



4 November 2013
ECDC, Stockholm, Sweden

Preliminary Programme

Be E.I.!

2013 Meeting of ECDC National Focal Points for Threat Detection

Monday 4 November

- 09:00-09:30 Registration and coffee
- 09:30-10:00 Welcome and introduction by ECDC **Josep Jansa, Head of Section Epidemic Intelligence and Response**
- 10:00-10:30 Terms of reference for national focal points by ECDC **Denis Coulombier, Head of Unit for Surveillance and Response Support**
- 10:30-11:10 Country presentations on threat detection and risk assessment activities
- 11:00- 11:25 EPIS platforms
- 11:25-11:45 Coffee break
- 11:45-12:15 Member States experiences with sharing of Round Table reports and EWRS
- 12:15-13:30 Light Lunch
- 13:30-14:30 ECDC threat detection activities, threat criteria and communication with the Member States by **Pasi Penttinen, Head of Disease Programme for Influenza and other respiratory viruses**
- 14:30-15:30 EU Serious cross-border health threats legislation- consequences for threat detection and risk assessment activities (SANCO) by **Frank Van Loock, Health Threats Unit, DG SANCO**
- 15:30-16:00 Coffee break
- 16:00-17:00 Round table discussion
- 17:00-17:15 Wrap-up

EpiSouth-Plus Network

Experience with cross-border PH threats detection in the Mediterranean Region and South East Europe

*Silvia Declich - Project Leader
National Institute of Health, Italy*

***Meeting of ECDC National Focal Points for Threat Detection
Stockholm 4-11-2013***



From the EpiSouth project... (2006 – 2010)

2006

9 countries



2010

27 countries



Collaboration among the PH officers on epidemiological issues to ↗ **CDs control** in Mediterranean region:

- Cross-border emerging zoonoses as a priority
- Vaccine preventable disease and migrants as a priority
- ↗ **Awareness / Cross-border epidemic intelligence**
- ↗ Epidemiological capacities (training in field/applied epi)

... to the *EpiSouth Plus project (2010-13)*

“To enhance and strengthen the preparedness to face common health threats and biosecurity risks among the Mediterranean area and SE Europe, in the framework of the IHR”

- 2 National Focal Points / country
- 3 transversal Work packages (WP 1→3)
- 4 cross-cutting WP
 - WP4 - Setting-up a Mediterranean Regional Lab Network
 - WP5 - Generic Preparedness and Risk management plans
 - **WP6 - Cross-border Epidemic Intelligence**
 - WP7 - Facilitating IHR implementation



The EpiSouth Network (2006- 2013)

is the biggest inter-country effort in the Mediterranean region representing a unique collaborative experience in a geographical area with common public health problems that is not addressed, as a whole, neither by the European Union nor by WHO



The screenshot shows the EpiSouth website interface. At the top, there is a navigation bar with links for 'Participating Countries and Institutions', 'Events', 'Bulletins', 'Directories', 'News', and 'Contact'. Below this is a search bar and language options for English, Français, and العربية. The main content area is divided into several sections: 'Activities of the Network' (listing 'The EpiSouth Plus Project 2010 - 2013' and 'The EpiSouth Project 2006 - 2010'), 'The Network' (with a map of the Mediterranean region), 'Member's Area' (with a login button), 'News from the EpiSouth Region', and 'Funders' (listing the European Union, ECDC, and the Italian Ministry of Health). The footer contains information about the project's leadership and funding.

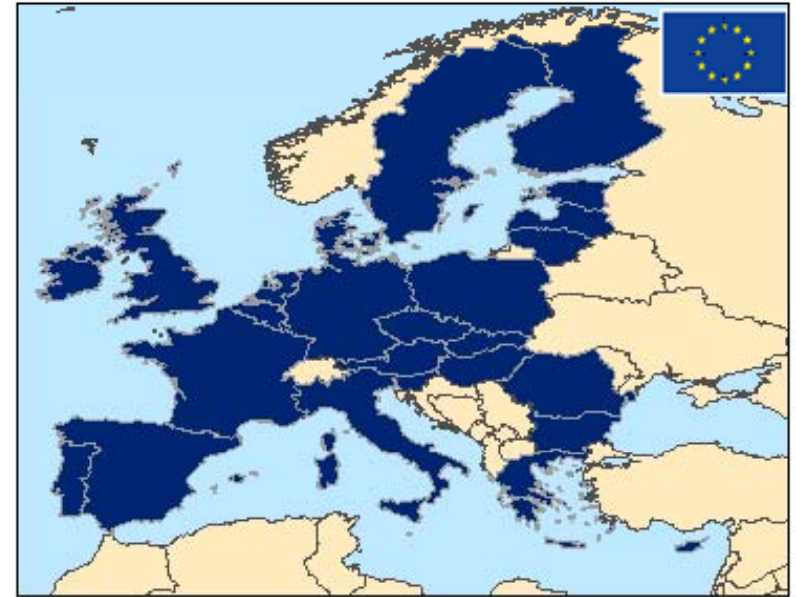
EpiSouth



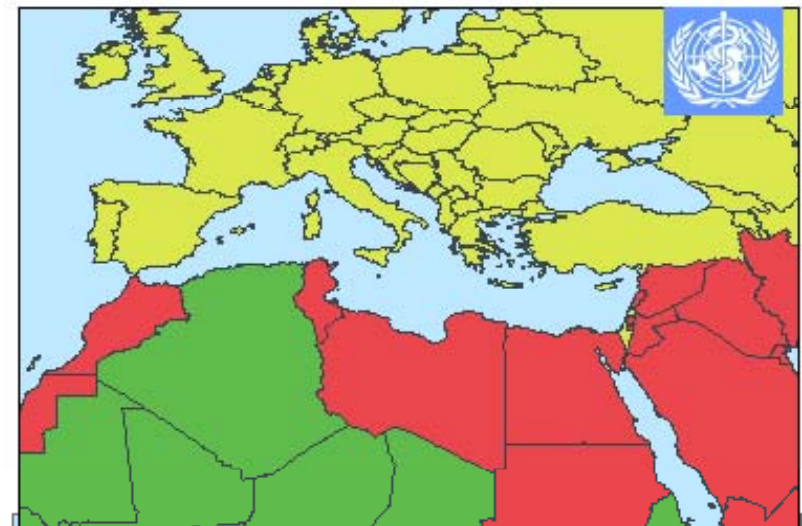
27 Participating countries

- 9 EU
- 6 Middle East
- 5 North-Africa
- 7 Balkans

EU (27 countries)



