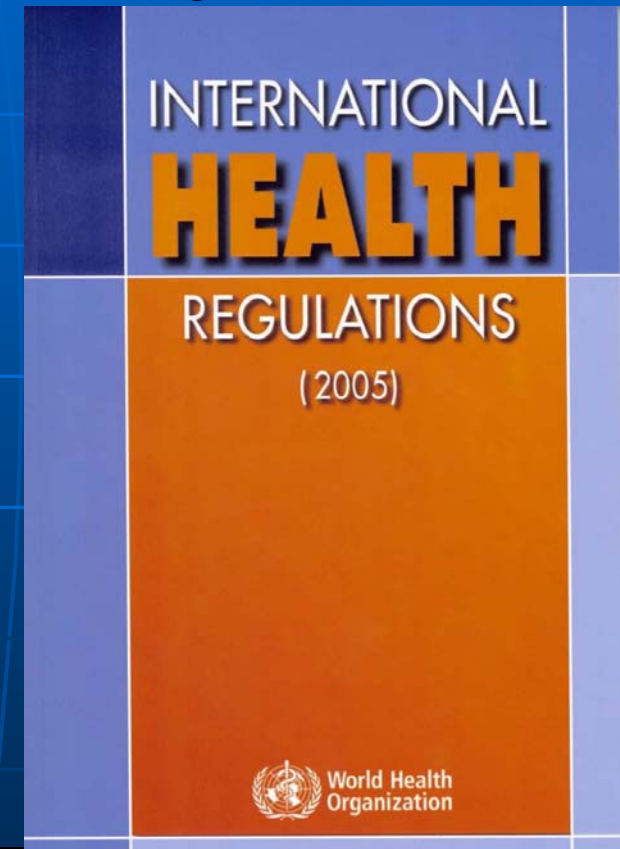


# US Implementation of International Health Regulations (2005)

*Revised for Today's World*

**CAPT Ralph O'Connor**  
Coordinating Office for Terrorism  
Preparedness and Emergency  
Response  
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June 10, 2008



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# **Revised IHR (2005) in Context**

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## ***International Health Regulations (IHR)***

- **What?** – formal code of conduct for public health emergencies of international concern
- **Why?** – a matter of responsible citizenship and collective protection
- **How?** – the U.S. national, tribal, territorial, state, and local roles
- **Who?** – all World Health Organization (WHO) Member Countries
- **When?** – July 18, 2007



