WHY COORDINATE PUBLIC HEALTH SURVEILLANCE BETWEEN POINTS OF ENTRY AND THE NATIONAL HEALTH SURVEILLANCE SYSTEM (NHSS)?

WHO provides national health authorities, and stakeholders supporting them, with steps for implementing/strengthening communications mechanisms and defines criteria for deciding what and how events should be reported between points of entry and the NHSS.

The content of this guidance should not be seen as a model to implement, but rather a “toolbox” from which countries can select the most relevant elements to address their own needs.

NATIONAL HEALTH SURVEILLANCE SYSTEM

• Implement/strengthen communication mechanisms
• Coordinate the actors and actions for public health surveillance

POINTS OF ENTRY AND NATIONAL HEALTH SURVEILLANCE SYSTEMS

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World Health Organization

For more information
www.who.int/ihr/en/
E-mail: ihrinfo@who.int

Points of entry play a key role in national public health surveillance

Various public health risks may be present at points of entry:

- Human diseases
- Infectious agents
- Chemical or radiological hazards
- Vectors of diseases

Public health events can be recognized before, during or after travel, often when travellers have left the conveyance and the point of entry.

The IHR (2005) are a legal agreement between countries to work together for global health security. State Parties have committed to timely detect all events with potential public health risk, and respond to them immediately.

2005, revision of the International Health Regulations

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How to strengthen coordination between points of entry and the NHSS?

**STEP 1**
Review & assess the national context & all points of entry

At the national level and at each point of entry:

- Which epidemiological context?
- Which sources of information for public health surveillance?
- Which actors and which roles and responsibilities for public health surveillance?

- Who receives the public health reports?
- Who is involved in the response?
- Who needs to be informed about detected events?
- Who receives the information at the national level?

**STEP 2**
Set the objectives for each point of entry & decide on events under surveillance

Some events among travellers such as early stage communicable diseases, may be diagnosed after disembarkation.

- Follow-up measures:
  - Which events need to be linked to travel retrospectively?
  - Is contact tracing needed? If yes, how is this to be carried out?

**STEP 3**
Establish the criteria for reporting events to the NHSS

Which public health events should be reported?
To which level should they be reported?
How rapidly should they be reported?

**STEP 4**
Establish procedures for the detection of events occurring after departure from the point of entry, and for contact tracing

- Some events among travellers such as early stage communicable diseases, may be diagnosed after disembarkation.
- Follow-up measures:
  - Which events need to be linked to travel retrospectively?
  - Is contact tracing needed? If yes, how is this to be carried out?

**STEP 5**
Establish information flow circuits and ensure feedback

- Coordination:
  - Health data coordinator at the point of entry
  - National level coordinator of border public health data
- Feedback

**STEP 6**
Reinforce data management

- Data collection & standardization
- Data analysis
- Data transmission

**RESOURCES**
States Parties shall use existing national structures and resources

**STANDARDIZED OPERATIONAL PROCEDURES**
Specify tasks and methodology for detection, triage, verification, risk assessment, and communication

**TRAINING FOR ALL ACTORS**

NATIONAL HEALTH SURVEILLANCE SYSTEM

INTERNATIONAL

OTHER COUNTRIES

OTHER INTERNATIONAL ORGANISATIONS AND NETWORKS

OTHER POINTS OF ENTRY

LOCAL LEVEL

INTERMEDIATE LEVEL

NATIONAL LEVEL

POINT OF ENTRY

OTHER POINTS OF ENTRY

INTERNATIONAL

RESOURCES

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