WHO Regions



EURO

EMRO

AFRO



EpiSouth

Network for the Control of Public Health Threats
in the Mediterranean Region and South East Europe

Cross border epidemic intelligence in Mediterranean area

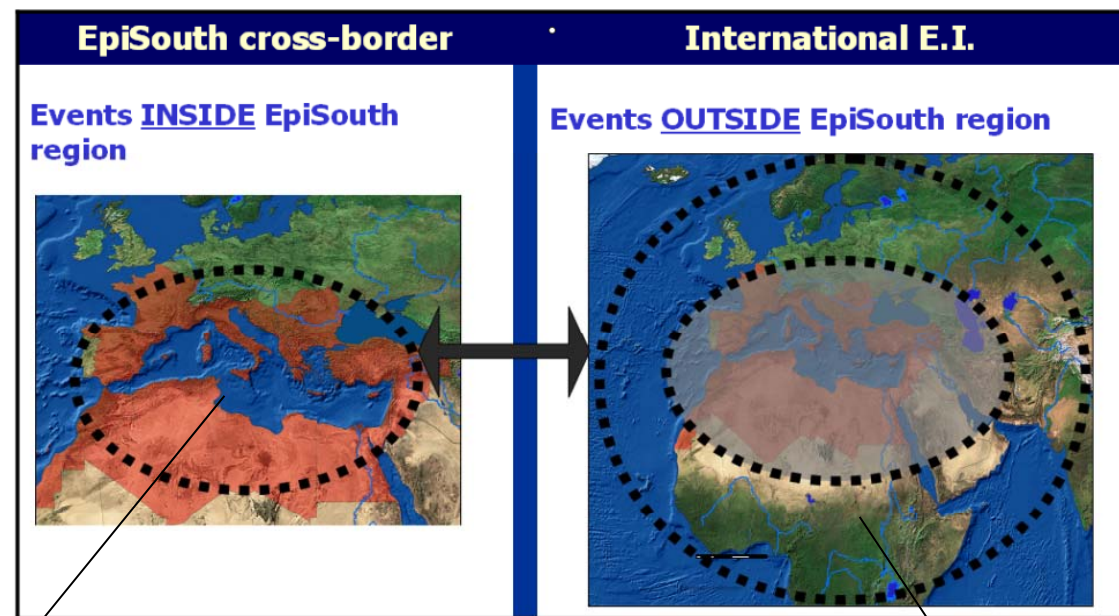
started in 2006 with:

- development of a common understanding of epidemic intelligence and cross-border threats for the Mediterranean countries
- EI process tailored to Episouth needs
- providing EI information to countries that have not expertise nor resources for a full system
- avoiding potential for duplication

1° phase of EpiSouth: focus on International E.I
2° phase of EpiSouth plus: focus on EpiSouth cross-border

2 components for a progressive:

- Build on trust
- Provide useful information to stimulate information sharing
- Establishment of a secure platform do secure sharing




Mainly restricted
(Public if country
clearance)

Mainly Public

The EpiSouth Early warning platform (confidential)

- Secured web site (confidential)
- To share national alerts /confidential information
- Operational since November 2009
- Accessible to
 - EpiSouth FP (NPHI, MoH)
 - Majors Stakeholders: WHO, ECDC, EC
- Complements existing systems: WHO, EU/ECDC



