**RRT Advanced Training Package**

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**A1.2b Case-scenarios from the Tutorial for Notification Assessment under the IHR (2005)**

**Participant guide**

For 5 scenarios contained in this tutorial, you are requested to assess whether each of these events must be notified to WHO under the IHR (2005). As a useful resource in undertaking this tutorial please use the [**WHO guidance for the use of Annex 2**](http://www.who.int/ihr/annex_2_guidance/en/index.html). Immediately after completion, which should take less than 15 minutes, you will be automatically provided with the **responses proposed by an expert panel** as well as explanations for these responses.

For **every** question, please choose **one** of the options provided.

Please bear in mind that the countries where the described events take place may be different from the country where you currently work. Where information about the fictitious country is provided you should evaluate the scenarios taking into account the specific context described for this fictitious country, and not based on conditions in your own country.

The aim of this tutorial is to provide you and other staff members of the NFP with an opportunity to practice using the Decision Instrument and benefit from the feedback from the expert panel.

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**■ Scenario 1**

You are informed by the National Regulatory Authority for Medicines and Healthcare that a pharmaceutical company is recalling all lots of an injectable drug due to potential fungal contamination during the manufacturing process.

It is likely that all batches of methylprednisolone acetate solution became contaminated with *Aspergillus fumigatus* due to a series of errors.

Approximately 12,200 vials from these lots were already distributed to local health care facilities, while about 3,500 vials were exported to a number of other countries. These lots of the injectable product are used to treat peripheral joint and back pain. *Aspergillus fumigatus* is known to cause disease in humans, including fungal meningitis and joint infections.

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| ► Now, **please use Annex 2** to assess this event and answer each of the 5 following questions, taking into account the context of the scenario. | **Yes** | **No** | **Don’t know** |
|  |  |  |
| 1. Is the public health impact of the event serious? |  |  |  |
| 2. Is the event unusual or unexpected? |  |  |  |
| 3. Is there a significant risk of international spread? |  |  |  |
| 4. Is there a significant risk of international travel or trade restrictions? |  |  |  |
| 5. Does this event need to be notified to WHO under Article 6 of the IHR (2005)? |  |  |  |

**■ Scenario 2**

During the last six months, 1800 cases of chikungunya virus infection have been reported from a sentinel network in your island country, including 224 cases during the previous week. Chikungunya is generally a self-limiting febrile viral disease that is transmitted to humans by infected mosquitoes, and deaths are only rarely encountered. It has been endemic in the country for 12 years.

While there had been a consistent decrease of chikungunya in the last three years, weather conditions facilitated the proliferation of the disease vectors and led to a moderate rise in the reported incidence. Neighbouring island countries are also experiencing a similar trend in the reported incidence.

Recent investigations showed that larval indices remained at high level in all areas monitored. The MoH is therefore sending a team to assess the existing vector control measures underway. Additional control activities are being put in place, including a public health education campaign to sensitize the population about protective measures, and the reinforcement of epidemiological and vector surveillance. The small country (population 1,360,000) is very dependent on international tourism.

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■ **Scenario 3**

You received a report from the National Influenza Centre regarding a case of human infection with swine-origin triple reassortant Influenza A(H3N2). According to the report, a 16-year-old male became ill with fever, headache, cough, rhinorrhea, sore throat, body aches and lethargy. The patient was seen by an outpatient care provider, where he tested positive for influenza A by rapid test. He did not require hospitalization and has since fully recovered. As part of a routine surveillance program, the clinical specimen was sent to the National Influenza Centre for further testing. The National Influenza Center determined yesterday that the virus was a novel swine-origin influenza A(H3N2)v virus. Humans are periodically infected with zoonotic influenza viruses from swine. Public health officials conducted an initial investigation which showed that the adolescent boy had exposure to pigs three days before illness onset. Illness among family members or close contacts was not reported.

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■ **Scenario 4**

Two hundred persons are reported to have been killed and a further 800 people have sought medical assistance following a chemical plant explosion.

The site of the disaster is at the edge of a town of 230,000 inhabitants located in a densely populated region. As a consequence of the accident, more than 150 tons of a mix of organic solvents, including toluene, benzene and xylene were released into a fast flowing major river.

The solvents can cause neurological effects as well as damage to the liver and kidneys, while benzene is a known human carcinogen. The river is used for recreational purposes (e.g. boating, swimming and fishing). It is also a main source of drinking water for a city in a neighboring country 20 km downstream from the site of the event.

Water extraction points downstream of the chemical release show benzene and xylene levels in the polluted water exceeding the national safety standards 20 times. Reliable meteorological forecasts are not available for the next days.

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■ **Scenario 5**

You received a report about four cases of cutaneous anthrax occurring in a remote rural area. Two cases were confirmed by isolation of *Bacillus anthracis* from skin lesions, the other two cases were identified by epidemiological link.

All cases have been in contact with cows that were dying with hemorrhagic signs. The onset of symptoms of the index case was ten days ago with the presence of ulcer in the right arm associated with oedema, heat, rush and fever.

All cases received treatment and are recovering. As of to date, no additional case was identified. Anthrax has not been identified in the country in the last ten years. A Disease Control and Research team is at the site to assess the situation. It is also planned to conduct an emergency vaccination campaign for cattle and an awareness campaign.

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