

Implementation of the IHR and function of the National IHR Focal Point in Croatia

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- **New IHR (2005) in force in Croatia since 15 June 2007.**
- **Translation (and original English version) published in Official gazette on 25 July 2013.**

VLADA REPUBLIKE HRVATSKE

Na temelju članka 32. Zakona o sklapanju i izvršavanju međunarodnih ugovora («Narodne novine», broj 28/96), Vlada Republike Hrvatske je na sjednici održanoj 25. srpnja 2013. godine donijela

ODLUKU

O OBJAVI MEĐUNARODNIH ZDRAVSTVENIH PROPISA (2005)

I.

Objavljuju se Međunarodni zdravstveni propisi (2005), usvojeni na 58. zasjedanju Skupštine Svjetske zdravstvene organizacije u Ženevi, 23. svibnja 2005. godine, koji su za Republiku Hrvatsku na snazi od 15. lipnja 2007. godine.

II.

Tekst Međunarodnih zdravstvenih propisa (2005) iz točke I. ove Odluke, u izvorniku na engleskom jeziku i u prijevodu na hrvatski jezik glasi:

INTERNATIONAL HEALTH REGULATIONS (2005)

PART I

DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

Article 1

DEFINITIONS

1. For the purposes of the International Health Regulations (hereinafter the «IHR» or «Regulations»):

«*affected*» means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health emergency of international concern;

«*affected area*» means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;

«*aircraft*» means an aircraft making an international voyage;

IHR roles institutionalized

- **Croatian Institute of Public Health, Epidemiology Service**
 - Responsible for implementing the majority of IHR activities
- **Ministry of Health, Sanitary Inspection Directorate**
 - Responsible for PoE (Border Sanitary Inspection), support to Epidemiology Service

Croatian Institute of Public Health role in implementation of IHR

- **Coordinating the epidemiological network**
- **Disease surveillance,**
- **Outbreak response activities,**
- **Sharing information**
- **Reporting to WHO (and ECDC – Tessa and EWRS)**
- **Monitoring of travellers returning from endemic areas**
- **24/7 availability**

Surveillance

Basic network for disease detection

permanent individual case reporting of important human communicable diseases within 24 hours since diagnosing, (primary care, GP, hospitals etc, either public or private).

Accessory, enhanced networks

**for dangerous and urgent situations without delay by phone cellular phone etc making the system as fast as possible
These are :**



1. reporting laboratory finding of agents of most important diseases,
plague, variola, cholera, polioviruses, tropical viral hemorrhagic fevers, new pandemic influenza strain etc. Recently MERS-CoV, Ebola, Zika

2. reporting all outbreaks (clusters)

not only outbreaks of known or listed communicable diseases,
but of any infective disease, disease of unknown origin, also clusters of
unexplained deaths

3. reporting any unusual event that could cause a disease in man, like:
natural catastrophes, technical accidents in biological production, or in
laboratory work etc.

(constant active monitoring of the environment helps in detection of such events)

4. other information (media, citizens etc)

also:

veterinary reports on zoonoses



- **Legal basis:**
- **Act on the Protection of the Population Against Communicable Diseases. Official gazette 79/2007, amm. 113/2008, 43/2009, 103/2013.**

Article 16. “The following shall be subject to the reporting obligation:

1) any disease or death caused by a communicable disease referred to in Article 3, paragraphs 1 and 3 hereof,

2) any suspicion of illness caused by.....

.....7) any unusual event that may indicate an abuse of a biological agent or an epidemic outbreak of an unknown cause. ”



Additional sources for detecting, assessing, reporting and managing potential / identified communicable disease alerts / events

- **Detecting (rumours, media, forums, international networks...):**
 - County Institutes of Public Health – county level (human health)
 - Croatian National Institute of Public Health – national and international level (human health)
 - County Veterinary Directorates – county and national level (food, feed, animal health)
- **Assessing:**
 - Same as above
- **Reporting:**
 - All
- **Managing:**
 - Epidemiology Service (Institutes of Public Health), Veterinary Directorates, Sanitary inspection (MoH), Veterinary Inspection

enhanced early warning networks

can detect not only infectious but chemical or other diseases or threats

detection followed by etiological clarification

and then: appropriate control measures

The use of early warning information – response intervention

For adequate use of information i.e. for an effective response

a structure has to be established to receive these information at any time, and to be able and ready to intervene timely (promptly) at any time