# Revised IHR (2005)

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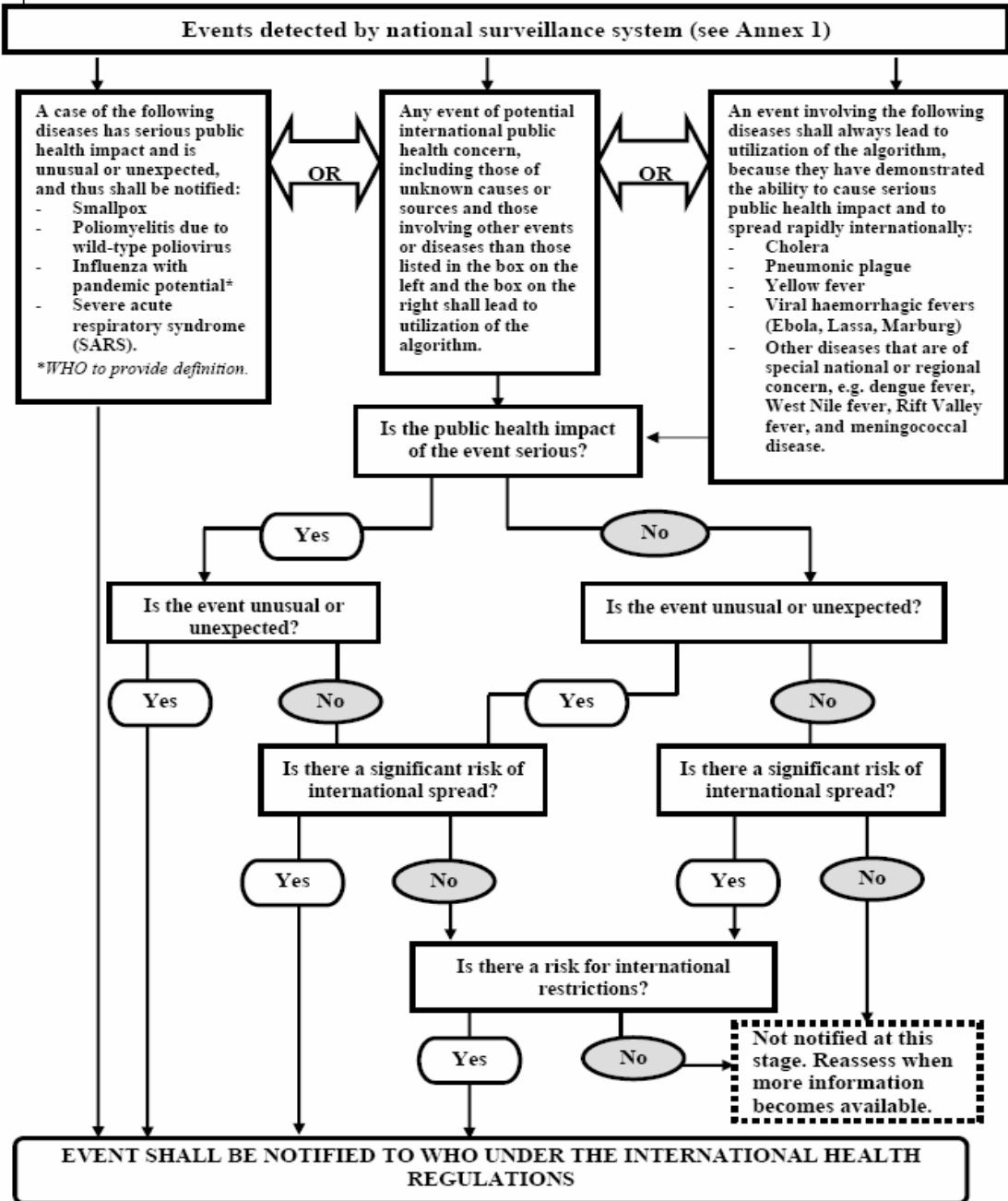
## *key changes from old (1969) IHR*

### 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

***PHEIC***

## **Always Notifiable**

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



## **Other Events Potentially Notifiable**

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



# Making the Determination

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*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 final determination**



# Serious Impact on Public Health?

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- 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



- 
- Assistance for investigation & response required



# Unusual or Unexpected?

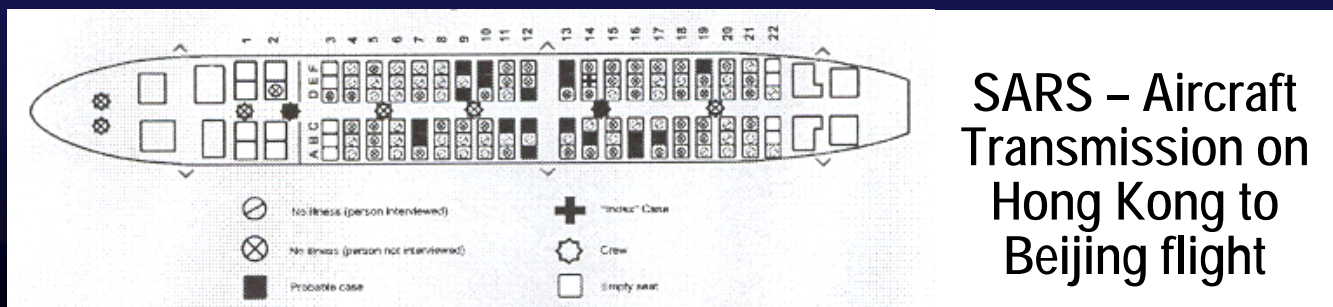
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- **The disease-causing agent is yet unknown or a new (emergent) pathogen**
- **The population affected is highly susceptible**
- **The event is unusual for the season, locality or host**
- **There is a suspicion that this may have been an intentional 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



SARS – Aircraft Transmission on Hong Kong to Beijing flight



# Risk for Trade or Travel Restrictions?

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- **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 exported/imported food/water-related**



