Multi-country Workshop with European Neighbourhood Policy countries on the EU \textit{acquis} in the area of communicable diseases

INT MARKT 51869

organised in co-operation with

ECDC
European Centre for Disease Prevention and Control

Venue :
ECDC
Tomtebodavägen 11a
171 83 Stockholm
Sweden

Stockholm,
22 April - 23 April 2013

For more information on TAIEX assistance and to download presentations of this event, please go to: http://ec.europa.eu/enlargement/taix.
Aim of the meeting:

The overall aim of the seminar is to provide an overview of the EU system for prevention and control of communicable diseases, referring to the related *acquis* and the interaction between risk assessment and risk management. In particular, presentations of recent case studies and lessons learnt, both in the EU and its neighbouring countries, will be used to explain the specific functions of the ECDC.

Specific objectives:

1. To provide an overview of the EU legislation in the field of communicable diseases focusing on practices in the area of surveillance and response to health threats, with reference to the global framework for coordination of response to major health threats, i.e. the WHO International Health Regulations;
2. To share information on the role of the ECDC, including the priorities of its external policy;
3. To give practical illustrations of how the above mentioned communicable diseases control framework and mechanisms apply in coordination of crisis management at EU level. Discuss case studies of recent cross-border public health events in EU Member States focusing on key lessons learnt from the implementation of EU legislation on communicable diseases and the role of ECDC;
4. Invite ENP countries to present in detail and discuss similar examples;
5. Inform all participants about the different stages of implementation and possibilities for financial assistance through TAIEX workshops or ENPI funding;
6. Continue discussions with Southern ENP countries on the development of a Field Epidemiology Training Programme in the Mediterranean Region (MediPIET);
7. Initiate discussions with Eastern ENP countries on technical cooperation with ECDC, in fields such as HIV/AIDS or tuberculosis.
**Day 1: Monday 22 April 2013**

**Co-Chairs:** ECDC

**European Commission, DG Health and Consumers**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:30</td>
<td>Arrival at ECDC and registration</td>
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<tr>
<td>10:00</td>
<td>Welcome address (<strong>Marc Sprenger, ECDC Director</strong>)</td>
</tr>
<tr>
<td>10:10</td>
<td>Working together for prevention and control of communicable diseases in the EU: institutional, policy and legal framework (<strong>Frank Van Loock, European Commission, DG Health and Consumers</strong>)</td>
</tr>
<tr>
<td>10:30</td>
<td>Health dimension of the European Neighbourhood Policy (<strong>Peter Nagy, Deputy head of division, European Neighbourhood Policy, European External Action Service</strong>)</td>
</tr>
<tr>
<td>10:50</td>
<td>European Centre for Disease Prevention and Control (ECDC): Mission, mandate, organisation, and external relations strategy (<strong>Maarit Kokki, Head of International Relations, ECDC</strong>)</td>
</tr>
<tr>
<td>11:10</td>
<td>Coffee break</td>
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<tr>
<td>11:30</td>
<td>ECDC at work: live videostreaming of the daily ECDC roundtable on health threats monitoring</td>
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<tr>
<td>12:00</td>
<td>TAIEX — providing technical assistance for institution building (<strong>Rebeca De Sancho Mayoral, Institution Building Unit, DG Enlargement, European Commission</strong>)</td>
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<tr>
<td>12:20</td>
<td>Lunch break</td>
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<tr>
<td>14:00</td>
<td>Health cooperation with neighbourhood countries from policy to action: success stories (<strong>Andrea Schwarz, European Commission, DG Health and Consumers</strong>)</td>
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<tr>
<td>14:20</td>
<td>Role of the ECDC in the European context — the view of the Management Board and EU Member States (<strong>Johan Carlson, Director General, Smittskyddsinstitutet, Swedish member of the ECDC Management Board</strong>)</td>
</tr>
<tr>
<td>14:40</td>
<td>Case Study 1a: Cross-border cooperation in the context of mass gatherings: monitoring health threats during the UEFA Football Championship 2012 - Perspectives from Poland (<strong>Pawel Abramczyk, Director of Department of International Cooperation and Sanitary Border Protection, Poland</strong>)</td>
</tr>
<tr>
<td>14:55</td>
<td>Case Study 1b: Cross-border cooperation in the context of mass gatherings: monitoring health threats during the UEFA Football Championship 2012 - Perspectives from Ukraine (<strong>Andriy Pyvovarov, Head of Legal Support department, Ministry of Health of Ukraine</strong>)</td>
</tr>
<tr>
<td>15:10</td>
<td>Coffee break</td>
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<tr>
<td>15:30</td>
<td>Case Study 2: Importance of international coordination and lessons learnt in Spain from past cross-border outbreaks in the EU (<strong>Karoline Fernandez de la Hoz, Head of the International Technical Coordination Unit, Spanish Ministry of Health</strong>)</td>
</tr>
<tr>
<td>16:00</td>
<td>Case Study 3: Novel coronavirus: perspectives from Jordan and international dimension (<strong>Mohammad Abdallat, Director of Communicable Diseases; Sultan Alqasrawi, Head of Surveillance Department, Jordanian Ministry of Health</strong>)</td>
</tr>
<tr>
<td>17:00</td>
<td>Plenary discussion and conclusions of Day 1</td>
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<tr>
<td>18:00</td>
<td>Networking buffet offered by ECDC (in Anders Gustav Auditorium)</td>
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<tr>
<td>20:30</td>
<td>Guided Tour of the Old Town (meeting point: obelisk at Slottsbacken)</td>
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### Parallel workshop sessions

