



**INTERCOUNTRY MEETING ON STRENGTHENING OF SURVEILLANCE AND  
RESPONSE CAPACITIES UNDER IHR 2005**

**Beirut, Lebanon, 26-28 March 2012**

**PROVISIONAL PROGRAMME**

**14 March 2012**

**Monday, 26 March 2012**

08:30-09:00 Registration

09:00 -09:30 **Opening Session:**

- Message from Dr Ala Alwan, RD *Dr J. Mahjour, EMRO*
- Objectives of the Meeting *Dr J. Jabbour, EMRO*
- Introduction of the participants
- Adoption of the programme

09:30 -10:00 Coffee break

**Session 1: Global and Regional Situation for Surveillance and Response Capacities under  
IHR (2005) - Annex 1A**

10:00 – 10:20 Global Overview *Dr P. Nabeth, HQ*

10:20 – 10:40 Regional Overview *Dr J. Jabbour, EMRO*

10:40 – 11:00 Plenary Discussion

**Session 2: Diagnostic Capacities to Meet Surveillance and Response Requirements under  
IHR (2005) - Annex 1A**

11:00 – 11:20 Regional Activities to Support Surveillance and Response Activities *Dr H. Esmat, EMRO*

11:20 – 11:40 Role of NAMRU-3 in Supporting EMRO to Meet IHR Surveillance and Response Requirements *Dr E. Mohareb, NAMRU3*

11:40 – 12:00 Discussion

**Session 3: Experience of Regional and Global Networks in Meeting Surveillance and  
Response Requirements as per IHR (2005) - Annex 1A**

12:00 - 12:20 EMPHNET

12:20 - 12:40 Episouth

12:40 – 13:00 SEEHN

13:00 – 14:00 Coffee break

14:00 – 14:30 Plenary Discussion

**Monday, 26 March 2012 (Cont'd)**

**Session 4: Country Experiences in Meeting Surveillance and Response Obligations under IHR (2005) : Challenges and Solutions (20 minutes each)**

- 14:30 -16:10
- Egypt
  - I.R.Iran
  - Lebanon
  - Morocco
  - Oman
  - Coffee break
  - Plenary Discussion
  - Wrap-up of Day 1

**Tuesday, 27 March 2012**

**Session 5: Working Groups on Identifying the Strengths and Weaknesses in Surveillance and Response Capacities under IHR (2005)**

- 09:00 – 09:15 Major Strengths and Weaknesses in Surveillance and Response Capacities *Dr R. Sreedharan, HQ*
- 09:15 – 10:30 Working Groups
- 10:30 – 11:00 Coffee break
- 11:00 – 12:00 Presentations and Plenary Discussions

**Session 6: Working Groups on the Role of Global and Regional Networks in Building Surveillance and Response Capacities under IHR (2005)**

- 12:00 – 12:15 Coordination between WHO and Networks for Surveillance and Response *Dr P. Drury, HQ*
- 12:15 – 13:00 Working Groups
- 13:00 – 14:00 Coffee break
- 14:00 – 15:00 Working Groups (Cont'd)
- 15:00 – 16:00 Presentations and Plenary Discussions
- 16:00 – 16:20 Coffee break

**Session 7: Working Groups on Fulfilling the Requirements of Surveillance and Responsibilities at Points of Entry (PoE) - Annex 1B**

- 16:20 – 16:35 Surveillance and Response Capacities at PoE *Dr P.Nabeth, HQ*
- 16:35 – 17:20 Working Groups
- 17:20 – 17:30 Wrap-up of the Day 2

**Wednesday, 28 March 2012**

09:00 – 10:00 Working Groups (Cont'd)  
10:00 – 10:45 Presentations and Plenary Discussion  
10:45 – 11:15 Coffee break

**Session 8: Working Groups on Developing Human Resources to Meet the Surveillance and Response Requirements under IHR (2005)**

11:15 – 11:30 Human Resources Capacities Under IHR (2005) *Dr P. Nabeth, HQ*  
11:30 – 13:00 Working groups  
13:00 – 14:00 Coffee break  
14:00 – 14:45 Presentations and Plenary Discussion  
14:45 – 16:00 Recommendations and Way Forward  
16:00 Closing Session



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

***EpiSouth-Plus*** - *The new challenge of the EpiSouth Network for enhancing the Control of Public Health Threats in the Mediterranean Region and South-East Europe*

*Silvia Declich (Project leader)*

*Maria Grazia Dente (Project coordinator)*

*National Institute of Health, Italy*



**WHO EMRO Intercountry meeting on strengthening of surveillance and response capacities under IHR 2005 – Beirut, Lebanon, 26-28 March 2012**

## Background

- The EpiSouth network was established in 2006
- The Project aim was to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communications and training
- The network activities in 2006-2010 were funded by the EU DG-SANCO, with the support of the Italian Ministry of Health, the EU TAIEX facility and the national partner institutions



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## **EpiSouth Activities (2006-2010)**

The network worked four years focussing on:

- Cross-border epidemic intelligence
- Vaccine preventable diseases and migrants
- Cross-border emerging zoonoses
- Training in field/applied epidemiology

