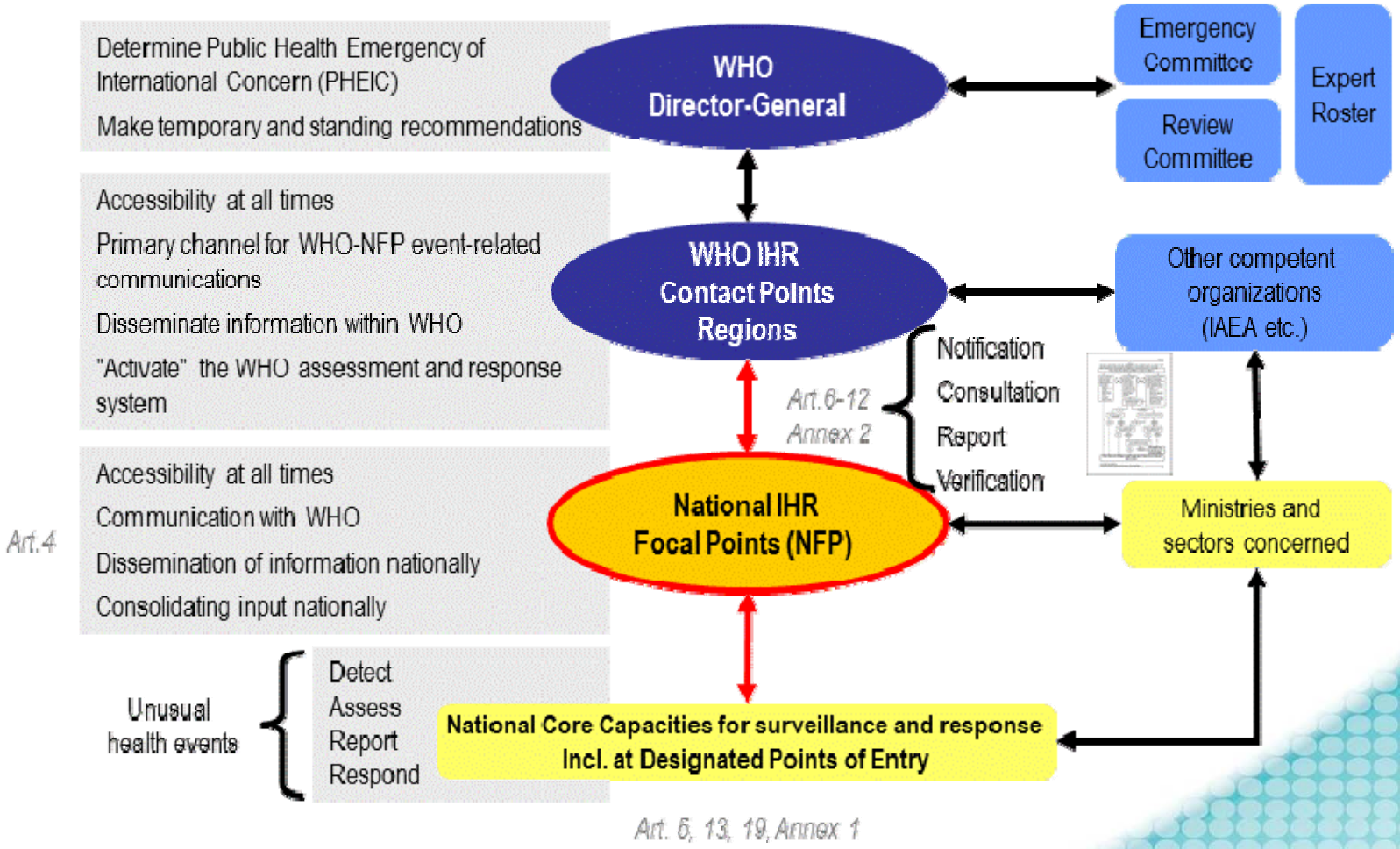


Core Capacities



The interdependency of States Parties makes the Global Alert and Response System as strong as its weakest link

IHR Operational Framework



National IHR Focal Point - United States

Department of Health and Human Services (HHS)
Assistant Secretary for Preparedness and Response (ASPR)

