

# **Ebola and Zika Virus Diseases (EVD) outbreaks Lessons Learned**

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WHO**

# Outline

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- **Additional Health Measures under the IHR (Art.43)**
- **Lessons learned**
- **Improving preparedness and response**
- **WHO's role and actions taken**

# Additional Health Measures

## IHR (Art.43)

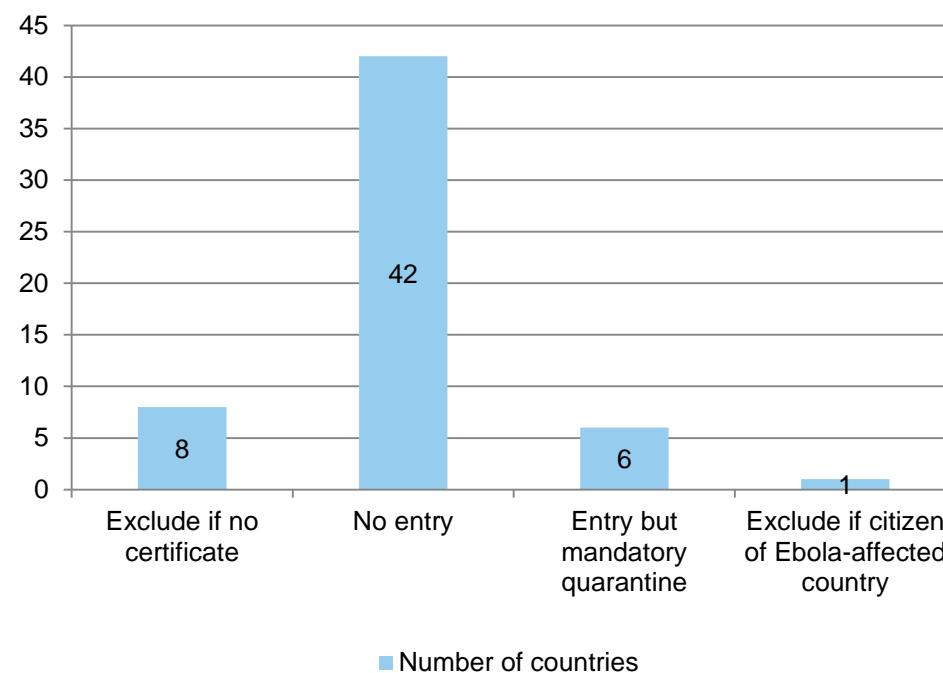
- The IHR (2005) do not preclude States Parties from implementing additional health measures provided that such measures are consistent with the Regulations and that such measures are not more restrictive of international traffic and not more invasive to person than reasonably available alternatives (Article 43).
- If the additional measures “significantly interfere with international traffic” (i.e. refusal or entry or departure of travellers, goods, cargos, or delay for more than 24h), States Parties are required to inform WHO within 48h and provide WHO with public health rationale and the scientific evidence.
- If, after reviewing the public health rationale and scientific evidence, WHO deems the measures not justified, it will request the SP to review the measures within 3 month (Art 43.6)

# Countries' response to WHO's travel recommendations during the 2013–2016 Ebola outbreak

Table 3. Prohibition of the entry of foreign travellers from Ebola-affected countries, March–April 2015

Country classification	No. of countries	No. (%)	
		Countries with data available	Countries prohibiting entry
<b>WHO region</b>			
African Region	47	44 (93.6)	18 (38.3)
Region of the Americas	35	35 (100.0)	15 (42.9)
South-East Asia Region	11	10 (90.9)	1 (9.1)
European Region	53 <sup>a</sup>	53 (100.0)	1 (1.9)
Eastern Mediterranean Region	21	18 (85.7)	4 (19.0)
Western Pacific Region	27	25 (92.6)	4 (14.8)
All	194	185 (95.4)	43 (22.2)
<b>Country income group</b>			
High	55	55 (100.0)	10 (18.2)
Upper middle	36	32 (88.9)	7 (19.4)
Lower middle	57	55 (96.5)	18 (31.6)
Low	46	43 (93.5)	8 (17.4)

