## **IHR Operational Processes**

- Articles 5-11

Dr Esther Hamblion WHO Public Health Intelligence Unit Alert & Response Coordination Department



### IHR (2005) event notifications and PHEICs

IHR (2005) are applied to all events that may constitute a public health emergency of international concern (PHEIC).

Since 2007 nearly 5000 events have been reported by States Parties under IHR (2005) to WHO & 7 PHEICs declared



Acute public health events reported to WHO by Region between

Public Health Emergencies of International Concern 2007 and 2022 (n=7)



#### WHO's Public Health Intelligence workflow



### IHR (2005): early detection and notification

- IHR (2005) are applied to all events that may constitute a public health emergency of international concern (PHEIC).
- Member States at the national level assess all reports of urgent events within 48 hours (Annex 1)
- Notification within 24 hours of assessment of public health information of all events which may constitute a PHEIC, through the national IHR Focal Point (Art. 6):
  - Irrespective of origin or source: chemical, biological or radionuclear; or from unknown etiology
- WHO may take into account reports from sources other than notifications and consultations (Art.9)



### Notification assessment using Annex 2

#### Always notifiable

Smallpox, SARS, Wild-type poliovirus, Human influenza caused by new subtype

Any event of potential international public health concern that meet two of the criteria;

- Is the public health impact of the event serious?
- □ Is the event unusual or unexpected?

□ Is there any significant risk of international spread?

□ Is there any significant risk of international travel or trade restrictions?

### **Following notification**

obligation of continuous provision of accurate and sufficiently detailed information to WHO (Art 6.2)



### How else does WHO detect events – Article 5.4

Article 5.4: WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic.



#### WHO's Public Health Intelligence process



## WHO's Global Public Health Intelligence Infrastructure





### WHO Verification request (Art 10)

- WHO may take into account reports from informal sources of information (i.e., reports from other countries, informal information, media reports).
- WHO is mandated to obtain verification from States Parties of events that have not been reported by a State and may constitute a PHEIC (Articles 5.4, 9.1 and 10.1)
- Communication via regional IHR contact points and WHO country offices
- States Parties shall acknowledge these requests and provide available public health information on the status of the event within 24 hours, respectively (Article 10.2).
- In 2022, 66% of responses to verification requests were received in 24-48hrs.

Reason for WHO to request verification: strong indications of international public health implications (event which may constitute a PHEIC).



## WHO's Rapid Risk Assessment



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Major actions recommended by the risk assessment team

	Action	Timeframe
	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Select.
	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Select.
	Recommend setting up of grading call (funding can be accessed before grading completed)	Select.
	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Select.
⊠	Rapidly seek further information and repeat RRA (including field risk assessment)	Select.
⊠	Support Member State to undertake preparedness measures	Select.
⊠	Continue to closely monitor	Select.
	No further risk assessment required for this event, return to routine activities	Select.

list actions and identify persons responsible and due dates for each action in section 2 (Supporting information

> Performed on available information

• WHO internal process

- ▶ Involves all 3 level of WHO (HQ, RO, CO) and WHO technical teams
- > Potential consultation of external expert (WHO discretion)
- Formalize WHO' assessment of risks
- Reflect WHO's independent assessment including country's capacities /vulnerabilities to control outbreak/event
- Highlights urgent actions required including
  - Refers event for review of IHR EC for consideration as a PHEIC
  - Activation of Emergency Response Framework mechanisms
  - Recommend setting up a grading discussion
- Not public document
  - Could be shared with Member State when finalized
  - > High or Very high overall risk shared with UN General Secretariat
  - Shared with GOARN Steering committee (unless documented) reasons)



### **Emergency Response Framework & Grading**

- The Emergency Response Framework (ERF) is internal WHO guidance on how WHO manages the risk assessment, grading and operational response to public health events, in support of Member States and affected communities.
- Focuses primarily on scaling up and managing response activities for acute events and emergencies.
- Adopts an all-hazards approach
- Grading is an internal activation process to determine the level of operational response required by WHO.
- If not already in place, grading activates the Incident Management System





### Information Dissemination (Article 11)

- Sharing information with affected countries
- Sharing information with Member States
- Sharing information with the public health community / public
- Sharing information with other authorities
- Temporary recommendations in relation to a PHEIC



### Sharing information with affected countries (Art 9.2)

States Parties shall inform WHO within 24 hour of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported:

- Human cases
- Vectors which carry infection or contamination; or
- Goods that are contaminated

WHO informed and transfer as much information as possible to NFP

□ 9 7) ↑	🔶 🗢 Confirn	ned Yellow fever case in	Côte d'Ivoire ex Ango	ola - Message (HTML)	°. <b>⊙</b> ⊞	<u>_</u>		×.
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Confirmed Yellow fever case in Côte d'Ivoire ex Angola

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Dear					<u></u>

We would like to inform you that a confirmed case of yellow fever has been reported in Côte d'Ivoire in a 35-year-old male who traveled to Angola between 27 March and 2 April 2023. Investigation in Côte d'Ivoire suggests possible contamination in Luanda. The date of onset of symptoms is 4 April 2023, two days after his return from Angola, with malaise, headache, nausea, joint and muscle pain, without signs of jaundice or bleeding. Dengue fever was suspected, and the blood sample taken on 6 April was PCR positive at the Institut Pasteur in Dakar.

