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|  |
| Standard Operating Procedures |
| International Health Regulations (IHR) National Focal Point (NFP) for <insert country> |
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|  |
| **5/17/2017** |

**LIST OF ACRONYMS**

DO Duty Officer

DON Disease Outbreak News

EIS Event Information Site

GPHIN Global Public Health Intelligence Network

IAEA International Atomic Energy Agency

IHR International Heath Regulations

INFOSAN International Food Safety Authorities Network

NFP National IHR Focal Point

PHEIC Public Health Emergency of International Concern

SOP Standard Operating Procedure

WHO World Health Organization

<add any additional acronyms as needed>

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1. Introduction

The International Health Regulations (IHR) (2005) are a legally-binding global health security legal instrument agreed to by 196 States Parties[[1]](#footnote-1), including all WHO Member States. The purpose and scope of the IHR (2005) are “to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade.”

As part of the implementation of the IHR (2005), States Parties designated National IHR Focal Points (NFP),[[2]](#footnote-2) as a single entry point for communication with WHO IHR Contact Points related to public health event notification, consultation, verification, information sharing, and determination of a potential Public Health Emergency of International Concern (PHEIC).

The <insert ministry/department/office, i.e., Ministry of Health’s Office of the Chief Medical Officer (CMO)> was appointed in <insert year> by <i.e., Minister of Health> to act as the NFP lead for <insert country>. <Add any other key IHR NFP related posts that were officially created, and their dates, if applicable, i.e. IHR Coordinator, IHR Duty Officers etc…>.

The <insert ministry/department> organigram and IHR NFP functional components are available in Appendix 1.

Paragraph 4(1) of the IHR (2005) envisages that the IHR NFP, in addition to having the authority to communicate IHR-related information to WHO should also provide support for and, if so decided by the State Party, participate in collaborative risk assessment with WHO. The Government of <insert country> expects that the <insert post, i.e., Director of xxx> in collaboration with <insert other relevant posts or teams, i.e. Surveillance Unit, IHR Committee…> will take the lead on assessing events for <insert country> using the IHR (2005) Annex 2. Composition for all of the above is included in Appendix 2.

The obligations of the IHR NFPs relate to disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for notification, consultation, information sharing, verification, and determination of a potential PHEIC. Although under the IHR (2005) States Parties are obliged only to report incidents that may constitute a potential PHEIC, in practice dialogue and discussion with WHO are encouraged on other events that are of international public health significance. Certain functions of the IHR NFP are mandatory while others are not directly mandated to the IHR NFP in the text of IHR but are considered essential for the effective implementation of IHR (2005) within countries.

To carry out the mandatory functions under the IHR, all IHR NFPs must:

1. Remain accessible at all times for communications with WHO IHR Contact Points;
2. Send urgent IHR communications to WHO IHR Contact Points;
3. Disseminate information to relevant national sectors, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals, and other government departments; and
4. Consolidate input from relevant national sectors, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals, and other government departments.

These **Standard Operating Procedures** (SOPs) describe the structure of the <insert country> IHR NFP and its functional components (see Appendix 1 and 2) and the intersectoral processes to implement the mandatory obligations listed above. Furthermore, the SOPs aim to:

1. Establish a standardized process for the operations of the IHR NFP, particularly with respect to communication with WHO IHR Contact Point, potential public health emergency-related communications, and documentation of decisions/actions on situations that threaten international public health.
2. Identify and clarify roles and responsibilities in the implementation of the functions of the IHR NFP.
3. Provide a foundation for consistent, well-organized operations of the IHR NFP.

This document was created in <insert month/year> and would require review at least every <insert time frame, e.g., two years> and be routinely updated as necessary by <insert post, e.g., the IHR Coordinator>. Contact information included within the appendices will be reviewed and revised as needed.

**2. Roles, Responsibilities, and Processes to Carry Out <insert country>’s IHR NFP Functions**

The **IHR National Focal Point in <insert country>** is comprised of the following functional components:

*Note: The following are examples only. Please adapt to country requirements.*

1. The <insert post, e.g. **CMO or Director>** serves as the IHR NFP <designated authority or Responsible Person> and authorizing official for communication on behalf of the government of <insert country>. See Appendix 1 for organizational structure of the <insert ministry/dept> and composition of the IHR NFP. The <insert post, e.g. Deputy CMO, Deputy Director> serves as the alternate when the <insert primary post, e.g. CMO or Director> is unavailable.

2. The <insert coordinating or operational post, e.g. **IHR Coordinator>** supports the IHR NFP as the designated authority in its operations and ensures that the core functions of IHR NFP are conducted accordingly. The <insert post, if applicable> serves as the alternate <IHR Coordinator>.

3. The <insert functional group, i.e. **IHR Committee, IHR Stakeholder Group, IHR Network…**>supports the <insert posts # 1 and/or 2 from above>, as the NFP designated authority in its operations and ensures that the core functions of the IHR NFP are conducted. This <insert post #3> is an intersectoral team comprised of representation from all relevant sectors/departments across the <insert country> government and private sector. The members of the <insert post # 3> are responsible for various public health routine and emergency preparedness and response functions. The <insert post # 3> also provides subject matter expertise and support in IHR-relevant matters, including but not limited to event assessments, domestic IHR implementation efforts, and IHR-relevant consultations.[[3]](#footnote-3)

4. <insert other functional components, if applicable>

The <insert country> IHR NFP will carry out the following mandatory functions under the IHR:

1. Remain accessible at all times for communications with the WHO IHR Contact Point;
2. Send urgent IHR communications to the WHO IHR Contact Point;
3. Disseminate information (including that concerning basic requirements and procedures under IHR and input that must be received from various sectors in order to assess national public health events and risks) to relevant national sectors, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals, and other government departments;
4. Consolidate input from relevant national sectors, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals, and other government departments;
5. Participate with <insert Department/Unit name; e.g., Director of the Surveillance Unit, and other sectors if deemed relevant)> in IHR assessments, using the IHR Annex 2;
6. Coordinate and report on IHR monitoring and evaluation processes;
7. Participate in other committees and working groups (as the IHR NFP) essential to monitoring compliance with IHR;
8. Provide advice to senior health and other government officials on notifications to WHO;
9. Coordinate intercountry or regional information exchange.

See Appendix 3 for coordination of and information flow in and out of the <insert country> IHR NFP.

