INTERNATIONAL HEALTH REGULATIONS 2005 – TECHNICAL APPROACH OF THE SURVEILLANCE AND CONTROL OF INTERNATIONAL DEVELOPMENTS OF ACUTE INFECTIOUS DISEASES

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ABSTRACT

The International Health Regulations 2005 (IHR) was adopted on May 23, 2005 in the framework of the 58th General Assembly and World Health Organization and came into force in Member States on June 15, 2007. For the first time since the entry into force, the applicability and functionality of the IHR were tested in 2009 following the outbreak of pandemic flu virus AH1N1, an event during which the health system in Romania, through its national network of epidemiology and through National Focal Point has been in constant contact with the World Health Organization providing real time data and information needed to assess the severity of this pandemic, thus joining the effort for global mitigation.
The purpose and scope of the IHR (2005) is to prevent, protect, monitor and act in a public health response against the international spread of diseases, depending on, and between the limits of the risk to public health and avoid unnecessary interference with international traffic and trade.
IHR (2005) establishes a single code of procedures and practices for routine public health measures at international airports, ports and land borders in some respects, translating thus from the pre-established measures to tailored responses and from the border control to limitation / control at the source.

Key words: International Health Regulations, IHR, Focal Point, Public Health, health emergency, notification

The International Health Regulations 2005 (IHR) was adopted on May 23, 2005 in the framework of the 58th General Assembly and World Health Organization and came into force in Member States on June 15, 2007.

In 2009 was issued the Government Decision no. 758/2009 which confirms the authorities responsible for implementing the IHR in Romania. This decision has confirmed the appointment of National IHR Focal Point 2005 at the National Public Health Institute with responsibilities such as coordination of national communications with the World Health Organization on issues of diseases, nuclear accidents and chemical accidents and being available for communication 24 hours, 7 days a week, 365 days a year.

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ESSENCE OF THE IHR (2005)

The purpose of the old IHR which was adopted in 1969, was to ensure maximum security against international spread of diseases with minimum interference in international traffic, IHR (1969) was applicable only against the three infectious diseases: cholera, plague and yellow fever. Because of narrow scope and other limitations, IHR (1969) was reviewed by WHO Member States.

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IHR (2005) establishes a single code of procedures and practices for routine public health measures at international airports, ports and land borders in some respects, translating thus from the pre-established measures to tailored responses and from the border control to limitation/control at the source.

APPROACHING STEPS

Detection of the "events" that may pose a threat to international public health concern is a fundamental activity, permanent and based on existing public health surveillance systems.

Risk assessment in order that the "event" has international repercussions is based on the decision using the decision instrument in Annex 2 of the IHR (2005).

The risk assessment makes possible the information of the states in order to organize the preparation and response to the "event."

Aid to the affected Member States to control the "event" is stipulated.

The "Event" can lead to the initiation of determining a Public Health Emergency of International Importance (PHEIC) in order to issue temporary or permanent recommendations for international control measures.

PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Under IHR (2005) a public health emergency of international concern refers to an extraordinary public health event which is determined as:

1. may constitute a public health risk to other States through the international spread of disease, and

2. requires a coordinated international response.

This definition expands the scope of the IHR (1969) from only cholera, plague and yellow fever to cover existing diseases, new and re-emerging ones, including emergencies caused by non-infectious disease agents. Definition emphasizes the need to take into account the context in which an event occurs and causal agent (if known).

The appearance of a certain disease does not provide, by itself, enough information to assess the risk of international spread. Geographic area, time, size of the outbreak, near the international border or an airport, the speed of propagation and transmission, among other factors, are all relevant to consider whether an event constitutes a public health risk internationally.

To help a Member State to identify what may or may not constitute a public health emergency of international concern, IHR (2005) provide a tool for decision (Annex 2 of the Regulations) which directs States to evaluate events occurring in their territory and notify the WHO those events which may constitute a public health emergency of international importance under the following criteria:

1. The severity of the impact of public health event;
2. Unusual or unexpected nature of the event;
3. The potential for international spread of the event, and/or
4. The risk of the event to generate traffic or trade restrictions.

