ANNEX 1 : Syndromic Approach to Diagnosis of Communicable Diseases

Suspected outbreak

ACUTE DIARRHOEAL SYNDROME

Definition of syndrome

Acute onset of diarrhoea AND severe illness AND absence of known predisposing factors

Possible diseases/pathogens

Watery
Viral gastroenteritis
Cholera
Enterotoxigenic E. coli
Giardiasis
Cryptosporidium

Dysentery
Shigellosis
Salmonellosis
Campylobacteriosis
Amoebic dysentery
Enterohaemorrhagic E. coli
Clostridium difficile
Ebola and other haemorrhagic fevers *

Specimens required

Faeces

Laboratory studies

Bacterial:
Faecal leukocytes
Culture
Antimicrobial susceptibility
Serotyping
Toxin identification

Viral:
Culture
Antigen detection
Genome detection

Parasite:
Macro- and microscopic examination

* Ebola and other haemorrhagic fevers may initially present as bloody diarrhoea. If such an aetiology is suspected, refer to “Acute Haemorrhagic Fever Syndrome” for appropriate specimen collection guidelines.
Suspected outbreak

**ACUTE HAEMORRHAGIC FEVER SYNDROME**

- Acute onset of fever of less than 3 weeks duration AND any two of the following:
  - Haemorrhagic or purpuric rash
  - Epistaxis
  - Haemoptysis
  - Blood in stool
  - Other haemorrhagic symptom

AND absence of known predisposing factors

Possible diseases/pathogens

- Dengue haemorrhagic fever and shock syndrome
- Yellow fever
- Other arboviral haemorrhagic fevers (e.g. Rift Valley, Crimean Congo, Tick-borne flaviviruses)
- Lassa fever and other arenoviral haemorrhagic fevers
- Ebola or Marburg haemorrhagic fevers
- Haemorrhagic fever with renal syndrome (hantaviruses)
- Malaria
- Relapsing fever

Specimens required

- Blood
- Blood smear
- Serum
- Post-mortem tissue specimens (e.g. skin biopsy and/or liver biopsy)

Laboratory studies

Viral:
- Culture
- Antigen detection
- Antibody levels
- Genome detection

Parasitic:
- Demonstration of pathogen
Suspected outbreak

**ACUTE JAUNDICE SYNDROME**

- Acute onset of jaundice AND severe illness AND absence of known predisposing factors

**Definition of syndrome**

Possible diseases/pathogens

- Yellow fever
- Hepatitis A-E
- Leptospirosis and other spirochaetal diseases

**Specimens required**

- Post mortem liver biopsy
- Serum
- Blood culture (urine*)

**Laboratory studies**

- Viral: Culture, Antigen detection, Antibody levels, Genome analysis
- Leptospiral: Culture, Antibody levels, Serotyping

* Requires specialized media and handling procedures
Suspected outbreak

ACUTE NEUROLOGICAL SYNDROME

Definition of syndrome

Possible diseases/pathogens

Specimens required

Laboratory studies

Poliomyelitis or Guillain Barré syndrome

Viral, bacterial, fungal, or parasitic meningo-encephalitis

Rabies

Faeces

CSF

Blood Culture

Blood smears

Serum

Throat swab

Post mortem specimens (e.g. corneal impressions, brain tissue, skin biopsy from neck)

Viral:

Culture

Bacterial (including Leptospiral):

Gram stain and other microscopic techniques

Culture

Antimicrobial susceptibility

Antigen detection

Serotyping

Viral:

Culture

Antigen detection

Antibody levels

Genome analysis
Suspected outbreak

**ACUTE RESPIRATORY SYNDROME**

Definition of syndrome

Acute onset of cough OR respiratory distress AND severe illness AND absence of known predisposing factors

Possible diseases/pathogens

- Influenza
- Diphtheria
- Streptococcal pharyngitis and Scarlet fever
- Hantavirus pulmonary syndrome
- Pertussis Respiratory syncytial virus (RSV)
- Bacterial pneumonia including:
  - Pneumococcal
  - Legionellosis
  - *Haemophilus influenzae*
  - Mycoplasma
  - Respiratory anthrax
  - Pneumonic plague

Specimens required

- Throat swab
- Serum
- Nasopharyngeal swab
- Blood culture
  - Serum
  - Sputum
  - Urine (for *Legionella*)

