

# Workshop on

## Emerging Infectious Diseases Control

### Participant

*Prepared by C. Savulescu, N. Elomeiri & F. Simón*

### **Background**

In the past three decades new pathogens have emerged (HIV/AIDS, Hantavirus Pulmonary Syndrome, SARS, avian influenza H5N1, etc) and other known diseases considered controlled have re-emerged (tuberculosis, malaria, etc.) at the historically unprecedented rate of almost one per year<sup>1</sup>, consisting in a considerable challenge for the public health authorities to control them.

In the case of SARS, within four months after the first global alert, all known chains of transmission had been interrupted in an outbreak that affected 27 countries across all continents. SARS outbreaks were successfully controlled and the disease was prevented to become endemic due to early control measures and international cooperation<sup>2</sup>.

The present threat of the pandemic influenza, due to the emergence of a new influenza virus subtype that initially infected animals and subsequently infected humans, highlights the need for preparedness and for continuously adaptation of the available control measures (either pharmacological or non-pharmacological) to the new conditions.

In the Mediterranean and Balkan region, in the last ten years, the public health authorities were challenged by various emerging infectious diseases, such as chikungunya fever in France and Italy, avian influenza H5N1 in Turkey and Egypt, Crimean-Congo hemorrhagic fever in Turkey, tularaemia in Kosovo. These public health emergencies pointed out the vulnerabilities and limitations of the available control measures in these situations.

Since these real challenges for the public health systems are not going to be the last, there is a need for identifying the difficulties and to address them before an event occurs.

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<sup>1</sup> WHO, The world health report 2007 - A safer future: global public health security in the 21st century. [http://www.who.int/whr/2007/whr07\\_en.pdf](http://www.who.int/whr/2007/whr07_en.pdf)

<sup>2</sup> Heymann DL, Rodier G Global Surveillance, National Surveillance and SARS, Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 10, No. 2, February 2004

## Activities

- **Round Table: Limitations of emerging infectious diseases control at national level (1h)**
  - presentations to be added
- **Focus Group: Limitations of emerging infectious diseases control at national level (1h&1/2)**
- **Presentation of the key problems discussed and conclusion of the group (1h)**
  - **10 minute presentation**
  - **powerpoint support**
  - **presenter elected by the group**

**Objective:** To identify difficulties that Mediterranean and Balkan countries face in controlling emerging infectious diseases at national level.

### Specific objectives:

1. To give a brief overview of the activities in countries on controlling emerging infectious diseases.
2. To identify limitations in application of non-pharmaceutical interventions for containment and control emerging infectious diseases
3. To identify limitations in applications of pharmaceutical interventions for controlling emerging infectious diseases.

### Key issues to be discussed:

- feasibility, legal, ethical and psychosocial implications of the main non-pharmaceutical interventions:
  - a. isolation,
  - b. quarantine

Other interventions can be discussed as well:

- social distancing (school closure, cancellation of mass gatherings and social activities, movement restrictions, business and market closure etc)
- daily health check
- contact identification
- infection control: hand washing, facemask wearing, cough etiquette, disinfection of surfaces etc.
- pharmacological interventions: prophylaxis and vaccination will be discussed regarding main points:
  - a. priority groups and vaccination strategies
  - b. stockpiling
  - c. dispensing to a large number of people
  - d. adverse effects reporting

## Check list of topics to be addressed<sup>3</sup>:

### Non-pharmaceutical interventions (NPI)

1. What are some pros and cons of isolation and quarantine as non-pharmaceutical interventions? Briefly describe how can be enforced in your country.
2. Is there any legal provision regarding authorization to implement isolation, quarantine and other social distancing measures in your country or region?
3. In case this legal provisions exists, do you think they should be further improved?
4. Do you think compensations help to enforce these provisions on isolation and quarantine?
5. What is your personal view on the NPI? Provide reasons for your position.
6. Is it a particular NPI that you do not consider applicable?
7. Do you think enforcing law is feasible without public cooperation?
8. Do you think that NPIs such as quarantine and isolation can be fairly applied to anybody?

### Pharmaceutical interventions (PhI)

9. What are the key issues you consider for deciding on proposing prophylaxis as a control measure?
10. What other aspects should be taking into account when you consider using PhI?

### References

1. Centers for Disease Control and Prevention (2004). Fact Sheet: Isolation and Quarantine. Division of Global Migration and Quarantine, National Center for Infectious Diseases.  
[http://www.cdc.gov/ncidod/dq/sars\\_facts/isolationquarantine.pdf](http://www.cdc.gov/ncidod/dq/sars_facts/isolationquarantine.pdf)
2. WHO Guidelines on the use of vaccines and antivirals during influenza pandemic.  
WHO/CDS/CSR/RMD/2004.8  
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<sup>3</sup> Adapted from CDC and WHO training materials