3ᴿᴰ CAPSCA Middle East Seminar/Meeting
Cairo, Egypt
18-20 November 2013

Management of Public Health Event at
Points of Entry- Update on the MERS-CoV
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Global cases of MERS-CoV 2012- 18 November 2013

- Current count: 157 including 66 deaths

- 66/157 (42%) have died

- 100/157 (64%) male

- Median age = 49.5 years

- High frequency of pre-existing co-morbid conditions

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Signs and Symptoms

- Patients diagnosed and reported to date have had
  - respiratory disease as their primary illness.
  - Diarrhoea is commonly reported among the patients
  - severe complications include renal failure and acute respiratory distress syndrome (ARDS) with shock.
  - It is possible that severely immunocompromised patients can present with atypical signs and symptoms

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Gaps in our Understanding

- Exposures that result in infection
  - Sporadic cases are key
  - Transmission direct or indirect

- Animal reservoir
  - Bats, Camel intermediary or incidental?
  - Camels, if infected, may not have anything to do with transfer to humans.

- Transmissibility becoming more clear but still a concern
  - Period of infectivity
  - Risks for transmission in HCF, households

Tools and Guidliens

- Tools for critical investigation and guidelines for infection control, surveillance, and clinical management are available.

  - Implementation of surveillance still lagging in critical countries both in the region and beyond

- Sept. 2013: Revised guidelines for laboratory testing
  - Recommends lower respiratory tract specimens

- Development of a standard panel of sera for serological standardization

- Home management guidelines published on website.
  - Emphasizes hygiene, case isolation, management of fomites.

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Measures at PoE related to MERS-CoV

- All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV, along with information about potential exposures that may have resulted in infection and a description of the clinical course. Investigation into the source of exposure should promptly be initiated to identify the mode of exposure, so that further transmission of the virus can be prevented.

- WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.

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MERS-CoV is not a PHEIC

- WHO has convened an Emergency Committee under the International Health Regulations (IHR) to advise the Director-General on the status of the current situation. The Emergency Committee, which comprises international experts from all WHO Regions, unanimously advised that, with the information now available, and using a risk-assessment approach, the conditions for a Public Health Emergency of International Concern (PHEIC) have not at present been met.

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Event detection- Sources of information on events

Previous Airport of call

IHR art. 27, 30, Annexes 3 & 5

WHO website

for affected areas & recommendations

IHR art. 18, 22, 23, 25, 37, Annex 5

Other formal channels & National Focal Point

IHR articles 4, 44

Pilot in Command

IHR art. 28 & 37

Informal channels

Competent authority at airport

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Reporting events
Related to international travel and trade