For the purposes of this SOP, the WHO IHR Regional Contact Point for <insert country> will serve as the primary WHO IHR Contact Point; however, it is understood that at times the WHO headquarters may also communicate directly with <insert country>.

**2.1 MANDATORY FUNCTION # 1: Ensuring 24/7/365 accessibility**

*Function overview:* *Remaining accessible at all times for communications with WHO IHR Contact Points (via email, telephone, and/or fax).*

*Rationale: In order to ensure coverage of the post around the clock, it is envisioned that IHR NFPs will not be individuals but rather offices, including potentially a designated government position supported by a functional structure. It is critical that the IHR NFP be contactable at all times, and it will not be possible for a single individual to carry out this function. Functional and reliable telephone, email, and fax lines are essential. The NFP should be contactable by direct telephone or fax and via a generic institutional email address, preferably one indicating its affiliation with the IHR (i.e. IHRNFP@email). Private email addresses should not be used.*

The <insert country> IHR NFP, has a 24/7/365 access through <insert description on how the country meets this requirement, i.e. through a dedicated duty officer phone, or use of <post>’s cell phone…+ provide the mobile number(s)> for receiving reports of emergencies/events. <Insert further process details if/as required, i.e. back-up or alternate measures to meet 24/7 requirement>.

<Also include any generic email addresses or other tools that help meet the 24/7 requirement> i.e.: There is a generic email for the IHR NFP <insert email address> accessible 24/7/365. The <insert relevant posts> have access to this generic email address.

**2.1.1 IHR Duty Officer System**

The IHR Duty Officer (DO) system is used to ensure that the <insert country> IHR NFP has 24/7/365 coverage for communication with the WHO IHR Regional Contact Point and other NFPs. The staffing and scheduling of the DO system is under the responsibility of <insert post>.

The designation of IHR DO is critical to ensuring communication outside regular working hours of the <insert ministry/department>.[[4]](#footnote-4) The DOs are members of the <insert applicable team(s) within the relevant ministry/department>. The DO roster is coordinated by the <insert post, i.e. IHR Coordinator>.

Should the IHR DO need to make a change to the rotational schedule, or not be able to complete his/her shift, then he/she must immediately inform the <insert post, e.g. IHR Coordinator> so that alternate IHR DO arrangements can be made.

See Appendices 1 and 3 for IHR DO contact information and the rotational schedule.

The <insert post, i.e. IHR Coordinator> will routinely test the DO system to ensure its functionality at least every <insert timeframe, e.g. 3 months>.

**2.1.2 Email Communication**

During office hours, the <insert post, i.e. IHR Duty Officer> is responsible to monitor the generic IHR NFP email address for communications from the WHO IHR Contact Point, other NFPs, and other sources. The <insert post, i.e. DO> is also responsible to triage and action the incoming communications.

Similarly, outside of regular working hours, the <insert post(s), i.e. IHR Duty Officer> monitors the generic IHR NFP email address and triages and actions any incoming communications.

The <insert post, e.g. IHR Coordinator> shall track timelines associated with IHR NFP responses and actions, and ensures that the IHR DOs are responding in a timely and appropriate manner.

**2.1.3 Telephone Communication**

For IHR communications via phone, the following procedure will be observed:

1. The <insert post, i.e. IHR Duty Officer’s> organizational mobile phone number will be the first number WHO will attempt to call.
2. The mobile phone of the <insert back-up, if applicable, i.e. IHR Coordinator> will be the second number that WHO will attempt to call.
3. The mobile phone of the <insert additional back-up, if applicable, i.e. IHR Responsible Person> is the third number WHO will attempt to call.

See Appendix 2 for relevant mobile phone numbers.

The IHR DO phone use should be restricted to official IHR-related communications ONLY.

**2.1.4 Fax Communication**

For IHR communications via fax, the following procedure will be observed:

<insert process details>

**2.1.5 IHR Duty Officer: Duty Periods**

IHR DO responsibilities are by default assigned for <insert details on rotation schedule / shifts, i.e.: two weeks at a time from 08:00 on Monday[[5]](#footnote-5) to 08:00 on the Monday two weeks later. In certain cases, DO duty periods may be assigned for longer than two weeks due to scheduling needs brought on by holidays, duty travel, annual leave, or other reasons. The duty period could be shorter during public health emergency periods.>

See Appendix 4 for an IHR DO rotational schedule template.

**2.1.6 Annual Confirmation – Update of Contact Details**

As per the IHR (Article 4), the mandatory confirmation of NFP contact information is requested once a year. In addition, WHO may request confirmation of NFP designated persons with Event Information Site (EIS) access.

***Procedure for annual confirmation:***

1. The WHO IHR Contact Point sends a link to IHR NFPs on an annual basis by email requesting the confirmation and updating of NFP contact details.
2. If there is no change in <insert country>’s NFP contact details, the <insert post, e.g. IHR Coordinator>, or his/her designate, should acknowledge receipt of the email within 24 hours and proceed in completing the annual confirmation before the deadline provided by WHO. In this case, the annual confirmation can be completed by clicking on the link provided and selecting the following option at the bottom of the screen:
* The **“My information is up-to-date”** option should be selected if the information listed is unchanged/accurate.
1. If there is a change in <insert country>’s NFP contact details, or when the IHR Responsible Person changes, the <insert post, e.g. IHR Coordinator>, or his/her designate, should acknowledge receipt of the email within 24 hours and proceed in requesting clearance from the <insert post, e.g. CMO or Director> to complete the annual confirmation. In this case, the annual confirmation can be completed by clicking on the link provided and selecting the following option at the bottom of the screen:
* The **“My information needs to be updated”** option should be selected if the information listed is incorrect and needs to be updated.
1. Selecting either one will complete the annual confirmation.

If there are any changes in contact details or of the IHR Responsible Person in between annual confirmations, the IHR NFP will send the updated information to the WHO IHR Regional Contact Point by email, or update the link provided by the WHO IHR Regional Contact Point, after appropriate clearance has been obtained from the <insert post, e.g. CMO or Director>.

**2.1.7 Bi-Annual Communication Test [[6]](#footnote-6)**

***Procedure to respond to a communication test:***

The <WHO IHR Regional Contact Point for the Americas>, conducts bi-annual communication tests by email, phone, and fax with the designated IHR NFPs of each State Party in the Region. Following the testing period, <the WHO IHR Regional Contact Point> will send a summary report to each State Party IHR NFP with the country’s results of the email, phone, and fax tests.

