

Implementation of IHR in Bermuda

A UKOT Experience



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

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

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The UK's Overseas Territories are predominantly remote island communities



Source: National Audit Office

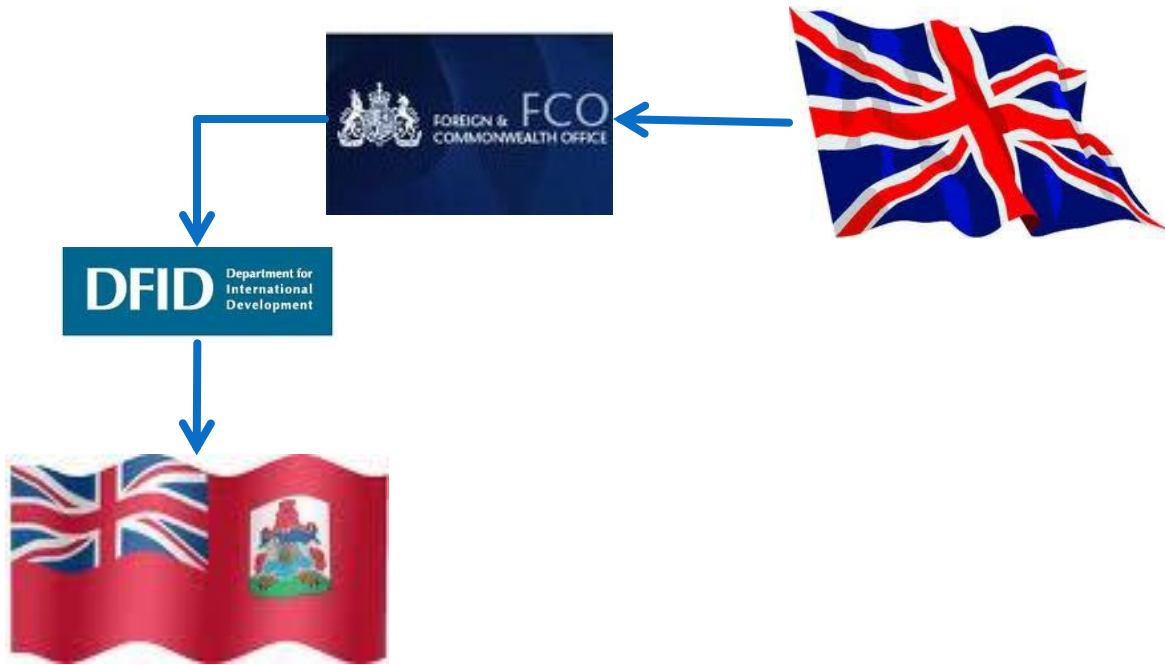
NOTE

Ascension Island and Tristan da Cunha are dependencies of St Helena.