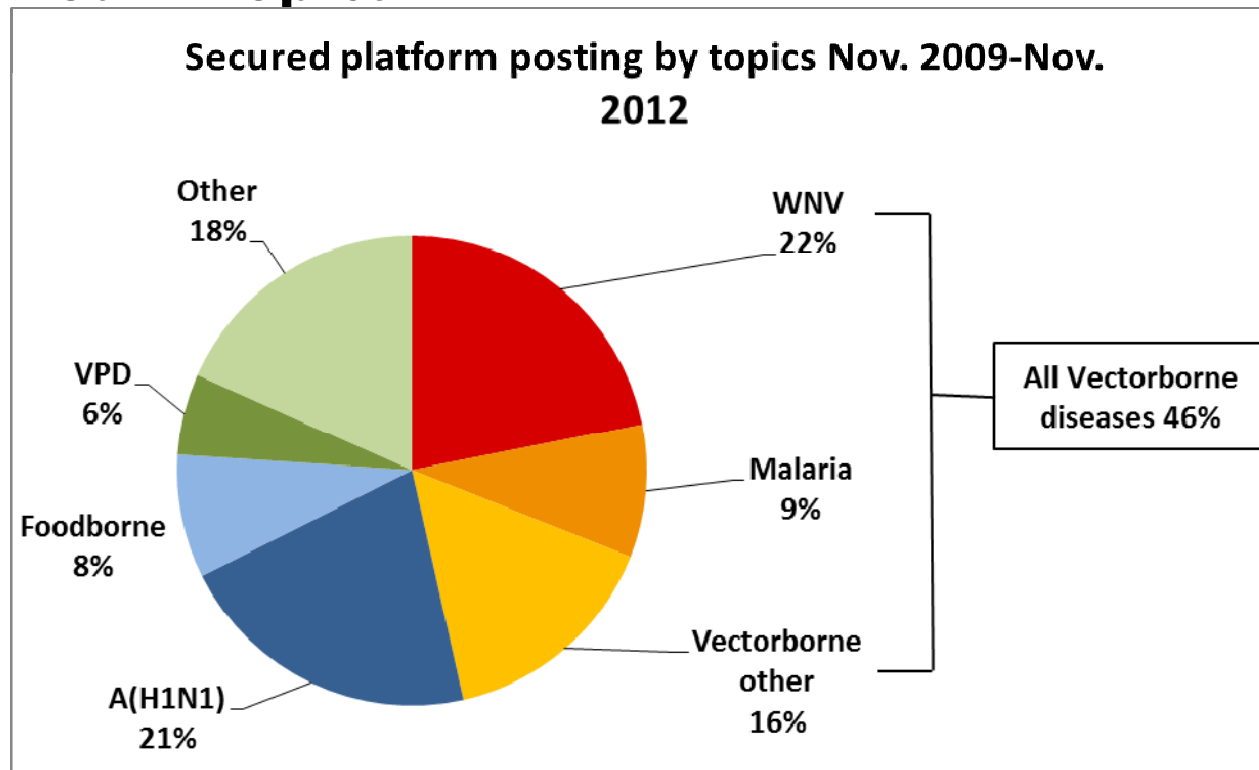
The screenshot displays the EpiSouth web interface. At the top, there is a header with the EpiSouth logo and the text "Network Working Area" and "Network for Communicable Disease Control in Southern Europe and Mediterranean Countries". Below the header, there are navigation tabs: "Alert Details", "List of alerts", and "New alert". The main content area is divided into sections: "Reporting Member" (Name: Philippe Barboza, Institution: Institut de Veille Sanitaire (InVS), Country: FRANCE), "Event Informations" (Alert id: 20081003FX383, Country concerned: FRANCE, METROPOLITAN, 1st Report: In date 03/09/2008, Event type: Tipo 1, Designation of disease: DOD 1, Alert level: Low Level, Description: Imported case of cholera From Tunisia Sample, Further documentation: None), and a section with buttons for "Update", "Delete", "Insert a new follow-up", and "Add a comment". Below this, there are tabs for "Comments" and "Thread". The "Thread" tab shows a list of comments for the alert, including the alert ID, level, date, time, event type, and country.

Alert ID	Level	Date	Time	Event Type	Country
20081003ES385	Low Level	03/10/2008	15:33	Tipo 1	FRANCE
	SPAIN	03/10/2008	15:33	DOD 1	03/10/2008 15:33
20081003FX383	Low Level	03/10/2008	15:31	Tipo 1	FRANCE
	FRANCE, METROPOLITAN	03/10/2008	15:31	DOD 1	03/10/2008 15:33

The alert has been locked by the coordinator and cannot be modified

Postings on EpiSouth secured platform

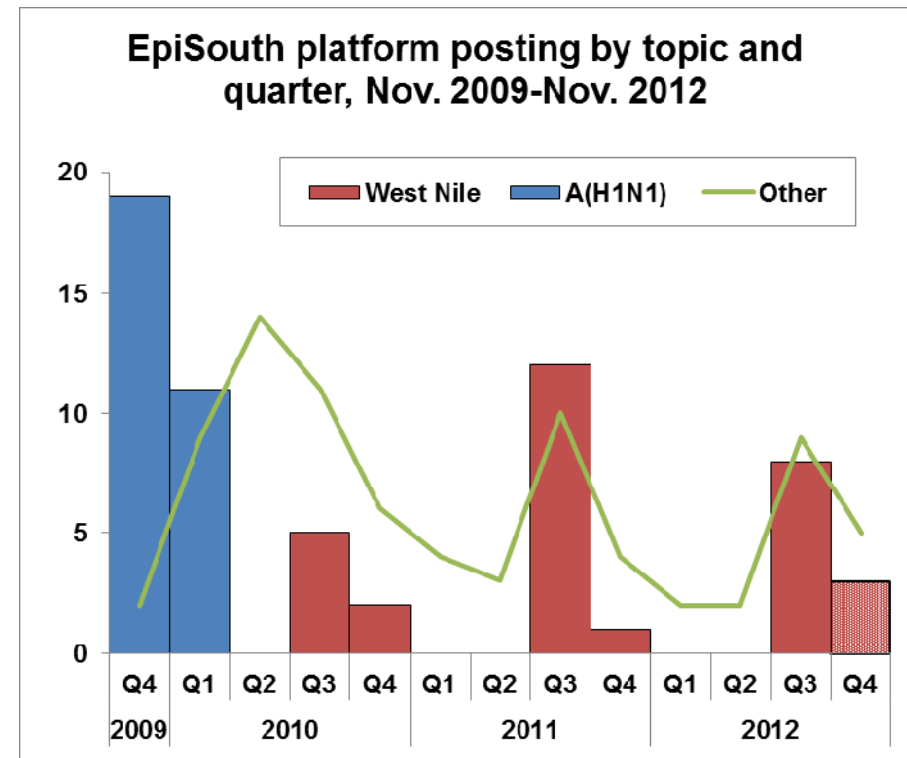
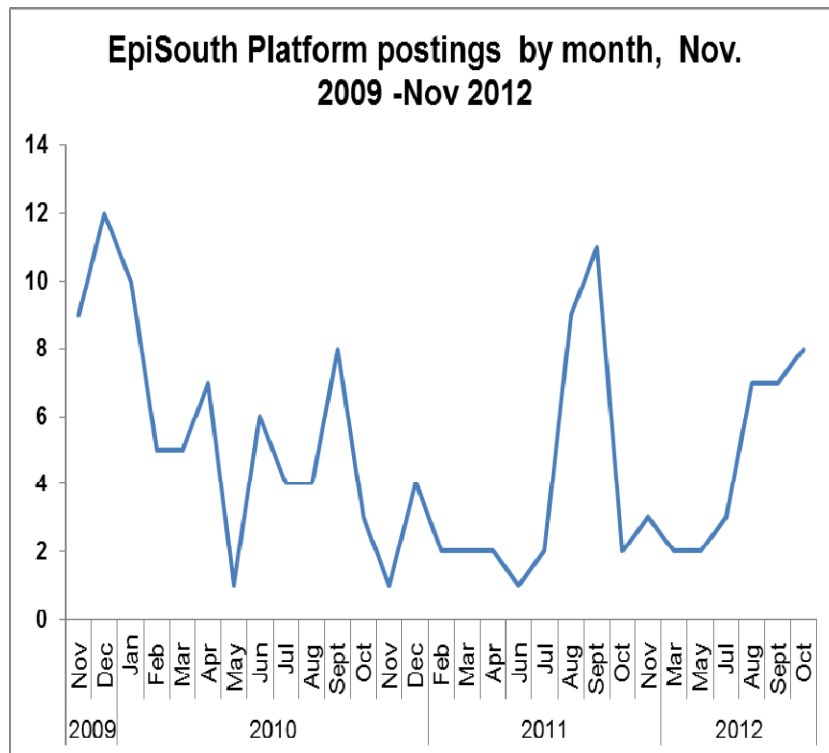
- **142 Alerts/postings** (November 2009 - December 2012)
 - 130 in EpiSouth countries → **92%**
 - 12 in non EpiSouth countries → **8%**
- **39 health topics**