These communication tests provide a valuable opportunity for <insert country>’s IHR NFP to review its processes and procedures, and to address any issues and deficiencies. In addition, the IHR NFP should plan to routinely conduct its own internal communication tests to ensure its functionality <insert timeframe, e.g. at least monthly>.

BY EMAIL

1. The WHO IHR Regional Contact Point sends an email requesting that the IHR NFP respond and provide the “Name of the person replying to the email.”
2. The <insert post, e.g., IHR Duty Officer> should respond as soon as possible, and within two hours of receipt of the message, including the name of the person responding, to < insert appropriate contact detail, i.e. WHO ([email](https://mymail.paho.org/owa/redir.aspx?C=USOODtlR8EmgY0kmCOFXZLo1FewKf9EIgWwryQfnXId9uoFO-hAf_7E1xcsh1zbuGdFswwIttOo.&URL=mailto%3aihr%40paho.org))>.

BY PHONE

1. The <insert post, e.g., IHR Duty Officer’s> organizational mobile phone number will be the first number WHO will attempt to call.
2. The mobile phone of the <insert back-up, if applicable, e.g. IHR Coordinator> will be the second number WHO will attempt to call.
3. The mobile phone of the <insert additional back-up, if applicable, e.g. IHR Responsible Person> is the third number WHO will attempt to call.

The IHR Coordinator will routinely test the system to ensure its functionality <insert time frame, i.e. at least every month>.

BY FAX

1. The WHO IHR Regional Contact Point sends a fax requesting that the IHR NFP respond.
2. The <insert post, e.g. IHR Duty Officer> should respond as soon as possible to <insert appropriate contact detail, e.g. WHO IHR Regional Contact Point (email)>.

*Note: If the IHR NFP does not utilize a fax for IHR functions, inform WHO accordingly.*

**2.2 MANDATORY FUNCTION #2: Send urgent IHR communications and notifications to WHO IHR Regional Contact Point**

*Function overview:* *On behalf of the State Party concerned, sending to WHO IHR Contact Point urgent communications arising from IHR implementation, in particular under Articles 6-12 of IHR.*

*Rationale: States Parties are required to assess events* ***within 48 hours****, and notify the WHO IHR Regional Contact Point* ***within 24 hours*** *of assessment of all events that may constitute a PHEIC (IHR Article 6). In addition, other reporting and information-sharing requirements to the WHO and other IHR NFPs may apply.*

**2.2.1 Detection of Unusual Events**

Any unusual event in <insert country> must be reported by the health sectors or departments and other government officials to the <insert appropriate unit(s), e.g. Surveillance Unit>. Unusual events may include outbreaks of emerging and epidemic-prone disease, outbreaks of foodborne disease, natural disasters, and biological, chemical, or radiological-nuclear events whether accidental or deliberate.

The <insert appropriate unit(s), e.g. Surveillance Unit> will take the lead on assessing such events, gathering further information, and coordinating intersectoral discussions with relevant stakeholders.

Table 1: Types of unusual public health events and likely sector/department of detection

|  |  |
| --- | --- |
| Type of possible event | Sector/Department |
| Infectious diseases, including foodborne diseases, notifiable, vector borne diseases, and antimicrobial resistance | e.g.. Surveillance Unit; the Central Laboratory; Hospital Laboratory; Reference Laboratory; Water Co.; Regional Health Services; Vector Control; Veterinary Health… |
| Natural disasters | e.g. Emergency Management; Civil Defence; Armed Forces; Environmental Protection… |
| Radiological-nuclear or chemical events | i.e. Civil Defence; Armed Forces; Poison control; Port Health; National liaison for International Atomic Energy Agency (IAEA)… |
| Zoonotic | e.g. Surveillance Unit; Agriculture; Veterinary Health… |
| Plant pests and introduction of exotic species | e.g. Port Health; Agriculture… |
| Medical products  | e.g. Food and Drug; Ministry of Health; Pharmaceutical Inspectorate; Agriculture… |
| Imported food or product related hazard | e.g. Food and Drug; Agriculture; Port Health; Environmental Health… |
| <Specify other if/as applicable…> |  |

\*\**This list is intended to be illustrative and does not necessarily represent a comprehensive list of possible events.*

**2.2.2 Assessment and Notification of Public Health Events that may Constitute a Potential PHEIC**,(IHR Article 6)

*Rationale: Pursuant to Article 6 of the IHR (2005), States Parties are required to carry out an assessment within* ***48 hours*** *of receipt of evidence of public health events occurring within their territories utilizing the decision instrument provided in Annex 2 of the Regulations, and then to notify WHO of all qualifying events within* ***24 hours*** *of such an assessment. In addition, the State Party must communicate any health measure implemented in response, and, following notification, continuing to give WHO public health information about the notified event.*

In <insert country>, this assessment must be carried out by the <insert unit(s) / key players, i.e. Surveillance Unit in collaboration with the Director of XXX and the IHR Coordinator…>.

According to the Annex 2 decision instrument, there are essentially two categories of assessed events which must be notified to WHO under Article 6 by way of the IHR NFP:

1. Any event involving one or more cases of four specific diseases:

• Smallpox

• Severe acute respiratory syndrome (SARS)

• Human influenza caused by a new subtype

• Poliomyelitis due to wild-type poliovirus

2. All events that fulfill any two of four situational public health criteria from Annex 2:

• Is the public impact of the event serious?

• Is the event unusual or unexpected?

• Is there a significant risk of international spread?

• Is there a significant risk of international trade or travel restrictions?

Further, it should be noted that an event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally:

* Cholera
* Pneumonic plague
* Yellow fever
* Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
* West Nile fever
* Other diseases that are of special national or regional concern (e.g. dengue fever, Rift Valley fever, and meningococcal disease).

If an immediate public health action is required by other countries or by WHO, an expedited process should be followed and every effort should be made to conduct the assessment immediately.

If notification by <insert country> to WHO IHR Regional Contact Point is required:

* *Develop the notification:* The <insert post, e.g. IHR Duty Officer, IHR Coordinator…> shall complete the IHR Event Assessment email template to submit as the official notification of the potential PHEIC to WHO.

