

EPISOUTH PLUS REPORT 7/2013

THE EPISOUTH PLUS PROJECT

EXECUTIVE SUMMARY REPORT OF THE 1ST PROJECT MEETING

Italian Ministry of Health
Rome, Italy (5-7 December 2012)

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

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THE EPISOUTH NETWORK

EPISOUTH PROJECT (2006-10)

In occasion of the Year of the Mediterranean (2005), a number of countries that share the Mediterranean ecosystem and therefore have common public health problems, agreed to develop the project “EpiSouth”, whose aim was to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training in the Mediterranean region and South-East Europe.

The Project “EpiSouth” started in October 2006 with the financial support of the EU DG-SANCO together with the Italian Ministry of Health and closed in June 2010.

As per June 2010, EpiSouth is a Network of 27 countries (9 EU and 17 non-EU countries plus 1 candidate to enlargement country). It is therefore the biggest inter-country collaborative effort in the Mediterranean region.

EPISOUTH PLUS PROJECT (2010-13)

A new phase of the EpiSouth Network activities has been approved and started on 15 October 2010 and, although it was expected to last until 15 April 2013, an amendment has been asked to extend the Project until December 2013

The new phase implies a shift of the Network’s activities to a wider approach. Building on the knowledge of regional gaps and needs identified during the first EpiSouth implementation in the fields of Epidemic Intelligence, Vaccine Preventable Diseases and Migrants, Cross Border Emerging Zoonoses and Training in field/applied epidemiology, the new EpiSouth Plus Project aims at contributing to the control of public health threats and other bio-security risks in the Mediterranean region and South-East Europe.

OBJECTIVE AND ORGANIZATION

The EpiSouth Plus project is aimed at increasing 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 the EpiSouth Network in the framework of the International Health Regulations (IHR 2005). The reinforcement of relations of trust in the region is an objective and an instrument in the scope of Project’s implementation.

Ensuring a successful response to this challenge requires a solid framework of collaboration and information exchange among the 27 participating Countries. To this purpose, Focal Points from each participating country have been appointed and asked for active involvement and collaboration in the project’s activities.

The project is organized in seven Work Packages (WP), jointly co-led by EU and non-EU countries. WP leaders work in strict contact with the corresponding WP Steering Team, while a Steering Committee, constituted by all WP leaders, and the Project General Assembly, constituted by all participants, are responsible for the general strategic decisions. Finally, an Advisory Board, constituted by representatives of the collaborating institutions and external experts, provide support for the revision of relevant documents and recommendations.

ACTIVITIES

Apart from three transversal WPs (i.e., WP1-Coordination; WP2-Dissemination; WP3- Evaluation) the project's activities are articulated in four WPs:

- 1) Establishment of a Mediterranean Regional Laboratories Network to facilitate common threats detection in the countries involved (WP4).
- 2) Promotion of common procedures in Generic Preparedness and Risk Management Plans among the countries involved (WP5).
- 3) Enhancing Mediterranean Early Warning Systems (EWS) and cross-border Epidemic Intelligence allowing alerts and Epidemic Intelligence information sharing among EpiSouth countries and developing interoperability with other European EW platform, especially EWRS, as forecast by the current EU legislation (WP6).
- 4) Facilitating IHR implementation through the production of a strategic document, with guidelines based on specific assessments for describing how national plans/legislations can interact with IHR requirements (WP7).

Abbreviations and Acronyms

AB	Advisory Board
BSC	Biochemical and Scientific Consultants
BSL	Biosafety Laboratory
CB	Cross Border
CBRN	Chemical, Biological, Radiological, and Nuclear
CDC	Centers for Disease Control and Prevention (Atlanta)
CDTR	Communicable Disease Threats Report
CoE	Centres of Excellence
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EI	Epidemic Intelligence
ELISA	Enzyme Linked Immunosorbent Assay
DG DEVCO/EUROPEAID	European Commission Directorate Development and Cooperation- EuropeAid
DG SANCO	European Commission Directorate General Health and Consumer Protection
EAHC	Executive Agency for Health and Consumers
EBSA	European BioSafety Association
EFSA	European Food Safety Authority
EMPHNET	Eastern Mediterranean Public Health Network
ENIVD	European Network for Diagnostics "Imported" Viral Diseases
ENPI	European Neighbourhood and Partnership Instrument
EPINORTH	Cooperation project for Communicable Disease Control in Northern Europe
EPIS	Epidemic Intelligence Information System
EPREP	Emergency Preparedness and Response Exercise Programme
EQA	External Quality Assessment
EQC	External Quality Control
EU	European Union
EUROMED/UfM	Euro-Mediterranean Partnership/Union for the Mediterranean
EWRS	Early Warning and Response System
EWS	Early Warning System
FETP	Field Epidemiology Training Programme
FP	Focal Point
GA	General Assembly
GAR	Global Alert and Response (GAR)-WHO
GHSAG	Global Health Security Action Group
GHSI	Global Health Security Initiative
HPA	Health Protection Agency
IfS	Instrument for Stability
IHR	International Health Regulations
InVS	Institut de Veille Sanitaire, France
IP	Institut Pasteur
ISCIII	Istituto de Salud Carlos III, Spain
ISS	Istituto Superiore di Sanità, Italy
Lab	Laboratory
MECIDS	Middle East Consortium on Infectious Disease Surveillance
MoH	Ministry of Health
MRLN	Mediterranean Regional Laboratory Network
OIE	World Organisation for Animal Health
PCR	Polymerase Chain Reaction
PH	Public Health
PHEIC	Public Health Events of International Concern
PoE	Point of Entry

SC	Steering Committee
SE	Simulation Exercise
SEEHN	South-Eastern Europe Health Network
SHIPSAN	"Assessing The Usefulness of A EU Ship Sanitation Programme and Coordinated Action for the Control of Communicable Diseases In Cruise Ships and Ferries"
SO	Specific Objective
SOPs	Standard Operating Procedures
ST	Steering Team
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
ToR	Terms of Reference
UN	United Nations
FAO	Food, and Agriculture Organization
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
VF	Vital Functions
WAHIS	World Animal Health information System
WHO	World Health Organization
WHO EMRO	WHO Regional Office for Eastern Mediterranean
WHO EURO	WHO Regional Office for Europe
WHO IHR LYO	WHO International Health Regulations Lyon Office
WNV	West Nile Virus
WP	Work Package
WPST	Work Package Steering Team

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April 2010

The present report is dedicated in loving memory to Raj'a Saleh Yousef Al-Haddadin, unforgettable colleague from Jordan. We will always remember her lively character, her perseverance and very active role in contributing to build the EpiSouth network. Thank you Raj'a.

1. Introduction

The 1st EpiSouth Plus Project Meeting took place in Rome on 5, 6 and 7 December 2012. The meeting was hosted by the Italian Ministry of Health and organised by the National Institute of Health (ISS), Project Coordination (WP1) in cooperation with representatives of the Padua General Hospital.

Twenty-five among twenty-seven countries involved in the Network were present. Among them, nine were from Southern Europe (Bulgaria, Cyprus, France, Greece, Italy, Malta, Romania, Slovenia and Spain), seven from Balkans (Albania, Bosnia and Herzegovina, Croatia, Former Yugoslav Republic of Macedonia, Kosovo, Montenegro and Serbia), five from North Africa (Algeria, Lebanon, Libya, Tunisia and Morocco) and four from the Middle East (Israel, Jordan, Turkey and Palestine). Two countries that were expected to attend (Egypt and Syria) were unable to be present due to the concurrent geopolitical instability and/or administrative constraints.

Representatives of European Institutions and Agencies (DGSANCO, EAHC, DGDEVCO, ECDC, HPA), International Organisations (WHO EURO, WHO(IHR)-LYO, WHO Turkey, UNRWA) as well as networks and projects (TEPHINET, EMPHNET, SHIPSAN) were also present. They attended the meeting as members of the Advisory Board, WPs co-leaders, invited speakers or guests.

Representatives of the Italian Ministry of Health opened the meeting and took actively part in it as members of the Advisory Board, chairmen and invited speakers.

The project meeting was expected to be held in Paris in March 2012 under the InVS organisation. Due to some constraints which were causing problematic delays the project meeting was moved to Rome under the ISS organisation.

Although several technical meetings have been organised during the first two years of Project's activities, each included only subgroups of the EpiSouth FPs in accordance with the technical issues to be dealt. The EpiSouth Project Meeting was the first meeting of the EpiSouth Plus project as a whole. For the first time, all the FPs, who had been working in separate groups since 2010, could interact chorally, share plans/challenges/opportunities and discuss what concrete actions are needed to further the Network development and its sustainability.

For this reason, this event was not only the chance to present the results achieved in the first two years of project activity to the General Assembly (the 78 Focal Points-FP of EpiSouth) for endorsement, it was a crucial moment in the dynamics of the network itself.

The DG for Prevention of the Italian MoH opened the meeting recalling the framework of the Euromed/UfM and the role that Italy is having in it.

The Director of Communicable Diseases, Health Security and Environment, at the World Health Organization (WHO), Regional Office for Europe, gave a key speech on communicable and bio-security risks.

Invited experts in the field enhanced and enriched the discussions during the Plenary Sessions.

During the project meeting also WPs Steering Team (WPST) meetings took place in parallel sessions to deepen the project specific core activities and make proposals to be submitted to the General Assembly.

2. Objectives of the Meeting

The 1st EpiSouth Plus meeting was meant to share the main achievements and constraints after two years of activities implementation and to discuss the plans for the following year in the light of WPs integration and further steps forward.

The objectives of the meeting can be summarised as follows:

- i) To share status of the project activities;

- ii) To discuss and take decisions on the critical aspects of the activities to be implemented in the 2013;
- iii) To discuss on how to strengthen the Network, future developments and sustainability.

The preliminary results of the midterm evaluation were also shared with the participants and several comments were collected in order to finalise the report.

3. Project's status

The Arab spring and the negotiation with DG SANCO/EAHC and DG DEVCO relating to the EpiSouth Epidemic Intelligence secure platform delayed the implementation of project activities.

In addition, for some aspects, the WPs had to revise their strategies to better fit the needs brought out by the assessments initially carried out.

Therefore, a no-cost extension request (first amendment for EpiSouth Plus project) was submitted on 15 November 2012 to the mentioned funding institutions.

The following are the main achievements and core activities further steps that were proposed, discussed and approved in the Plenary and Parallel sessions .

WP1 - EpiSouth Plus Overview - 16 EU partner institutions and 24 non EU partner institutions (including MECIDS network and WHO-IHR LYO) plus other 9 collaborating institutions (including ECDC, DG SANCO, EAHC, DG DEVCO, Italian MoH, WHO-EMRO, WHO-EURO, SHIPSAN and SEEHN) are currently involved in the Network.

The EpiSouth Plus organisation is articulated in specific bodies meeting periodically with specific designated roles ([EpiSouth Plus Project Organization](#))

Priorities identified in the first project phase are now implemented activities or objectives to be reached.

The impact evaluation run by DG DEVCO (April 2012) assessed the outcomes of the activities that have been implemented since 2010 under the Instrument for Stability (IfS) and results evidenced the relevance and effectiveness of the Network as well as the usefulness of the sustainability plan.

Collaborations of the EpiSouth Network with International Organizations were fruitfully enhanced ([Collaborations of the EpiSouth Network with International Organizations](#)), and the Network activity was appreciated at international level ([Presentation at the Cypriot Presidency Conference on Cross Border Health Threats in the EU and Neighbouring Countries, Nicosia, Cyprus 5 July 2012 \(with mention to EpiSouth\)](#));

([Speech at the Cypriot Presidency Conference on Cross Border Health Threats in the EU and Neighbouring Countries, Nicosia, Cyprus 5 July 2012 \(with mention to EpiSouth\)](#)).

WP2 Dissemination – A Dissemination plan and Rules for visibility and authorship were released in April 2011 and made available in the NWA.

A new version of the web-site in 3 languages (English, French and Arabic) was officially opened in May 2011 and the NWA was revised.

The public website was highly visited by people from countries within and outside the EpiSouth region. The members' area of the website was fully functional supporting all project activities.

There were 10,000 visits in the period May 2011 - October 2012 for a total of 1,031 monthly views. Six issues of [the quarterly electronic bulletin](#) were released in 3 languages from June 2011 to September 2012 with a total of 1,252 recipients. 221 documents were uploaded in the Members Area, with 1,443 downloads (on average 6.5 downloads per document).

Abstracts were submitted to 25 scientific conferences (11 by the [Coordination](#), [4 by the WP4-Laboratory](#), [8 by WP6-Cross Border Epidemic Intelligence](#), [2 by WP7-IHR implementation](#)) plus [seven oral presentations were held at technical meetings with international organisations](#). [One scientific article](#) was published in a peer reviewed journal and [5 technical reports](#) were edited and uploaded in the Web-site, plus several press releases (<http://www.episouthnetwork.org/content/press-releases>).

WP3 - WPs specific objectives, process, output and outcome indicators of activity were monitored every six months.

An external evaluation was held for the midterm assessment of project performance. The University of Thessaly (Greece) was subcontracted by the project coordinator in September 2012. Project indicators were reviewed in October 2012 and tools were prepared. The midterm external evaluation was performed from October to November 2012. The draft report of the Midterm evaluation was made available in December to be discussed during the Project Meeting.

A Sustainability plan was drafted to set the main steps and identify a tentative list of Vital Functions (VFs) for the Network based on the project aims, relevance for countries and participants' perceptions. VFs will be defined by the Steering Committee and stakeholders and analysed according to those factors which may affect future sustainability before presenting them to the General Assembly.

The identification of indicators to measure qualitative aspects such as trust and collaboration is a priority identified by participants.

WP4 - Currently [24 laboratories take part in the EpiSouth Mediterranean Regional Laboratory Network](#) (MRLN). West Nile virus, Biosafety and Dengue are the priority areas of action that were identified by all partners through a questionnaire.

In order to select the laboratories to be involved in the MRLN a questionnaire was prepared with experts to identify the minimum requirements and sent to the Focal Points. 30 laboratories out of 21 countries were indicated. 24 laboratories (one laboratory per country) to be involved within the MRLN were selected by [experts who met in January 2012](#) (including ENIVD, EBSA, ECDC representatives).

Gaps in laboratory activities management and communication were identified by a second questionnaire and discussed with heads of laboratories in a dedicated meeting (Ankara, March 2012).

[A first training course on Dengue and Biosafety](#) took place in Paris in July 2012 and existing expertise in the region dealing with West Nile and Dengue issues was mapped ([list of national reference laboratories and networks](#)).

WP5 - The WP co-leadership changed from the Institute of Public Health in Algeria to the National Institute of Public Health of Serbia "Dr. Milan Jovanovic Batut".

To assess capacities in the EpiSouth region, [a survey](#) focused on the existing institutional capacities and needs related to Public Health Events of International Concern (PHEIC) was conducted through a semi-structured questionnaire and interviews.

21 out of 27 EpiSouth network countries replied and results showed that most countries faced a PHEIC since 2009 and just 30% of them have Generic Plans for Preparedness and Response. Countries own basic infrastructures for detection and response but essential gaps were detected as to coordination at national level, research protocols and job descriptions.

Top training priorities were identified such as risk and response assessment. Improvement of Generic Preparedness plans is needed in the region. [A first Training Module](#) involving 36 participants from 21 countries (7 EU and 14 non-EU), plus experts from WHO, was run in Madrid in March 2012.

In addition, port health officers of EpiSouth non-EU Countries took part in the SHIPSAN Training in Athens in January 2011.

