International Health Regulations

Activities of the UK National Focal Point from 15 June 2007 to December 2010
Acknowledgements
This report was prepared by Joanne Lawrence (Travel and Migrant Health Section of HPA Health Protection Services - Colindale) on behalf of the UK IHR National Focal Point. All of the following HPA staff have been involved in the activities of the National Focal Point since June 2007.

Barry Evans  Lindsay Peters
Charlotte Anderson  Lynne Foster
David Freeman  Mike Catchpole
Graham Bickler  Nichola Goddard
Hongxin Zhao  Nicol Black
Ian Fisher  Noel Gill
Jane Jones  Pete Borriello
Jessica Flood  Ruth Gilbert
Karen Wagner  Stephen Rhodes
Katherine Henderson  Victoria Hall

Abbreviations

AMRO  WHO Regional Office for the Americas
CAREC  Caribbean Epidemiology Center
CD  Crown Dependency
DA  Devolved Administration
ECDC  European Centre for Disease Prevention and Control
EIS  Event Information Site
EOC  Emergency Operation Centre
HPA  Health Protection Agency
IHR  International Health Regulations
IIG  International Intelligence Group
ISIS  Influenza Surveillance and Information Support
MHRA  Medicines and Healthcare Products Regulatory Agency
MoD  Ministry of Defence
MS  WHO Member States
NFP  National Focal Point
OT  Overseas Territory
PAHO  Pan American Health Organization
PHEIC  Public Health Emergency of International Concern
RVF  Rif Valley Fever
SAGE  Scientific Advisory Group for Emergencies
SARS  Severe Acute Respiratory Syndrome
TB  Tuberculosis
UK  United Kingdom
VHF  Viral Haemorrhagic Fever
WHO  World Health Organization
WHO EURO  WHO Regional Office for Europe
WPRO  WHO Regional Office for Western Pacific
1.0. Background and introduction

1.1. The International Health Regulations (2005)

On 23 May 2005, the 58th World Health Assembly adopted a revision of the previous version of the International Health Regulations (IHR) formulated in 1969. The revised Regulations came into force on Friday 15 June 2007 [1]. Under the revised IHR, World Health Organization (WHO) Member States (MS) have much broader obligations to build national capacity for surveillance and response in the event of a Public Health Emergency of International Concern (PHEIC) and share information about such events, with a code of conduct for notification and response. The Regulations include a list of diseases whose occurrence must always be notified to WHO as a potential PHEIC under Article 6 and Article 9 (smallpox, wild-type polio, new subtypes of human influenza and severe acute respiratory syndrome [SARS]), but also include a decision instrument (Annex 2 of the IHR) for MS to decide whether other incidents (which may be biological, radiological or chemical in nature) might constitute a PHEIC under Article 6 or Article 9. There is a further list of diseases (cholera, pneumonic plague, yellow fever, viral haemorrhagic fevers [Ebola, Lassa, Marburg], West Nile fever, and other diseases that are of special national or regional concern such as: dengue fever, Rift Valley fever, and meningococcal disease) that shall always lead to the use of the decision instrument in Annex 2 and be notified to WHO under IHR accordingly should they fulfil the criteria in the algorithm. An event is classified as a potential PHEIC, and therefore must be notified to WHO, if it satisfies at least two of the following risk assessment criteria in Annex 2 of the IHR:

1. It has serious public health impact.
2. It is unusual or unexpected.
3. There is a risk of international disease spread.
4. The event could interfere with international traffic or trade.

1.2. Communications

There are two main methods that the WHO will communicate information about PHEICs and other public health risks to Member States: through the IHR events information website (EIS) and through the Member States’ National Focal Points (NFPs).

1.2.1. Event information website

The IHR EIS is a restricted access website that all Member States’ NFPs have access to. The site is used by WHO to post information about PHEICs but is also used to post events that are not PHEICs as well other important announcements relevant to IHR. An event that has been notified to WHO under Article 6 or Article 9 but has not been declared a PHEIC by the WHO Director-General may be subsequently classed as a public health risk and posted on the EIS. In the IHR, public health risk is defined as: a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger. One or more of the risk assessment criteria in the decision instrument in Annex 2 may have been satisfied by an event classified as public health risk. On the event page of the EIS, further notes are provided about why the criteria have or have not been satisfied.
1.2.2. National Focal Points

Under the International Health Regulations (2005) Article 4, MS are required to designate a National IHR Focal Point (NFP) to be accessible at all times for communications with the WHO IHR Contact Point. The NFP has a duty to both assess any events that may potentially be a PHEIC and to notify them to WHO under Article 6 (if occurring in UK territory) and Article 9 (if occurring outside UK territory). Under Article 8, the NFP must also communicate any events that occur in UK territory but where the decision instrument Annex 2 cannot be completed due to lack of information.

