Preparedness for Deliberate Epidemics

To support Member States in enhancing their preparedness and response programmes for the possible deliberate use of biological agents that affect health

Acknowledgements

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We are looking forward to continuing this fruitful collaboration throughout 2004 and 2005 and beyond.
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Introduction

This report covers the period from 1 January 2002 to 5 December 2003. It provides details of the achievements of the World Health Organization (WHO) Programme for the Preparedness for Deliberate Epidemics (PDE)\(^1\) which were made possible through the financial support provided by the Governments of Switzerland, Italy, France, The Netherlands and Canada. We would also like to acknowledge the invaluable inputs we received from the many colleagues from countries in all WHO regions. As a result of this support, WHO has been able to establish new collaborations with those working in international organizations, nongovernmental organizations, national administrations and initiatives, and academia, in fields related to the elimination of biological and chemical weapons. These newly established collaborations are instrumental in understanding how WHO and its Member States should best be prepared to respond to threats posed by the possible use, or threat to use, biological or chemical agents to affect health. The work carried out by PDE has been recognized by WHO Member States through the World Health Assembly resolution WHA55.16,\(^2\) which requested the Director-General to continue and expand WHO’s commitment to this subject. In addition, there has been an increasing number of Member States asking for technical support to strengthen their national health preparedness and response programmes. In this regard, it is worth noting that all Member States of the WHO South-East Asia Region have included activities on preparedness for biological, chemical and radionuclear threats in their collaborative activities with WHO for the next biennium, 2004–2005.

The strategy developed by PDE in response to resolution WHA55.16 includes three main areas of work: (a) international coordination and collaboration; (b) national capacity strengthening on preparedness for and response to the deliberate use of biological (and chemical) agents; and (c) public health preparedness for diseases associated with the deliberate use of biological agents. The following sections review the activities undertaken in these three areas, as well as report on the management structure.

I. International coordination and collaboration

The objective of this area of work is to improve international coordination and to closely monitor international developments in public health aspects of biological weapons, to avoid duplication and explore possibilities for new collaboration. These activities are also necessary to ensure visibility of the WHO programme and to advocate for resources.

Activities undertaken in 2002–2003 include contributing to various meetings and other relevant events. Some of these events include:

(a) Fifth Review Conference of the Biological Weapons Convention (BWC), Geneva, Switzerland, November 2001 and 2002, including its follow-up process:

(i) Meeting of Experts, Geneva, Switzerland, 18–29 August 2003;

\(^1\) http://www.who.int/csr/delibepidemics/en/
\(^2\) http://www.who.int/gb/EB_WHA/PDF/WHA55/ehwa5516.pdf
II. National capacity strengthening on preparedness for and response to the deliberate use of biological (and chemical) agents

The objective of this area of work is to respond to the increased number of requests for technical assistance by Member States to strengthen their national programmes for preparedness for and response to the deliberate use of biological (and chemical) agents.

Activities undertaken in 2002–2003 include holding a meeting on Strengthening National Preparedness and Response to Biological Weapons, Institute for Infectious Diseases L. Spallanzani, Rome, Italy, 6–8 March 2002. The meeting provided guidance to WHO on the provision of technical support to countries. Recommendations were issued on development of guidelines, expert networks and training. Field missions to advise Ministries of Health of some Member States, such as the Islamic Republic of Iran and Kuwait, were conducted in 2002 and 2003.

Other activities undertaken during this period include:
(a) translating into Russian and Spanish the WHO publication Public health response to biological and chemical weapons: WHO guidance (due to be released mid-2004);
(b) drafting the Guidelines for Assessing National Health Preparedness Programmes for the Deliberate Use of Biological and Chemical Agents, and its field test in Thailand, 15–26 September 2003;
(c) contributing to the Inter-country Meeting on Biological, Chemical and Radiological Emergency Preparedness Strategies, Bangkok, Thailand, 17–20 March 2003, which included countries of the WHO South-East Asia and Western Pacific Regions;
(d) contributing to the Consultation on Health Disaster Preparedness, Mitigation, and Response in the Eastern Mediterranean Region – Towards a Multi-Hazard Strategy for the Next Five Years, Damascus, Syria, 1–4 December 2003;
(e) contributing to the development of the training module on Terrorism and other man-made disasters of the United Nations Disaster Management Training Programme;
(f) developing and disseminating an interactive and searchable electronic library
III. Public health preparedness for diseases associated with the deliberate use of biological agents

The objective of this area of work is to contribute to international preparedness for diseases associated with the deliberate use of biological agents, by (a) establishing global networks of experts and laboratories; (b) establishing standards and procedures, and disseminating information; and (c) setting up and implementing training. WHO is strengthening selected disease-specific networks, starting with anthrax. Other priority diseases — identified by a WHO risk assessment — include plague, tularaemia, brucellosis, glanders, melioidosis, Q fever, typhus fever, coccidioidomycosis, Venezuelan equine encephalomyelitis and smallpox. Activities on plague and smallpox are being carried out by other groups in WHO.

Activities undertaken in 2002–2003 include the development of a global strategy for anthrax, prepared in conjunction with various experts. A background document on the anthrax project and a questionnaire on anthrax laboratory capabilities are available in English, French, Spanish and Russian. PDE contributed to an informal consultation for the Finalization of guidelines for laboratory diagnosis of anthrax, Bangkok, Thailand, 20–22 August 2002, organized by the WHO Regional Office for South-East Asia. Microbiologists from all countries of the region participated. An anthrax laboratory network, as well as standard operating procedures for the countries of this region, have been developed.

Other activities during this period included: (a) holding a meeting Improving public health preparedness for and response to the threat of epidemics: anthrax network, Nice, France, 29–30 March 2003, to review progress and advise WHO on this project; (b) holding a meeting Improving public health preparedness for and response to the threat of epidemics: tularaemia network, Bath, England, 14–15 September 2003, in which a plan of work for tularaemia — similar to that developed for anthrax — was developed and agreed upon, for implementation in 2004–2005; (c) revision of the third edition of the Guidelines for the surveillance and control of anthrax in humans and animals (to be finalized in 2004) and contribution to the Manual for laboratory diagnosis of anthrax; (d) undertaking the first global survey of anthrax laboratory capabilities; (e) setting up a database of anthrax experts and laboratories.

IV. Management of the Programme for Preparedness for Deliberate Epidemics

PDE has been responsible for the establishment and coordination of the Inter-Cluster Working Group on public health preparedness for and response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health.
This Working Group is ensuring coordination of activities between the technical programmes within WHO Headquarters and the regional offices responsible for biological, chemical and radionuclear threats, and health actions in crises. The most recent output of this Working Group is the WHO composite plan of work in response to resolution WHA55.16, for the biennium 2004–2005.

The activities reported above have been carried out by PDE, within the Department of Communicable Disease Surveillance and Response (CSR), under the supervision of a Project Leader. A total of 90.5 months of work were carried out by the team, with a working budget of approximately US$ 0.9 million for the biennium 2002–2003. This represents 40 months of work by professional staff at level P4/P5, 31.5 months at level P2/P3; and 19 months by general support staff at level G4.