Meeting of the EWRS component of the Community Network for the Epidemiological Surveillance and Control of Communicable Diseases

HITEC Building - Room 02/280 - 11 rue E. Ruppert, L-2557 Luxembourg
Monday 24 January 10:00 – 18:00

DRAFT AGENDA

10:00 – 10:05 Welcome and adoption of the agenda
10:05 – 11:00 Health Security Initiative: Presentation of the proposal
11:00 - 11:15 Break
11:15 – 12:30 Health Security Initiative: Plenary discussion
12:30 - 14:00 Lunch
14:00 – 14:15 EWRS Reporting Criteria: Amending Decision 2000/57/EC – Update
14:15 – 14:30 EWRS Report to the European Parliament and the Council
14:30 – 14:45 ECDC preliminary report on EWRS activities in 2011
14:45 – 15:00 Data Protection in EWRS: Update and next steps
15:00 – 15:30 SHIPSAN initiative: Update and discussion
15:30 – 16:00 EPISOUTH PLUS: Update and discussion
16:00 – 16:15 Break
16:15 – 16:45 Work Plan 2012: Initiatives with potential impact/interest
16:45 – 17:15 EWRS and EPIS: lessons learnt from the STEC outbreak
17:15 – 17:30 AOB
17:30 – 17:45 Conclusions and next meeting
Meeting of the IHR NFP back-to-back meeting January 25 2012

09:00 – 09:30 Event management within the IHR framework
09:30 – 10:30 IHR implementation in the WHO European Region, the IHR Core Capacities
10:30 – 10:45 Break
10:45 – 11:15 EIS survey
11:15 – 11:30 Discussion
11:30 – 11:45 IHR Monitoring Tool
11:45 – 12:00 Multi-sectoral approach of IHR, role and function of the NFP
12:00 – 12:15 Country presentation
12:15 – 12:30 IHR at Points of Entry, designation of PoEs
12:30 – 12:45 Country presentation
12:45 – 13:00 Discussion and wrap-up
EpiSouth Plus
The Network for the Control of Public Health Threats in
the Mediterranean Region and South East Europe

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for the EpiSouth PLUS network and the WP6 team
Coordinator of the EpiSouth Epidemic Intelligence programme
Institut de Veille Sanitaire – France

Meeting of the EWRS component of the Community Network for the Epidemiological Surveillance and Control of Communicable Diseases
Luxembourg, 24 January 2012
EpiSouth

EU (27 countries)

WHO Regions

27 Participating countries
- 9 EU
- 6 Middle East
- 5 North-Africa
- 7 Balkans
**1st Phase**

- Dec 2006 - June 2010 (3 ½ years)
- Objective “Create a framework of collaboration on epidemiological issues and communicable diseases control in the Mediterranean region”.
- Funding
  - DG-Sanco (EU countries only) + EU- RELEX (TAIEX)
  - Italian Ministry of Health & Participating countries

**2nd Phase**

- Start: 15 October 2010   --   Duration:   2 ½ years
- Focus :
  - **Increase health security in the Mediterranean Area**
  - Preparedness to common health threats & involvement of non EU countries
  - Increase synergies / interoperability with others network institutions
- Funding:
  - EU : DG-SANCO (EAHC) & DEVCO, ECDC
  - Italian Ministry of Health & All participating countries
## Workpackages (WPs)

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<td><strong>Laboratory network</strong> To facilitate common threats detection (avoiding duplication overlapping with existing networks) - <strong>WP4</strong></td>
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<td><strong>Generic Preparedness &amp; Risk management</strong> Core-capacity needs assessment, capacity building sessions, a simulation exercises... - <strong>WP5</strong></td>
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<td><strong>Data collection &amp; assessments for IHR implementation</strong> Identify countries’ needs; Description of surveillance, EWS, national plans and legislations to facilitate IHR implementation - <strong>WP7</strong></td>
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<tr>
<td>Institut Pasteur [France]- Refik Saydam National Hygiene Center [Turkey]</td>
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<td>SC III [Spain] &amp; National public health Institute [Algeria]</td>
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<td>ISS [Italy] &amp; WHO-LYON</td>
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<td>ISS [Italy] &amp; National Public Health Institute [Montenegro]</td>
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<td>Azienda Sanitaria Locale Torino 1 (ASLTO1) [Italy]</td>
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<td>ISS [Italy] &amp; Ministry of health of Tunisia</td>
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OBJECTIVE
Enhance Mediterranean Early Warning Systems (EWS)
- allowing alerts and Epidemic intelligence information sharing among EpiSouth countries and
- developing interoperability with other European Early Warning platforms

