

Notification and other reporting requirements under the IHR (2005)

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New scope and notification requirements

The International Health Regulations (2005) (IHR (2005)) have radically changed the international notification requirements of States to WHO in the IHR (1969). As of 15 June 2007, which marks the entry into force of the IHR (2005), WHO Member States and non-member States Parties that have agreed to be bound by the new provisions (States Parties) will no longer be required to automatically notify cases of cholera, plague and yellow fever to WHO and the Organization will cease to publish any reported cases of these diseases in the Weekly Epidemiological Record. Notification is now based on the identification within a State Party's territory of an "event that may constitute a public health emergency of international concern" (PHEIC).¹ This non-disease specific definition of notifiable events expands the scope of the IHR (2005) to include any novel or evolving risk to international public health, taking into account the context in which the event occurs. Such notifiable events can extend beyond communicable diseases and arise from any origin or source. This broad notification requirement aims at detecting, early on, all public health events that could have serious and international consequences, and preventing or containing them at source through an adapted response before they spread across borders.

Assessment and notification of events according to decision instrument criteria

At the national level, States Parties are required to assess all reports of urgent events within their territories within 48 hours by applying a specific algorithm contained in Annex II of the IHR (2005); the decision instrument. This instrument provides States Parties with the parameters used to decide whether or not a specific event needs to be notified to WHO under the IHR (2005). When a State Party identifies an event as notifiable, it must be notified to WHO immediately, i.e., within 24 hours after having carried out the assessment of public health information related to the event. Such notification will include details of any health measure employed in response to the event as well as accurate and sufficiently detailed public health information available, including case definitions, laboratory results and number of cases and deaths.

The four decision criteria to be used by States Parties in their assessment of a public health event are: (1) the seriousness of the event's public health impact; (2) the unusual or unexpected nature of the event; (3) the risk of international disease spread; and (4) or the risk that travel or trade restrictions will be imposed by other countries. In essence, the events which must be assessed are those that may fulfil one or more of the four decision instrument criteria, and the events which must be notified are those that meet at least any two of the criteria therein.

¹ An event is defined as a manifestation of disease or an occurrence that creates a potential for disease; a PHEIC is defined in the Regulations as an extraordinary public health event which constitutes a public health risk to other States through the international spread of disease, and may require a coordinated international response.

Mandatory notification of four diseases and assessment of events involving diseases with the ability to cause serious public health impact and to spread internationally

While any urgent event can be assessed for notification, the decision instrument identifies two groups of diseases which raise particular concerns:

- Group 1: A single case of smallpox, poliomyelitis due to wild type poliovirus, human influenza caused by a new subtype and severe acute respiratory syndrome (SARS) must be immediately notified to WHO, irrespective of the context in which it occurs.
- Group 2: Events involving epidemic-prone diseases of special national or regional concern which "have demonstrated the ability to cause serious public health impact and to spread rapidly internationally" must always be assessed using the decision instrument but only notified when fulfilling the requirements of the algorithm.

Consultation

To determine an appropriate response for events not requiring formal notification, or where information is insufficient to complete the decision instrument at the time of initial assessment, the IHR (2005) also provide for a "consultation" process between a State Party and WHO. This consultation process provides States Parties with the opportunity to keep WHO informed and to have, similarly to notification, a confidential dialogue with WHO on further event assessment and any appropriate investigative or health response measures.

Other reporting requirements

In addition to notification and consultation, States Parties are required to inform WHO within 24 hours of receipt of evidence of public health risks occurring outside their territory that may cause international disease spread. The evidence may be manifest by imported or exported human cases, or the identification of infected or contaminated vectors or contaminated goods.

Channels of event communications and treatment of information obtained by WHO

Notification and other State Party reporting must be communicated by a National IHR Focal Point to the WHO IHR Contact Point via the most efficient means of communication available. WHO IHR Contact Points have been established in each of WHO's six Regions. The information obtained by WHO through the communications with National IHR Focal Points is treated as confidential by WHO, marking the starting point for a dialogue only between WHO and the concerned State Party.