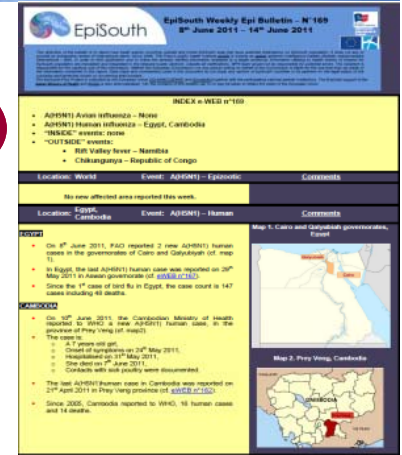




Postings trends on EpiSouth secured platform

- Summer peak classically observed
 - Vector borne diseases
 - Increased travel

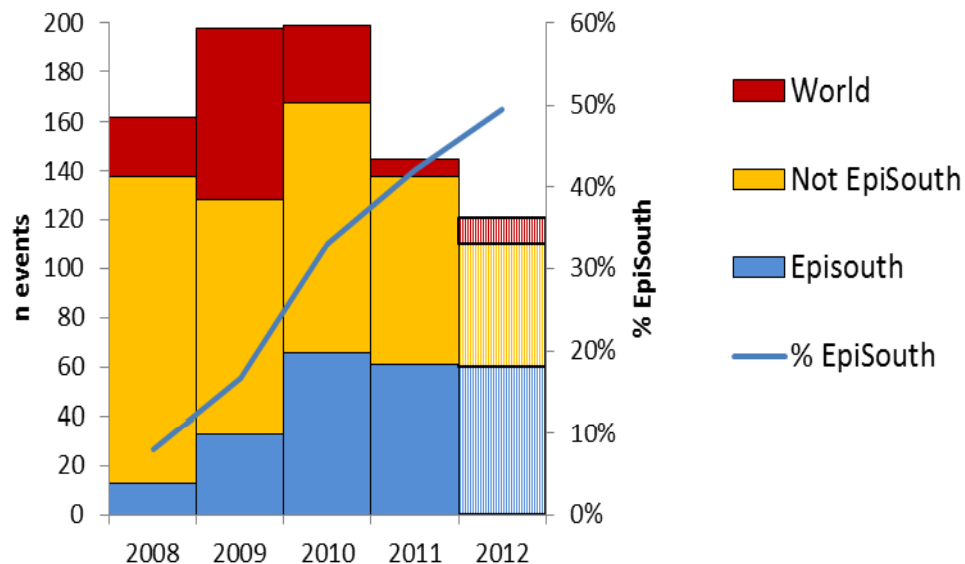




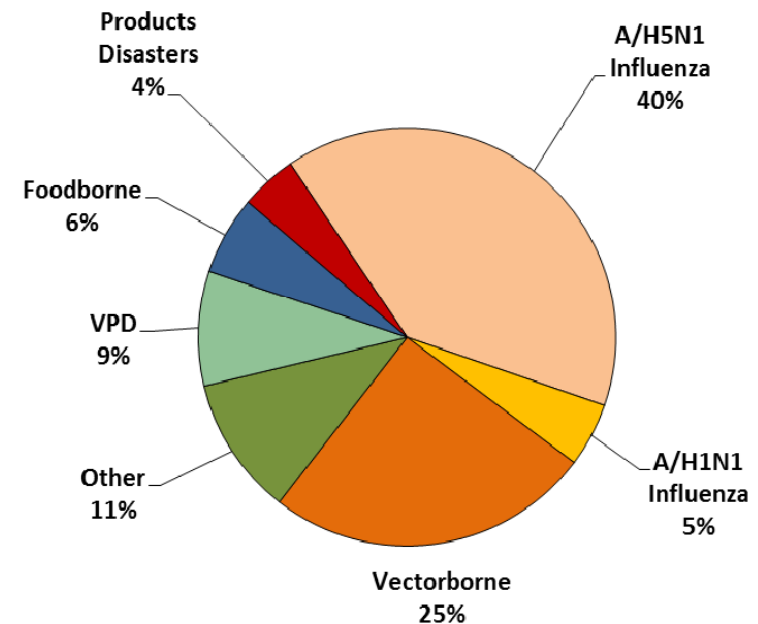
Dissemination → e-Web (Weekly epidemiological bulletin)

- 245 e-Web (as of 4th Dec. 2012)
- 808 events reported
- 92 topics;
- 135 geographic areas
- Increased countries' involvement