Laboratory studies

- Bacterial or Viral:
  - Culture
  - Antimicrobial susceptibility (for bacteria)
  - Antigen detection
  - Antibody levels
  - Genome analysis
  - Serotyping
  - Toxin identification

Adapted from: Guidelines for the collection of clinical specimens during field investigation of outbreaks.
WHO/CDS/CSR/EDC/2000.4
ANNEX 2 : Steps for Management of a Communicable Disease Outbreak

1. PREPARATION

| Health Co-ordination meetings |
| Surveillance system – Weekly Health Reports to WHO |
| Stockpiles – specimen kits, appropriate antibiotics, IV fluids |
| Epidemic Investigation kits |
| Contingency plans for isolation wards in hospitals |
| Laboratory support |

2. DETECTION

If you diagnose a case of the following diseases/syndromes:

- **Bloody diarrhoea**
- **Suspected cholera**
- **Measles**
- **Meningitis**
- **Acute haemorrhagic fever**
- **Suspected polio (acute flaccid paralysis)**

or a cluster of deaths of unknown origin

Inform your Health Co-ordinator as soon as possible

Health Co-ordinator shall inform WHO

Take a clinical specimen for laboratory confirmation (e.g. stool, serum, CSF)

Include the case in Weekly Health Report

3. CONFIRMATION

MoH will investigate cases reported to verify that an outbreak exists, in collaboration with WHO where appropriate

Clinical specimens will be sent for testing

MoH will set up an Outbreak Control Team with membership from relevant organizations - health NGOs, water and sanitation NGOs, veterinary experts, UNICEF, WHO

4. RESPONSE

- **INVESTIGATION** - Collect/analyse descriptive data to date (e.g. age, date of onset, location of cases)
  Develop hypothesis for pathogen/source/transmission
  Develop outbreak case definition
  Follow up of cases and contacts
  Conduct further investigation/epidemiological studies

- **CONTROL** - Implement control measures specific for the disease
  Treat cases with recommended treatment as in WHO guidelines
  Prevent exposure (e.g. isolation of cases in viral haemorrhagic fever outbreak)
  Prevent infection (e.g. immunization in measles outbreak)

4. EVALUATION

Assess timeliness of outbreak detection and response, cost

Change public health policy if indicated (e.g. preparedness)

Write outbreak report and disseminate
ANNEX 3 : Safe Water and Sanitation

The following are effective methods to obtain safe drinking water:

**Boiling**
To make water safe for drinking and hygiene purposes, bring water to a vigorous, rolling boil and keep it boiling for 1 minute. This will kill, or inactivate, most of the organisms that cause diarrhoea.

**Household filtration**
Household filtration should considerably reduce the pathogens in the water. It should be followed by disinfection through chlorination or boiling.

**Disinfection through chlorination**
The following guidelines should be translated into messages that take into account locally available products and measuring devices. To make water safe by chlorination, the first step is to make a stock solution of chlorine.

This can be prepared by adding the following products to one litre of water:

<table>
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<tr>
<th>Product (% concentration by weight of available chlorine)</th>
<th>Amount for 1 litre</th>
</tr>
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<tbody>
<tr>
<td>Calcium hypochlorite (70 %); or</td>
<td>15g</td>
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<tr>
<td>Bleaching powder or chlorinated lime (30%); or</td>
<td>33g</td>
</tr>
<tr>
<td>Sodium hypochlorite (5%); or</td>
<td>250 ml</td>
</tr>
<tr>
<td>Sodium hypochlorite (10 %); or</td>
<td>110 ml</td>
</tr>
</tbody>
</table>

The stock solution must be stored in a closed container, in a cool dark place and used within one month. It should be used to prepare safe water as follows:

<table>
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<tr>
<th>Stock solution</th>
<th>Added volume of Water</th>
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<tr>
<td>0.6 ml or 3 drops</td>
<td>1 litre</td>
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<tr>
<td>6 ml</td>
<td>10 litres</td>
</tr>
<tr>
<td>60 ml</td>
<td>100 litres</td>
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</table>

Mix by stirring and allow the chlorinated water to stand for at least 30 minutes before using it. The free residual chlorine level after 30 minutes should be between 0.1 to 0.5 mg/litre. If the free residual chlorine is not within this range the number of drops of the stock solution should be adjusted so the final product falls within this range.

If the water is cloudy or turbid it must either be filtered before chlorination or boiled vigorously rather than chlorinated. Chlorination of turbid water might not make it safe.