## Lessons Learnt (2006-2010)

The approach based on 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 presence of international institutions (ECDC, EC, WHO-EURO, WHO-EMRO, WHO-HQ) has allowed sharing views while avoiding overlapping

## Added Values (2006-2010)

The Network:

- raised awareness on regional and countries cross-border issues
- succeeded in creating trust, cohesion and concrete collaboration among PH officers of 27 countries in the Mediterranean region and South-East Europe
- filled a geographical area with common public health problems that is not addressed, as a whole, neither by the European Union nor by WHO

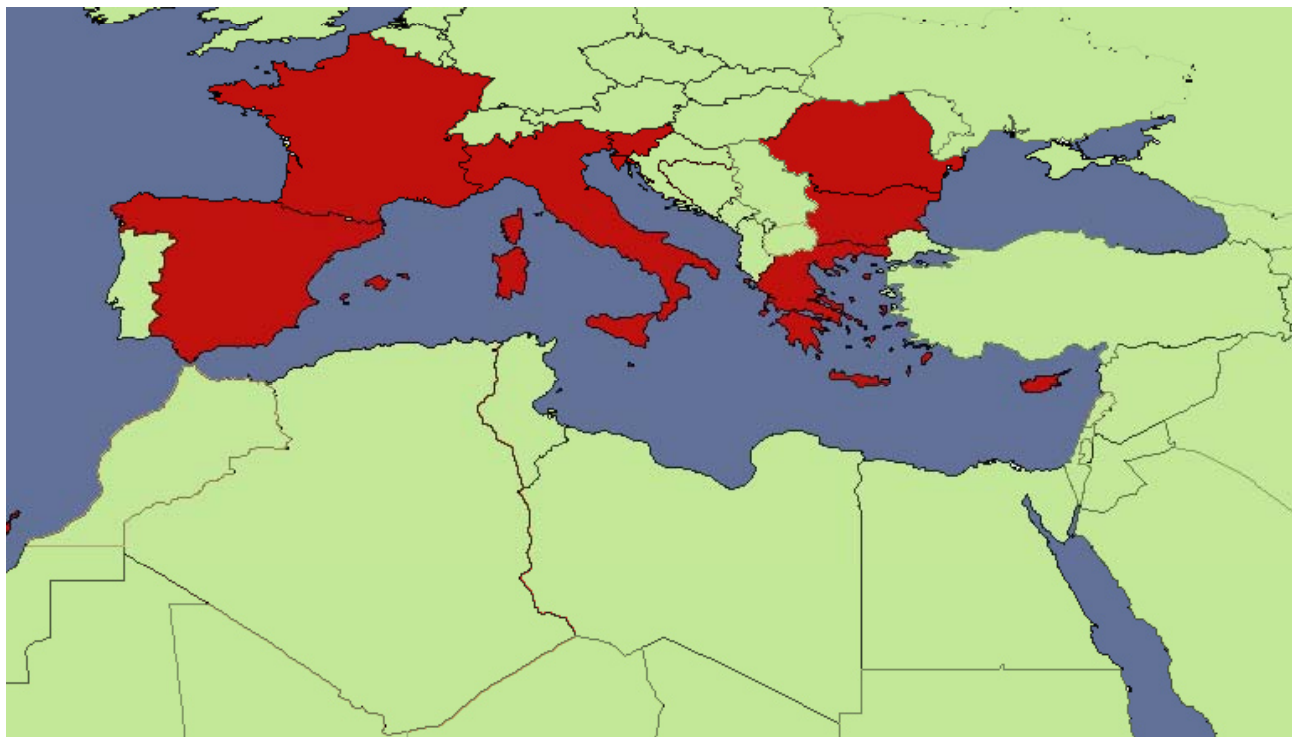




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## From an European project...