* *Approve the notification:* The <insert post, i.e. Director of XXX, CMO…>, or his/her designate, reviews and approves the notification package.
* *Briefing*: The briefing of the <e.g. Minister of Health or other, if applicable> by the <insert post, i.e. Director of xxx, CMO…>, or his/her designate, should occur within <insert timeframe, e.g. four hours>.
* *Submit the notification:* The <insert post, i.e. IHR Duty Officer, IHR Coordinator…> will then submit the final and approved notification package to the WHO IHR Regional Contact Point by email to <insert appropriate contact point, e.g. WHO IHR Regional Contact Point email address> within 24hours of the event assessment. The WHO Country Office shall also be notified simultaneously.

See Appendix 5 for an email template to be used for this notification.

This will complete the final step for <insert country> in meeting its obligations under the IHR to notify WHO of any event that may constitute a potential PHEIC.

**2.2.3 Information Sharing during Unexpected or Unusual Public Health Events**, (IHR Article 7)

*Rationale: The IHR stipulates if there is evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, States Parties shall provide WHO with all relevant public health information on the event.*

*The provisions of Article 6 apply in full; therefore States Parties are required to carry out an assessment within 48 hours of receipt of evidence of public health events occurring within their territories utilizing the decision instrument provided in Annex 2 of the Regulations, and then to notify WHO of all qualifying events within 24 hours of such an assessment.*

The <insert post, e.g IHR Duty Officer, IHR Coordinator…> will complete a package of available information and materials to submit to the <insert post, e.g. Director of xxx, CMO…> for clearance. Upon approval, the <insert post, e.g. IHR Duty Officer, IHR Coordinator…> will submit the available information and materials to the WHO IHR Regional Contact Point by email to <insert appropriate contact point email address> with a copy to the WHO Country Office.

See Appendix 6 for an email template to be used for this report.

**2.2.4 Consultation**, (IHR Article 8)

*Rationale: If the State Party so chooses, they may keep WHO advised on events occurring within a State Party's territory which do not require notification, and consult with WHO on appropriate health measures.*

The <insert post, e.g.. IHR Duty Officer, IHR Coordinator…> will gather information in support of the consultation, for the IHR NFP to engage in a discussion with the WHO IHR Regional Contact Point, following approval of <insert post, e.g. Director of xxx, CMO…>. The <insert post, e.g. IHR Duty Officer, IHR Coordinator…> will contact the WHO IHR Regional Contact Point by email <insert appropriate contact point email address> or phone to request this consultation, and also inform the WHO Country Office of the request. See Appendix 2 for contact details.

**2.2.5 Other Reports**, (IHR Article 9)

*Rationale: States Parties are required to inform WHO of a public health risk outside of 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. The State Party’s IHR NFP is to inform WHO within 24 hours of receipt of such evidence.*

The <insert post, e.g. IHR Duty Officer, IHR Coordinator…> will complete a package of available information and materials to submit to the <insert post, e.g. Director of xxx, CMO…> for clearance. Upon approval, the <insert post, e.g. IHR Duty Officer, IHR Coordinator…> will submit the available information and materials to the WHO IHR Regional Contact Point by email to <insert appropriate contact point email address> with a copy to the WHO Country Office.

See Appendix 7 for an email template to be used for this report.

**2.2.6 Verification**, (IHR Article 10)

*Rationale: The WHO IHR Regional Contact Point may request verification from a State Party of reports other than notifications or consultations which may constitute a potential PHEIC allegedly occurring within the country.*

The <insert country> IHR NFP must provide the WHO with an initial reply to, or acknowledgement of the verification request from the WHO, and within the same 24 hours, provide available public health information on the status of events referred to in the request by applying procedures for Article 6 (refer to section 2.4.2).

This request will be coordinated by the <insert post, e.g. IHR Duty Officer, IHR Coordinator…>, who must work with <insert country>’s relevant sector(s) and stakeholders to gather and consolidate all relevant information in order to verify the public health information and respond to WHO.

See Appendix 8 for an IHR event report template to respond to any such requests for verification.

Following approval of the response by the <insert post, i.e. Director of xxx, CMO…>, the <insert post, i.e. IHR Duty Officer, IHR Coordinator…> will submit the final response to the WHO IHR Regional Contact Point by email to <insert appropriate contact point email address> with a copy to the WHO Country Office.

**2.2.7 Determination of a Public Health Emergency of International Concern**, (IHR Article 12)

*Rationale: While only the Director-General of the WHO can declare a PHEIC, the Director-General shall consult with the State Party in whose territory the event arises regarding this preliminary determination. This type of communication may come in the form of an inbound email or phone message.*

*The State Party and WHO must come to a consensus within 48 hours on the determination or then Article 49 is enacted, wherein the WHO Director-General would seek the advice of the IHR Emergency Committee, established under Article 48, on appropriate temporary recommendations.*

If such an event should occur in <insert country>, and WHO seeks the participation of <insert country> in the IHR Emergency Committee, the <insert post, e.g. Director of xxx, CMO…> will be the designated representative on behalf of the Government of <insert country>.

**2.2.8 Collaboration and Assistance**, (IHR Article 44)

*Rationale: States Parties shall undertake to collaborate with each other, to the extent possible, in… the detection and assessment of, and response to, events as provided under these regulations… Furthermore, collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies.*

These communications may consist of:

1. The international reporting of certain notifiable diseases:
	1. Cases of notifiable diseases in persons who are moving to another country or in travelers from other countries
	2. Contacts (who reside in another country) of cases of notifiable diseases
2. Other event or public health information sharing activities.

The primary purpose of notifications under Article 44 is to initiate public health action and/or medical care in order to prevent the spread of communicable diseases and can be shared with either the NFP of the country(s) identified and/or with the WHO IHR Regional Contact Point.

The <insert post, e.g. IHR Duty Officer, IHR Coordinator…> will complete the package of supporting information and/or materials for <insert post, e.g. Director of XXX, CMO…>’s approval and subsequent sharing with the NFP of the implicated country(s) and the WHO IHR Regional Contact Point by email to <insert appropriate contact point email address> and the WHO Country Office.

See Appendix 2 for how to access the IHR NFP contact list on the EIS website and Appendices 9a and 9b for a reporting template.