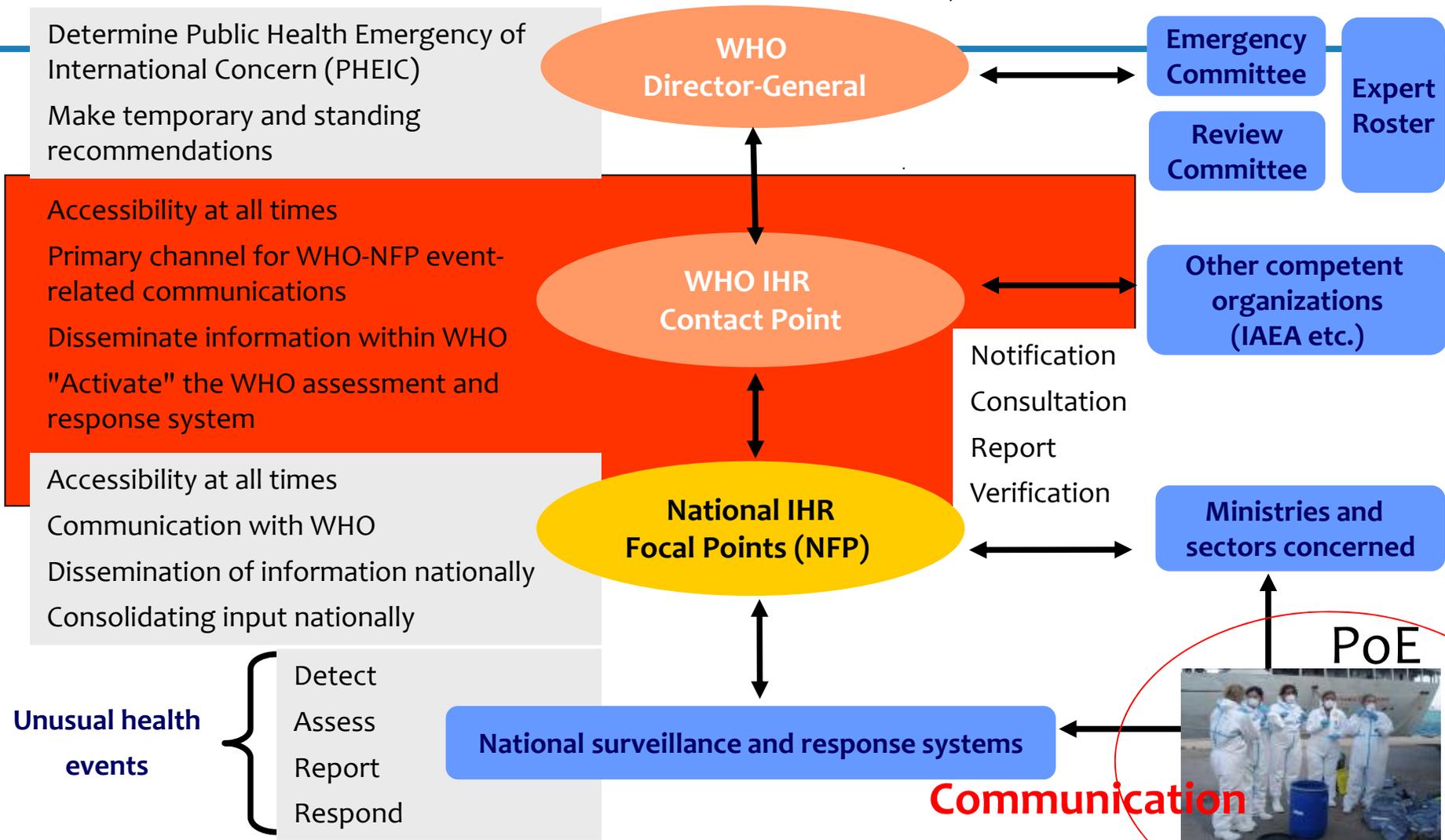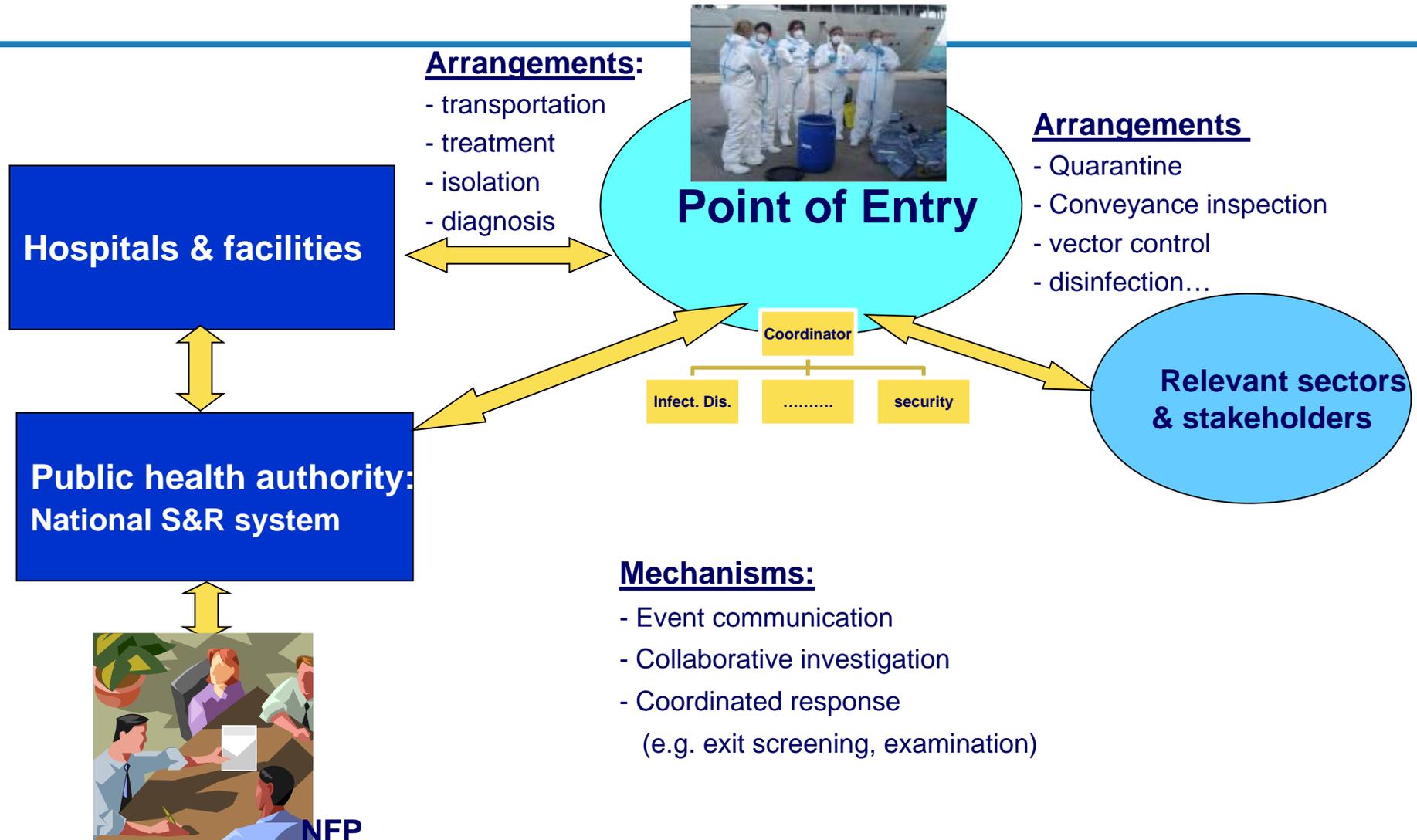| Inform WHO within 24h public health risks identified outside its territory (art.9):	Affected Conveyances (Art.27)
Imported or exported: •Human cases; •Vectors which carry infection or contamination; or •Goods that are contaminated.	• Report to the IHR National Focal Point about additional health measures, including isolation of the conveyances; • Inform competent authority of next known point of entry/port if not able to take if not able to take control measures required

