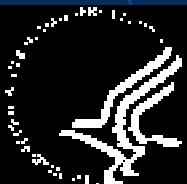
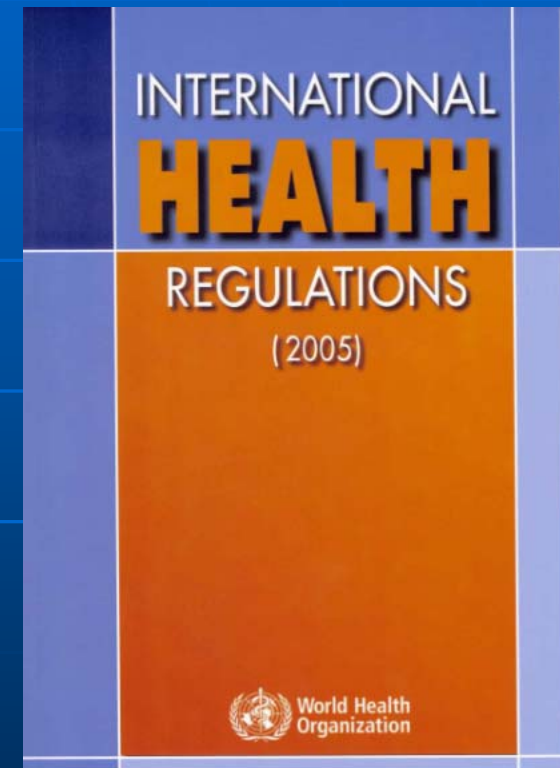


International Health Regulations

Revised for Today's World

Ruth Jajosky, D.M.D., M.P.H.

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and Services,
National Center for Public Health Informatics,
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Revised IHR