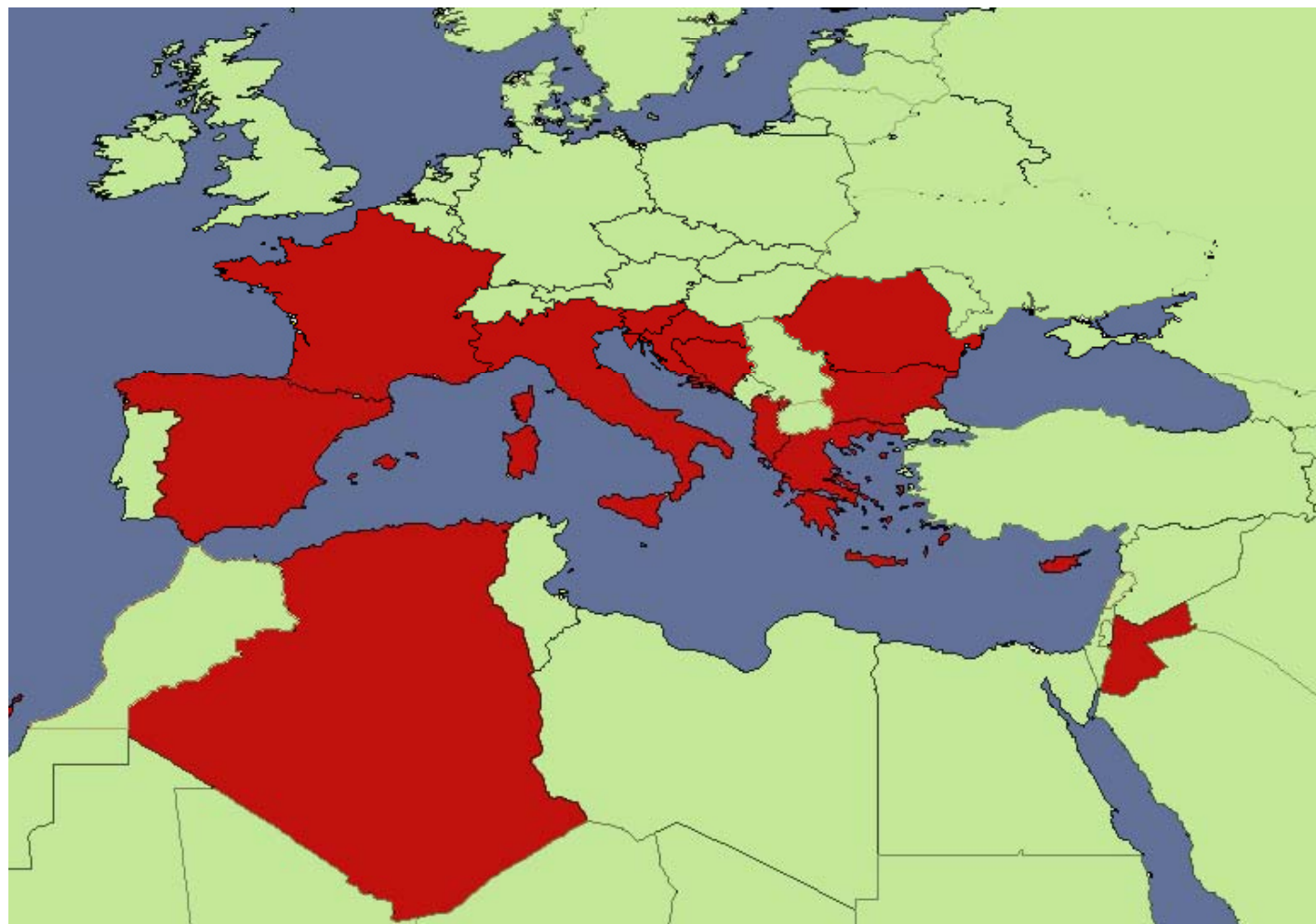


 9 EU countries at the Project starting (October 2006)



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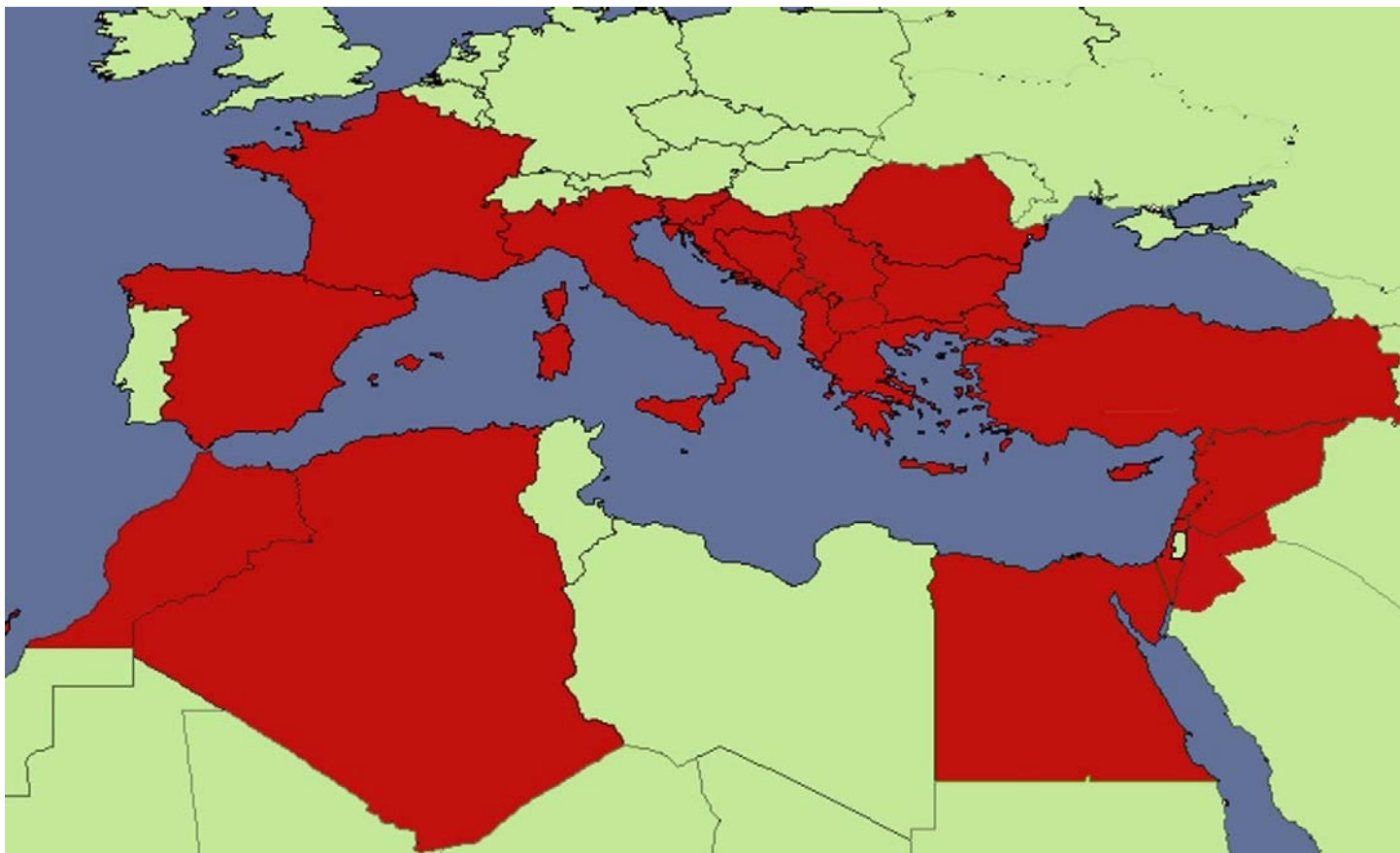


