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**RRT Advanced Training Package**

**B5.1c RRA case-scenario – Participant guide**

**PART 1: Gathering Information on Undiagnosed illness Jojo Province, Country A, 1 Apr 2012**

**Background:**

An unidentified illness affecting people in 4 communes from the Mama District of Jojo Province remains under investigation in Country A. Cases have presented with symptoms ranging from stiffness in the limbs, ulcers on hands and feet to multi-organ failure.

Cases were first identified in late 2010. Mama District Hospital reported nearly 50 local residents presenting with similar symptoms between 19 April and 24 May 2011. Two cases were transferred to the Tegument Hospital in Sepple City and two other cases died (Source: TholspkNews). The total case number reported for 2011 was 150 (Source: Sepple Daily).

The Director of Mama District Medical Centre, reported that 62 cases, with 6 deaths, have been reported between 1 January and 1 April 2012 (Source: Sepple Daily).

**Action to date:**

An investigation has been initiated by the Ministry of Health.

* On 24 Nov 2011, an investigation was undertaken in Bees village of Mama district where there were 57 patients. Initial reports indicated high levels of copper in the blood and signs of liver damage.

**Initial diagnosis:** inflammation of hand and foot due to contact by suspected chemicals used in agriculture (based on symptoms, development of disease, results of investigation on environmental condition, living condition, nutrition status, and laboratory test, the national and international experts). However, exact diagnosis has not yet been confirmed, some samples were taken to further analysis.

**Instructions: complete the tables below with the corresponding information and indicate the source of information.**

**Table 1: Hazard Information**

|  |  |
| --- | --- |
| **Information for Hazard Assessment** | **Source of Information** |
| **What is Hazard?**  **Is it Laboratory confirmed?**  **What are the Characteristic?**   * Genetic/mutation capacity: * Predominant strain/antigen city: * Antibiotic Resistance: * Proliferation capacity: * Toxin/toxicity: * Dose effect:   **Clinical presentation and Progression of illness of current and potential cases**   * Incubation period: * Period of communicability: * Serial interval: * Signs and Symptoms: * Reported Case Fatality Rate: * Potential clinical outcomes associated with the hazard: |  |

**Table 2: Exposure information**

|  |  |
| --- | --- |
| **Potential Information for Exposure Assessment** | **Source of Information** |
| **General Information**   * Potential Population exposed (# of age and sex distribution): * Data about cases already known (# of age and sex, Epi Curve)   **Human to Human transition**   * Potential transmission mode: * Estimate of the potential for transmission to susceptible people: * Who present as a case:   **Path way for Human exposure**   * Water source for community: * Environmental flow pattern:   **Live Vector**   * Type of vector present:   **Exposure information relevant to geographical**   * Case report information from surrounding area /country: * Location of potential source: * Travel and trade information of the spread: * Local control measures that would contain the hazard to its current location:   **Susceptibility to exposure**   * Vaccination level for community: * Prior disease circulation producing natural immunity: * High co-morbidity level in exposed population: * Nutritional status of the community: |  |

**Table 3: Vulnerability information:**

|  |  |  |
| --- | --- | --- |
| **Vulnerability information for RA** | **Source of Information** | |
| **Managing the hazard:**  **Surveillance system**   * Reporting site in affected areas: * How suspected cases are identified:   **Health Care infrastructure**   * Number of health care facilities in affected areas: * Laboratory capacity for chemical testing: * Health Care seeking behaviour in affected areas: * Environment: * Social: * Economical: * Political: | |  |

**PART 2: Report on Rapid Risk Assessment of undiagnosed Illness in Jojo Province, Country A, 1 April 2012**

**Background:**

An unidentified illness affecting people in 4 villages from the Mama District of Jojo Province remains under investigation in Country A. Cases have presented with symptoms ranging from stiffness in the limbs, ulcers on hands and feet to multi-organ failure.

Media reports that cases were first identified in late 2010. Mama District Hospital reported nearly 50 local residents presenting with similar symptoms between 19 April and 24 May 2011. Two cases were transferred to the Tegument Hospital in Sepple City and two other cases died (Source: TholspkNews). The total case number reported for 2011 was 150 (Source: Sepple Daily). 62 cases, with 6 deaths, CFR 10% (6/62), have been reported between 1 January and 1 April 2012. Age ranging from 4 to 72 years (Source: Sepple Daily). Personal communication sources indicate that the event has occurred in 3 waves (April-May 2011, August to October 2011, November 2011-April 2012) with the least number of cases presenting in the middle 'wave'.

Investigation teams have been sent to field:

* On 24 February 2011, an investigation was undertaken in Bees village of Mama district where there were 57 patients. Initial reports indicated high levels of copper in the blood and signs of liver damage.

Action in place by Country A authorities:

* Supportive therapy has been provided to affected people
* Advice of washing hand and feet after field work has been provided to assist with indirect contact with herbicide and other chemical
* Selective testing from 300 households has been done with sampling of blood, skin and hair taken for analysis
* Information on progress is being formulated for media

**Instruction: complete the text below with the missing information:**

1. **Question related to risk:**
2. **Evidence used to assess the level of risk:**
   * Exposure:
   * Transmission:
   * Disease severity:
   * Capacity and control measures:
3. **Risk declaration**

According to the analysis of the evidences, probability and potential consequences of the questions related to risk, the level of risk is...



1. **Level of action**
2. **Recommended further action beyond that already in place:**
3. …
4. …
5. …
6. …
7. **Perception issues**

Further to the level of risk from the technical risk assessment, issues that need addressing include:

1. …
2. …
3. …
4. …
5. **Assessment limitations:**
6. …
7. …
8. …
9. …

**Risk assessment team:**

|  |
| --- |
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