Republic of the Philippines
Department of Health
**OFFICE OF THE SECRETARY**

DEC 0 1 2021

**ADMINISTRATIVE ORDER**
No. 2021 - 0057

**SUBJECT: Revised Guidelines on the Philippine Integrated Disease Surveillance and Response (PIDSR)**

## I. RATIONALE

The Philippine Integrated Disease Surveillance and Response (PIDSR) of the Epidemiology Bureau (EB) is an integrated approach for strengthening the Philippine epidemiologic surveillance and response system. It was established in 2007 following the International Health Regulations (IHR) call for a stronger surveillance system.

The Public Health Surveillance Division (PHSD) of EB supports the Republic Act (RA) No. 11223 *"Universal Health Care (UHC) Act"* and RA No. 11332 *"Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"* thus, PIDSR is hereby enhanced to integrate Epidemic-prone Disease Case Surveillance (EDCS) and Event-based Surveillance and Response (ESR) surveillance activities and response at all level of Epidemiology and Surveillance Units (ESUs). The province-wide and city-wide health systems for the delivery of population-based health services need to establish accurate, sensitive, and timely epidemiologic disease surveillance systems as stipulated in Chapter IV, Section 17 of the UHC Act. Moreover, the enhancement of PIDSR is in compliance with the World Health Organization (WHO) recommendations on its external assessment of the surveillance system in 2019.

As part of the enhancement, EDCS and ESR shall be under the PIDSR as indicated in Rule V, Section 1 and Rule VIII, Section 1 of the 2020 Revised Implementing Rules and Regulations (IRR) of RA 11332, as the early warning system for epidemics. The EDCS includes surveillance of epidemic-prone diseases from the sentinel sites *(AO No. 2018-0023 "Guidelines in Strengthening the Capacity of Public Health Units of DOH Hospitals and All Level Three Hospitals (Government and Private) on Sentinel Surveillance System for Notifiable Diseases of Epidemic Potential")* and non-sentinel sites, while ESR shall capture other health events of public health concerns and provides information for International Health Regulations (IHR) notification.

## II. OBJECTIVES

This Order aims to provide an enhanced PIDSR to guide its implementation at all levels of the health care delivery system in both the public and private sectors.

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## III. SCOPE OF APPLICATION

This Order shall apply to DOH Central Office bureaus and units, DOH Centers for Health Development (CHDs), DOH Hospitals including the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the "Bangsamoro Organic Act", and shall cover all levels of local governance, concerned government sectors, and all others involved in disease surveillance and response activities.

## IV. DEFINITION OF TERMS

A. **Epidemic-prone Disease Case Surveillance (EDCS)** - refers to a surveillance system to monitor trends, alert, and epidemic thresholds of diseases with epidemic potential as well as diseases for elimination and eradication.

B. **Event-based Surveillance and Response (ESR)** - refers to the organized and rapid capture of information about events that are a potential risk to public health including events related to the occurrence of a disease in humans and events related to potential risk-exposures in humans. The ESR core processes are capture, verify, filter, assessment, response, and feedback and information dissemination.

C. **Epidemiology and Surveillance Unit (ESU)** - refers to a unit that systematically receives and manages reportable epidemic-prone diseases and other health events as prescribed in RA 11332. The ESUs are established at the regional, provincial, municipal/city and hospital level. Other units/agencies may establish an ESU provided they meet ESU requirements by EB-DOH.

D. **International Health Regulations (IHR)** - refers to the international legal instrument that binds all WHO Member States to implement a set of international standards with the aim to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

E. **Non-sentinel site** - refers to a surveillance system that receives epidemic-prone disease data from Level I and Level II (private and government hospitals), Rural Health Units (RHUs), and private and government clinics.

F. **Public health events** - refers to all health events (existing or rare) that raise concern, fear and alarm in the community or which may have known, suspected or possible impact on human health including biological, chemical, radio-nuclear, and environmental agents.

G. **Public Health Unit** - refers to disease surveillance unit at the hospital level. Focus is on preventive and promotive aspects of health care; preventing disease, illness and injury, and promoting health at a population or whole of community level (see AO No. 2018-0023).