Location of events reported in the eWeb,
2008 2012

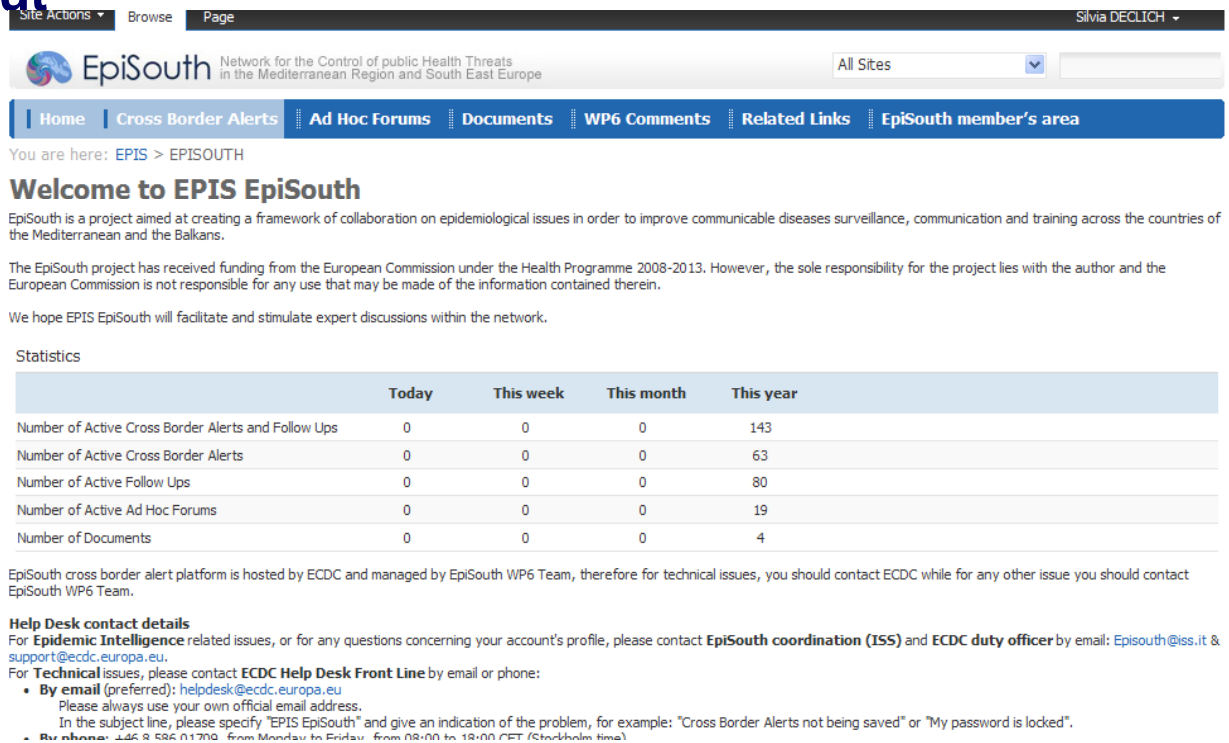


Health topics eweb March 2008 Nov 2012



EpiSouth-EPIS platform (confidential)

- ECDC (with WP6, WP6-ST, WP2 and Cineca) developed a new EpiSouth platform under EPIS environment
- Rational: ease interoperability with other EWS + sustainability
- EpiSouth needs were integrated: results of the EpiSouth platform' evaluation + WP6-ST input
- Launched in December 2012
- Handed-over to ECDC in April 2013
- Used/tested for Nautilus SE in Oct 2013
- Adhesion letter was requested to Countries



The screenshot shows the EpiSouth-EPIS platform interface. At the top, there is a navigation bar with 'Home', 'Cross Border Alerts', 'Ad Hoc Forums', 'Documents', 'WP6 Comments', 'Related Links', and 'EpiSouth member's area'. Below this, a 'Statistics' table is displayed, showing the number of active cross-border alerts and follow-ups for today, this week, this month, and this year. The table data is as follows:

	Today	This week	This month	This year
Number of Active Cross Border Alerts and Follow Ups	0	0	0	143
Number of Active Cross Border Alerts	0	0	0	63
Number of Active Follow Ups	0	0	0	80
Number of Active Ad Hoc Forums	0	0	0	19
Number of Documents	0	0	0	4

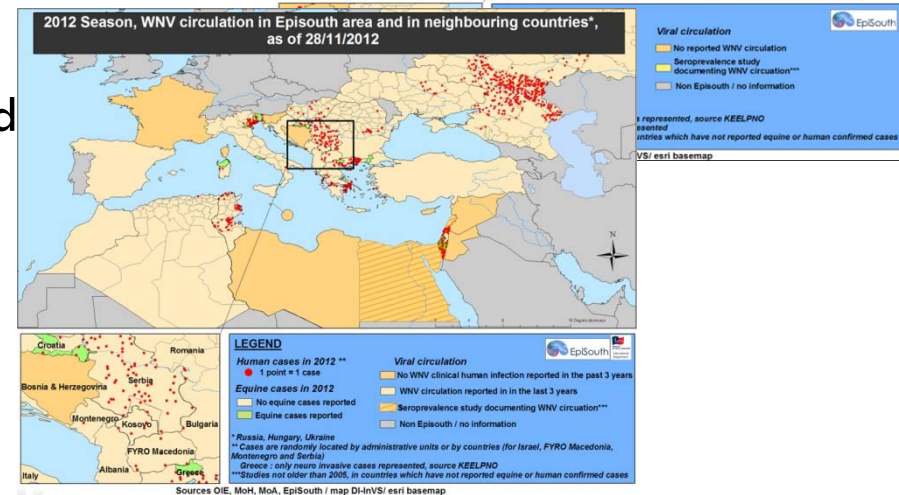
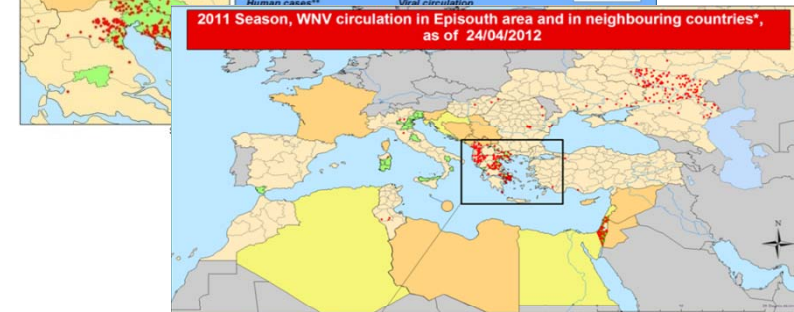
Below the table, there is a section for 'Help Desk contact details' which provides information on how to contact the EpiSouth coordination (ISS) and ECDC duty officer for epidemic intelligence related issues, and the ECDC Help Desk Front Line for technical issues. The contact information includes email addresses (EpiSouth@iss.it & support@ecdc.europa.eu) and phone numbers (46 8 586 01709).