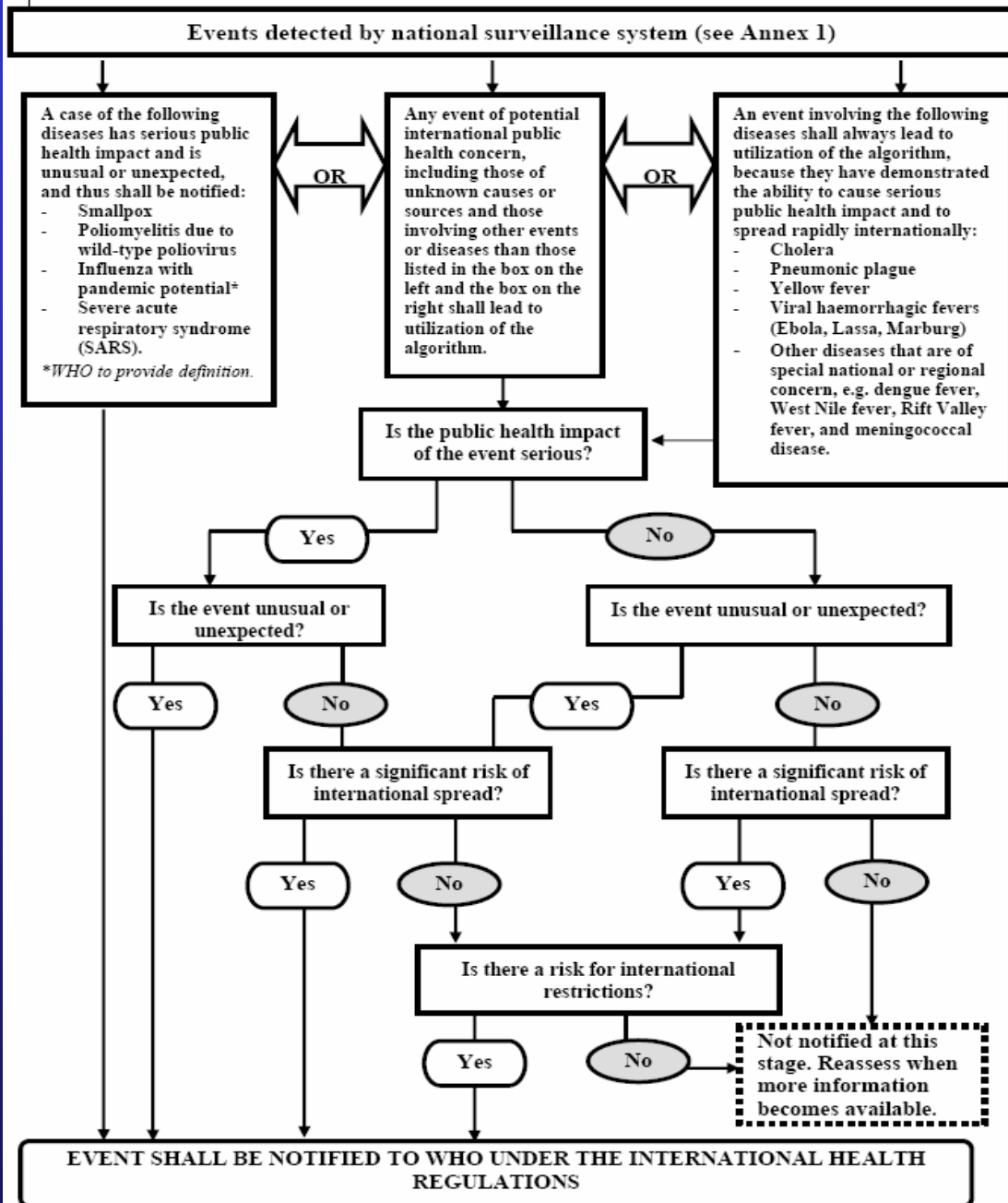
key changes from old (1969) IHR

Member Countries must:

- **Notify WHO of events meeting defined criteria – beyond prescribed list**
- **Designate a National Focal Point for IHR**
- **Enhance their events management – especially alert and response actions**
- **Meet minimum core capacities – notably in surveillance, response, and at points of entry**



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



Public Health Emergency of International Concern (PHEIC)

Decision Instrument annex 2



Assessing the Threat under IHR

Always Notifiable

- Smallpox
- Poliomyelitis, wild-type poliovirus
- Human influenza, new sub-type
- SARS

PHEIC

Other Events Potentially Notifiable

- Examples: cholera, pneumonic plague, yellow fever, viral hemorrhagic fevers, and West Nile fever
- Other biological, radiological, or chemical events may fit the decision algorithm and be reportable



Making the Determination

PHEIC

Criteria for Notification from Annex 2

- 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?

WHO makes the final determination that a PHEIC exists



Serious Impact on Public Health?

- There is potentially high morbidity and/or mortality
- The geographic scope is large or spreading over a large area (e.g. multi-state or regional); is in area of high population density
- The agent is highly transmissible/pathogenic
- The event has compromised containment or control efforts
- Therapeutic/prophylactic agents are unavailable, absent, or ineffective
- Cases occurring among health care staff



-
- Event requires assistance from WHO or other countries for investigation & response



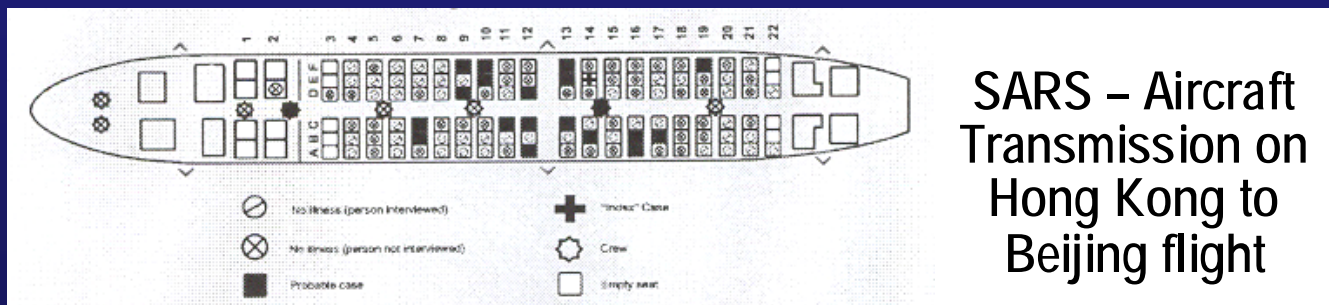
Unusual or Unexpected?

- The disease-causing agent is yet unknown or a new (emergent) pathogen
- The population affected is highly susceptible
- The event is unusual for the season, locality, or host
- There is a suspicion that this may have been an intentional act
- Agent had been eliminated or never reported in U.S.



Significant Risk for International Spread?

- Epidemiologic link to a similar event outside the United States
 - International travel or gathering
 - Contact with traveler or mobile population
- Potential cross-border movement of pathogen/agent/host
- Conducive transmission vehicles: air, water, food or environmental



Risk for Trade or Travel Restrictions?

- **There is a history of similar events in the past that have resulted in restrictions**
- **The event is associated with an international gathering or a tourist area**
- **The event is or has gained significant government or media attention**
- **There is a zoonotic disease or the potential for an epizootic event, or food/water that might be contaminated has been exported/imported**



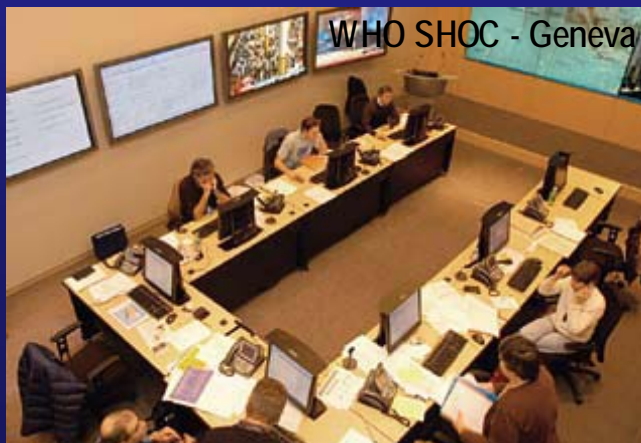
Making the Determination

PHEIC

In summary ...