H. **Sentinel site** - refers to a sentinel surveillance system used to obtain epidemic-prone disease data from Level III hospitals (private and government hospitals) that can be

used to signal trends, identify outbreaks and monitor disease burden, providing a rapid, economical alternative to other surveillance methods.

## V. GENERAL GUIDELINES

A. Epidemic-prone diseases and health events shall be reported under the Philippine Integrated Disease Surveillance and Response (PIDSR) with two complementary sub-systems; the EDCS Information System (case-based) and ESR Online (event-based surveillance). This is congruent to the RA 11332.

B. EDCS and ESR shall utilize PIDSR surveillance systems for detection of epidemic-prone diseases and other health events with public health concern *(See Annex A).*

C. Laboratory confirmation of epidemic-prone diseases remains essential in determining the true burden of disease in the country.

D. A Manual of Procedures (MOP) of EDCS and ESR shall serve as a general guide for the implementation of EDCS and ESR for all ESU levels (national, regional, and local).

## VI. SPECIFIC GUIDELINES

### A. Epidemic-Prone Disease Case Surveillance Core Processes

#### 1. Case Detection

Diseases notifiable to EDCS shall be based on standard case definition and list of diseases detected and reported to the Epidemic-Prone Disease Case Surveillance System (EDCS) *(see Annex B).*

#### 2. Case Registration

Case registration shall require complete core information in Case Investigation Forms (CIFs)/Case Report Forms (CRFs) in the EDCS system.

#### 3. Case Reporting

Reporting of all epidemic prone diseases shall be through the online or offline EDCS system at all levels. If there are no available information systems, ESU shall submit CIF/CRF to the next higher ESU level. Zero case reporting of notifiable diseases and syndromes shall be implemented at all levels. This means reporting of "zero case" when no case is detected by the reporting unit.

#### 4. Laboratory Testing and Confirmation

A standard protocol, capacity building, and laboratory networking for specimen collection, preparation, storage, transport and interpretation of results shall be developed and available at all levels. The specimen collection kits for priority diseases (e.g. acute flaccid paralysis and measles) shall be made available at the regional and local levels.

5. **Data Management**

Computerized data management shall be strengthened at all ESUs and health facilities. This includes data management training on data processing and quality assurance: checking for data completeness and inconsistencies, duplication process and data reconciliation. A mechanism of archiving databases (raw, cleaned and final) to Network-attached storage (NAS) or other protected hardware or software applications for filing and storage shall be developed.

6. **Analysis, Interpretation and Report Generation**

ESUs shall analyze weekly surveillance data for detecting clustering, outbreaks and unexpected increase or decrease in disease occurrence, monitoring disease trends, and evaluating the effectiveness of disease control programs and policies. In the event of outbreaks or unusual increase in the number of cases, frequency analysis of surveillance data may be modified.

7. **Feedback**

ESUs shall conduct regular (e.g. daily/weekly/monthly/quarterly/ annual) and timely feedback of surveillance data, data request, monitoring and evaluation reports and management review/meetings to the data sources. Networks across all levels of ESUs shall be strengthened in alert notification about epidemics and other health events of public concern.

**B. Event-based Surveillance and Response Core Processes**

1. **Capture**

Detection of any event that may pose a health risk in the community shall emanate from three broad categories, namely, the media, facility-based reports and general public. Events originated from a rumor that may present possible health risks shall not be ignored and would need further investigation from health authorities.

2. **Verify**

A health event reported to ESR shall be substantiated within a 24-hour time period from date and time of capture. It shall involve asking another informant about the event, including basic information about time, place and person if possible from trained health personnel.

3. **Filter**

All verified health events shall be reviewed and filtered if reportable to stakeholders and relevant partner agencies and if warrants further investigation.

4. **Assessment**

Analysis of health events whether it is a public health risk shall be done within a 48 hours time period from date and time of verification. Classification of health events as to level of concern shall be based on the criteria provided in the latest ESR MOP.

Assessment and notification of health events shall follow the use of Annex 2: Decision instrument for assessment and notification of events that may constitute a

public health emergency of international concern of the International Health Regulations (*see Annex C and D*).

