Global Public Health Surveillance for Emergencies and COVID-19

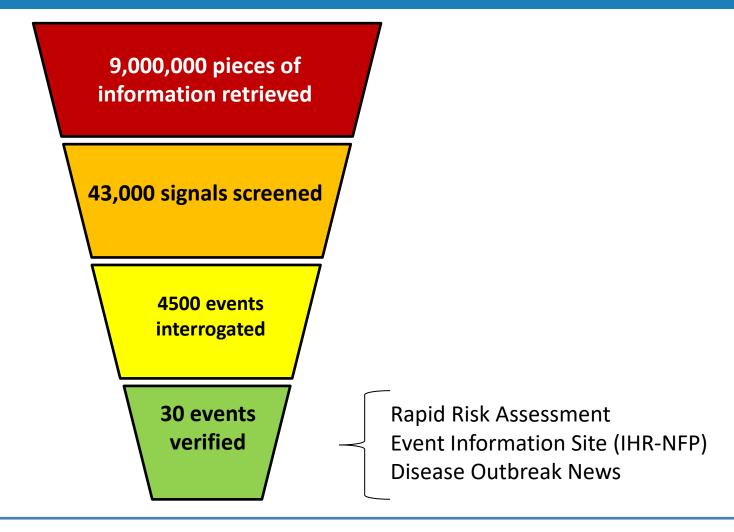
Oliver Morgan

15 April 2021



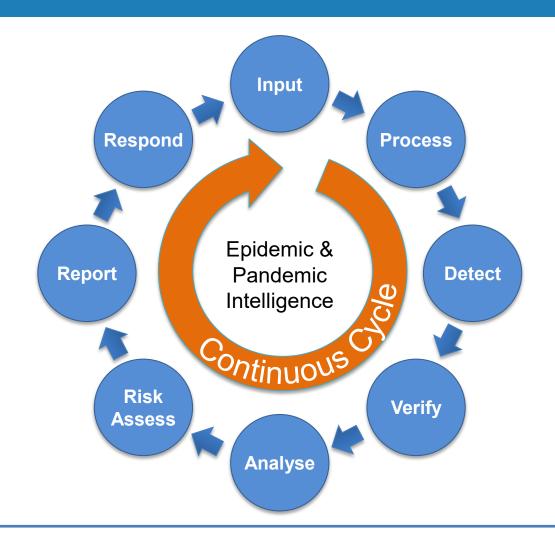


Signals and Events Detected every Month





Epidemic and Pandemic Intelligence

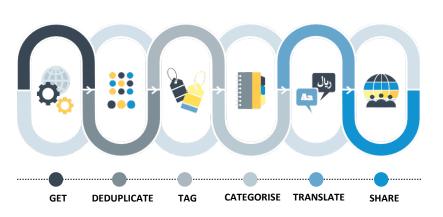




EIOS - Epidemic Intelligence from Open Sources

www.who.int/eios

EIOS SYSTEM





35 Current User Entities

Afghanistan GOARN (IFRC)
Africa CDC Grenada
Albania Japan (NIID)

Argentina MSF
Brazil Nepal
Dominica Nigeria
DG ECHO (European OIE
Commission) Oman
Egypt ProMED

FAO Republic of Korea (KCDC)
France Republic of Moldova

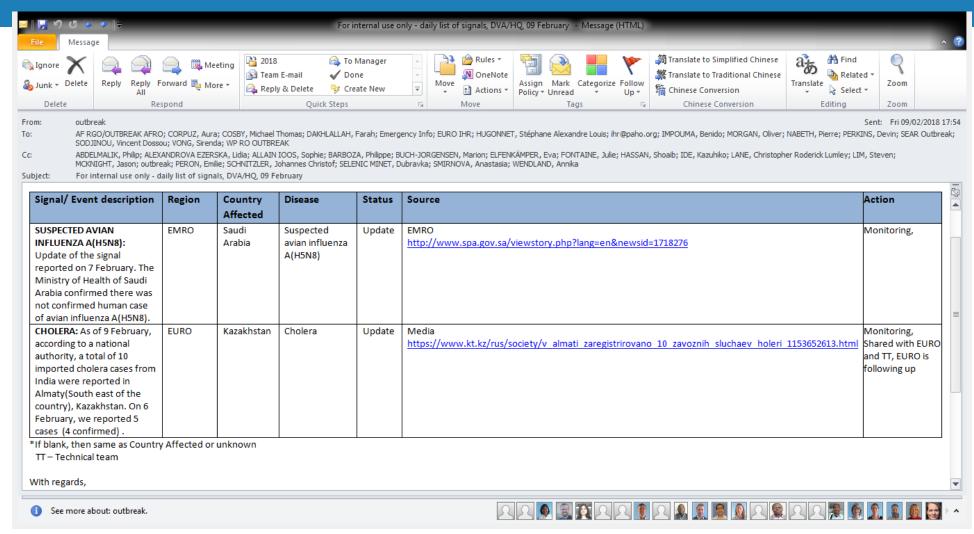
France Republic of Moldova Canada (GHSI) Republic of Singapore

