Implementation of IHR in Bermuda

A UKOT Experience

UKOT Background (1)

- UK retains responsibility for 14 Overseas Territories
  - Only 11 are permanently populated
  - Territories are not constitutionally part of the UK
    - Own constitutions, legal systems and most have a democratically elected government
  - Mainly relatively isolated, island communities
  - Mostly located in areas prone to natural disasters

The UKOTs

UKOT Background (2)

- UK obligation:

"promote to the utmost, within the system of international peace and security . . . the well-being of the inhabitants of the [Overseas] Territories"

- Foreign and Commonwealth Office (FCO)

  - Lead department for coordinating UK Government policy for OTs

  - Handles international relations on behalf of OTs, although several territories maintain diplomatic links with other countries

- Department for International Development

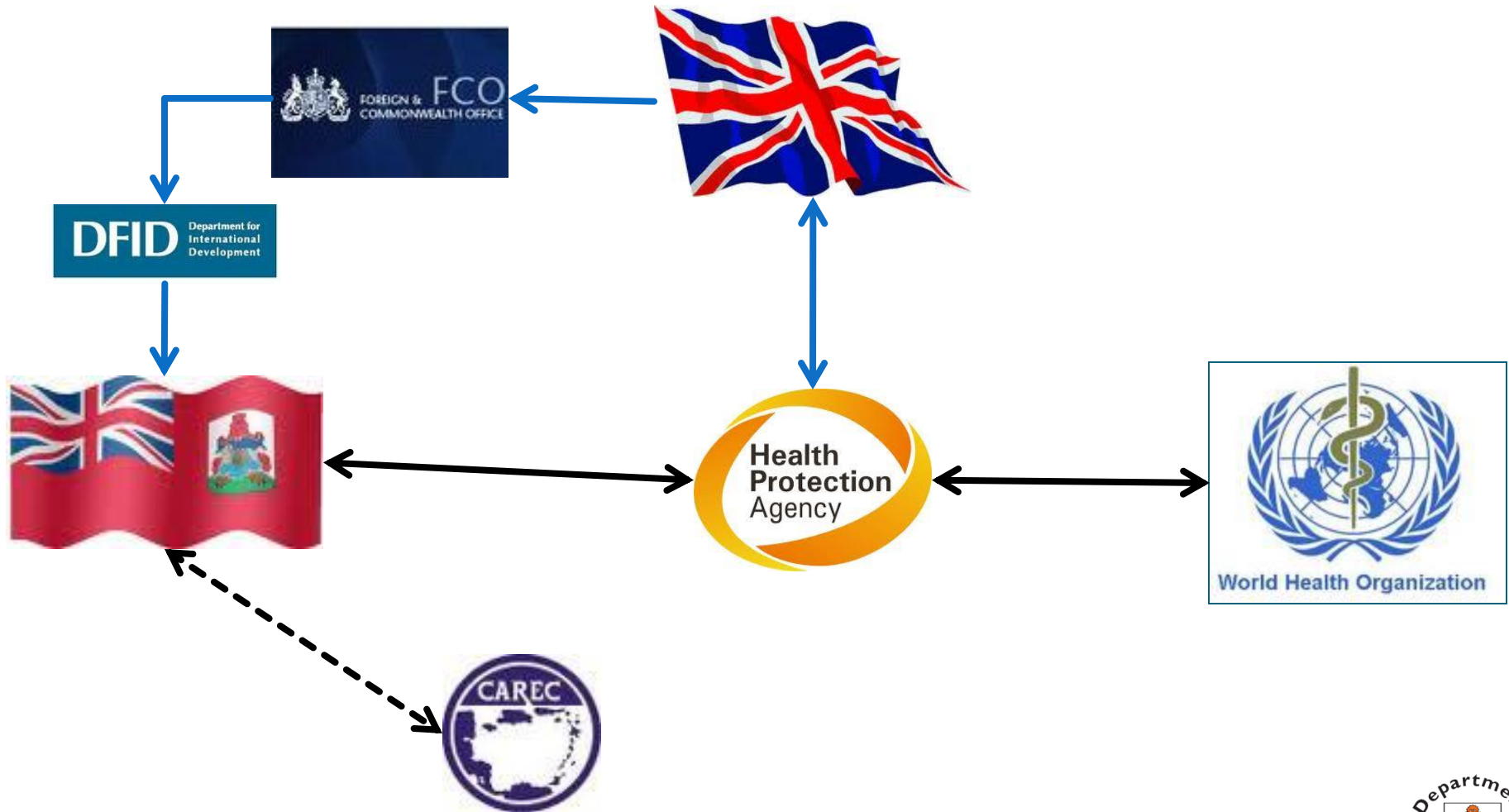 - Directs development assistance and provides financial assistance to OTs