Thematic notes

- Topics of specific interest for the region
- Compilation of available information and/or contributions from the participating countries

Topics

- H1N1 & CCH fever & Lithiasis outbreak (2008)
- Pandemic Influenza & Hajj & FIFA world cup & Yellow fever & Olympic games & Human Ebola reston & Alkhurma virus (2009)
- West Nile monitoring (2011-2013)
- MERS-CoV and Hajj & Polio (2013)





EpiSouth

Network for the Control of Public Health Threats in the Mediterranean Region and South East Europe



Thematic Note



Wild Polio Virus re-emergence in the Mediterranean

The EpiSouth Pilot Project is cofunded by the European Union (No. 544020-BMC) and (No. 610028-EMER) together with the participating national partner institutions. The financial support of the [World Health Organization](#) and [WHO](#) is also acknowledged. The contents of this document do not necessarily reflect the views of the European Union.



West Nile virus circulation in the EpiSouth countries and neighbouring areas (Hungary and Russia) 27 September 2010

This document was elaborated with the information provided by National EpiSouth Focal Point and the contribution of work packages on Zoonoses and coordination

Since February 2013 isolated from sewage
In October 2013, 22 confirmed as caused by
This thematic note is from this evolving situational perspective.

1. Background
The 27 countries of the EpiSouth WHO Regions (EMRO, AFR) geographical grouping that, for referred to as "the EpiSouth"



Fig. 1. Countries part of the

The WHO Europe Region has in the Eastern Mediterranean were the remaining endemic has never been interrupted WPV type 1 had been reported the WHO African Region, country [2].

- Since the beginning of August 2010, 7 EpiSouth countries have reported West Nile (WN) outbreaks.
 - 350 human WN infections have been reported in 6 countries: Greece, Israel, Italy, Romania, Spain & Turkey. For Greece and Turkey, these WN human infections are the first ever reported in the country.
 - 4 countries reported equine WN cases: Greece, Italy, Morocco and Spain.
- Among the 17 EpiSouth countries who provided information, to date, on their West Nile surveillance system:
 - 7 countries have permanent human surveillance system and 5 have seasonal surveillance system.
 - 7 countries maintain permanent equine surveillance system and 3 have seasonal surveillance
 - For bird surveillance, only France maintains a permanent surveillance. Three countries have seasonal surveillance: Italy, Palestine and Jordan.
 - 5 countries have neither human nor equine surveillance. To date, these countries never reported West Nile cases (cf. Table 1).
 - Information is still expected for 10 EpiSouth countries.
- Areas at risk.
 - According to information provided, areas considered at risk for West Nile within each EpiSouth country vary.
 - Areas at risk for WN virus are those which are located on main migratory routes (cf. [eWEB n°127](#)).
 - For instance, areas considered at risk can be:
 - The whole country (e.g. Israel, Palestine, Cyprus, ...)
 - Areas located on the Mediterranean shore (e.g. the Eastern part of Tunisia (Sousse and Gabès), South-East of France, some areas of Italy etc.)
 - Areas bordering major river / wet area (e.g. for Romania, districts bordering the Danube river)
- Capacities laboratory (cf. Table 1). Among the 12 responding countries,
 - 1 has not identified a reference laboratory
 - 2 have identified a reference lab but cannot currently perform West Nile testing.
 - One has an external reference lab
 - 8 have a national WN reference laboratory
- Given the current situation and the intensification of West Nile virus circulation in neighbouring areas, some countries (e.g. Malta and Syria) are considering the implementation of an epidemiological surveillance.

The FIFA 2010 World Cup in South Africa, Health risks and public health implications, May 2010

1. INTRODUCTION

The Republic of South Africa is the 25th largest country in the world (1.2 million km²) with nearly 50 millions inhabitants. It is located at the southernmost region of Africa, with a long coastline along the South Atlantic and the Indian oceans. This geographical situation provides a generally temperate climate, although the low altitude north-eastern regions bordering Mozambique and Zimbabwe have a tropical climate. Winters (May to July) are get tourist t the Kru Table N

Figure 2 - Host cities for the 2010 FIFA World Cup.



1. Addis
2. Asaba
3. Auara
4. Bontoc
5. Camd
6. Gared
7. Galden
8. Kacco
9. Keaba
10. Kuan
11. Manu
12. Maral
13. Moka
Nial
Cape Tc
402
2. SO
The 19
will be
country
Town, l
Elizabeth
350,001

Thematic Note
Impact of MERS CoV on epidemic preparedness in countries of the EpiSouth Network in view of Hajj 2013

KEY POINTS

- MERS CoV is considered a potential threat in 79% of responding countries of the EpiSouth Region.
- Fourteen countries (50%) are regularly monitoring and analysing the international situation since the emergence of MERS CoV, in most cases at least on a weekly basis.
- Eight countries (57%) have introduced changes in their surveillance system to detect cases of MERS CoV.
- Almost all countries (93%) have either domestic laboratory capacity to diagnose MERS CoV or have a formal referral laboratory.
- Only one country reported to expect a decrease in the number of pilgrims participating in Hajj in 2013 compared with previous years.
- Seven countries (26%) have a preparedness/response plan to manage cases of communicable diseases among pilgrims returning from Hajj. Among those, none have introduced changes to this plan because of MERS CoV.