#### A. Workshop Session I: Exchange of views on a Mediterranean Programme for Intervention Epidemiology Training (MediPIET) – Southern neighbours

<table>
<thead>
<tr>
<th>Meeting Room: Management Board Room</th>
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<tbody>
<tr>
<td><strong>09:00</strong></td>
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<td><strong>09:20</strong></td>
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<td><strong>09:40</strong></td>
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<td><strong>09:55</strong></td>
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<td><strong>10:10</strong></td>
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<td><strong>10:45</strong></td>
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#### B. Workshop Session II: Exchange of views on technical cooperation – Eastern neighbours

<table>
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<tr>
<th>Meeting Room: 335</th>
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<tr>
<td><strong>09:00</strong></td>
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<td><strong>10:00</strong></td>
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<td><strong>10:45</strong></td>
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## Plenary Session

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<th>Time</th>
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<tr>
<td>11:15</td>
<td>An example of tool for cross-border cooperation: the Epidemic Intelligence Information System (<em>Pasi Penttinen, Senior Expert Epidemic Intelligence, ECDC</em>)</td>
</tr>
<tr>
<td>11:45</td>
<td>Feedback from parallel workshops and general roundtable discussion (<em>Rapporteur appointed from each workshop</em>)</td>
</tr>
<tr>
<td>12:30</td>
<td>Closing remarks and conclusions (<em>Maarit Kokki, Head of International Relations, ECDC; Frank Van Loock / Andrea Schwarz, European Commission, DG Health and Consumers; Peter Nagy, Deputy head of division, European Neighbourhood Policy, European External Action Service</em>)</td>
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<tr>
<td>12:50</td>
<td>Group picture and lunch break</td>
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## ECDC information fair

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<tr>
<td>14:20</td>
<td>Informal presentation of activities organised by the different units of ECDC and exchanges with ECDC experts (coffee served)</td>
</tr>
<tr>
<td>16:00</td>
<td>End of meeting</td>
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This meeting is being organised by the Technical Assistance Information Exchange Instrument of the European Commission

CHAR 03/149, B - 1049 Brussels
Telephone: +32-2-296 73 07, Fax: +32-2-296 76 94

Lessons learnt from capacity building initiatives in the context of EpiSouth Network

Silvia Declich - Episouth Project Leader
Director Communicable Disease Epidemiology Unit
National Institute of Health, Italy

Multi-country Workshop with ENP countries, Stockholm, 22-23 April 2013
Background

The EpiSouth network was established in 2006 to "Create a framework of collaboration on epidemiological issues and communicable diseases control in the Mediterranean region"

The network worked four years (2006-2010) focussing on:

- Cross-border epidemic intelligence
- Vaccine preventable diseases and migrants
- Cross-border emerging zoonoses
- Training in field/applied epidemiology
From an European project... (9 EU Countries)