*See guidelines for cholera control, WHO 1993 and Fact Sheets on Environmental Sanitation for Cholera Control, WHO 1996*

**Sanitation**
Good sanitation can markedly reduce the risk of transmission of intestinal pathogens, especially where its absence may lead to contamination of clean water sources. High priority should be given to observing the basic principles of sanitary human waste disposal, as well as to ensuring the availability of safe water supplies.

Appropriate facilities for human waste disposal are a basic need of all communities; in the absence of such facilities there is a high risk of water-related diseases. Sanitary systems that are appropriate for the local conditions should be constructed with the co-operation of the community.
People will need to be taught how to use latrines, about the dangers of defecating on the ground, or in or near waters, and about the importance of thorough hand-washing with soap or ash after any contact with excreta. The disposal of children's excreta in latrines needs to be emphasized.

ANNEX 4 : Injection Safety

Preliminary analysis of data collected as part of the Comparative Risk Assessment component of the Global Burden of Disease study suggests that the Region which includes Afghanistan, Iran and Pakistan faces a major challenge in terms of unsafe injection practices and transmission of blood-borne pathogens through injections. In this region, the estimated proportion of re-use of injection equipment in the absence of sterilization is 69%.

Prevalence in the region of Hepatitis B is 4.3%, of Hepatitis C is 5.5%, and of HIV is 0.03%. The proportion of new infections with Hepatitis B, Hepatitis C, and HIV that are attributable to unsafe injections practices are 59%, 81% and 4% respectively.

Thus, in any relief efforts to assist the population and the refugees in this region of the world, safe and appropriate use of injections should be ensured through:

- Education of the population and of the healthcare workers regarding the need to observe the “one syringe / needle set - one injection” rule;
- Provision of sufficient quantities of new disposable injection equipment and sharps waste collection boxes IN QUANTITIES THAT MATCH ANY PLANNED DELIVERIES OF INJECTABLES DRUGS OR VACCINES; and
- Sharps waste management through open-air incineration of full sharps boxes
**ANNEX 5 : Key WHO Contacts for Central Asia crisis**