By air will transit through major international hubs on their way to Saudi Arabia [1].

Pilgrims can also go to Mecca to perform the rituals at other times of the year. This is sometimes called the "lesser pilgrimage", or Umrah. It is most frequently performed during the month of Ramadan that took place from 9 July to 8 August this year.

Fig. 1. Mecca, Saudi Arabia

Mass gatherings of the magnitude of Hajj often present challenges for public health authorities and strain health infrastructure. Moreover, specific characteristics of Hajj such as the concentration of millions of people, including many from developing countries and elderly, for a relatively long period (up to a month) and with an itinerary favouring crowd movement, are likely to favour infectious disease spread and increase the risk of non-communicable conditions such as injuries [See also Box 1 of the EpiSouth thematic note "2010, a mass gathering in the context of pandemic A(H1N1)2009 influenza"]

Thus, preparedness and response plans are elaborated and revised every year by Saudi health authorities. Plans and measures are also established by countries that expect their nationals to participate in the pilgrimage.

In 2013, the emergence of a novel coronavirus called MERS-CoV (Middle Eastern Respiratory Syndrome Coronavirus) causing severe respiratory disease in the Middle East has raised concern over the impact of the Hajj pilgrimage on its spread [4].

Globally, from September 2012 to the 4th of October 2013, 135 laboratory-confirmed cases of infection with MERS-CoV, including 58 deaths have been notified to WHO [5]. The Euro-



the month of Ramadan that took place 19 September this year.

Box 1: Mecca, Saudi Arabia

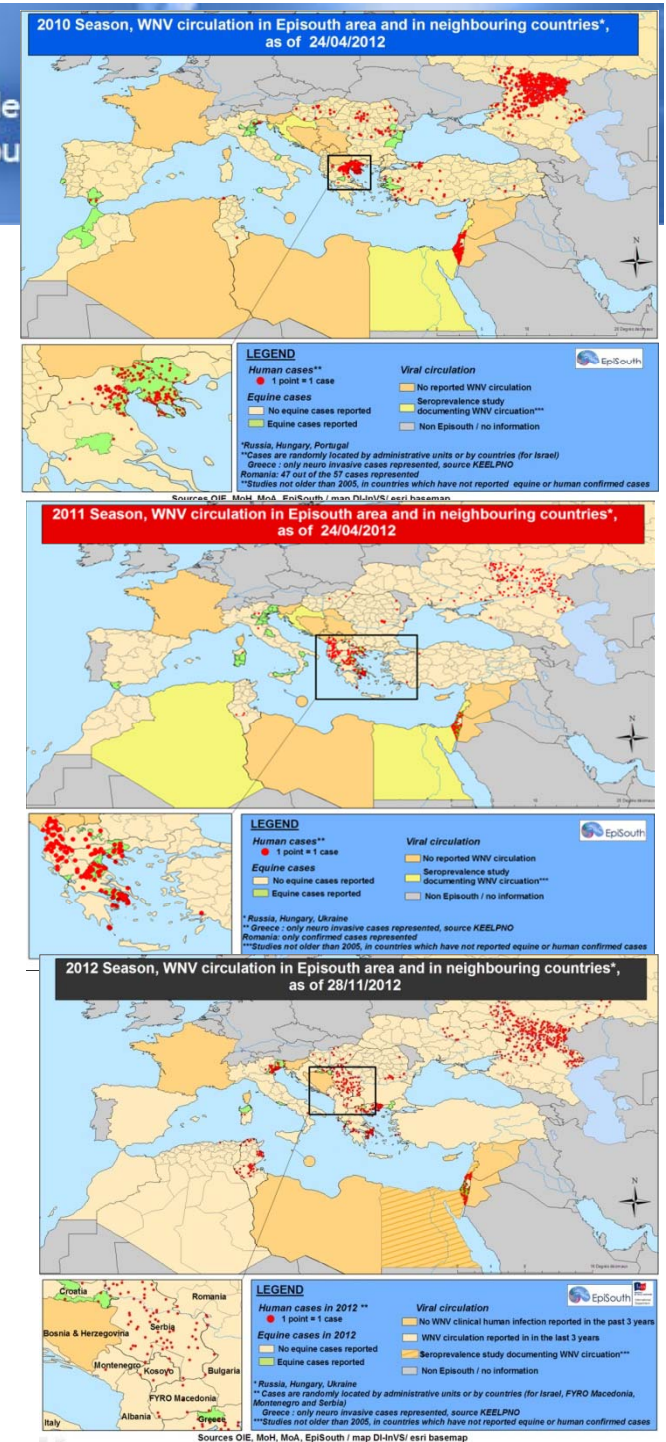
The Hajj pilgrimage to Mecca (Saudi Arabia), as described in the EpiSouth thematic note "2010, a mass gathering in the context of pandemic A(H1N1)2009 influenza", is among the largest annual pilgrimages in the world. It is a religious obligation that must be carried out by every physically-able Muslim who can afford to do so. The pilgrimage takes place from the 12th to the 12th day of the last month of the Islamic calendar. Since the Islamic lunar calendar year is 11 to 12 days shorter than the solar year, the pilgrimage month changes throughout the seasons. In 2013, Hajj is scheduled from 13 to 18 October.