- Local situational assessment required
- WHO will also assess before any publication or formal response

Criteria from Annex 2



IHR in Practice

reporting timeline

48-hour Time Requirement

- After a U.S. Governmental Agency (USGA) learns of a potential PHEIC in a U.S. state or territory, it must assess the event within 48 hours.

24-hour Time Requirement

- The USGA has 24 hours to notify WHO after it believes that a potential PHEIC may exist.



IHR Serves a Common Interest

why

- **Serious and unusual disease events are inevitable.**
- **A health threat in one part of the world can threaten health anywhere or everywhere.**
- **A formal code of conduct:**
 - **helps contain or prevent serious risks to public health**
 - **discourages unnecessary or excessive traffic or trade restrictions, for “public health purposes”**



United States Accepts the IHR

- The United States accepted the IHR with a reservation and three understandings.
 - The deadline for registering an objection to the *Reservation and Understandings* was July 17, 2007. (Entered into force in the United States on July 18, 2007)
- United States is encouraging local and state governments to aid compliance.
 - Secretary Leavitt's letter to Governors
 - CSTE position statement in support



United States Accepts IHR

how

- **Reservation**

The U.S. will implement the IHR under the principles of federalism.

- **Federalism**

The system of government in which power is divided between a central authority (U.S. federal government) and constituent political units (local and state governments).



United States Accepts IHR

how

Understandings

- Under the IHR, incidents that involve the natural, accidental or deliberate release of chemical, biological, or radiological materials must be reported.
- Countries that accept the IHR are obligated to report, to the extent possible, potential public health emergencies that occur outside their borders.
- The IHR do not create any separate private right to legal action against the Federal government.



United States Accepts IHR

how

- HHS Secretary's Operations Center is the U.S. National Focal Point to the WHO.
- WHO access to IHR information will be "24 / 7".
- CDC assumes a lead role in IHR implementation as it relates to human disease.
 - Detection, prevention, and control
- One major role for CDC is to support existing health monitoring systems that identify and report.
 - Local, state, and federal public health authorities need to collaborate to improve the ability of national health monitoring systems to report possible PHEICs under IHR provisions.



United States and IHR

federal government partners

- Central Intelligence Agency
- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Energy
- Department of Health and Human Services
- Department of Homeland Security
- Department of Justice
- Department of State
- Department of the Treasury
- Department of Transportation
- Department of Veterans Affairs
- Environmental Protection Agency
- Joint Chiefs of Staff
- Nuclear Regulatory Commission
- Office of Management and Budget
- Office of Science and Technology Policy
- U.S. Agency for International Development
- U.S. Trade Representative
- United States Postal Service



“When the world is collectively at risk, defense becomes a shared responsibility of all nations”

Source: Dr. Margaret Chan, Director-General, World Health Organization, World Health Day 2007

(Rodier G, et al. Global Public Health Security, EID, Vol 13, October 2007, <http://www.cdc.gov/eid/content/13/10/1447.htm>)



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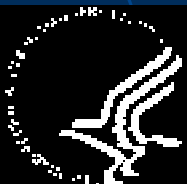
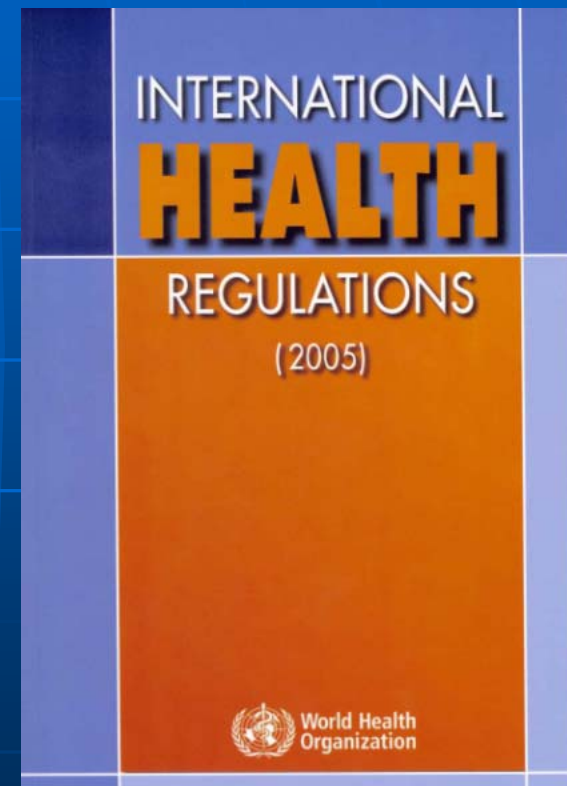
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The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any CDC determination or policy.



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