WP6 – From mid October 2010 to December 4 2012, 142 alerts covering 39 health topics were posted in the platform by 130 (92%) EpiSouth countries and 12 (8%) non EpiSouth countries A posting guideline was prepared.

As of 4 December 2012, [245 e-Web bulletins](#), with subscribers from 63 countries, reported 808 events covering 92 topics and 135 geographic areas.

The EpiSouth Epidemic Intelligence secure platform was evaluated (see [EpiSouth Plus Report 3/2011](#)).

Negotiations between EpiSouth Plus and the European Commission (SANCO, EAHC, DEVCO) regarding the Epidemic Intelligent secure platform (WP6) delayed planned activities.

An EPIS for EpiSouth platform was developed and finalised in close cooperation with ECDC, WP1 and WP2 and access was opened to all Focal Points in November 2012. Standard Operating Procedures (SOPs) were outlined in accordance with EU legislation for information flows.

Data analysis was produced [on West Nile Virus](#) monitoring in the region in the period 2010-2012 and published in the website.

Two WP6 Steering teams took place respectively in Montenegro (July 2011) and in Turkey (June 2012).

No missions to countries or stages on epidemic intelligence at InVS were organised in 2012 as planned.

WP7 – Analysis of WHO available data identified common capacities to be acquired or strengthened by EpiSouth countries.

The decision to focus on coordination of surveillance and response between Points of Entry (PoE) and national systems was taken during the WP7 Steering Team sub-regional meeting (July 2011). [A literature review](#) was conducted to list and collect relevant documents.

Recommendations were made on this purpose in the WHO Inter-country meeting on strengthening of surveillance and response capacities under IHR (2005), Beirut, Lebanon, 26-28 March 2012. Among them, to develop and adapt guidelines on strengthening coordination among neighbouring countries including cross-border activities and provide technical guidance and support training activities to help Euro-Mediterranean countries in strengthening their surveillance and response capacities at PoE were proposed by WHO.

A WHO Expert Consultation, involving EpiSouth WP7 experts, took place in Lyon in July 2012 where it was decided that a guidance for improving communication between PoE and national surveillance systems was needed.

The guidance should be initiated by WHO and developed with the contribution of experts and countries from all regions. The Guidance features and principles can be summarised as follows: it must be short and simple, take into consideration existing PoE and surveillance guidelines, be specific enough to provide operational support to teams working in the field, be adaptable to country specific needs and capacities, have minimum acceptable standards for all types of PoE in a multi-sector approach. Guidance contents were detailed.

A Feasibility study on the applicability of the guidance will be carried out in different WHO regions and in countries with different settings.

EpiSouth Plus WP7 will contribute to this analysis first by conducting a situation analysis in selected EpiSouth countries focussing on coordination of surveillance between points of entry and national health systems, and secondly by carrying out a feasibility study on the applicability of the WHO guidance in EpiSouth countries from the Eastern Mediterranean and European Regions, following the issue of the draft guidelines by WHO.

4. EpiSouth activities in 2013

In order to better plan the activities of the last year, the meeting focused on the following core topics in four dedicated plenary sessions: integration between laboratory and epidemiological surveillance, early warning systems and epidemic intelligence, WHO guidance for Points of Entry (PoE) and organization of a table top Simulation Exercise (SE) in the EpiSouth Region.

Each session was introduced by a subject matter expert who reported to the assembly updated relevant experiences and lessons learned in the fields currently addressed by the EpiSouth Network.

(See the agenda and related presentations for further details).

Further discussions on the mentioned issues were carried out in specific parallel sessions whose outcomes were reported in Plenary by rapporteurs.

(See the agenda and related presentations for further details).

Expected main WPs activities for 2013 are herewith summarised in terms of key actions, schedule and involved participants.

- An **Evaluation Quality Assessment for the MRLN members** (core group) will be conducted in March-September 2013 by involving MRLN Members;
- **Stages at the Institut Pasteur or at another identified Institute** of the MRLN will be organized in January-September 2013 by involving MRLN Members;
- **One-week laboratory training module on WNV** will be run in March or April 2013 by involving Laboratory Focal Points;
- **The 2nd workshop with training session** will be held in Madrid in March 2013 by involving Epi Focal Points;
- **EPIS for EpiSouth platform** will be managed by InVS until April 2013 and then by ECDC;
- **Epidemic Intelligence stages** will be run at InVS in March 2013 by involving selected Focal Points;
- **A situation analysis of coordination of surveillance between PoE and National Health Systems in selected EpiSouth countries** will be conducted in April – August 2013 by involving selected Focal Points;
- **Two training courses will be run in Serbia** in April-May 2013 by involving Epi Focal Points;
- **WPs Strategic Documents** will be prepared from March to September 2013 by involving all Focal Points;
- **The Simulation Exercise** will be run in September 2013 by involving Epi Focal Points and very likely MRLN Members;

- **A final evaluation** will be carried out by the identified external service and a report will be prepared in September – November 2013 by involving all Focal Points;
- Epi Focal Points will be involved in the **SHIPSAN Act training** which will be organised and run in October 2013;
- **The final Project Meeting** will be held in Rome in November 2013 by involving all Focal Points and MRLN Members.

5. Project Midterm evaluation, sustainability and way forward

[The Mid-term Evaluation \(MTE\)](#) covered the period October 2010-September 2012 and reflected the views of the project target groups (Focal Points, Advisory Board, Steering Committee, Steering Teams) on success, outcomes and critical aspects in the implementation of the project. As of the meeting date, 10 interviews were conducted involving the Advisory Board and the Focal Points and a total of 169 questionnaires were disseminated to 65 stakeholders with a response rate of 50.3%. The evaluation was in progress and additional fulfilled questionnaires were supposed to complete it for the final report purposes.

The project was evaluated in terms of milestones and indicators, coordination, tools usefulness, training and network sustainability. Preliminary results were presented, first recommendations were made and opportunities for improvement were identified.

Notwithstanding difficulties and sustainability challenges, the partners very positively evaluated the network in building reliable and collaborative relationships and facilitating the exchange of alerts and health information enhancing the coordinated response to public health events in the Mediterranean Area. EU and international organisations expressed different opinions from them by having reservations about timelines and quality of the deliverables. However, results were partial and revised methodologies and timeframe to successfully achieve the objectives were presented during the meeting by WP co-leaders.

It was recommended to boost communication with EU and international organisations to promote the project positive outcomes as well as to clearly define the network and the platform added values for dissemination to the stakeholders including EU and International organisations.

Network sustainability and way forward: The great potential of the network was acknowledged by all partners. Some activities such as those of epidemic intelligence, the Regional Laboratory Networking, training and capacity building for generic preparedness, activities on Points of Entry and EpiSouth as network of epidemiologists are mainly taken into account for sustainability. To do this, it will be necessary to review identified gaps, methodology and network structure.

Many suggestions were made and the wide range of ideas from the partners' side should be further developed in the remaining year starting from the identification of the Network's vital functions.

EU funding opportunities could be explored and experiences from other projects and networks such as MED-VET-NET can be useful examples as regards organisation, means of action and advocacy.

Moreover, the partnership could explore, within the sustainability plan, the possibility for EpiSouth Plus to consider *re-structuring its role into a more policy oriented public health network/association acting as an umbrella for other smaller networks that will possibly be operated under international and European organisations.*

Face to face meetings were proposed to further discussions on possible future developments.

6. Conclusions

The meeting was the first opportunity for the General Assembly of the EpiSouth Plus Focal Points to meet, share achievements and plans for the following year as well as to discuss future potential and challenges.

From the end of the previous project, many progresses were made in terms of identified specific activities and network organization. Notwithstanding the delays that occurred due to internal and external constraints, efforts were made to carry out activities and meet project objectives by boosting the integration of the WPs. Meetings, training and workshops were held to exchange experiences and reduce knowledge gaps by fostering harmonisation in the region.

The role of non-EU countries was consolidated also through the co-leadership of the planned Work Packages. The interaction with international organizations (WHO, ECDC) and networks (MECIDS, SHIPSAN, TEPHINET) was enhanced and strengthened by denoting their concrete involvement within the network activities.

International experts enriched the meeting discussion and provided a valuable background for the Parallel Sessions. The latter allowed WP ST members to deepen the core topics (integration between laboratory and epidemiology surveillance, early warning systems and epidemic intelligence, organization of a table top exercise, WHO guidance for Points of Entry), debate and agree on the future actions to be shared with the General Assembly.

The Plenary Sessions encouraged the dynamic involvement of the audience for constructive discussions on activities to further advance and strengthen the Network for a coordinated action at regional level.

The preliminary results of the Mid-term Evaluation highlighted strengths and weaknesses of the project implementation. The lessons learnt and the preliminary recommendations will be functional to improvement and will be taken into account for the Network's development and sustainability.

A sustainability plan was prepared and proposed *Vital functions* will be shared within the network to be clearly identified, detailed and assessed.

Other similar experiences, financial opportunities or possible options for the network re-structuring were illustrated by opening a lively debate during the meeting that will be continued in the months to come. In light of the very positive experience of trustful collaboration and transparency, non-EU countries were invited to take a more relevant role in proposals submission for a next phase.

Finally, EpiSouth Plus is a very demanding project as to activities, management and interactions. However, less formal and flexible regional networks are getting more and more necessary to tackle cross-border health threats for citizens' protection. For this, network activities were appreciated on the occasion of different important international events in the field of health security. Partners consider the Network useful for their job and an environment they rely on. However they are aware of the challenges that will have to be faced in order to sustain it at technical, financial and political level in the future.

The joint cooperation of the involved international stakeholders and the commitment of the countries will be crucial for this purpose.

ANNEX I – Meeting Agenda



THE EPISOUTH PLUS PROJECT

1ST PROJECT MEETING

Rome, 5-7 December 2012

AGENDA



Auditorium d'Alba
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This 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.



DAY 1: WEDNESDAY 5 DECEMBER 2012

1.00 PM REGISTRATION

Afternoon 2.00-5.45 pm

PLENARY SESSION

2.00-3.00 PM

Welcome by the Italian MoH (F. Oleari, Head of Dept. of PH and Innovation) and ISS (E. Garaci, President)
Italian support to the UfM/EuroMed projects (G. Ruocco, DG for Prevention, Italian MoH)

Meeting's agenda and aims (S. Declich, project leader)

EpiSouth Plus overview (M.G. Dente & M. Bejaoui, WP1 co-leaders)

3.00-3.30 PM: KEYNOTE SPEECH

Cross-border health threats: opportunities and challenges for coordinated actions at regional level (G. Rodier, WHO-EURO)

3.30-4.30 PM: I – STATUS OF PROJECT ACTIVITIES (1st PART)

Chairman: S. Declich, ISS

Moderator: B. Madi, UNRWA

WP4 (K. Victoir & G. Koruklouglu, WP4 co-leaders)

WP5 (R. Cano Portero & F. Simon Soria, WP5 leaders)

WP6 (P. Barboza & A. Leventhal, WP6 co-leaders)

WP7 (F. Riccardo & P. Nabeth, WP7 co-leaders)



4:30 - 4:45 pm coffee break

4.45-5.15 PM: I – STATUS OF PROJECT ACTIVITIES (2nd PART)

WP2 (M. Fabiani & D. Lausevic, WP2 co-leaders)

WP3 (G. Salamina, WP3 leader)

5.15-5.45 PM

Discussion



DAY 2: THURSDAY 6 DECEMBER 2012

Morning 9.30 am - 12.45 pm

PLENARY SESSION

9.30-10.30 AM

II – SUPPORTING INTEGRATION BETWEEN LAB AND EPI SURVEILLANCE

Chairman: L. Mohamed Hechmi , Tunisian PI

Moderator: A. Di Caro, INMI

9.30-9.55 West Nile Disease Surveillance in the Mediterranean Basin

(A. Papa Konidari, Aristotle University of Thessaloniki, Greece & G. Koruklouglu, PHI, Turkey)

9.55-10.10 The Mediterranean Regional Laboratory Network: Identified needs and perspectives for action (K.

Victoir, S. Boufkhed & G. Koruklouglu, WP4 co-leaders)

10.10-10.30 Discussion



10:30 - 10:45 coffee break

10.45-11.45 AM

III – EARLY WARNING SYSTEMS AND EPIDEMIC INTELLIGENCE

Chairman: P. Guglielmetti, DGSANCO

Moderation: A. Leventhal, MECIDS

10.45-11.00 The experience and the added value of the GHSAG Platform: one Platform for several partners and for a spectrum of threats (M. Barker, HPA/GHSAG project)

11.00-11.15 The EpiSouth/EpiS Platform: how it works and how it will work from now onwards (P. Barboza, F. Belghiti, and C. Giese, WP6 leaders & P. Penttinen ECDC)

11.15-11.45 Discussion





DAY 2: THURSDAY 6 DECEMBER 2012

11.45-12.45 AM

IV – THE ORGANIZATION OF A TABLE TOP SIMULATION EXERCISE (SE)

Chairman: D. Jose Herrera, Tephinet

Moderator: L. Vellucci, Italian MoH

11.45-12.00 Lessons learnt from similar experiences (P. Riley, HPA Celeste Project)

12.00-12.15 The EpiSouth SE: objectives, schedule, interactions with the other EpiSouth WPs (F. Simon Soria, R. Cano Portero, C. Martin Pando, WP5 leaders)

12.15-12.45 Discussion



12.45-1.30 Lunch

Afternoon 1.30-3.15 pm

PLENARY SESSION

1.30-2.30 PM

V – THE WHO GUIDANCE FOR THE POINTS OF ENTRY (PoE)

Chairman: D. Samhoury, WHO EMRO

Moderator: F. Cicogna, Italian MoH

1.30-1.45 The WHO PoE Guidance (D. Menucci, WHO IHR)

1.45-2.00 The support of the EpiSouth Network to the PoE Guidance development (F. Riccardo & P. Nabeth, WP7 co-leaders)

2.00-2.30 Discussion





DAY 2: THURSDAY 6 DECEMBER 2012

2.30-3.15 PM

VI – THE EPISOUTH MID-TERM EVALUATION (MTE)

Chairman: A. Petrakova, ECDC

Moderator: C. Menel Lemos, EAHC

2.30-2.45 The MTE results and Network sustainability (C. Hadjichristodoulou, Shipsan Act Joint Action & G. Salamina, WP3 leader)

2.45-3.15 Discussion



3.15 - 3.30 coffee break

Afternoon 3.30-6.00 pm

PARALLEL SESSIONS

3.30-6.00 PM: WORK PACKAGES STEERING TEAMS (WP ST)

Auditorium, Niglio Room, Turina Room and Vetere Room

WP4 ST plus LAB: Discussion and proposals on the basis of Plenary Session II (on which to base the WP4 Strategic Document)

WP5 ST: Discussion and proposals on the basis of Plenary Session IV (on which to base the WP5 Strategic Document)

WP6 ST: Discussion and proposals on the basis of Plenary Session III (on which to base the future management plan of the EpiSouth/Epis Platform)

WP7 ST: Discussion and proposals on the basis of Plenary Session V (on which to base the PoE Guidance pilot and the WP7 Strategic Document)



8.30 pm Working Dinner



Episouth Plus Project: 1st Project Meeting, 5-7 December 2012

DAY 3: FRIDAY 7 DECEMBER 2012

Morning 9.30 am - 12.45 pm

PLENARY SESSION

VII – EPISOUTH DEVELOPMENTS AND STRATEGIES IN THE YEAR 2013

Chairman: G. Nicoletti, Italian MoH

Moderator: S. Salmaso, ISS

9.30-11.00 AM Reporting to the Plenary from the WPST parallel sessions and discussion on cross-cutting issues