... to a Mediterranean Network (27 Countries: 9 EU, 17 non-EU and 1 acceding )
27 Participating countries
- 9 EU
- 6 Middle East
- 5 North-Africa
- 7 Balkans
EpiSouth Plus (2010-2013)

The Countries expressed the need to shift Network’s activities to a **wider approach**, building on the knowledge and the regional gaps and needs identified in the 1\(^{st}\) phase

**General Objective**

to **increase the health security in the Mediterranean area and South-East Europe by enhancing and strengthening the preparedness to common health threats and bio-security risks at national and regional levels in the countries of EpiSouth Network in the framework of the IHR implementation**
EpiSouth Plus (2010-2013)

A new phase of the network activities called “EpiSouth Plus” started in October 2010 and is expected to last until January 2014 with a funding partnership from:

- European Union DG-SANCO/EAHC
- European Union DG-DEVCO/EuropeAid
- Italian Ministry of Health
- and ECDC
- together with the national partner Institutions (public officials)

The Project is led by the Italian PHI and implemented by 27 countries’ public institutions (MOH & PHI)
EU Partners in EpiSouth Plus

1. ITALY
   - Institute of Health, Rome;
   - Local Health Unit, Turin;
   - General Hospital, Padua;
   - National Institute of Infectious Diseases, Rome;
   - CINECA, Bologna;

2. FRANCE
   - Institute Pasteur, Paris;
   - Institut de Veille Sanitaire, Saint Maurice Cedex

3. SPAIN (Istituto de Salud Carlos III, Madrid);

4. BULGARIA (National Center of Infectious and Parasitic Diseases, Sofia);

5. CROATIA (Institute of Public Health) as acceding country

6. CYPRUS (Ministry of Health, Nicosia);

7. GREECE (Hellenic Centre for Disease Control and Prevention, Athens);

8. MALTA (Ministry of Health, Valletta);

9. ROMANIA (Institute of PH, Bucharest);

10. SLOVENIA (Institute of Public Health, Ljubljana)
Non-EU Partners in EpiSouth Plus

1. ALBANIA, Tirana (Institute of Public Health);
2. ALGERIA, Alger (National Institute of Public Health);
3. BOSNIA & HERZEGOVINA (Ministry of Civil Affairs, Sarajevo; Ministry of Health and Social Welfare, Banja Luka, Republic of Srpska; Public Health Institute, Mostar, Federation of B&H);
4. EGYPT, Cairo (Ministry of Health and Population);
5. FYROM–Former Yugoslav Republic of Macedonia, Skopje (Institute for Health Protection; Clinic of Infectious Diseases);
6. ISRAEL (Center for Disease Control, Tel Hashomer; Ministry of Health, Jerusalem);
7. JORDAN, Amman (Ministry of Health);
8. KOSOVO UNSCR 1244, Prishtina (National Institute of Public Health);
9. LEBANON, Beirut (Ministry of Public Health);
10. LIBYA, Tripoli (Infectious Diseases Department Tripoli Central Hospital);
11. MONTENEGRO, Podgorica (Institute of Public Health);
12. MOROCCO, Rabat (Ministry of Health);
13. PALESTINE, Ramallah (Ministry of Health);
14. SERBIA, Belgrade (Institute of Public Health);
15. SYRIA, Damascus (Ministry of Health);
16. TUNISIA, Tunis (Ministry of Health);
17. TURKEY, Ankara (Ministry of Health; Refik Saydam National Hygiene Center);
18. MECIDS-Middle East Consortium on Infectious Disease Surveillance;
19. WHO-IHR International Health Regulations Coordination, Lyon, France
Collaborating Institutions in EpiSouth Plus

1. ECDC-European Centre for Disease Prevention and Control, Stockholm, Sweden;
2. EUROPEAN UNION DG SANCO Public Health Directorate, Luxembourg;
3. EUROPEAN AGENCY FOR HEALTH AND CONSUMERS, Luxembourg;
4. EUROPEAN UNION EuropeAid, Brussels, Belgium;
5. MOH-Ministry of Health, Rome, Italy;
6. WHO–EMRO Regional Office for Eastern Mediterranean, Cairo, Egypt;
7. WHO-EURO Regional Office for Europe, Copenhagen, Denmark;
8. SHIPSAN- Ship sanitation project
9. SEEHN- South East Europe Health network
Main project achievements 2006-2010: Training in field epidemiology