# Making the Determination

***PHEIC***

**In summary ...**

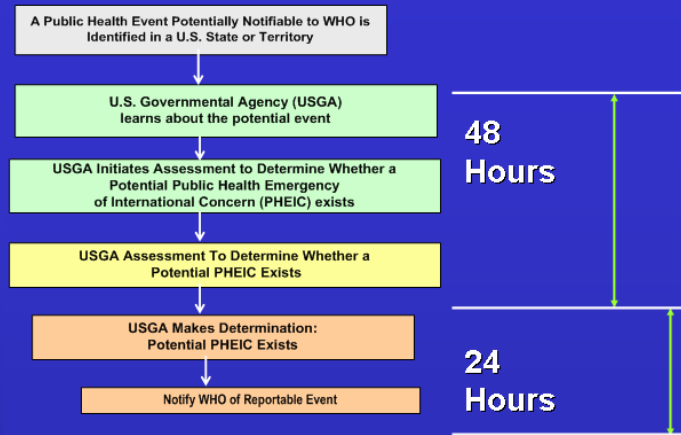
- **Local situational assessment required**
- **WHO will also assess before any publication or formal response**

**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 make the assessment within 48 hours

## 24-hour Time Requirement

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



# United States Accepts IHR

## **HHS News**

**U.S. Department of Health and Human Services**



[www.hhs.gov/news](http://www.hhs.gov/news)

FOR IMMEDIATE RELEASE  
Wednesday, Dec. 13, 2006

Contact: HHS Press Office  
(202) 690-6343

**UNITED STATES OFFICIALLY ACCEPTS  
NEW INTERNATIONAL HEALTH REGULATIONS**  
*Revised World Health Organization Rules Will Enhance Global Disease-Control Efforts*

HHS Secretary Mike Leavitt today announced the United States has formally accepted the revised International Health Regulations (IHR), and will begin the process of implementing these new international rules immediately instead of waiting for them to take effect in June 2007. Secretary

***“As we have seen recently with SARS and H5N1 avian influenza, diseases respect no boundaries. In today’s world, a threat anywhere means danger everywhere.”***



**HHS Secretary Michael O. Leavitt, on occasion of official United States acceptance of revised IHR**



# United States Accepts IHR

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- The United States accepted the IHR with a reservation (*US will implement the IHR under the principles of federalism*) and three understandings.
  - The deadline for registering an objection to the *Reservation and Understandings* was July 17, 2007.
- United States is encouraging local and state governments to aid compliance.
  - Sec. Leavitt's letter to Governors
  - CSTE's position statement in support



# 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



# **USG Implementation Activities**

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Lead Agency: Department of Health and Humans Services (HHS)

## **Four Clusters were formed**

- **Education and Outreach; Lead Agency: HHS**
- **National IHR Focal Point; Lead Agency: HHS**
- **US Points of Entry (Airports, Seaports, Ground Crossings); Lead Agency: DHS**
- **Health Measures Conveyances/Conveyance Operators); Lead Agency: DOT**