Germany (GHSI)
Japan (GHSI)
Wexico (GHSI)
UK (GHSI)
US (GHSI)
US (GHSI)
UNODC
GLEWS
Saint Lucia
Turkey
Uganda
UNICEF
UNODC
WHO





Daily Signal List





Daily Review of Signals for Action





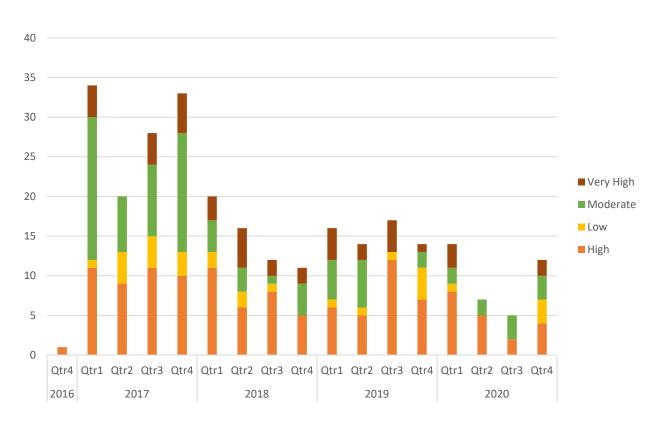
Verifying Signals on the Ground



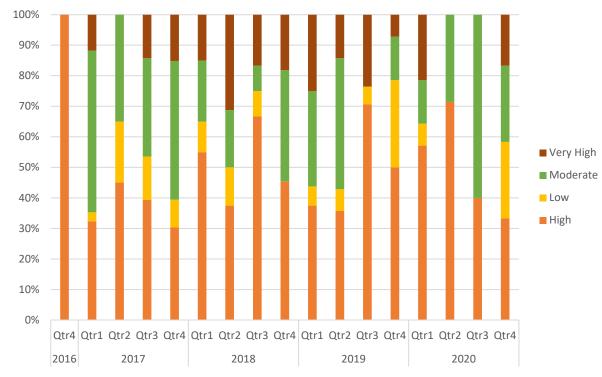


Rapid Risk Assessments [N=274], 2017 to 2020

Number of Rapid Risk Assessments by National Risk Level



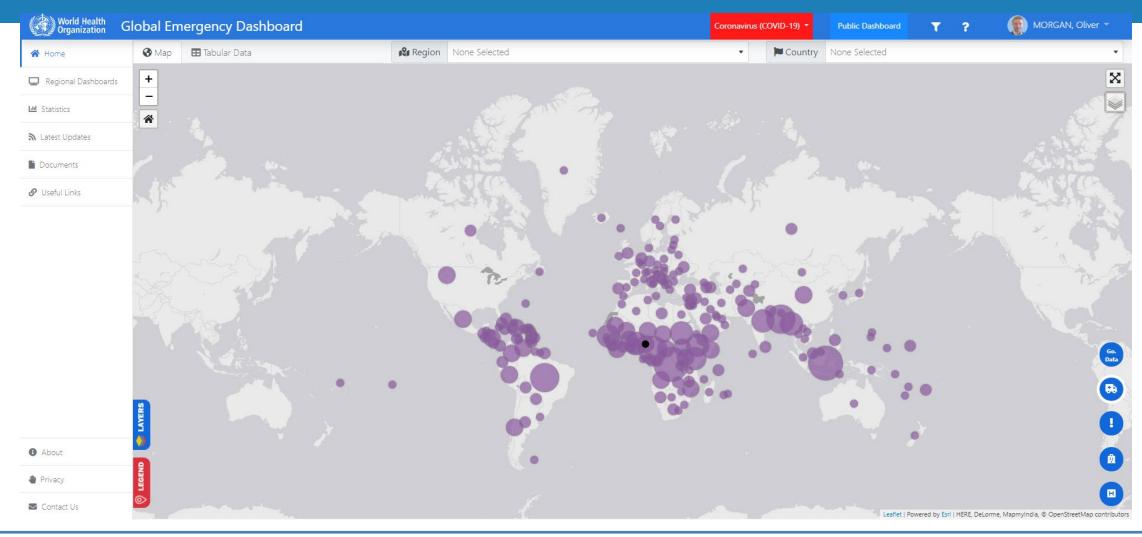
Proportion of Rapid Risk Assessments by National Risk Level