11.00-12.00 AM EpiSouth activities in 2013 and way forward

12.00-12.30 AM Wrap up and conclusions

12.30-12.45 AM Closing Remarks by the Italian MoH



12.45 - 1.30 Lunch





SPEAKERS AND CHAIRPERSONS

Barboza P. - Institute for Public Health Surveillance (InVS) - S. Maurice, France

Barker M. - Health Protection Agency (HPA), Porton Down, Salisbury, UK

Bejaoui M. - Ministry of Health (MoH) - Tunis, Tunisia

Belghiti F. - InVS - S. Maurice, France

Boufkhed S. - Pasteur Institute (PI) - Paris, France

Cano Portero R. - Carlos III Health Institute (ISCIII) - Madrid, Spain

Cicogna F. - MoH - Rome, Italy

Declich S. - Italian National Institute of Health (ISS) - Rome, Italy

Dente M.G. - ISS - Rome, Italy

Di Caro A. - National Institute for Infectious Diseases L. Spallanzani - Rome, Italy

Fabiani M. - ISS - Rome, Italy

Garaci E. - ISS - Rome, Italy

Giese C. - InVS - S. Maurice, France

Guglielmetti P. - European Commission SANCO - Luxemburg

Hadjichristodoulou C. - University of Thessaly - Larissa, Greece

Jose Herrera D. - TEPHINET - Decatur, US

Koruklouglu G. - Public Health Institute (PHI) - Ankara, Turkey

Lausevic D. - PHI - Podgorica, Montenegro

Leventhal A. - Middle East Consortium on Infectious Disease Surveillance (MECIDS) - Jerusalem, Israel

Mohamed Hechmi L. - PI - Tunis, Tunisia
Madi B. - United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) - West Bank

Martin Pando C. - ISCIII - Madrid, Spain

Menel Lemos C. - European Agency for Health and Consumer (EAHC) - Luxemburg

Menucci D. - WHO, IHR Coordination Office - Lyon, France

Nabeth P. - WHO, IHR - Lyon, France

Nicoletti G. - MoH - Rome, Italy

Oleari F. - MoH - Rome, Italy

Papa Konidari A. - University of Thessaloniki - Larissa, Greece

Penttinen P. - European Centre for Disease Prevention and Control (ECDC) - Stockholm, Sweden

Petrakova A. - ECDC - Stockholm, Sweden

Riccardo F. - ISS - Rome, Italy

Riley P. - HPA, Porton Down, Salisbury, UK

Rodier G. - WHO, Regional Office for Europe (EURO) - Copenhagen, Denmark

Ruocco G. - MoH - Rome, Italy

Salamina G. - Local Health Unit ASLTO1 - Turin, Italy

Salmaso S. - ISS - Rome, Italy

Samhuri D. - WHO, Regional Office for the Eastern Mediterranean (EMRO) - Cairo, Egypt

Simon Soria F. - MoH - Madrid, Spain

Vellucci L. - MoH - Rome, Italy

Victoir K. - PI - Paris, France



Episouth Plus Project: 1st Project Meeting, 5-7 December 2012

VENUE

Auditorium d'Alba - Italian Ministry of Health
Viale Giorgio Ribotta 5 - 00144 Rome, Italy

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ANNEX II – Selected presentations from plenary sessions



Ministero della Salute



The EpiSouth Plus Project
1st Project Meeting - Rome, 5 December 2012

**Not only EpiSouth:
Italian support to the UfM/EuroMed Projects**


Dr. Giuseppe RUOCCO
Director general, DG Prevention
Ministry of Health - Italy



**The Barcelona process:
Union for the Mediterranean - health**

Main objectives:

- Promoting sustainable development through improving human health;
- Enhancing co-ordination of international activities between participants;
- Improving their capacity to set priorities in health in the fields of communicable and non-communicable diseases;
- Helping to ensure equal access to quality care on a sustainable basis for their populations by strengthening healthcare systems.



The «TRIGGER» Event

**France Presidency Event:
Euro-Mediterranean Ministerial
Conference on Health
Cairo, Egypt
November 16-17, 2008**

First step in a wider process of regional cooperation
in public health based on concrete projects



The «TRIGGER» Event

**Euro-Mediterranean Ministerial Conference on Health
Cairo, Egypt - November 16-17, 2008**

Objective:
To promote mutual cooperation and to develop
health programmes in order to strengthen
health systems and ensure effective response
to health needs among Euro-Mediterranean Countries

**Focus on operative
projects**




The «TRIGGER» Event

**Euro-Mediterranean Ministerial Conference on Health
Cairo, Egypt - November 16-17, 2008**

3 areas

- Communicable disease
- Non Communicable disease
- Strengthening Health Systems



Italian proposals presented at the Cairo Conference

Strengthen Health Systems


- Building a Mediterranean network for organ transplantation
- Assistance to bone marrow transplantation
- Pediatric cardio-surgery implementation

Non Communicable Diseases

- Cancer register implementation
- Cancer screening programmes
- Mediterranean network for the management of gluten intolerance

Communicable Diseases - EPISOUTH

- Strengthening network of surveillance & control of inf. diseases



Italian Initiatives

5 Projects (Agreements) December 2009

signed and **financed** by the MoH:

1. EuroMed Cancer Registries Network (100.000 €)
2. Cancer Screening and Early Diagnosis Program (100.000 €)
3. Cardiovascular diseases: congenital heart diseases (226.600 €)
4. Mediterranean Transplant Network (100.000 €)
5. MEDICEL: Food-induced Diseases. Celiac disease (100.000 €)



Italian Initiatives

5 Projects (Agreements) December 2010 + EPISOUTH PLUS

signed and **financed** by the MoH:

1. EuroMed Cancer Registries Network (100.000 €)
2. Cancer Screening and Early Diagnosis Program (100.000 €)
3. Cardiovascular diseases: congenital heart diseases (214.700 €)
4. Mediterranean Transplant Network (100.000 €)
5. MEDICEL: Food-induced Diseases. Celiac disease (100.000 €)
6. Episouth Plus: CNESPS-ISS (250.000 €/3 years: co-funding with EC)



Italian Initiatives/2

December 2010	May 2011	October 2012
Re-financing of the six projects	Minister's approval for further re-financing	Minister's approval for further re-financing
864,700 €	700,000 €	 250,000 €



Italian Initiatives/2

Main features of 2011/2012 re-financing:

1. Identification of areas of interest
2. Call for tender
3. Possibility of EU-wide participation



Italian Initiatives

5 Projects (Agreements) December 2011

signed and **financed** by the MoH:

1. Epidemiological surveillance for cancer control in Mediterranean countries: from cancer registration to statistical models (132,000 €)
2. Cancer Screening and Early Diagnosis in the Mediterranean area (130,000 €)
3. Population AMI registries (132,000 €)
4. Mediterranean Transplant Network for the increase of organ donation (132,000 €)
5. MEDICEL: the mediterranean network for celiac disease (132,000 €)

11



Italian Initiatives - 2012

5 December: expiry date for project submissions

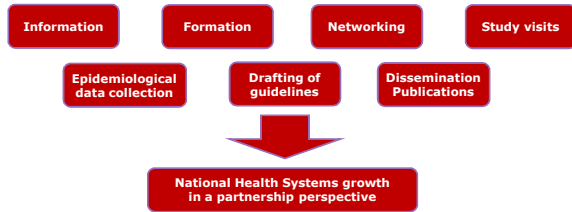
3 priority areas

1. Oncology (prevention, epidemiology)
2. Child & Maternal Health
3. Acute Respiratory Failure

12



EuroMed – UfM Health Projects common milestones



EuroMed - UfM Health Projects

Main achievements

- Possibility to put in place technical groups able to overtake the serious social problems that have involved many countries in this geographical area
- Involvement of 17 extra-EU countries : Northern-Africa (5), Middle-East (5), Balkans (6), Turkey
- Publication of the results of some projects in prestigious international scientific journals
- Important collaborations with WHO, IARC and other international scientific organisations
- Institution of a specific Working Group by DGSANCO
- *Stakeholders* networking

14



Globally, a good...balance!



15



***Many thanks
for your attention!***



Cross-border health threats: opportunities and challenges for coordinated actions at regional level

THE EPISOUTH PLUS PROJECT
1st PROJECT MEETING, Rome, 5-7 December 2012



Guénaél R. Rodier,
Director, Communicable Diseases, Health Security, & Environment



Human population changes

Demography

- **Unprecedented surveillance scale** (need more staff, new methods, new tools) particularly in "surveillance-poor" countries

Urbanization

- **Population diversity** (different cultures, different languages, different behaviour)
- **Commuters / Non-residents** (data collection difficult, double counting)
- **Vertical dimension / Data per m²** (skyscrapers, metro; specific mapping tools)
- **Contact tracing** (uncertain in cities; merging of databases, security issues)

Mobility

- **Surveillance is regional/global** (data from several countries, geo-political ingredients)
- **Targets are moving** (case and contact tracing implies multiple health authorities)
- **Case definition varies** (e.g. different surveillance capacity, different languages, different interpretation)



Presentation overview

- ▶ Surveillance change and innovation
- ▶ International instruments
- ▶ Cross-border threats



Animal population changes

"One World - One Health"

Most emerging diseases are zoonoses

- e.g. Ebola, Nipah, SARS, Lyme, influenza new subtype etc.

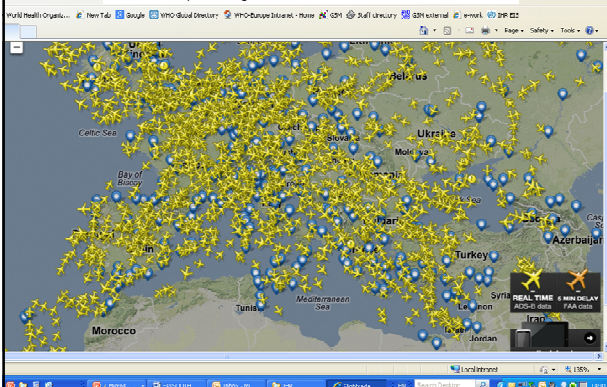
Collaboration with animal sector

- Ministry of Agriculture
- FAO, OIE
- Wild life organizations
- Animal surveillance networks
- Food safety (e.g. INFOSAN)



Population traffic: rapid, massive, all destinations

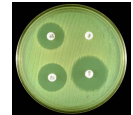
Screen capture, Flightradar24.com 02 Dec 2012, 15:51 EET



Microbial population changes

Diagnostic challenges

- specific reagents in short supply, or not available
- need for **reference laboratories** (global or regional, e.g. H5N1, VHF)

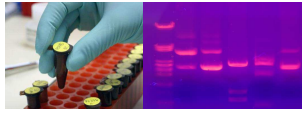


Surveillance of the unknown

- **"event-based" surveillance** (epidemic intelligence in addition to "vertical", disease-specific, surveillance)
- syndromic surveillance



Biotechnology revolution




Positive

- **Dramatic overall increase in laboratory capacity**
- **Rapid initial result**
- **Genomic analysis (allows molecular epidemiology etc.)**

Negative

- **Inadequate performance, limited trust in too many laboratories (lead to confusion, delay, and exhaustion of specimens)**
- **Biosafety concern (greater risk as a result of increased surveillance, increased international traffic of specimens)**



Trends in global disease surveillance
2 – (Re)Investing in regional networks in the field

- **Field as the primary source** of health data
- Taking advantage of historical legacy (e.g. DoD GEIS, Pasteur Intern. Network)
- Taking advantage of regional organizations / needs (e.g. EWRS, MBDS, MECIDS)
- Regional hubs in support to countries IHR requirements (e.g. CDC/GDD, DTRA)




Inform@tion revolution

Unprecedented capacity to **massively and rapidly**,

- **Collect data (on-line data-entry)**
- **Store data (no size limit!)**
- **Share data (between any points on earth)**
- **Analyse data (complex statistics, detailed mapping, multi-layers etc.)**



Exceptional networking capability

- **Specialized networks (e.g. influenza, polio, dengue, etc.)**
- **On-line surveillance training, tools, guidelines, library, archive, database ...**

Global information society

- **Information sources outside the health sector (Web, media, NGOs, agriculture, tourism, defence etc.)**




Regional networks are key to global surveillance

- ▶ Motivation built on shared threats (common purpose)
- ▶ Geographic proximity (± shared culture/language)
- ▶ Personal connection at technical level
- ▶ Members on the "front line" (direct access to events)
- ▶ Flexible, adaptable
- ▶ Shared understanding and risk assessment
- ▶ **Upstream to formal international frameworks**



Trends in global disease surveillance
1 – Web-based networks and data-mining

- Ⓜ **Web as a source** of health data (e.g. GPHIN)
- Ⓜ **Web as a dissemination tool** of surveillance data (e.g. HealthMap, DON)
- Ⓜ **Connecting people willing to share** surveillance data (e.g. ProMED-mail)
- Ⓜ **Exploring remote health-related data (from vegetation index to Web search activity)**

International Disease Surveillance and Response / "Health Security"

Key International instruments / Corresponding Institution

- ▶ The International Health Regulations (IHR) / **WHO**
- ▶ The World Animal Health Information System (WAHIS) / **OIE**
- ▶ The EC initiative on serious cross-border threats to health / **under negotiation; EC, ECDC, EFSA to play a key role**
- ▶ The Global Health Security Initiative (GHSI) / **G7 + Mexico**
- ▶ UN High Level Panel on Threats, Challenges and Change / **UNSG**
- ▶ The Biological Weapons Convention (BWC) / **UNOG**



IHR (2005): Three Paradigm Shifts



- From control of borders to [also] containment at source
- From diseases list to all public health threats
- From preset measures to adapted responses

Entered into force on
15 June 2007


**Legally binding to
196 States Parties**

(includes Holy See * and
Lichtenstein *)

* Non WHO Member States


GOARN: structured yet flexible




The Global Outbreak Alert and Response Network (GOARN) is a technical collaboration of existing institutions and networks who pool human and technical resources for the rapid identification, confirmation and response to outbreaks of international importance. The Network provides an operational framework to link this expertise and skill to keep the international community constantly alert to the threat of outbreaks and ready to respond.