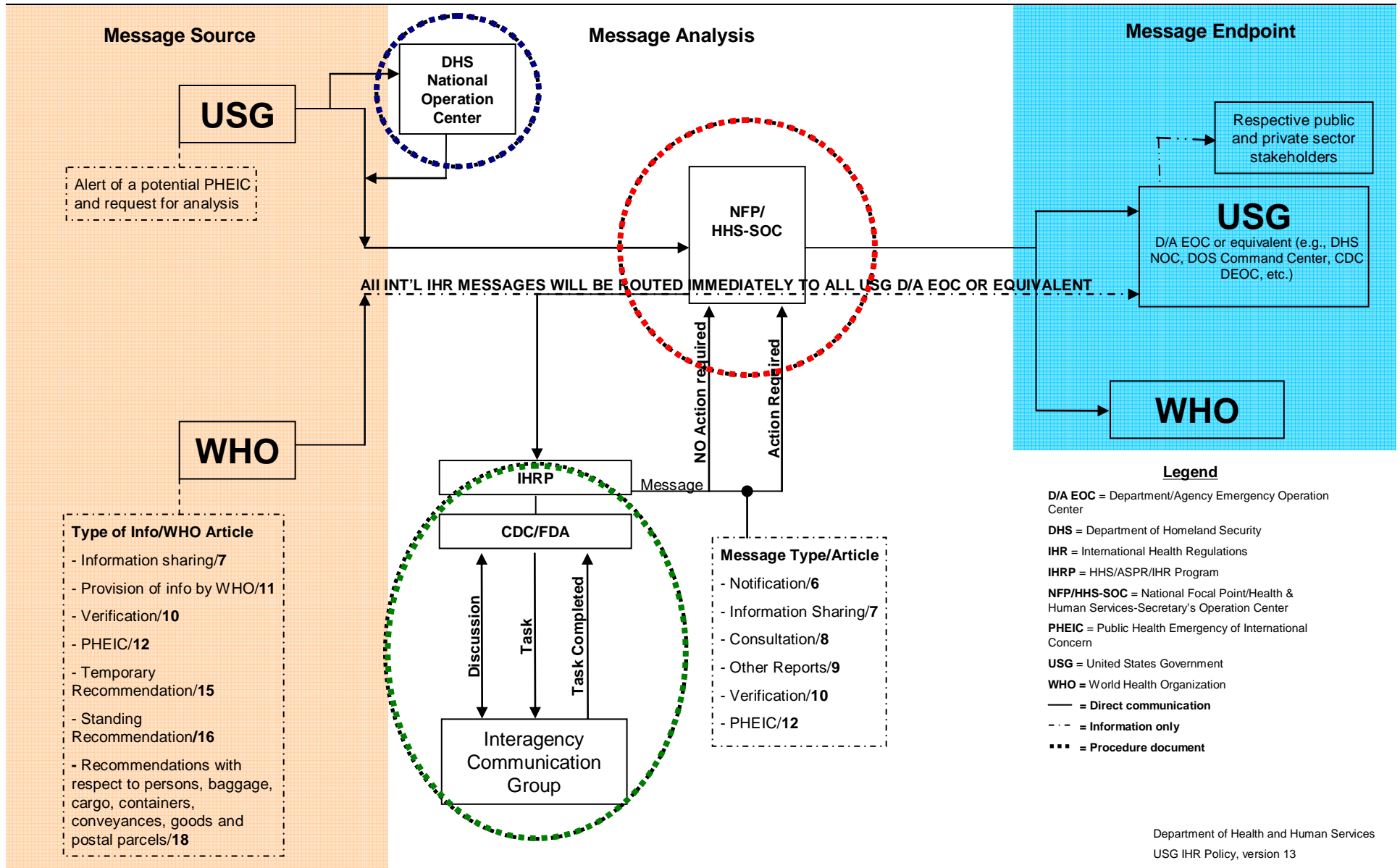
# Role of HHS in IHR

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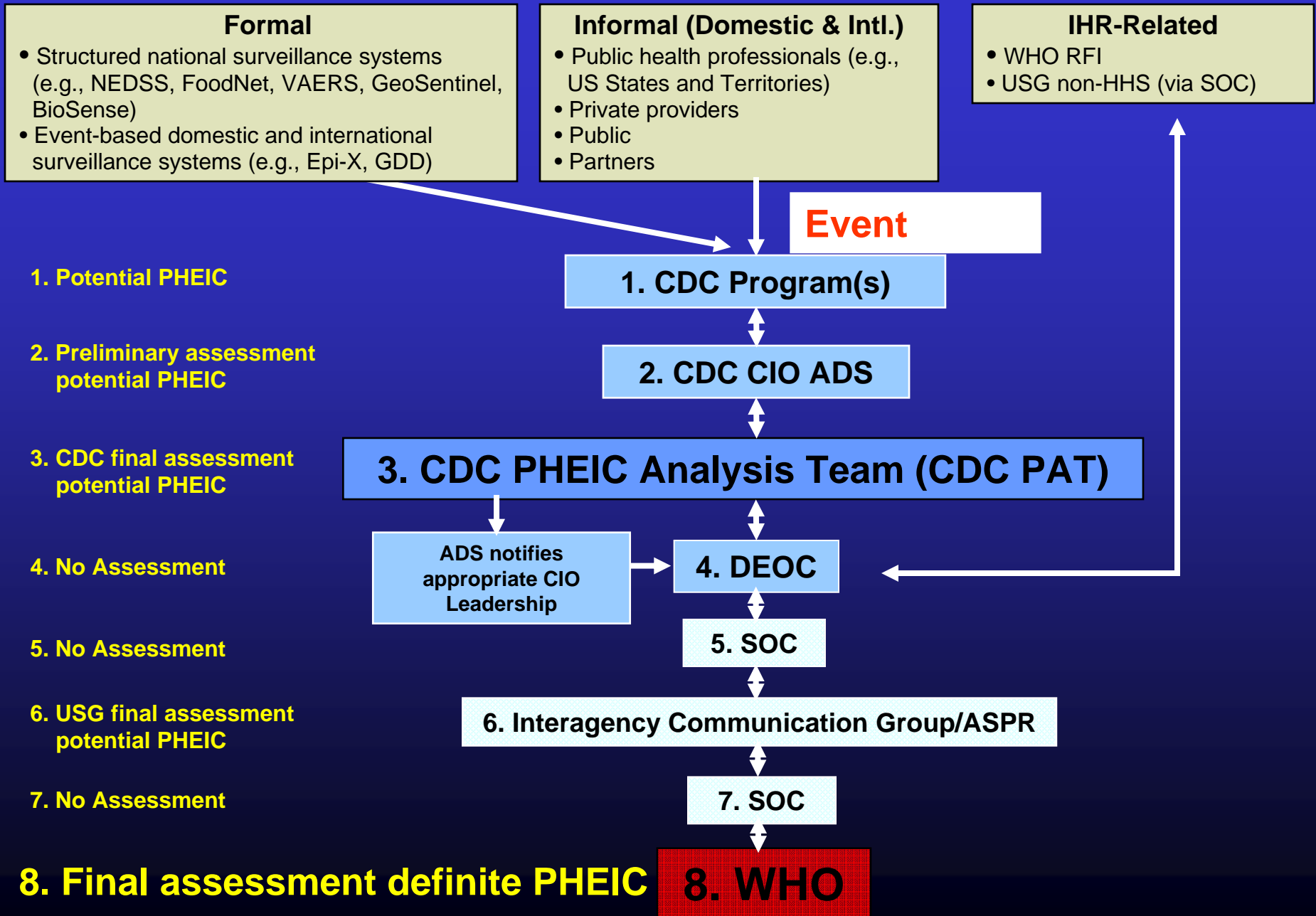
- **HHS Secretary's Operations Center is the U.S. National Focal Point to the WHO.**
- **WHO access to IHR information will be "24 / 7".**
- **CDC assumes a lead role in IHR implementation as it relates to human disease.**
  - **Detection, prevention, and control**
- **One major role for CDC is to support 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.**