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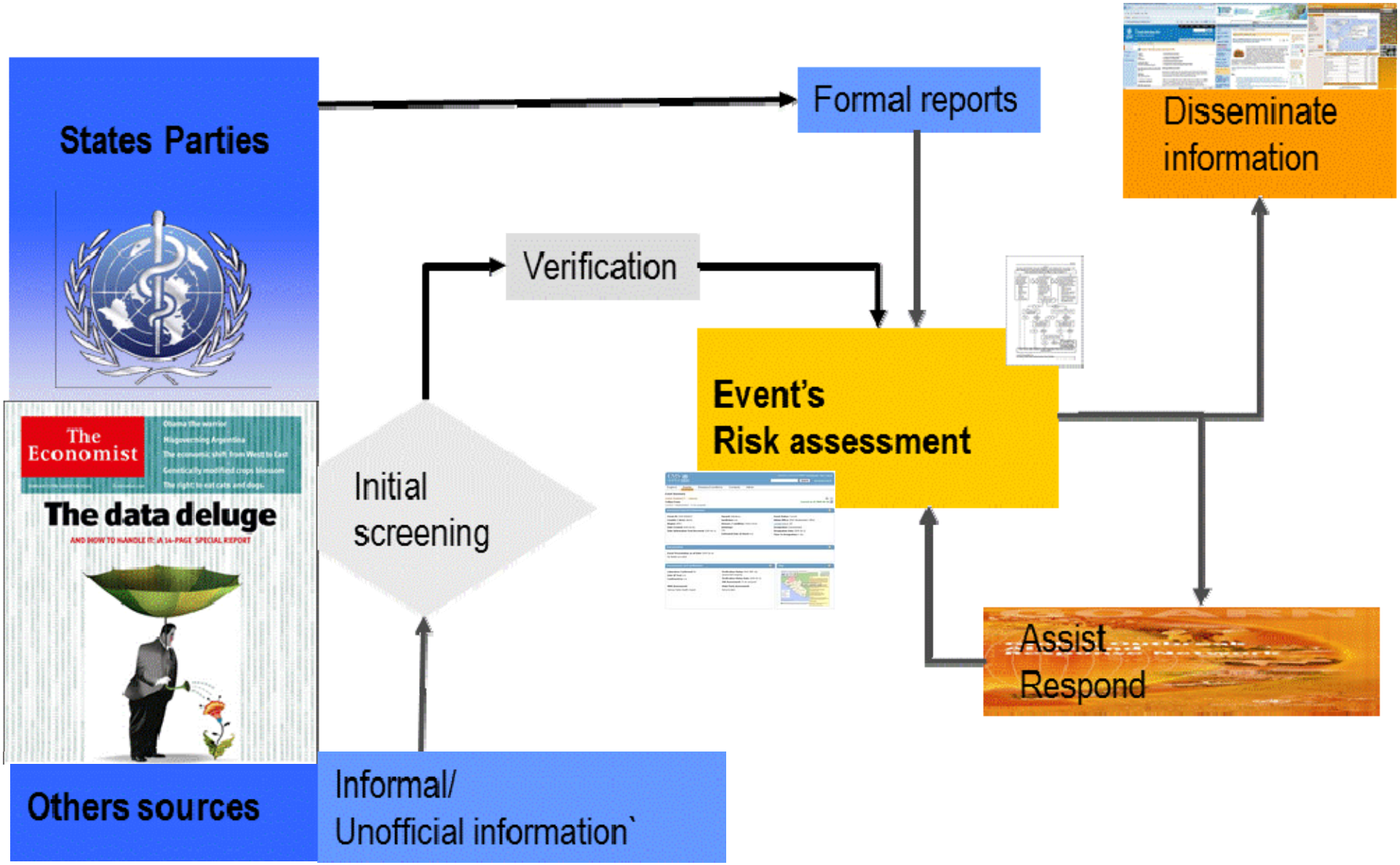
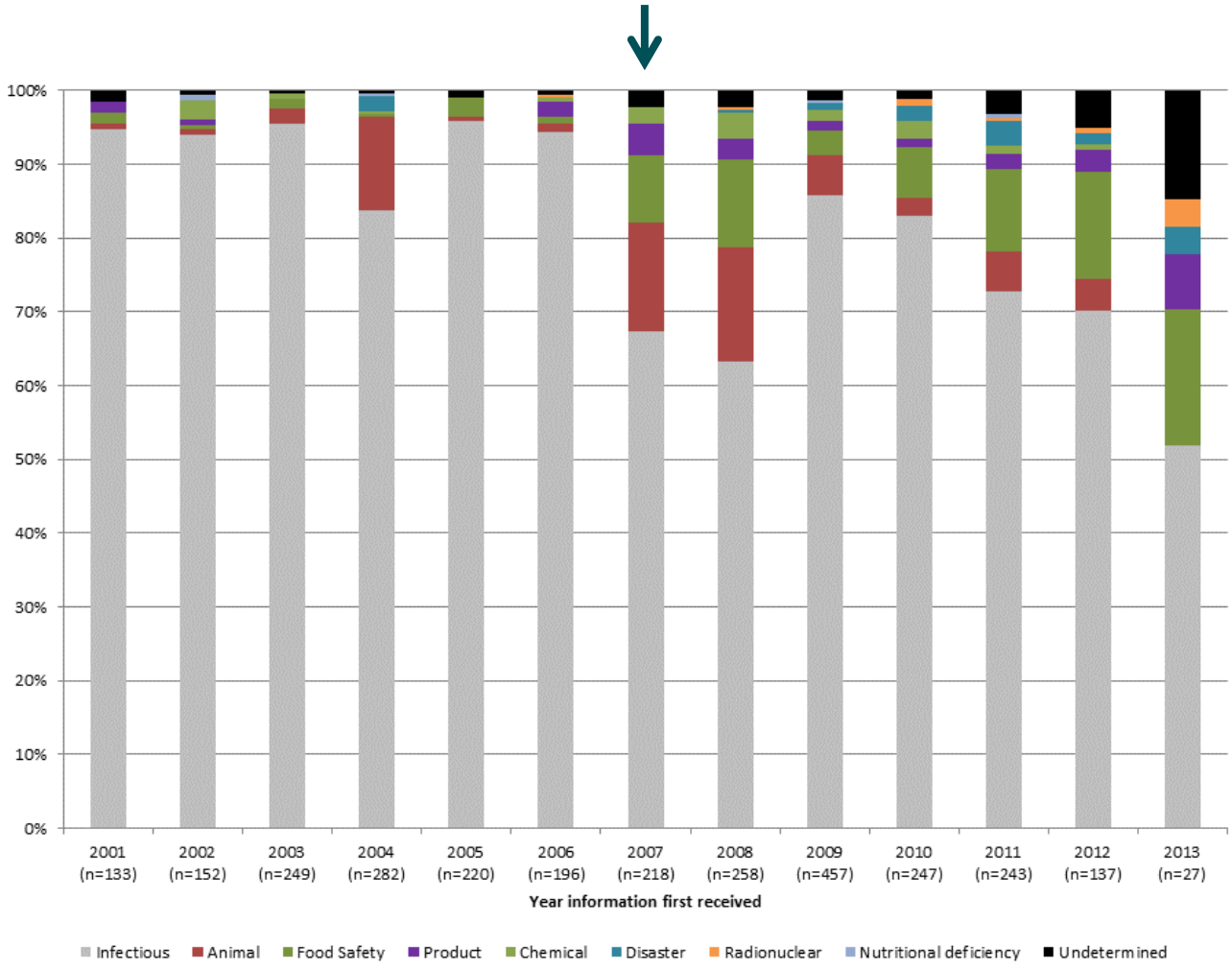
WHO Global Alert and Response System