**Table 1: Relevant WHO Offices and Emergency Contacts**

<table>
<thead>
<tr>
<th>Office</th>
<th>Contact address</th>
</tr>
</thead>
</table>
| WHO Regional Co-ordinator for the Central Asia crisis | Dr Mohamed Jama  
P.O.Box 1013. Islamabad. Pakistan  
Tel: 92 51 221 1224 / 221 1992 / 229 7931  
Fax: 92 51 228 0830  
Mobile: 201 2390 0536  
e-mail: jamam@who sci eg |
| WHO Afghanistan Office                      | Dr Said Salah Youssef  
WHO Representative  
H # 218, Margalla Road, F-10/3  
P. O. Box No. 1936. Islamabad. Pakistan.  
Tel: 92 51 221 1224 / 221 1992 / 229 7931  
Fax: 92 51 228 0830  
Mobile: 92 300 855 83 00  
e-mail: wr@who afg org  
wr@who afg org  
wro@who afg org  
w@who afg1 sdnpk undp org |
| WHO Pakistan Office                         | Dr Khalif Bile Mohamud  
WHO Representative  
P.O.Box 1013. Islamabad. Pakistan  
Tel: 92 51 925 5077 / 925 5075 / 925 5116  
Fax: 92 51 925 5083  
Mobile: 923 008 500 198  
e-mail: wr@whopak org  
drbile@whopak org |
| WHO Iran Office                              | Dr El Fatih Zeinelabdin El Samani  
WHO Representative  
P.O.Box 11365-3597. Teheran. Islamic Republic of Iran  
Tel: 98 21 670 0361 / 670 6786  
Fax: 98 21 670 8969  
Mobile: 98 911 205 6007  
e-mail: whoteh@who un or ir |
| WHO Tajikistan Office                        | Prof. Lyubomir Ivanov  
WHO Liaison Officer  
106 Druzhyb Narodov Str.  
734000 Dushanbe. Tajikistan.  
Tel: 992 372 21 01 08 / 48 71  
Fax: 992 372 214 871  
Mobile: 992 91 901 06 16  
e-mail: Lyubomirivanov tajnet com |
| WHO Turkmenistan Office                      | Dr Batyr Berdyklychev  
WHO Liaison Officer  
c/o Ministry of Health and Medical Industry  
Dept. of External Relations  
Mahtumkuli pr. 90  
744000 Ashgabat. Turkmenistan.  
Tel: 993 12 391 933 / 350 248  
Fax: 993 12 350 248  
e-mail: bba@online tm |
<table>
<thead>
<tr>
<th>WHO Office</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Uzbekistan Office</td>
<td>Dr Jukka Pukkila&lt;br&gt;WHO Liaison Officer&lt;br&gt;c/o Ministry of Health&lt;br&gt;Navoi Str. 12&lt;br&gt;700011 Tashkent, Uzbekistan.&lt;br&gt;Tel: 998 71 241 5343 / 144 7534&lt;br&gt;Mobile: 998 71 131 92 40 / 131 75 35 / 130 37 93&lt;br&gt;Fax: 998 711 441 040&lt;br&gt;e-mail: <a href="mailto:headwho@sarkor.uz">headwho@sarkor.uz</a>&lt;br&gt;<a href="mailto:mkm@carnehap.uz">mkm@carnehap.uz</a></td>
</tr>
<tr>
<td>WHO Eastern Mediterranean Regional Office</td>
<td>Dr Altaf Musani&lt;br&gt;WHO/EMRO&lt;br&gt;P.O.Box 7608,&lt;br&gt;Cairo 11371, Egypt&lt;br&gt;Tel: 202 276 5027 / 276 5025&lt;br&gt;Mobile: 201 2390 0536 / 0537&lt;br&gt;Fax: 202 276 5428&lt;br&gt;e-mail: <a href="mailto:musania@who.sci.eg">musania@who.sci.eg</a></td>
</tr>
<tr>
<td>WHO European Regional Office</td>
<td>Dr Jan Theunissen / Dr Vladimir Verbitski&lt;br&gt;WHO/EURO&lt;br&gt;8, Scherfigsvej, DK-2100&lt;br&gt;Copenhagen 0. Denmark&lt;br&gt;Tel: 4539 17 15 51 / 17 17 17&lt;br&gt;Mobile: 4521 20 47 20 / 4526 46 58 46&lt;br&gt;Fax: 4539 17 18 18&lt;br&gt;e-mail: <a href="mailto:jth@who.dk">jth@who.dk</a>&lt;br&gt;<a href="mailto:vve@who.dk">vve@who.dk</a></td>
</tr>
<tr>
<td>WHO Headquarters</td>
<td>Dr Khalid Shibib&lt;br&gt;Duty Officer&lt;br&gt;Avenue Appia 20&lt;br&gt;1211 Geneva 27, Switzerland&lt;br&gt;Tel: 4122 791 2756&lt;br&gt;Mobile: 4179 475 5548&lt;br&gt;Fax: 4122 791 4844&lt;br&gt;e-mail: <a href="mailto:eha@who.int">eha@who.int</a></td>
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</tbody>
</table>
### Table 2: Relevant WHO Regional Offices and Headquarters Technical Staff