**2.3 MANDATORY FUNCTION # 3: Dissemination of information to relevant national sectors**

*Function overview: Disseminating information to relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals, and other government departments (with responsibility for various IHR core capacities and potential hazards).*

*Rationale: IHR NFPs will ensure that all relevant sectors are provided with information received from WHO IHR Contact Points necessary for performance of the State Party's functions under the IHR, including information on public health risks, events potentially constituting PHEICs and temporary and standing recommendations, as well as other information provided by WHO under the IHR.*

Types of messages that may be received by the <insert country> IHR NFP from WHO or other IHR NFPs are listed below.

**2.3.1 Provision of Information by WHO**, (IHR Article 11)

WHO may provide public health information obtained from other States Parties to help States Parties in preventing and preparing for the occurrence of similar incidents.

Sources of data for this information may include surveillance, notification, information sharing, consultation, other reports, and verification information from States Parties outside <insert country>.

Types of communication sent by WHO includes but is not limited to:

* Postings from EIS for IHR NFPs (restricted website)
* PAHO/WHO Epidemiological Alerts and Updates (public domain) (applies to Americas Region)
* WHO Disease Outbreak News (DON) (public domain)
* International Food Safety Authorities Network (INFOSAN) Alerts
* Drugs Alerts

When this type of communication is received, the <insert country> IHR NFP will share it with the relevant unit(s)/sectors and authorities. Information would include whether it is for information/situation awareness or if action is required.

**2.3.2 Public Health Response**, (IHR Article 13, paragraph 5)

WHO may collaborate with States Parties in response to a public health risk to provide technical guidance and assistance. Such collaboration may include mobilization of international assistance. This message will be a request from WHO to support WHO-coordinated response activities.

When this type of information is received, the <insert country> IHR NFP will contact relevant unit(s)/sector(s) within 24 hours to respond to WHO’s request for support to other States Parties.

**2.3.3 Temporary Recommendations**, (IHR Article 15)

If it has been determined a PHEIC is occurring, the WHO Director-General may issue temporary recommendations. Temporary recommendations may include health measures to be implemented by the State Party experiencing the PHEIC or by other States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

When WHO issues temporary recommendation(s), WHO may modify or eventually terminate such recommendations.

The <insert country> IHR NFP will transmit these temporary recommendations to relevant unit(s)/ sector(s). The <insert post, e.g. Director of xxx, CMO…> will convene a meeting (virtual or face-to-face) to discuss and decide implications of the temporary recommendations to <insert country> and if national recommendations and/or actions should be taken in relation to the declared PHEIC.

**2.3.4 Standing Recommendations**, (IHR Article 16)

WHO may make standing recommendations of appropriate health measures for periodic or routine application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may modify or terminate such recommendations.

When WHO issues standing recommendation(s), the <insert country> IHR NFP will send these recommendations to relevant unit(s)/sector(s). The <insert post, e.g. Director of xxx, CMO…> will convene a meeting (virtual or face-to-face) to discuss and decide implications of such WHO standing recommendations for <insert country> and whether national recommendations/actions should be taken.

**2.3.5 Recommendation with Respect to Persons, Baggage, Cargo, Containers, Conveyances, Goods and Postal Parcels**, (IHR Article 18)

WHO may make recommendations of specific health measures for periodic or routine application. These measures include advice regarding persons, baggage, cargo, containers, conveyances, goods and/or parcels.

The <insert country> IHR NFP will communicate these recommendations to relevant unit(s)/sector(s). The <insert post, e.g. Director of xxx, CMO…> may convene a meeting to discuss and decide implications of such WHO recommendations for <insert country> and whether national recommendations/actions should be taken.

**2.3.6 Collaboration and Assistance,** (IHR Article 44)

In the event that collaboration or assistance is required within the <describe region, e.g. Caribbean>, <insert post, e.g. the Chief Medical Officers> will make direct contact with each other. In addition, the implicated State Party can request the WHO Country Office representative’s assistance. Also, IHR NFPs may contact each other directly or via the WHO IHR Regional Contact Point.

**2.3.7 Communication Mechanisms:**

The <insert country> IHR NFP would receive these messages via:

* WHO’s EIS for IHR NFPs (restricted website)
* Direct email from the WHO IHR Regional Contact Point (usually confidential information)
* WHO DON (public domain)
* PAHO/WHO Epidemiological Alerts and Updates (public domain) (applies to Americas Region)
* Global Public Health Intelligence Network (GPHIN)
* INFOSAN Alerts
* Other

The <insert post, e.g. IHR Duty Officer, IHR Coordinator…> shall disseminate such communications to all relevant sectors and departments (see Appendix 2 for contact details) **within <insert desired timeframe, e.g. 24 hours>** of receipt of the information. The communication would include whether it is for information/situation awareness, or if an action is required. Where and when necessary, the <insert post, e.g. IHR Duty Officer, IHR Coordinator…> shall coordinate and facilitate a meeting and appropriate response to the information and/or situation.

**2.4 MANDATORY FUNCTION # 4: Consolidation of input from relevant national sectors**

*Function overview: Consolidating input from relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals, and other government departments (with responsibility for various IHR core capacities and potential hazards).*

*Rationale: IHR NFPs will need to identify relevant sectors of the administration within their countries and establish efficient and functional channels of communication in order to receive and consolidate input which is necessary for the analysis of national public health events and risks.*

The <insert post, e.g. IHR Duty Officer, IHR Coordinator…> shall coordinate meetings and/or discussions with stakeholders and consolidate inputs from all relevant sectors related to any IHR-related public health events and other IHR matters. The consolidated information would be used for analysis of national public health events and risks and to report to WHO and/or other NFPs.

<Insert process details for calling and chairing such stakeholder and/or intersectoral meetings>

**2.5 Handling of personal data by the <insert country> IHR NFP**

**2.5.1 IHR Requirements**

The IHR (2005) defines ‘personal data’ as “any information relating to an identified or identifiable natural person” (*Article 1*). Article 45 of IHR further clarifies specific requirements for handling of personal data, primarily that any information must be “kept confidential and processed anonymously as required by national law”.

In addition, the IHR requires that personal data is processed fairly and in accordance with national law, is relevant and not more than necessary for public health purposes, is accurate and up-to-date where necessary, and destroyed or erased as soon as the record is no longer necessary. WHO will also provide personal data upon request of the individual, though it is unclear if they will provide WHO records or attempt to retrieve records from States Parties.