- Training needs assessment for all countries (with ad hoc questionnaire) → Report 6/2008
- First training module (36 participants plus guests) Madrid, 10-14 September 2007 → on website
- Second training module (33 participants plus guests) Madrid, 2-6 June 2008 → on website
- Third training module (33 participants plus guests) Madrid, 15-19 2009 → on website
- Directory of training courses and fellowships → on website
- Strategic Document on Training → on website
Capacity Building for Generic Preparedness and Risk Management

Enhancing the preparedness capacity in facing threats and the interoperability and intersectoral collaboration of countries’ preparedness plans to fit the IHR requirements and to ensure multi-country harmonic and prompt response

WP leaders:

Spanish Instituto de Salud Carlos III
Institut National de Santé Publique of Algeria
Institute of Public Health of Serbia "Dr Milan Jovanović Batut"

WP Steering Team:
Capacity building process

- Core-Capacity Assessment
- Workshops & Trainings
- Emergency Preparedness & Response Plan development
- Simulation Exercise

Capacities installed
Main project activities 2010-2013

2010
- Co-leadership
- Team building

2011
- Shipsan Trainet
- Survey

2012
- Madrid Module
- Strat.Doc

2013
- Madrid Module
- Trainings in Non EU
- SE Eval. meeting
- Simulation Exercise
Core-Capacities Assessment

objective

To determine the **early response capacity** of the PH Institutions in EpiSouth region for Public Health Events of International Concern (PHEIC)

To assess the **core capacities to be reinforced**
Main results of the Assessment

21/27 countries responded

- Most of the countries faced a PHEIC since 2009
- Just 30% in the region have generic plans of preparedness and response
- Countries have basic infrastructure for detection and response (surveillance), however essential gaps detected (coordination at national level, research protocols, job descriptions)
- Priority needs for training identified: risk assessment and response assessment

⇒ Generic Preparedness plans must be improved in the region.
Capacity building
Workshops & Trainings

• SHIPSAN Trainet- Athens, Jan 2011
  – Port Health Officers on ship sanitation inspection
• 1st Module - Madrid: workshop & training, Feb 2012
  – EPREP, Communication, Simulation Exercise
  – Training session on spatial analysis
• 2nd Module Madrid: workshop & training, March 2013
  – EPREP, Communication, Simulation Exercise
  – Training session on risk assessment
• Two one-week training in Serbia: April - May 2013
  – Outbreak Investigation and Spatial Analysis of Surveillance Data: Cluster Data Analysis
• SHIPSAN Joint Action training Oct. 2013
Rationale for a Emergency Preparadness & Response (EPREP) Tool

Need detected through the Assessment

Main purpose of ease countries to develop their own Generic Preparedness & Response Plan

Five part of the EPREP tool
- Country office capacities inventory
- Emergency Response Team
- Hazards management
- Communication
- Coordination
Background for Simulation Exercise SE

• Need for early warning and response preparedness
  – Protecting population’s health
  – IHR (2005) requirements
  – Regional requirements (i.e.: EU)

• Needs assessment
  – No generic plans in the region
  – Experience in PHEIC situations
  – Improving consultation and communication
  – Risk assessment and evaluation
Functions to be tested in the SE

- Coordination PoE and national PH authorities
- International Consultation / Communication
  - Episouth tool, bilateral, IHR
- Rapid Risk Assessment capacities
- Diagnostic confirmation procedures
- Needs identification, stockpiles management and distribution
The SE scenario

Functional / extended tabletop (2 working days)

- Cases of severe and highly communicable disease in a PoE.
- Potential international spread
- Source active
- Efficient, timely and coordinated control measures required
- Few weeks of scenario evolution
SE Participants

National (decision making capacity)
- Surveillance units
- Reference labs
- Alert and response units
- International contact points

International
- Epidemic Intelligence and Tool managers (WP6, ECDC, WHO-IHR)
- Lab network (WP4)
- PoE (WP7 and WHO)
Lessons learnt from epi training and capacity building

