



IHR (International Health Regulations) & APSED (Asia Pacific Strategy for Emerging Diseases)

CK Lee

Team Leader, Emerging Disease Surveillance and Response

26 August 2014

CROSS-SECTORAL SECURITY COOPERATION ON BIO-PREPAREDNESS AND DISASTER RESPONSE WORKSHOP

26-28 August 2014. Manila, Philippines.

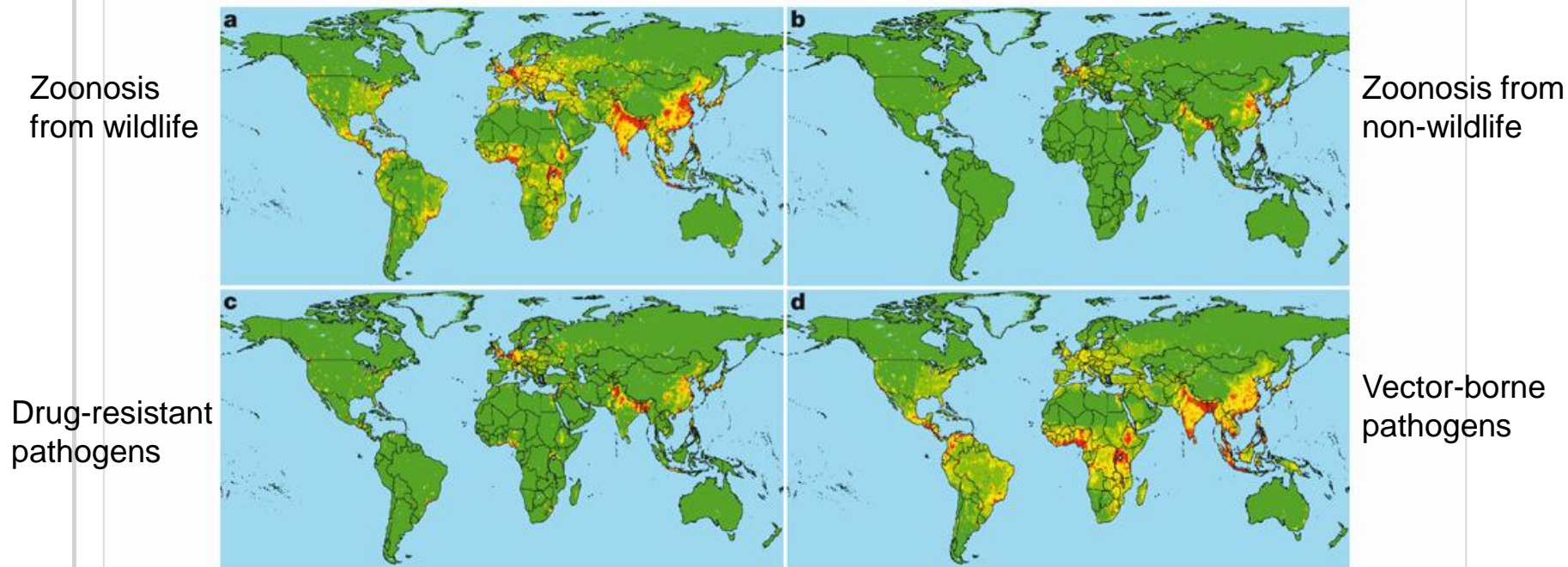
Asia-Pacific, a hotspot for EIDs

Global trends in emerging infectious diseases

Kate E. Jones, Nikkita G. Patel, Marc A. Levy, Adam Storeygard, Deborah Balk, John L. Gittleman & Peter Daszak
Nature 451, 990-993(21 February 2008)
doi:10.1038/nature06536

Figure 3: Global distribution of relative risk of an EID event.

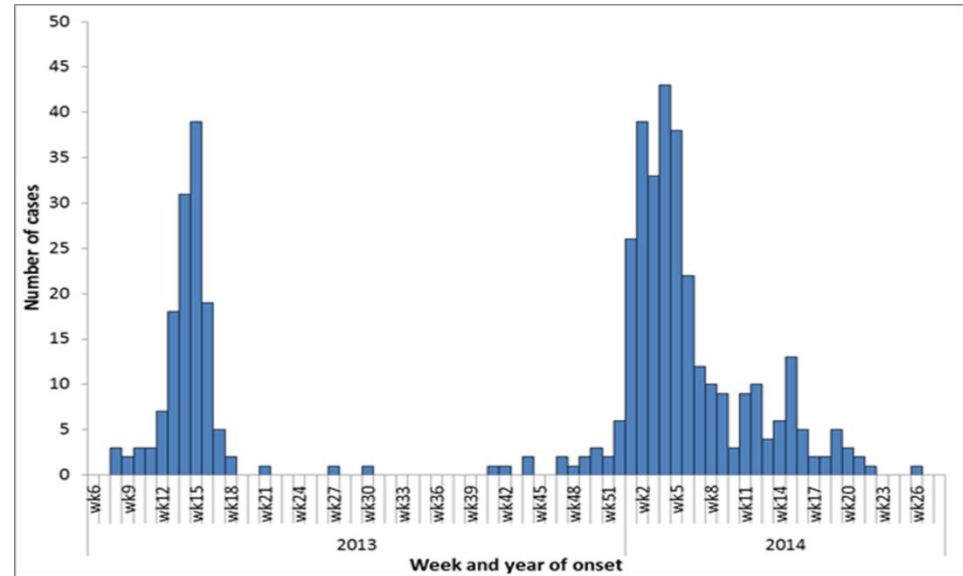
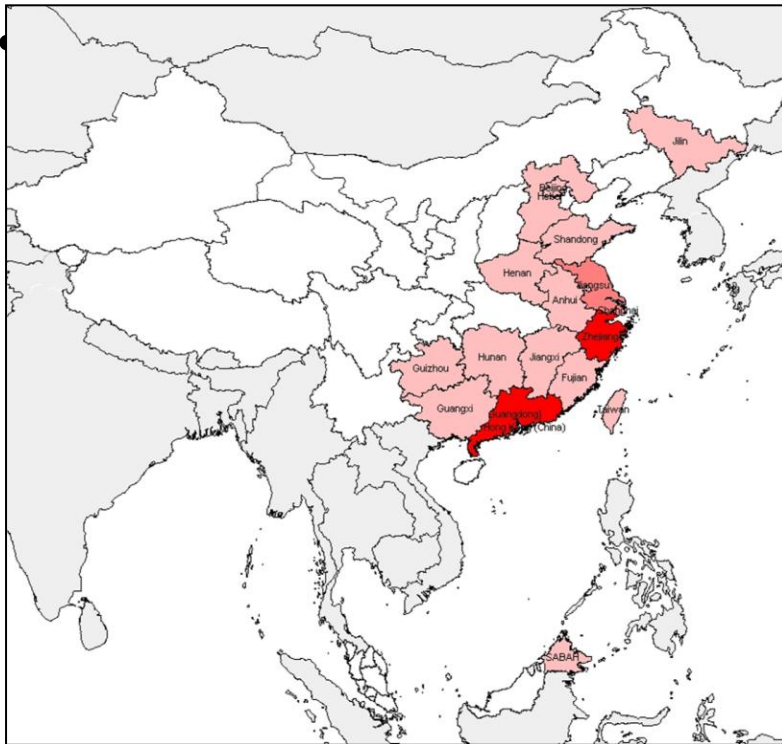
[back to article](#)