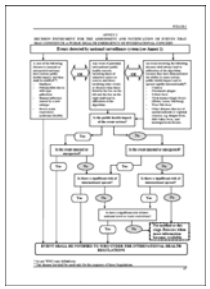


Substantiated Public Health Events of Potential International Concern by Hazard

1 January 2001 - 1 June 2013

(n=2,819; 592 (21%) in the Americas)



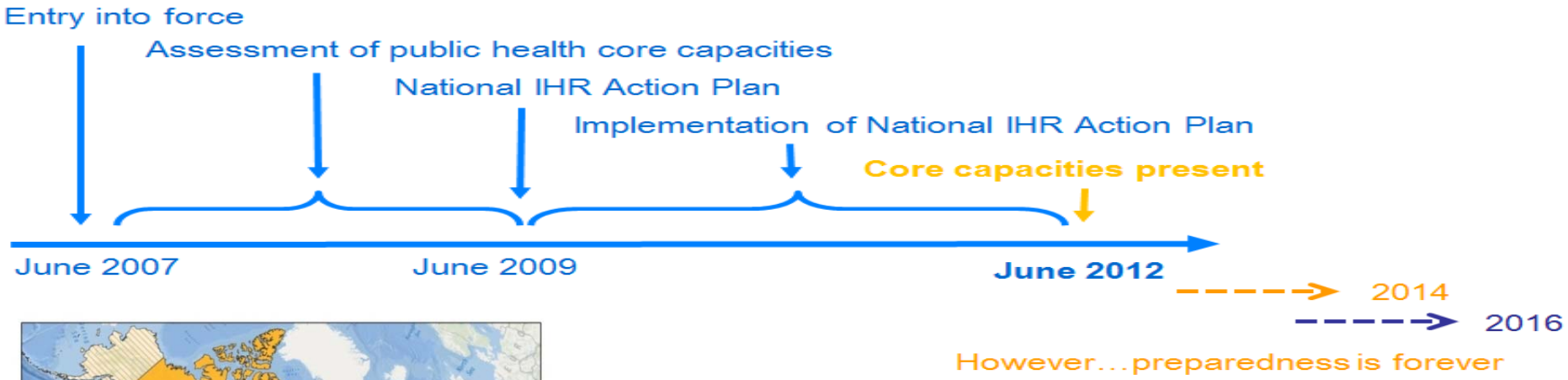


Annex 2

Criteria for substantiated

- Serious Public Health Impact
- Unusual or Unexpected
- International disease spread
- Interference with international travel or trade

Core Capacities



As of March 2013:

- Globally, 57% (110/194) States Parties granted two year extension, including 83% (29/35) States Parties in Americas