- Start from need/capacity assessment
- Add interactive workshops to training sessions
- Make use of other training opportunities (eg. Shipsan)
- Empowerment of partners to run training (eg. Co-leader)
- Make material available for running modules in a cascade manner (eg. all material on website)
- Embedding unexpected results in the capacity building (eg. EPREP tool)

Read Strategic Document on Training

2006-2010 → www.episouth.org
2010 -2013 → www.episouthnetwork.org
Main project achievements 2006-2010
Cross-border Epidemic Intelligence

- Pilot assessment of existing epidemic intelligence activities in participating countries (with ad hoc questionnaire) → Report 5/2008
- Epidemic Intelligence weekly bulletins and thematic notes → on website
- Website secured section on cross-border epidemic intelligence with alerts originating from partners → on website only members)
- Strategic document on Cross-Border Epidemic Intelligence → on website
Enhancing Mediterranean Early Warning Systems (EWS) and cross-border Epidemic Intelligence

allowing alerts and Epidemic Intelligence information sharing among Episouth countries and developing inter-operability with other European EW platforms, especially EPIS and EWRS, as forecast by the current EU legislation

**WP leaders:**

*French Institut de Veille Sanitaire & MECIDS-Middle East Consortium for Infectious Diseases Surveillance- Israel, Palestine & Jordan*

**WP Steering Team:**
Epidemic Intelligence (EI) for EpiSouth

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

- **World**
- **Not EpiSouth**
- **Episouth**
- **% EpiSouth**

**Health topics eweb March 2008 Nov 2012**

- A/H5N1 Influenza 40%
- A/H1N1 Influenza 5%
- Vectorborne 25%
- Other 11%
- VPD 9%
- Foodborne 6%
- Products Disasters 4%
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. This geographical position provides a generally temperate climate, although the low altitude north-eastern regions bordering Mozambique and Zimbabwe have a tropical climate. Summers (Nov to Apr) are generally mild and dry. National parks are a major tourist attraction in South Africa. The most visited sites are the Kruger National Park (north-east, Mozambican border) and the Table Mountain National Park (South-West) (Fig. 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 WC) will be held from 11 June to 11 July 2010 across the country. 64 matches will be played in Bloemfontein, Cape Town, Durban, Johannesburg, Nelspruit, Polokwane, Port Elizabeth, Pretoria and Rustenburg (Fig. 2). Some 300,000 visitors and participants are expected.

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

EpiSouth Thematic Notes

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

- Since the beginning of August 2010, 7 EpiSouth countries have reported West Nile (WN) outbreaks.
  - 500 human WN infections have been reported in 6 countries: Greece, Israel, Italy, Romania, Spain and 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, data, on their West Nile surveillance system:
  - 7 countries have permanent human surveillance system and 5 have seasonal surveillance system.
  - 3 countries have permanent equine surveillance system and 3 have seasonal surveillance.

- For bird surveillance, only France maintains a permanent surveillance. Three countries have seasonal surveillance: Italy, Portugal and Jordan.

- 5 countries have neither human nor equine surveillance. To date, these countries never reported West Nile cases (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 are:
  - Areas at risk for WN virus are those which are located on main migratory routes (cf. Table 1).
  - 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 (Goulet and Gables), South-East of France, some areas of Italy etc.).
    - Areas bordering major river/wet areas (e.g. for Romania, districts bordering the Danube river).

- Capacities laboratory (cf. Table 1):
  - Among the 17 responding countries, 1 has not defined a reference laboratory.
  - 2 have identified a reference lab but cannot currently perform West Nile testing.
  - One has an external reference lab.
  - One has a national WN reference laboratory.

- Given the current situation and the internationalisation of West Nile virus circulation in neighbouring areas, some countries (e.g. Malta and Syria) are completing 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)
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
From International Epidemic Intelligence to EpiSouth cross-border

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

<table>
<thead>
<tr>
<th>EpiSouth cross-border</th>
<th>International E.I.</th>
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<tbody>
<tr>
<td>Events INSIDE EpiSouth region</td>
<td>Events OUTSIDE EpiSouth region</td>
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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
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 (Istanbul)
  - Several teleconferences with developers