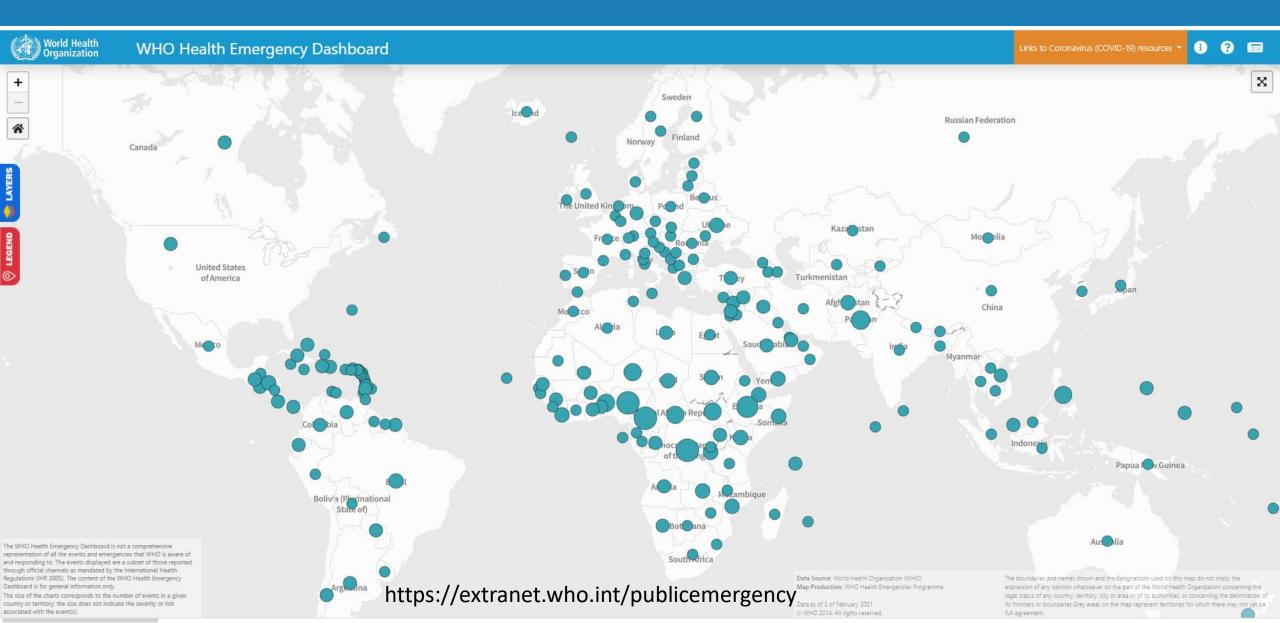


WHO Emergency Management System





Public Emergency Dashboard



COVID-19 SURVEILLANCE





Case Definitions and Surveillance Reporting Guidance

Global Surveillance for human infection with novel coronavirus (2019-nCoV)

Interim guidance 21 January 2020

WHO/2019-nCoV/SurveillanceGuidance/2020.3



Background

This document summarizes WHO's interim guidance for global surveillance of novel coronavirus infection (2019-nCoV). WHO will continue to update this guidance as new information about 2019-nCoV becomes available.

Updated information about 2019-nCoV can be found here along with other guidance documents. https://www.who.int/health-topics/coronavirus

Purpose of this document

This guidance is for global surveillance of 2010-nCoV for

Case definitions for surveillance

The case definitions are based on the current information available and may be revised as new information accumulates. Countries may need to adapt case definitions depending on their own disease situation.