**2.5.2 Handling of Personal Data**

For the purpose of this document, “Personal Data” is information which is linked or linkable to a specific individual, such as surname, forename, main residence or abode of the person affected, passport number, age, date or place of birth, or mother’s maiden name.

The IHR NFP will occasionally receive personal data related to individual cases or may receive personal data from other countries or institutions and is required to transfer that information to the appropriate stakeholders.

This document will provide guidance for the IHR NFP on the handling of personal data or for transferring that information within the Government of <insert country>.

While personal data can be recorded, the IHR NFP does not have any need to keep a “system of records” of the information they receive, in a manner where information is actually retrieved by an individual’s name or personal identifier. However, sending and receiving personal data must be done in a manner to ensure that all “records” are being received and handled as described below.

For situations where the IHR NFP receives information via email/fax/mail or other ways of communications that include personal data, the IHR NFP must password protect, or encrypt, all personal data or identifiers prior to sending it to the appropriate sector or department.

1. **Emails** that are sent containing password-protected files should not include the passwords. A separate message should be sent containing any passwords to access files attached in a previous email. No personal data should be included in the body of the email. Emails that are received containing personal data should be saved as a MS Word file and password-protected immediately.

See Appendix 10 for instructions on how to password protect files.

1. **Fax/mail** received should be destroyed by shredder after confirming that it has been successfully scanned, emailed to the IHR NFP generic email inbox, and has been password-protected. The destruction of original information includes emails. Any email that is not password-protected that is received from another country must be immediately password-protected and sent to the intended recipient. The sender should confirm its receipt by the intended recipient, and after those steps, the original non-protected email should be deleted.

**2.6 Registry of events**

As a best practice, every event assessed by the <insert country> IHR NFP using Annex 2 should be logged into an internal NFP event registry (e.g., an excel spreadsheet or database designed for this purpose). The information shall be entered and housed by the <insert unit, i.e. Surveillance Unit of the Ministry of Health, NFP Unit…>. Events registered should include the final decision about whether to report the event to the WHO IHR Regional Contact Point.

The minimum variables to include in this registry are:

1. Event description
2. Date of event onset
3. Date of detection of event
4. Type of hazard (infectious, zoonoses, etc.)
5. Date of assessment
6. Which criteria under Annex 2 the event meets
7. Final decision about reporting to WHO IHR Regional Contact Point
8. Date of report to WHO
9. Justification for decision regarding reporting

**3. Legal and administrative frameworks**

**3.1 National Legal and Administrative Frameworks**

<insert all relevant national/domestic legal and administrative frameworks, and links if available, i.e.:

* Ministry of Health Act
* Regional Health Act
* Food and Drugs Act
* Veterinary Act
* Animal Health Act
* Fish and Fishery Products Act
* Environmental Protection Act
* Other…>

**3.2 References to other legal and administrative framework authorities and other IHR relevant documents**

* WHO, International Health Regulations (2005); available at: <http://www.who.int/ihr/9789241596664/en/index.html>
* WHO, The National IHR Focal Point Guide – Designation/establishment of National IHR Focal Points; available at

<http://who.int/ihr/legal_issues/nfp/en/index.html>

* WHO Event Management for International Public Health Security, Operational Procedures, WHO Working Document, June 2008; available at <http://www.who.int/csr/HSE_EPR_ARO_2008_1.pdf>

**APPENDIX 1: <insert country> Ministry of Health Organigram and**

**IHR NFP Functional Components**

<A. insert organigram(s) for the relevant government department, e.g., Ministry of Health, showing where the IHR NFP is located>

<B. insert diagram(s) showing the IHR NFP functional components/groups, e.g.,:

<insert country> IHR NFP Functional Components

**APPENDIX 2: All Relevant IHR Points of Contact Details**

<insert contact information for each functional group as defined in Appendix 1B, e.g.:

|  |
| --- |
| 1. **IHR NFP**
 |
| **Last name** | **First name** | **Title / Function**  | **Unit** | **Email** | **Office #** | **Mobile #** | **Home #** |
|  |  |  |  |  |  |  |  |
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| --- |
| 1. **Ministry of Health (key personnel)**
 |
| **Last name** | **First name** | **Title / Function**  | **Department** | **Email** | **Office #** | **Mobile #** | **Home #** |
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| --- |
| 1. **IHR Committee Members**
 |
| **Last name** | **First name** | **Title / Function**  | **Department** | **Email** | **Office #** | **Mobile #** | **Home #** |
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| --- |
| 1. **IHR Duty Officers**
 |
| **Last name** | **First name** | **Title / Function**  | **Department** | **Email** | **Office #** | **Mobile #** | **Home #** |
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| --- |
| 1. **Other Stakeholders (multi-sectoral)**
 |
| **Last name** | **First name** | **Title / Function**  | **Department** | **Email** | **Office #** | **Mobile #** | **Home #** |
|  |  |  |  |  |  |  |  |
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| --- |
| 1. **WHO**
 |
| **Last name** | **First name** | **Title / Function**  | **Department** | **Email** | **Office #** | **Mobile #** | **Fax #** |
| WHO IHR Regional Contact Point for the Americas | PAHO/WHO | ihr@paho.org |  |  |  |
|  |  | WHO Representative | WHO |  |  |  |  |
|  |  | Consultant: Epidemiologist | WHO |  |  |  |  |

* + - * **How to access other IHR NFPs on the WHO’s EIS website**
1. Enter the secure EIS website using your username and password
2. Click on the **Contact** tab in the top ribbon
3. From the dropdown menu click on **National Focal Points**
4. Scroll to find the country of interest

**APPENDIX 3: Coordination and information flow in and out of**

**the <insert country> IHR NFP**

<insert information flow map>

**APPENDIX 4: IHR NFP Duty Officer schedule**

<insert key Duty Officer schedule notes, e.g.:

* Duty Officers (DO) will serve 24-hour duty for 14 days, beginning at 08:00 Monday of every other week.
* Change of shift will occur between 08:00 and 09:00 every other Monday.
* The DO completing duty will brief the on-coming DO on issues requiring DO attention.

|  |
| --- |
| **IHR Duty Officer Contact Information** |
| **Post** | **Name** | **Email** | **Office #** | **BlackBerry #** | **Home #** |
|  |  |  |  |  |  |
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| --- |
| **IHR Program Duty Officer- Duty Schedule (Rotation)** |
| **Dates** | **Name of DO** | **Name of back-up DO** |
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**APPENDIX 5: IHR NFP Notification Email to PAHO/WHO under Article 6 (Template)**