- The access to this platform is now open to all NFP

- Countries (high level) agreement to used it
  - Croatia, Greece, Italy, Malta, Spain, Slovenia (Bulgaria, Cyprus, France, Romania)
  - Algeria, Kosovo, FYROM, Montenegro, Palestine, Serbia (Albania, B&H, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Syria, Tunisia, Turkey)
Postings on EpiSouth secured platform

- **142 Alerts/postings** (As of 4\(^{th}\) December 2012)
  - 130 in EpiSouth countries → 92%
  - 12 in non EpiSouth countries → 8%
- **39 health topics**
Postings on EpiSouth secured platform

- Summer pick classically observed
  - Vector borne diseases
  - Increased travel
- NO expected baseline for Early warning

![Graph showing EpiSouth Platform postings by month, Nov. 2009-Nov 2012.](image)

![Graph showing EpiSouth platform posting by topic and quarter, Nov. 2009-Nov. 2012.](image)
Stage on Epidemic Intelligence

- At Institut de Veille Sanitaire - France
- With the WP6 team at the International department
- For 1 week (5 days) – 2 people simultaneously
- March – April 2013

Programme:
- Train to use specific software/tools for signals detection
- Signal Selection and in depth information research
- Participate to daily round table
- Weekly epidemiological bulletin elaboration; alert posting
Lessons learnt from cross-border EI capacity building

• Start from need/capacity assessment
• Progressive build up to create a “culture of epidemic intelligence” and trusted alert sharing
• Training on-the-job on epidemic intelligence and event-based surveillance
  – WP Steering Team
  – Meeting
  – Early warning platform animation
• Dedicated stages for consolidating
Establishment of a Mediterranean Regional Laboratories Network
to facilitate common threats detection in the countries involved

WP leaders:

French Institute Pasteur &
Turkish Public Health Institution

WP Steering Team:
Laboratory needs assessment

- Identification of priority areas for Lab Network
- Assessment of candidate laboratories capacities (minimum requirements) for Lab Network
- Assessment of needs among laboratories Network
Identification of priority areas for lab network

• Sending of a Questionnaire to define the **priority areas** for the Region to the ST members (Aug. 2011)

• Validation with ST members (20 Sept. 2011) of the priority areas for WP4.

**West Nile virus, Biosafety and Dengue issues**
(Influenza was of concern → only for networking)
Assessment of candidate laboratories capacities for lab network

Preparation of the Questionnaire on laboratory capacities with experts to identify the minimum requirements of labs

• Sending of a first Questionnaire (27 countries) to assess Laboratory capacities to the EpiSouth NFPs
  ➔ Forward to the laboratories (human and/or animal field) « that are a reference for Dengue and West Nile or the Laboratories of Virology which are dealing with these pathogens if no specific reference laboratories exist »
Assessment of needs among Laboratories Network

Questionnaire II (24 labs responded)

Lab
- information on BSL 3 practises
- Immuno assays: Neutralisation test capacity, antigen detection capacity,
- Viral isolation
- Viral subtyping
- Exchange on specificities, contraints of kits (schelve live, difficulties, best supplier....)
- Sharing of SOPs and Protocols (also « in-house »)
- QA and EQA
Identified needs (2)

Maintenance
- Maintenance of Biosafety cabinets

Data management
- Set up database
- Tracking of samples through database: link with clinical files
- Data safeguard system

Biosafety
- Protection against specific infectious agents
- Dedicated waste for used solvents
Identified needs (3)