Around 2 million Muslim pilgrims [1] from over 180 countries head to Mecca each year. A number that has been constantly increasing [2]. The great majority (97%) arrive by air (mean 168km), 1% by land, and 2% by sea. Many of those travelling

Mass gatherings of the magnitude of Hajj often present challenges for public health infrastructure. Moreover, the Hajj (summarised in box 1, millions of people including countries and elderly, for a month) and with an itinerary are likely to favour infectious disease spread and increase the risk of non-communicable conditions such as injuries. Thus, preparedness and response plans are elaborated and revised every year by Saudi health authorities in order to ensure a "healthy" Hajj.

West Nile

- Since 2010 close monitoring (eweb and Thematic notes)
- Contribution from FPs and country laboratory contacts
- Excellent Response rate and countries' feedback
- Articulation with WP4-laboratory
- **WN data analysis: 2010-2011-2012**
- Number of countries with WNV Surveillance increased
- Cumulative number of countries affected increased
- Viral circulation more intense in the Eastern part of the Mediterranean
- Persistence of the transmission over 3 season dynamic



Stages for Non EU countries on Epidemic Intelligence

Hosted in different PH institutions

- InVS, France – March 2013
- ISS, Italy - September 2013

Build Capacity
Share experiences

Workshop on SE connected use of the EpiS for EpiSouth Platform - September 2013

NAME: Stage on EI

MONTH: Sept 17-20 YEAR: 2013

TUES: 17/09/2013

WED: 18/09/2013

THUR: 19/09/2013

FRI: 20/09/2013

BASIC PRINCIPLES OF EI	TOOLS FOR EI	ADAPTING EI TO COUNTRY NEEDS	EPIS EPISOUTH PLATFORM FOR THE SE
	Differences among platforms and their performance (Gphin, Medisy, HealthMap, ProMED) Concept of signal and validation EpiS EpiSouth platform	Debriefing on practice 1 Country specific criteria for EI and tools: the case of the Italian pilot and participants' experiences	Debriefing on practice 2 Dissemination of results of EI (bulletins and other methods) Need for EpiS EpiSouth in the SE setting Wrap up and Evaluation of training
Lunch			
Introduction by EI	Afternoon round table needs and requirements in countries	Practice 2: : simulating national activity define your country criteria create a custom monitoring routine	
Presentation of participants and discussion of distance assignments	Practice 1: using Health Map and Medisy; using the EpiS EpiSouth platform		

→ Consolidation of the use of EpiS for EpiSouth (EfE) Platform in the light of its critical role in the SE implementation

Lessons learned

Cross Border EI in Mediterranean region **is:**

- **Continuous stepwise process** to:
 - Develop/maintain trust and common understanding
 - Create/develop skills and capacities
 - Respond to **common interests and priorities**
- Based on **regional and countries needs** to:
 - ↑ commitment and
 - ↓ overlapping with other systems and duties

Lessons learned

Cross Border EI in Mediterranean region **needs:**

- ✓ A live **trusted network**
- ✓ An **environment** where experiences can be shared and capacities built
- ✓ **Bilaterality**
- ✓ Concrete and useful **feedback** to countries
- ✓ **Access** to information & **clearance** for sharing information

Opportunities

for Cross Border EI in Mediterranean region

- Epis for EpiSouth (EfE) is the only secured platform which ensures **alerts/information sharing among Mediterranean Countries**
- EfE can reinforce the culture of **event based surveillance** with this regional dimension and enhance capacities in this domain of activities (including IBS and EBS)
- EfE can facilitate **experience and knowledge sharing** among and with Neighbouring countries
- Messages/Alerts posted may help to identify and select **priorities for further insights.**

Challenges

for Cross Border EI in Mediterranean region

- Needs for specific **SoP with flexibility**
- Critical role of the **moderation/promoter**
- Countries Focal point functions/decision making power **(is not compulsory)**
- **Interoperability** with other Early Warning Systems **(no duplication)**
- **Bilateral sharing** with EU countries **(added value for non-UE countries)**

Thank you
شُكْرًا
Merci

<http://www.episouth.org/index.html>



The screenshot shows the EpiSouth website interface. At the top, there is a navigation menu with links for Participating Countries and Institutions, Events, Bulletins, Directories, News, and Contact. Below the menu, there are three main content areas:

- Activities of the Network:** A list of projects including 'The EpiSouth Plus Project 2010 - 2013' (with sub-items: Networking, Laboratory Network, Preparedness Plan and Risk Management, Cross-border Epidemic Intelligence, Facilitating IHR Implementation, Evaluation) and 'The EpiSouth Project 2006 - 2010' (with sub-item: Website).
- Cross-border Epidemic Intelligence:** A section with a 'Background' (enhancing the Early Warning System in the Mediterranean), 'Objectives' (enhancing EW systems and developing interoperability), and 'Activities' (dissemination of information, communication, synergies, and secure platform development).
- Outputs:** A list of reports and documents such as 'Presentations at conferences, workshops etc.', 'Collaborations of the EpiSouth Network with International Organizations', 'EpiSouth plus Report 3/2011 - Cross-border Epidemic Intelligence Evaluation', 'West Nile Virus circulation in the EpiSouth countries and neighbouring areas (2010 and 2011 seasons)', '250th eWfEB: a retrospective analysis of the health events reported (March 2006 - December 2012)', 'Novel Coronavirus worldwide situation up to 1 March 2013', 'West Nile Virus circulation in the EpiSouth countries and neighbouring areas (2010, 2011 and 2012 seasons)', and 'Impact of MERS CoV on epidemic preparedness in countries of the EpiSouth Network in view of Hajj 2013'.

At the bottom left of the screenshot, there is a 'Member's Area' with a login button. A small footer note states: 'The project is led by the Italian National Institute of Health and counseled by an Advisory'.

Acknowledgements

The EpiSouth-Plus project is co-funded by the European Union DG SANCO/EAHC and DEVCO/EuropeAid together with the participating national partner Institutions.

The financial support of the Italian Ministry of Health and ECDC is also acknowledged.

The Project is led by The Italian National Institute of health and counseled by an Advisory Board composed by EC, ECDC, WHO and other international experts.



Funded by the