 Countries as per May 2007



# EpiSouth

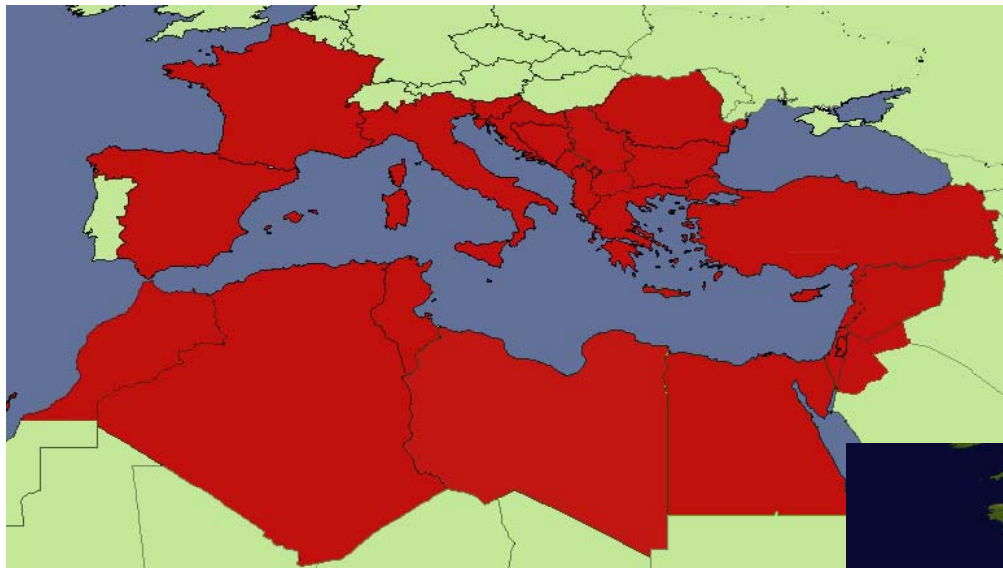
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in the Mediterranean Region and South East Europe



Countries as per August 2007



## ... to a Mediterranean Network



**27 countries as per June  
2010  
(9 EU countries, 17 non-EU  
countries and 1 acceding  
country)**

The enlargement implied  
progressive adaptation in  
terms of management and  
coordination strategies to  
allow concrete participation of  
all Countries