Furthermore, WHO may contact the UK NFP to request information about an event allegedly occurring in UK territory that it has received information about from elsewhere under Article 10, or to approve information it intends to post about an event occurring in the UK under Article 11.3. National focal points communicate with WHO through the designated IHR contact points at WHO regional offices only, for the UK it is the WHO Regional Office for Europe (WHO EURO). The UK Government has designated the Health Protection Agency (HPA) as the UK’s NFP and a joint protocol has been developed between the Department of Health (DH) and the HPA for the assessment and reporting of potential PHEICs by the NFP under Article 6 and Article 9 of the IHR [2]. The role of the UK NFP is to assess potential PHEICs in any part of UK territory and therefore includes all of the UK Overseas Territories, Crown Dependencies and Devolved Administrations [see Appendix A]. Once a potential PHEIC has been reported to WHO, only the WHO Director General can declare an actual PHEIC.

1.3. Activities of the UK IHR National Focal Point

The main activities of the UK NFP over the time period considered can be classified into eight categories:

1. Communicating with WHO about events occurring within UK territory that may be a potential PHEIC under IHR Article 6.

2. Communicating with WHO about events occurring within UK territory under IHR Article 8 (i.e. that do not require notification under IHR Article 6 due to insufficient information to complete the decision algorithm in Annex 2).

3. Communicating with WHO about events occurring outside UK territory that may be a possible PHEIC under IHR Article 9.

4. Response to WHO requests for verification of events allegedly occurring in the UK identified by WHO from other sources under IHR Article 10.

5. Response to WHO requests to approve information that WHO intend to publish about an event occurring in the UK on the Events Information Site (EIS) under IHR Article 11.3.

6. Communicating with all of UK territory about events within and outside of UK territory reported by WHO through the Events Information Site (EIS) and through the IHR NFP email.

7. Communication with other MS NFPs in regards to public health events (not PHEICs) e.g. contact tracing, other /individual public health actions; these have been categorised into two broad groups:
   A. Communications regarding UK or non-UK residents who have been ill/in contact with illness in another MS and have returned or are expected to arrive in the UK.
   B. Communications regarding UK or non-UK residents who have been ill/in contact with illness in the UK and have returned or are expected to arrive in another MS.
8. Port health, under IHR Articles 19-21:
   - Maintaining a list of UK sea ports authorised to issue ship sanitation certificates and communicating any changes to that list to WHO.

Part of the role of the UK NFP is to maintain communications between all parts of UK territory and the WHO; this means that all WHO communications about public health events need to be communicated to all of UK territory [see Appendix A] and should any part of UK territory need to report anything under IHR, they do this through the NFP. An up to date contact list for public health professionals in all parts of UK territory is therefore maintained by the UK NFP.

2.0. Objectives of this report
This report provides an overview of the activities of the UK IHR NFP since the IHR (2005) came into force in June 2007 up to the end of December 2010.

3.0. Methods

3.1. Events information website
The activities of the UK national focal point are undertaken by a number of medical, scientific and administrative staff within Health Protection Services at Colindale. The EIS is checked twice a day by a duty scientist/information officer in working hours. Any events that are posted on the EIS are assessed by the scientist and a senior IHR staff member and are categorised into four response levels depending on the potential implications of the event to residents within UK territory:
Level 0. No response required.
Level 1. For information only. Event posted has no immediate implication for residents within UK territory and is therefore communicated for information only to epidemiological representatives within all parts of UK territory.
Level 2. Information requested. Event posted may have potential implications for residents within UK territory and information about any cases within UK territory linked to the event has been requested by either WHO or the Member State where the event is occurring. This information is communicated as above to epidemiological representatives within all parts of UK territory.
Level 3. Action required. Event posted has resulted in WHO recommending an action such as withdrawal of a product or particular public health measures such as vaccination. Information about such events would be discussed with DH before disseminating to epidemiological representatives as well as governmental public health representatives within all parts of UK territory to coordinate recommended actions.

