

## Current major events

### Establishing a Regional Task Force for Implementation of IHR 2005 in the EMR

A Regional IHR 2005 Task Force to support the Division of Communicable Diseases (DCD) in monitoring implementation of IHR 2005 by States Parties in the Eastern Mediterranean Region (EMR) is established with well-defined terms of reference. DCD leads and chairs the meetings of the EMR IHR 2005 Task Force. CSR/DCD serves as the EMR IHR Secretariat. The Task Force should submit summary reports to the Regional Director on progress made towards implementation of IHR 2005.

### Editorial note

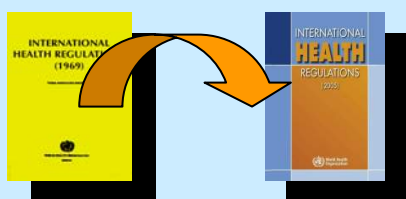
The International Health Regulations 2005 (IHR 2005) are an international legal instrument that were unanimously adopted on 23 May 2005 by the World Health Assembly. They came into force on 15 June 2007. The purpose and scope of IHR 2005 are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade. All public health emergencies that might be of international concern, including chemical, radiological and nuclear threats should be reported to WHO within 24 hours. States Parties should assess their national core capacities to implement IHR 2005 no later than 15 June 2009; and fully implement the regulations within five years from entry into force.

The establishment of the IHR Regional Task Force is timely and is critical for coordination of relevant technical units within the Regional Office. Its establishment is a partial fulfilment of the commitment of the Regional Office towards their implementation. Related assessment tools have been developed and training activities are forthcoming.

### Terms of reference of the Regional IHR 2005 task force in the Eastern Mediterranean Region (EMR):

1. Share information on potential risks and technical expertise in relevant fields for efficient planning and preparedness for alert and response to potential Public Health Emergencies of International Concern (PHEIC) as defined by IHR 2005;
2. Provide technical guidance that supports DCD in developing technical guidelines, protocols and standard operating procedures (SOPs) deemed necessary for the implementation of IHR 2005;
3. Promote regional and national inter- and intra-sectoral collaboration on all activities related to implementation of IHR 2005;
4. Identify appropriate ways and means to empower National IHR Focal Points to perform their functions and duties as per WHO guidelines; and
5. Participate as requested in other related and relevant IHR activities.

The Unit of Communicable Disease Surveillance, Forecasting and Response (CSR) will lead and coordinate all activities related to implementation of IHR 2005 in the EMR.



#### IHR (2005): A Paradigm Shift

- From *control of borders* to *containment at source*
- From *diseases list* to *all threats*
- From *preset measures* to *adapted and real time response*

### Membership of the EMR IHR 2005 Task Force:

1. Director, Communicable Disease Control (DCD), [Chair];
2. Regional Adviser, Communicable Disease Surveillance, Forecasting and Response (CSR) [Secretary];
3. Coordinator, Knowledge Management and Sharing (KMS);
4. Coordinator, Supportive Environment for Health (SEH);
5. Regional Adviser, Vaccine Preventable Diseases and Immunization (VPI);
6. Regional Adviser, Food and Chemical Safety (FCS);
7. Regional Adviser, Emergency and Humanitarian Action (EHA);
8. Regional Adviser, Essential Medicines and Pharmaceutical Policies (EMP);
9. Regional Adviser, Essential Vaccines on Biological Policies (VAC);
10. Regional Adviser, Media and Communication (MAC);
11. Logistics Support Officer (LSO);
12. Administrative Services Officer (ASO);
13. Regional Budget and Finance Officer (BFO)

### Update on outbreaks

#### in the Eastern Mediterranean Region

**Avian Influenza:** (Egypt) reported a new human case no. 49; (Pakistan) 2 more serological confirmed human cases; **Cholera** (Sudan) New outbreak reported in Central Equatoria; **AJS:** in Afghanistan

### Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

#### Avian influenza

Egypt	[49 (22), 44.9%]
Indonesia	[132 (107), 81.1%]

#### Cholera

Sudan	[194 (5), 2.6%]
Kenya	[1155 (56), 4.8%]*
Namibia	[533 (3), 0.6%]
Angola	[3,949 (130), 3.3%]

#### AJS: (Prozolidine Poisoning)

Afghanistan	[90 (6), 6.7%]
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#### Yellow Fever

Argentina	[6 (1), 16.7%]
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#### Dengue fever

Brazil	[75,399 (80), 0.1%]
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(\* = Unofficial figures)  
CFR = Case-Fatality Rate