Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern


1. Following the first session of the Intergovernmental Working Group, an ad hoc expert group with members nominated by Member States in each region was invited to review and to propose changes to Annex 2 of the Chair’s proposed text. The group met in Geneva on 17 and 18 February 2005 under the chairmanship of Dr P. Aavitsland, and with Dr A. Talisuna as Rapporteur. The list of members is attached as Annex 1. The group made the following proposals.

2. The decision instrument should be revised as follows (page numbers refer to the English version of Annex 2 of the Chair’s proposed text):

   (a) change the title of the decision instrument (page 42) to: “Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern” by deleting the words “Part A” and the footnote;

   (b) replace the decision algorithm on page 42 with the version attached in Annex 2 to this document;

   (c) delete the first box on page 43 (“Does the event involve a notifiable disease?”);

   (d) change the title of the second box on page 43 to “Does the event meet at least two of the following criteria?”;

   (e) change the third example in section 4 (Part II, page 44) to read: “Occurrence of the event itself unusual for the area, season or population”;

   (f) delete Part B (page 45);

3. A consolidated revision of the decision instrument is attached as Annex 2 of this document.

1 Document A/IHR/IGWG/2/2.
4. WHO should develop guidelines for implementation and evaluation of the decision instrument after the revised International Health Regulations have been approved.

5. WHO should provide technical assistance to Member States to facilitate implementation of the decision instrument.

6. Validation and evaluation studies should be conducted periodically (every two to three years) by Member States as they implement the decision instrument. Results of such studies should be used for its revision.

7. WHO shall elaborate a procedure for periodic revision (every two to three years) of the decision instrument, especially the listed diseases, based on field evidence.

8. Linking the decision instrument to the national surveillance and response system and to the core capacity requirements for surveillance and response, set out in Annex 1 of the Chair’s proposed text, is important for capacity strengthening and building.

9. Member States are encouraged to initiate the process for introducing the use of the decision instrument.
ANNEX 1

LIST OF MEMBERS

**African Region**

Dr Damase Bodzongo  
Directeur général de la Santé  
Ministère de la Santé et la Population  
Congo

Dr Moussa Diakhate  
Conseiller technique du Ministre de la Santé  
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Assistant Commissioner, Department of Health Services Epidemiological Surveillance Unit  
Ministry of Health  
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Mr Fordson Nyirenda  
Environmental Health Specialist  
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Dr Stephen Ostroff  
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Additional Director-General cum Director  
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Dr Indriyono Tantoro  
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Director General of Communicable Disease Control and Environmental Health  
Ministry of Health  
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Deputy Health Administrator  
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European Region

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Division for Infectious Disease Control  
Norwegian Institute of Public Health  
Norway

Dr Jean-Claude Desenclos  
Responsable du Département des maladies infectieuses  
Département des maladies infectieuses  
Institut de Veille Sanitaire  
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Mr Yuri M. Fedorov1  
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Department of Sanitary and Epidemiological Surveillance  
Ministry of Health and Medical Industry  
Russian Federation

Professor Johan Giesecke  
Swedish Institute for Infectious Disease Control  
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1 Unable to attend.
Eastern Mediterranean Region

Dr A. Belbeisi  
Director, Disease Control and Prevention  
Ministry of Health  
Jordan  

Dr M.H. Al Jeffri  
Director General for Control of Infectious and Parasitic Diseases  
Ministry of Health  
Saudi Arabia  

Dr A.A. Al-Kohlani  
Ministry of Public Health and Population  
Yemen  

Dr Z. Khazaal\(^1\)  
Interim Director  
Disease Control Department  
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Western Pacific Region

Mr Andrew Forsyth  
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Mr Li Zhengmao  
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Dr Kiyosu Taniguchi  
Chief, Section of Intelligence and Policies Planning Infectious Disease Surveillance  
Center National Institute of Infectious Diseases  
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\(^1\) Unable to attend
ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Events detected by national surveillance system (see Annex 1)

A case of the following diseases has serious public health impact and is unusual or unexpected, and thus shall be notified:
- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Influenza with pandemic potential*
- Severe acute respiratory syndrome (SARS).
*WHO to provide definition.