Once the response level has been agreed between the duty scientist and senior IHR staff member, the information is communicated as above from the NFP email address. Most events fall into the level 1 category. Each event, and its relevant UK response, is recorded in an Access database for activity monitoring.
3.2. National focal point email communications

The email address for communicating with the NFP about any event related to the IHR is ihrnP@hpa.org.uk. Since July 2010, this mailbox has been monitored during working hours by the IHR information officer in the Travel and Migrant Health Section at Colindale (or in their absence by the IHR duty scientist); before July 2010, the mailbox was monitored by the IHR duty scientists or scientists in the travel and migrant health section. Out of working hours the mailbox is monitored by the HPA duty director. WHO may also contact the UK NFP through the HPA duty doctor system if there is an emergency out of hours.

Emails that have been classified according to the categories in section 1.3 are stored in an MS Access database for activity monitoring and reporting. Not all emails received and sent by the UK NFP have been categorised; most of those that have not are about general administration of the NFP or other internal matters not directly related to a public health event. Such emails will not be subject to further detailed analysis in this report.
4.0. Results

Between June 2007 and 31 December 2010, a total of 3379 email communications were sent and received by the UK NFP in response to IHR matters. These include all those that were classified according to categories described in section 1.3 as well as those that were unclassified. On average, 560 emails have been sent and received by the UK NFP each year. Email communications increased dramatically during 2009 when the influenza pandemic was declared [Figure 1].

Figure 1 Emails sent and received by the UK NFP between June 2007 and December 2010

![Emails sent and received by the UK NFP between June 2007 and December 2010](image)

4.1. Public health emergencies of international concern

During the period since the IHR came into force in June 2007 to the end of December 2010, there has been only one event that the WHO declared a public health emergency of international concern; this was the pandemic influenza A (H1N1) 2009.

The UK NFP was responsible for communicating evolving information about the pandemic from WHO through the EIS to the rest of UK territory and to the Emergency Operation Centre (EOC) teams that were responding to the pandemic in the UK. The NFP also communicated the evolving UK situation to WHO EURO and had a role in international contact tracing during the early stages of the pandemic. In total, 1394 emails were sent and received by the UK NFP in relation to the pandemic.

During the containment phase that was in place in the UK in the early part of the pandemic, the NFP liaised closely with HPA Local and Regional Services in international activity to trace contacts of cases so that they could be managed appropriately according to national policies. This resulted in 272 emails between the NFP and relevant national and international parties between 1 May and 7 September 2009.

The IHR team was also part of the International Intelligence Group (IIG) of the Influenza Surveillance and Information Support group (ISIS). IIG was responsible for collating and producing international summaries of the global pandemic to be included in the official UK situation reports.
summaries were produced by this group between 15 July and 27 October 2009, weekly summaries between 23 July 2009 and 27 January 2010 and in addition to these, more comprehensive monthly international summaries were produced for the Scientific Advisory Group for Emergencies (SAGE). In total, approximately 112 reports on the international situation were produced by the team during this period.

4.2. Events reported to WHO under IHR Article 6
Since the revised IHR came into force in June 2007, only two events have been reported to WHO by the UK NFP under Article 6 of the IHR:

- In 2007, a case of measles was confirmed in an adult male who attended an international scout jamboree camp in the UK. Over 40,000 people from 137 countries attended the jamboree. This event was notified to WHO under Article 6. WHO did not consider this event to be a PHEIC or that the level of risk warranted informing the international community more widely through EIS.
- In 2009, a suspected case of wild type polio (a notifiable disease under IHR), in a child who had arrived in the UK from Afghanistan with paralysis, was reported under Article 6. The child was subsequently found to have a vaccine-derived strain of polio therefore the case was closed.

4.3. Events reported to WHO under IHR Article 8
Nine events have been reported to WHO under IHR Article 8 since June 2007:

- Respiratory illness in Tristan Da Cunha (UK OT) – 2007
- Clostridium novyi in injecting drug users in England – 2008 [3]
- Outbreak of norovirus on UK cruise ship in Barbados – 2008
- Gastroenteritis in UK holiday makers returned from a resort in Turkey – 2008
- A death from Lassa fever in someone recently returned to the UK from Mali - 2009 [6]
- A death from Lassa fever in someone recently returned to the UK from Nigeria – 2009 [7]
- Post-mortem finding of asymptomatic variant Creutzfeldt-Jakob disease abnormal prion protein in a person with haemophilia – 2009 [8]
- Measles outbreak in Saint Helena (UK OT) – 2010