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

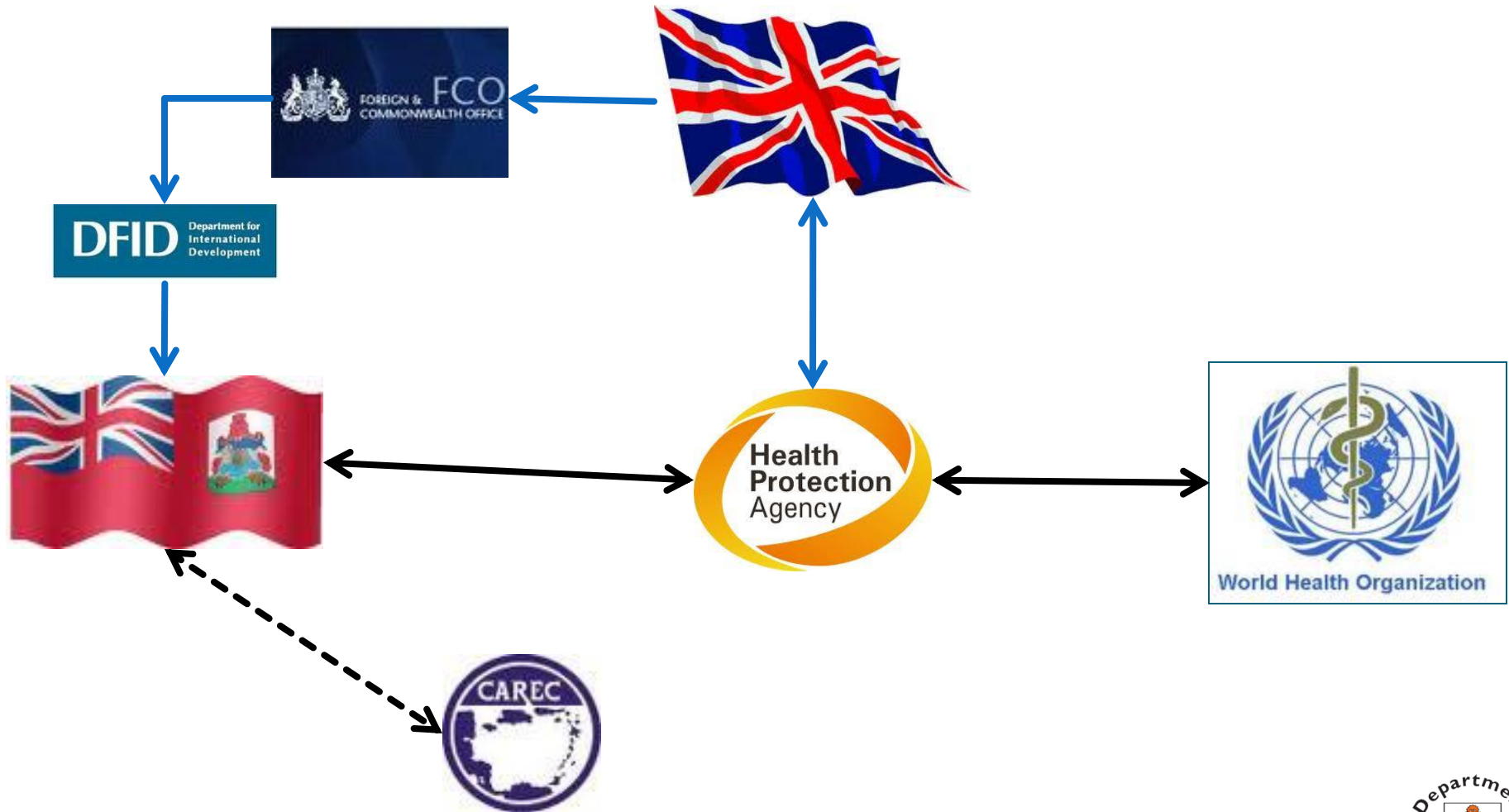
UK Support



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

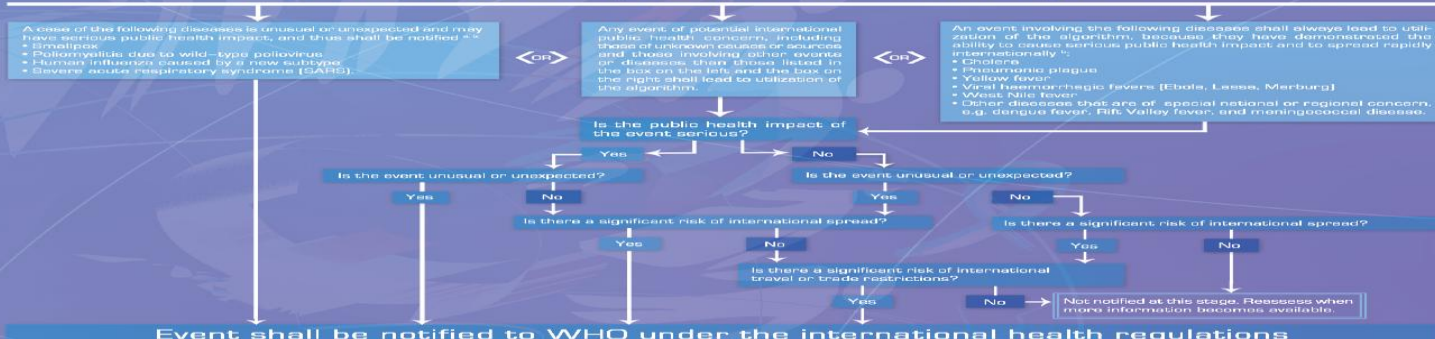
Bermuda IHR Reporting Structure



Decision Instrument

Assessment and Notification of Public Health Events International Health Regulations