In Croatia

such a structure is the **epidemiology service**, a part of national health care system within institutes of public health (county and national)

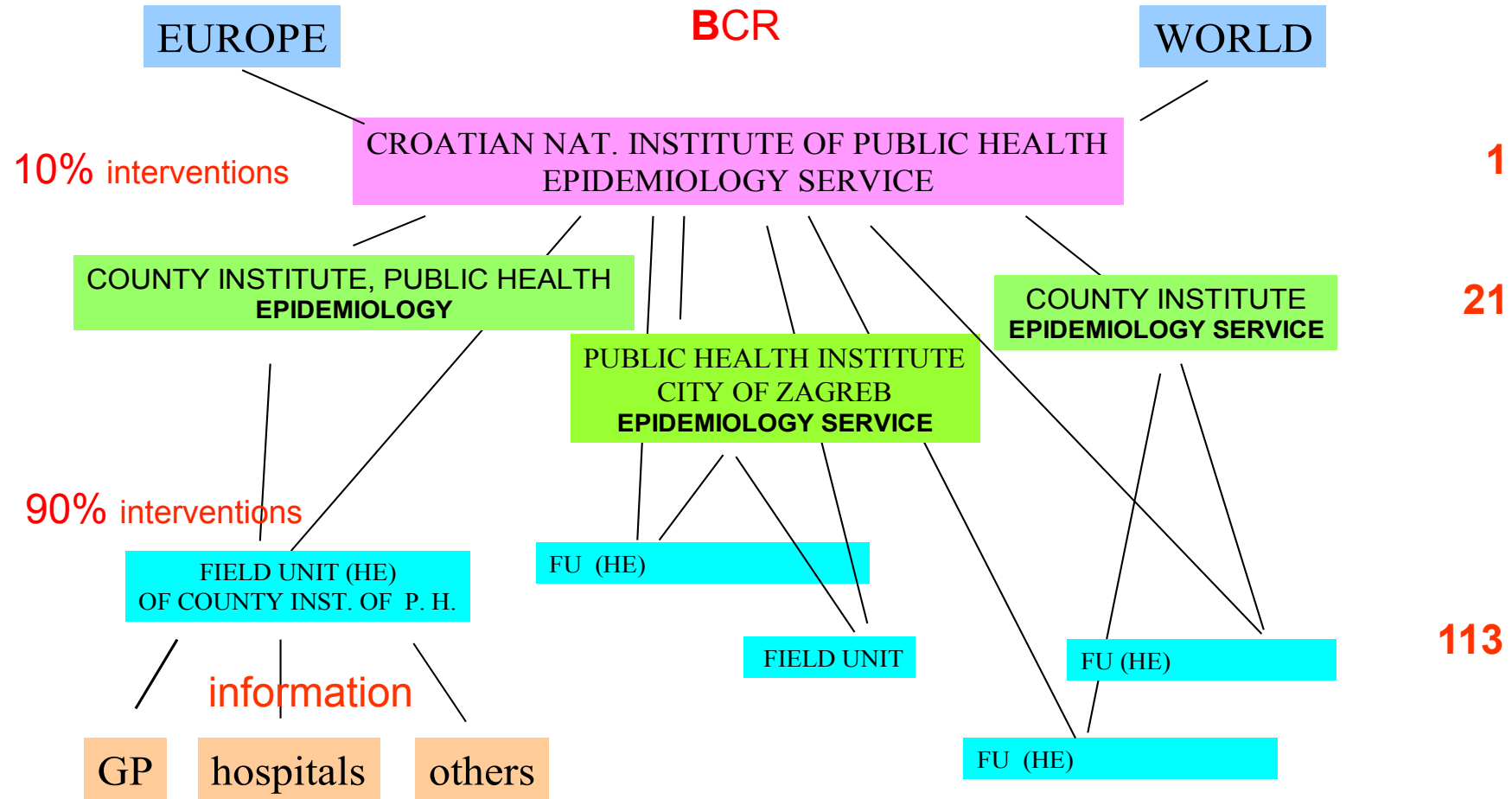
organized at tree levels: primary (field),
intermediary (county)
national