***Purpose:*** *To notify WHO of an event in <insert country> that may constitute a public health emergency of international concern (PHEIC) in accordance with the IHR decision instrument (Annex 2).*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To:** WHO IHR Regional Contact Point email

**Cc:** WHO Country Office; <insert country> IHR NFP email

**Bcc:** <insert other relevant stakeholders>

**Subject:** Notification (Article 6, IHR) of a <insert event title, e.g,: an imported case of SARS from Country X to <insert country>>

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR OFFICIAL USE ONLY
This communication is for official use only and is not for public dissemination. Recipients may distribute it at their discretion, for operational purposes, to relevant public health officials in their organization/countries.**

Dear WHO IHR Colleagues,

In accordance with the International Health Regulations (IHR) (2005), Article 6 on “Notification", <insert country>’s National IHR Focal Point on behalf of the Government of <insert country> would like to report <insert event overview>.

<Insert event description, where possible including, e.g.,:

* case definitions
* laboratory results
* source and type of the risk
* number of cases and deaths
* conditions affecting the spread of the disease
* health measures employed

*Note: if this information is not yet available, then provide it to WHO as soon as possible in a follow-up/update report>*

**IHR ASSESSMENT**

Using the IHR (2005) Annex 2 decision instrument, the <insert country and department, i.e., Country X’s Ministry of Health>’s assessment is as follows:

**\* Does the event involve smallpox, wild-type poliovirus, human influenza caused by a new sub-type (including H5N1) or SARS?** Yes/No

**1. Is the public health impact of the event serious?**

Yes/No. <Include rationale>

**2. Is the event unusual or unexpected?**

 Yes/No. <Include rationale>

**3. Is there a significant risk of international spread?**

Yes/No. <Include rationale>

**4. Is there a significant risk of international travel or trade restrictions?**

Yes/No. <Include rationale>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<insert additional notes, if/as applicable, e.g.,:

**NOTE FOR WHO:** If this event should be posted to the secure Event Information Site (EIS) or otherwise shared with National IHR Focal Points or the public, we look forward to having the opportunity to preview and comment on the text of any proposed communication.>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you require further information, please do not hesitate to contact the <insert country> National IHR Focal Point.

Regards,

<insert country> National IHR Focal Point

<insert signature block>

**APPENDIX 6: Information sharing with WHO under Article 7 (Template)**

***Purpose:*** *To report an unexpected or unusual public health event within <insert country>, irrespective of origin or source, that may constitute a public health emergency of international concern. The public health event meets only the second criterion of the algorithm in Annex 2, i.e.:*

* *The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown;*
* *Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms;*
* *Occurrence of the event itself unusual for the area, season or population; or*
* *Event caused by a disease/agent that had already been eliminated or eradicated from <insert country> or not previously reported.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To:** WHO IHR Regional Contact Point email

**Cc:** WHO Country Office; <insert country> IHR NFP email

**Bcc:** <insert other relevant stakeholders>

**Subject:** Information sharing (Article 7, IHR) related to <insert event> in <insert location>

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

**This communication is for official use only and is not for public dissemination. Recipients may distribute it at their discretion, for operational purposes, to relevant public health officials in their organization/countries.**

Dear WHO IHR Colleagues,

In accordance with the International Health Regulations (IHR) (2005), Article 7 on “Information-sharing during unexpected or unusual public health events”, the <insert country>’s National IHR Focal Point on behalf of the Government of <insert country> would like to report <insert event description, if applicable, including:

* case definitions
* laboratory results
* source and type of the risk
* number of cases and deaths
* conditions affecting the spread of the disease
* health measures employed>

*Note: if this information is not yet available, then provide it to PAHO/WHO as soon as possible in a follow-up/update report, if applicable>*

**IHR Assessment**

Using the IHR (2005) Annex 2 decision instrument, the <insert country and department, i.e. Country X’s Ministry of Health>’s assessment is as follows:

**\* Does the event involve smallpox, wild-type poliovirus, human influenza caused by a new sub-type (including H5N1) or SARS?** No.

**1. Is the public health impact of the event serious?**

No. <Include rationale, if applicable>

**2. Is the event unusual or unexpected?**

Yes. <Include rationale>

**3. Is there a significant risk of international spread?**

No. <Include rationale, if applicable>

**4. Is there a significant risk of international travel or trade restrictions?**

No. <Include rationale, if applicable>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<insert additional notes, if/as applicable, e.g.:

**NOTE FOR WHO:** If this event should be posted to the secure Event Information Site (EIS) or otherwise shared with National IHR Focal Points or the public, we look forward to having the opportunity to preview and comment on the text of any proposed communication.>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you require further information, please do not hesitate to contact the <insert country> National IHR Focal Point.

Regards,

<insert country> National IHR Focal Point

<insert signature block>

**APPENDIX 7:** **Information Sharing with WHO under Article 9 of the IHR (Template)**

***Purpose:*** *To inform WHO, as far as practicable, within 24 hours of receipt of evidence of public health risks occurring outside of <insert country> that may cause international disease spread. The evidence may be manifested by exported or imported human cases, vectors which carry infection or contamination; or goods that are contaminated.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To:** WHO IHR Regional Contact Point email

**Cc:** WHO Country Office; <insert country> IHR NFP email

**Bcc:** <insert other relevant stakeholders>

**Subject:** Information sharing (Article 9, IHR) related to <insert event> in <insert location>

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

**This communication is for official use only and is not for public dissemination. Recipients may distribute it at their discretion, for operational purposes, to relevant public health officials in their organization/countries.**

Dear WHO IHR Colleagues,

In accordance with the International Health Regulations (IHR) (2005), Article 9 on “Other reports”, the <insert country>’s National IHR Focal Point on behalf of the Government of <insert country> would like to report <insert event description, if applicable, including, e.g.:

* case definitions
* laboratory results
* source and type of the risk
* number of cases and deaths
* conditions affecting the spread of the disease
* health measures employed>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<insert additional notes, if/as applicable, i.e.:

**NOTE FOR WHO:** If this event should be posted to the secure Event Information Site (EIS) or otherwise shared with National IHR Focal Points or the public, we look forward to having the opportunity to preview and comment on the text of any proposed communication.>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you require further information, please do not hesitate to contact the <insert country> National IHR Focal Point.