Events detected by national surveillance system



Event shall be notified to WHO under the international health regulations

* As per WHO case definitions.

* The disease list shall be used only for the purposes of these Regulations.

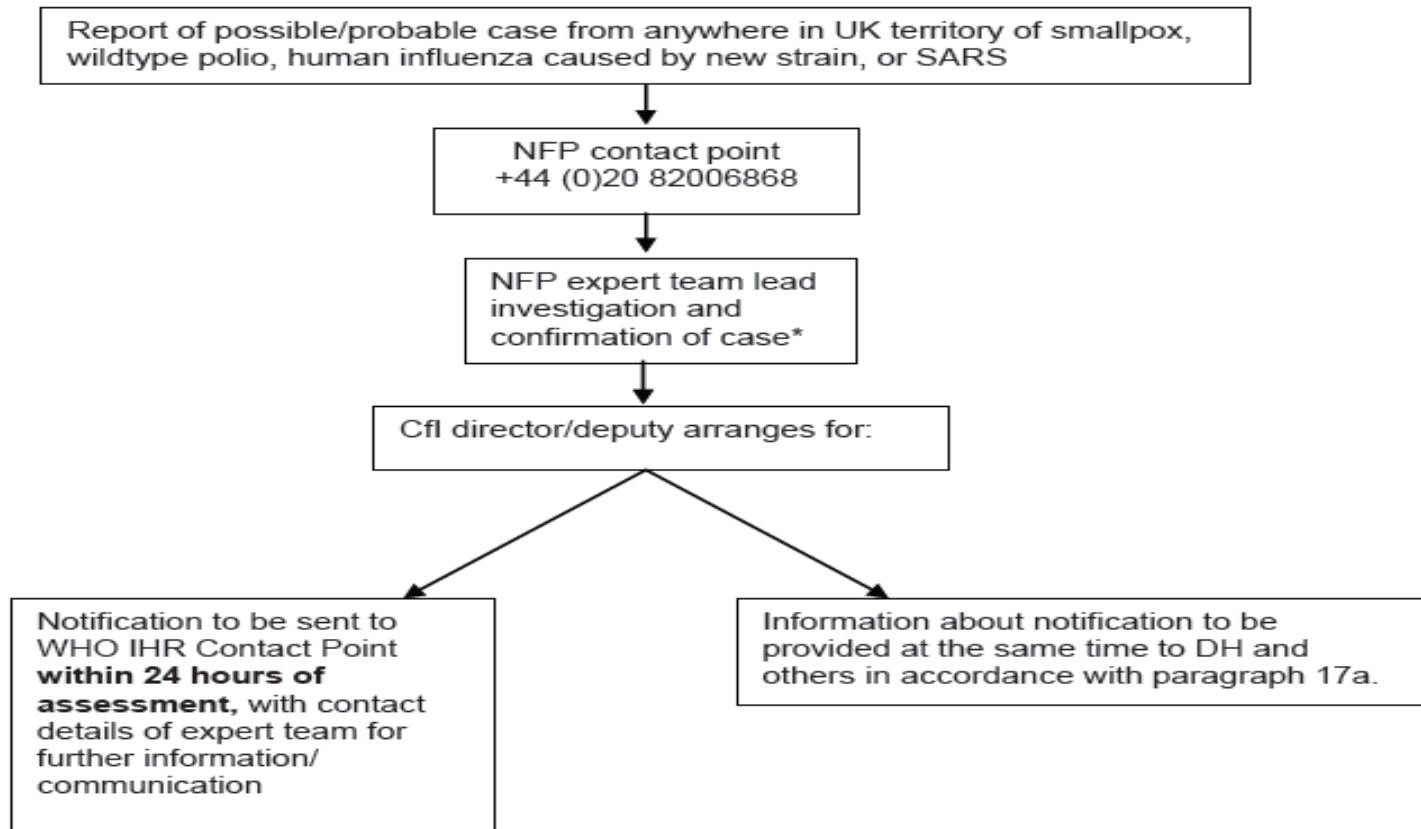
<p>I. Is the public health impact of the event serious?</p> <p>1. Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?</p> <p>2. Has the event the potential to have a high public health impact? THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:</p> <ul style="list-style-type: none"> • Events caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes, or healthy carrier) • Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antitoxin resistance or failure) • Events representing a significant public health risk even if no or very few human cases have yet been identified • Cases reported among health staff • The population at risk is especially vulnerable (Disability, low level of immunisation, children, elderly, low immunity, undernourished, etc.) • Circumstances that may delay the public health response (national capabilities, armed conflicts, unavailability of health care, multiple foci in the State Party) • Events in areas with high population density • Spread of toxic substances or infectious agents from a reservoir that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area <p>3. Is external assistance needed to detect, investigate, respond and control the current event, the present new cases?</p> <p>THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:</p> <ul style="list-style-type: none"> • Inadequate human, financial, material or technical resources in the State Party • Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources) • Inadequate outbreak drugs and/or vaccine and/or diagnostic equipment, decontamination equipment, or supportive equipment to cover well-recognized needs • Existing surveillance system is inadequate to detect new cases in a timely manner <p>Is the public health impact of the event serious? Answer "Yes" if you have answered "Yes" to questions 1, 2 or 3 above.</p>	<p>II. Is the event unusual or unexpected?</p> <p>4. Is the event unusual?</p> <p>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:</p> <ul style="list-style-type: none"> • 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 mortality or case-fatality) or with unusual symptoms • Occurrence of the event itself unusual for the area, season or population <p>5. Is the event unexpected from a public health perspective?