<table>
<thead>
<tr>
<th>Disease/syndrome</th>
<th>EMRO</th>
<th>EURO</th>
<th>HQ</th>
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<tbody>
<tr>
<td>CD control in complex</td>
<td>Dr T Gaafar (VPI and EED</td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
<td>Dr M Connolly (CSR) <a href="mailto:connollyma@who.int">connollyma@who.int</a></td>
</tr>
<tr>
<td>emergencies</td>
<td>co-ordinator) <a href="mailto:gaaftar@who.sci.eg">gaaftar@who.sci.eg</a></td>
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<tr>
<td>Bacillary dysentery</td>
<td>Dr N Teleb (CSR) <a href="mailto:teleba@who.sci.eg">teleba@who.sci.eg</a></td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a> Dr. V. Mangiaterra (CHD) <a href="mailto:vma@who.dk">vma@who.dk</a></td>
<td>Dr C-L Chaignt (CSR) <a href="mailto:chaingnac@who.int">chaingnac@who.int</a> Dr S Briand (CSR) <a href="mailto:briands@who.int">briands@who.int</a></td>
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<td>Dr T Gaafar (VPI and EED</td>
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<td>co-ordinator) <a href="mailto:gaaftar@who.sci.eg">gaaftar@who.sci.eg</a></td>
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<tr>
<td>Cholera</td>
<td>Dr N Teleb (CSR) <a href="mailto:teleba@who.sci.eg">teleba@who.sci.eg</a></td>
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<td>Dr T Gaafar (VPI and EED</td>
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<td>Typhoid Fever</td>
<td>Dr N Teleb (CSR) <a href="mailto:teleba@who.sci.eg">teleba@who.sci.eg</a></td>
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<td>Dr T Gaafar (VPI and EED</td>
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<td>Polio</td>
<td>Dr H Wahdan (SAP) <a href="mailto:wahdanhab@who.sci.eg">wahdanhab@who.sci.eg</a></td>
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<td>Dr F Kamel (POL) <a href="mailto:kamelf@who.sci.eg">kamelf@who.sci.eg</a></td>
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<tr>
<td>ARI</td>
<td>Dr S Farhoud (CAH) <a href="mailto:farhouds@who.sci.eg">farhouds@who.sci.eg</a></td>
<td>Dr V Mangiaterra (CHD) <a href="mailto:vma@who.dk">vma@who.dk</a> Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
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<td>Measles</td>
<td>Dr T Gaafar (VPI and EED</td>
<td>Dr. N. Emiroglu (CPE) <a href="mailto:nem@who.dk">nem@who.dk</a> Dr. R. Peabody (CPE) <a href="mailto:rpe@who.dk">rpe@who.dk</a></td>
<td>Dr AM Henao-Restrepo (VAB/EPI) <a href="mailto:henaoarestrepo@who.int">henaoarestrepo@who.int</a></td>
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<td>Meningococcal disease</td>
<td>Dr N Teleb (CSR) <a href="mailto:teleba@who.sci.eg">teleba@who.sci.eg</a></td>
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<td>Tuberculosis</td>
<td>Dr A Seita (STB) <a href="mailto:seitaas@who.sci.eg">seitaas@who.sci.eg</a></td>
<td>Dr R. Zaleski (TUB) <a href="mailto:rza@who.dk">rza@who.dk</a> Mrs. E. Nathanson (TUB) <a href="mailto:ena@who.dk">ena@who.dk</a></td>
<td>Dr S Ottman (STB) <a href="mailto:ottamnis@who.int">ottamnis@who.int</a></td>
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<tr>
<td>Malaria</td>
<td>Dr G Sabatinelli (RBM) <a href="mailto:sabatinelli@who.sci.eg">sabatinelli@who.sci.eg</a></td>
<td>Dr. M. Ejov (MAL) <a href="mailto:mej@who.dk">mej@who.dk</a> Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
<td>Dr C Delacollette (RBM) <a href="mailto:delacollettec@who.int">delacollettec@who.int</a></td>
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<tr>
<td>Plague</td>
<td>Dr N Neouimine (CTD) <a href="mailto:neouiminien@who.sci.eg">neouiminien@who.sci.eg</a></td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a> Dr. M. Ciotti (CSR) <a href="mailto:mci@who.dk">mci@who.dk</a></td>
<td>Dr D Lavanchy (CSR) <a href="mailto:lavanchyd@who.int">lavanchyd@who.int</a> Dr M Santamaria (CSR) <a href="mailto:santamariam@who.int">santamariam@who.int</a></td>
</tr>
<tr>
<td>Disease</td>
<td>Contact Person 1</td>
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<td>Dengue</td>
<td>Dr N Teleb (CSR) <a href="mailto:telebn@who.sci.eg">telebn@who.sci.eg</a></td>
<td>Dr. M. Ejov (MAL) <a href="mailto:mej@who.dk">mej@who.dk</a></td>
<td>Dr R Arthur (CSR) <a href="mailto:arthurr@who.int">arthurr@who.int</a></td>
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<td></td>
<td>Dr T Gaafar (VPI and EED co-ordinator) <a href="mailto:gaafart@who.sci.eg">gaafart@who.sci.eg</a></td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
<td></td>
</tr>
<tr>
<td>Viral haemorrhagic fevers (including CCHF)</td>
<td>Dr N Teleb (CSR) <a href="mailto:telebn@who.sci.eg">telebn@who.sci.eg</a></td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
<td>Dr R Arthur (CSR) <a href="mailto:arthurr@who.int">arthurr@who.int</a></td>
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<td>Dr T Gaafar (VPI and EED co-ordinator) <a href="mailto:gaafart@who.sci.eg">gaafart@who.sci.eg</a></td>
<td>Dr. M. Ciotti (CSR) <a href="mailto:mci@who.dk">mci@who.dk</a></td>
<td>Dr C Roth (CSR) <a href="mailto:rothc@who.int">rothc@who.int</a></td>
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<tr>
<td>Anthrax</td>
<td>Dr N Neouimine (CTD) <a href="mailto:neouiminen@who.sci.eg">neouiminen@who.sci.eg</a></td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
<td>Dr O Cosivi (CSR) <a href="mailto:cosivio@who.int">cosivio@who.int</a></td>
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<tr>
<td>Rabies</td>
<td>Dr N Neouimine (CTD) <a href="mailto:neouiminen@who.sci.eg">neouiminen@who.sci.eg</a></td>
<td>Dr. M. Ciotti (CSR) <a href="mailto:mci@who.dk">mci@who.dk</a></td>
<td>Dr F Meslin (CSR) <a href="mailto:meslinf@who.int">meslinf@who.int</a></td>
</tr>
<tr>
<td>Outbreak Alert and Response</td>
<td>Dr T Gaafar (VPI and EED co-ordinator) <a href="mailto:gaafart@who.sci.eg">gaafart@who.sci.eg</a></td>
<td>Dr. B. Ganter (CSR) <a href="mailto:bga@who.dk">bga@who.dk</a></td>
<td>Dr M Ryan (CSR) <a href="mailto:ryanm@who.int">ryanm@who.int</a></td>
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<td>Dr. M. Ciotti (CSR) <a href="mailto:mci@who.dk">mci@who.dk</a></td>
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<td><a href="mailto:outbreak@who.int">outbreak@who.int</a></td>
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<tr>
<td>Injection safety</td>
<td>Dr N Teleb (CSR) <a href="mailto:telebn@who.sci.eg">telebn@who.sci.eg</a></td>
<td>Mr. R. Aertsgeerts (WSN) <a href="mailto:nem@who.dk">nem@who.dk</a></td>
<td>Dr Y Hutin (VAB) <a href="mailto:hutiny@who.int">hutiny@who.int</a></td>
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<td>Dr T Gaafar (VPI and EED co-ordinator) <a href="mailto:gaafart@who.sci.eg">gaafart@who.sci.eg</a></td>
<td>Mr. D. Maire (CPE) <a href="mailto:dma@who.dk">dma@who.dk</a></td>
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<td>Safe water</td>
<td>Dr H Abouzaid (SHE) <a href="mailto:abouzaidh@who.sci.eg">abouzaidh@who.sci.eg</a></td>
<td>Mr. R. Aertsgeerts (WSN) <a href="mailto:nem@who.dk">nem@who.dk</a></td>
<td>Mr J Hueb (WSH) <a href="mailto:huebj@who.int">huebj@who.int</a></td>
</tr>
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<td>Mr. D. Maire (CPE) <a href="mailto:dma@who.dk">dma@who.dk</a></td>
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### ANNEX 6 : List of WHO Guidelines on Communicable Diseases