**Source:** *Bulletin of the World Health Organization* 2017;95:10-17.doi:  
<http://dx.doi.org/10.2471/BLT.16.171579>



# Lessons learned

- The experience with Ebola in 2014, Zika have demonstrated that many countries implement additional measures, which went beyond the WHO Temporary Recommendations.
- States Parties either did not report such additional measures to WHO or they did not provide the evidence based public health rationale for why these measures were imposed.
- Several airlines had cancelled operations or restricted flights in affected countries during Ebola outbreak, on their own decision according to their own risk assessment (e.g. business continuity concerns, economic issues and occupational health risk assessment)
- Refusal of transport for biological samples for lab analysis by airlines and couriers.
- MEDEVAC: Air ambulance services not operating for EBOLA suspect, flight authorization.
- Vector control at airports/ports and on board conveyances problematic and excessive measures taken.
- Also some mass gathering / international meetings had been disrupted
- These additional measures largely disseminated in the press, with an impact on risk perception by population and stigmatization of certain countries / Regions

# Reducing impact of health emergency and improving preparedness and response

- **Alignment with IHR Temporary Recommendations is necessary to mitigate significant negative economic consequences related to inappropriate health measures taken during outbreaks, such as Ebola & Zika.**
  - **EBOLA: Closure of flight routes hampering the outbreak response and causing serious economic losses**
  - **ZIKA: Global disinsection inconsistencies - and cost of both disinsection services/time delay**
- **States to support airports and airlines keeping flights open to affected countries and invest high priority in preparedness to respond to potential cases, in alignment with sound public health advice & IHR.**
  - **Impact on travel and transport sector can be minimized with better cooperation between public and private sector, to improve preparedness and coordinated response, to mitigate potential effects of emergencies, such as better risk communication, management of events on board, facilitation and support for health measures at points of entry, when recommended**

# Reducing impact of health emergency and Improving preparedness and response

- **Risk communication needs to be improved with the public and private sector on appropriate health measures, precautionary measures, and actual vs perceived risk.**
  - Diseases and fear affect economic demand for travel, tourism, investment and goods
- **Need for adequate/functioning vector control programmes at PoEs to ensure vectors do not leave nor enter via Points of Entry.**
  - Confidence in these programmes /measures would mitigate the need for costly disinsection procedures on board and/or in reactive mode.
- **Need for appropriate surveillance at PoE to be able to detect and respond to health events at airports, ports and ground crossings (e.g. suspected cases entering and leaving the country, contact tracing, health advisory...).**

# Reducing impact of health emergency and Improving preparedness and response

- **Travel, tourism and transport business continuity plans to consider public health emergency preparedness, in coordination with national authorities**
- **To raise awareness among civil aviation sector of the importance of transport of biological samples for lab diagnostic abroad (Centres of reference in support to outbreak response).**
- **To raise awareness for safe and coordinated MEDIVAC**
- **Raise multisectoral synergies for the use of existing information sharing / notification systems for early warning, alert and response, such as border control, transport and health sectors (e.g. WHO EIS, ICAO NOTAMs...)**
- **Engagement of multidisciplinary teams at global, regional, national and local levels for development of emergency preparedness and response plans (cultural aspects, regional perspectives, etc...)**
- **Improve collaboration for contact tracing**
- **Strengthening joint activities in CAPSCA**



# Importance of risk communication and risk perception

- **Information about extension and localization of affected areas (not to generalize to entire countries or Region)**
- **Impact of name used for health emergency for trade & tourism (name of Regions, countries, ... swine flu...)**
- **Stigmatization of transports, goods & travellers from/to affected areas**
- **Official on-time information for air transport operators and authorities ( use of IHR NFP, Notes for Airmen-NOTAMs...)**
- **Social communication for different audiences (local, national, international, different sectors, civil society, NGOs)**

# Example of health measures applied by transportation industry

## Shipping industry:

Procedure in place for Informing sharing with health authorities prior to berthing of ill travelers on board	Training provided to crew regarding EVD case management, including cleaning and disinfection	Submission of Maritime Declaration of Health upon national requirements at port of destination	Provide valid ship sanitation certificate	Information/announcement on board	Shore leave of crew members not allowed	Cancellation of ship itinerary to/from/pass through EVD affected countries
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## Airlines:

Suspension of flight	Training provided for managing EVD events	Universal precautionary kit and medical kit equipped on board	Information/announcement onboard	Use of Passenger Locator Form	Reporting of ill travelers to POE health authorities
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# WHO Role and action taken

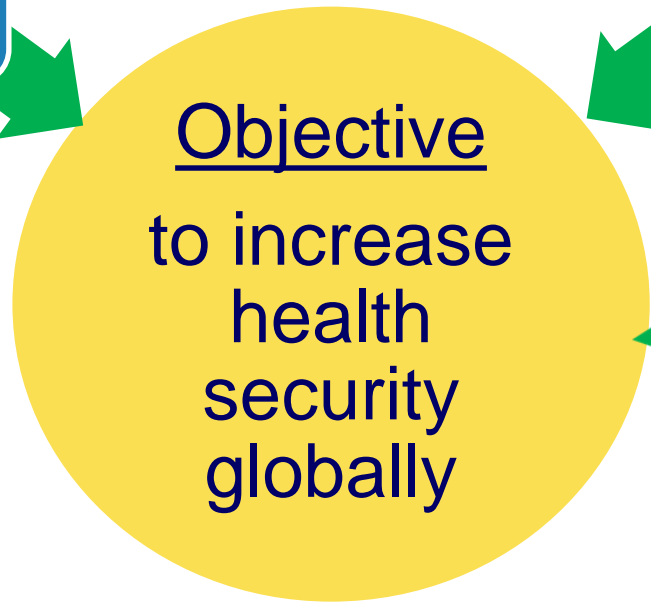
## TTT Emergency Task Force



Information and knowledge sharing, international collaboration and coordinated multisectoral response

Promote harmonized practices, technical guidance and tools

Assistance provided to countries in enhancing and strengthening core capacities



**Reduce travel & trade restrictions**



WHO assists Member States in building and strengthening core capacities at points of entry

**Preparing**  
Following a multi-sectoral approach, WHO supports Member States in putting into action event management and preparedness plans at points of entry. Additionally, WHO facilitates the implementation of appropriate measures in response to public health risks that do not require unwarranted restrictions on travel and trade.

**Guiding**  
WHO produces, updates, and disseminates technical guidance and training tools to support Member States in developing or implementing to fulfil their IHR requirements at points of entry. Furthermore, a country that has fulfilled these requirements can, on a voluntary basis, request WHO to certify its ports and airport capacity.

**Networking**  
WHO fosters intersectoral collaboration for strengthening notification of practices and information sharing. To pursue this objective, WHO established two collaborating centres and PHEnet, a web-based network that brings together port health officials and key partners to coordinate activities at ports, airports and ground crossings (PQG).

May 2015

Air transport is a key challenge for preventing international spread of health risks