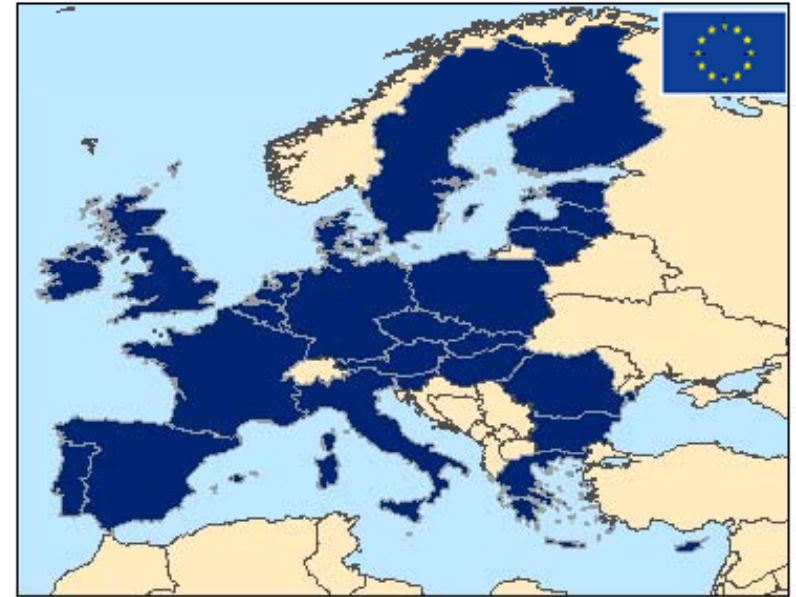
## EpiSouth



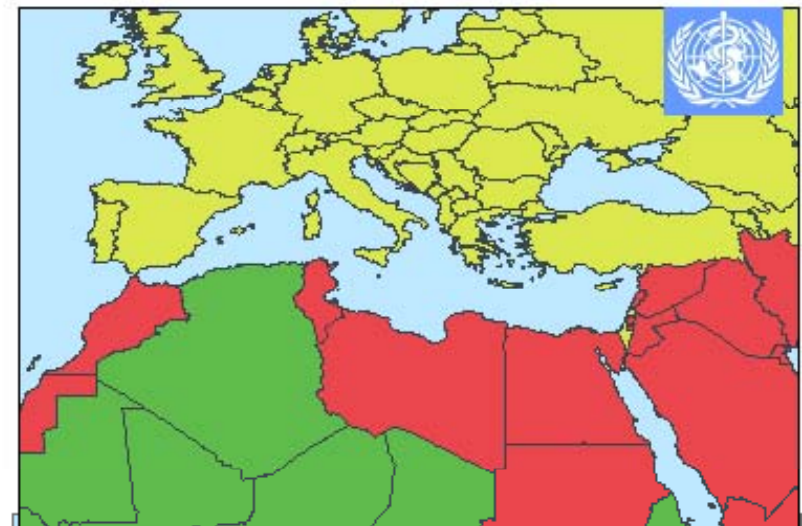
27 Participating countries

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

## EU (27 countries)



## WHO Regions



EURO EMRO AFRO

## EpiSouth Activities (2006-2010)

More details are available at [www.episouth.org](http://www.episouth.org)



### The project

#### Project Final Deliverables

#### Participating countries and institutions

#### Directories

#### EpiSouth Bulletins

#### Project outputs

#### Project related events

#### Relevant links and Documents

#### Members' area



This project receives funding from the European Commission (DG SANCO). Neither the European Commission, nor any person acting on its behalf, is liable for any use made of the information published here.

The financial support of EC, EuropeAid and DG Enterprise through the TAMEX facility and of the Italian Ministry of Health through the EpiSouth Project is also acknowledged.

Infectious diseases as well as potential health threats do not have geographical boundaries. The countries of the Mediterranean area have common sea borders in the remarkable ecosystem of the Mediterranean Sea and, as a result, they also share common public health problems.

EpiSouth is a project aimed at creating a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries of the Mediterranean and the Balkans.

Go to the new web-site of the EpiSouth Network  
[www.episouthnetwork.org](http://www.episouthnetwork.org)

## 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<sup>st</sup> 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*





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in the Mediterranean Region and South East Europe

## **EpiSouth Plus (2010-2013)**

A new phase of the network activities called “**EpiSouth Plus**” started in October 2010 and is expected to last until April 2013 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)**





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in the Mediterranean Region and South East Europe

## 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



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## 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



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## EpiSouth Plus complex organisation

Body

They meet:

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

## Areas of activities (Work Packages)

Three horizontal WPs ensure coordination, dissemination and evaluation of the Project and are led by:

– Italian Institute of Health, Rome



– Ministry of Health of Tunisia



– Institute of Public Health of Montenegro



– Local Health Unit of Turin, Turin



The project activities are articulated in four core WPs



## WP7 - Objective

### Facilitating IHR implementation

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

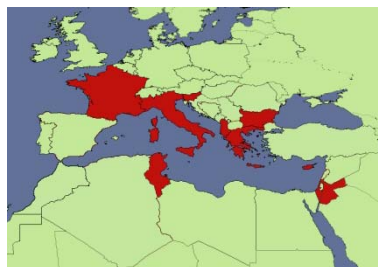
#### WP leaders:

*Italian National Institute of Health &  
World Health Organization Lyon office*



World Health  
Organization

#### WP Steering Team:





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## Why EpiSouth Plus WP7 on IHR?

- WHO Global and Regional evaluations of progress in achieving Core Capacities are provided but none exist for the EpiSouth Region, that share a common environment
- Opportunities for EpiSouth Countries to exchange IHR core capacities strengths and weaknesses are rare
- Potential contribution to IHR implementation for Mediterranean area



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## **WP7 Specific Objectives**

1. Identify capacities common to EpiSouth countries that need to be acquired or strengthened
2. Provide opportunities for EpiSouth Countries to exchange national strategies, successes and constraints
3. Develop guidelines for the acquisition of these capacities together with Network countries
4. Advocate for access to resources needed for implementation of these capacities



## **Identification of common capacities that need to be acquired or strengthened by EpiSouth countries**

- Describe the level of acquisition of the different core capacities required by IHR in EpiSouth countries
- Identify strengths and weaknesses in laboratory capacity (WP4), preparedness and risk management (WP5), and event-based surveillance (WP6),
- Identify capacities that need to be reinforced

## WHO data analysis

Monitoring framework distributed to all States Parties to provide the annual report on the IHR implementation to the WHA (2010)



126 questions selected (among 261)



Answers provided by EpiSouth countries extracted



Positive answers considered ("Yes"/ "No"/ "Unknown")



Aggregated results provided



**Validation through the WP7 expert  
Steering Team meeting**

## Results of data analysis

- Data from 18 of the 27 EpiSouth countries (67%) available
- 50% had assessed core capacities
- 61% had developed a national plan for IHR implementation

## **Core Capacities: strengths and weaknesses**

### **Legislation Policy**

- legislation for IHR implementation generally in place and assessed in the EpiSouth region.
- Few countries have documentation showing that recommendations following assessments have been implemented.