Regards,

<insert country> National IHR Focal Point

<insert signature block>

**APPENDIX 8: Response to a** [**request from WHO for the verification of a public health event under Article 10 of the IHR**](#_top) **(Template)**

***Purpose:*** *To respond within 24 hours to a request from WHO for the verification of a public health event occurring in <insert country>.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To:** WHO IHR Regional Contact Point

**Cc:** WHO Country Office; <insert country> IHR NFP email

**Bcc:** <insert other relevant stakeholders>

**Subject:** Response to a verification request (Article 10, IHR) related to <insert event> in <insert country>

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

**This communication is for official use only and is not for public dissemination. Recipients may distribute it at their discretion, for operational purposes, to relevant public health officials in their organization/countries.**

Dear WHO IHR Colleagues,

Further to your recent request for the verification, please find below the latest information on <insert event title> in <insert country>.

<insert event details and relevant information – and, if applicable, also include, e.g.:

* case definitions
* laboratory results
* source and type of the risk
* number of cases and deaths
* conditions affecting the spread of the disease
* health measures employed

**IHR ASSESSMENT**

Using the IHR (2005) Annex 2 decision instrument, the <insert country and department, i.e. Country X’s Ministry of Health>’s assessment is as follows:

**\* Does the event involve smallpox, wild-type poliovirus, human influenza caused by a new sub-type (including H5N1) or SARS?** Yes/No

**1. Is the public health impact of the event serious?**

Yes/No. <Include rationale>

**2. Is the event unusual or unexpected?**

 Yes/No. <Include rationale>

**3. Is there a significant risk of international spread?**

Yes/No. <Include rationale>

**4. Is there a significant risk of international travel or trade restrictions?**

Yes/No. <Include rationale>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<insert additional notes, if/as applicable, e.g.,:

**NOTE FOR WHO:** If this event should be posted to the secure Event Information Site (EIS) or otherwise shared with National IHR Focal Points or the public, we look forward to having the opportunity to preview and comment on the text of any proposed communication.>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should you require further information, please do not hesitate to contact the <insert country> National IHR Focal Point.

Regards,

<insert country> National IHR Focal Point

<insert signature block>

**APPENDIX 9a: Bilateral information sharing under Article 44 (Template)**

***Purpose:*** *To inform appropriate country authorities (via IHR National Focal Points) of cases and/or contacts of a case, or of an event/risk, for the purposes of public health follow-up or action (e.g., contact tracing for a highly infectious disease like measles).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To:** <insert email address for relevant NFP from EIS listing>

**Cc:** WHO IHR Regional Contact Point;WHO Country Office; <insert country> IHR NFP email; technical lead(s)

**Bcc:** <insert other relevant stakeholders>

**Subject:** Information sharing (Article 44, IHR) related to <insert event title> in <insert country>

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

**This communication is for official use only and is not for public dissemination. Recipients may distribute it at their discretion, for operational purposes, to relevant public health officials in their organization/countries.**

Dear IHR National Focal Point for <insert country>,

In accordance with the International Health Regulations (IHR) (2005), Article 44 on "Collaboration and assistance," <insert country>’s National IHR Focal Point on behalf of the Government of <insert country> would like to report <insert event details, i.e. a case of/a contact of/a risk of/an event involving…>.

If you are interested in receiving information related to this event, please contact <insert technical lead’s name from XXX> (copied above and full email address below).

*Technical Lead:*

<insert name and signature block of the technical lead, e.g.,:

Dr. Jane Doe

Epidemiologist

Ministry of Health

<insert country>

Tel: + (555) 555-5555

Email: jane.doe@emailaddress

Regards,

<insert country> National IHR Focal Point

<insert signature block>

**APPENDIX 9b:** [**Bilateral Request for Information or the Verification of a Public Health Event**](#_top) **under Article 44 (Template)**

***Purpose:*** *To request information or the verification of a public health event from PAHO/WHO or directly from another IHR NFP.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To:** <insert email address WHO Regional Contact Point for relevant NFP from EIS listing>

**Cc:** WHO IHR Regional Contact Point;WHO Country Office; <insert country> IHR NFP email; technical lead(s)

**Bcc:** <insert other relevant stakeholders>

**Subject:** Request for information (Article 44, IHR) related to <insert event title> in <insert country>

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**FOR OFFICIAL USE ONLY**

**This communication is for official use only and is not for public dissemination. Recipients may distribute it at their discretion, for operational purposes, to relevant public health officials in their organization/countries.**

Dear IHR National Focal Point for <insert country>,

In accordance with the International Health Regulations (IHR) (2005), Article 44 on "Collaboration and assistance," the <insert country>’s National IHR Focal Point on behalf of the Government of <insert country> would like to request your assistance in obtaining further information / verification concerning <insert event title/request purpose>.

<Insert details on the event, rumour, or media article>

Thank you very much in advance for your assistance.

Regards,

<insert country> National IHR Focal Point

<insert signature block>

**APPENDIX 10: How to Password Protect Files**

1. Open the file
2. On the **File** tab, click on the **Protect document** icon
3. Select **Encrypt with password**
4. Enter password when prompted
5. Click **Ok**
6. Re-enter password when prompted
7. Click **Ok**
8. The document is now password-protected.

Pan American Health Organization / World Health Organization. Multilateral IHR NFP Strengthening Workshop Toolkit. June. Washington, DC: PAHO/WHO; 2017

1. A State Party is defined as the WHO, Member States, and Non-Member States that have agreed to be bound by the IHR (2005). States Parties therefore contributes to the global legal framework for the detection of and response to international public health risks and PHEIC events. [↑](#footnote-ref-1)
2. A National IHR Focal Point (NFP) is “the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations.” IHR Article 1. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. <insert ministry/department> official working hours are <insert hours, e.g. 08:00 to 16:00 Monday through Thursday and 08:00 to 15:30 Friday (except national holidays)>. [↑](#footnote-ref-4)
5. If the Monday is a holiday then the duty period shall begin on the next regular working day. [↑](#footnote-ref-5)
6. This activity is carried out by the WHO IHR Regional Contact Point for the Americas and therefore has been included in this generic SOP. [↑](#footnote-ref-6)