- Departure for Angola: 27 March 2023
- Itinerary: Abidjan, Accra, Dubai, Luanda
- Places visited in Luanda: Airport, Thompson Hotel, Metropolis Building
- Return from Angola 2 April 2023
- Return itinerary : Luanda, Dubai, Accra, Abidjan

We are sharing this information with you to explore whether it is possible to obtain information about the yellow fever situation in Luanda (and Angola) in general that may be related to this case, and to take steps to strengthen yellow fever surveillance. Additional requests may be made by colleagues copied on this communication.

Best regards,



## **Alerting Member States - EIS**

- EIS: secure website developed by WHO to facilitate communications with the National IHR Focal Points (NFPs) as part of the implementation of the IHR
- Information is provided by WHO to NFPs in confidence as specified in Article 11.1 of the IHR
- Information provided
  - IHR criteria assessment
  - Situation update
  - Public Health Response
  - WHO Risk Assessment
  - WHO Advice/Recommendations
  - Links for more information
- Compiled by technical experts across 3 levels of WHO
- Sent to NFP for consultation (an accuracy check)



				Event Information Site for IHR National Focal Points						
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#### https://extranet.who.int/ihr/eventinformation/

WHO shall **send to all States Parties** [...] **as soon as possible** [...] such public health information [...] which is necessary to enable States Parties to respond to a public health risk

## Alerting the public - DON

- WHO's main communications product for the public on acute public health events > 25 years
- Contents
  - Situation at a glance
  - Description of the outbreak
  - Epidemiology of the disease
  - Public health response
  - WHO risk assessment
  - WHO advice
  - Further information links
- Multi-stage production & clearance process of technical experts across all 3 levels of the organization approx. 10-50 individuals

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#### https://www.who.int/emergencies/diseaseoutbreak-news



### Other information dissemination for early warning

#### WHO Global SitReps

Coronavirus disease 2019 (COVID-19) Situation Report – 38	() North Number	World Health Organization COVID-19 Weekly Epidemiological Update
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<ul> <li>OperativeD, a web-based learning platform, has launched the free online courses introduction to Energing Aspandary Woods, including Novel Concessions, in <u>Romagness</u> and intentit and Safety Briefing for Aspandary Diseases – eMOTECT in <u>Exerch</u> today.</li> </ul>	3664 confirmed (746 new) 46 countries (Dinew) 57 deaths (13 new) WHO RISK ASSESSMENT	The number of new works, during increased in the fugure of the America (-213) and Western Fuelds Arg (+278), while decreasing transit were a cleared in the cather to express . As of 12 and 2022, are 533 million confirmed cases and online it. Finition during have been reported global Theor transit shauld be arterported with cathers as several concentres have been reported global Theor transit shauld be arterported with cathers as several concentres have been reported global (COO-13 arter) strategies multi-reported with cathers as several concentres of the performance of classicativity to and concentres of the performance of the performance of the concentres of classicativity to and classicativity to and performance of the performance of the performance of classicativity the classicativity of the concentres of the performance of classicativity of the classicativity of the performance of the performance of classicativity of the classic
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#### WHO Regional SitReps





#### **Emergency Dashboard**



https://extranet.who.int/publicemergency

#### **Event Specific Dashboards**







INFOSAN INFOSAN

#### **Events at Human-Animal-Ecosystem**



THE JOINT FAO-OIE-WHO GLOBAL EARLY WARNING SYSTEM FOR HEALTH THREATS AND EMERGING RISKS AT THE HUMAN-ANIMAL-ECOSYSTEMS INTERFACE

#### **Medical Product Alerts**

https://www.who.int/teams/regulationprequalification/incidents-and-SF/full-list-of-whomedical-product-alerts

### Summary

- WHO Public Health Intelligence activities WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. (Art 5.4)
- Notification of all events which may constitute a public health emergency of international concern (per IHR Annex 2), with follow-up of relevant information (Art 6)
- Consultations with WHO on non-notifiable events (Art 8)
- Reporting of public health risks in other countries (Art 9.2)
- Verification and provision of available information on events if requested by WHO, with follow-up of information (Arts 9.1, 10)
- Access to event information disseminated by WHO through its secure Event Information Site (Article 11)



# Thank you

For more information, please contact: Name: Esther Hamblion Title: Unit Head a.i. Public Health Intelligence (acute events) WHO HQ Email: hamblione@who.int