**INCREASING TRANSPORT** of passengers and cargo

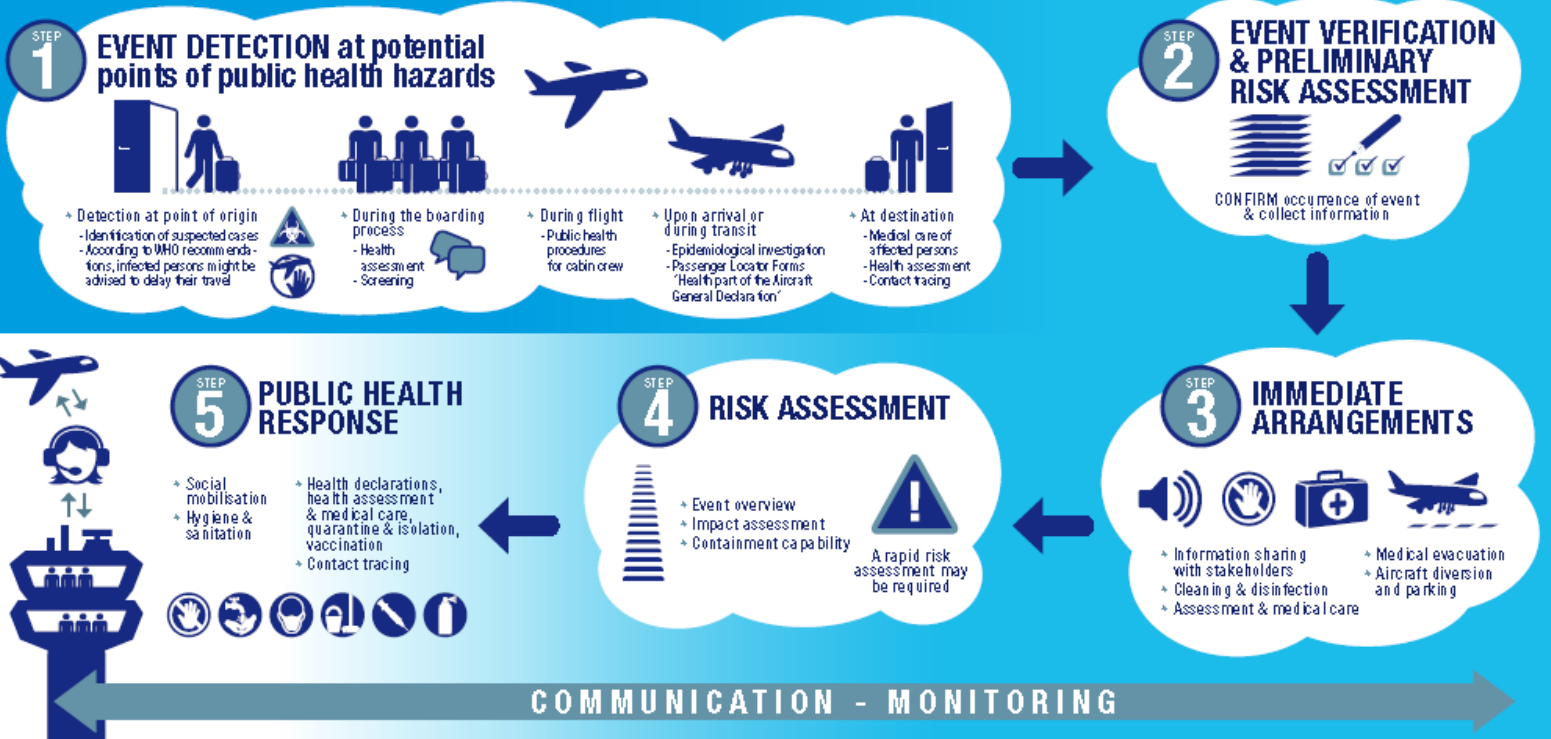
**RAPID AIR TRANSPORT**  
▶ limited time for risk assessment  
▶ quick international dissemination of diseases

**NUMEROUS OPPORTUNITIES FOR INTERACTIONS** between travellers, the public and airport workers

A need for a balanced response to guarantee  
Public Health protection *Unnecessary interference with international travel and transport*

**INTERNATIONAL HEALTH REGULATIONS**  
Public health and aviation sectors, together with other stakeholders have to manage public health events in air transport to avoid international spread of diseases.

# DETECT & MANAGE PUBLIC HEALTH EVENTS DURING AIR TRANSPORT



## Handbook for the Management of Public Health Events in Air Transport

Updated with information on Ebola virus disease and Middle East respiratory syndrome coronavirus



## INTERNATIONAL HEALTH REGULATIONS (2005)

A guide for public health emergency contingency planning at designated points of entry