Maps are derived for EID events caused by **a**, zoonotic pathogens from wildlife, **b**, zoonotic pathogens from non-wildlife, **c**, drug-resistant pathogens and **d**, vector-borne pathogens. The relative risk is calculated from regression coefficients and variable values in [Table 1](#) (omitting the variable measuring reporting effort), categorized by standard deviations from the mean and mapped on a linear scale from green (lower values) to red (higher values).

Human infection with avian influenza A(H7N9) as of 18 August 2014

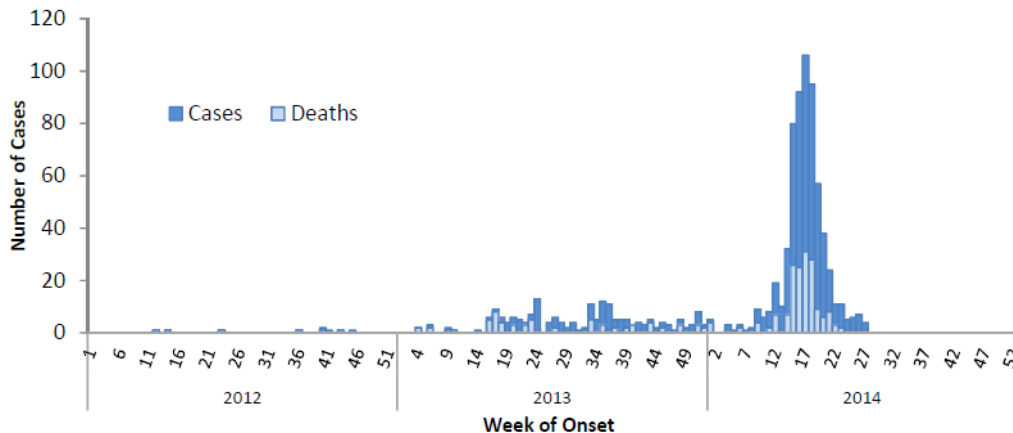
- First detected in April 2013
- ERF grading: 2



As of 18 Aug 2014, $n = 451$ cases including 171 deaths (CFR: 38%)

MERS-CoV, Global 2012 – 2014

as of 18 August 2014

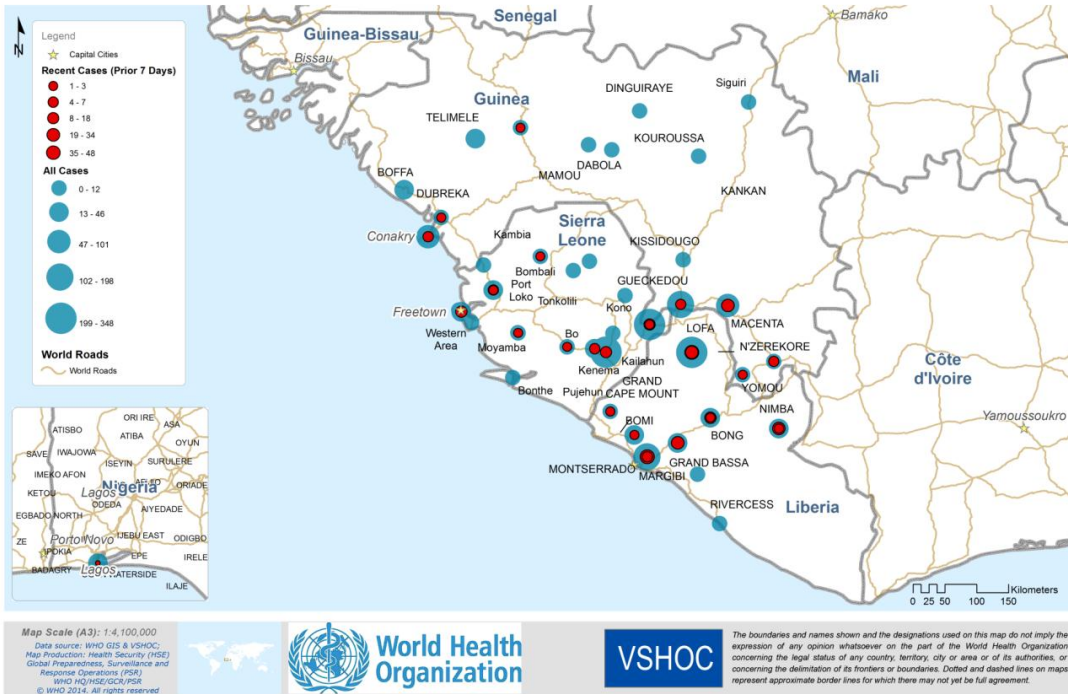


- 839 laboratory confirmed cases reported from 21 countries
- 294 deaths (CFR 35%)
- Median age 46
- 63% of cases (515/815) are male
- 27% reported as healthcare workers

