

SEARCH



ARBO-ZOONET WORKSHOPS

ARBO-ZOONET MEETINGS

RELATED PROJECTS &  
EVENTS

## ARBOZONET ANNUAL MEETING 2010

The annual meeting 2010 of Arbo-zoonet project was held from November 22 to 24 in Rabat, Morocco.

The purpose of this meeting was to review the activities carried out on Rift Valley fever virus, West Nile virus, Crimean-Congo hemorrhagic fever virus and related viruses and to link with other networks and International organisations. Thus participants from OIE, eCDC and WHO as well as representatives from other scientific networks, such as EpiSouth, EDENext and EuroWestNile attended the meeting.

The two-and-half day meeting was devoted to presentations and discussions on presentations by the participants of Arbo-zoonet and to opened discussions with our colleagues from International organisations and other networks. Young researchers were encouraged to present their work. Intensive discussions on current scientific developments took place during the meeting in Rabat.

Please go to the [download section](#) to get the abstract booklet and the presentations from the meeting.





# EPISouth

A Network for enhancing the Control of Public Health Threats in the Mediterranean Region and Balkans

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**for the EpiSouth Steering committee**

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- Mediterranean and Balkans share the same countries, history; populations; ecosystem → Constitute a single epidemiological block
- Launched in 2006
- By 9 EU countries
- First phase Dec 2006-June 2010
- Objective “Create a framework of collaboration on epidemiological issues to strengthen communication and communicable diseases control in the Mediterranean region”.
- Funding
  - DG-Sanco (EU countries only)
  - Italian Ministry of Health (EpiMed) + EU- RELEX (TAIEX) + Participating countries

# Participating countries

Dec. 2006

**9** countries, all in EU



June 2010

**27** participating countries



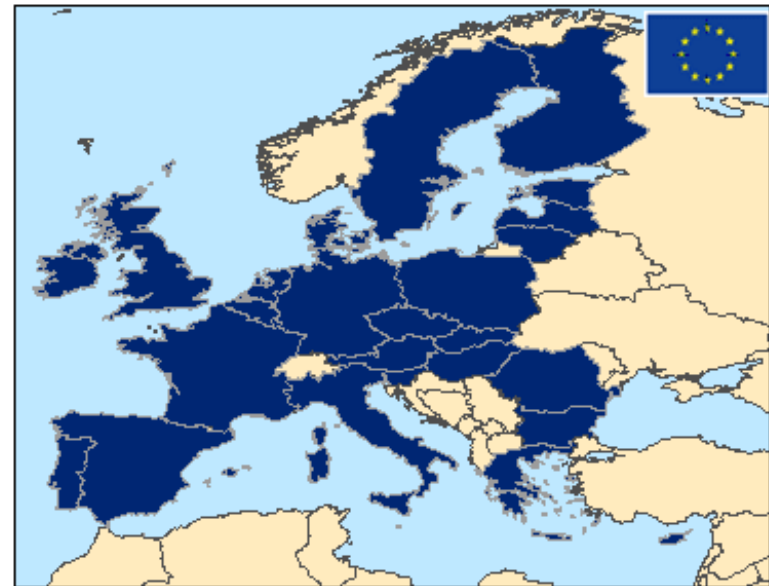
## EpiSouth



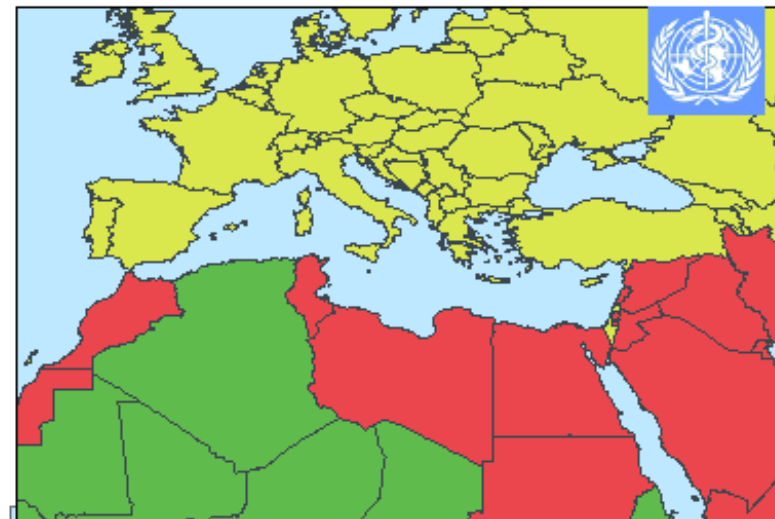
27 Participating countries

- 9 EU
- 6 Middle East
- 5 North-Africa
- 7 Balkans

## EU (27 countries)



## WHO Regions



■ EURO ■ EMRO ■ AFRO

## 8 WP managed by EU Public Health Institutes

### ● 3 “vertical” technical programmes

- Cross-border-epidemic intelligence (InVS, France).
- Vaccine preventable diseases in migrants (NICPD, Bulgaria).
- Emerging zoonoses (HCDCP, Greece)