County Institutes of public health	—	field epidemiology units (113)
	—	county epidemiology units (21)
Croatian national institute of public health		national epidemiology unit (1)

Epidemiology services are acting in close collaboration with institutes of public health **laboratories: microbiological, toxicological and other,**
human and environmental

EARLY WARNING AND RESPONSE IN CROATIA

Capable to detect and to control diseases
and important health events



Epidemiology units (field, regional, national)

staffed by:

- medical doctor(s) **specialists in epidemiology**
- epidemiology technicians
- Others (nurses, administrative staff)

educated and equipped for immediate response to detected biological (and other) threats

rapidity of response is achieved by adequate spatial distribution of field epidemiology units, completing majority of actions

While national epidemiology team is needed in relatively rare especially complicated cases:



National epidemiology team intervenes all over the country in cases of huge outbreaks, outbreaks of especially dangerous diseases, biological accidents or threats, outbreaks on new or unknown diseases etc

constantly on call i.e. duty (24h/7d):

- for any kind of expert advice to the field teams
- for information receipt from all over the country
- for receiving or sending information of international importance ready for direct intervention on the territory of the state.

24/7 duty is organized also at a county level (reaching field level)

Participation in international early warning and response

the Epidemiology service of the Croatian Institute of Public Health, is acting as the national CDC.

Connected to the European networks for diseases surveillance and control (EWRS ECDC etc)

It is also the **national IHR focal point** according to the new **WHO IHR** (International Health Regulations).



Management of recent public health crisis at the international level

- **IHR notifications (A/H7N9, MERS-CoV, A/H5N1, polio, ebola, zika.....)**
 - ensuring lab capacity, dissemination of information to medical professionals (raising awareness) and if appropriate, to the general public (through media)
- **EWRS**
 - Dissemination of information similar to IHR
- **Media (e.g. adverse events following immunization, enterovirus outbreaks, EHEC outbreaks....)**
 - verification, risk assessment, ensuring lab capacity, dissemination of information to medical professionals (raising awareness) and if appropriate, to the general public (through media)

Ministry of Health IHR activities – primarily through Sanitary Inspection Directorate

- **Management of Points of Entry**
- **Supporting epidemiologists in outbreak response activities**
- **Referring travelers from endemic countries to the Epidemiology Service for health monitoring**

IHR designated PoE

Name of Port		PHA contact details			
		Telephone	Fax	E mail	Website
Rijeka	Ministry of Health - Border Sanitary Inspection Service	00 385 1 4698306	00 385 1 4607631	anamarija.crnica@miz.hr	http://www.zdravlje.hr/
Zračna luka Zagreb	Ministry of Health - Border Sanitary Inspection Service	00 385 1 4698306	00 385 1 4607631	anamarija.crnica@miz.hr	http://www.zdravlje.hr/

Act on the Protection of the Population Against Communicable Diseases. Official gazette 79/2007, amm. 113/2008, 43/2009.
Provisions for health monitoring of travellers

- **Article 26. The following persons shall be subject to health monitoring:**
- **.....**
- **8. persons who come to the Republic of Croatia from countries where the following diseases are present: malaria, cholera, viral hemorrhagic fevers or other diseases under the international agreement to which the Republic of Croatia is a party**

Example – Health monitoring of travelers returning from ebola affected countries in 2014/2015