UK Support
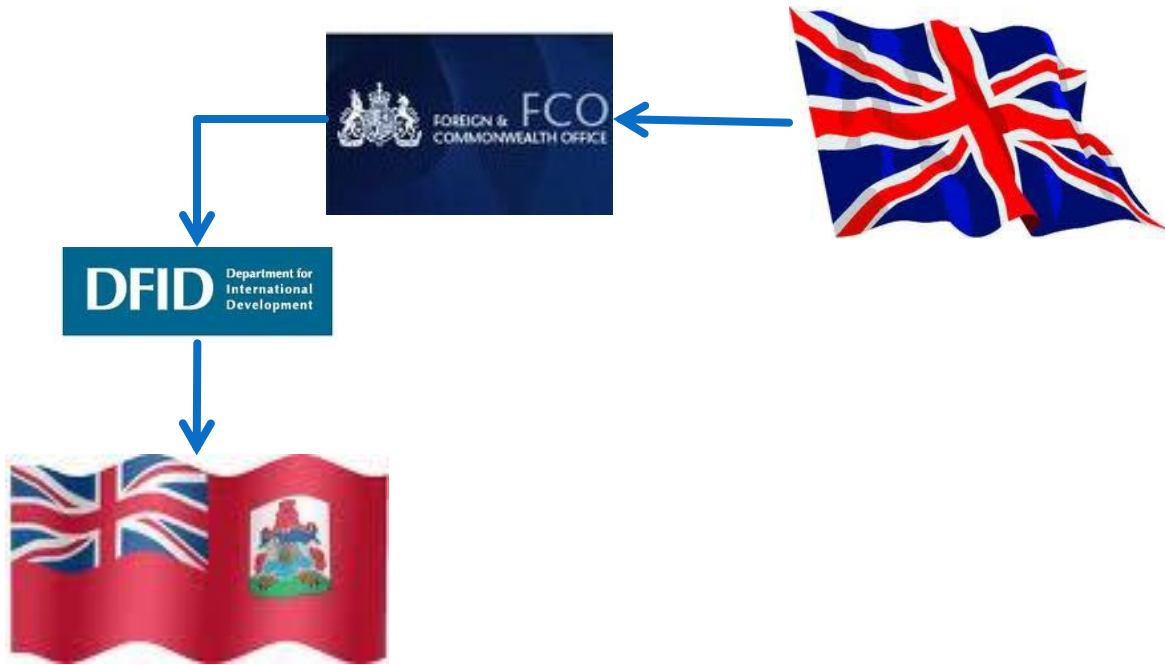
UKOT IHR Background

- UK Government designated UK Health Protection Agency (HPA) as the UK National IHR Focal Point

  - Including the devolved administrations, the Crown Dependencies and the Overseas Territories

- UK Government acknowledges that there are a number of international reporting systems that pre-date IHR (2005)

