

EMERGENCY COMMITTEE AND PHEIC UNDER INTERNATIONAL HEALTH REGULATIONS (2005)

SIXTH MEETING OF THE CASPCA-MIDDLE EAST PROJECT (CAPSCA-MID/06);

Khartoum, Sudan

20-22 Feb 2017

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Outline of the Presentation

- Definition of PHEIC and Recommended Measures
- Emergency Committees convened so far and events declared as PHEIC
- Current status for each event and the associated recommendations/advice.



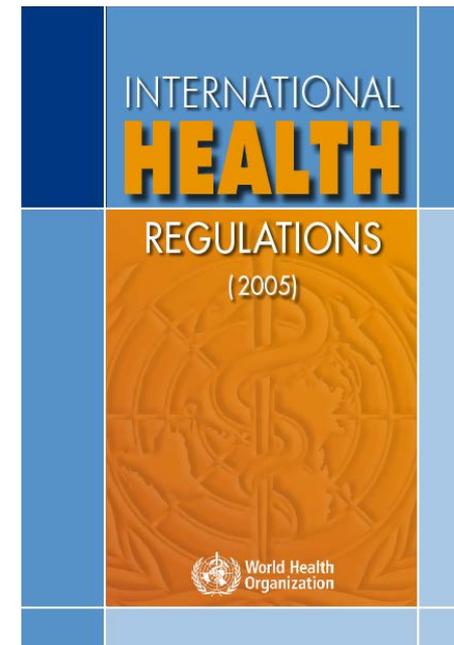
What are IHR (2005)?

A legal framework

- International legal instrument which is legally binding on all WHO States Parties to protect global health
- The international commitment for shared responsibilities and collective defence against disease spread

**entered into force
on 15 June 2007**

**Rights, Obligations
and procedures**

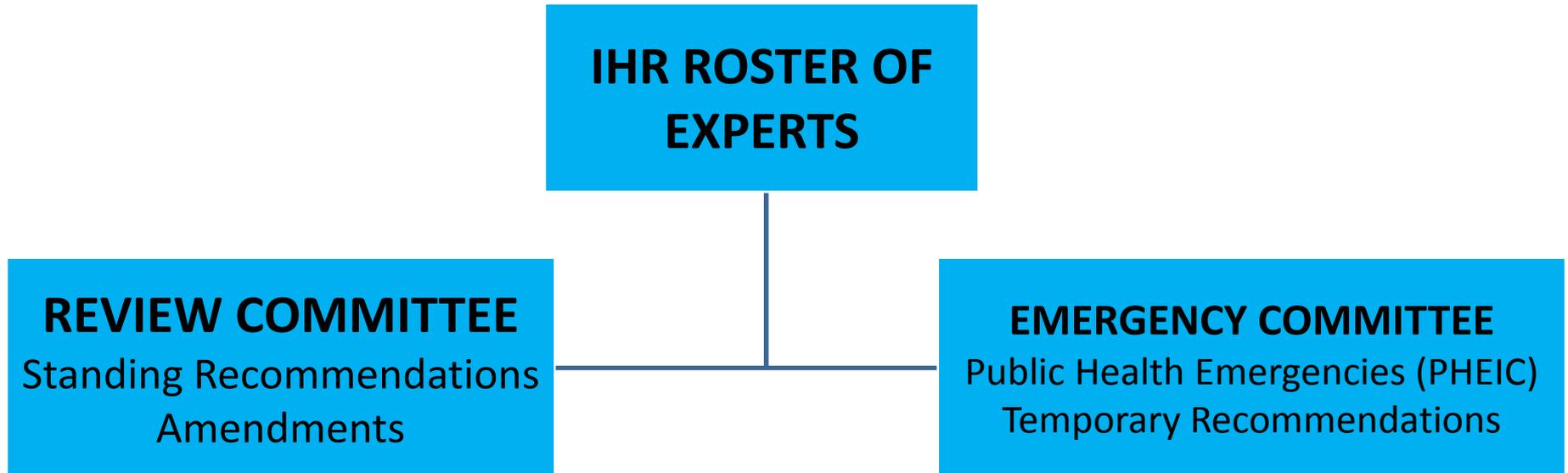


Public Health Emergency of International Concern

- PHEIC is **an extraordinary event** which is determined, as provided in these Regulations:
 - i. to constitute a public health risk to other States through the **international spread of disease** and
 - ii. to potentially require a **coordinated international response**.

Recommended Measures

- IHR Roster of Experts (Article 47)
- Emergency Committee – provides views on PHEIC, temporary recommendation (Article 48)
- Review Committee – reporting, review, standing recommendations, amendment and disputes (Article 50)



Emergency Committees Convened so far

- Pandemic H1N1
- Poliovirus
- MERS-COV is not PHEIC
- Ebola
- Yellow Fever is not PHEIC
- Zika virus and observed increase in neurological disorders and neonatal malformations



Poliovirus

- The twelfth meeting of the Emergency Committee Convened on 7 February 2017
- The Committee unanimously agreed that the international spread of poliovirus remains a PHEIC.
- Temporary recommendations were issued.