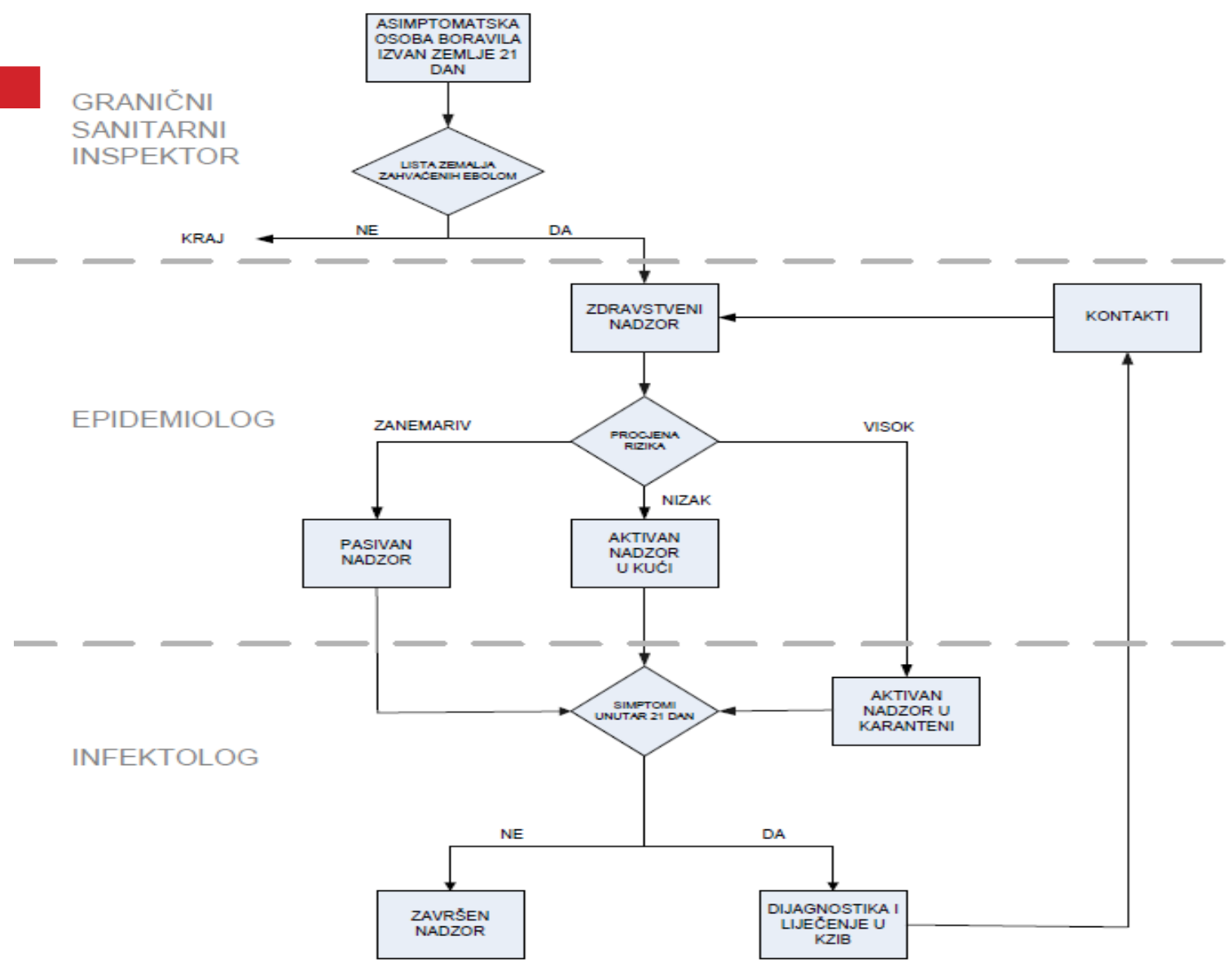


besides publishing electronic and printed materials....