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.

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)
- Other diseases that are of special national or regional concern, e.g. dengue fever, West Nile fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Yes

Is the event unusual or unexpected?

Yes

Is there a significant risk of international spread?

Yes

Is there a risk for international restrictions?

No

No

No

No

Not notified at this stage. Reassess when more information becomes available.

EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS
### DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Is the public health impact of the event serious?</strong></td>
<td></td>
</tr>
<tr>
<td>1. <strong>Is the number of cases and/or number of deaths for this type of event large for the given place and time?</strong></td>
<td></td>
</tr>
<tr>
<td>2. <strong>Has the event the potential to have a high public health impact?</strong></td>
<td></td>
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<tr>
<td>The following are examples of circumstances that contribute to high public health impact:</td>
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<tr>
<td>✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).</td>
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<tr>
<td>✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).</td>
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<tr>
<td>✓ Event represents a significant public health threat even if no or very few human cases have yet been identified.</td>
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<tr>
<td>✓ Cases reported among health staff.</td>
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<tr>
<td>✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).</td>
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<tr>
<td>✓ Concomitant factors that may hinder or delay the response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the country).</td>
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<tr>
<td>✓ Event in an area with high population density.</td>
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<tr>
<td>✓ Release into the environment of a chemical or radionuclear agent that has contaminated or has the potential to contaminate a population and/or a large geographical area.</td>
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<tr>
<td>3. <strong>Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?</strong></td>
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<tr>
<td>The following are examples of when assistance may be required:</td>
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<tr>
<td>✓ Inadequate human, financial, material or technical resources – in particular:</td>
<td></td>
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<tr>
<td>– Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)</td>
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<tr>
<td>– Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs</td>
<td></td>
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<tr>
<td>– Existing surveillance system is inadequate to detect new cases.</td>
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</table>

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

**Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.**
### II. Is the event unusual or unexpected?

<table>
<thead>
<tr>
<th>Question</th>
<th>Example</th>
</tr>
</thead>
</table>
| 4. *Is the event unusual?*                                              | - The event is caused by an unknown agent (biological, chemical or radionuclear) or the source, vehicle, route of transmission is unusual or unknown.  
- Evolution of cases more severe than expected (including case-fatality) or with unusual symptoms.  
- Occurrence of the event itself unusual for the area, season or population.     |
| 5. *Is the event unexpected?*                                           | - Event caused by a disease/agent that had already been eliminated or eradicated from the country or not previously reported, or chemical that has been nationally/internationally banned or restricted.  
- Is the event known or suspected to be the result of an intentional or accidental release of chemical, radionuclear or biological agent?     |

**Is the event unusual or unexpected?**

Answer “yes” if you have answered “yes” to questions 4 or 5 above.

### III. Is there a significant risk of international spread?

<table>
<thead>
<tr>
<th>Question</th>
<th>Example</th>
</tr>
</thead>
</table>
| 6. *Is there evidence of an epidemiological link to similar events in other countries?* | - Where there is evidence of local spread, an index case (or other linked cases):  
  - with history of international travel within the previous month (or time equivalent to the incubation period if the pathogen is known)  
  - with history of participation in an international gathering (pilgrimage, sports event, conferences, etc.)  
  - with close contact with an international traveller or a highly mobile population.  
- Event caused by release into the environment e.g. air, water, that has the potential to spread across international borders.  
- Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination. |
| 7. *Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?* |  

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

Answer “yes” if you have answered “yes” to questions 6 or 7 above.
### IV. Is there a significant risk of international travel or trade restrictions?

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Have similar events in the past resulted in international restriction on trade and/or travel against the affected country?</td>
</tr>
<tr>
<td>9. Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other countries?</td>
</tr>
<tr>
<td>10. Has the event occurred in association with an international gathering or in an area of intense international tourism?</td>
</tr>
<tr>
<td>11. Has the event caused requests for more information by foreign officials or international media?</td>
</tr>
</tbody>
</table>

**IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS?**

Answer “yes” if you have answered “yes” to questions 8, 9, 10 or 11 above.

States Parties that answer “yes” to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 5 of the International Health Regulations.