### ● 2 “horizontal” programmes

- Training (ISCIII, Spain)
- Networking (Venetia, Italia)

### ● 3 “support” programmes

- Coordination (ISS, Italy)
- Communication (ISS, Italy)
- Evaluation (Venetia, Italy)

- Networking activities
  - Networks meeting, PI directorates ...
- Training
  - Needs assessments
  - 3 training sessions >100 participants + Guests
  - Strategic document training
- Vaccine preventable diseases in migrants
  - Pilot assessment
  - Assessment of countries migration status profile and vaccination access
  - Strategic document Vaccine preventable diseases in migrants
- Cross border emerging zoonoses
  - Selection of 5 priority zoonoses (Brucellosis, Leishmaniasis, Rabies, Campylobacteriosis and West Nile Virus)
  - Countries profile (5 priority zoonoses)
  - Directory of Human and veterinary PH official
  - Strategic doc. epidemiology & preparedness to emerging zoonoses
- Epidemic intelligence & Cross Border

- Detection of potential health threats through the use of formal & informal sources (eg. Media)
- Process
  - ❏ Identification of primary signals via dedicated Expert system
  - ❏ Selection of relevant signals
  - ❏ Analysis
  - ❏ **Verification**
  - ❏ Communication
- EI tailored to EpiSouth needs
  - ❏ Not all countries have expertise nor resources to develop full-fledged EI
  - ❏ High level for potential duplication
- Outputs :
  - ❏ EpiSouth Weekly epidemiological Bulletin (e-Web) since March 09
  - ❏ Thematic notes issued on ad hoc basis on various topic (CCHF, West Nile, A/H1N1, Alkhurma virus)
  - ❏ All available online in the EpiSouth site <http://www.episouth.org>

**EpiSouth Weekly Epi Bulletin - N°136**  
20 October 2010 - 26 October 2010

**RIACC e-Web n°136**

- A(H1N1) Human and avian influenza - None
- "INSECE" Events
  - West Nile - Italy, Portugal and Greece
- "OUTSIDE" Events:
  - Cholera - Haiti

**Location: World**      **Event: A(H1N1) - Human and Epizootic**      **Comments**

No human cases reported this week.  
No influenza A(H1N1) epizootic reported this week.

**REPORT OF NEW HEALTH EVENTS OCCURRING INSIDE THE EPISOUTH AREA**  
(not according to one or several EpiSouth countries)

**Italy**

- On 20<sup>th</sup> October 2010, Italian health authorities reported a new confirmed human case of West Nile virus infection:
  - A 41 years-old male resident in Veneto.
  - He presented non-specific forms and was hospitalized on 30<sup>th</sup> August 2010.
  - The case was confirmed by the national reference laboratory.
  - Other suspect cases are under investigation.
- To date, regarding West Nile outbreaks in animals, health authorities reported:
  - 11 equine outbreaks in the provinces of Treviso, Veneto, Treviso, Campobasso and Biadgia.
  - 3 positive sentinel chickens in a farm in the province of Campobasso.
- Blood donations have been suspended in 9 Italian cities (in three Italian Regions) for 35 days: Mantova, Ferrara, Rovigo, Modena, Bologna, Reggio Emilia, Venice and Vicenza.

**Greece**

- On 23 October 2010, Greek health authorities reported 2 new equine West Nile outbreaks, located both in Thessalia (cf map 1).
- To date, a total of 9 WN equine outbreaks were reported to OIE involving 11 horses.

**Portugal**

- On 27<sup>th</sup> October 2010, the ministry of agriculture of Portugal reported to the OIE a West Nile equine outbreak (1 horse) in Palmela, village located in the Setúbal district, in the Lisboa region (cf map 2).

**EpiSouth**

**Epidemiology of Crimean-Congo haemorrhagic fever virus: Albania, Bulgaria, Greece, Islamic Republic of Iran, Kosovo, Russian Federation, Turkey, 1<sup>st</sup> October 2008**

This document was jointly developed by EpiSouth and the World Health Organization Regional Office for Europe.

Fig. 1. Distribution of vector tick species and known areas of Crimean-Congo haemorrhagic fever (CCHF) seroprevalence, 1944-2008.