5. **Feedback and Information Dissemination**

   Feedback and dissemination of written reports may be done on a daily, weekly or monthly basis and sent to relevant stakeholders or during a regular Program Implementation Review (PIR).

## C. Epidemic Response

The flow of investigation, reporting and response to a suspected epidemic or epidemic shall be based on the PIDSR Manual of Procedures. The Secretary of Health has the authority to declare if an epidemic or outbreak has ended (Rule III, Section 1 of the 2020 Revised IRR of RA 11332).

1. **Detection**

   Epidemics can be detected through EDCS, ESR, and Laboratory-based surveillance. The initial response activities shall be conducted by local levels in coordination with the concerned CHD, LGU, and other agencies involved.

2. **Verification**

   Municipal and/or city health offices shall promptly verify reports of epidemics received from health facilities or through community rumors and notify the next higher level within 24 hours.

3. **Declaration of an Epidemic**

   Declaration of an epidemic (local, national and/or international) shall be based on RA 7160 or the "Local Government Code of 1991" (Section 105) and on the 2020 Revised IRR of RA 11332 (Rule III, Section 1); and shall be supported by sufficient scientific evidence as follows: disease surveillance data, epidemiologic (descriptive or analytic), environmental, and laboratory investigations.

4. **Containment**

   After verification of an epidemic, concerned Municipal Health Officers/City Health Officers shall activate the epidemic response team thus the appropriate control measures shall be conducted immediately. Risk assessment and submission of epidemiological investigations and other response activities shall be provided to the next higher level ESUs.

## D. Monitoring and Evaluation

Mechanism for monitoring the system shall be established at all ESUs and health facilities (sentinel and non-sentinel) to track the implementation of planned surveillance activities and of the overall performance of surveillance systems. PIDSR implementation shall be evaluated every 3 - 5 years or as needed.

## VII. ROLES AND RESPONSIBILITIES

PIDSR requires multi-sectoral coordination to further strengthen the Philippine epidemiologic surveillance and response system across all levels (national, regional, and local). The detailed roles and responsibilities of concerned DOH offices and other agencies involved can be found in the PIDSR Manual of Procedures (MOP) of EDCS and ESR.

**A. Epidemiology Bureau (EB)** shall:

1. Develop guidelines, policies, and training packages related to public health surveillance.
2. Oversee the design and implementation of ESR and EDCS under PIDSR.
3. Develop and provide technical assistance on the online and offline EDCS reporting system, Online ESR system, and tools to gather information from Disease Reporting Units.
4. Perform capacity building, monitoring, and evaluation activities on EDCS and ESR at the national and regional level and in coordination with RESU for the local level as needed.
5. Perform surveillance activities based on AO 2018-0028, *"Guidelines for the Inclusion and Delisting of Diseases, Syndromes and Health Events in the List of Notifiable Disease, Syndromes and Health Events of Public Health Concern (NDEPH)"* and carry out an assessment of reported health events utilizing the decision instrument provided in Annex 2 of the International Health Regulations (IHR) (2005), and to notify WHO of all qualifying events within 24 hours of assessment (*see Annex C and D*).
6. Collect, clean, analyze surveillance data, generate and disseminate surveillance reports to stakeholders.

**B. Knowledge Management and Information Technology Service (KMITS)** shall:

1. Establish and maintain an IT Infrastructure support to EDCS and Online ESR.
2. Integration of EDCS to Integrated Hospital Operations and Management Information System (iHOMIS) (whether sentinel or non-sentinel sites).
3. Monitor and evaluate the operation and performance of the hospital reporting system in hospitals implementing iHOMIS (whether sentinel or non-sentinel).
4. Provide technical support in utilizing, maintenance, and troubleshooting for iHOMIS (whether sentinel or non-sentinel) and Online ESR.
5. Coordinate with DICT for assistance in implementing national policies and guidelines developed by DICT.

**C. Centers for Health Development (CHDs)** shall:

1. Provide leadership through technical, logistical, and financial assistance to ensure functionality of the regional, local and hospital ESUs
2. Assess reported epidemics immediately and report all essential information to the national level
3. Formulate and routinely update the regional epidemic preparedness and response plan. Including the creation of the Epidemic Management Committee (EMC); and

4. Track and monitor the compliance of public and private hospitals and local ESUs in the implementation of PIDSR. The regional director shall issue a regional order to enforce compliance.
5. Develop or formulate the Epidemiology and Disease Surveillance Network in support of the province- and city-wide health system (P/CWHS).