Suspect case

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), <u>AND</u> with no other etiology that fully explains the clinical presentation¹ <u>AND</u> at least one of the following:

a history of travel to or residence in the city of Wuhan,
 Hubei Province, China in the 14 days prior to

Publication Dates

11 January 2020

21 January 2020

31 January 2020

27 February 2020

20 March 2020

7 August 2020

16 December 2020



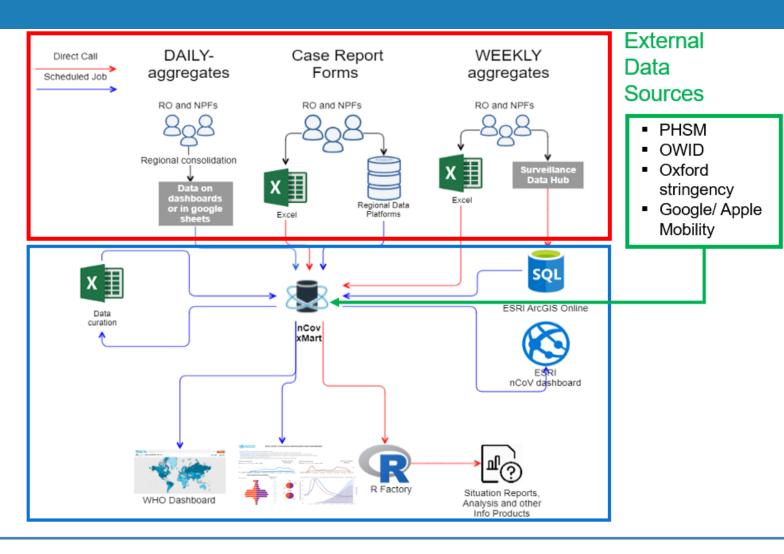


COVID-19 Data Flow Leveraging the Global Influenza Surveillance Capacities

Input WHO Country Office WHO Regional Office

Harmonization WHO HQ

Outputs

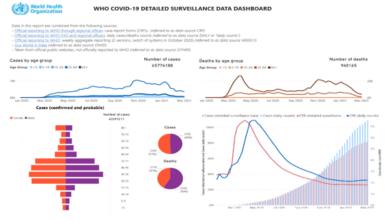




COVID surveillance data in WHO HQ

Daily aggregated data	Detailed surveillance data	Vaccination data	
Cumulative and new cases and deaths From WHO regional dashboards and ROs:	Detailed disaggregation of Covid-19 cases and deaths : age, gender, Health Workers, etc	Data from RO and added from publicly available sources	
136 Million Cases, 2.9 Million deaths	99 million cases reported	733 Million vaccine doses administered	
Used for daily presentation, WHO dashboard, situation reports, detailed analysis	Detailed surveillance dashboard, used for analysis and situation reports at HQ, RO and Country Office	Showing which country started vaccination and doses administered	