➤ Guiding Principles for International Outbreak Alert and Response

<http://www.who.int/csr/outbreaknetwork/en/>




IHR: A Global System for Information Sharing




National IHR Focal Point
(One per State Party)

▶ Notification
▶ Reports
▶ Consultation
◀ Verification




Event Information Site (EIS)



WHO IHR Contact Point
(One per WHO Region)

➔ Art. 9 on other reports: WHO can maintain the confidentiality of the source




Developing / Monitoring a National IHR Action Plan

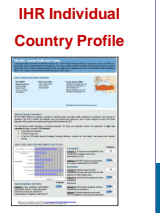
- ▶ National legislation and policy 8 areas of work
- ▶ Coordination and NFP Communications
- ▶ Surveillance
- ▶ Response
- ▶ Preparedness
- ▶ Risk communication
- ▶ Laboratory
- ▶ Human resources

7 hazards


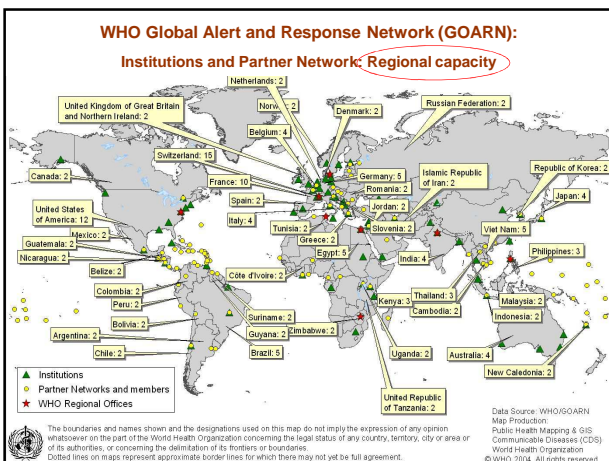
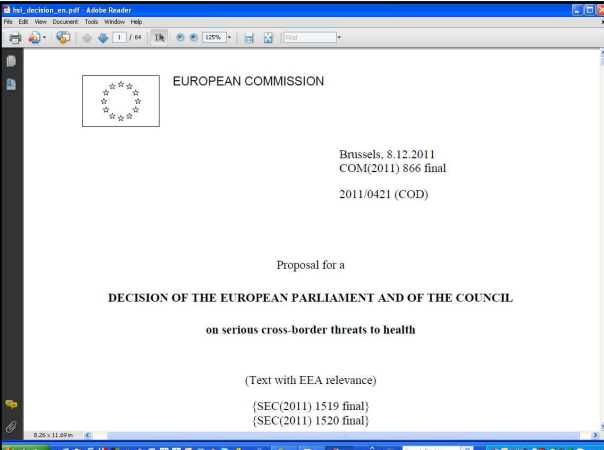
- Infectious diseases
- Zoonotic events
- Food safety
- Chemical events
- Radionuclear events
- Events at points of entry
- Other events



IHR Individual Country Profile



Regional support !

The Global Health Security Initiative (GHSI) (2001)

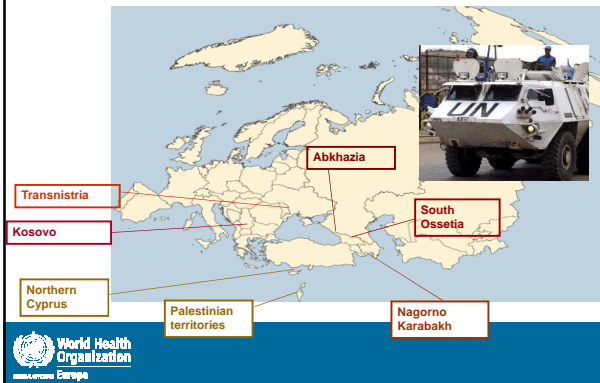
Ministers/Secretaries/Commissioner from **Mexico, Canada, France, Germany, Italy, Japan, United Kingdom, United States and the European Commission**

Priorities:

- **Laboratory Capacity:** Laboratory preparedness for the diagnosis of biological threats, and in particular **diagnostic quality assurance for highly pathogenic agents**.
- **International Health Regulations (IHR):** continue to work with the WHO to advance opportunities for **strengthening health security in the context of IHR implementation**, through capacity-building initiatives.



WHO European Region – Some territories may require special arrangements for disease surveillance



UN High Level Panel on Threats, Challenges and Change (2004)

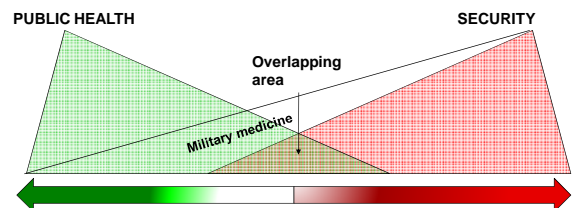


115. While scientific advances in the biotechnology sector hold out the prospect of prevention and cure for many diseases, they also **increase opportunities for the development of deadly new ones**.

144. The Security Council should consult with the WHO Director-General to establish the necessary procedures for working together in the event of a suspicious or overwhelming outbreak of infectious disease.



Overlap between the two sectors
Potential synergy, potentially sensitive mix



Naturally occurring events
(infectious disease outbreak, natural pollution, heat wave)

Accidents, Negligence
(biosafety accident, industrial catastrophe)

Deliberate use of WMD
(terrorism, war)



The Biological Weapons Convention (BWC)

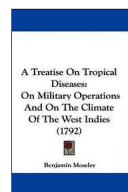
■ 2004:

- **Enhancing international capabilities** for responding to, investigating and mitigating the effects of cases of alleged use of biological or toxin weapons or suspicious outbreaks of diseases
- **Strengthening and broadening the capabilities for international institutions** to detect and respond to the outbreak of infectious diseases (including diseases affecting plants and animals).

■ **Article X:** encourages the peaceful uses of biological science and technology.



Intersectoral collaboration



Protecting the health of (deployed) military personnel



Disarmament, a new player in public health?

Military medicine, a major and long standing actor in infectious disease control globally.



Breaches in biosafety/biosecurity

Increased activity
more laboratories
more surveillance / more research

Increased power
biotechnology revolution

Increased workforce
more people involved

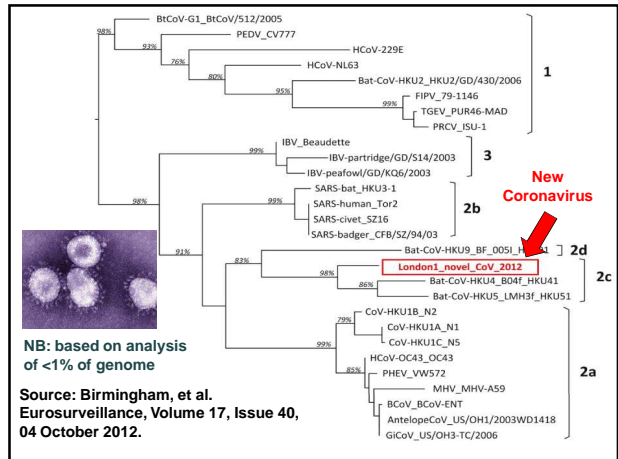
Increased risk
Despite more biosafety procedures

Bird flu, Ebola lab accidents raise biosecurity fears in Europe
Lab accidents involving bird flu and Ebola viruses have increased biosecurity fears in Europe.

Researcher exposed to Ebola through needle puncture, Germany, Feb. 2009
A researcher in Germany was exposed to Ebola virus through a needle puncture in a laboratory in February 2009.

H5N1 contaminated vials sent to unsuspecting labs, Feb. 2009
H5N1 contaminated vials were sent to unsuspecting labs in February 2009.

World Health Organization



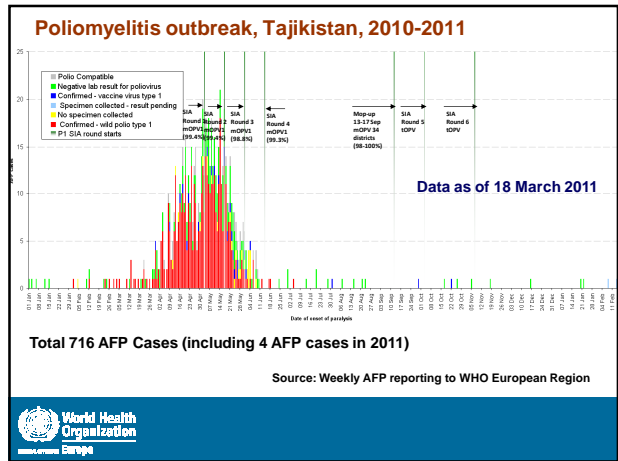
Imported Viral Haemorrhagic Fevers: a rare event

Latest imported cases in Europe

- Marburg:** The Netherlands, 2008, from Uganda
- Lassa:** Germany, July 2006, from Sierra Leone; UK, 2009; Sweden, Feb. 2011 (not lab. confirmed)
- Ebola:** Switzerland, 1995, from Côte d'Ivoire

➔ Animal reservoir / vector not reported in Europe

World Health Organization



Nipah Virus: not reported in Europe and Middle-East

Nipah outbreak Bangladesh 2004. Epicurve by week of onset January February 2004 (N=22)

Week	Survivors	Deaths
S1	0	0
S2	0	1
S3	1	13
S4	1	2
S5	1	1
S6	1	0
S7	1	0

Figure 1: Dates of illness onset-encephalitis outbreak, Habla Union, Bangladesh.

Illness onset	Dead	Survived
1	0	1
2	0	3
3	0	2
4	0	1
5	0	0
6	0	2
7	0	1
8	0	1
9	0	1
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	1

World Health Organization

Haemolytic-uremic syndrome (HUS) and gastroenteritis caused by enterohemorrhagic Escherichia coli (EHEC) serotype O104:H4, Germany (and France), May-July 2011.

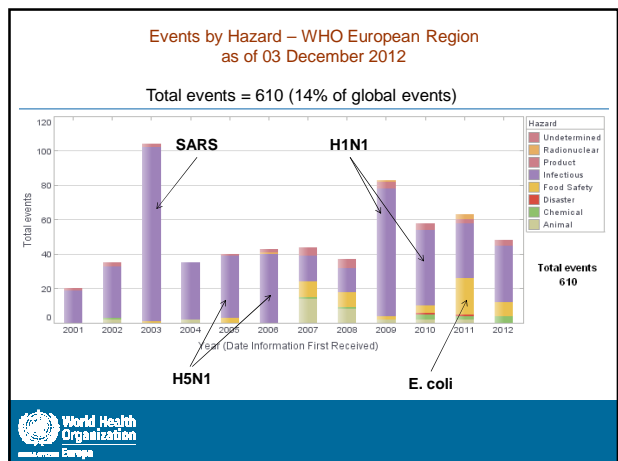
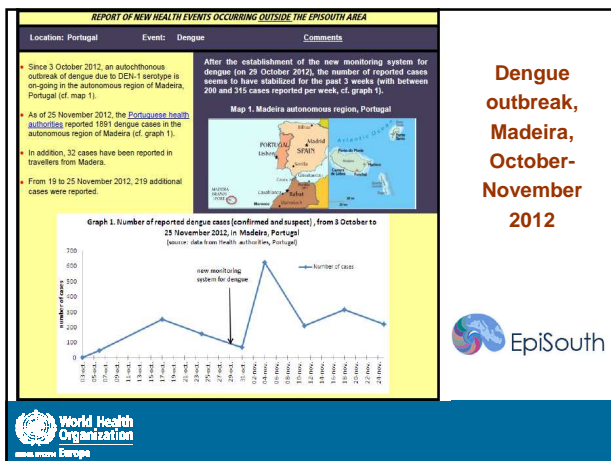
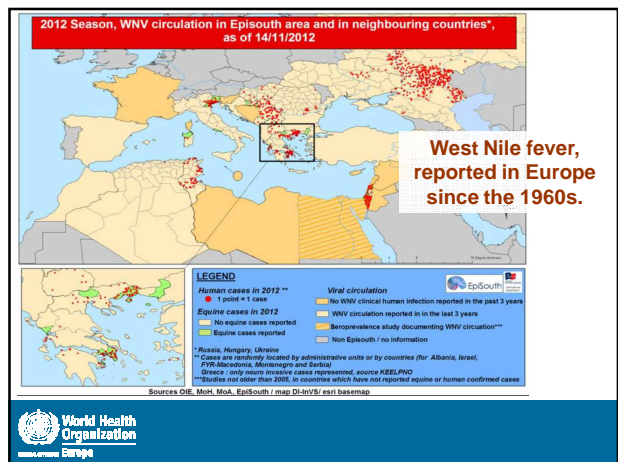
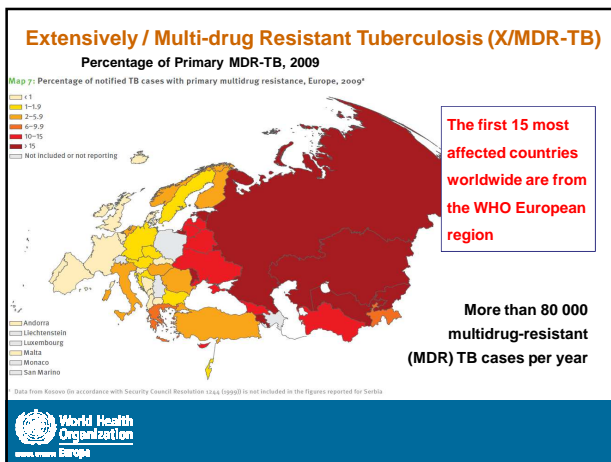
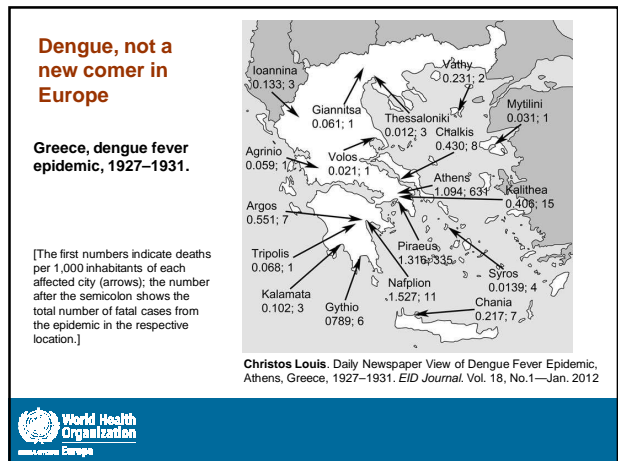
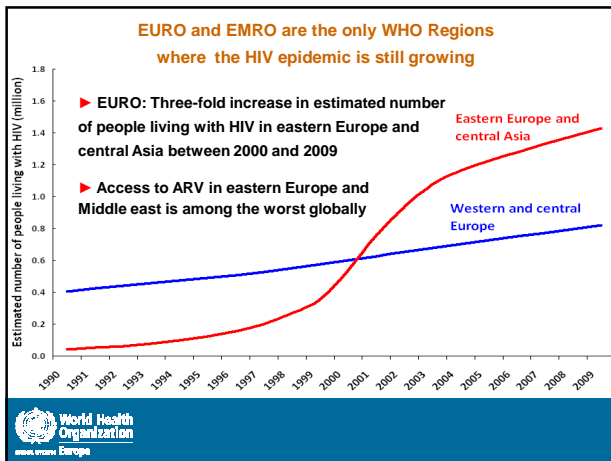
- 855 cases of HUS
- 2,987 cases of acute gastroenteritis
- Sprouts as the vehicle of infection

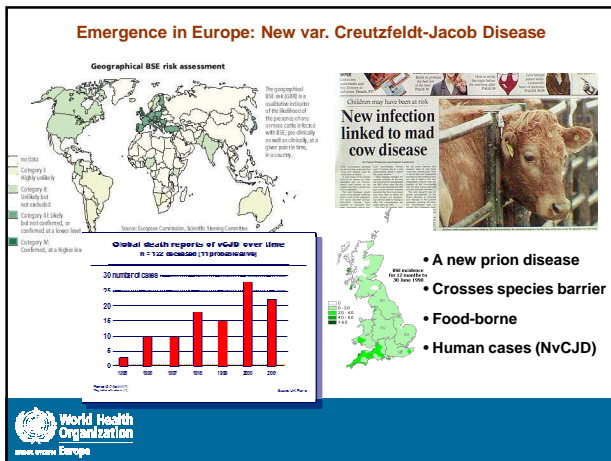
EHEC bacteria of the outbreak strain O104:H4. Scanning electron microscope. Scale: 1 µm
Source: Holland, Laue (Robert Koch Institute)

HUS incidence

Source: Final report EHEC O104:H4 outbreak, Germany 2011.