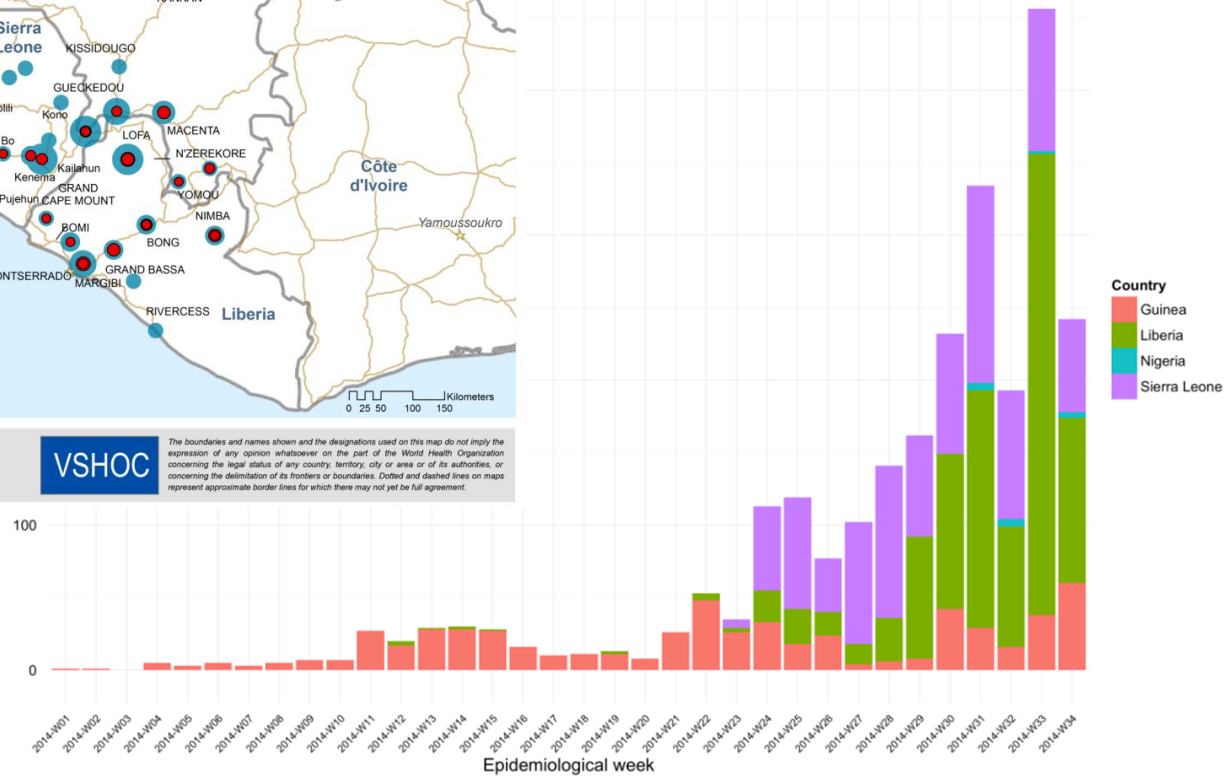
Ebola virus disease (EVD) Outbreak as of 21 August 2014

CONFIRMED AND PROBABLE CASES OF EBOLA

MAP DATE: 21 August 2014



**2615 cases and
1427 deaths**



Malaysia: First imported cases of H7N9 and MERS-CoV

- 12 February 2014, first H7N9 human case reported.
- 14 April 2014, first MERS-CoV case, returning from an Umrah pilgrimage in KSA, reported.

First H7N9 case detected in Malaysia involving Chinese tourist



NEWS • ASIA • HEALTH

Malaysia reports first Asian death from Mers virus



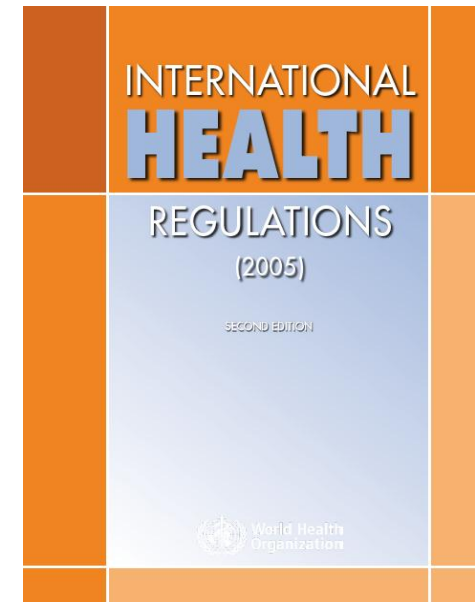
Malaysia Quarantines 64 Villagers Over MERS Virus

SARS and the economy



IHR (2005) as a Global Instrument

- A global legal framework for protecting global *public health security*
- A *shared risk management for a shared vulnerability*, calling for
 - *regional and international alert and response systems*
 - *national surveillance and response systems (IHR core capacities)*
- In force since June 2007
 - **7 years** of implementation



“PHEIC” (Public Health Emergency of International Concern)

4 diseases that shall be notified **polio (wild-type polio virus), smallpox, human influenza new subtype, SARS.**

Disease that shall always lead to utilization of the algorithm: **cholera, pneumonic plague, yellow fever, VHF (Ebola, Lassa, Marburg), WNF, others....**

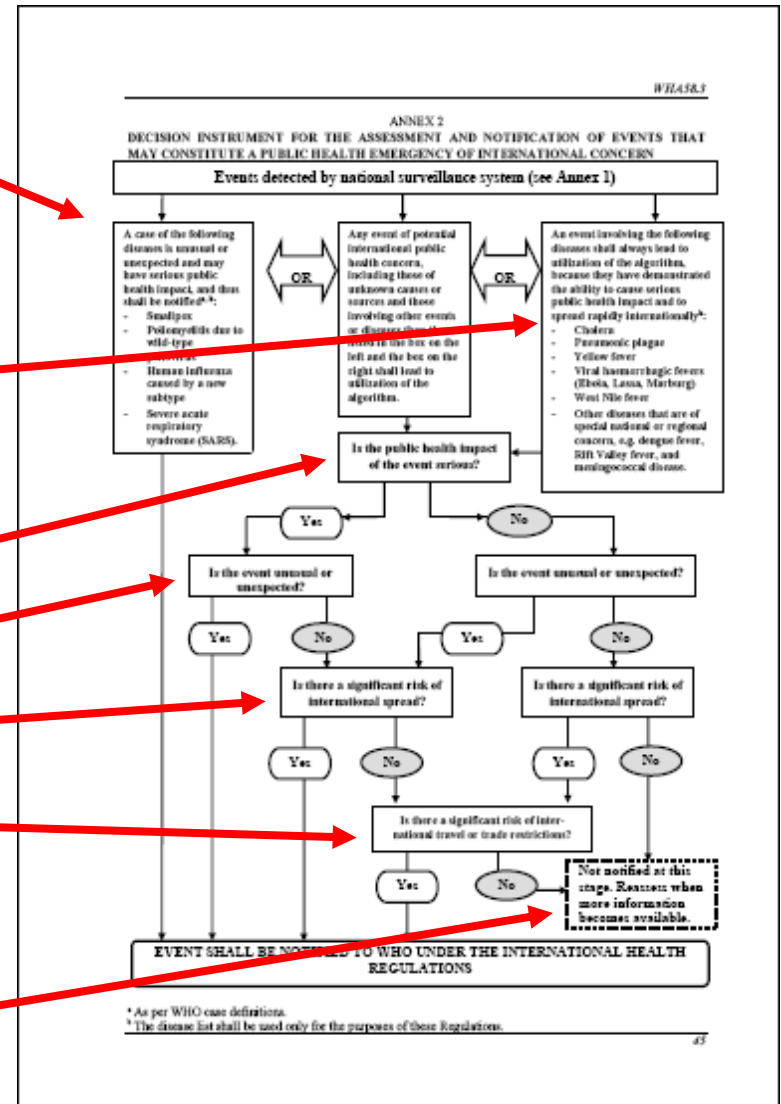
Q1: public health impact serious?