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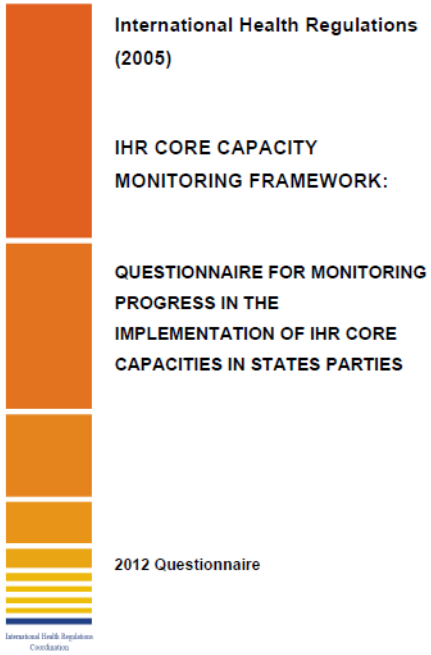
Core Capacities

WHO 2010 (rev. 2011, 2012)

1. National legislation, policy and financing
2. Coordination and NFP communications
3. Surveillance
4. Response
5. Preparedness
6. Risk communication
7. Human resource capacity
8. **Laboratory**
9. Points of Entry
10. Zoonotic events
11. Food safety
12. Chemical event
13. Radiation emergencies



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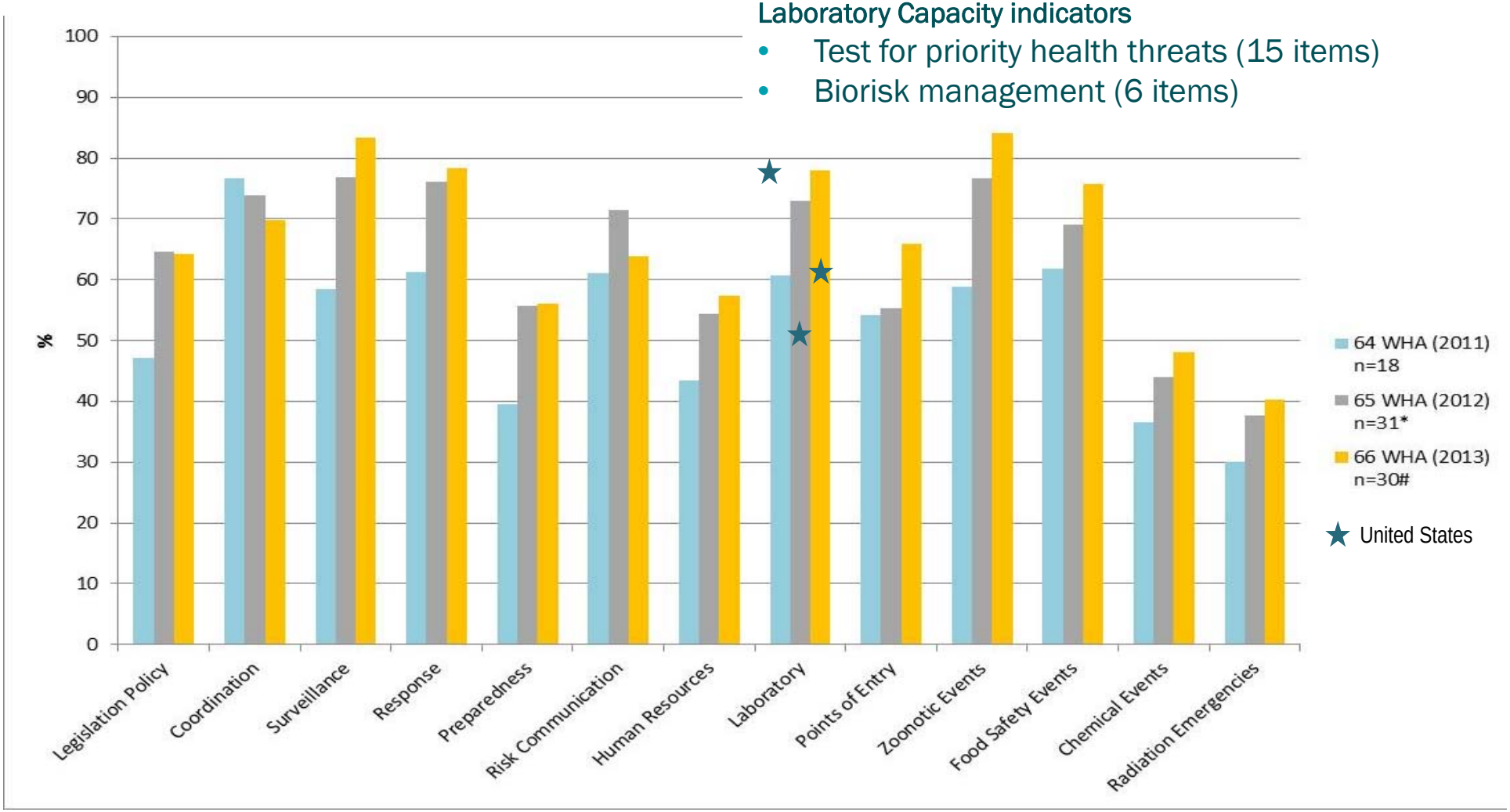
Status (%) of Core Capacities in the Americas