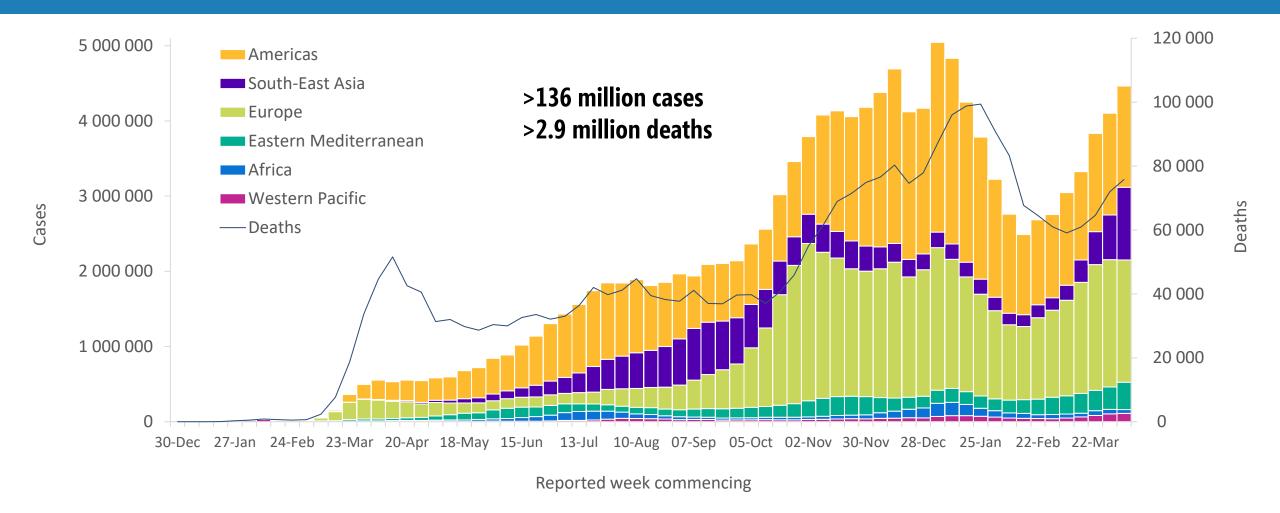






Number of COVID-19 Cases and Deaths Globally Continue to Increase

(data through epi week ending 11 April 2021)



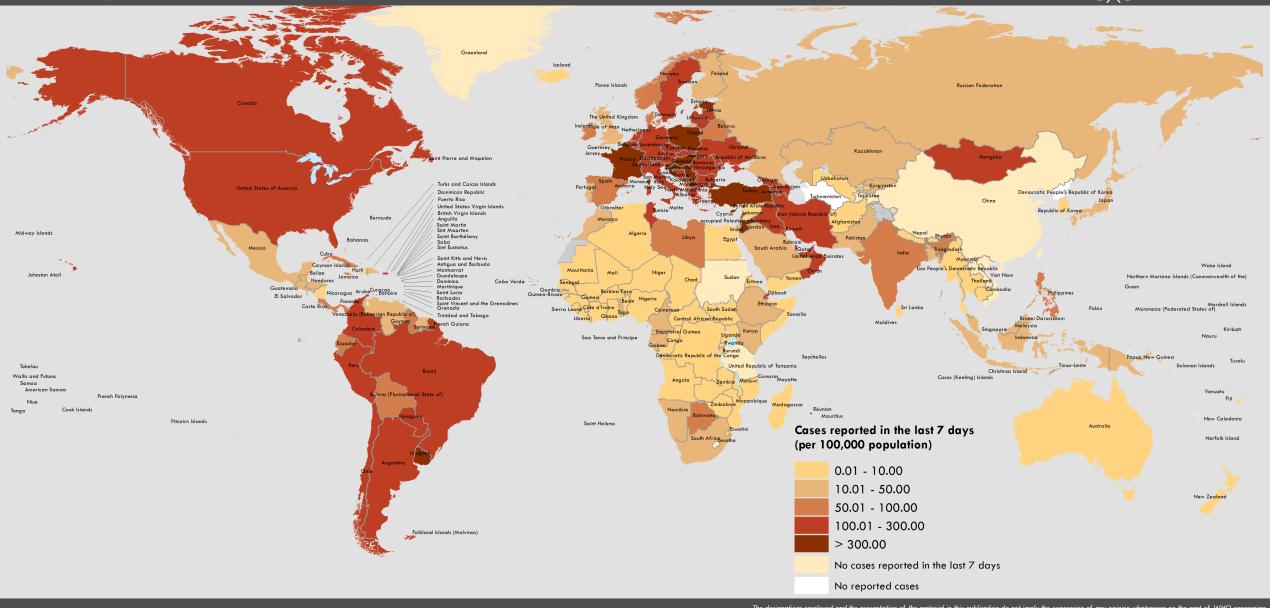




COVID-19 cases reported in the last 7 days per 100,000 population

(from 05 April 2021, 10:00AM to 11 April 2021, 10:00AM (CET))