**D. Regional Epidemiology and Surveillance Unit (RESU)** shall:

1. Disseminate guidelines and policies developed by EB in relation to public health surveillance to local ESUs.
2. Ensure functionality of EDCS and ESR at the regional level.
3. Conduct surveillance training, monitoring, and evaluation activities related to EDCS and ESR to Public Health Unit staff of all DOH Hospitals, Level III hospitals (Government and Private) including sentinel hospitals and non-sentinel sites, and Local ESUs.

**E. Disease Prevention and Control Bureau (DPCB)** shall:

1. Lead the decision-making and development of integrated policies for disease management, prevention and control utilizing surveillance information and data across all types of disease.
2. Use surveillance data as a basis for risk assessment and development of integrated planning and implementation support consistent with the UHC Act.
3. Organize multi-stakeholder committees for government response and strategies to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines.
4. Provide assistance in the development and implementation of integrated plans for epidemic preparedness and response.
5. Advocate for data-based public health decision-making amongst implementers of DOH public health programs at different levels.
6. Ensure monitoring and evaluation of appropriate prevention and control measures are coordinated and carried out to areas with reported clustering of cases and outbreaks.

**F. Health Emergency Management Bureau (HEMB)** shall:

1. Acts as the DOH coordinating unit and operations center for all health emergencies, disasters and incidents with potential of becoming an emergency.
2. Assist in the development and implementation of the integrated national epidemic preparedness and response plan.

**G. Health Facility Development Bureau (HFDB)** shall:

1. Leads in close collaboration with the EB, the development of facility standards in the establishment and maintenance of functional ESUs, which include, but not limited to, infrastructure and equipment.
2. Assist and provide technical inputs to EB in developing standards and policies in terms of surveillance.

**H. Office for Health Laboratories (OHL)** shall:

1. Collaborate with EB on the strengthening of laboratory surveillance in Public Health Laboratories for epidemiology and surveillance purposes.
2. Establish and implement programs in coordination with EB for the public health laboratories in terms of laboratory surveillance.
3. Coordinate with EB in the development of projects related to epidemiology and surveillance.
4. Establish a sustainable public health laboratory network to revitalize surveillance data for notifiable diseases and events of public health concern.

**I. Health Facility Services and Regulatory Bureau (HFSRB)** shall:

Ensure the compliance of hospitals and primary care facilities through assessment of availability of written policies and procedures in reporting notifiable diseases and copies of reports submitted to PIDSR using the licensing assessment tools (e.g. AO 2008-0009: *"Adopting the 2008 Revised List of Notifiable Diseases, Syndromes, Health-Related Events and Conditions"*, and AO 2020-0013: *"Revised AO No. 2020-0012, 'Guidelines for the Implementation for the Inclusion of COVID-19 in the List of Notifiable Diseases for Mandatory Reporting to the DOH'").*

**J. Bureau of Quarantine (BOQ)** shall:

1. Develop and ensure compliance to public health surveillance protocols at points of entry in coordination with airport and port authorities.
2. Conduct surveillance in points of entry, as well as the airports and ports of origin of international flights and voyages.
3. Monitor public health threats in other countries.
4. Provide effective networking and collaboration with border control agencies and private stakeholders.
5. Assist in the development and implementation of the integrated national epidemic preparedness and response plan.
6. Coordinate with Epidemiology and Surveillance Units (ESU) of the LGUs for disease surveillance and community response.

**K. Food and Drug Administration (FDA)** shall:

1. Conduct food sampling and/or analysis for suspect foodborne illness and chemical-related health events (e.g. methanol poisoning)
2. Be the lead agency for Vaccine Safety Surveillance.
3. Coordinate with ESR and EDCS regarding vaccine-related surveillance such as suspect adverse events following immunization health events and for coordination with National Adverse Events Following Immunization Committee (NAEFIC) and/or Regional Adverse Events Following Immunization Committee (RAEFIC).
4. Coordinate with ESR for any other related health event such as (medical product alert, recall of a food or product).