**Legend:**

- ☐ No data on tick
- ☐ Presence of potential vector ticks
- ☐ Positive CCHF seroprevalence (measured in animals or ticks)
- ☐ Positive CCHF seroprevalence or clinical cases documented in humans

**1. BACKGROUND**

- CCHF virus is a Nairovirus of the Bunyavirus family identified in 1958 in the Congo and in 1967 in what is now Uzbekistan.
- CCHF virus is enzootic in the southern part of Europe (Balkans, Turkey, the southern Russian Federation, and in several countries in the Middle East), in sub-Saharan Africa, central Asia and the western part of China (Fig 1).
- Reservoir: Several species of ixodid ticks (mainly Hyalomma and Amblyomma) which are enzootic in the semi-desert zones of a yet greater number of countries can transmit CCHF by tick. Animals such as wild rodents and livestock serve as amplifiers.
- Transmission: The virus causes sporadic cases in humans, essentially linked to tick bites during farming or cattle-raising activities.
- Clinical presentation: In most cases, infection in humans causes few or no symptoms, although CCHF virus may cause a severe viral haemorrhagic fever. Person-to-person transmission to carers occurs, including in the health care setting.
- Incubation: 1-7 days (on average 3-5 days).
- Viraemia: appears with clinical symptoms and lasts around 10 days.
- Case-fatality rate (CFR)
  - The literature describes CFRs as high as 40-50%, especially in severe forms diagnosed during epidemics in resource-poor settings.
  - Global CFR in hospitalized patients (all grades of severity), however, is closer to 2-6% according to recent data released in Turkey, the Islamic Republic of Iran and the Russian Federation.
  - Data from South Africa, Turkey or the Islamic Republic of Iran show that the CFR can be significantly higher in patients with serologically confirmed CCHF who present clinical and biological criteria of severity.
  - Non-specific supportive treatment may be effective.
  - WHO has approved ribavirin as a specific treatment, based on limited circumstantial data in the endemic setting and experimental evidence.

- **Mediterranean Alert Early warning system**
- Secured web site
- To share national alerts
- Operational since November 09
- Accessible to
  - EpiSouth FP
    - ❖ NPHI
    - ❖ MoH
  - Majors Stakeholders
    - ❖ WHO
    - ❖ ECDC
    - ❖ EU commission
- Complements existing systems
  - WHO
  - E.U. / ECDC



**EpiSouth** Network Working Area  
Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

Alert Details | List of alerts | New alert

**Reporting Member**

Name: Philippe Barboza  
Institution: Institut de Veille Sanitaire (InVS)  
Country: FRANCE

**Event Informations**

Alert id: 20081003FX383  
Country concerned: FRANCE, METROPOLITAN  
1<sup>st</sup> Report: In date 03/09/2008  
Event type: Tipo 1  
Designation of disease: DOD 1  
Alert level: Low Level  
Description: Imported case of cholera From Tunisia Sample  
Further documentation: None

Update Delete Insert a new follow-up Add a comment

Comments Thread

Alert ID	Level	Date	Type	Country
20081003ES385	Low Level	03/10/2008 15:33	Tipo 1	FRANCE
	SPAIN	03/10/2008 15:33	DOD 1	03/10/2008 15:33
20081003FX383	Low Level	03/10/2008 15:31	Tipo 1	FRANCE
	FRANCE, METROPOLITAN	03/10/2008 15:31	DOD 1	03/10/2008 15:33

The alert has been locked by the coordinator and cannot be modified

## Lessons learned from the 1<sup>st</sup> phase

- It raised awareness on regional and cross-border issues
- Created trust, cohesion and concrete collaboration among PH officers of 27 countries
- Fills a gap in a region where countries belong to different political/supranational entities and specific needs not addressed, as a whole, neither by EU nor by WHO
- Proved feasibility
- Major challenges remains (sustainability, formalisation, governance, etc)
- Will needed to be addressed during the 2<sup>nd</sup> EpiSouth Plus

- Start: 15 October 2010 -- Duration: 2 ½ years
- Funding:
  - ❖ EU : DG-SANCO (EAHC) & DG-AIDCO (Instrument for Stability)
  - ❖ Italian Ministry of Health (Epimed Projects)
  - ❖ All participating countries (Eu and Non Eu)

## Focus of the 2<sup>nd</sup> phase

- Increase health security in and preparedness to common health threats
- Increase involvement of non EU countries : All Work packages will be co-led by 1 EU and 1 non EU Country / partners
- Increased synergies / interoperability with others network institutions
  - ❖ WHO, OIE, ECDC, EU (EWRS...)
  - ❖ Regional Network MECIDS, SEENH etc
  - ❖ Develop articulation with diseases surveillance or thematic networks
    - ❖ E.g ARBO-ZOONET