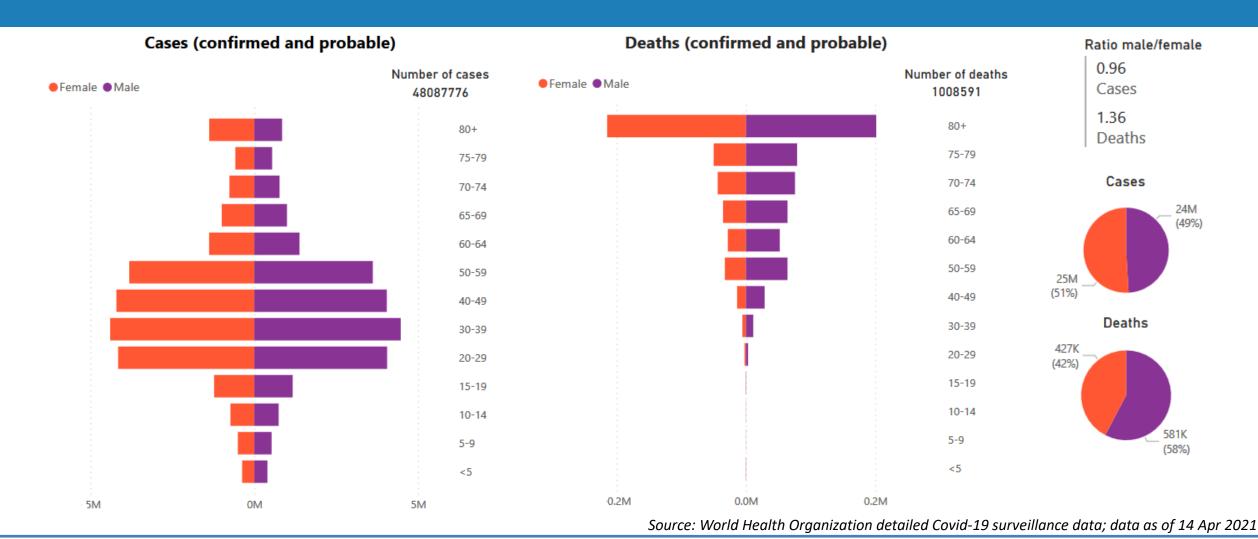


Data Source: World Health Organization, United Nations Population Division (population prospect 2020) Map Production: WHO Health Emergencies Programme



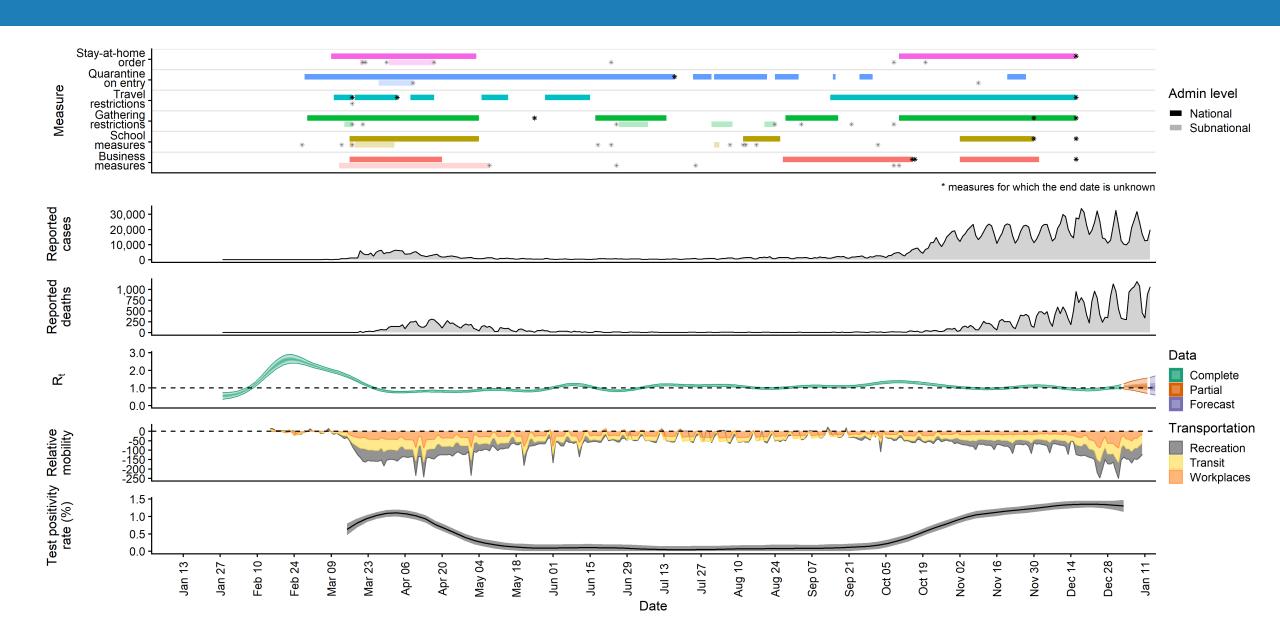
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes. Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