Q2: unusual or unexpected?

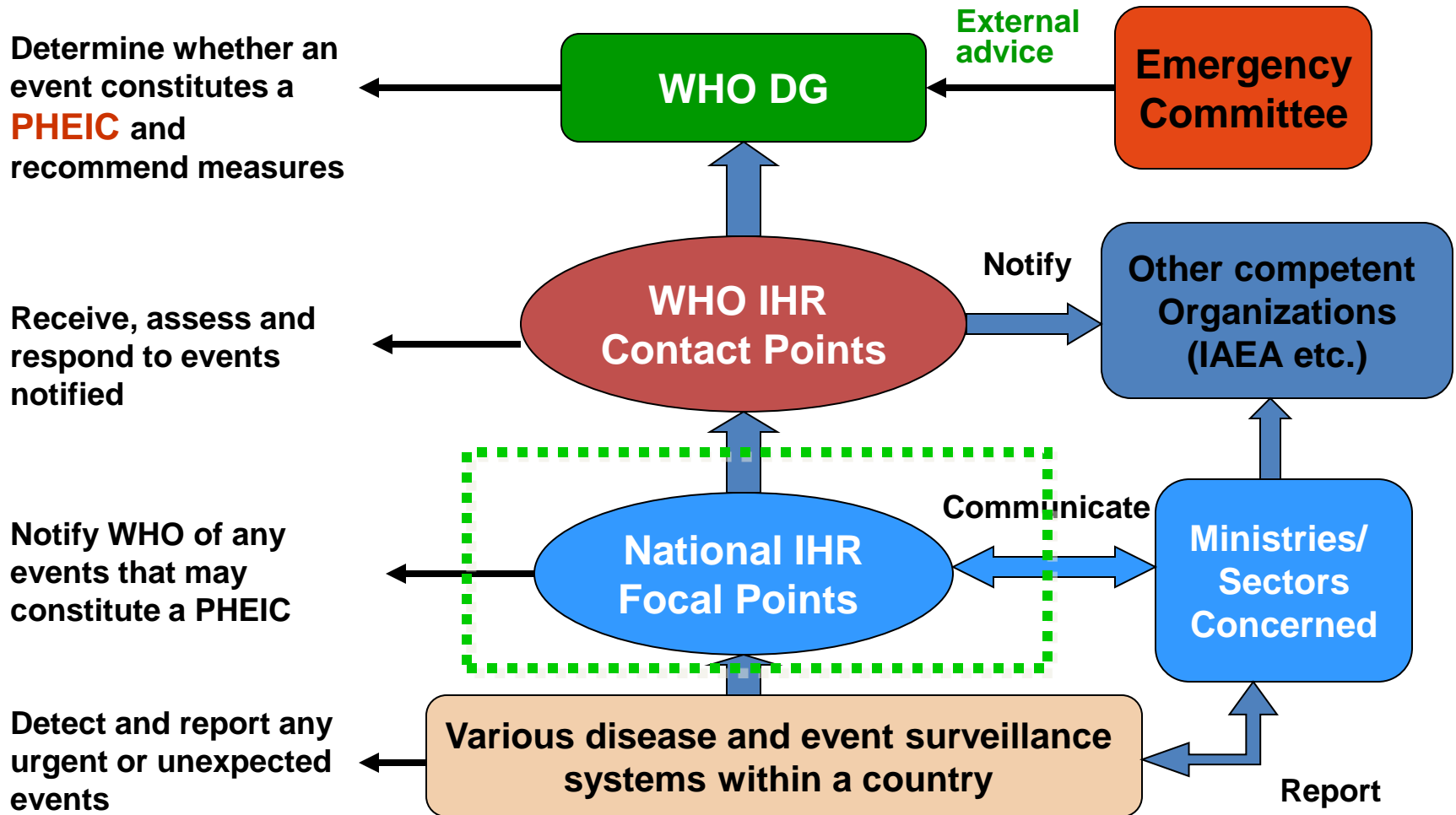
Q3: risk of international spread?

Q4: risk of travel/trade restriction?

Insufficient information: reassess



Procedural requirements



Search this site

Search

Latest Announcements

[2014-08-15 - Ebola virus disease – Information Note](#)

[2014-08-08 - WHO Statement on the Meeting of the International Health...](#)

[2014-08-03 - WHO Statement on the Second Meeting of the International Health...](#)

[2014-08-01 - International Health Regulations Emergency Committee on the Ebola...](#)

[2014-07-31 - Chikungunya in the Americas](#)

Guinea | Ebola Virus Disease



[2014-08-21 | Corrigendum to Event Update 2014-08-19](#)
Please find below a correction made to the Event Update 2014-08-19. Corrected paragraphs appears in black bold letters.

Ebola virus disease update – West Africa
19 August 2014

...

[Event Update 2014-08-22](#)
[United States of America \(the\) | Influenza](#)

[Event Update 2014-08-22](#)
[Guinea | Ebola Virus Disease](#)

[Corrigendum to Event Update 2014-08-19](#)
[Guinea | Ebola Virus Disease](#)

[Corrigendum to Event Update 2014-07-22](#)
[Iran \(Islamic Republic of\) | Coronavirus infection](#)

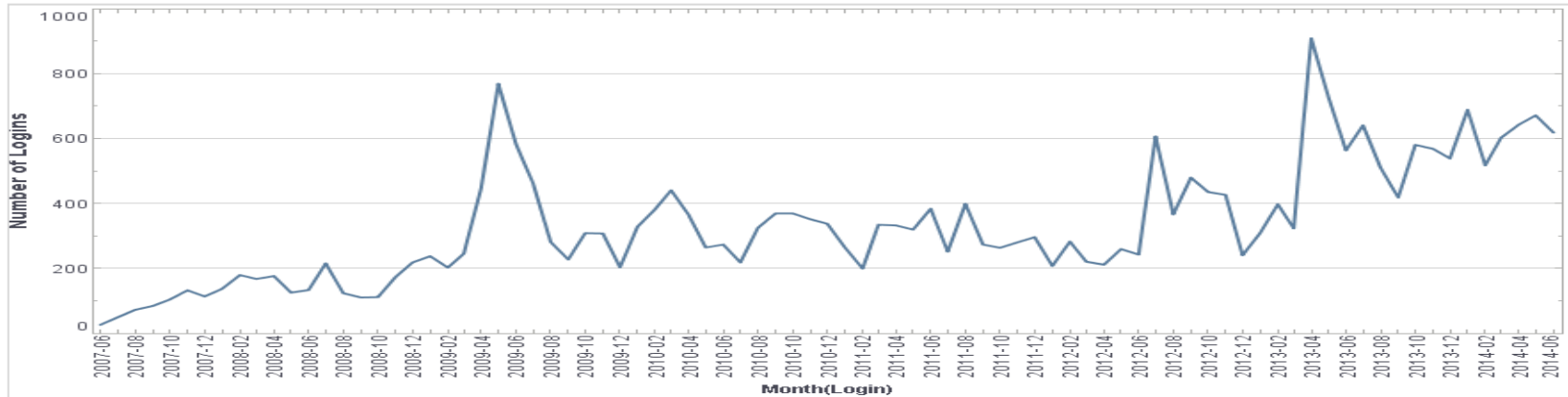
[All Announcements](#)

Current Events

This section lists ongoing events which are currently being assessed against the criteria for public health risks of international importance under the IHR (2005).