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<tr>
<th>Title</th>
<th>Publication No./Date</th>
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<td><strong>FACT SHEETS</strong></td>
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<td>Hepatitis C</td>
<td>Fact Sheet No 164 Revised October 2000</td>
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<td>Influenza</td>
<td>Fact Sheet No 211 February 1999</td>
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<td>Influenza A(H5N1)</td>
<td>Fact Sheet No 188 January 1998</td>
<td><a href="http://www.who.int/inf-fs/en/fact188.html">http://www.who.int/inf-fs/en/fact188.html</a></td>
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<td>Smallpox</td>
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<td><strong>GUIDELINES/PUBLICATIONS/REPORTS</strong></td>
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<td>Influenza Pandemic Preparedness Plan. The Role of WHO and Guidelines for National and Regional Planning</td>
<td><a href="http://www.who.int/emc-documents/influenza/whocdscsredc991c.html">http://www.who.int/emc-documents/influenza/whocdscsredc991c.html</a></td>
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<tr>
<td>Guidelines for the Surveillance and Control of Anthrax in Human and Animals. 3rd edition</td>
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<td>Guidelines for the safe transport of infectious substances and diagnostic specimens</td>
<td><a href="http://www.who.int/emc-documents/biosafety/whoemc973c.html">http://www.who.int/emc-documents/biosafety/whoemc973c.html</a></td>
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<td>Guidelines for the control of epidemics due to <em>Shigella dysenteriae</em> type 1</td>
<td><a href="http://www.who.int/emc-documents/cholera/whocdr954c.html">http://www.who.int/emc-documents/cholera/whocdr954c.html</a></td>
<td>1993, English only</td>
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<td>Guidelines for Cholera Control</td>
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