Cases Occur Among Younger Adults, Deaths among Older Adults





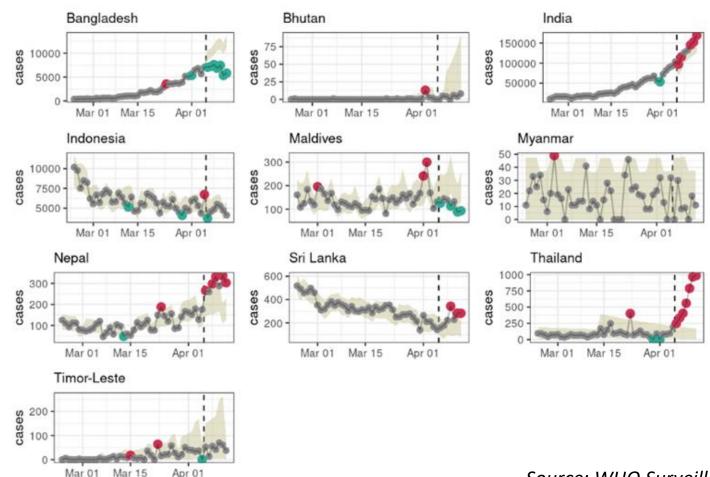
Public Health and Social Measures: Example of Germany



Identifying Epidemiological Signals from Trend Data

Automated machine learning approach, applying a range of models on a six-week period → prediction intervals and outliers against current trends flagged

ASMODEE model (Automatic Selection of Models for Outlier Detection for Epidemics)









Detection and Assessment of SARS-CoV-2 Variants

Identification of signals



Rapid intelligence gathering



Assessment of signals



Monitor global spread

Designated VOI

- Review if further assessment as a potential VOC is required?
- Internal & public communication

- Event based surveillance
- Member State notifications
- Expert information sharing
- Continuous analyses for unexpected epidemiological trends

- Epidemiology
- Phenotypic implications
 - Age-groups
 - Control measures

- Review against VOI/VOC working definitions criteria
- Input from Virus Evolution Working Group

Alert for further monitoring

- Continue monitoring and intelligence gathering
- Periodic reassessment with new evidence of changes

Discard

3 VOCs

 Ongoing surveillance for new info to reopen and reassess

Definitions of VOI/VOC: https://www.who.int/publications/m/item/covid-19-weekly-epidemiological-update

33 signals as of 13 April

13 signals pending assessment

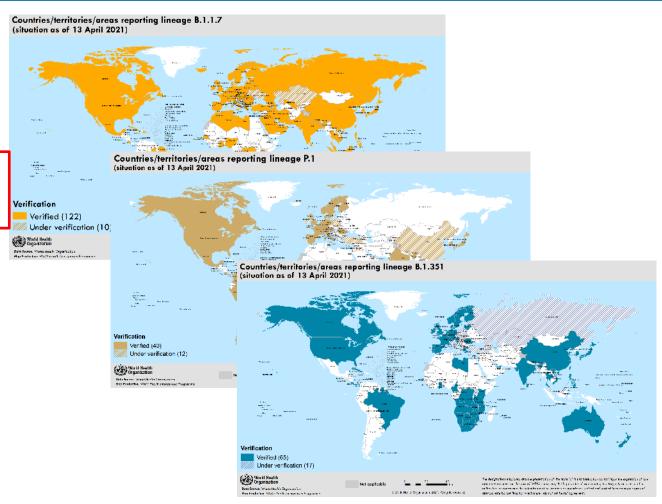
6 VOIs6 alerts for further monitoring5 discarded