- **Information for travellers (www.hzjz.hr) (CIPH)**
- **Management of travelers returning from affected countries (CIPH), 08/2014**
- **SOP for management of legal and illegal immigrants (MoH), 08/2014**
- **Personal protection measures in contact with patients (CIPH), 08/2014**
- **Guidelines for airliners (CIPH), 08/2014**
- **Questionnaire for persons subject to health monitoring (CIPH)**
- **Leaflets and posters for border crossings (CIPH), 14.10.2014.**



GRANIČNI
SANITARNI
INSPEKTOR



Algorithm for management of travelers returning from countries affected by the ebola outbreak



Print Preview



Print



Options



Margins



Orientation



Size

Page Setup



Zoom



100%



One Page



Two Pages



Page Width

Zoom

 Show Ruler Magnifier

Shrink One Page



Next Page



Previous Page

Preview

Close Print
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Anketni upitnik za zdravstveni nadzor putnika koji su došli iz zemalja s ebolom

Postoji 28 pitanja u ovom upitniku.

Podaci o putniku

Ime i prezime putnika:

Datum rođenja:

Molimo upisati datum kao slijedeći format: dd-mm-yyyy

OIB ili neka druga identifikacija:

Identifikacijski broj putnika (OIB, broj putovnice, MBO...)

Dokument iz kojega potječe identifikacijski broj:

Molim izaberite samo jedan od ponuđenih odgovora.

- OIB
 Broj putovnice
 MBO

Broj telefona / mobitela za kontakt:

Adresa na kojoj se trenutno nalazi:

Adresa stanovanja:

Tvrтка gdje radi i adresa:

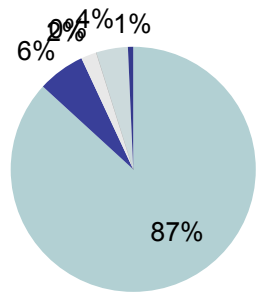
Zemlja iz koje je doputovao/la:

Datum dolaska osobe epidemiologu:



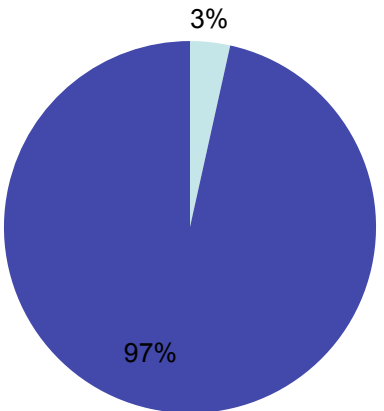
The individuals to undergo health monitoring by countries of departure

Nigerija Liberija Sierra Leone Gvineja DR Kongo Mali



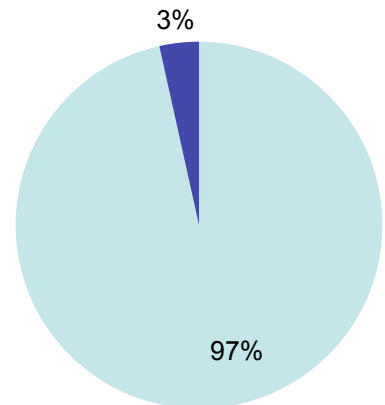
The individuals to undergo health monitoring by gender, N=144, until March 10 2015