2 components, for a Progressive build up
- Build on trust
- Provide useful information to stimulate information sharing
- Secure confidentiality

Mainly restricted (Public if country clearance)
Mainly Public
Epidemic Intelligence (EI) for EpiSouth

- Detection of potential health threats through the use of formal & informal sources (eg. Media)
- Not all countries have expertise nor resources to develop full-fledged EI; avoid high potential of duplication
- Process ---- Tailored to EpiSouth needs (WP6-ST)
  - Identification of primary signals via dedicated Expert system
  - Detection and selection of relevant signals
  - Analysis - **Validation & Communication**

- **WP6 Lead InVS**: The WP6 team= 2 full time epidemiologists + a leader (InVS)
- **Co-leader MECIDS**: Middle-East Consortium for Disease surveillance
  - **Mission**: Facilitate CB cooperation in response to disease outbreaks
  - **Expertise**: EWS in complex situation, extended knowledge and contacts in the Middle-East
- **The WP6 Steering group (n=13)**:
  Algeria, Palestine, Israel, Jordan, Kosovo, Malta, Montenegro, Morocco, Romania, Tunisia, Turkey, France & MECIDS.
WP6 Epidemic Intelligence outputs

**e-Web:**
Weekly epidemiological bulletin
n = 200 (since March 2008)

⇒ 702 events;
⇒ 86 thematics;
⇒ 134 geo. areas (24/01/2012)

**Thematic Notes**
*ad hoc*
(CCHF, Melamine, Arenavirus, H1N1, Alkhurma, West Nile, Hajj pilgrimage, Olympic games, FIFA world cup, etc.)

**Events reported in the eWEB bulletins:**
200th last week!

⇒ 702 events reported
⇒ 95% infectious diseases
⇒ 40% avian influenza
⇒ 80% of non-infectious was products recall (n=23/29)

⇒ 100 first bulletins
⇒ 18% EpiSouth countries
⇒ 100 last bulletins
⇒ 39% EpiSouth countries

⇒ Highlight increase involvement of countries
⇒ Trust increase over time
⇒ Green light for public diffusion more frequent
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 million inhabitants. It is located at the southernmost region of Africa, with a long coastline along the South Atlantic and the Indian oceans. Its 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 J) are generally mild and dry. National parks are a major tourist attraction in South Africa. The most visited ones are the Kruger Park (North east, Mozambican border) and Table Mountain National Park (South West) (figure 1).

Figure 1 - South African national parks (SANParks)

2. SOUTH AFRICA 2010 FIFA WORLD CUP

The 19th edition of the FIFA World Cup (FIFA 2010) will be held from 11 June to 11 July 2010 across 9 provinces. 60 matches will be played in Bloemfontein, Capetown, Durban, Johannesburg, Nelspruit, Polokwane, P Elizabeth, Pretoria and Rustenburg (figure 2). So 360,000 visitors and participants are expected.

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

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

The document was elaborated with the information provided by National EpiSouth Focal Point and the contribution of work packages on zoonoses and coordination.

Hajj 2009: a mass gathering in the context of pandemic A(H1N1)2009 influenza

At the beginning of August 2010, 7 southern countries have reported West Nile outbreaks:
- 50 human WN infections have been reported in 6 countries: Greece, Israel, Italy, Romania, Spain & Turkey. For Israel and Turkey, these WN human infections are the first ever reported in the country.
- countries recorded equine WN cases: Israel, Italy, Morocco and Spain.
- the 17 EpiSouth countries who did not inform, to date, on their West surveillance system;

countries have permanent human surveillance systems and 5 have seasonal surveillance systems;
- countries maintain permanent equine surveillance systems and 3 have seasonal surveillance for bird surveillance, only France maintains a permanent surveillance system.
- three countries have seasonal surveillance: Italy, Palestine and Jordan. 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°1275).
  - 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, Southern and Central Alps, South-East of Italy, some parts 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.
    - 3 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.
Support in crisis: The A(H1N1) pandemic