Summary of SARS-CoV-2 Variant Surveillance

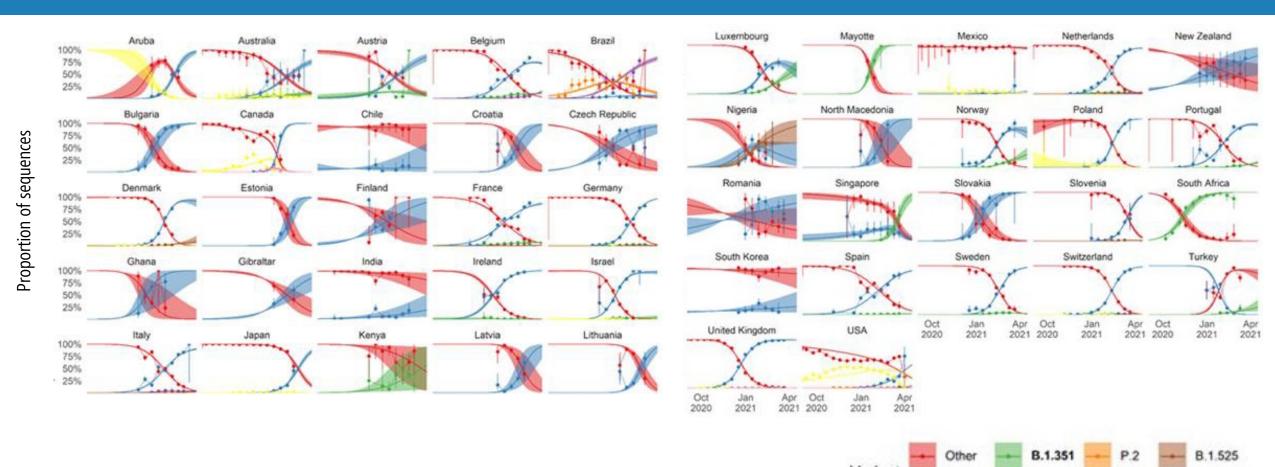
		VOC 202012/01 (B.1.1.7)	501Y.V2 (B.1.351)	P.1 (B.1.1.28.1)
	First detected by	United Kingdom	South Africa	Brazil / Japan
	First appearance	Sep 2020	Aug 2020	Dec 2020
	Countries reporting cases	132	82	52
	Increased transmissibility	Yes	Yes	Yes
	Increased severity	Inconsistent findings	Yes	Limited
	Increased reinfection risk	No/limited	Yes	Yes
	Impacts on diagnostics	Limited	No	No





See Weekly Epi Update for references and further detail. Generalized findings as compared to wildtype/non-VOC viruses. Based on emerging evidence from multiple countries, including nonpeer-reviewed preprint articles and reports from public health authorities and researchers — all subject to ongoing investigation and continuous revision.

Transmissibility and Replacement of SARS-CoV-2 Variants



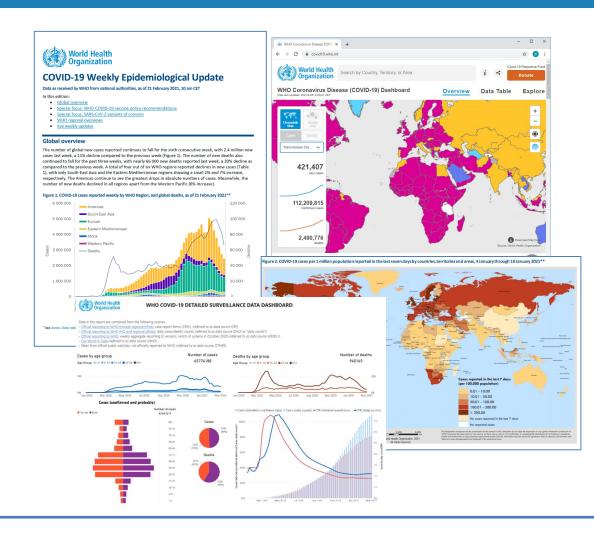


EMERGENCIES

8.1.2

Surveillance Outputs

- Daily data packs (internal)
- Weekly epidemiological updates https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
- WHO COVID-19 Dashboard https://covid19.who.int/
 - Trends of cases and deaths by country
 - Data explorer (PHSM, testing, mobility, other metrics)
- Detailed surveillance data dashboard https://bit.ly/3mQbHcH
- Detailed thematic analyses





Future Considerations

Strengthen detection and monitoring of epidemic and pandemic risks

- Continuous public health intelligence and risk analysis
- Accelerate MS participation in the Epidemic Intelligence from Open Sources Initiative
- Extend existing collaborations with One Health Tripartite+ partners
- Predictive analytics and intra-pandemic modeling

• Develop global surveillance of emerging infectious diseases using genomic sequencing data

- Tracking emerging risks
- SARS-CoV-2 variants
- Rapid synthesis of genomic and epidemiologic

Surveillance systems for epidemic and pandemic risk management must go beyond disease outcomes only

- Implementation of public health and social measures
- Laboratory & health systems capacities
- Infodemic monitoring

Major investments in local, national, and global surveillance systems are needed

- Sustained national investment for surveillance implementation
- Integration with response capacities such as emergency operations centers
- Technology investments to improve data linkage across clinical, laboratory, and other data systems
- Improved data exchange mechanisms with regional public health bodies and WHO