**L. Research Institute for Tropical Medicine (RITM), other National Reference Laboratories (NRLs) (e.g. NRL - East Avenue Medical Center, Poison Control Centers, San Lazaro Hospital etc.) and Sub-national laboratories (SNLs)** shall:

1. Provide technical support in the establishment of a professional network of sentinel regional laboratories that provide quality surveillance data for notifiable diseases and events of public health concern.
2. Provide capacity building activities and technical support for specimen collection, transport, and storage for the collection/reporting sites to the laboratory including biosafety and establishment of novel diagnostic platforms.
3. Provide technical support during outbreak investigations or response to diseases/health events that may constitute a public health emergency of international concern.

**M. DOH Hospitals and All Level 3 Hospitals (Government or Private)** shall:

1. Establish a functional hospital ESU under the Public Health Unit or equivalent in private hospitals that shall implement the EDCS and ESR.
2. Appoint dedicated disease surveillance coordinators and officers trained in disease surveillance by RESU who shall capture, investigate, and report suspect cases seen at the hospital.
3. Orient hospital staff regarding mandatory reporting of notifiable diseases.
   a. **Hospital Epidemiology and Surveillance Units (HESUs)** shall:
      i. Be the forefront in identifying notifiable diseases detected in the hospital
      ii. Ensure proper implementation of EDCS and ESR.
      iii. Assist in investigations conducted in the hospital by the local ESUs, RESUs, and EB.
   b. **Non-sentinel Sites (RHU', Health Centers, Non-sentinel hospitals)** shall:
      i. Appoint dedicated disease surveillance officers who shall capture, investigate, and report suspected cases seen at the facility.
      ii. Orient allied medical staff regarding mandatory reporting of notifiable diseases.
      iii. Ensure proper implementation of EDCS and ESR

**N. Local Epidemiology and Surveillance Units (Provincial/City/Municipal ESUs)** shall:

1. Oversee the functionality of the local ESUs by ensuring dedicated surveillance staff and implementation of strategies and programs in accordance to policies and guidelines.
2. Facilitate capacity building of non-sentinel health facility staff regarding EDCS and ESR.
3. Ensure proper implementation of EDCS and ESR systems in local ESUs.
4. Assist in investigations conducted by RESUs/EB.
5. Provide technical assistance to lower ESUs.
6. Use epidemiological data to plan and implement communicable disease control activities at the local level.
7. Identify and inform local health offices immediately of any disease or condition in their expected areas that: exceeds an epidemic threshold, occurs in locations where it was previously absent, occurs more often in a population group than previously, and presents unusual trends or patterns.
8. Confirm the status of reported events from the municipalities and cities and to support or implement additional control measures if necessary.

**O. Bureau of Animal Industry and National Meat Inspection Services (For consultation)** shall:

1. Be the lead agency in conducting surveillance activities on zoonotic diseases or animal deaths that may have potential effect on human health.
2. Be the main agencies in verifying, assessing and responding to public health events related to zoonotic diseases in coordination with EB.

**P. Other Government Agencies, Non-Government Organizations, communities and community-based organizations**

Other agencies/organizations relevant to disease surveillance and response may provide support or assistance to PIDSR or to Regional/Local counterparts through participation in disease and/or health event notification or through provision of their specialized service or expertise as deemed necessary to promptly and effectively respond to a given disease and/or health event. Furthermore, communities and community-based organizations may help in disease surveillance and public health response by strengthening community-centered planning and action.

**Q. External Partners**

External partners shall support the implementation of PIDSR by providing technical expertise and assistance in surveillance of different notifiable diseases.

## VIII. PENALTY CLAUSE

The following administrative sanctions shall be imposed upon any person, juridical or natural, found to have violated the provisions referred in the 2020 Revised IRR of RA 11332, Rule XI, Section 3.

## IX. REPEALING CLAUSE

Administrative Order (AO) No. 2007-0036 *"Guidelines on the Philippine Integrated Disease Surveillance and Response (PIDSR) framework"* is hereby repealed. All other related issuances that are inconsistent or contrary to the provisions of this Administrative Order are hereby revised, modified, repealed and rescinded accordingly. Provisions of existing issuances which are not affected by this Order shall remain valid and in effect.