States Parties Annual Reports

64th, 65th, 66th World Health Assemblies



* Information related to points of entry submitted by Argentina, Bolivia, Brazil, Chile, Colombia, Paraguay, and Venezuela was in a format not allowing its conversion into the WHO format

\# Information related to points of entry submitted by Argentina was in a format not allowing its conversion into the WHO format

IHR and Laboratory - Challenges

- IHR text: “laboratory” , “specimens”, “ samples” mentioned 7 times
- No clear indications on laboratory requirements in terms of organization or regulations
- Not clear the extent to which laboratory capacity should be established domestically or outsourced
- Laboratory capacity spans across disciplines and sectors

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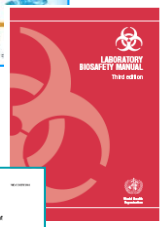
PAHO / WHO Approach to Laboratory Core Capacity Strengthening

1. Laboratory capacity for priority diseases
2. Quality Management
3. Bio-risk Management
4. Specimen collection and transport
5. Laboratory based surveillance
6. Networking

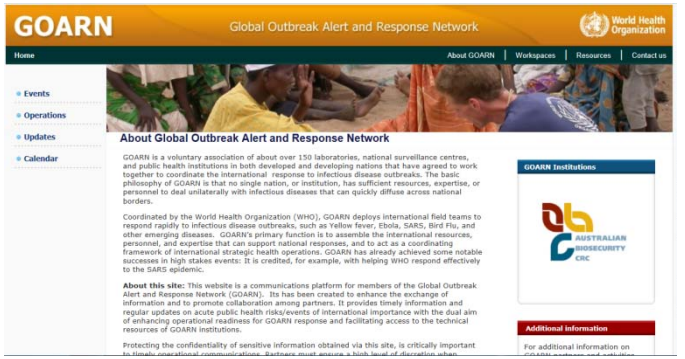


- Policy
- Regulations
- Human resources
- Infrastructure, equipment and supplies
- Access to resources
- Any event under the radar is as an opportunity (and a challenge)

Learning the Same Language Networking and Public Health Events

- WHO Collaborating Centres – virtually cover all IHR Core Capacities

- Global Outbreak Alert and Response Network (GOARN)

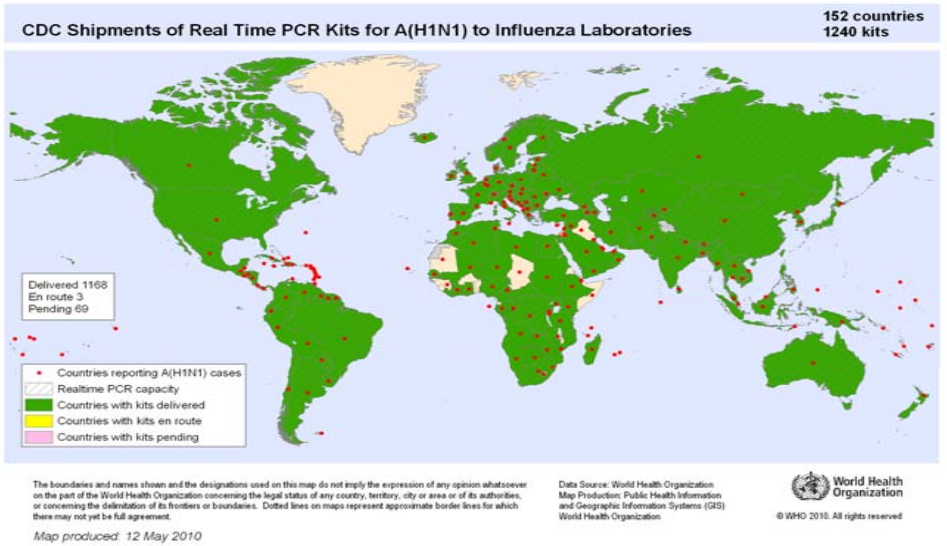


- Disease and hazard specific global, regional, and sub-regional networks
  - SIREVA II - Sistema de Redes de Vigilancia de los Agentes Responsables de Neumonias y Meningitis Bacterianas
  - RELDA - Red de laboratorios de dengue de las Américas

Global Influenza Surveillance and Response System (GISRS)

2009 H1N1 Pandemic

- 17 lab experts deployed in countries in the Americas
- Most of countries were using IFI and viral culture, classical PCR
- Diagnostic kits for real-time RT-PCR sent by the WHO Collaborating Center at CDC
- CDC supported requests from NICs RT-PCR primers, probes and positive control