World Health Organization



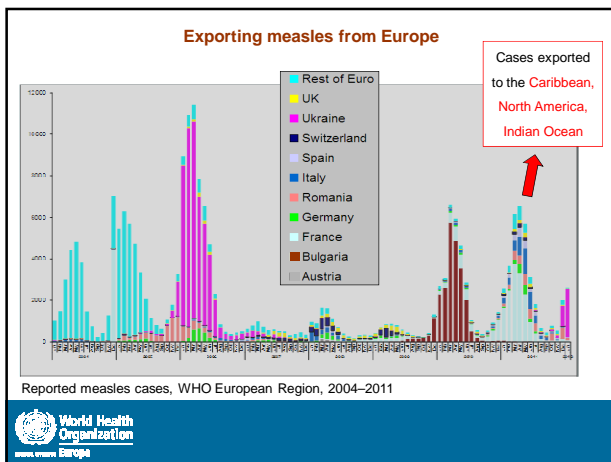


Thank you

Hvala
Mulțumesc
vi благодариме
מֵרַחֵם
Merci

Gracias
شکرا
Grazie
σας ευχαριστώ
teşekkür ederim
Хвала

World Health Organization
www.who.int/ihr



- ### Conclusion
- ▶ **New extraordinary tools for diseases surveillance**
 - From rapid test to gene sequencing
 - From clinical examination to Google search
 - All available at regional level
 - ▶ **International instruments**
 - Increasing in number, increasingly binding, little if any flexibility
 - Support intersectoral collaboration (health, agriculture, defense)
 - Reliance on less formal, more flexible, regional networks
 - ▶ **Cross-border threats**
 - Occur both ways; Old foes far more important than truly exotic diseases
 - Importation inevitable, health systems to be prepared for it
 - Regional networks bring adapted preparedness
- World Health Organization
www.who.int/ehp


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West Nile Disease Surveillance in the Mediterranean Basin

Prof. Anna Papa, MD, PhD
Hellenic Reference Laboratory for arboviruses and Hemorrhagic Fever viruses
Aristotle University of Thessaloniki, Greece

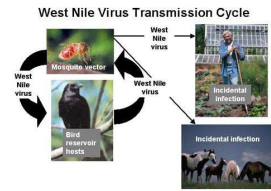
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WNV: The most widely distributed of the encephalitic flaviviruses
Family *Flaviviridae*, Genus *Flavivirus*, JE serocomplex

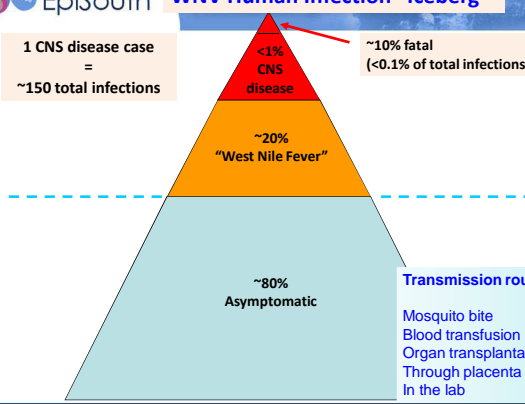


- 1937. Virus isolation from a febrile patient in West Nile region in Uganda.
- 1957. Evidence that WNV causes meningoencephalitis.

West Nile Virus Transmission Cycle



EpiSouth **WNV Human Infection "Iceberg"**



1 CNS disease case = ~150 total infections

<1% CNS disease

~10% fatal (<0.1% of total infections)

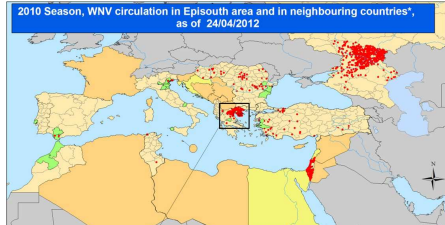
~20% "West Nile Fever"

~80% Asymptomatic

Transmission routes:
Mosquito bite
Blood transfusion
Organ transplantation
Through placenta
In the lab

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2010 Season, WNV circulation in EpiSouth area and in neighbouring countries*, as of 24/04/2012



LEGEND


- Fluorescent cases**
- 1 point = 1 case
- Equine cases: No equine cases reported, Equine cases reported
- Viral circulation: No reported WNV circulation, Seroprevalence study documenting WNV circulation***
- Non EpiSouth / no information

*Russia, Hungary, Portugal
**Cases are geographically located by administrative units or by countries (for Israel)
***Only those positive cases represented. Source: ECDC/WHO
Romania: 47 out of the 57 cases represented
****Positive not older than 2002, as countries which have not reported equine or human confirmed cases

Sources: OIE, Mort, MoA, EpiSouth / map DS/WS/VI east basemap

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August 2010



Physician from the Inf. Dis. Hospital in Thessaloniki, Greece:

- We observed an unusual high number of encephalitis cases during July.

5 August : Samples arrived at the lab for testing



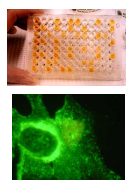
Serum specimens from 11 patients with encephalitis (n=5) or aseptic meningitis (n=6). For 3: CSF sample also.
Day of illness: 3rd -15th.

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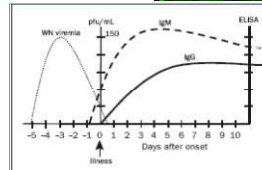
ELISA* WNV - serum:
IgM 10/11 high pos
IgG 6/11 pos

CSF:
IgM 3/3 high pos
IgG 1/3 pos

IFA (home made): Identical results



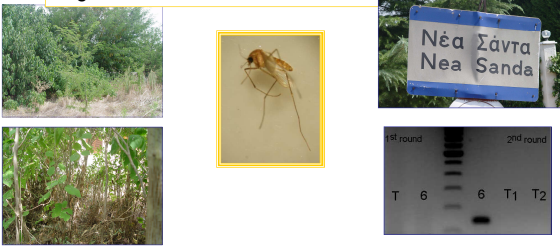
RT-PCR with 4 different sets of primers (generic flavivirus and WNV-specific): **Negative**



August 9, 2010. Detection of WNV IgM in a patient with aseptic meningitis - resident of Nea Santa:

Night August 9 to 10: traps set in this village, mosquito collection

August 12: **Positive PCR**



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RAPID COMMUNICATIONS

Ongoing outbreak of West Nile virus infections in humans in Greece, July – August 2010

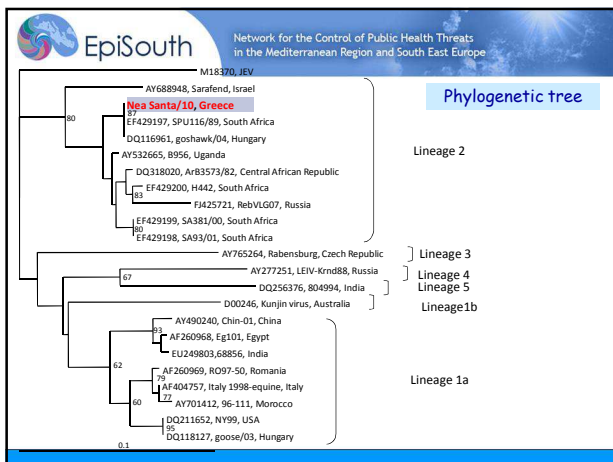
A Papa¹, K Daals (daniscostas@yahoo.com)², A Baka³, A Bakas³, G Dougas³, T Lytras³, G Theocharopoulos³, D Chrysiagis³, E Vassiliadou³, F Kamari³, A Liona³, K Mellou³, G Saroglou³, T Panagiotopoulos^{3,4}

1. Reference Laboratory for Arboviruses, First Department of Microbiology, Medical School, Aristotle University of Thessaloniki, Thessaloniki, Greece
2. Hellenic Centre for Disease Control and Prevention (KEELPNO), Athens, Greece
3. Department of Internal Medicine, Infectious Disease Hospital, Thessaloniki, Greece
4. National School of Public Health, Athens, Greece

Citation style for this article:
Papa A, Daals K, Baka A, Bakas A, Dougas G, Lytras T, Theocharopoulos G, Chrysiagis D, Vassiliadou E, Kamari F, Liona A, Mellou K, Saroglou G, Panagiotopoulos T. Ongoing outbreak of West Nile virus infections in humans in Greece, July – August 2010. Euro Surveill. 2010;15(8):pii=19544. Available online: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19544>

Article published on 26 August 2010

Between early July and 22 August 2010, 81 cases of West Nile neuroinvasive disease were reported in the region of Central Macedonia, northern Greece. The median age of cases was 70 years. Encephalitis, infected individuals develop a febrile illness, while in less than 1%, the disease progresses to neuroinvasive disease, with the most severe form seen among elderly and immunocompromised individuals [2].




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Genetic Characterization of West Nile Virus Lineage 2, Greece, 2010

Anna Papa, Tamás Bakonyi, Kyriaki Xanthopoulou, Ana Vázquez, Antonio Tenorio, and Norbert Nowotny

P249H aa change in the NS3 protein



P249 residue: responsible for thermosensitivity and virulence in the American crow. Nat Genet. 2007; 39:1162-6. A significantly increased pathogenicity, neuroinvasiveness and fatality rate in humans, compared to the Hungarian outbreaks, may be linked to this mutation.

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WNV in mosquitoes, Greece

3 pools of *Culex* spp. **WNV POSITIVE.**



RESEARCH NOTE

Detection of West Nile virus lineage 2 in mosquitoes during a human outbreak in Greece

A. Papa¹, K. Xanthopoulou¹, S. Gewirtz² and S. Mourelatos¹

1) Department of Microbiology, Medical School, Aristotle University of Thessaloniki, Thessaloniki and 2) Eco-Development, S.A., Thessaloniki, Greece

CMI 2011

RAPID COMMUNICATIONS

Evidence of enzootic circulation of West Nile virus (Nea Santa-Greece-2010, lineage 2), Greece, May to July 2011

A Chaskopoulou (andahask@ufl.edu)¹, C I Douras², S C Chaintoutis¹, I Bouzalas³, G Aris³, M Papanastassopoulos¹

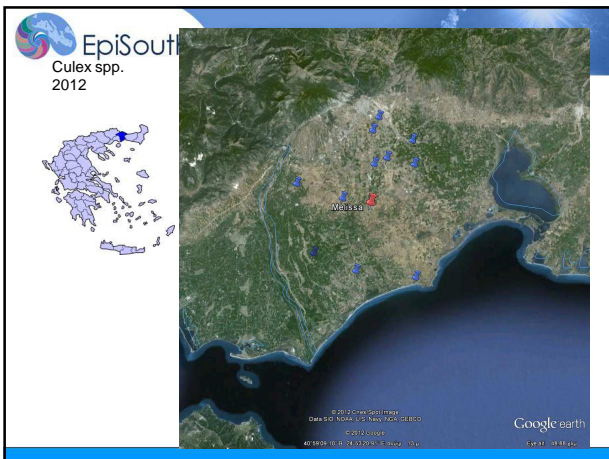
1. United States Department of Agricultural Research Service (USDA-ARS), European Biological Control Laboratory, Thessaloniki, Greece
2. Aristotle University of Thessaloniki, Faculty of Veterinary Medicine, Laboratory of Microbiology and Infectious Diseases, Thessaloniki, Greece
3. American Farm School, Thessaloniki, Greece

FIGURE 1
Location of mosquito traps (n=20) and animal chicken flocks (n=6) for West Nile virus surveillance, Thessaloniki county, Greece, 2011



Seroconversions
1st: June 29, 2011
2nd: July 13, 2011
3rd: July 20, 2011

Homology with Nea Santa/2010 NS3: 99.73% nt, 100% aa H249P



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WNV lineage 2 in Greece

Almost identical sequences from:
 WNNd cases,
 asymptomatic blood donors,
 mosquitoes,
 birds,
 sentinel chickens.

All have the P249H in NS3 protein.

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Lab and Epi interact on the surveillance and outbreak situation
The Greek example

Initially: multiple telephone calls and e-mails between AUTH and KEELPNO

- ▶ first time the disease emerged in the country
- ▶ existing knowledge on the preparation of DataBase (flu outbreak)

After the first week: e-mail once per day

- ▶ Lab: report the new cases- add data
- ▶ Epi: add data and new information

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Interdisciplinary interactions
The Greek example

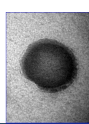
First contact: We asked the **mosquito control company** in Thessaloniki to collect for us mosquitoes from specific areas with WNV cases

Second contact: **Vets of AUTH** (sera from infected horses in the area close to Thessaloniki).

Third contact: **Vets from U. of Thessaly** (Detection of the mutation of WNV in birds).

Daily contacts with **physicians** and the **Regional Health Directorate**.

Hemovigilance Coordinating Centre: Isolation of WNV from a blood donor



WNV,
EM photo, 2010

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Regional interactions and more
The Greek example

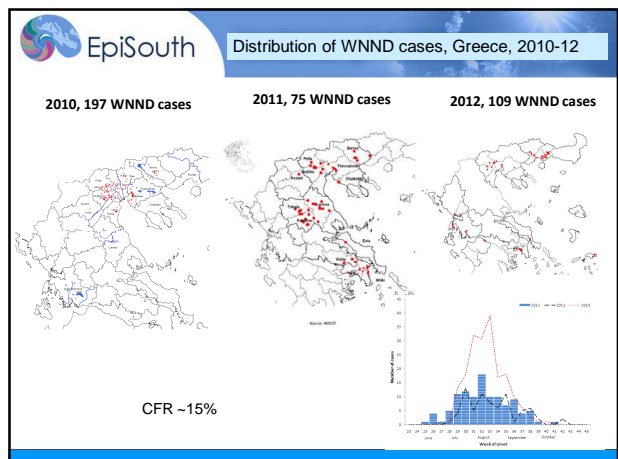
Italy: neutralization testing.

Spain – Hungary- Austria: Collaboration with labs for whole genome sequencing.

Germany: perform EQA on WNV for ENIVD-CLN

Canada: Often contacts with the Public Health Agency– teleconference, exchange experience

and many more ...



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**Surveillance of WNV
State of the art**

29 authors -87 pages,
multidisciplinary scientists

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Reported cases of West Nile fever for the EU and neighbouring countries
Transmission season 2012; latest update: 22/11/2012

Legend:
 ■ Areas reporting cases in 2012
 ■ Areas not reporting cases in 2012
 ■ Not included

Non-visible countries:
 ■ Albania
 ■ Monaco
 ■ San Marino
 ■ Liechtenstein

Greece:	161
Hungary:	12
Italy:	50
Romania:	14
Algeria:	1
Croatia:	5
FYROM:	6
Israel:	59
Kosovo:	4
Montenegro:	1
Palestine:	2
Russia:	447
Serbia:	69
Tunisia:	63
Ukraine:	12

Source: ECDC

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Cumulative Total Entire US: 5,245 (Texas 1714),
as of 27 Nov. 2012.

WNND: 2,663
Deaths: 236

Source: CDC

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Public Health Agency of Canada / **Agence de la santé publique du Canada**

As of October 27, 2012, there have been a total of 433 clinical cases, among them 139 WNND. 6 deaths have been reported.