Example of IHR Framework

Determine Public Health Emergency of International Concern (PHEIC)

Make temporary and standing recommendations

WHO Director-General

Emergency Committee

Review Committee

Expert Roster

Accessibility at all times

Primary channel for WHO-NFP event-related communications

Disseminate information within WHO

"Activate" the WHO assessment and response system

WHO IHR Contact Point

Other competent organizations (IAEA etc.)

Accessibility at all times

Communication with WHO

Dissemination of information nationally

Consolidating input nationally

National IHR Focal Points (NFP)

Notification
Consultation
Report
Verification

Ministries and sectors concerned

Unusual health events

- Detect
- Assess
- Report
- Respond

National surveillance and response systems

PoE

Communication

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Managing public health events at Airports

Arrangements:
- transportation
- treatment
- isolation
- diagnosis

Point of Entry

Arrangements
- Quarantine
- Conveyance inspection
- vector control
- disinfection…

Hospitals & facilities

Coordinator

| Infect. Dis. | ………. | security |

Relevant sectors & stakeholders

Public health authority:
National S&R system

Mechanisms:
- Event communication
- Collaborative investigation
- Coordinated response
  (e.g. exit screening, examination)

NFP

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Role of ondoyance Operators Under IHR

Conveyance operators shall keep conveyances free of sources
of infection and contamination and facilitate:

   a) medical examinations of persons on board

   c) application of other health measures

   d) relevant public health information requested by the State Party, **Health Part of the Air Craft General Declaration**, certificate of vaccination and prophylaxis, etc.

Communications concerning ill passengers and other health risks detected on board

Art 28

Officers in command of aircraft or their agents:

make known to the control, as early as possible before arrival at the airport of destination, any cases of illness indicative of disease of an infectious nature or evidence of a public health risk on board,

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WHO PoE Guidance and tools Under development

Event management

WHO Technical Advice for Event Management in Air Transport

WHO Technical Advice for Event Management on board ships

Others

Surveillance at points of entry

Procedures for Airport and Port Certification

Ground Crossings

WHO/HSE/IHR/GCI........
Draft

International Health Regulations (2005)

Technical Recommendations for the implementation of the IHR at ground crossings and cross border collaboration for the prevention and control of international spread of diseases

DRAFT VERSION NOT FOR DISTRIBUTION
Jun 2011

Vector Surveillance and Control at PoE

Handbook
Vector Surveillance and Control at Ports, Airports and Ground Crossings

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PoE Vector Identification Platform

Version 2 of the WHO Learning Program for Ship Inspection and Issuance of SSC under IHR 2005

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WHO Guide on PHECP

Moving from *pandemic influenza response planning* towards *generic public health emergency planning*

http://www.wpro.who.int/emerging_diseases/documents/phecp_guide/en/index.html

INTERNATIONAL HEALTH REGULATIONS (2005)

A guide for public health emergency contingency planning at designated points of entry