4.4. Events reported to WHO under IHR Article 9
Two events have been reported to WHO under IHR Article 9 since June 2007:

- Gastrointestinal illness reported in UK holiday makers returned from a resort in Dominican Republic; a mixture of pathogens was isolated. Residents from other countries were also involved – 2007 [9]
- Cluster of cases of hepatitis E associated with travel on a cruise ship – 2008 [10]

4.5. Events UK NFP have responded to under IHR Article 10
WHO have contacted the UK NFP requesting verification or further information about nine events allegedly occurring in the UK since June 2007:

- Salmonellosis associated with a holiday resort in Turkey – 2008 [12]
- An extremely drug resistant tuberculosis case in Scotland who had arrived from Somalia – 2008 [13]
Report on the activities of the UK IHR National Focal Point  
Travel and Migrant Health Section, HPA Health Protection Services Colindale  
Final draft October 2011

- Salmonellosis associated with a holiday resort in Kenya – 2008
- Allergic reactions associated with fungicide used in leather sofas imported from China – 2008 [14]
- Highly pathogenic avian influenza A H5N1 in wild mute swans found dead in Dorset – 2008 [15]
- A recall of a batch of Menjugate Kit (meningococcal group C conjugate vaccine) by the Medicines and Healthcare Products Regulatory Agency (MHRA) – 2009 [16]
- TB in an Indian migrant worker in Anguilla (UK OT) – 2009
- Emergence of Gram-negative Enterobacteriaceae with resistance to carbapenem conferred by New Delhi metallo-β-lactamase 1 (NDM-1) in UK, India and Pakistan – 2010 [17]

4.6. Events UK NFP have responded to under IHR Article 11.3
- Toy beads made in Hong Kong, China and sold in UK, Australia, New Zealand and the United States containing 1,4 butanediol which caused serious reactions in children who had swallowed them – 2007 [18]
- Measles in a travellers community in Norway linked to a similar community in England – 2007 [19]
- Chemical hazard from ‘Miracle Mineral Supplements’ – 2010 [20]
- Anthrax in injecting drug users in UK – 2010 [21]

4.7. IHR event information website
As described in section 3.1 events posted on the IHR events information website are categorised into four levels depending on how they are assessed by the IHR team to be actioned. Since the revised IHR came into force in June 2007, 191 events (including 1006 updates) had been posted on the EIS as of end of December 2010; most of these were classified as level 1, where each event was cascaded for information only [Table 1].

<table>
<thead>
<tr>
<th>Action level</th>
<th>Number of events</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>188</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>191</strong></td>
</tr>
</tbody>
</table>

The five causative agents that were responsible for over half of the infectious disease level 1 events were poliomyelitis (13), viral haemorrhagic fever (VHF) (12), dengue fever (11), cholera (11) and human cases of avian influenza A H5N1 (7). For 107 events, there were 279 associated updates (including the original posting).

During the reporting period, there were only two events that were assessed as level 2 (requesting information):
• United States - *Salmonella* Wandsworth in a food snack. Member States were requested to report any related cases to the Centers for Disease Control and Prevention. In the UK, there was one such case originating from Scotland.
• Norway – Oseltamivir resistance identified in seasonal influenza A (H1N1) viruses isolated through routine surveillance. WHO requested that any further such isolates identified in other Member States were reported to them. The results of this survey were published by WHO [22].

Only one event was assessed as level 3 (advising action to be taken):
• United States – four cases of botulism associated with a canned food. This food had been distributed to several other countries including Montserrat (UK overseas territory) and a recall had been issued by the United States [23]. The UK NFP cascaded the information and advised that the product be recalled.

### 4.8. Contact tracing and other public health actions

Communications between MS NFPs relating to contact tracing or public health action regarding exposure to an agent have increased since the IHR (2005) first came into force. These types of communications have been categorised into two broad groups (A and B) as described in section 1.3 [Figure 2].