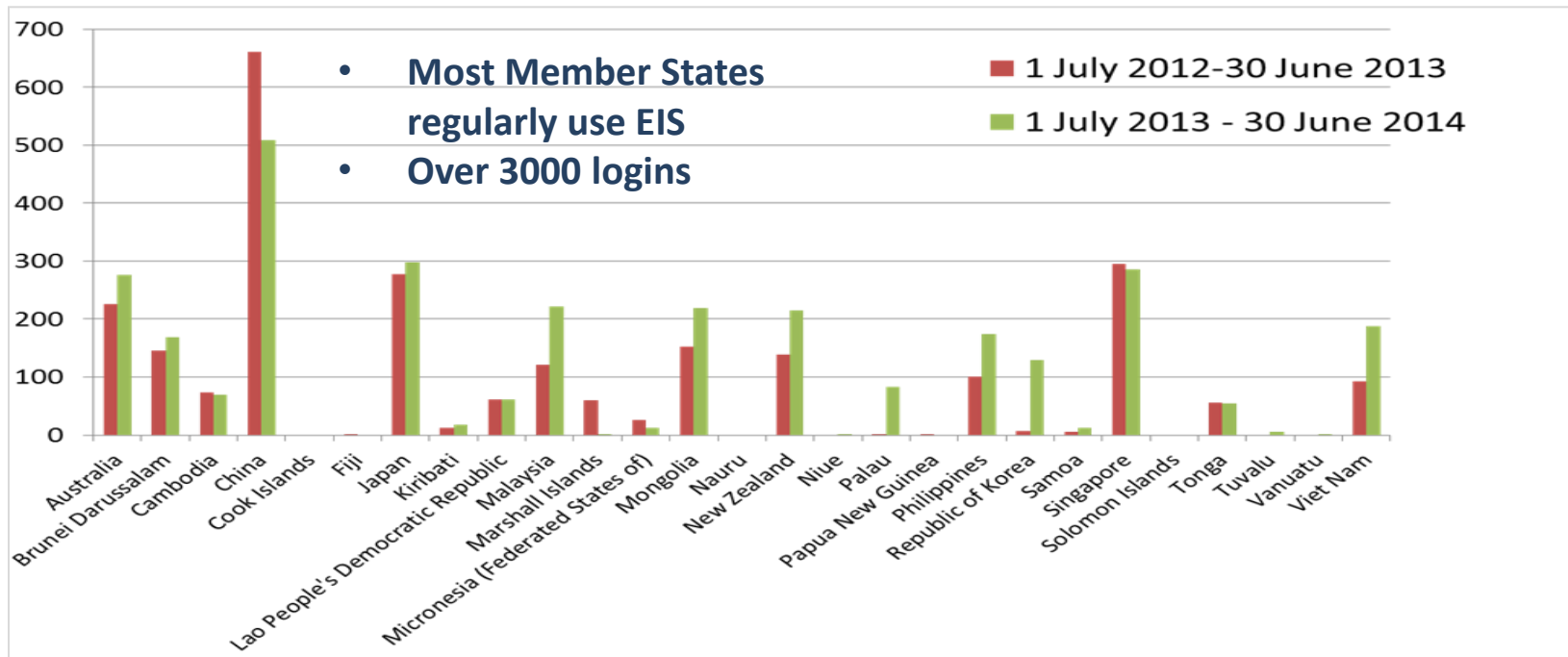
EIS login by WPR countries, 15 June 2007 to 30 June 2014

(Login by country counted only once per day)



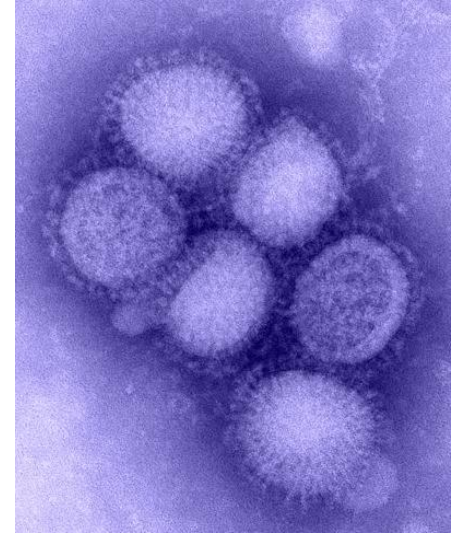
EIS logins by WPR Countries, 1 July 2013 to 30 June 2014

(Login by Country counted only once per day)



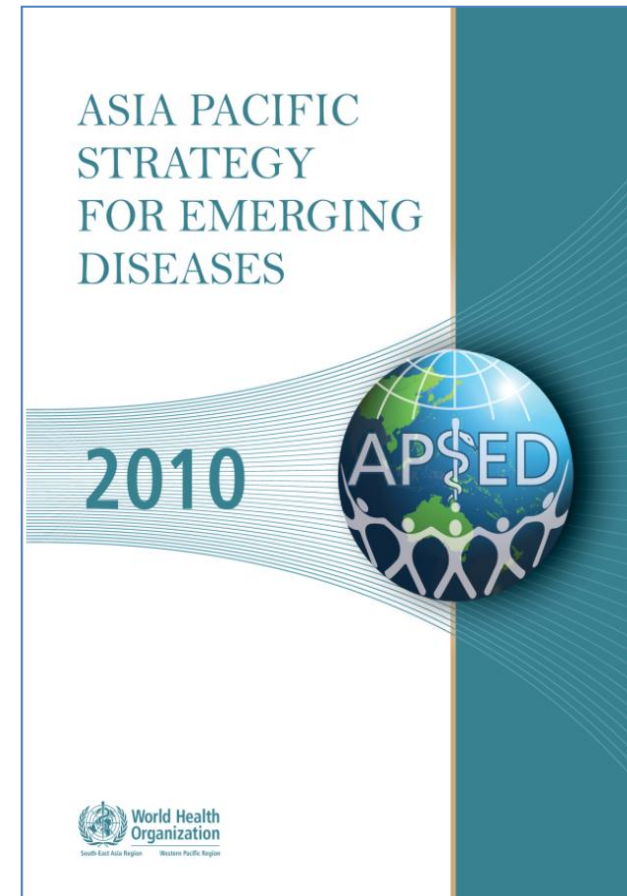
Activation of IHR Emergency Committee

- **Pandemic (H1N1) 2009:** The first declared *public health emergency of international concern (PHEIC)* under IHR (2005), 25 April 2009
- **MERS-CoV 2012:** The IHR Emergency Committee met six times between July 2013–June 2014
- **Polio:** The second declared PHEIC on 5 May 2014 – the current international spread of wild poliovirus
- **Ebola:** The IHR Emergency Committee, convened on 6 – 7 August, 2014, advised the DG that the EVD constitutes a PHEIC