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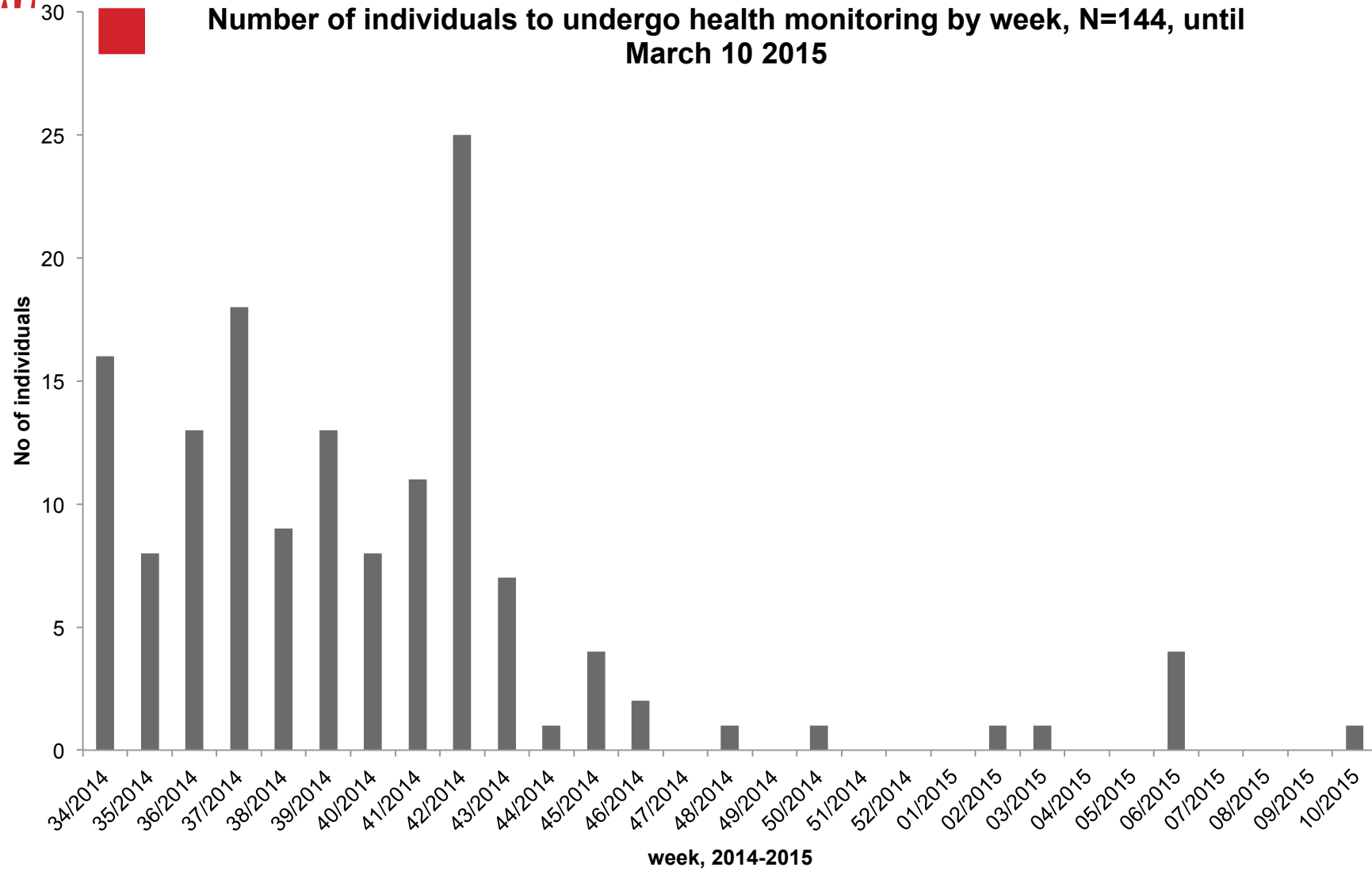
The individuals to undergo health monitoring by type of travel to affected countries, N=144, until March 10 2015