## X. SEPARABILITY CLAUSE

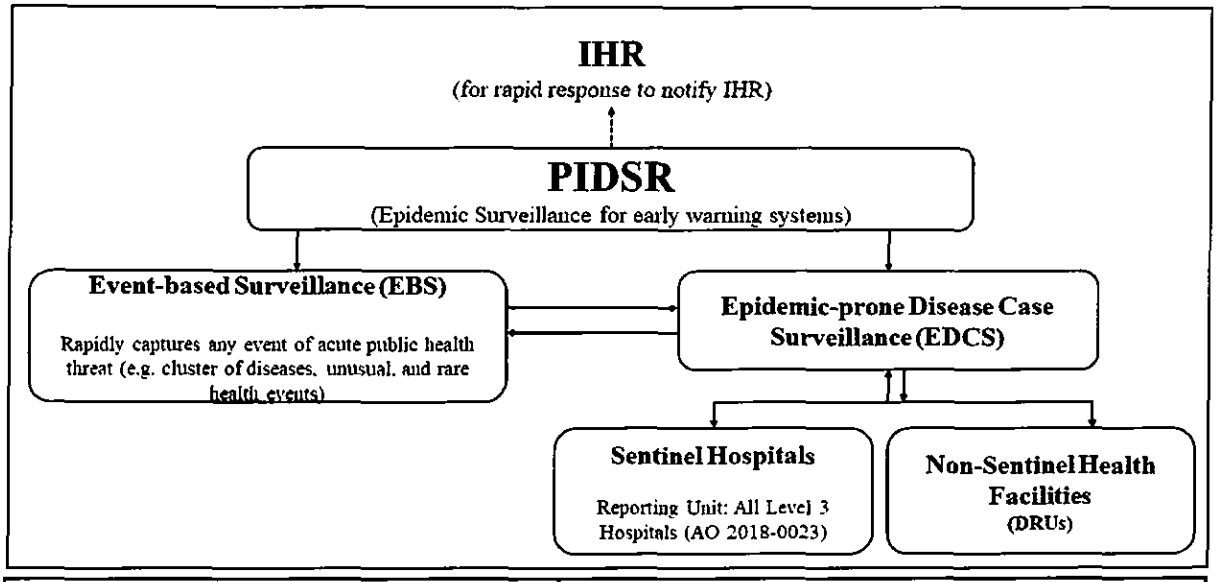
If any part or provision of this Order is rendered invalid by any court of law or competent authority, the remaining parts or provisions not affected shall remain valid and effective.

## XI. EFFECTIVITY

This Order shall take effect fifteen (15) days from the date of its publication in the Official Gazette or in any national newspaper of general circulation, with three (3) certified copies to be filled with the Office of the National Administrative Register (ONAR) of the UP Law Center.

**FRANCISCO T. DUQUE III, MD, MSc**
Secretary of Health

**ANNEX A**
**Epidemic Surveillance Systems Framework**
**(Involving the Public Health Surveillance Division of the EB)**




| ESR Core Processes: | EDCS Core Processes: |
|---|---|
| 1. Capture<br>2. Verify<br>3. Filter<br>4. Assessment<br>5. Response<br>6. Feedback and Information Dissemination | 1. Case Detection<br>2. Case Registration<br>3. Case Reporting<br>4. Laboratory Testing and Confirmation<br>5. Data Management<br>6. Analysis, Interpretation and Report Generation<br>7. Feedback<br>8. Epidemic Response<br>9. Monitoring and Evaluation |

**ANNEX B**
**List of Diseases Detected and Reported to the Epidemic-Prone Disease Case Surveillance System (EDCS)***

**A. Vaccine Preventable Diseases (VPD):**
- Acute Flaccid Paralysis (AFP)
- Measles and Rubella
- Diphtheria
- Pertussis (Whooping cough)
- Neonatal tetanus
- Non-Neonatal Tetanus