# USG IHR Policy



# CDC PHEIC Assessment and Reporting Protocol



# IHR References

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- HHS Global Health website: <http://www.globalhealth.gov/ihr/>
- HHS Announcement the U.S. accepted the IHR (2005):  
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<http://www.cdc.gov/ncidod/eid/vol12no07/05-1497.htm>
- CSTE Position statement:  
<http://www.cste.org/ps/2007ps/2007psfinal/id/07-id-06.pdf>
- The NNDSS notifiable diseases website:  
<http://www.cdc.gov/epo/dphsi/nndsshis.htm>



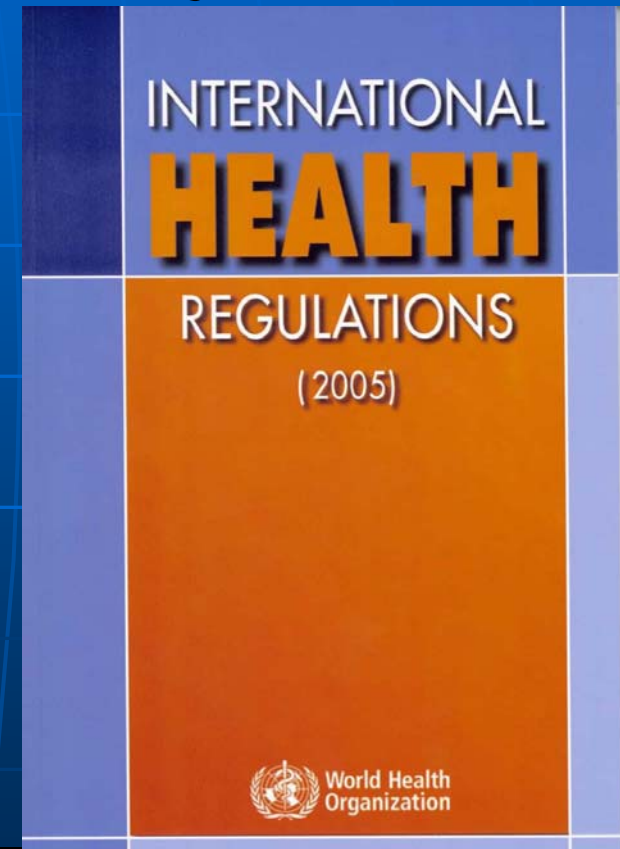
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Questions?

IHR e-mail: [IHRQuestions@cdc.gov](mailto:IHRQuestions@cdc.gov)



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