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

2011 West Nile surveillance, laboratories and WNV circulation in EpiSouth countries, as of 24/04/2012

Human WNV surveillance areas at whole country
 ■ Permanent surveillance
 ■ Seasonal surveillance
 ■ No WNV surveillance
 ■ No information

Lab. human & equine WNV cases
 ■ Functional WNV reference laboratory
 ■ WNV human cases (2010 and/or 2011)
 ■ WNV equine cases (2010 and/or 2011)

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2012 Season, WNV circulation in EpiSouth area and in neighbouring countries*, as of 28/11/2012

LEGEND


Human cases in 2012**
 ● 1 point = 1 case

Equine cases in 2012
 ■ No equine cases reported
 ■ Equine cases reported

Viral circulation
 ■ No WNV clinical human infection reported in the past 3 years
 ■ WNV circulation reported in the last 3 years
 ■ Seroprevalence study documenting WNV circulation***
 ■ Non EpiSouth / no information

* Russia, Hungary, Ukraine
 ** Cases are randomly selected by administrative units or by countries (for Israel, FYRO Macedonia, Montenegro and Serbia)
 *** Studies only cover sensitive cases represented, source KEELPANO
 (Studies not older than 2005, in countries which have not reported equine or human confirmed cases)

Sources: OIE, MoH, MoA, EpiSouth / map Dr-Dr-Dr-eri-baemap

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in the Mediterranean Region and South East Europe

Concluding remarks


WNV is able:

- to mutate
- to adapt to the environment
- to cause a disease with high morbidity and mortality
- to cause large epidemics.

It is likely to remain a serious public threat in the near future.

ACTIONS NEEDED

- Enhanced human and animal **surveillance**
- **Awareness** of medical staff and public
- **Mosquito control** measures

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in the Mediterranean Region and South East Europe

ACKNOWLEDGEMENTS

- Hellenic Centre for Disease Control and Prevention (KEELPNO)
- Physicians in hospitals and Health Centers in the endemic areas
- Hemovigilance Coordinating Centre
- Ecodevelopment, S.A. Thessaloniki
- ENIVD members

*Alone we are strong...
together we are stronger*

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

Acknowledgements

The EpiSouth-Plus project is co-funded by the European Union DG SANCO/EAHC and 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.

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buenos días jó reggelt
GOODMORNING...
 Гунайдин Good Morning dobré ráno
 mirëmëngjesi god morgen
 hyvää huomenta Guten Morgen
 bonjour καλημέρα
 bom dia dobro jutro
 доброе утро buongiorno labas rytas добро јутро



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EpiSouth Plus WP4
"Mediterranean regional laboratories network"

West Nile Disease Surveillance in the Mediterranean Basin-Turkey

GÜLAY KORUKLUOĞLU MD., Assoc. Prof
PUBLIC HEALTH INSTITUTIONS OF TURKEY
VIROLOGY LABORATORY
TURKEY

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WNV in Turkey

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YEAR	AUTHORS	SURVEY REGION	SUBJECT	RESULTS
1964	Heperkan et al	West, East, South and South-East Anatolia	A study on Arbo Virus Infections in Turkey, 559 human sera	Seroprevalence of 6,4-57%
1966	Senter et al	West (Izmir Province)	Evaluation of patients with pre diagnosis of Meningeal Syndrome	Viral diseases in 1/3 of patients and most of them are thought to be infected by arboviruses
1964-1966	Senter et al	West (Izmir Province)	Investigation of group A and B arboviruses in human sera	Antibodies against group B arboviruses, mainly West Nile Virus, probably due to postinfections
1965	A. Radda	Middle and East Anatolia	Antibodies Against Group A and B Arboviruses in Domestic Animals from Turkey, 200 domestic animals sera	West Nile Virus or a likely pathogen in Middle Anatolia, Group B arboviruses probably west Nile activity in the South.
1968	Senter et al	West (Izmir Province)	Tick-borne Virus Meningo-encephalitis in Egean Region of Turkey	Antibodies against Tick-borne encephalitis, West Nile, Dengue II, Tahyna and Sindbis viruses
1971	An et al	Middle and West Anatolia	270 human and 263 sheep sera	Positivity of West Nile in the West and Middle Anatolia
1973	Meco et al	South-East Anatolia	A study on West Nile Arbovirus Antibodies with Hemagglutination-Inhibition (HI) in Residents of South-East Anatolia, 937 human sera	West Nile Virus positivity of 38-48 % in the South-East Anatolia

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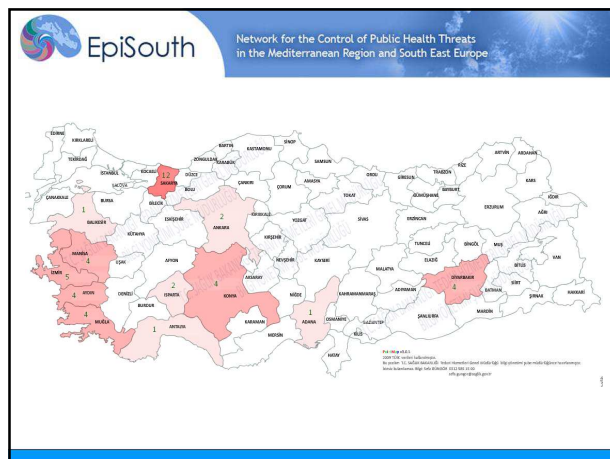
YEAR	AUTHORS	SURVEY REGION	SUBJECT	RESULTS
1980	Senter et al	West Anatolia	The Present Situation of Arbovirus Seroprevalence in the Aegean Region of Turkey, 1074 human sera	WNV antibodies positivity of 28,1 %, 74 % confirmed by neutralisation test
2005	Ozkul et al	10 Representing Provinces	Serological evidence of West Nile Virus (WNV) in mammalian species in Turkey, mammalian sera	Confirmed WNV exposure in a wide range of mammalian species
2007	Ergunay et al	South-East Anatolia	Seroprevalence of West Nile virus and tick-borne encephalitis virus in Southeastern Turkey: first evidence for tick-borne encephalitis virus infections, 181 human sera	9,4 % WNV neutralising antibody
2007	Ozer et al	South-East Anatolia	West Nile virus studies in the Sanliurfa Province of Turkey, 6457 mosquitoes	No positivity
2009	Ergunay et al	Middle Anatolia	West Nile Virus seroprevalence in blood donors from Central Anatolia, Turkey	0,56 % seroprevalence
2010	Ergunay et al	Middle Anatolia	West Nile Virus Seropositivity in Central Nervous System Infections with Unknown Etiology in Middle Anatolia, 87 CSF and blood pairs of sample	9,2 % Ig M, 3,4 % Ig G positivity

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in 2010...

First notification of West Nile Virus infection in Turkey

- **12 August 2010:** First cluster of suspected cases were notified and confirmed by lab.
- **13 September 2010:** First notification to WHO
- Totally 12 confirmed cases , 35 probable cases (3 deaths)
- Mainly in West Region of Turkey (Manisa, Aydin, Izmir, Isparta, Mugla Provinces)



I. Human surveillance

- Seasonal/sentinal
- Passive surveillance
 - National Mandatory Notifiable Diseases List
 - European Union case definition
- Active surveillance
 - Notification from selected health facilities by identified health personal
 - Laboratory based surveillance: Analysis of clinical samples for WNV which meet the criterias
- Cross-sectional seroprevalence studies were planned..

II. Veterinarian surveillance

in 2011...

WNV STUDY in 2011

1. Case based surveillance
2. Mosquitos surveillance
3. Seroprevalance study
4. Ab detection among blood donors

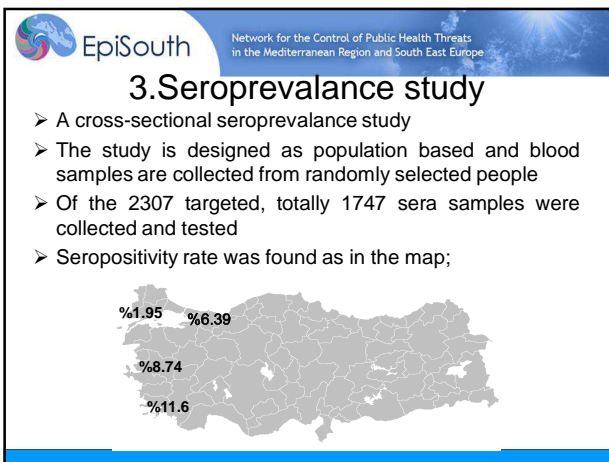
1. Case based surveillance

- 52 suspected cases samples were tested (serology&PCR) and 7 of them was found positive by serological assays(confirmed by PRNT)from the three provinces which has the case 2010.
- Beside of this we received 215 samples of suspected patients as routine surveillance from the other provinces during 2011 and 34 of them tested as WNV positive by serology(confirmed by PRNT)



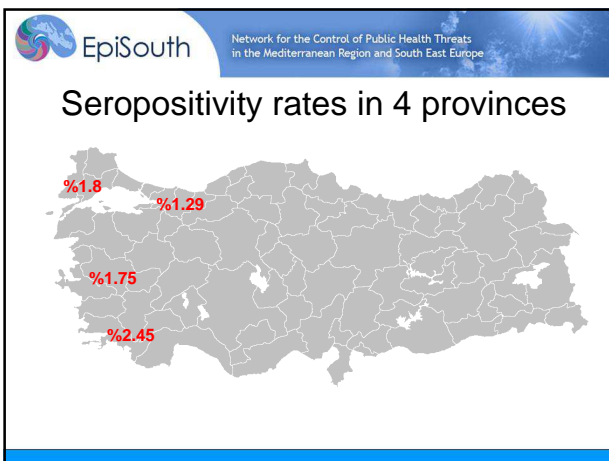
2. Mosquitos surveillance

- Around 5000 mosquitos were collected but...All of the pools was the negative☹
- The major group is C.papiens



4. Blood donors

- 1575 samples (sera, plasma and leucocyte samples from each donor) were collected.
- Seropositivity rate was **1.39 %** for IgM
0.69 % for IgG
- IgG positive samples were tested for detection of IgG avidity values; 3 of the 11 had low avidity index and 8 of them had high avidity index
- Plasma samples were tested by PCR but there was no positive result



SBAG 110S404 WNV Project


- This project has been conducted by Prof.Dr.Aykut Ozkul from Ankara University, Faculty of Veterinerian Medicine in 2011
- Supported by The Scientific and Technological Research Council of Turkey (TÜBİTAK)
- Mosquito, equine and human cases surveillance has been done.

With the kind permission of Prof.Dr.Aykut Özkul

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Mosquito surveillance

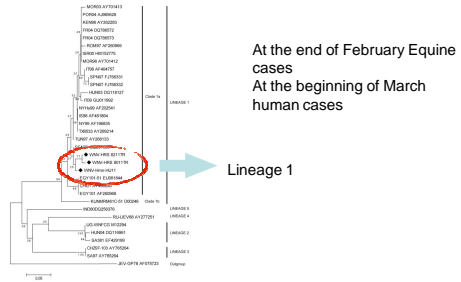
Culex pipiens,
Coquillettidia richiardii,
Culex pusillus,
Culex torrentium,
Culex tritaeniorhynchus ve
Anopheles sergentii



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Phylogenetic analysis of WNV in 2011



At the end of February Equine cases
At the beginning of March human cases

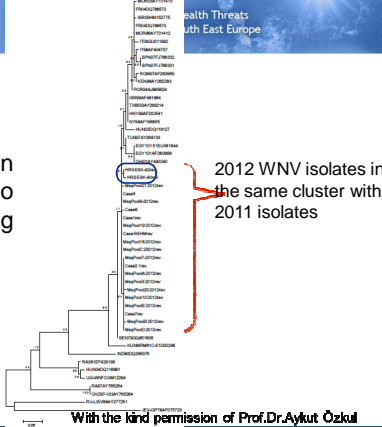
Lineage 1

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2012

In Thrace; human cases and mosquito isolates are belong to lineage 1




2012 WNV isolates in the same cluster with 2011 isolates

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The map of provinces which was found as WNV positive in frame of SBAG 110S404 Project;



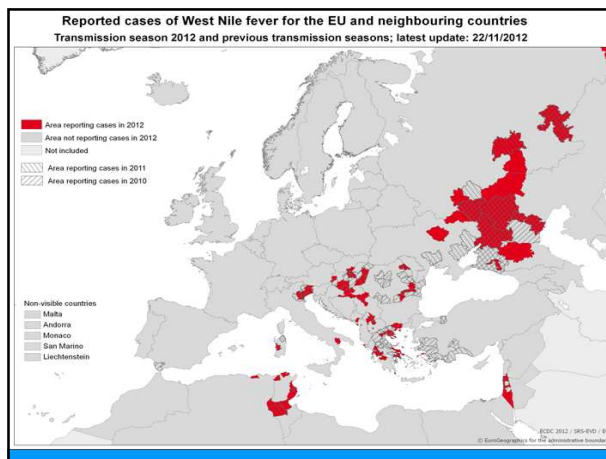
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in 2012...

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- We have 3 lab.confirmed cases(PCR positive)
 - One from Edirne province (which has border to Greece)
 - Two from Ankara province
 - And all of them are belong to lineage 1...
- And 10 probable cases from Mediterranean coast and other provinces...



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Laboratory and Epidemiological surveillance

- Human surveillance: Permanent passive surveillance. West Nile virus infections are included in national mandatory notifiable diseases list.
- Equine surveillance: Yes
- Bird surveillance: No

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Case definition

- Probable case: Encephalitis with at least one of the following; epidemiological link or WNV specific Ig M and Ig G seropositivity

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Case definition


- Confirmed case: Laboratory confirmed case; WNV isolation in blood or CSF; or WNV nucleic acid detection in blood or CSF; or WNV specific antibody (Ig M) response in CSF; or high level of specific IgM and IgG or confirmation of Ig M and Ig G with neutralisation.

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Case management

- Under control & coordination of Ministry of Health
- Data obtains from state and university hospitals with standardised forms
- Samples met the case definition sent to national reference laboratory
- Results report to the health directotares and MoH simultaneously.




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Laboratory management


- WNV Ig M and G (ELISA and IFAT)
- Ig G avidity ELISA
- WNV PRNT
- WNV PCR(in-house& commercial)
- and for differential diagnosis
- multiplex PCR for HSV,VZV,mumps and EV in CSF samples

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IMPORTANT

- Development of multidisciplinary organisation for following the infections including either human or veterinarian laboratory side and epidemiology side...
- Collaboration between the related networks and following the events in the region as real time ...
- Exchange the knowledge and experience..

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IMPORTANT

- Establishment of increasing laboratory capacity ;
 - conduct the infrastructure of lab.
 - training of lab.staff,
 - provide the test protocols,SOPs etc...
 - standardization of techniques between the lab.s,
 - development of quality control system
 - Organisation of field studies with epidemiologists

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Training for RBLs

- 19-23th of November 2012
- The title was « Establishment of Diagnostic Capacity on Arboviruses in Regional Public Health Laboratories
- The main subject was diagnosis of WNV and Sand-fly virus
- 10 staff from 5 lab.s

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

Acknowledgements

The EpiSouth-Plus project is co-funded by the European Union DG SANCO/EAHC and 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.

   Health Programme
2008-2013
Together for Health

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.