APSED as a Regional Tool

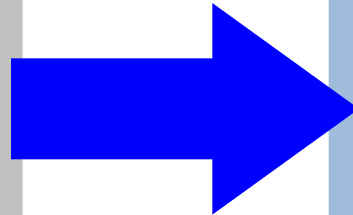
- ***The Asia Pacific Strategy for Emerging Diseases (APSED)***
 - A ***bi-regional tool*** to help two WHO Regions (SEAR and WPR) meet IHR core capacity requirements
 - A ***common framework*** highlighting a shared vision and a set of agreed priorities
- Developed in 2005 and **updated** in 2010 (endorsed by RCM)



Focus Areas of APSED

APSED (2005)

1. Surveillance and Response
2. Laboratory
3. Zoonoses
4. Infection Control
5. Risk Communication



APSED (2010)

1. Surveillance, Risk Assessment and Response
2. Laboratory
3. Zoonoses
4. Infection Prevention and Control
5. Risk Communication
6. Public Health Emergency Preparedness
7. Regional Preparedness, Alert and Response
8. Monitoring and Evaluation

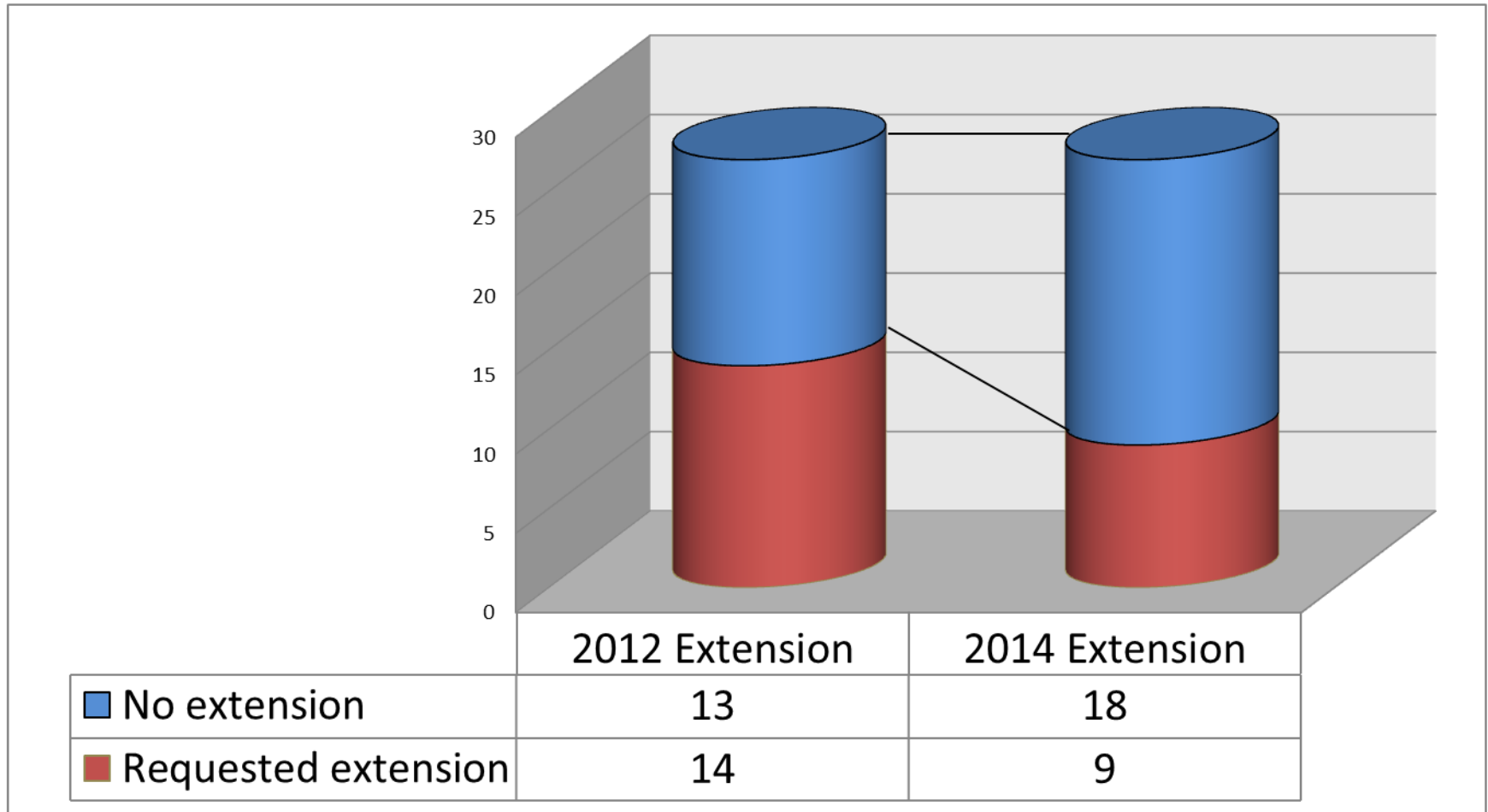
APSED addressing cross-cutting issues

Our Collective JOURNEY towards a Safer and Secure REGION

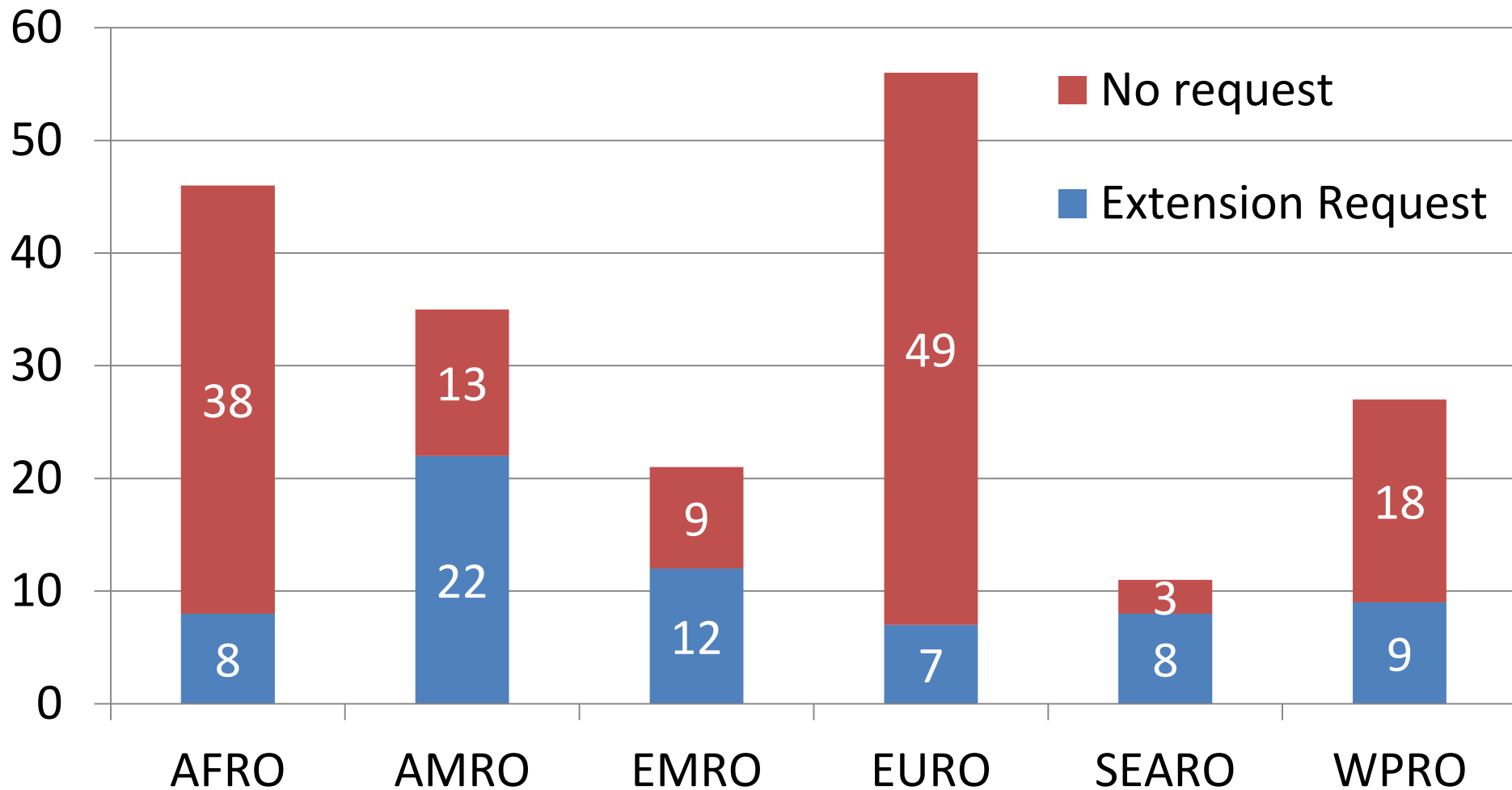


IHR Extension – Western Pacific

(As of 12 July 2014)

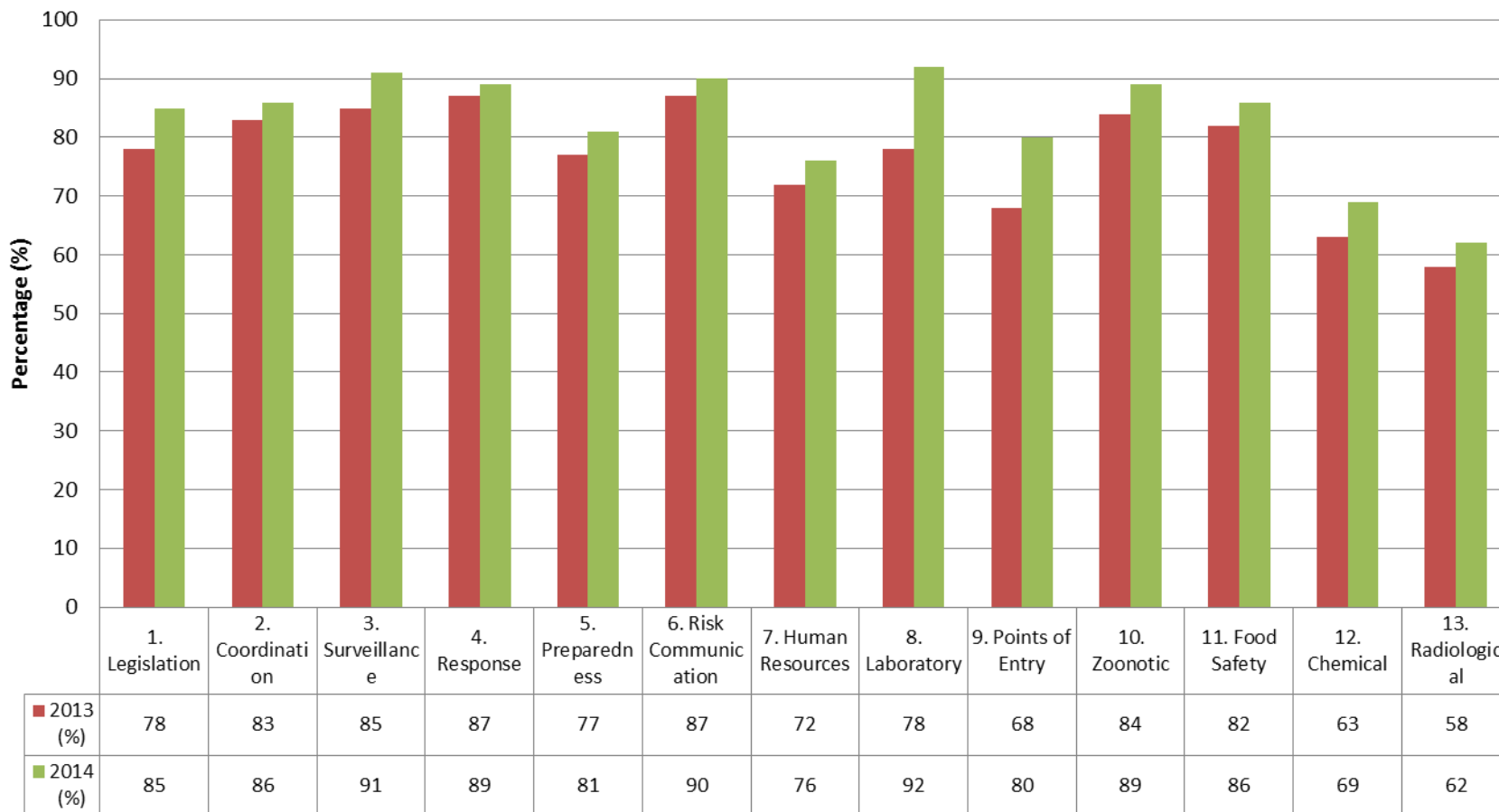


IHR Status: Requests for extension



IHR Core Capacities: Regional Progress (as of 12 July 2014)