**B. Food and Waterborne Diseases:**
- Acute Bloody Diarrhea
- Cholera
- Acute Viral Hepatitis (Hepatitis A virus (HAV)
- Rotavirus
- Typhoid and Paratyphoid Fever

**C. Zoonotic Diseases:**
- Leptospirosis
- Rabies

**D. Vector-borne Diseases:**
- Chikungunya
- Dengue

**E. Other Diseases:**
- Acute Meningitis Encephalitis Syndrome
  - Acute Encephalitis Syndrome/Japanese Encephalitis
  - Bacterial Meningitis
- Influenza-like Illness
- Severe Acute Respiratory Illness (SARI)
- Meningococcal Diseases

***Note:*** *All diseases will be reported to both sentinel and non-sentinel sites. Analysis of trending at the regional and national levels, data will come from sentinel sites only.*

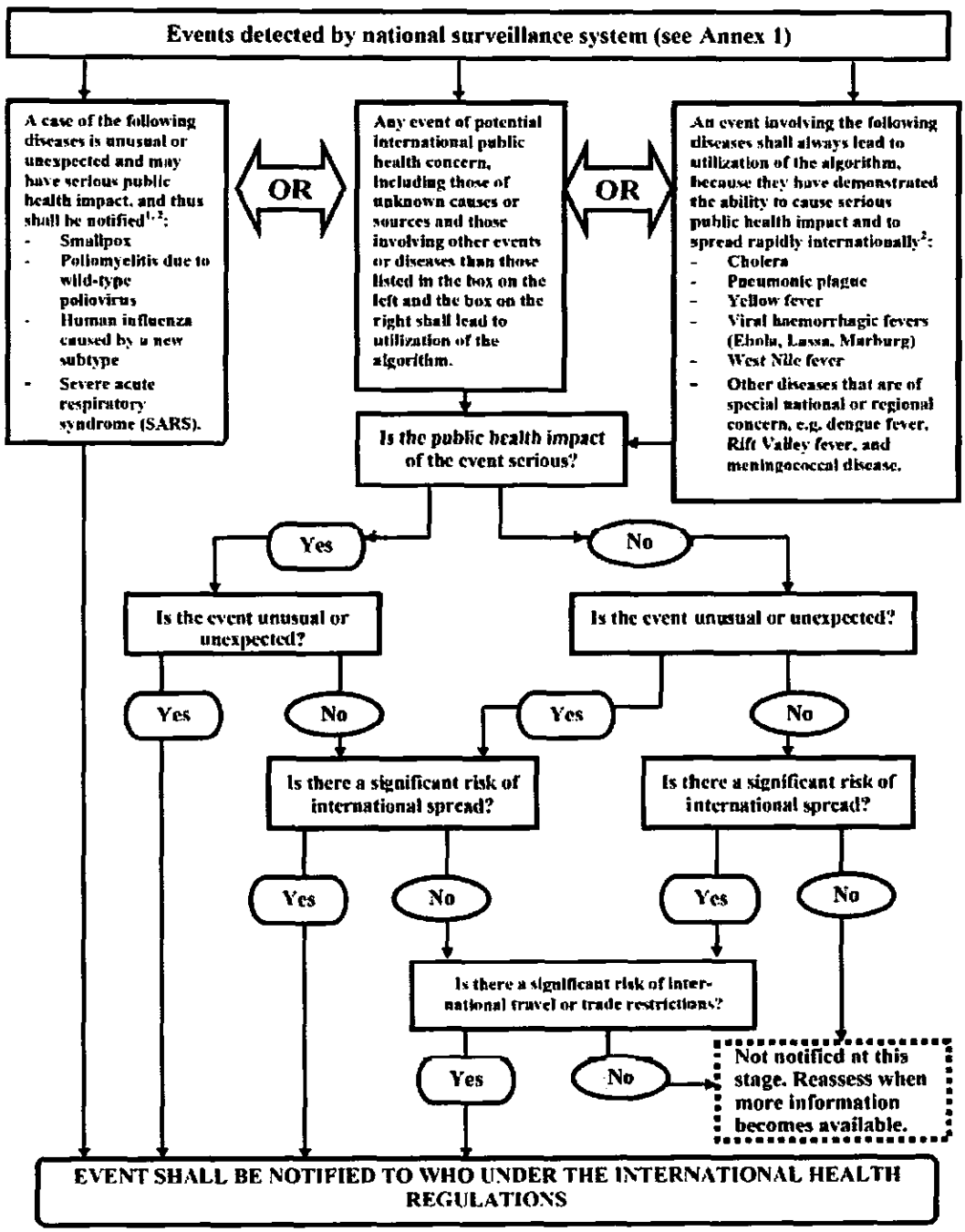
*Other diseases/syndromes not listed in Annex B but are included in the Rule VI, Section 3 of the 2020 Revised IRR of RA 11332 including health events related to chemical, radio-nuclear, and environmental agents will be captured by Event-based Surveillance and Response.*