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

THANK YOU FOR YOUR PATIENT




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ORGANIZATION OF A TABLE TOP SIMULATION EXERCISE
- Lessons learnt from similar experiences



Paul Riley
HPA
6 December 2012

The CELESTE Consortium



- Awarded contract by the Commission “Scripting, Planning, Conduction and Evaluation of exercises training and assessment implementing the draft Decision on cross-border threats to health.”
- Four organisations ISS, FOI, European CBRNE Centre, HPA
- Will run October 2012 – October 2015
- Case studies, Exercises, Learning, Surveys and Training across Europe

Past experience of European Exercises



SANCO - New Watchman (smallpox) and Common ground (influenza) 2006


SANCO – Contract for the Scripting, Planning, Conduct and Evaluation of exercises relating to public health matters 2007-10

UNFAO/WHO – Integrated desk-top exercises on avian influenza in animal and human populations 2007


WHO – Polio 2011 - ongoing

ECDC – Exercise programme - internal and with MS and wider International community 2006-10 and 2011-14

Why Exercise



- A practical, efficient, cost-effective way for organisations to prepare for a response
- Creates multi-agency links, cross-border working
- Clarifies roles and responsibilities (who does what)
- Improves proficiency and confidence of responders
- Highlights lessons learned
- Reinforces training




Exercises Improve Plans




- Powerful tool for validating and improving emergency response plans
- Reveals gaps and weaknesses in plans
- Ensures generic plans fit with those of partner agencies



Exercise Process



- Planning**
 - Aim and Objectives
- Scenario**
- Delivery**
- Logistics**
- Evaluation**
- Reporting and action plan**



Planning



- Clarify and agree the exercise aim, objectives and tasks
- Define the scope of the exercise
- Identify stakeholders to participate in the Planning Group
- Agree exercise participants and exercise location(s)
- Review contingency plans and key reference material
- Highlight any exercise assumptions or artificialities



Scenario



- credible (use subject matter experts)
- realistic (check your facts; try and use normal communication methods; realistic templates)
- affects all participant countries in some way



Scenarios for ECDC



- *Norovirus*/diphtheria
- Haemorrhagic fever
- Meningitis
- *E.coli* non-O157
- Meningitis vaccination
- *Legionella*
- *Salmonella*



Delivery



- **pre-briefing material**
 - clear joining instructions
 - Pre exercise briefing – how it is going to work
 - background scenario build material
- **On the day**
 - brief again – how the exercise is going to work/logistics of the day
 - Set the context –news item
 - Be ready to provide advice and direction
 - time jumps (beware!)



Logistics



- Venue – one large room with smaller breakout rooms
- Reach-back to base!
- Wifi; internet - access to documents
- clear floorplan
- Badges
- Refreshments



Evaluation



- **only chance so make it comprehensive!**
- hot debrief
- Player evaluation forms
- evaluators (one per table)
- post exercise teleconference



➔ REPORT

Standard exercise day format



- Plenary session
- Mock news broadcast
- Syndicate sessions
- Lunch break
- Plenary session
- Mock news broadcast
- Syndicate sessions
- Hot debrief



Any questions?



Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

The experience and the added value of the GHSAG Platform: One platform for several partners and for a spectrum of threats

Dr Mike Barker
Consultant in Medical Intelligence
UK Health Protection Agency

EpiSouth Plus Project: 1st Project Meeting - 6th December 2012

Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Summary of presentation

- Global Health Security Initiative
 - Global Health Security Working Group
- Early Alerting and Reporting Project
 - Timelines
 - Systems
 - Analysts
 - Risk Assessment
 - Added Value
 - Future of System

Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Global Health Security Initiative

- Global Health Security Initiative established November 2001
- Health Ministries of the G7 Countries plus Mexico
- Health Ministers of the 8 countries meet annually
- To strengthen public health preparedness and response to threats of CBRN terrorism and pandemic flu
- www.ghsi.ca



Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

GHSI – Global Health Security Action Group

- Global Health Security Action Group (GHSAG). A group of senior officials established to develop and implement concrete actions to improve global health security
- GHSAG Working Groups/Networks
 - Chemical Events Working Group
 - Global Laboratory Network Working Group
 - Pandemic Influenza Working Group
 - Radio-Nuclear Threats Working Group
 - Risk Management and Communications Working Group
 - Emergency Preparedness Exercises
 - Threat and Risk Assessment Methodology
 - Early Alerting & Reporting Project

Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Early Alerting & Reporting Project

- The Project is a work-stream of the Risk Management & Communication Working Group.
- The Project Proposal was approved by Ministers at their meeting in Brussels in December 2008.

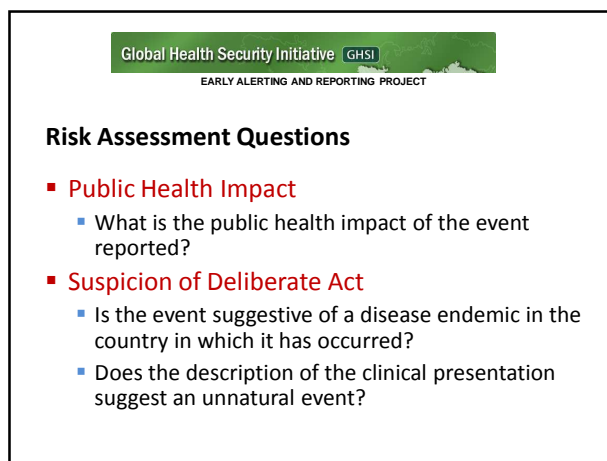
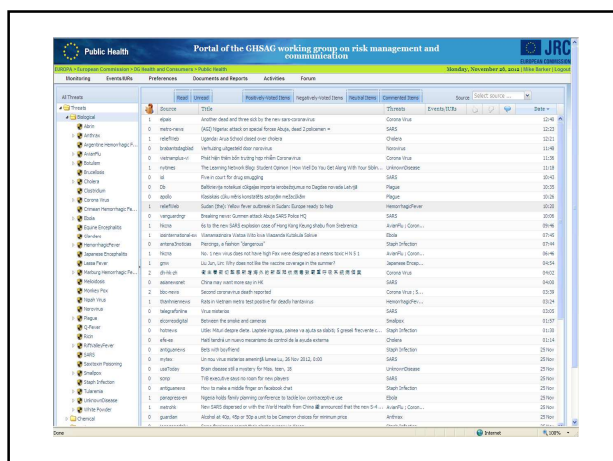
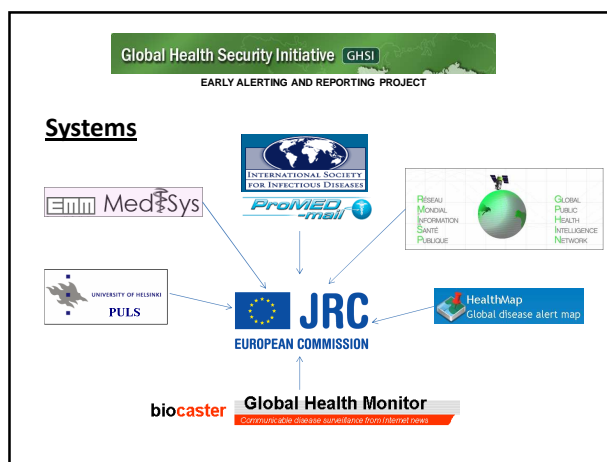
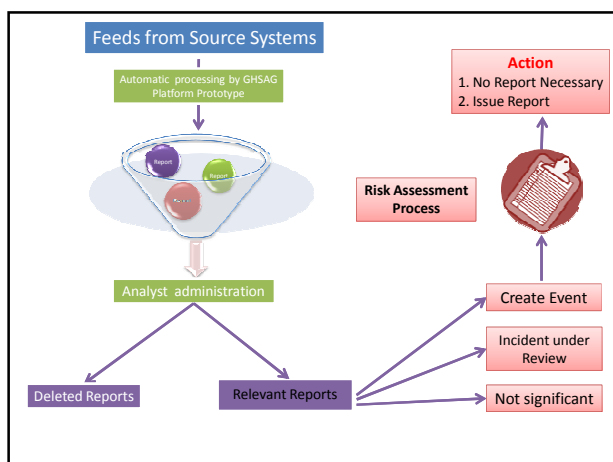
Objective

To produce a single, common, web-based platform where all partners would be able to access a list of possible, probable and credible **CBRN threats**, identified from open sources, with relevant evaluation/analysis by trusted peers.

Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Early Alerting and Reporting Project

- Phase 1 – 2008-2010
 - Proof of Concept
- Phase 2 – 2011-2012
 - Further development work
 - Sustainability
- **Initial Focus on Biological Threats**



Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Risk Assessment (cont'd)

- **Suspicion of Deliberate Act**
 - Does the epidemiology of the described event suggest an unnatural event?
 - Does the aetiology or suggested aetiology of the described event suggest an unnatural event?
- **Source of Information**
 - Is the report from a trusted source?

Risk Assessment Questions

The screenshot shows a web-based form titled 'Risk Assessment Questions'. It contains several sections with text input fields and checkboxes. The sections include:

- Public Health Impact**: A question asking 'What is the public health impact of the event reported?' followed by a text input field and a checkbox labeled 'You can optically provide more evidence here'.
- Suspicion of Deliberate Act**: A question asking 'Is the event suggestive of a disease endemic to the country in which it has occurred?' followed by a text input field and a checkbox labeled 'You can optically provide more evidence here'.
- A second question: 'Does the description of the clinical presentation (including outcome and response to treatment), if available, suggest an unnatural event?' followed by a text input field and a checkbox labeled 'You can optically provide more evidence here'.

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EARLY ALERTING AND REPORTING PROJECT

Added Value of Project

- System of Systems & System of Experts
- Streamlines CBRN horizon scanning process using open source, web-based medical intelligence systems
- Generic risk assessment drawing on subject matter experts from GHSAG countries
- Advanced translation software broadens access to reports
- Formalised reporting and alerting process for senior officials

Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Future of System

- Proposal to Senior Officials
- Development of Collaborative Agreement
 - Canada – Secretariat, administrative, financial, governance functions
 - One year's transitional funding
 - CDC – Operational Lead
 - Analysts
 - EC Joint Research Centre – Technical Lead
- Wider stakeholder involvement

Global Health Security Initiative **GHSI**
EARLY ALERTING AND REPORTING PROJECT

Any Questions?

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

Guidance on coordination of surveillance at PoE

World Health Organization

Pierre Nabeth Daniel Menucci

nabethp@who.int menuccid@who.int

WHO/HSE/GCR

EpiSouth Plus 1st Project Meeting, Rome, Italy, 5-7 December 2012

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

Previous steps

- ✓ Identification of common capacities to be acquired or strengthened by EpiSouth countries: Analysis of WHO data
- ✓ WP7 Steering Team sub-regional meeting (July 2011): Decision to focus on coordination of surveillance and response between points of entry and national systems
- ✓ Literature review: relevant documents listed and collected
- ✓ WHO Inter-country meeting on strengthening of surveillance and response capacities under IHR (2005), Beirut, Lebanon, 26-28 March 2012
- ✓ WHO Expert Consultation to develop guidance on coordination between points of entry and national surveillance systems, Lyon, France, 16-18 July 2012

EpiSouth Plus 1st Project Meeting, Rome, Italy, 5-7 December 2012

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

Recommendations made during the Beirut meeting

Member States

- ✓ Strengthen surveillance and response capacities including at points of entry
- ✓ Integrate activities between PoE and national surveillance system
- ✓ Coordinate cross-border activities at all designated PoE and encourage joint designation among neighboring countries

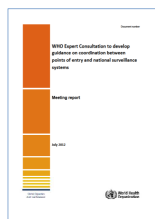
WHO

- ✓ Develop and adapt guidelines on strengthening coordination among neighboring countries including cross-border activities
- ✓ Provide technical guidance and support training activities to help EM countries in strengthening their surveillance and response capacities at PoE

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Outcomes of the WHO Expert Consultation in Lyon

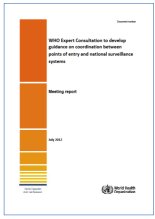


- ✓ Identification of main surveillance activities at PoE
- ✓ Description of the mechanisms of collaboration between staff working at PoE and those in national surveillance
- ✓ Identification of gaps in the organization of surveillance and response activities at PoE, and in collaborative mechanisms
- ✓ Identification of elements to address when developing guidance on surveillance at PoE

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Conclusions of the WHO Expert Consultation in Lyon



- ✓ Guidance for improving communication between PoE and national surveillance systems is needed
- ✓ Main challenge is to develop short and simple guidelines that are specific enough to provide operational support to teams working in the field
- ✓ Guidance should be initiated by WHO and developed with the contribution of experts and countries from all regions
- ✓ A detailed roadmap to be proposed rapidly

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Development of Guidance - Roadmap

Task	1st year												2nd year											
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Milestone 1	Preparation and agreement on the working plan																							
Milestone 2	Table of contents of the guidelines with key bullet points for each topic																							
Milestone 3	Presentation of the aim and contents of the guidelines																							
Milestone 4	Identification of experts who will revise/comment specific parts of the guidance																							
Milestone 5	1 st draft guidelines																							
Milestone 6	1st round for review from WHO staff and consolidation of input																							
Milestone 7	2nd round for review from the working group and consolidation of input																							
Milestone 8	Protocol for pilot testing of guidance																							
Milestone 9	Final draft for pilot testing																							
Milestone 10	Pilot testing in the EpiSouth Project regions and in other regions																							
Milestone 11	Revision of guidelines based on pilot testing																							
Milestone 12	Peer review - Final round for comments																							
Milestone 13	Consolidation of input from peer review																							
Deliverable	Final guidelines available																							

D: Deliverable, M: Milestone

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Guidance – Guiding principles

- ✓ Short and simple
- ✓ Taking into consideration existing PoE and surveillance guidelines
- ✓ Specific enough to provide operational support to teams working in the field
- ✓ Adaptable to country specific needs and capacities
- ✓ Minimum acceptable standards
- ✓ For all types of PoE
- ✓ Multi-sectoral approach

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Guidance – Content (1)


Rationale, objectives, and audience

- ✓ Why the guidance is needed
- ✓ Objectives of the guidelines
- ✓ Target audience
- ✓ Existing related guidance

Methods

- ✓ Expert consultation meetings and focus groups
- ✓ Literature review
- ✓ Summary of existing evidence
- ✓ Pilot testing

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Guidance – Content (2)

Description


- ✓ Communication needs
- ✓ Actors
- ✓ Sources of information
- ✓ Criteria for events that need to be communicated from/to PoE
- ✓ Flow of information
- ✓ Principles

Examples

References

Annexes

EpiSouth Plus 1st Project Meeting, Rome, Italy, 5-7 December 2012 9



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Guidance – Pilot testing

- ✓ In different WHO regions, in countries with different settings
- ✓ EpiSouth Plus:
 - ✓ Development of the pilot testing methodology
 - ✓ Test in countries from the Eastern Mediterranean and European Regions

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EpiSouth-Plus

WP4: Mediterranean Regional Laboratories Network (MRLN)

Joint meeting of Steering Team and Heads of Lab meeting

**First EpiSouth-Plus Project Meeting,
Rome, 5-7 December 2012**

international network
Institut Pasteur

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

AGENDA

- Presentation of the upcoming activities**
 - 2nd training on Dengue and Biosafety II
 - Stages at the Institut Pasteur (2 for non-EU countries)
 - Onsite assessment by experts (2 for EU countries + 3 to 4 for non-EU countries)
- Supporting the transport of diagnostic kits or laboratory samples for diagnostic confirmation**
 - How to get information for the transport of samples? (couriers, laboratory licences, etc.)**
 - Any interest for a list of couriers and to collect the experience of this service regarding their international exchanges?
 - Any interest for collecting for each country the rules for transport? (Questionnaire to set-up)

international network
Institut Pasteur

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

- Discussion on a proposal to the MRLN of a pre-selected list of laboratories that could provide a confirmatory diagnosis
- Discussion on the pathway to set-up a confirmatory diagnosis procedure between MRLN members

3. Brainstorming

How to share methods, protocols, guidelines? What documents should be shared? How should it be disseminated (email, forum, public area, etc.)?

international network
Institut Pasteur

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- Suggestions for sessions to include:**
 - General WN information session (background clinical state, ecology of the virus, case definition,.....)
 - Participants should come with some algorithm of diagnosis to compare and share (include differential diagnosis e.g. for neuroinvasive disease)
 - Information on crossreactivity with other flaviviruses should be included
 - For endemic countries secondary infections have to be taken into account.
 - Comparison of commercial kits
 - Transport (hospital – lab) and conservation of samples
 - Sequence and phylogeny analysis
 - Biosafety (practical training, maintenance of biosafety cabinets and BSL3-2 labs)

international network
Institut Pasteur

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

Preliminary proposal for course in 2013

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08h30-09h00		Introduction	Introduction	Introduction	Introduction
09h00-10h45	Presentation of the training and the The EpiSouth plus network Presentation of participants Evaluation of participants	Biosafety II Module	Interpretation of PCR	ELISA Interpretation	Case studies
10h45-11h00	Break	Break	Break	Break	Break
11h00-13h00	Introduction to West Nile Global Surveillance and focus on the Mediterranean area Clinical aspects of West Nile	Overview of the available Laboratory Diagnosis techniques Medical entomology	Biosafety II Module	Overview of Rapid tests	Case studies
13h00-14h00	Lunch	Lunch	Lunch	Lunch	Lunch
14 h 00 -15h 30	Biosafety II Module	West Nile PCR	table top exercise	Immunizing (in killed) Phylogeny of the West Nile viruses	Evaluation of Participants Open discussion and General Conclusion of the course
15h30 - 16h 00	Break	Break	Break	Break	Break
16h00 - 18 h 00	Biosafety II Module	ELISA	table top exercise	Phylogeny of the West Nile viruses	

international network
Institut Pasteur

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

1. Presentation of the upcoming activities

- 2nd training on Dengue and Biosafety II
- Stages at the Institut Pasteur (2 for non-EU countries)
- Onsite assessment by experts (2 for EU countries + 3 to 4 for non-EU countries)

international network
Institut Pasteur

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- Criteria:
 - Non EU Country
 - BSL3 facility ready or final phase of set up
 - Minimal WN/Dengue techn.