- UK Government expects HPA as NFP to take the lead on assessing events for the UK but this will be done in conjunction with the relevant public health authorities in the part of the UK territory affected
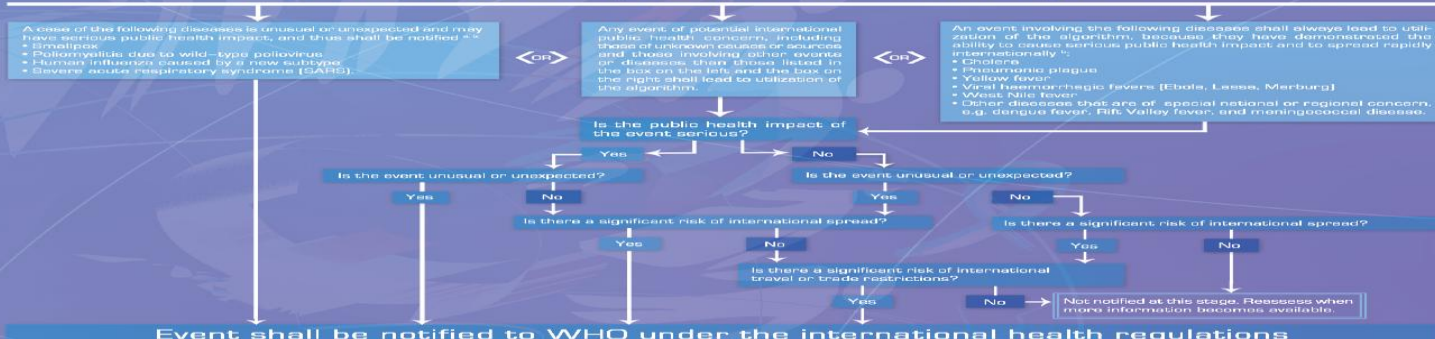
Bermuda IHR Reporting Structure

Decision Instrument

UKNFP Reporting to WHO (Notifiable Diseases)

Flowchart 1: Reporting of IHR notifiable diseases to WHO
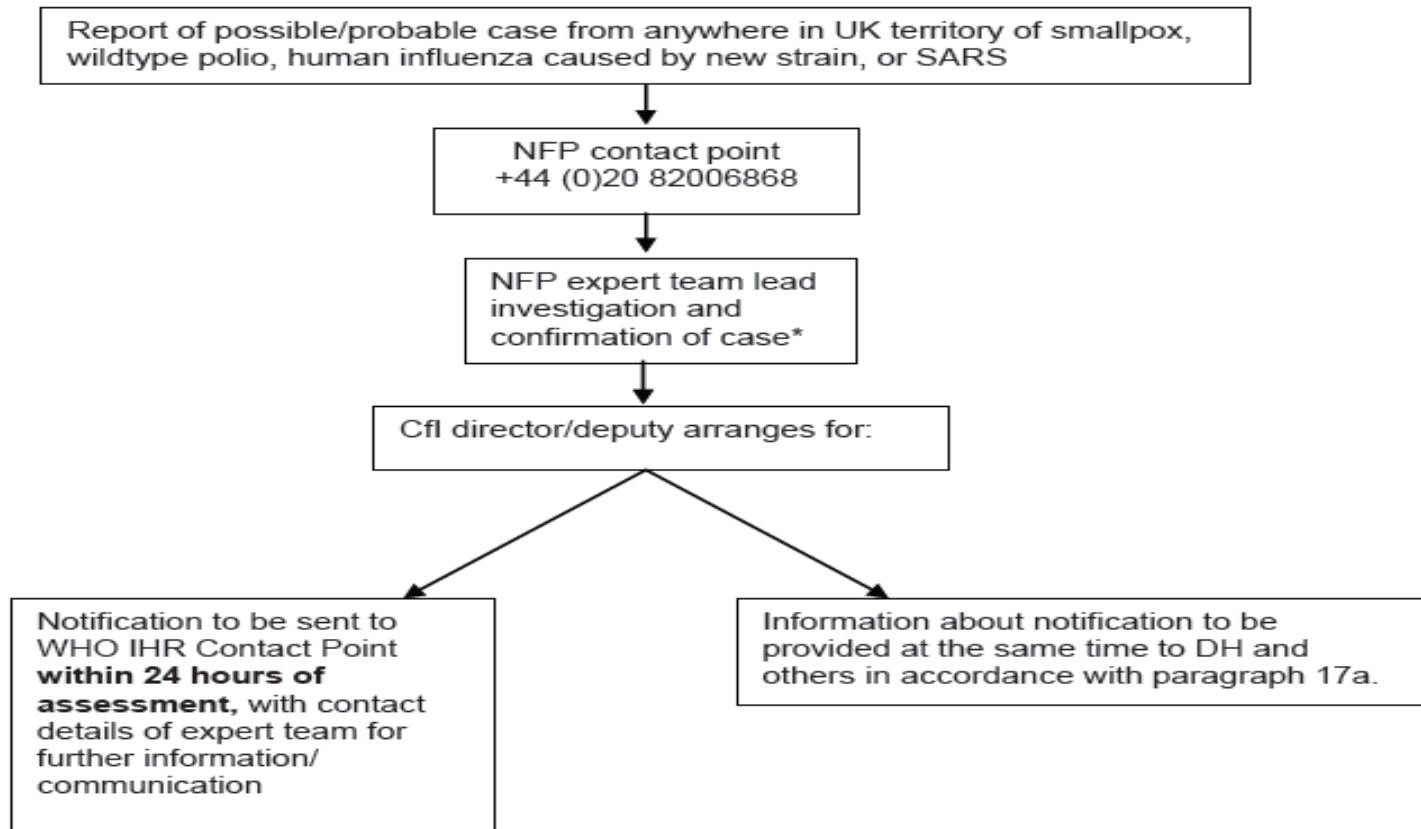
* If index of clinical suspicion is very high, NFP may alert WHO to the possibility of a notification prior to or in the absence of formal confirmation.