**List of diseases may change based on DOH Administrative Order No. 2018-0028 "Guidelines for the Inclusion and Delisting of Diseases, Syndromes, and Health Events in the List of Notifiable Diseases, Syndromes and Health Events of Public Health Concern (NDEPH)"*

# ANNEX C
# The International Health Regulation (IHR) - Annex 2 Decision Instrument

ANNEX 2

**DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN**




[1] As per WHO case definitions.
[2] The disease list shall be used only for the purposes of these Regulations.

# ANNEX D.
# Examples for the Application of the Decision Instrument for the Assessment and Notification of Events that may Constitute a Public Health Emergency of International Concern

## EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

***The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.***

### DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

| | |
|---|---|
| **Is the public health impact of the event serious?** | *1. Is the public health impact of the event serious?* |
| | **1. Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?** |
| | 2. *Has the event the potential to have a high public health impact?*<br>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:<br>✓ Event caused by a pathogen with high potential to cause epidemics (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).<br>✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).<br>✓ Event represents a significant public health risk even if no or very few human cases have yet been identified.<br>✓ Cases reported among health staff.<br>✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, malnourished, etc.).<br>✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party).<br>✓ Event in an area with high population density.<br>✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area. |
| | 3. *Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?*<br>THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:<br>✓ Inadequate human, financial, material or technical resources – in particular:<br>– Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)<br>– Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs<br>– Existing surveillance system is inadequate to detect new cases in a timely manner. |
| | **IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS?**<br>**Answer "yes" if you have answered "yes" to questions 1, 2 or 3 above.** |

| Is the event unusual or unexpected? | II. Is the event unusual or unexpected? |
|---|---|
| | 4. *Is the event unusual?*<br>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:<br>✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown.<br>✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms.<br>✓ Occurrence of the event itself unusual for the area, season or population. |
| | 5. *Is the event unexpected from a public health perspective?*<br>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:<br>✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported. |
| | **IS THE EVENT UNUSUAL OR UNEXPECTED?**<br>**Answer "yes" if you have answered "yes" to questions 4 or 5 above.** |

| Is there a significant risk of international spread? | III. Is there a significant risk of international spread? |
|---|---|
| | **6. Is there evidence of an epidemiological link to similar events in other States?** |
| | 7. *Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?*<br>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:<br>✓ Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of:<br>– international travel (or time equivalent to the incubation period if the pathogen is known)<br>– participation in an international gathering (pilgrimage, sports event, conference, etc.)<br>– close contact with an international traveller or a highly mobile population.<br>✓ Event caused by an environmental contamination that has the potential to spread across international borders.<br>✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination. |
| | **IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?**<br>**ANSWER "YES" IF YOU HAVE ANSWERED "YES" TO QUESTIONS 6 OR 7 ABOVE.** |

| Risk of international travel and/or trade restrictions ? | IV. Is there a significant risk of international travel or trade restrictions? |
|---|---|
| | 8. *Have similar events in the past resulted in international restriction on trade and/or travel?* |
| | 9. *Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States?* |
| | 10. *Has the event occurred in association with an international gathering or in an area of intense international tourism?* |
| | 11. *Has the event caused requests for more information by foreign officials or international media?* |
| | **IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS?**<br>**ANSWER "YES" IF YOU HAVE ANSWERED "YES" TO QUESTIONS 8, 9, 10 OR 11 ABOVE.** |

**States Parties that answer "yes" to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 6 of the International Health Regulations.**