INTERIM DRAFT – OCTOBER 2011



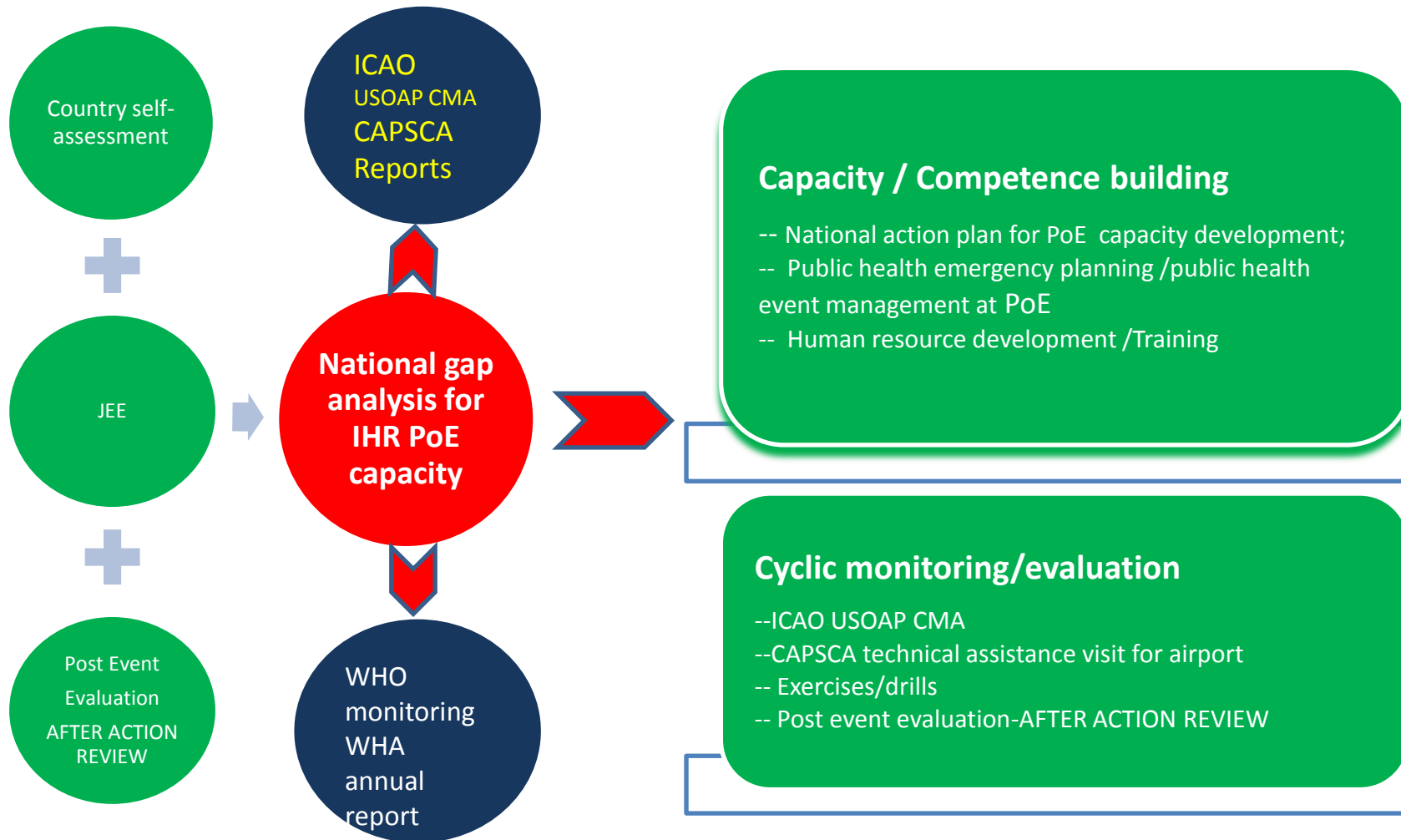
Developing a PHECP at designated POE is an important minimum requirement under IHR

Improving and sustaining **“readiness”** is a continuing process (e.g. EOC, risk assessment capacity and operational research)

A broader approach is required to operationalize the plans (local, national and international context)

# Multisectoral approach

## National PoE emergency preparedness capacity building



A trained multisectoral roster of International experts

Harmonized guidance, tools and learning programs

Sharing solutions, resources and outcomes

International cooperation for coordinated response for public health emergency



# Cooperation with Tourism & Transport Sector (e.g. Risk Communication, facilitation)



Media centre

Statement on travel and transport in relation to Ebola virus disease (EVD) outbreak

WHO advice note  
13 August 2014



International Civil Aviation Organization

## ELECTRONIC BULLETIN

For information only



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LONDON SE1 7SR

Telephone: +44 (0)20 7735 7611 Fax: +44 (0)20 7587 3210

Circular Letter No.3484  
2 September 2014

Press Release No.:

Date: 31 July 2014

## Statement on Ebola Outbreak

An Ebola virus disease (EVD) outbreak has been reported in Sierra Leone. The International Air Transport Association (IATA) is coordinating closely with the World Health Organization (WHO) and the International Civil Aviation Organization (ICAO) with respect to air connectivity.