### **Coordination**

- IHR National Focal Point (NFP) established
- very few countries have developed SOPs on coordination.
- Multi-sectoral collaboration on zoonotic, chemical, and radiation events exists but should be improved.



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### **Surveillance**

- list of priority diseases/conditions established
- timely reporting of events is missing
- for most specific events, surveillance is in place (food safety, chemical, zoonoses) but their coordination with the national human health surveillance system should be strengthened
- event-based surveillance functions are reportedly well-acquired and SOPs and guidelines are in place. Risk assessment needs to be strengthened.

### **Response**

- response capacity is generally acquired.



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### **Preparedness**

- only half of countries have carried out a formal assessment and two-thirds have developed a national plan for IHR implementation
- full mapping of major sites presenting chemical or radiation risks is not available.

### **Risk Communication**

- weaknesses are related to the absence of risk communication plans and evaluation of public health communication efforts after emergencies.

### **Human Resource Capacity**

- availability of competent human resources is a key element for IHR implementation and the acquisition of required capacities. This is well perceived by countries but few of them have identified their training needs.

### **Laboratory Capacity**

- access to laboratory capacity to confirm specific events (food safety, chemical, and radiation)
- necessary frameworks, policies to ensure the quality of laboratory diagnostic capacities, biosafety SOPs and guidelines, inventory of laboratories and networks available
- the main weakness is related to the absence of knowledge on bio-risks.





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### Points of Entry (PoE)

- Most countries have a list of designated ports and airports, and they have informed WHO of authorized ports.
- Weaknesses at PoE are related to the absence of a competent authority in all designated ports/airports, to the absence of assessment of their capacities, and more generally to the lack of efficient surge and response capacities.



## **CAPACITIES ACQUIRED**

- Coordination on events that may constitute a PHEIC
- Event-based surveillance functions (75% of countries)
- Resources and management procedures for rapid response

## **MISSING CAPACITIES**

- Reactive surveillance system
  - Human resources

## **CROSS-CUTTING WEAKNESSES**

- Sharing of experiences & resources between countries
  - Documentation: lack of Reports & SOPs



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## **Regional priority areas in IHR implementation not covered**

**Legislation**

**Risk communication**

**Points of entry**



## Priority area chosen for WP7

**Coordination of stakeholders at points of entry for the surveillance and response to health events**

WP7 would specifically study coordination mechanisms set up in the different countries to try to implement an effective surveillance and response for potential PHEICs at PoE

Reference will be made to the state of implementation of capacities in points of entry photographed in the EpiSouth analysis of WHO data

Provide opportunities for EpiSouth Countries to exchange national strategies, successes and constraints

## Coordination working strategy

the identified needs are tackled by the different WPs in accordance with their WPs specific objectives towards the global project goal



- *Efforts for coordinated and synergic actions*
- *Efforts for identifying cross-cutting priority sectors (i.e. Vector borne diseases)*
- *Efforts for common technical outcomes to be endorsed by several stakeholders*

## WP4 - Objective

### Establishment of a Mediterranean Regional Laboratories Network

to facilitate common threats detection in the countries  
involved

#### WP leaders:

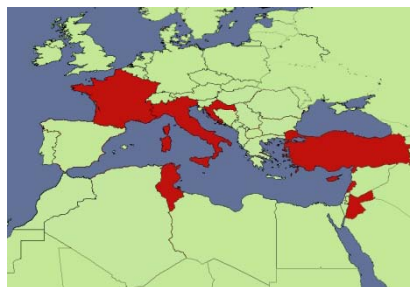
*French Institute Pasteur & Institut Pasteur*  
*Refik Saydam National Hygiene Center, Turkey*



Institut Pasteur



#### WP Steering Team:





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## WP4 Specific Objectives

1. Create a complementary laboratory network to the already set-up epidemiological network from EpiSouth
2. Strengthen capacity of the different countries involved
3. Have the most adapted methods set-up to the most relevant questions/needs in the region
4. Optimise the exchanges (information, protocols) between the different partners & international organisations (WHO, ECDC, OIE)





## Activities to achieve these objectives (accomplished)

- Identification of priority areas of action (**West Nile virus, Biosafety and Dengue issues**)
- Identification and meeting of Expert committee
- Identification of contributing laboratories and meeting with the Heads of Labs
- Make a link with the existing networks
- Mapping of existing biological expertise (Labs & Networks)

## Activities to achieve these objectives (planned)

- Training programmes: 2 one-week trainings + individual stage(s)
- Piloting of the Directory of MRLN
- Identification and set up of Network activities: sharing of protocols, SOPs, ....
- Recommendation document (training & capacity building)