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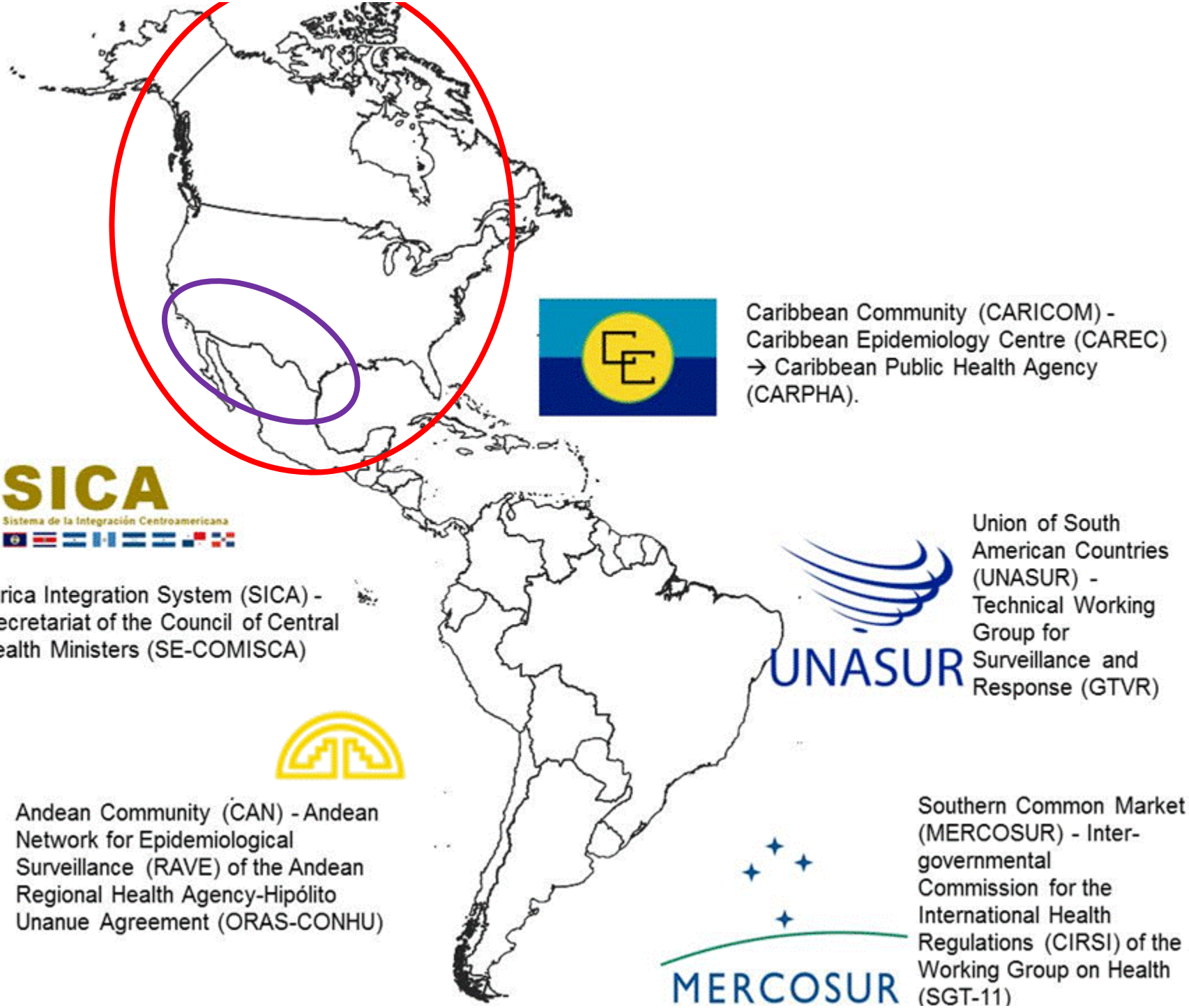


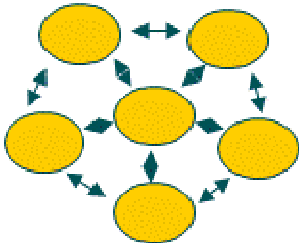
Caribbean Community (CARICOM) - Caribbean Epidemiology Centre (CAREC) → Caribbean Public Health Agency (CARPHA).

Central America Integration System (SICA) - Executive Secretariat of the Council of Central American Health Ministers (SE-COMISCA)

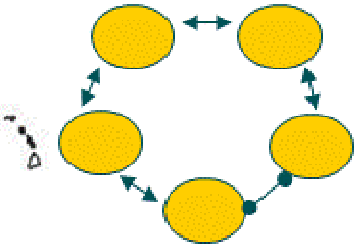
Union of South American Countries (UNASUR) - Technical Working Group for Surveillance and Response (GTVR)

Andean Community (CAN) - Andean Network for Epidemiological Surveillance (RAVE) of the Andean Regional Health Agency-Hipólito Unanue Agreement (ORAS-CONHU)