</p> <p>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:</p> <ul style="list-style-type: none"> • Events caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported <p>Is the event unusual or unexpected? Answer "yes" if you have answered "yes" to questions 4 or 5 above.</p> <p>III. Is there a significant risk of international spread?</p> <p>6. Is there evidence of an epidemiological link to similar events in other States?</p> <p>7. Is there any factor that could allow or to the potential for cross border movement of the agent, vehicle or host?</p> <p>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:</p> <ul style="list-style-type: none"> • Widespread occurrence of local spread (an index case (or other linked cases) with a history within the previous month or • participation in an international gathering (pilgrimage, sports event, conference, etc.) • Close contact with an international traveler from a high mobile population <ul style="list-style-type: none"> • Event caused by an airborne viral agent that has the potential to spread across international borders • Events in an area of intense international traffic with limited capacity for sanitary control or environmental decontamination <p>Is there a significant risk of international spread? Answer "yes" if you have answered "yes" to questions 6 or 7 above.</p> <p>IV. Is there a significant risk of international travel or trade restrictions?</p> <p>8. Have similar events in the past resulted in international restriction on trade and/or travel?</p> <p>9. Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been reported/imported from other States?</p> <p>10. Has the event occurred in association with an international gathering or in an area of intense international tourism?</p> <p>11. Has the event occurred in association with international media?</p> <p>Is there a significant risk of international travel or trade restrictions? Answer "yes" if you have answered "yes" to questions 8, 9, 10 or 11 above.</p>	<p>Risk of international restrictions?</p> <p>Is there a significant risk of international travel or trade restrictions?</p>
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Report the event that may constitute a public health emergency of international concern to the PAHO/WHO Country Office and the WHO Regional Office for the Americas in Washington, DC, USA. Communicable Diseases Unit, Telephone: 202/77-11-822-328-8008 Fax: 202/77-11-822-051-0518 E-mail: hpa@paho.org



UKNFP Reporting to WHO (Notifiable Diseases)