Determination of the PHEIC is made by the Director General of WHO, which takes into account the:

- Information provided by Member States
- Decision Tool
- Emergency Committee recommendations
- Scientific principles and available scientific records
- Human health risk assessment, risk of spreading and risk of interference with international traffic

ASSESSMENT AND NOTIFICATION OF PUBLIC HEALTH EVENTS

According to IHR 2005, notification is based on the identification and assessment by States Parties to "events" on their territory, which may constitute a public health emergency of international concern.

Each State Party has a duty to assess public health events under multi-factorial decision instrument provided in Annex 2 of the IHR 2005. States Parties must notify WHO of any event which meets at least two of the four criteria for a decision, within 24 hours after the assessment is made.

Notifications should always include or be followed by detailed public health information, including when possible case definitions, laboratory results, source and type of risk, the number of cases and deaths, factors affecting the spread of disease and health measures taken .

Events that are immediately notified: wild polio virus, new strain of influenza virus, smallpox and SARS.

In case of detection of cases of cholera, plague, yellow fever, viral hemorrhagic fever, West Nile fever, infectious diseases of regional concern, the decision instrument algorithm is applied.

Any other events are evaluated according to the four criteria of the decision instrument: serious, unexpected or unusual event, the potential for international spread and potential interference with the travel/trade.

REPORTING REQUIREMENTS

Notification is part of the process of collaboration between WHO and States Parties, including detection and assessment of public health events that include response to public health risks and emergencies. Other components are provided by IHR 2005:

Consultation: For any event that does not require a formal notification to WHO, particularly when information is insufficient to complete the decision instrument at the time of initial assessment, States Parties may still consult the WHO and may require advice on assessment, analysis and measures of health be taken.

Verification: WHO is mandated to obtain verification from States Parties on unofficial reports or communications (e.g. mass media) about events occurring within their territory which may constitute a PHEIC, these reports are initially reviewed by WHO before deciding whether will require verification. States Parties must notify within 24 hours they had received the request for verification and provide public health information on event status.

Other reports: Through the National Focal Point for IHR, States Parties shall inform WHO within 24 hours of acknowledging of records about a public health risk identified outside their territory that may have spread internationally through import or export of human cases, infected or contaminated vectors or contaminated goods.

EVALUATION AND STRENGTHENING THE NATIONAL CAPACITIES

IHR 2005 requires each State Party to develop, strengthen and maintain public health capacities at primary level, regional and national levels to detect, assess, notify and report events and respond promptly and effectively to public health risks and emergencies. Specific capabilities are required for the implementation of health measures in ports and international airports, land border points designated by States Parties for these purposes. States Parties must do also legal and administrative steps to facilitate compliance to IHR 2005.

SURVEILLANCE AND RESPONSE CAPABILITIES

A fundamental innovation of the legal framework for public health is the obligation for all States Parties to develop strengthen and maintain public health capacities for surveillance and response, as soon as possible. IHR 2005 establishes a two-phase process to help plan the implementation of States Parties to strengthen capacities obligations:

Phase 1: June 15, 2007 to June 15, 2009. Until June 15, 2009, States Parties must assess the ability of national structures and existing public health resources to meet the surveillance and response capacities described in Annex 1A of the IHR 2005. Following this review, States Parties are obliged to develop national plans (which may be based on national or regional strategy) to ensure that these capacities are present and functional throughout the country. WHO will assist in these evaluations and provide guidance on the structure and content of the national plans.

Phase 2: June 15, 2009 to June 15, 2012. Until June 15, 2012, surveillance and response capacities provided in Annex 1A must be implemented by each State Party. States Parties that have difficulties in implementing national plans may require an additional period of two years until June 15, 2014, in order to fulfill its obligations under Annex 1A. In exceptional circumstances, the Director General may grant a State Party another two years until June 15, 2016 to meet its obligations.

WHO will support States Parties in their efforts to develop and implement national plans in order to strengthen these capacities. On request, WHO will assist developing countries to mobilize the financial resources necessary for the development, strengthening and maintaining the capacity stipulated in Annex 1A.

REFERENCES

1. **WHO:** International Health Regulations (2005) - Areas of work for implementation, 2007
2. **WHO:** WHO Interim Guidance for the use of Annex 2 of the INTERNATIONAL HEALTH REGULATIONS (2005), 2008