WHO's current risk assessment for travel and transport is not recommending the closure of borders at points of entry. Further, the WHO states that "1 businessperson becoming infected with Ebola virus during a visit to a developing country after returning is extremely low, even if the visit includes exposure to primary cases have been reported. Transmission requires direct contact with secretions, organs or other body fluids of infected living or dead persons. Exposures for the average traveler. Tourists are in any event advised to avoid such exposures."

Similarly, WHO advises that transmission of the Ebola virus only occurs through direct contact with symptoms of the disease which are severe. Symptoms of Ebola include muscle pain, headache and sore throat; followed by vomiting, diarrhea, and at advanced stage, both internal and external bleeding. It is not recommended that persons suffering such symptoms would feel well enough to travel.

In the rare event that a person infected with the Ebola virus was unknown to the destination country, the following information, produced by the World Health Organisation, may assist in the education of on-board personnel:

EB 2014/57

21 August 2014

### WEST AFRICA PUBLIC HEALTH EMERGENCY DUE TO EBOLA VIRUS DISEASE

#### Facilitation of transport by air of infectious substances and infectious patients

The emergency situation concerning the current Ebola virus disease outbreak in West Africa has resulted in a requirement for international transport by air (for laboratory analysis) of patient specimens.

World Tourism Organization



A/19/9 add.1/Annex 10

#### Recommendations on the Use of Georeferences, Date and Time in Travel Advice and Event Information

##### Background - Work of the Secretariat

- The 2009 General Assembly of UNWTO approved by Resolution A/RES/578 (XVII) the Declaration on the Facilitation of Tourist Travel and entrusted the Secretary-General "to promote the principles set in the Declaration, including the use of modern information and communication technologies, in relation with travel advisories and visa facilitation".
- In this Resolution the General Assembly also requested the Secretary-General to report to its next session on the follow-up of the Declaration.
- As it may be recalled, the Global Code of Ethics for Tourism adopted by Resolution A/RES/406 (XIII) at the thirteenth session of UNWTO General Assembly (Santiago, Chile, 27 September - 1 October 1993), outlined in its Article 6 the obligations of stakeholders in tourism development as follows:

- "Tourism professionals have an obligation to provide tourists with objective and honest information on their places of destination and on the conditions of travel, hospitality and stays..." (paragraph 1)

To: All IMO Member States  
Intergovernmental organizations  
Non-governmental organizations in consultative status with IMO

Subject: **Ebola virus disease**

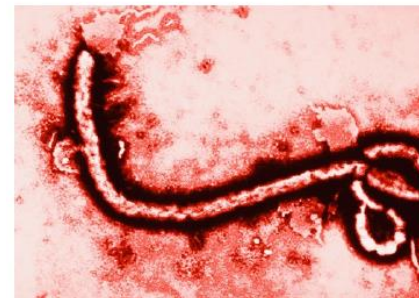
#### Introduction

1. The purpose of this circular is to provide information and guidance, based on the current situation in West Africa, to IMO Member States, on the precautions to be taken by persons on board ships from the Ebola virus.

## Cruise Industry Adopts Stricter Ebola Screenings

CRUISE | CRUISE LINES INTERNATIONAL ASSOCIATION (CLIA) | THERESA NORTON MASEK | OCTOBER 17, 2014

begin in Guinea in December 2013. This outbreak has since spread to Liberia and Sierra Leone, and recently to Nigeria.



#### URGENT COMMUNICATION ON THE RISK OF THE EBOLA VIRUS

ITF, IMEC and CLIA have been in communication regarding the serious nature of the outbreak of the Ebola virus in West Africa. As such, we have agreed that strong recommendations should be made to our members with vessels calling into countries which have been impacted by the virus. Members are asked to consider these recommendations internally and pass such on to their vessels as a matter of some urgency:

- The Master should ensure that the crew are aware of the risks, how the virus can be spread and how to reduce the risk.
- The ISPS requirements on ensuring that unauthorized personnel do not board the vessel should be strictly enforced throughout the duration of the vessel being in port.
- The Master should give careful consideration to granting any shore leave whilst in impacted ports.
- The shipowner/operator should avoid making crew changes in the ports of an affected country.
- After departure the crew should be aware of the symptoms and report any occurring symptoms immediately to the person in charge of medical care.