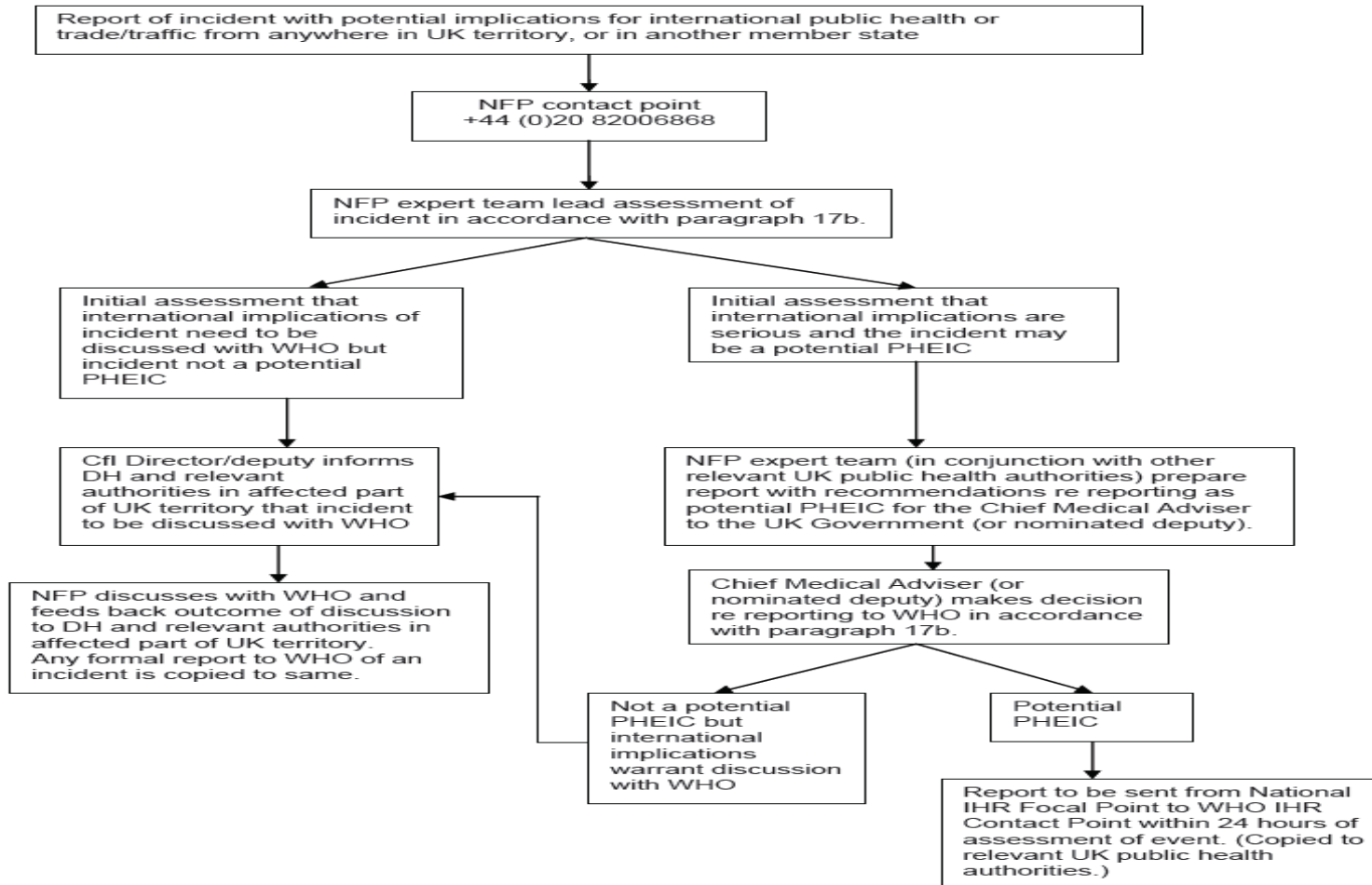
Flowchart 1: Reporting of IHR notifiable diseases to WHO



* 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.