- Share more general information on pathogens, related disease, prevention strategies, case definitions. In some countries surveillance for Dengue and West Nile has to be set up.
- Role of the laboratory in disease control and prevention.
- Use of bioinformatics with regard to lab results.
- Better communication between epi and lab.
- Sharing of samples.
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<th>Time</th>
<th>Monday 02/07</th>
<th>Tuesday 03/07</th>
<th>Wednesday 04/07</th>
<th>Thursday 05/07</th>
<th>Friday 06/07</th>
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<tr>
<td>08h30 - 09h00</td>
<td>Arrival / Welcome</td>
<td>Debriefing</td>
<td>Debriefing</td>
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<td>09h00 - 10h45</td>
<td>Presentation of the training</td>
<td>Introduction to Biosafety</td>
<td>Interpretation of PCR data</td>
<td>ISST Module 1 Shipping terms</td>
<td>ISST Final test</td>
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<td></td>
<td>Philippe Dubois and Philippe Després (30 mn)</td>
<td>+ Waste management</td>
<td>« In house » ELISA (continued)</td>
<td>ISST Module 2 Categorization</td>
<td>Quality Management</td>
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<td></td>
<td>The Episouth network</td>
<td>Ingegerd Kallings (1h)</td>
<td></td>
<td>Philippe Dubois (2h)</td>
<td>Documents and records</td>
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<td></td>
<td>Kathleen Victor (15 mn)</td>
<td>Quality management</td>
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<td>International Health</td>
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<td>Presentation of participants (30 mn)</td>
<td>Sample management</td>
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<td>Pre-test (30 mn)</td>
<td>Philippe Dubois (45 mn)</td>
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<td>Philippe Dubois (2h)</td>
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<td>10h45 - 11h00</td>
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<tr>
<td>11h00 - 13h00</td>
<td>Introduction to arboviruses and dengue:</td>
<td>Database</td>
<td>“In-house” ELISA (continued)</td>
<td>5 ISST Module 3 Packaging</td>
<td>Final test</td>
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<td>Surveillance in the Mediterranean area and Viral</td>
<td>Problems to be solved</td>
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<td>5 ISST Module 4 Marking</td>
<td>Philippe Dubois</td>
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<td>Tube reception</td>
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<td>Matthias Nieding (1h30)</td>
<td>Treatment of samples</td>
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<td>Open discussion (1h)</td>
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<td>13h00 - 14h00</td>
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<td>14h00 - 15h30</td>
<td>Medical entomology</td>
<td>Laboratory diagnosis of dengue</td>
<td>“In-house” ELISA (continued)</td>
<td>ISST Module 5 Documentation</td>
<td>Case study</td>
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<td>Valérie Choumet (1h)</td>
<td>qRT-PCR</td>
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<td>ISST Module 6 Refrigeration</td>
<td>Projection on the case</td>
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<td>Anna Papa (1h)</td>
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<td>and legislation</td>
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<td>15h30 - 16h00</td>
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<td>16h00 - 19h00</td>
<td>International Shipping of dangerous</td>
<td>“In-house” ELISA (starting)</td>
<td>Commercial kits assays</td>
<td>Dengue virus: Medical</td>
<td>General conclusion of the</td>
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<td>Interpretation of ELISA data</td>
<td>aspects / epidemiology</td>
<td>training (30 mn)</td>
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<td>Introduction - Pretest</td>
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<td>Anna Papa (1h)</td>
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<td>(45 mn)</td>
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Coming one-week training for WNV at ISCIII (Madrid), June 2013

<table>
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<tr>
<th>Time</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tr>
<td>08h30-09h00</td>
<td>Presentation of the training and the EpiSouth plus network</td>
<td>Debriefing</td>
<td>Debriefing</td>
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<td>09h00-10h45</td>
<td>The Presentation of participants</td>
<td>Biosafety II Module</td>
<td>ELISA Interpretation of PCR</td>
<td>ELISA Interpretation</td>
<td>Case studies</td>
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<td>Evaluation of participants</td>
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<td>10h45-11h00</td>
<td>Break</td>
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<tr>
<td>11h00-13h00</td>
<td>Introduction to West-Nile</td>
<td>Overview of the available</td>
<td>Biosafety II Module</td>
<td>Overview of Rapid tests</td>
<td>Case studies</td>
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<td>Global Surveillance and focus on the Mediterranean area</td>
<td>Laboratory Diagnosis techniques</td>
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<td>Clinical aspects of West Nile</td>
<td>Medical entomology</td>
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<td>13h00-14h00</td>
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<td>14 h 00-15h 30</td>
<td>Biosafety II Module</td>
<td>West Nile PCR</td>
<td>table top excercise</td>
<td>sequencing (in silico)</td>
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<td>Phylogeny of the West Nile</td>
<td>Open discussion and General</td>
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<td>viruses</td>
<td>Conclusion of the course</td>
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<tr>
<td>15h30-16h 00</td>
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<td>16h00 - 18 h 00</td>
<td>Biosafety II Module</td>
<td>ELISA</td>
<td>table top excercise</td>
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</table>
Mapping of the existing expertise within the Region

- List of national reference laboratories (with contact info) involved on West Nile & Dengue issues
- List of networks (with contact info) involved on these issues within the Region (Biosafety associations, ENIVD, etc.)