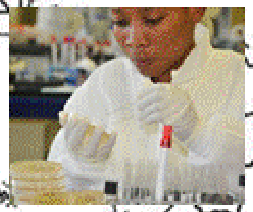
Southern Common Market (MERCOSUR) - Inter-governmental Commission for the International Health Regulations (CIRSI) of the Working Group on Health (SGT-11)



CARPHA - Caribbean Public Health Laboratory Network, 2010

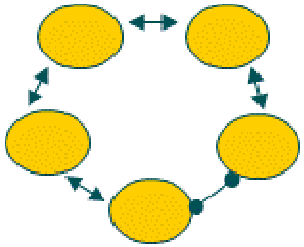


SICA
Sistema de la Integración Centroamericana



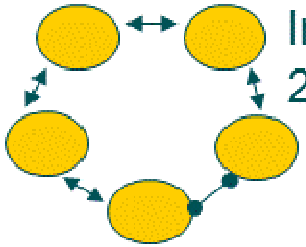
REDLAB - Red Regional de Laboratorios Nacionales de Referencia, 2012

UNASUR



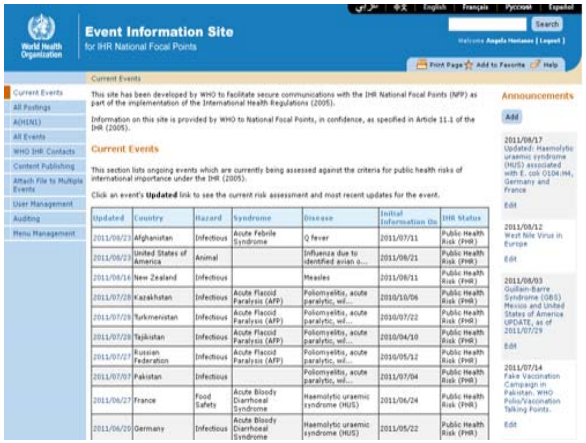
RINS - Red de Institutos Nacionales de Salud (RINS), 2009

RAIS - Red Andina de Institutos de Salud, 2007



Food Safety Related Laboratory Networks

E.coli O104:H4, 15 countries ex Germany, 2011



INFOSAN Emergency Alert

Outbreak of E. coli O104:H4 infections in Germany

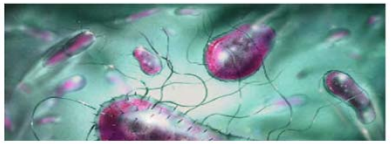
Update 9 June 2011

PulseNet™ Latin America & Caribbean

Regional Network of Molecular Subtyping for Foodborne Diseases Surveillance

Manual de Procedimientos

Detección de *Escherichia coli* productor de toxina Shig
O157 y no-O157 en alimentos
por separación inmunomagnética y PCR



Epidemiological Alert:
Haemolytic Uraemic Syndrome (HUS) and infection by Enterohaemorrhagic *E. coli* (EHEC)

(Published on 28 June 2011)

The objective of this alert is to provide an update on cases of Haemolityc uraemic syndrome (HUS) and on cases of infection by enterohaemorrhagic *E. coli* (EHEC) (or Shigatoxin-producing *E. coli* (STEC)) in Europe and countries of our Region. Also included are the Pan American Health Organization (PAHO) recommendations to Member States related to this theme.

Summary

Since epidemiological week 23, the number of new HUS and non-HUS STEC cases has declined significantly in the European Union states. Nevertheless, the cumulative number of cases from Germany continues to rise, primarily owing to delays in notification.

Investigations conducted by the German authorities indicate that the vehicle of the bacterium responsible for the outbreak, is bean and seed sprouts.

On 24 June, France reported a cluster of 8 cases, all adults (six women and two men) presenting bloody diarrhea, of which seven have developed HUS. *E. coli* O104:H4 has been confirmed in

Current Situation

Since 2 May 2011 and up to 28 June 2011, a total of 881 cases of HUS (32 fatalities) and 3,141 cases of non-SHU STEC (17 fatal cases) have been reported IN the European Union Member States.[1]

Since epidemiological week 23, the number of new HUS and non-HUS STEC cases has declined significantly. Nevertheless, the cumulative number of cases from Germany continues to rise, primarily owing to delays in notification.