## WP5 - Objective

### Promotion of common procedures in Generic Preparedness and Risk Management

Specific capacity building measures address the need of 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*



#### WP Steering Team:



## **WP5 - In-depth core capacity assessment**

### **Objective of the rapid assessment:**

- To determine the current situation of Emergency Preparedness Response in the EpiSouth region as perceived by an institutional point of view and identifying training needs

### **Methods of data collection:**

- Semi-structured web based survey



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## **WP5 - In-depth core capacity assessment**

- Experiences with a PHEIC
- State of the art of existing preparedness plans
- Prioritising health events in the region
- Human resources
- Capacity of early detection
- Capacity to identify the cause of a PHEIC
- Communication



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## **WP5 – capacity building activities**

- **Participation to SHIPSAN training**
- **Workshops and training sessions**
- **Simulation exercise**

## WP6 - Specific Objective

### Enhancing Mediterranean Early Warning systems (EWS) and cross-border Epidemic Intelligence

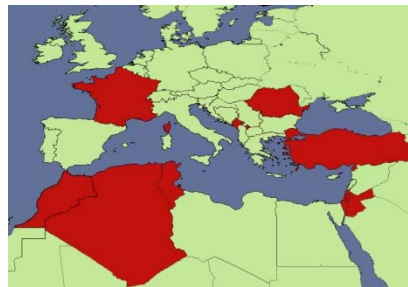
Participating countries share alerts and epidemic intelligence information generated by their national EWS through the EpiSouth EW platform and develop inter-operability with other European EW platforms, especially EPIS and EWRS, as forecast by the current EU legislation

#### WP leaders:

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



#### WP Steering Team:





### WP6 Epidemic Intelligence outputs

#### e-Web:

Weekly epidemiological bulletin

**n=205** (since March 2008)

- ⇒ **712 events;**
- ⇒ **86 thematics;**
- ⇒ **135 geo. areas** (07/03/2012)

#### 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 in January 2012

- ⇒ 712 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**




**INDEX e-WEB n°169**

- A(H5N1) Avian influenza – None
- A(H5N1) Human influenza – Egypt, Cambodia
- "INSIDE" events: none
- "OUTSIDE" events:
  - Rift Valley fever – Namibia
  - Chikungunya – Republic of Congo

Location: World	Event: A(H5N1) – Epizootic	Comments
No new affected area reported this week.		
Location: Egypt, Cambodia	Event: A(H5N1) – Human	Comments

**EGYPT**


- On 8<sup>th</sup> June 2011, FAO reported 2 new A(H5N1) human cases in the governorates of Cairo and Qalyubiyah (cf. map 1).
- In Egypt, the last A(H5N1) human case was reported on 29<sup>th</sup> May 2011 in Aswan governorate (cf. [eWEB n°167](#)).
- Since the 1<sup>st</sup> case of bird flu in Egypt, the case count is 147 cases including 46 deaths.




Map 1. Cairo and Qalyubiyah governorates, Egypt

**CAMBODIA**

- On 10<sup>th</sup> June 2011, the Cambodian Ministry of Health reported to WHO a new A(H5N1) human case, in the province of Prey Veng (cf. map2).
- The case is:
  - A 7 years old girl,
  - Onset of symptoms on 24<sup>th</sup> May 2011,
  - Hospitalised on 31<sup>st</sup> May 2011,
  - She died on 7<sup>th</sup> June 2011,
  - Contacts with sick poultry were documented.
- The last A(H5N1) human case in Cambodia was reported on 21<sup>st</sup> April 2011 in Prey Veng province (cf. [eWEB n°162](#)).
- Since 2005, Cambodia reported to WHO, 16 human cases and 14 deaths.



Map 2. Prey Veng, Cambodia



#### 1. INTRODUCTION

The Republic of South Africa is the 25<sup>th</sup> largest country in the world (1.2 million km<sup>2</sup>) 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 generally mild and dry. National parks are a major tourist attraction in South Africa. The most visited sites are the Kruger Park (North east, Mozambique border) and the Table Mountain National Park (South West) (cf figure 1).

**Figure 1 - South African national parks (SAN Parks):**

1. Addo Elephant National Park	14. Mountain Zebra National Park
2. Addo Elephant Park	15. Nieuwoudtville National Park
3. Amathole National Park	16. Nieuwoudtville National Park
4. Baviaansdorp National Park	17. Table Mountain National Park
5. Bontebok National Park	18. Tarkenton National Park
6. Blydenburg National Park	19. Tarkenton National Park
7. Blydenburg National Park	20. Tarkenton National Park
8. Blydenburg National Park	21. Tarkenton National Park
9. Blydenburg National Park	22. Tarkenton National Park
10. Blydenburg National Park	23. Tarkenton National Park
11. Blydenburg National Park	24. Tarkenton National Park
12. Blydenburg National Park	25. Tarkenton National Park


**2. SOUTH AFRICA 2010 FIFA WORLD CUP**

The 19<sup>th</sup> 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, Nelson Mandela Bay, Port Elizabeth, Pretoria and Rustenburg (figure 2). Some 350,000 visitors and participants are expected.