# Laboratory network

- Establish Mediterranean laboratories network to facilitate common threats detection in the countries involved
- Resulted from a need expressed by countries during 1<sup>st</sup> phase
- Progressive approach strategy allowing building trust will be implemented

## Process

- New activity → assessment phase will be crucial
- International Experts meeting to formalise selection criteria and links with existing laboratories Networks (avoid overlapping)
- Identify priority diseases → Will initially be limited (2 diseases?)
- Involvement of laboratories & needs assessment (diagnostic capacity, human, technical resources...)
- Capacity building programme (training and tutorial )
- Explore the possibility of a sharing laboratory samples and reagents

**Lead : Institut Pasteur (Paris) & Refik Saydam National Hygiene Center,  
Ministry of Health of Turkey**



# Generic Preparedness & Risk management

- Promotion of common procedures in interoperable generic preparedness and risk management for EpiSouth countries
- Based on lessons learned through 1<sup>st</sup> phase training activities

## Process

- Core-capacity needs assessment
- Workshops with capacity building sessions
  - Preparedness
  - Risk management
  - Generic Preparedness Planning (GPP)
- Development of capacity building materials
- Organisation of a simulation exercise
- Two one-week training modules in Algeria.
- Elaboration of a strategic document on capacity building

**WP leaders: Instituto de Salud Carlos III (Spain) & Institut National de Santé Publique of Algeria.**



# Early warning system

- 1<sup>st</sup> phase has demonstrated
  - Feasibility and acceptability
  - Usefulness for participating countries
- Both component Early warning (secure platform) and epidemic intelligence will be maintained

## Focus to be put on

- Strengthening partnership with WHO & ECDC
- Development of interoperability with other EWS
  - EWRS, WHO, OIE
  - EpiNorth, SEENH, MECIDS etc
- Development of synergies with other networks
  - Eg ARBO-ZOONET, EISN, EUVACNET...
- Capacity building
  - Stages at InVS
  - Supporting missions in non-EU countries

**WP leaders: InVS (France) & Middle East Consortium on Infectious Disease Surveillance (MECIDS) [Israel + Jordan + Palestine]**



# Data collection & assessments for IHR implementation

- Description of surveillance, early warning systems, national plans and legislations to facilitate IHR implementation.
- Identify countries' needs and constraints encountered in enhancing surveillance systems elaboration of the general preparedness plans.
- Will be developed in accordance with WHO-LYO priorities to
  - Describe acquisition core capacities progress
  - Acquisition of missing core capacities for surveillance and response
- Elaboration of a strategic document on national procedural and legislative aspects relevant to IHR implementation

**WP leaders: Istituto Superiore di Sanità (ISS) Italy & WHO-LYO**

- Coordination

**WP leaders: Istituto Superiore di Sanità (ISS) Italy & Ministry of health of Tunisia**

- Dissemination

- The project dissemination strategy and plan
- Maintenance and development of EpiSouth web site (restricted and public areas)
- EpiSouth bulletin and communication

**WP leaders: Istituto Superiore di Sanità (ISS) Italy & the Institute of Public Health of Montenegro**

- Evaluation

**WP leaders: Azienda Sanitaria Locale Torino 1 (ASLTO1) Italy**

## Global crises = Global response

- Clear needs for enhanced international collaboration to:
  - Optimise limited resources utilisation
  - Build on experiences
  - Minimise duplication
  - Develop synergies and partnerships
  - Improve dissemination of information
- Pooling internationally available capacities in case of major threats will strengthen health security
- A challenge but
- Vast potential for synergy and collaboration with other sister networks

↓  
**Key role for regional networks**



# Acknowledgements

Network for Communicable Disease Control in Southern Europe and Mediterranean Countries

Barboza P<sup>1</sup>, Aït-Belghiti F<sup>1</sup>, Leventhal A<sup>2</sup>, Dente MG<sup>3</sup>,  
Bejaoui M<sup>4</sup>, Ben Ghorbal M<sup>4</sup>, Fabiani M<sup>3</sup>, Alfonsi V<sup>3</sup>, ,  
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<sup>4</sup> Ministère de la Santé, Tunisia

<sup>5</sup> Public Health Institute, Montenegro

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<sup>7</sup> Institut Pasteur, France

<sup>8</sup> Refik Saydam National Hygiene Center Turkey

<sup>9</sup> Instituto de Salud Carlos III, Spain

<sup>10</sup> Institut de Santé publique, Algeria

<sup>11</sup> World health Organization, Lyon Office