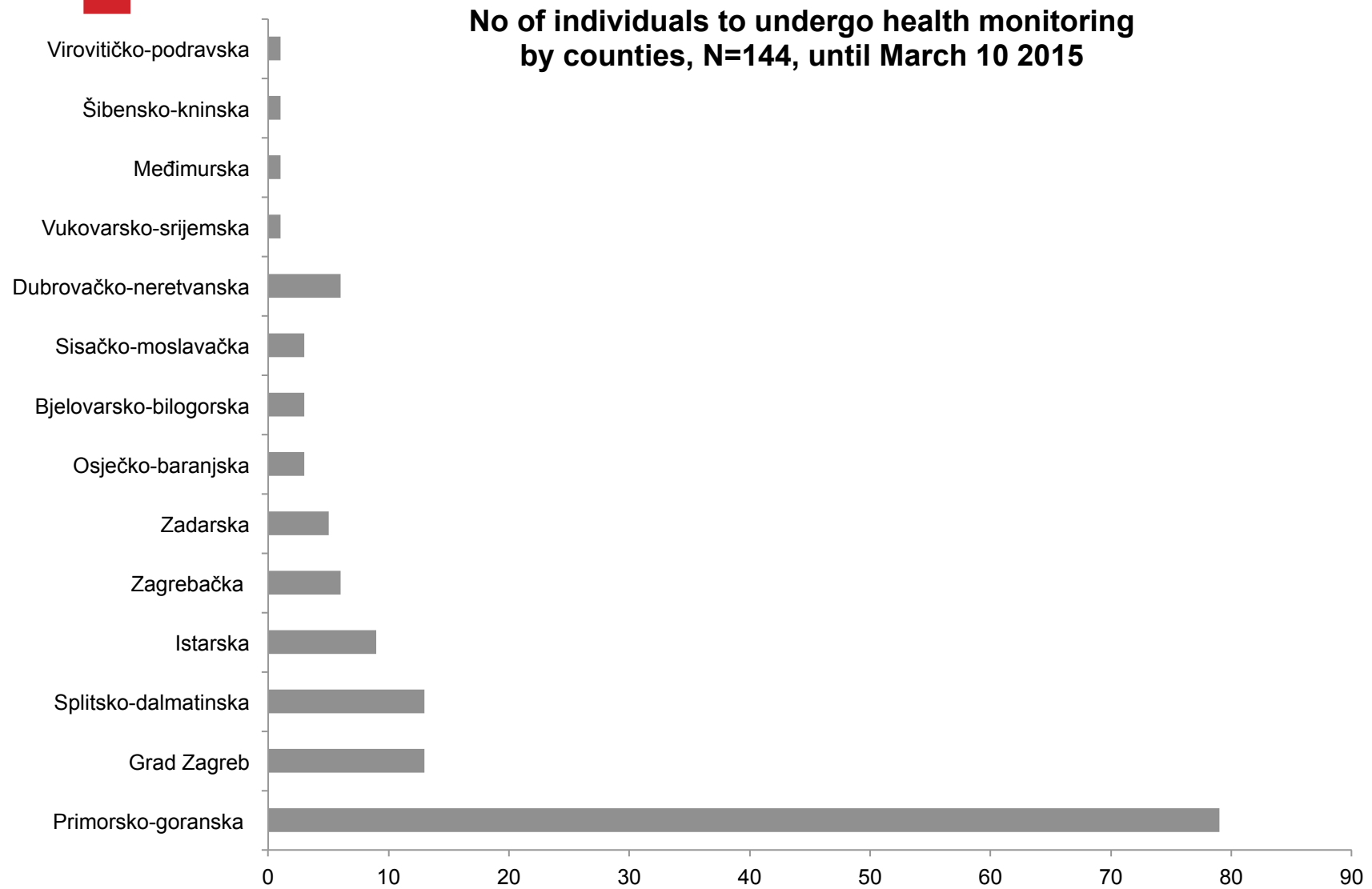
business private





Number of individuals to undergo health monitoring by week, N=144, until March 10 2015





Sharing of information with the Ministry of agriculture (Directorate for Veterinary Medicine and Food Safety)

- **CIPH and MoA annually share information on zoonoses**
- **Epidemiologists at county institutes share information on zoonoses directly with veterinary inspection in their respective territory**

**Act on the Protection of the Population Against Communicable Diseases. Official gazette 79/2007, amm. 113/2008, 43/2009.
Provisions for exchange of information with the veterinary sector**

- **Article 18. “The institutes of public health shall promptly report to competent authorities, in accordance with the regulations relating to the veterinary activity, on any case of the following diseases: rabies, brucellosis, anthrax, echinococcosis, plague, leptospiroses, leishmaniasis, Q-fever, trichinellosis, tularaemia, ornithosis-psittacosis, a new variant of Creutzfeldt – Jakob disease (vCJ), and an outbreak of salmonellosis.**
- **In accordance with the regulations relating to the veterinary activity, competent authorities shall inform the competent county institute of public health or the institute of public health of the City of Zagreb or the Croatian National Institute of Public Health on any established disease and on any animal that died from a communicable disease referred to in paragraph 1 of this Article or from BSE. ”**