Regional core capacity scores based on responses from the same 18 countries - Comparison 2013 & 2014



FET/P: key achievements



- **12 countries** have FET/P program, of which 6 have started since APSED(2005) including:
 - 2 FETP: Viet Nam, Singapore
 - 4 FET:
 - Lao People's Democratic Republic
 - Mongolia
 - Cambodia
 - Papua New Guinea

Laboratory preparedness for MERS-CoV in WPR

- 21-question web-based survey; voluntary and confidential
- 22 national-level laboratories in 19 countries invited; 19 participated.
- Conducted over the past month

Category		Proportion	%
In-country molecular testing in place		16/19	84
	Immediately ready to test		
	1 – 50 samples	7/16	
	> 50 samples	9/16	
	Laboratories having tested suspected samples	8/16	
	Participated in an EQA for MERS-CoV	10/16	
In-country testing not available but via referral		3/19	16

WPR Member States have capacity to test for MERS-CoV at national level or have a referral system in place, however, performance of testing needs to be determined.

Emergency Operation Centres

EOC = facilities + functions

EOC SOP
developed:
Cambodia,
Lao PDR



Cambodia

Lao PDR

EOC activated
during
outbreaks:

- Dengue in Lao PDR
- Measles in Viet Nam



Mongolia

Viet Nam



EOC room
renovated:
Cambodia, Lao
PDR, Mongolia,
Viet Nam

Equipment
installation in
process: Lao
PDR and
Mongolia

Regional event-based surveillance

Reported Events	2008–2009† <i>n</i> = 206	2009–2010 <i>n</i> = 218	2010–2011 <i>n</i> = 357	2011–2012 <i>n</i> = 297	2012–2013 <i>n</i> = 222	2013–2014 <i>n</i> = 295
Infectious Diseases*	142	174	206	114	71	61
Animal H5N1**	35	26	136	86	305	222
Disasters and others***	16	9	7	92	50	12
Chemical	13	9	8	2	1	0
Information source of initial reports						
Unofficial(e.g. Media reports)	147	162	203	100	62	41
Official(e.g. IHR NFPs, WHO COs)	59	56	154	194	160	254

† Fiscal year for TAG(technically advisory group meeting): July – Next June

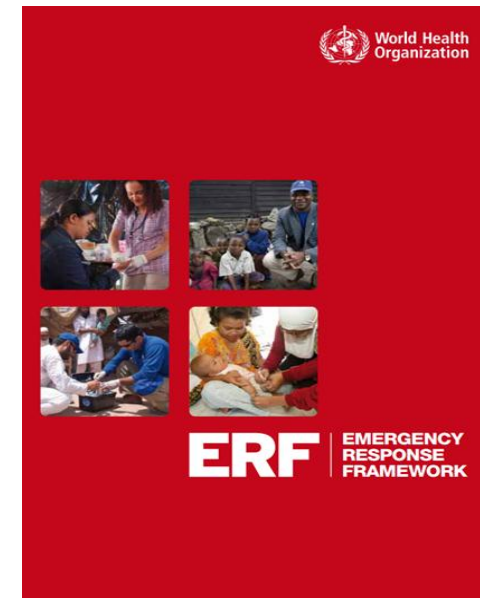
* Excluding animal avian influenza events

** Based on FAO report since 2012

** Others include 'Pharmaceutical-related', 'Unknown', and 'Food-related'; Monitoring and reporting of disaster events became formalized mid 2011 and in 2013 became further modified based on the official Centre for Research on the Epidemiology of Disasters (CRED) criteria

WPRO's Response to Outbreaks & Emergencies

- *WHO Emergency Response Framework (ERF):*
 - H7N9 in China, 2013 (Grade 2)
 - Dengue in Lao PDR, 2013 (Grade 1)
 - Typhoon Haiyan(Yolanda) in Philippines, 2013 (Grade 3)
 - Solomon Islands flooding, 2014 (Grade 1)
- *WPRO Emergency Operations Centre (EOC)*



Summary

- **International/Regional collaboration** are often required
 - Asia Pacific as a hotspot
 - EID/PHE goes beyond national borders
- Building on **existing momentum** on collaboration
 - IHR: regional and international alert and response systems
 - APSED addressing cross-cutting issues



Asia Pacific Strategy for
Emerging Diseases
Progress Report 2013



Securing regional health

Thank you!

CONCLUSIONS AND RECOMMENDATIONS FROM TAG MEETING 2014

The Regional Meeting of the Asia Pacific Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases (2010) was held in Manila, Philippines from 15 to 17 July, 2014. The following are the conclusions and recommendations from the meeting.

Conclusions

1. Member States in the Western Pacific Region have progressed well in the implementation of the Asia Pacific Strategy for Emerging Diseases (APSED), as demonstrated in a number of investigations of, and responses to, outbreaks and other public health emergencies. It is heartening that progress towards achieving an integrated system of International Health Regulations (IHR) core capacities/APSED focus areas has continued.
2. Given the challenging time frame for meeting IHR core capacity requirements, nine out of 27 countries in the Western Pacific Region have sought to take advantage of the opportunity for a second extension until 15 June 2016 to achieve the core capacities. The commitment to meet the requirements by 15 June 2016 is reaffirmed through the development of plans to achieve these core capacities.
3. With Member States now past the mid-point of the five-year APSED (2010) work programme, it is time to review progress towards collective objectives for health security and prepare for the ongoing development and maintenance of core capacities to further enhance health security beyond 2016.
4. Recognizing the experiences with emerging and re-emerging diseases in the Western Pacific Region, such as SARS, avian influenza, hand, foot and mouth disease, dengue, measles, Middle East respiratory syndrome coronavirus (MERS-CoV) and other acute public health emergencies, participants reaffirmed the importance of strengthening surveillance, preparedness and response through APSED implementation.
5. Although substantial progress has been made over the past year, a number of focus areas still require further strengthening before the region can benefit from a strongly functioning system of collective health security. Focus areas needing additional strengthening in some Member States include public health emergency preparedness for non-emerging infectious disease (EID) events such as chemical and radiological emergencies, and capacity building at points of entry.
6. Participants have recognized the significant efforts and collaboration among governments and development partners (including WHO and other technical, operational and investment partners) to enhance cross-cutting capacity and foster cross-sectoral collaboration under IHR (2005) through APSED implementation. The importance of strengthening existing partnerships and building new partnerships is recognized.