Public Health Preparedness for IHR Implementation and sharing of experiences in preparedness planning, case studies of Public Health disruptions - Sri Lanka

Dr. Abdul Rakeethu
Assistant Port Health Officer
Medical Research Institute
Colombo - Sri Lanka
IHR 2005 aims at more secure world that is on the alert and ready to respond collectively to the threats to public health security which may occur through international travel and trade.

IHR 2005 requires countries to notify WHO of all events that may constitute a PHEIC, as it aims not only at controlling diseases but also emphasizes on containment of source of origin.

As we know IHR 2005 came into effect on 15th June 2007. Sri Lanka with 193 other WHO member countries are bound to implement IHR 2005. Since 2005 even before IHR 2005 came into effect Sri Lanka has initiated a series of actions to meet the requirement of IHR.

A quarantine unit was created and a Director was appointed in 2004. Epidemiology unit and Quarantine unit of the Ministry of Health have been designated as NFP. Infectious Disease Hospital at Colombo was designated for the management and quarantine. Medical Research Institute in Colombo was designated as focal laboratory.
POINTS OF ENTRY
BANDARANAIKE INTERNATIONAL AIRPORT (BIA)

COLOMBO PORT

MATTALA INTERNATIONAL AIRPORT

HAMBANTOTA SEA PORT

ETC

COMPETENT AUTHORITIES
- PORT HEALTH OFFICER
- AIRPORT HEALTH OFFICER
Implementation of IHR in Sri Lanka

- National Steering Committee consisting of relevant stakeholders chaired by the DGHS was appointed to monitor the IHR (2005) implementation progress.

- Regular IHR progress reviews were done with all relevant stakeholders at Ministerial level headed by Director General of Health Services.
Current National Legislations

- Quarantine and prevention of diseases ordinance No. 03 of 1897. According to this ordinance;
  - It is mandatory to notify 28 disease conditions including ones identified in the IHR to the relevant health authorities, *(Notification System is well established in Sri Lanka)*
  - Has a provision to isolate or quarantine if the need arises,
  - Has a provision to declare any disease condition as a notifiable condition,

Amendments were made

- SARS Regulations of 2003 (Chapter 222)
- Quarantine Regulations 1960 (chapter 173)
Legislation

• Assessment of available legislation related to facilitate the implementation of IHR done.

• Identification of new legislations or expansion of the prevailing legislations for proper implementation of IHR (2005) is on progress.
Activities for PHEIC

During H1N1 epidemic

Action plan was activated / collaboration from stakeholders obtained

Screening at POE were carried out

Thermal scanners-(945,352 passengers)

Suspected passengers were examined at Health Center (632)

Patients who had fever were admitted to IDH (62)

(for isolation and treatment)

28 cases were positive for H1N1

Identified some major hospitals and kept ready for the situation

Close contacts were traced

Notified to the relevant MOHs (Hotels/Homes)

(to be vigilant about the situation and isolation if required)
Activities contd

- Country has developed case management guidelines for selected priority conditions.
- Established a 24 hour screening facility for Malaria at the international airport for passengers coming from the malarial endemic countries. Provision of malaria prophylaxis treatment at the airport for all the passengers travelling to malarial endemic countries.
- Established a 24 hour health desk at International airport
The way forward

- The assessment and revision of legislation related to facilitating the implementation of IHR is on progress.

- Steps were taken to strengthen the current disease surveillance system. Currently the process of piloting the WEB based surveillance system is underway.
Activities – Infrastructure Development

- Identified and upgraded Infection Disease Hospital-Angoda with required health facilities for early attention and isolation of travelers with suspected disease with PHEIC

- Improved diagnostic facilities at Medical Research Institute

- Steps were taken to incorporate all infrastructure necessary for effective implementation of IHR (2005) at the newly built international airport (Maththala) and sea port (Hambantota)
Priority areas for revision of National legislation

- Screening of Migratory workers coming into the country as a part of ongoing developmental projects,

- Screening of Sri Lankans returning to the country after working in different countries which are known to be endemic for some diseases.

- Current disease surveillance system is limited to 28 selected disease conditions, it needs to be expanded to accommodate all the Public Health Emergencies of International Concern (PHEIC),

- To obtain multi sectoral collaboration for effective implementation of IHR.
The way forward

- **Long term Activities**
  - Introduction of Migration Health policy on progress.
  - Publication of all IHR related legislations and policies as a single document.
  - Develop Standard Operating Procedures (SOP) for coordination between IHR NFP and relevant sectors.
  - Develop a mechanism to share data on surveillance and the control of public health events of international concern with neighboring countries.
  - Incorporate possible IHR related hazards in to the National public health emergency response plan(s).
Thank You!