Temporary Recommendations

- Based on the risk stratification as follows:
 - **Wild poliovirus:** States currently exporting WPV1; States infected with WPV1 but not currently exporting; States no longer infected by WPV1, but which remain vulnerable to international spread.
 - **Circulating vaccine derived poliovirus:** States currently exporting cVDPV; States infected with cVDPV but not currently exporting; States no longer infected by cVDPV, but which remain vulnerable to the emergence and circulation of VDPV.
 - All recommendations can be found <http://www.who.int/mediacentre/news/statements/2017/poliovirus-twelfth-ec/en/>

Temporary Recommendations related to PoE-1

States currently exporting WPV1 (Pakistan) or cVDPV should:

- Ensure travelers are provided with an International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the IHR to record their polio vaccination and serve as proof of vaccination.
- Restrict at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination. These recommendations apply to international travelers from all points of departure, irrespective of the means of conveyance (e.g. road, air, sea).
- Pakistan and Afghanistan should further intensify cross border efforts by significantly improving coordination at the national, regional and local levels to substantially increase vaccination coverage of travelers crossing the border and of high risk cross border populations

Temporary Recommendations related to PoE-2

States infected with WPV1 (Nigeria and Afghanistan) or cVDPVs (Nigeria, Pakistan and Lao People's Democratic Republic) but not currently exporting:

- Ensure that travelers who receive such vaccination have access to an appropriate document to record their polio vaccination status.
- Intensify regional cooperation and cross border coordination to enhance surveillance for prompt detection of poliovirus and substantially increase vaccination coverage among refugees, travelers and cross border populations.

Temporary Recommendations related to PoE-3

States no longer infected by WPV1 (Cameroon, Niger, Chad, Equatorial Guinea, Central African Republic) or cVDPV (Ukraine, Madagascar, Myanmar, Guinea), but which remain vulnerable to international spread, and states that are vulnerable to the emergence and circulation of VDPV:

- Intensify efforts to ensure vaccination of mobile and cross-border populations, Internally Displaced Persons, refugees and other vulnerable groups.
- Enhance regional cooperation and cross border coordination to ensure prompt detection of WPV1 and cVDPV, and vaccination of high risk population groups.

Ebola

- The 9th meeting of the Emergency Committee regarding the Ebola virus disease (EVD) outbreak in West Africa took place on 29 March 2016 from.
- The Director-General terminated the PHEIC regarding the Ebola virus disease outbreak in West Africa, in accordance with the International Health Regulations (2005).



MERS-COV

- The tenth meeting of the Emergency Committee convened regarding the Middle East respiratory syndrome on 2 September 2015
- Members of the Emergency Committee agreed that the situation still does not constitute a PHEIC.
- No temporary recommendations were issued but advices:

<http://www.who.int/mediacentre/news/statements/2015/ihr-emergency-committee-mers/en/>



Yellow Fever

- The second meeting of the Emergency Committee regarding yellow fever was convened on 31 August 2016
- The yellow fever outbreaks in Angola and the Democratic Republic of the Congo does not constitute a PHEIC; However, the outbreak remains a serious public health event which warrants continued national action and international support
- No temporary recommendations but advices

Yellow Fever- advices related to PoE

For affected countries (Angola and DRC):

- Reinforcement of the need for yellow fever vaccination of all travelers, and especially migrant workers to and from areas with ongoing yellow fever virus activity.

Other advice

- The intensification of surveillance and preparedness activities, including verification of yellow fever vaccination in travelers, risk communications and strengthening of systematic cross border collaboration in at-risk countries, particularly countries having land borders with the affected countries



Zika virus and observed increase in neurological disorders and neonatal malformations

- The fifth meeting of the Emergency Committee on Zika and microcephaly convened on 18 November 2016.
- Zika virus and associated consequences remain a significant enduring public health challenge requiring intense action but no longer represent a PHEIC
- Previously issued temporary recommendations are valid as advice: <http://www.who.int/ihr/emergency-committee-zika/en/>

Previous Recommendations related to PoE

- Travelers to areas with Zika virus outbreaks should be provided with up to date advice on potential risks and appropriate measures to reduce the possibility of exposure through mosquito bites
- Countries should also establish protocols for managing returning travelers with Zika virus infection based on WHO guidance,
- Standard WHO recommendations regarding vector control at airports should be implemented in keeping with the IHR. Countries should consider the disinsection of aircraft.

Thank you



**World Health
Organization**

Regional Office for the Eastern Mediterranean