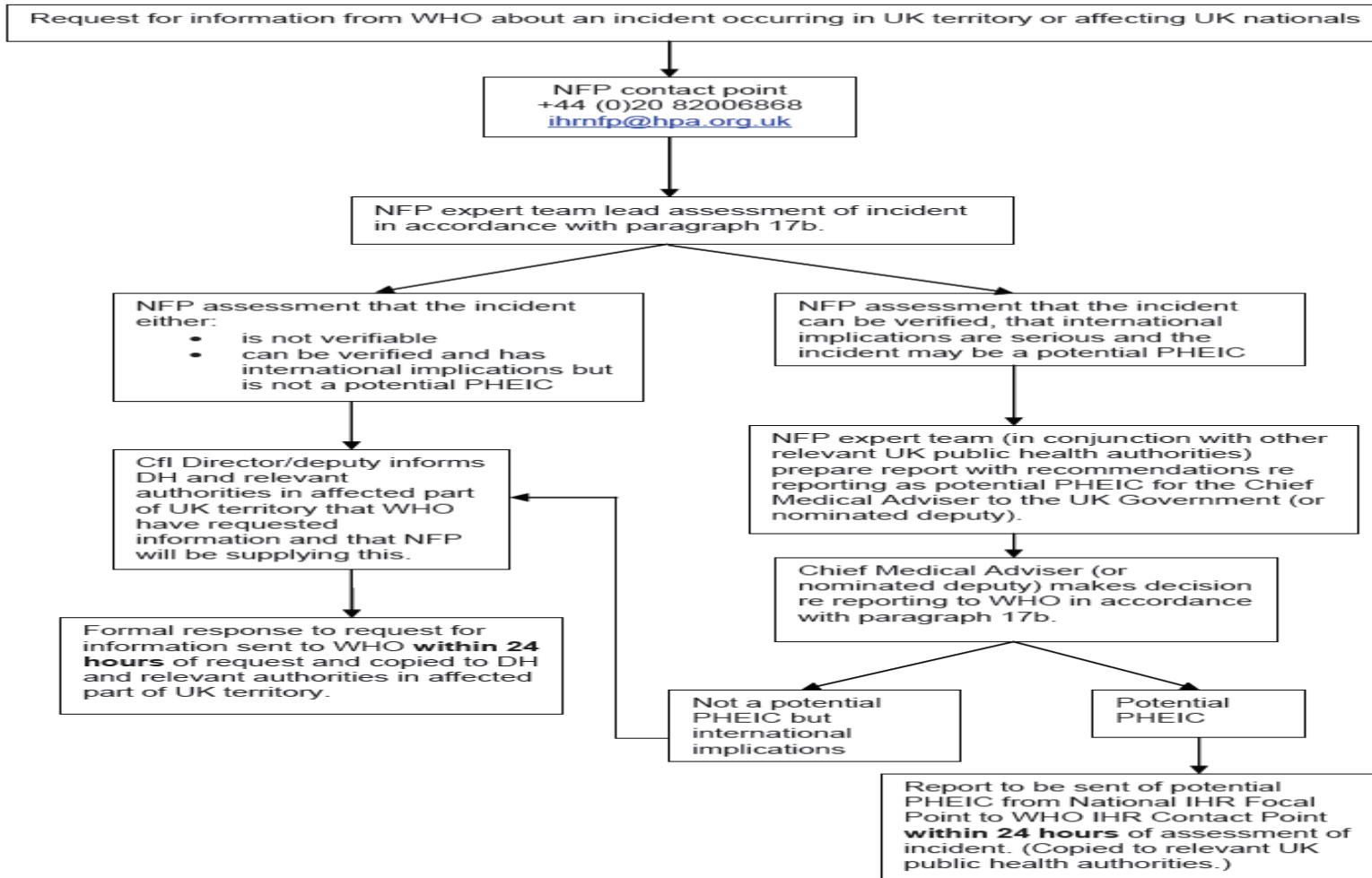
UKNFP Reporting to WHO (potential PHEIC)

