

International Health Regulations: A state perspective

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Outline

- IHR (2005) Decision Tool
- Reporting Specified Diseases
- Role of Council of State & Territorial Epidemiologists
- Case study: Washington State
- Challenges
- Evaluation

IHR (2005)

- Came into force 18 July 2007
- US Dept. of Health & Human Services
 - Under the revised Regulations, Member States must notify the WHO Director-General of public health emergencies of international concern (PHEICs), and better identify and respond to these events.
 - The revised IHRs define PHEICs as extraordinary events that pose a public health risk through the international spread of disease to the rest of the world.

Decision Tool

- In order for CDC to report PHEICs to WHO, state public health agencies need to report all events which meet any two of:
 - Is the public-health impact of the event serious?
 - Is the event unusual or unexpected?
 - Is there a significant risk of international spread?
 - Is there a significant risk of international travel or trade restrictions?

Reporting Specified Diseases

- Member States must report outbreaks of four diseases which are pre-defined as PHEICs:
 - Smallpox
 - Polio (wild type)
 - New strains of human influenza
 - Severe Acute Respiratory Syndrome (SARS)
- In order for CDC to report outbreaks to WHO, state health agencies will need to report all PHEICs to CDC

CSTE position

- Council of State & Territorial Epidemiologists (CSTE) approved a resolution in support of the new regulations in June 2007:
 - CDC should work with stakeholders, including CSTE, to develop criteria and processes for states and territories to use for contacting CDC regarding public health events that may constitute a public health emergency of international concern
- CDC has planned but not yet initiated a “Surveillance Working Group for IHR Implementation”

Case study:

State-reportable conditions

- Washington state State-reportable conditions rule includes:
 - Most Nationally Notifiable Infectious Diseases (NNIDs)
 - Some additional state-specific conditions
- Washington State requires reporting under Washington Administrative Code (WAC)
 - Most but not all are communicable diseases
 - Separate reporting requirements for health care providers, health care facilities, clinical laboratories, and veterinarians

Nationally Notifiable Infectious Diseases (NNIDs)

- List of conditions states voluntarily report to CDC
- Each state establishes its own list of reportable conditions

Case study:

Reporting Specified Diseases

- Broad provisions require non-specified conditions to be reported to public health officials:
 - Rare diseases of public health significance
 - Unexplained critical illness or death
- Of the four specified diseases pre-defined as PHEIC by WHO
 - WA regulation specifies only Smallpox and Polio
 - SARS and new-strain influenza would be expected to be reported to public health officials under the rule broad provisions

NNID not on WA list

- Coccidioidomycosis*
- Ehrlichiosis*
- Hansen disease (leprosy)
- Influenza
 - Influenza-associated pediatric mortality
 - Novel influenza A virus infections
- Rocky Mountain spotted fever*
- SARS
- Staphylococcal disease
 - Staphylococcus aureus, Vancomycin-intermediate (VISA)
 - Staphylococcus aureus, Vancomycin-resistant (VISA)
- Streptococcal disease
 - Streptococcal disease, invasive, Group A (GAS)
 - Streptococcal toxic-shock syndrome (STSS)
 - Streptococcus pneumoniae, drug resistant, invasive disease (DRSP)
 - Streptococcus pneumoniae, Invasive Pneumococcal Disease (IPD) Non-Drug Resistant
- Toxic-shock syndrome (other than Streptococcal)
- Typhoid fever
- Varicella

* Included in online discussion of “Rare diseases of public health significance”

WA list also includes (1)

Infectious diseases not on NNID list

- Campylobacteriosis*
- Foodborne diseases (communicable disease clusters)
- Granuloma inguinale*
- Hepatitis
 - Hepatitis B, surface antigen positive pregnant women
 - Hepatitis, unspecified*
- Herpes simplex*
- Leptospirosis*
- Lymphogranuloma*
- Relapsing fever (borreliosis)*
- Typhus*
- Waterborne diseases (communicable disease clusters)
- Yersiniosis

* Former NNIDs

WA list also includes (2)

Non-infectious conditions (not in NNDSS)

- Asthma, occupational
- Birth Defects
- Cancer
- Gunshot
- Lead Levels, Blood*
- Paralytic Shellfish Poisoning
- Pesticide poisoning*

* CSTE position statement calls for condition to be nationally notifiable

WA list also includes (3)

Overlapping conditions (not in NNDSS)

- Animal bites
- Diseases of a Suspected Bioterrorism Origin
- Immunization reactions*
- Rabies Post-Exposure Prophylaxis

* CSTE position statement calls for condition to be nationally notifiable

Case study: Notification to CDC

- DOH routinely electronically sends case data to CDC for NNIDs included in rule
- For state-reportable conditions which are not nationally-notifiable to NNDSS, DOH would be expected to apply the WHO Decision Tool :
 - **if** any two of the Decision Tool criteria are met
 - **then** DOH should notify CDC of the event
- For conditions not on state-reportable list, DOH would be expected to apply the WHO Decision Tool:
 - **if** any two of the Decision Tool criteria are met
 - **then** DOH should notify CDC of the event

Challenges

- IHR (2005) PHEICs include other biological, radiological, or chemical events
- An “event” can be a release of a contaminant, even when there are no human cases
- If the event meets any two criteria of the Decision Tool, then it is a PHEIC

Challenges (continued)

- States often unable to assess Decision Tool criterion 4 (significant risk of international travel or trade restrictions)
 - No easily accessible history of similar past events that resulted in restrictions
- Does CDC expect reports from states if only one of the remaining criteria is met?
 - Suppose case is unusual, but public-health impact is not serious
 - Suppose public-health impact is serious, but case is not unusual or unexpected

Evaluation

- Opportunity exists to conduct prospective evaluation of new surveillance policy and procedure
 - CDC Guidelines for Evaluating Public Health Surveillance Systems 2001
 - WHO framework for monitoring and evaluating surveillance and response systems 2004

Discussion & questions