The following information, produced by the World Health Organisation, may assist in the education of on-board personnel:



YOUR TIMATICWEB REQUEST FOR:

/300C14/ 1541 UTC

CURRENT NEWS

(N7)

EBOLA OUTBREAK UPDATES

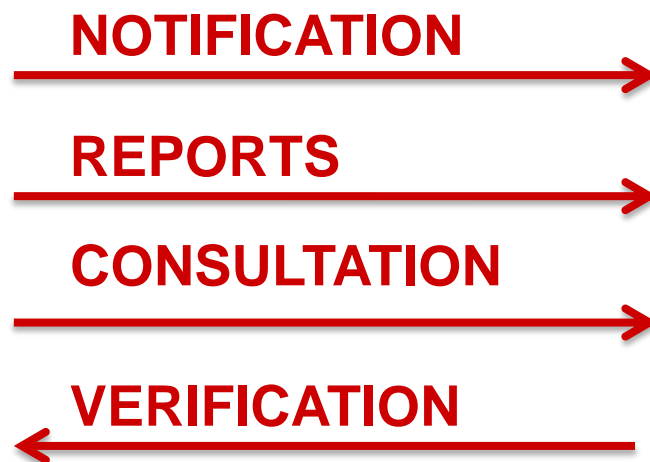


World Health Organization

# The network for information sharing: National IHR Focal Points – a key success



**National IHR Focal Point**  
(1 per State Party)




**WHO IHR Contact Point**  
(1 per WHO Region)



**Event  
Information  
Site**

# Networking, information & knowledge sharing and training



**World Health Organization**

**PAGNet** Ports, Airports and Ground Crossings Network

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**PUBLICATIONS** Friday, May 5, 2017

**ICS Annual Review 2017**

The ICS Annual Review 2017 has just been published and is accessible at <http://www.ics-shipping.org/free-resources/ics-annual-review>. It brings information about IMO Ballast Water Management Convention that will enter into force in September 2017 and other issues.

Read more

**JOIN US, SUBSCRIBE NOW!**

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**NEWS** Friday, May 5, 2017

**Disease Outbreak News: Human infection with avian influenza A(H7N9) in China**

Please note that a Disease Outbreak News has been posted on WHO website for the following public health event:  
Human infection with avian influenza A(H7N9) in China: <http://www.who.int/csr/don/01-may-2017-ah7n9-china/en/>

Read more

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- Highlights**
- New yellow fever vaccination requirements for travellers
  - Third Edition of the International Health Regulations
  - The Weekly Epidemiological Record (WER) accessible every



**Health Security Learning Platform**  
in the context of the IHR

**Ship Sanitation Inspection and Issuance of Ship Sanitation Certificate Learning Program**

Arabic, English, French, Portuguese, Russian, Spanish

Certificate of completion

20 hours (self-learning)

Application

**Target audience**  
Ship inspectors working at ports that are authorized to issue Ship Sanitation Certificates

(Version 2.0 - March 2013)

**PROTECT**  
Basic Occupational Health and Safety Pre-deployment Training

English, French

Certificate of completion

1 hour

**Target audience**  
WHO staff and consultants going to West Africa in the context of Ebola virus outbreak

(Version 1.4 - January 2015)

**Ebola Management at Points of Entry**

English, French, Portuguese

- Ebola Event Management at Points of Entry
- Ebola Exit Screening at Ports, Airports and land crossings
- Ebola Entry Screening at Ports, Airports and land crossings

**Target audience**  
National IHR Focal Points, PoE public health authorities, PoE operators, conveyance operators, crew members and



# Promote Cross-border collaboration

Nature of collaboration will depend on:

- Border scenario (e.g. multi modal transportation at borders)
- Issues to be addressed: e.g. vaccination, vector borne diseases, emerging diseases, PHEICs (MERS Corona Virus, POLIO and EBOLA)
- Existing agreements – ECOWAS, ASEAN, MERCOSUR-UNASUR, GCC, G5 etc.
- Targeted infrastructures – e.g. border crossings, health care facilities, laboratories....
- Surveillance information exchange, common tools, protocols
- Sharing expertise, training opportunities and lessons learnt
- Application of specific measures at borders- joint designation



↑ Baggage Claim  
Terminal



**Thank you**

**Merci**

**شكرا**

**Gracias**

**谢谢**

**спасибо**

**Obrigado**

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