UKNFP Reporting to WHO (potential PHEIC)

Flowchart 2: UK initiated assessment and reporting of other IHR events to WHO

Report of incident with potential implications for international public health or trade/traffic from anywhere in UK territory, or in another member state

↓

NFP contact point
+44 (0)20 82006868

↓

NFP expert team lead assessment of incident in accordance with paragraph 17b.

Left branch:

Initial assessment that international implications of incident need to be discussed with WHO but incident not a potential PHEIC

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CfI Director/deputy informs DH and relevant authorities in affected part of UK territory that incident to be discussed with WHO

↓

NFP discusses with WHO and feeds back outcome of discussion to DH and relevant authorities in affected part of UK territory. Any formal report to WHO of an incident is copied to same.

Right branch:

Initial assessment that international implications are serious and the incident may be a potential PHEIC

↓

NFP expert team (in conjunction with other relevant UK public health authorities) prepare report with recommendations re reporting as potential PHEIC for the Chief Medical Adviser to the UK Government (or nominated deputy).

↓

Chief Medical Adviser (or nominated deputy) makes decision re reporting to WHO in accordance with paragraph 17b.

↓

Not a potential PHEIC but international implications warrant discussion with WHO

Potential PHEIC

↓

Report to be sent from National IHR Focal Point to WHO IHR Contact Point within 24 hours of assessment of event. (Copied to relevant UK public health authorities.)

Department of Health

UKNFP Reporting to WHO (Requests for information)