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



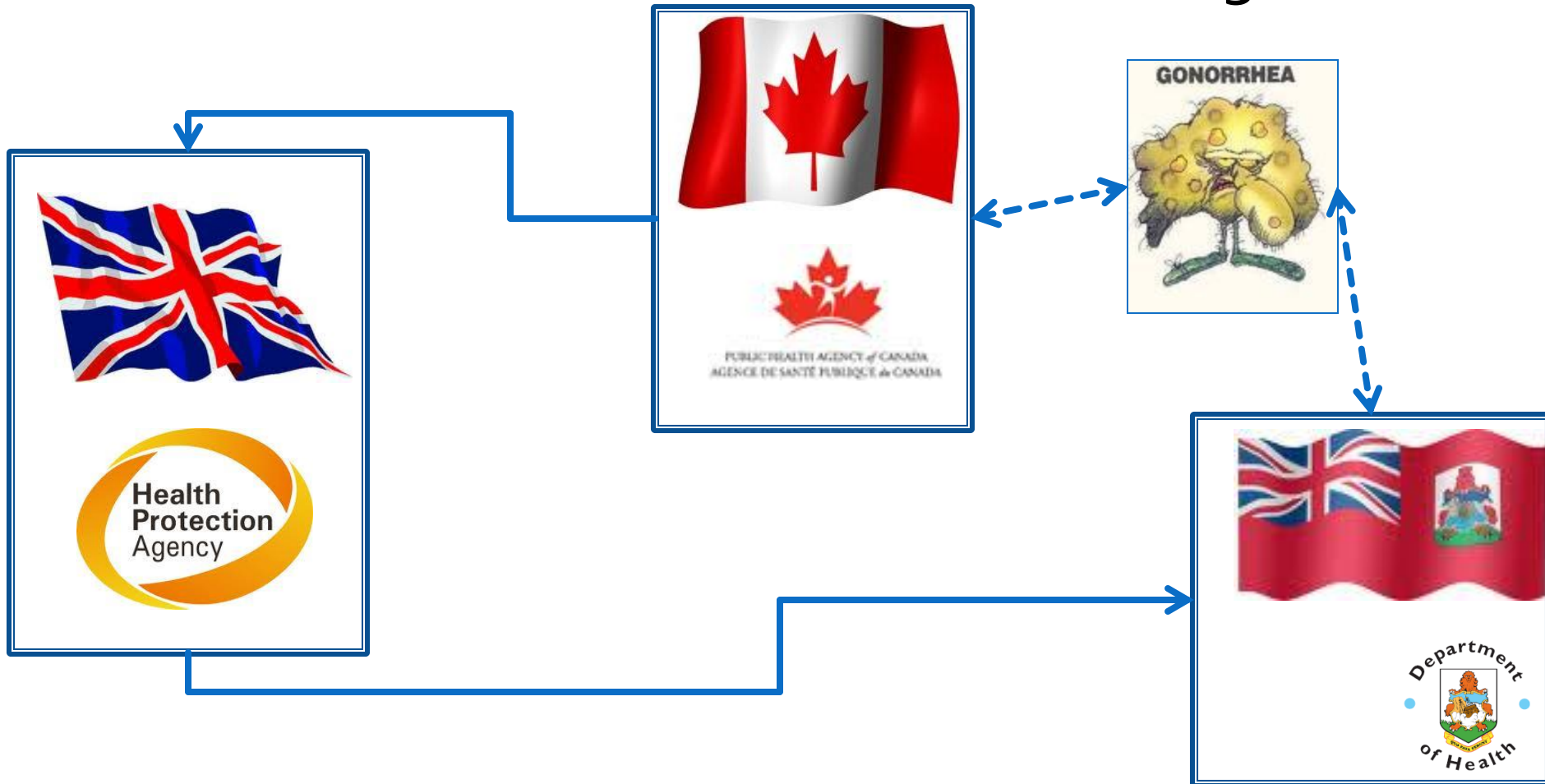
UKNFP Reporting to WHO (Requests for information)

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

Action Area 8 (cont.)

- 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



Association of
**Port Health
Authorities**



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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