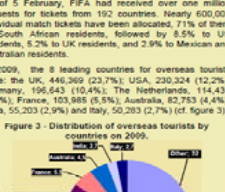
**3. FIFA PUBLIC HEALTH PREPAREDNESS**

In order to meet the public health needs of the FIFA 2010 WC, the Department of Health and other State departments have started in 1998 to plan specific activities in cooperation with the major sporting bodies. According to South African authorities, the planning addressed

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



**Figure 3 - Distribution of overseas tourists by countries on 2009.**



## Mediterranean Alert Early warning system

Rumor: Syrian Military Hit by Plague

CBNNews.com

0 Comment(s)



JERUSALEM, for Infectious [ Monday allegi been hit by a ]

According to t Bashar al-Ass its exercises t could be pinpc

With the start on August 11 infected soldie they return to holiday. The S

### 114 Alerts/postings

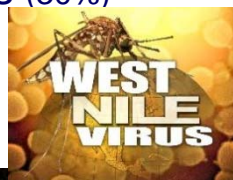
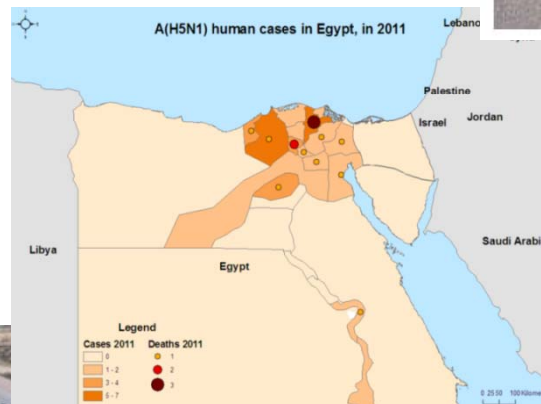
- 107 in EpiSouth countries – 94%
- 7 in non EpiSouth countries – 6%
- Exple - Plague: Libya, Syria, Algeria – Official denials

### 22 countries (areas affected):

- 77% from EpiSouth (n=17) vs 23% non-EpiSouth (n=5)

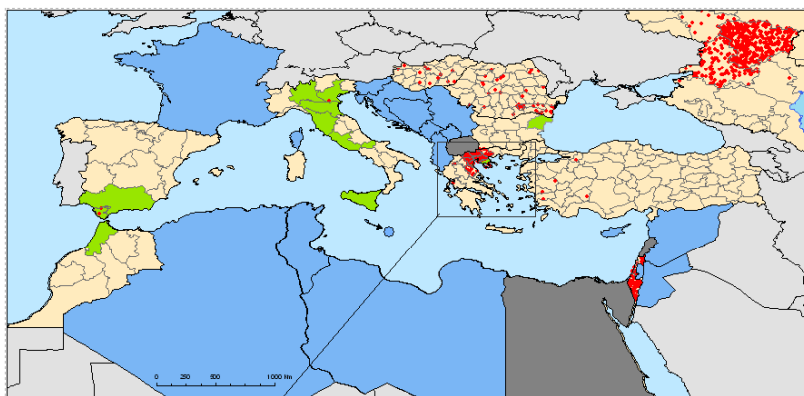
### 30 diseases

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

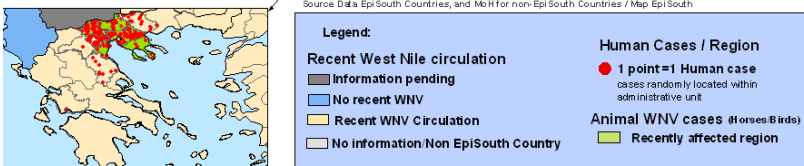




West Nile Circulation EpiSouth countries and neighbouring areas (Russia & Hungary)  
7 Oct 2010



Source: Data EpiSouth Countries, and MoH for non-EpiSouth Countries / Map EpiSouth



West Nile surveillance, laboratories and WNV circulation EpiSouth countries  
6th October 2010



## 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

## 2011 WN epidemic

- More or less countries than the ones affected in 2010.
- 2010 was not an isolated event,
- Work performed in 2010 raised awareness on not fully operational surveillance in place
- Streamlined communication
- Articulation and synergies with other WP



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

## Looking forward

Continue collaboration with WHO HQ, Regional and Country Offices other networks and partnerships

Discuss the future of the Network **after April 2013!!!**

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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.





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

# www. Episouthnetwork.org

## New web-site

- ❖ in english
- ❖ in french
- ❖ in arabic

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The screenshot displays the EpiSouth website interface. At the top, there is a header with the EpiSouth logo and the full name of the network. Below the header is a navigation menu with links for 'Participating Countries and Institutions', 'Events', 'Bulletins', 'Directories', 'News', and 'Contact'. A search bar is also present. The main content area is titled 'The Network' and contains a brief description of the network's purpose. Below this, there is a sidebar with 'Activities of the Network' and 'The EpiSouth Project 2010 - 2013'. The main content area also features a map of the Mediterranean region and a sidebar with 'أُنشطة الشبكة' (Network Activities) and 'مشروع إيبساوث بلاس 2013 - 2010' (EpiSouth Plus Project 2013 - 2010).