Flowchart 3: WHO request for information about an incident
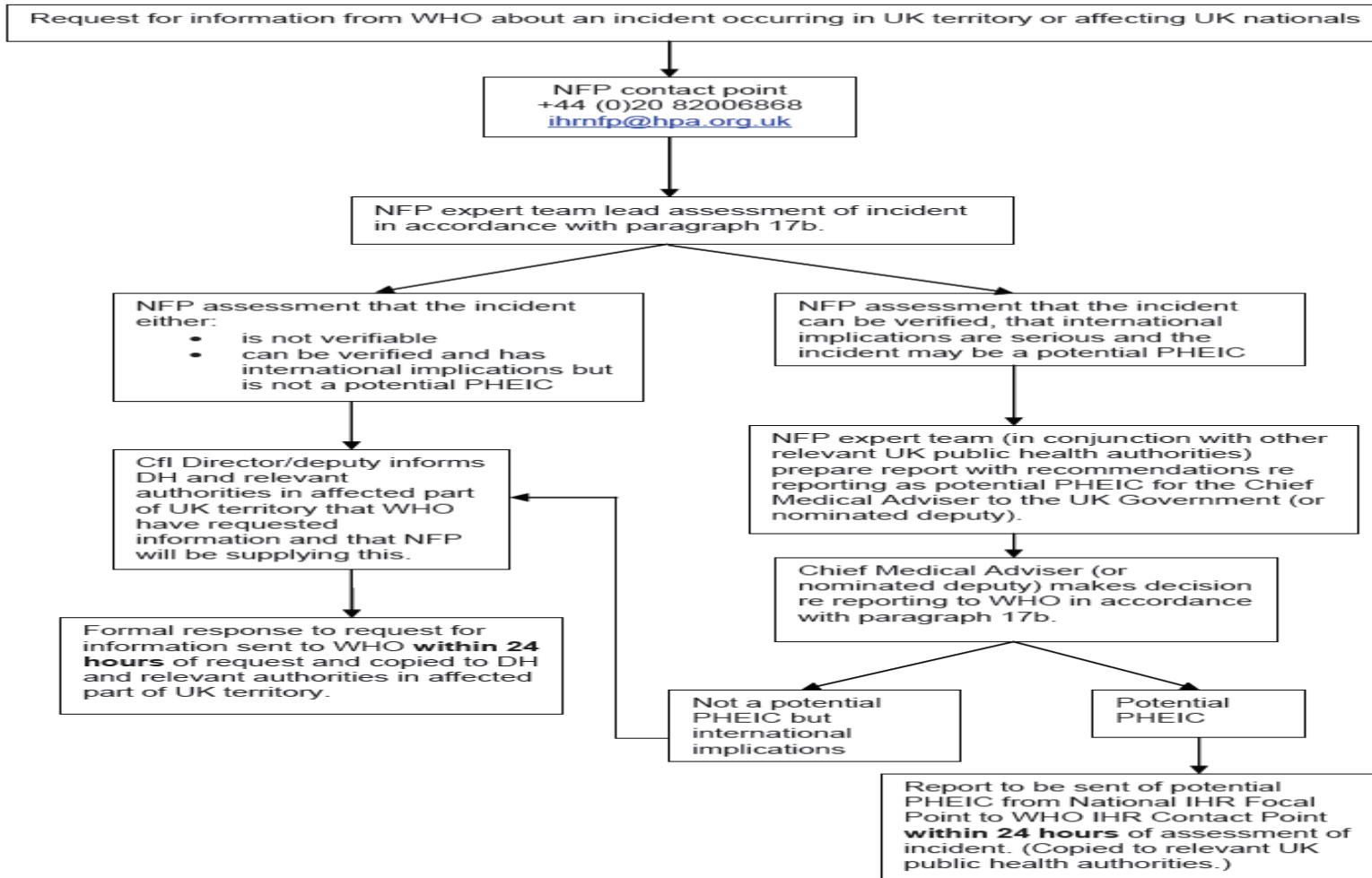
NFPs not just for PHEICs and potential PHEICs