- **Source of data:** EpiSouth countries

- **Data collected:**
  - Confirmed cases
  - Case definition and case management
  - Deaths / severe cases
  - Transmission, circulation intensity
  - Imported VS local cases

- **Confirmed cases forwarded to ECDC** (esp. Middle-East, North African region)

- **Descriptive analysis on a weekly basis**

- **Information shared with the network:**
  - Daily bulletin (the first 2 months);
  - Twice a week (intermediate period)
  - Weekly bulletin (until the end)
EpiSouth support: West Nile (WN)

- **2010 WN epidemic**
  - Unexpected high viral circulation...
  - Provided broad perspective of WNV circulation (Survey + case counts)
  - Heterogeneity of resources available for WN surveillance
  - 3 countries considering implementation of WN surveillance (Malta, Serbia & Syria)

- **2011 WN epidemic**
  - More or less countries than the one affected in 2010.
  - 2010 was not an isolated event,
  - Work performed in 2010 raised awareness on not fully operational surveillance in place
  - Streamlined communication
    - Earlier and regular reporting by Countries
    - EpiSouth informed ECDC of every confirmed case
  - Articulation and synergies with other WP esp WP4-laboratory
**Mediterranean Alert Early warning system**

- Secured website (confidential)
- To share national alerts /confidential information
- Operational since November 09
- Accessible to
  - EpiSouth FP (NPHI, MoH)
  - Majors Stakeholders: WHO, ECDC, EC
- Complements existing systems: WHO, E.U. /ECDC

- A new platform under EPIS environment under development at ECDC, to be endorsed by countries
- Standard Operating procedures information flow with EU formalised
113 Alerts/postings
- 106 in EpiSouth countries – 94%
- 7 in non EpiSouth countries – 6%
- Exple - Plague: Libya, Syria, Algeria – Official denials

22 countries (areas affected):
- 77% from EpiSouth (n=17) vs 23% non-EpiSouth (n=5)

30 diseases
- 2009: 21 postings (19%)
- 2010: 58 postings (51%)
- 2011: 34 postings (30%)
Early Warning

INFORMATION FLOW CHART
EU – EpiSouth communication flow

Mandatory notification
Voluntary exchange of information

EpiSouth
EU country

EWRS EPIS

EpiSouth
Non EU country

MEWAS EpiSouth

Non EpiSouth
EU country
- Other EU EWS and networks

Other EWS
(Incl int. & EU networks)

Mechanisms to be developed
Challenges for EpiSouth

- **Synergies with other EW systems**
  - Identify mechanism to minimise duplication with existing EWS
  - Develop articulation with diseases surveillance networks

- **Balanced communication exchanges allow:**
  - Trust between countries
  - The only way to secure information flows

- **Enhance involvement of non-EU countries**

- **From the existing SOP,**
  => Explore different scenarios to define & Formalise procedures
  - What is politically / institutionally acceptable, feasible
  - Develop interoperability whenever possible (Political agreement/ Technicalities)
EpiSouth

Raised awareness on regional and cross-border issues
Created trust, cohesion and concrete collaboration among PH officers of 27 countries

Fills a gap in a region where countries belong to different political/supranational entities that is not addressed, as a whole, neither by the European Commission nor by WHO

Results still fragile but very encouraging

OUR AIM remains to contribute to strengthen health security in the Mediterranean and Balkan area through:

- Maintenance of Epidemic Intelligence activities and information sharing within countries and with EU/ECDC & WHO
- For the benefit of
  - The 27 participating countries
  - For the EU at large
شاركت في إنشاء موقع شبكة إبيساوث بلادن جنوب شرق أوروبا، وشملت أفريقيا، والشرق الأوسط لإعداد إطار من التعاون حول المسائل المتعلقة بالدراسات العلمية، من أجل تحسين مراقبة الأمراض السارية ومشاركة مخاطر الصحة العامة من خلال التواصلك، والتدريب، وتوفير المعلومات، والدعم الفني بين بلدان ودائم المستوى.
Thank you for your attention..

شُكرًا

Merci

New web-site
http://www.episouth.org/index.html
Acknowledgements

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The contents of this presentation are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Union.