*Figure 2 Incidents involving contact tracing or public health follow up communicated between the UK NFP and other Member States’ NFPs*

There were 60 incidents where communication regarding contact tracing or public health follow up of an individual was undertaken by either the UK NFP or another Member State’s NFP; 38 were category A and 22 were category B, the majority about TB and measles. For both categories, a total of 431 emails were sent and received by the UK NFP with an average of seven emails per incident. Two incidents involved over 50 email communications. The first was a case of meningococcal disease at an international school in the UK where contacts had returned home to several Member States for school holidays. The second was a case of rabies diagnosed in the UK who had been exposed to a rabid dog at an animal sanctuary in South Africa where other individuals working/volunteering at the
sanctuary could have also been exposed. Both these events involved the UK NFP contacting several other MS in order to make sure that any individuals at risk were quickly identified, appropriately assessed and received any preventative medication or vaccine if indicated.

The majority of incidents in category B (18/22) occurred in the UK; for category A, incidents occurred in 17 different countries including Australia (eight), New Zealand (five), Poland (four), Singapore (four), and the UK (three).

4.9. Port health

The functions of the NFP in relation to port health are described at section 1.3.8. Between June 2007 and the end of December 2010, a total of 263 email communications were sent and received by the UK NFP in regards to these functions in addition to other enquiries that are not directly linked to these functions but where the enquirer is uncertain who to approach for help/information.

4.9.1. Sea ports authorised issue ship sanitation certificates

Ship sanitation certificates (SSC) are documents that are used to identify and record all areas of ship-borne public health risks together with any required control measures to be applied [24]. Under IHR, ports that are authorised to issue ship sanitation certificates must have the capability to inspect, issue and implement (or supervise implementation of) necessary measures for the SSC. Since the IHR came into force in June 2007 and up until the end of December 2010, 87 sea ports in UK territory have been authorised to issue SSC [Table 2]. The full list for all countries is published on the WHO website [25].

Table 2 UK sea ports authorised to issue ship sanitation certificates

<table>
<thead>
<tr>
<th>UK country/territory</th>
<th>All UK sea ports</th>
<th>Ports authorised to issue ship sanitation certificates</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td>Wales</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Scotland</td>
<td>35</td>
<td>28</td>
</tr>
<tr>
<td>UK Overseas Territories*</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>UK Crown Dependencies*</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>MoD</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>101</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

* See Appendix A
5.0. Discussion
The results clearly show that since June 2007, when the revised IHR (2005) came into force, the activity of the UK NFP has gradually increased, with a particular peak in activity occurring during the 2009 H1N1 pandemic. The 2009 pandemic is so far the only PHEIC that has been declared by the WHO. Most of the activity of the UK NFP has involved email communications, which are covered by the results in this report, but often communications have occurred by telephone, or occasionally through teleconferences when more detailed discussions about action to be taken have been required. Some individual events have required a significant amount of communication between UK NFP and WHO or between UK NFP and other MS NFPS.

There may be a number of possible reasons for the increase in activity; public health events with potential international implications may have increased, although there is no available evidence that this is the case and global travel has in fact slowed down in recent years [26], which would possibly affect the potential for international spread of disease. It is more likely that it is artefactual; one likely explanation is that as familiarity of MS with their IHR obligations has increased over time, MS have been more likely to report public health events to WHO. Furthermore the requirement for all MS to have a NFP, and for these details to be available to all MS, means that MS are now more easily able to contact each other directly about contact tracing or public health events. ¹ [27]
One of the aims of the IHR was to improve global communication about public health events. Rapid communications between MS means that international spread of disease can be limited by making sure anyone exposed to an infectious disease, such as TB or meningococcal disease for example, in one MS can be traced and offered appropriate treatment or vaccine. The UK experience suggests that communication between countries has increased since the implementation of the IHR and that this has been of public health value.

¹ The European Early Warning and Response System has been available for EU Member States to communicate public health events to each other since 1998 and there are various international disease-specific networks that have been available [27].
6.0. References


27. European Early Warning and Response system website (restricted). Available at: https://ewrs.ecdc.europa.eu/
Appendix A

Devolved administrations
Northern Ireland
Scotland
Wales

Crown dependencies
Guernsey (including Alderney and Sark)
Isle of Man
Jersey

Overseas territories
Anguilla
Bermuda
British Antarctic Territory
British Indian Ocean Territory
British Virgin Islands
Cayman Islands
Falkland Islands
Gibraltar
Montserrat
Pitcairn
St Helena and Dependencies (Ascension Island and Tristan Da Cunha)
South Georgia and South Sandwich Islands
Sovereign Base Areas of Akrotiri and Dhekelia in Cyprus
Turks and Caicos Islands