- Enhanced international contact tracing
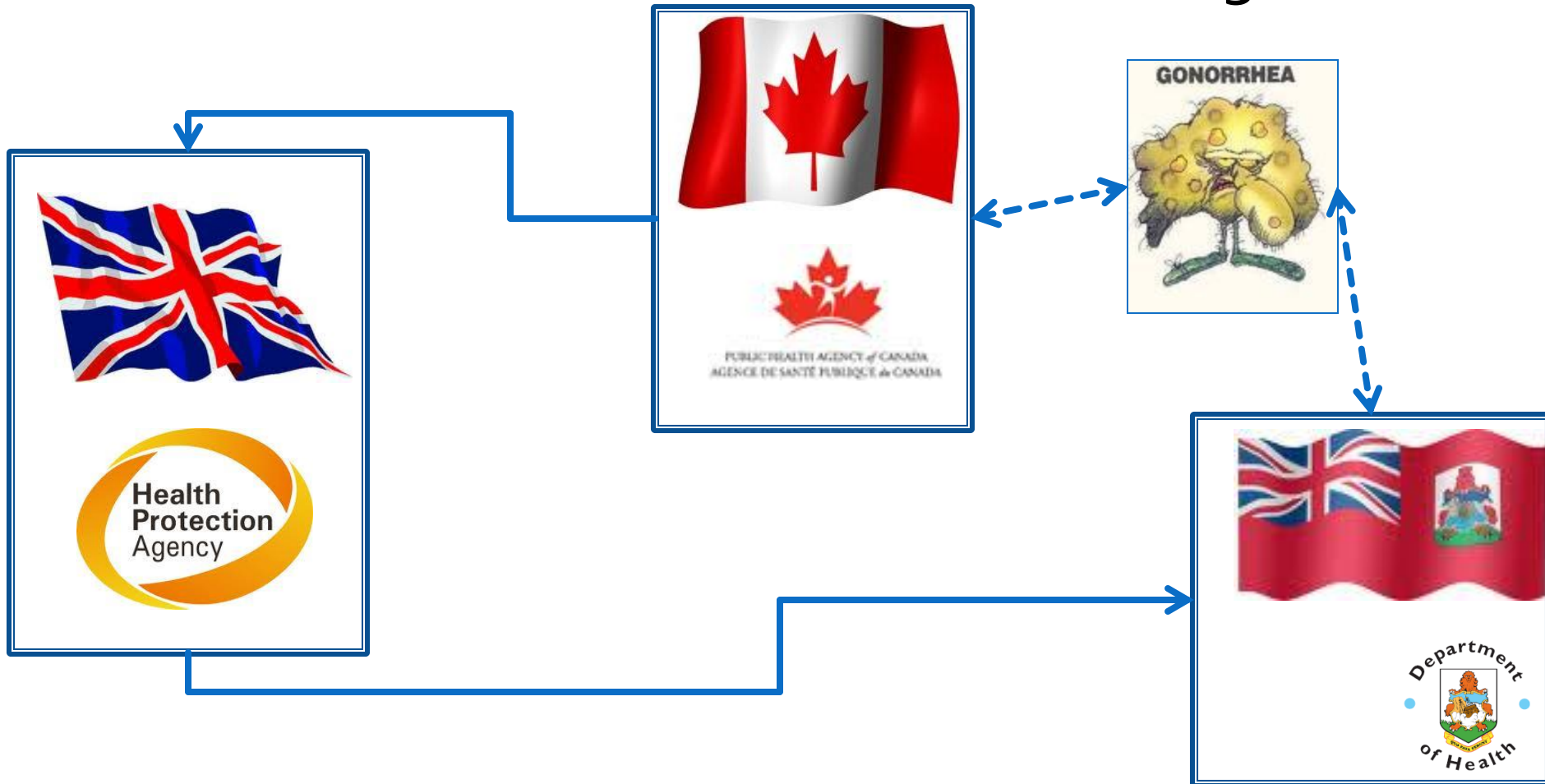
Training to Develop Core Capacities for IHR Implementation

- Surveillance and Response, including Laboratory

  - Numerous workshops and trainings through CAREC/PAHO and other partners

- Port Health (Environmental Health)

  - Workshops and training through

    - CAREC/PAHO

    - HPA

    - APHA – Association of Port Health Authorities (UK)

    - CDC

Action Area 1

- Legislation, policy and financing
  - Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR
    - **STATUS**: In progress
      - Assessment and review complete, recommendations being finalized
  - Funding available and accessible for IHR NFP functions and IHR core capacity strengthening
    - **STATUS**: Limited but adequate
      - Can lobby for funds as required