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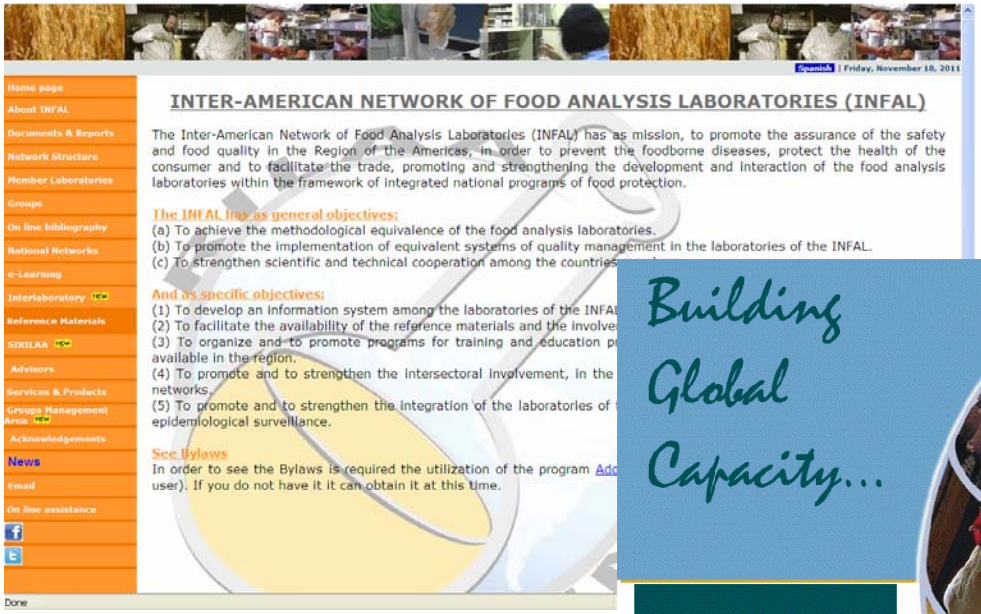
Manual de Procedimientos

Food Safety Related Laboratory Networks



INFAL - Inter-American Network of Food Analysis Laboratories

GFN - Global Foodborne Infections Network

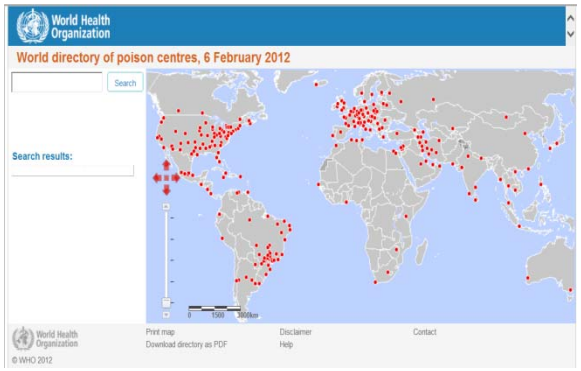
World Health Organization

PulseNet™ Latin America & Caribbean

Regional Network of Molecular Subtyping for Foodborne Diseases Surveillance

Zoonotic hazard

PAHO/WHO Pan American Foot and Mouth Disease Center (PANAFTOSA)



Chemical hazard

WHO Poison Centres Network

Radiation hazard

Latin American Biological Dosimetry Network

Argentina:	ARN – Nuclear Regulatory Authority Buenos Aires, Argentina
Brazil	Instituto de Radioproteção e Dosimetria National Nuclear Energy Commission (CNEN) Rio de Janeiro, Brazil
Chile	Biodosimetry Laboratory. CCHEN Comisión Chilena de Energía Nuclear Santiago - Chile
Cuba	Biological Dosimetry Lab, Centro de Protección e Higiene de las Radiaciones Havana, Cuba
Peru	Biological Dosimetry Laboratory Instituto Peruano de Energía Nuclear (IPEN) Lima, Peru
Mexico	Instituto Nacional de Investigaciones Nucleares Toluca, Estado de México. Mexico
Uruguay	Instituto de Investigaciones Biológicas "Clemente Estable".Ministerio de Educación y Cultura Montevideo, Uruguay

We Will Be Speaking the Same Language in 10 Years?

- Metrics of the IHR
- Adequacy of the IHR and pace of evolving technologies
- Déjà-vu?
- Cultural shift

World Health Organization

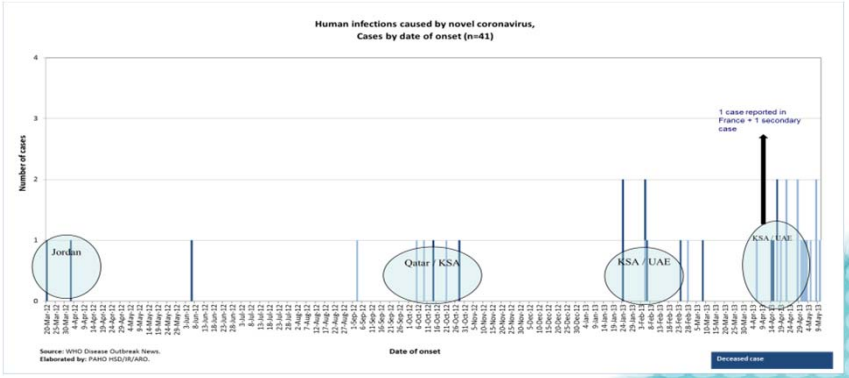
SIXTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.2

A64/10
5 May 2011

Implementation of the International Health Regulations (2005)

Report of the Review Committee on the Functioning of the International Health Regulations (2005) in relation to Pandemic (H1N1) 2009

Report by the Director-General



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Thank you

Roberta Andraghetti

Tel: +1 202 974 3129

E-mail: andragro@paho.org

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