Identified candidate: Algeria
Second place: call for candidate

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

- 1. Presentation of the upcoming activities**
 - a. 2nd training on Dengue and Biosafety II
 - b. Stages at the Institut Pasteur (2 for non-EU countries)
 - c. Onsite assessment by experts (2 for EU countries + 3 to 4 for non-EU countries)

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

Needs	Matching Expertise You Can Offer	Name and Affiliation, Country:
Dengue/West Nile diagnosis PCR		
Dengue/West Nile serology (ELISA)		
Seroneutralisation test; (BSL3-2) Facility and cell culture facility		
Other technical aspects:		
BSL3 maintenance		
Datamanagement		
Standard Operating procedures		
Other:		

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2. Supporting the transport of diagnostic kits or laboratory samples for diagnostic confirmation

- to identify the possibilities and problems related to transport of samples;
- To have knowledge of rules for transport:import and export in different countries;
- A questionnaire has been answered by the participants;

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- b. Discussion on a proposal to the MRLN of a pre-selected list of laboratories that could provide a confirmatory diagnosis: SUPPORTING LABS;**

6 Labs master the « golden standard » methods: sero-neutralization as a routine test (France, Greece, Italy, Slovenia, Spain, Turkey)

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- c. Discussion on the pathway to set-up a confirmatory diagnosis procedure between MRLN members:**

Make a Checklist on things to do before sending:

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4. Sending biological material:

a. Information needed for receiving lab:

- Label
- Nature of sample (serum, urine, CSF, , DNA, other)
- Concentration
- Min. clinical information
- Inform the receiving lab of the other tests which have been done on the case (if known)
- Get informed of sending conditions
-

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• 3. Brainstorming

How to share methods, protocols, guidelines? What documents should be shared? How should it be disseminated (email, forum, public area, etc.)?

Use of EpiSouthplus website forum.

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Acknowledgements

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WP4 Heads of Laboratory meeting , Ankara 8-9 March 2012

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

Schedule of the Dengue/Biosafety I course at Institut Pasteur, Paris (July 2012)

	MONDAY 02/07	TUESDAY 03/07	WEDNESDAY 04/07	THURSDAY 05/07	FRIDAY 06/07
08h30-09h00	Arrival / Welcome	Debriefing	Debriefing	Debriefing	Debriefing
09h00-10h45	Presentation of the training Philippe Dubois and Philippe Dubois (30 mn) The EpiSouth network Katherine Houri (15 mn) Presentation of participants (30 mn) Pre-test (30 mn)	Introduction to Biosafety + Waste management Ignacio Kallings (1h) Quality management Sample management Philippe Dubois (45 mn)	Interpretation of PCR data + In house + ELISA (continued)	ISST Module 1 Shipping terms ISST Module 2 Categorization Philippe Dubois (2h)	ISST Final test Quality Management Documents and records International Health Regulations Philippe Dubois (2h)
10h45-11h00	Break	Break	Break	Break	Break
11h00-13h00	Introduction to arboviruses and dengue: Surveillance in the Mediterranean area and Viral diagnosis Mathias Nisling (1h30)	Database Problems to be solved Tube reception Treatment of samples	"In-house" ELISA (continued)	5 ISST Module 3 Packaging 5 ISST Module 4 Marking Philippe Dubois (2h)	Final test Philippe Dubois Open discussion (1h)
13h00-14h00	Lunch	Lunch	Lunch	Lunch	Lunch
14h00-15h30	Medical entomology Valérie Choumet (1h) Emergence of arboviruses in the Mediterranean Region Anna Papa (1h)	Laboratory diagnosis of dengue qRT-PCR	"In-house" ELISA (continued)	ISST Module 5 Documentation ISST Module 6 Refrigeration Philippe Dubois (2h)	Case study Projection on the case management in the participating countries, according to their means and legislation
15h30-16h00	Break	Break	Break	Break	Break
16h00-19h00	International Shipping of dangerous Substances + ISST Introduction + Pre-test (45 mn)	"In-house" ELISA (starting)	Commercial kits assays Interpretation of ELISA data	Dengue virus: Medical aspects / epidemiology Anna Papa (1h) Working dinner	General conclusion of the training (30 mn)

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International network Institut Pasteur

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

• Biosafety II Module:

PPE exercise (BSL3-BSL2), risk assessment, facility design and maintenance (including biosafety cabinets), handling emergencies and decontamination, International Biosafety rules.

International network Institut Pasteur

Tool for generic preparedness plan development

WP5 WG

Serbia, Spain, Malta, Libya, Romania
ECDC, Tephinet, HPA, Shipasan

Rationale for a Tool

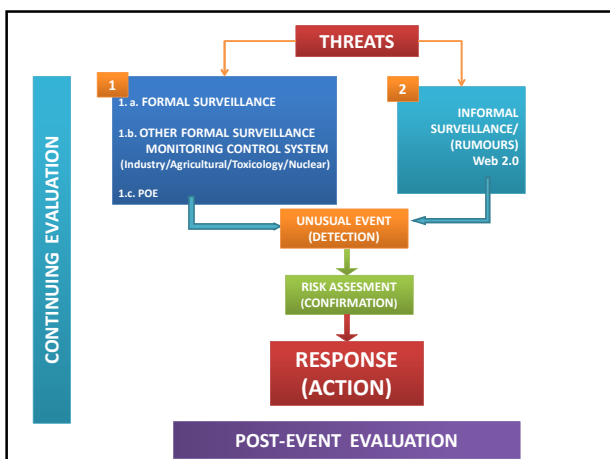
- Results of the Core-Capacity Assessment
- Results of the Madrid Workshop Feb 2012
- Results of the WHO Lyon Meeting PoE
- Many available guidelines from different agencies (WHO, ECDC, others)

Objective

- To ease the development of Generic Preparedness & Response Plans by countries

Five parts of the tool

- Country office capacities inventory
- Emergency Response Team ERT
- Hazards management
- Communication
- Coordination



Questions

1. Do you think that this kind of tool can be useful in your country?
2. Who is the key target audience to whom address the tool?
3. Do you think the proposed structure is adequate?
4. What is missing in this outline?
5. What is not useful?
6. Is there a clear chain for decision making for what and when to communicate?
7. Is there a procedure for ensuring availability of needed information for decision makers?

Conclusions


- Useful tool
- Target audience for the tool: Only national actors
- Structure of the plan:
 - The chapter “Emergency Response Team” changed to “Emergency Coordination Team”
 - Include a glossary

Recommendations

- Communication team linked to the ECT to avoid spread of false rumors
- To develop preparedness for different levels of emergency severity
- Involve from the beginning the IHR focal point inside each country
- Availability of monitoring tools / databases that allow to give timeline quantitative data during the hazard management


Next steps

- WP5 steering team to revise the draft of the tool and to share the drafted tool with all countries involved in episouth
- Other relevant key stakeholders (WHO, ECDC, Tephinet, Shipsan...) to be involved in the revision
- ECDC will send the checklists they developed to assess the preparedness in EU countries
- Based on inputs, WP5 co-leaders will finalise the tool

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

WP6 parallel session EPIS /EpiSouth Platform Approval of the Epis Platform

WP6 Steering Team
WP6 EpiSouth Epidemic Intelligence programme

 EpiSouth PLUS Project
Rome, 07 December 2012

1


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

WP6 parallel session - Approval of EPIS /EpiSouth Platform



Algeria: Karima Meziani
ECDC: Pasi Pattinen
Israel: Michal Peri-Markovich
Italy: Massimo Fabiani, Silvia Declich, Cristina Borella, Cinthia Montana
Kosovo: Nasser Ramadani
Morocco: Ahmed Rguig (*reporter*)
Montenegro: Dragan Lausevic
Palestine: Bassam Madi, Wesam Sbehat
Romania: Aurora Stanescu
France: Fatima Ait-Belghiti, Coralie Giese, Philippe Barboza
CINECA: Lucas Delmatte
Observer: Brian Doherty (JRC)


 EpiSouth PLUS Project Rome, 07 December 2012

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 **Agreement modalities for the transition on EPIS platform**


- 2 approvals for joining Epis:
 - by **EpiSouth network as whole:** Informal approval by the EpiSouth network (today, hand up)
 - go live of the platform in the coming days
 - By **institutions/countries:** official approval
 - ❖ Joint official letters will be provided to countries: WP1 /WP6 + EC (?) / ECDC. To be sent by WP1.
 - ❖ Feedback on approval is expected on January 2013: through official letters (the best is to start on board all at the same time as much as possible, but approval can be provided later if needed)
 - ❖ Approval by country or by institution? Same rules as for nomination of focal point



 **Additional challenges & remarks**


- **Data transfer** will be considered later but it is not compulsory
- **eWEB bulletin & platform** are totally linked: decision regarding the continuation of the eWEB bulletin should be considered by ECDC / EC.
- Epis at ECDC = EU regulations will apply
Information regarding **Personal data protection & confidentiality** are referred on the platform
- Shift is not only technical, but also political
- Need of terms of reference associated with the letter?
- describing exact conditions of this commitment
- Any other requirement to document the request?



Before voting, any question?



 


 **VOTING**

INFORMAL APPROVAL BY EPISOUTH NETWORK

As a focal point of the EpiSouth network, do you agree on switching from the EpiSouth platform to the Epis/ EpiSouth platform?


Yes No





EpiSouth

Thank you for your attention
شكراً
Merci



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


EpiSouth

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

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.
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The Remediation plan

Plan extracted from the agreement 20091105: page 40-41/104.

- **Objective:** Research of a final consensus planned during the 1st annual meeting. =>
Aim: Getting formal approval of the new platform

1. If consensus reached:
 1. Launching of the EpiSouth/Epis platform and training of users will be done
2. If for some internal/external reasons, some countries may refuse the transfer of the platform; A remediation plan is as follow:
 1. Reasons will be clarified and technical solutions will be looked for
 2. If a few number still refuse, a working group will propose solutions
 3. If a great majority of countries (non EU) refuse, a transition period to familiarize will be proposed with a double posting of alerts.

- **If at the end of this period**, countries still refuse, platform transfer will be reconsidered, taking into account that SANCO declared that it will not fund the development of EpiSouth platform at anytime.

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EpiSouth-Plus

1st Project Meeting

Output of the parallel session

WP7 ST and invited experts

EpiSouth Plus 1st project Meeting, Rome, 5-7 December 2012

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

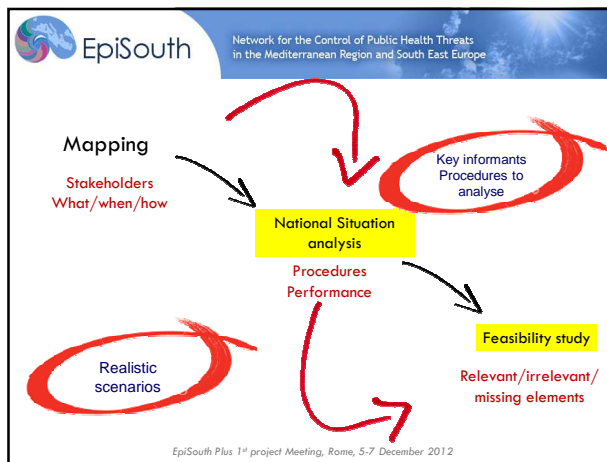
Participants

1. WP7 ST
 - Jordan, Israel, Greece, Cyprus, Albania, Slovenia, Italy
2. WHO IHR, WHO EURO, EAHC, EMPHNET, SHIPSAN

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

Objectives

- ✓ Agree on proposed methodology for in depth study
- ✓ Identification of candidate key countries
- ✓ Timeline and next steps



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

Real life case studies in the EpiSouth Region on coordination of surveillance between PoE and National Surveillance Systems

Outcome of the WHO guidance feasibility study in key EpiSouth Countries

EpiSouth Plus 1st project Meeting, Rome, 5-7 December 2012

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Expected results

- Exchange national experiences
- Provide feedback to WHO

Outcome long term:

- Improve planning capacity in the country for development of surveillance capacity at PoE

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Selection of EpiSouth key countries with respect to surveillance at PoE

What has an impact on coordination strategies in place for surveillance PoE/NHS?

Administrative levels
Geography
Organization of the NHS

**3→4 scenarios
2 EU and 2 non EU**

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Scenario	Expected impact on coordination between PoEs and National Surveillance System	
Small coastal states and islands	No or few ground crossings, numerous ports, few airports. Small countries with possibly fewer administrative levels/overlapping professional functions.	Cyprus?
Large States with extensive coastlines and federal or strongly decentralized health systems	All PoE present in large numbers, numerous administrative levels with diversification of competencies and greater coordination complexities.	Italy? Spain? Greece?
States with no or little coastlines	Ports absent or very limited, higher importance of airports and ground crossings for which greater experience may have been gathered.	Jordan? Romania?
Large States with extensive coastlines and centralized HS	All PoE present in large numbers, numerous administrative levels but central bodies	Turkey? Morocco? Albania? Tunisia?

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Step III

- ✓ **Feasibility Study** of WHO guidance on the country case studies.
- ✓ Assess relevant/irrelevant/missing elements and how the WHO guidance impacts on coordination of surveillance activities between Points of Entry and national surveillance systems.
- ✓ **Methodology**:
 - ✓ Interviews
 - ✓ Site visits (scenario analysis, both way communication explored)

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EpiSouth Plus Project Meeting

Next steps

- ✓ TOR submitted to candidates
- ✓ Identification of participating key countries
- ✓ Explore collaboration with other WPs (Eg WP5)

WP7 TC end of January

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Thank you