Action Area 2

- Coordination and NFP Communication
  - A mechanism is established for the coordination of relevant sectors in the implementation of IHR
    - **STATUS** : Ongoing
  - IHR NFP functions and operations are in place as defined by IHR(2005)
    - **STATUS** : Ongoing

Action Area 3

- Surveillance
  - Indicator based surveillance includes early warning function for the early detection of a public health event
    - **STATUS** : Ongoing
  - Event based surveillance is established
    - **STATUS** : Assistance required (CAREC)
  - Use of decision instrument in Annex 2 of IHR(2005)
    - **STATUS** : Ongoing

Action Area 4

- Response
  - Public health emergency response mechanisms are established
    - **STATUS** : Completed (PHERT and Health-EMO sub-committee)
  - Case management procedures are implemented for IHR relevant hazards
    - **STATUS** : Partially completed/ongoing
  - Infection prevention and control is established at national and hospital levels
    - **STATUS** : Completed
  - A program for disinfection, decontamination and vector control is established
    - **STATUS** : Limited but sufficient

Action Area 5

- Preparedness
  - Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed
    - **STATUS** : Ongoing
      - Disaster Management Coordinator (DoH , Hospital, etc.)
      - Annual disaster simulation exercises
  - Priority public health risks and resources are mapped
    - **STATUS** : Ongoing

Action Areas 6 & 7

- ## Risk Communication
  - Mechanisms for effective risk communication during a public health emergency are established
    - **STATUS** : Ongoing
    - Training through PAHO, CAREC and partners
    - Designated Media and Communications liaison for DoH
- ## Human Resources
  - Human resources are available to implement IHR core capacity requirements
    - **STATUS** : Limited but sufficient
    - Can request human resource assistance from CAREC, CDC, etc.

Action Area 8

- Laboratory
  - Coordinating mechanism for laboratory services is established
    - **STATUS** : Ongoing
    - Establishment of National Laboratory Advisory Committee through the CAREC Lab Strengthening Project
  - Laboratory services are available to test for priority health threats
    - **STATUS** : Ongoing
      - Local and international laboratory network e.g. CAREC, CDC, etc.
  - Influenza surveillance is established
    - **STATUS** : Ongoing

- Laboratory
  - System for collection, packaging and transport of clinical specimens is established
    - **STATUS** : Ongoing
    - Training through CAREC/PAHO for DoH clinical lab
  - Laboratory biosafety and laboratory biosecurity (Biorisk Management) practices are in place
    - **STATUS** : Ongoing
    - In place at hospital and DoH clinical lab
  - Laboratory data management and reporting is established
    - **STATUS** : Ongoing
    - In place at hospital and DoH clinical lab

Action Area 9

- Points of entry (PoE)
  - General obligations at PoE are fulfilled
    - **STATUS** : Ongoing
      - Main ports authorized to provide inspections and give Ship Sanitation Control Certificates, Ship Sanitation Control Exemption Certificates and Extensions
      - Training through CAREC/PAHO, CDC, APHA

Action Area 9 (cont.)

- Points of entry (PoE)
  - Coordination in the prevention, detection and response to public health emergencies at PoE is established
    - **STATUS** : Completed
  - Effective surveillance and other routine capacities established at PoE
    - **STATUS** : Completed
  - Effective response at PoE is established
    - **STATUS** : Completed

Additionally . . .

- Immunization programs
- Food safety programs
- Vector control programs
- Links with Environmental Protection
  - Zoonotic diseases

Conclusions

- For the most part, we appear to be meeting the minimum requirements for full implementation of IHR(2005) for 2012

  HOWEVER

- Status: Completed does not mean that there is not more work to be done

  - Limited human resources + turnover of staff

  - Improvements can always be made

- Trainings/workshops/advice from CAREC/PAHO, HPA, DFID, FCO, etc. always welcome

THANK YOU

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