→ avoiding overlapping
More capacity building activities

1. Set up an Evaluation Quality Assessment for Dengue and West Nile for the Lab who request it

2. Have « onsite » training
   • Countries requesting field visits
   • Countries offering expertise

3. Stages at the Institut Pasteur or at another identified Institute
Collaboration with other Networks

EpiSouth plus

EXCHANGE / SHARING

Protocols / SOPs / Guidelines
- Biosafety recommendations
- Diagnostic methods (home-made)
- Standard format for data collection
- Best diagnostic practices

Material / Equipment
- Standard preparations (sera)

Samples

Knowledge
- Posters, articles

DEVELOPMENT OF TOOLS

EQAs
- Assessment questionnaire
- SOPs

SUPPORT for Training

Training and workshop
- Training sites
- Sharing of Experts
- Training documents

P3/(P4)/ENIVD European Networks
- ECDC/ EBSA

MRLN

IP International Network

Southern Networks: e.g. MECIDS
Facilitating IHR implementation

Improve capacities required by IHR (2005) in the EpiSouth region, identified among those considered as priorities by the Network

WP leaders:

Italian National institute of Health &
World Health Organization Lyon office

WP Steering Team:
IHR (2005) Resolution – 65th WHA

- The 65th WHA ... requests the DG to build and strengthen the capacities of WHO to perform the functions entrusted to it, through strategic health operations that provide support to countries, regional and trans-regional networks of States Parties in detection, reporting, ...

65th WHA - Implementation of the IHR (2005) - Report by the Director-General

- In 27 Mediterranean and south-eastern European countries, there is a continuing effort to establish a network of laboratories, promote common procedures in preparedness and risk management, enhance early warning systems and coordinate surveillance and response for public health emergencies at points of entry.
Capacity Building Activities for IHR

- Data analysis and Report on IHR implementation in the EpiSouth Region
- Steering Team Meeting in Italy (July 2011) choosing PoE as priority
- A situation analysis of PoE in selected EpiSouth countries and case studies
Dissemination of results

WP leaders:
Italian National Institute of Health (ISS)
Institute of Public Health of Montenegro

- Stage at ISS for training on quarterly Bulletin production and mailing list management
- On-the-job training
QUARTERLY ELECTRONIC BULLETIN
released in three languages (English, French and Arabic)
recipients of the electronic bulletin increased over time

![Graph showing the number of recipients over time](image)
Networking

- Project Meetings
- Project Steering Committee and WP Steering Team Meetings
- Co-leadership
**EpiSouth Plus organisation**

**Body**
- The **General Assembly** (83 Country Focal Points) set strategies and priorities
- 2 **WP co-leaders** with their **WP Steering Team** (7-8 countries) coordinate the WP activities
- The **Project Steering Committee** (WPs leaders) ensures project implementation
- The **Advisory Board** (EC, ECDC, WHO and international experts) advises the SC

**They meet at:**
- Project Meetings
- WP Steering Team Meetings
- Project Steering Committee Meetings
- AB Members are invited in accordance with the needs
Lessons Learnt

The approach based on countries expectations and regional needs has facilitated countries’ interest in participation.

The organization adopted with WP Steering Teams has enhanced co-ownership of participant countries.

The decision of co-leading activities has enhanced the sharing of responsibilities and empowered co-leaders in the specific activities and in general.
Lessons learnt from networking capacity building

- Networking increased and facilitated working relationships between the shores of Mediterranean Sea and enhanced the EpiSouth Network’s capacity of sharing knowledge and info without reservation.

- In fact, appropriate capacity building and strong networking are proven to be efficacious in creating the conducive and capable environment that is critical for addressing specific global and trans-regional threats which may have both an impact on public health and a destabilizing effect.
After January 2014

• EPIS for Episouth at ECDC
• MediEPIET coordinated by ECDC

• Epidemiology Network?
• Laboratory network?
• IHR facilitation?

• Countries requests
• Countries assuming responsibility also in funding
• Additional funding available (EC, WHO, …)
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.

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.