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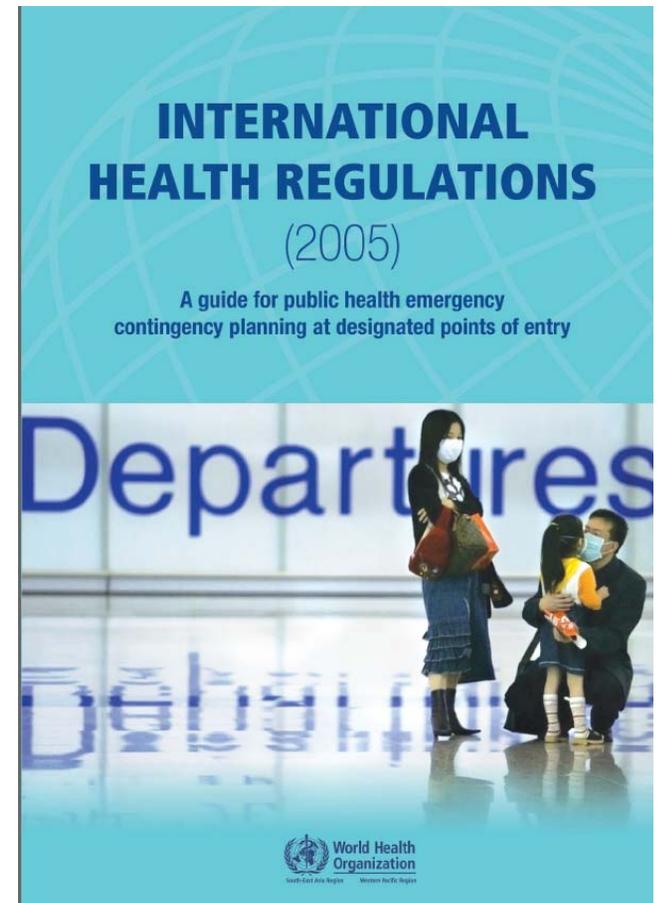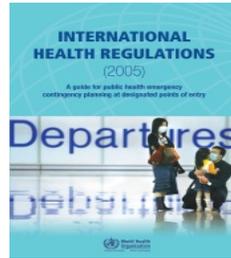
Purpose & Scope

- Scope:
  - For national and local public health authorities, emergency planners and PoE planners to develop a PHECP at designated PoE's

- Purpose:
  - Drive collaboration to develop an effective PHECP
  - Secondary objectives:
    - IHR compliance, interoperability with national plans, strategic relationships (local, national, international), core capacity building & up-skilling of PoE health officials
    - Identify, build and connect the required relationships between Local PoE, national (PH and other authorities), & international stakeholders
    - Develop a plan – not just that achieves IHR compliance but is the best defense of dealing with the next PH emergency or PHEIC

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Core themes and guiding principles

All documents must be
understood easily and quickly

Who needs to communicate?
When to communicate?
What key information?
What communication method?

simplicity

Realistic response capability
One size does NOT fit all

communication

**Proportionality
and
practicability**

collaboration

**Minimal
disruption**

To passengers and cargo

Multi-agency, multisectoral
Harmonization with existing plans

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Organization**

Core themes and guiding principles
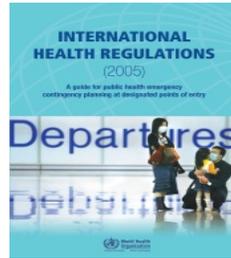
- Guiding Principles
  - Flexibility to suit a range of PH emergencies
  - Consideration and harmonization with existing plans
  - Plan to develop "surge capacity" on an as-required basis
  - Place equal emphasis on readiness, and recovery phases – not just response
  - Ensure adequate budgeting for developing, exercising & refreshing / updating plans
 - Ensure full respect for dignity, human rights and freedoms as per IHR (2005)

Recommended Steps to developing a PHECP
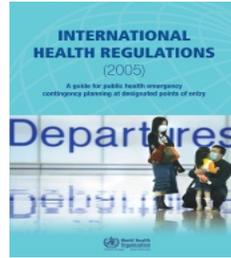
1. Establish a planning team
2. Prepare for Planning phase
3. Initiate the planning phase
4. Write the plan
5. Review the plan
6. Test the plan

7. Stakeholder sign-off
8. Publish and communicate
9. Brief and train required personnel
10 Schedule regular exercises
11. Review, update and maintain as required

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Recommended Structure
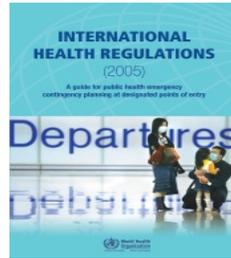
Options for structuring

- Informational, operational (SOP's and protocols)
- Key information first or chronological
- Use of alert codes / modes or phases
- clustering information by alert code / phase

Recommended Structure

- Introduction
- Operational Response
- Supporting Information (annexes and detailed in

PUBLIC HEALTH ALERT LEVEL @ POINTS OF ENTRY

COLOR CODE LEVEL	CODE DESCRIPTION	RESPONSE
RED	Outbreak Condition	
ORANGE		
YELLOW		
GREEN	Normal	

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