

The international health regulations - not just communicable diseases: an opportunity for poison centres. Joanna Tempowski, *World Health Organization, Geneva, Switzerland.*

Objective: To describe the revised International Health Regulations (2005) and the possible role that poison centres can play in their implementation. **Method:** The International Health Regulations (IHR) (2005)¹ came into force in June 2007. They are a legally binding set of regulations for WHO and its Member States that aim to protect against the international spread of disease, while avoiding unnecessary interference with international traffic and trade. The revised regulations have undergone a fundamental change from the obligation for disease-specific notification by Member States in the 1969 Regulations to one for notification of all "public health emergencies of international concern". While communicable diseases still remain the main focus, the IHR (2005) now also apply to certain events and outbreaks related to chemicals and radiological agents. A decision instrument has been developed to assist Member States in deciding whether notification is necessary. This asks four questions: 1) Is the public health impact of the event serious; 2) Is the event unexpected or unusual; 3) Is there a significant risk of international spread; and 4) Is there a significant risk of international travel or trade restrictions? An affirmative answer to two or more of these questions indicates the possibility of a public health emergency of international concern that should be notified to WHO by the Member State concerned. Notification initiates a dialogue between the Member State (through the IHR National Focal Point) and WHO that culminates in a decision about whether action is needed to limit the threat to human health, including the possible recommendation of travel or trade restrictions. An additional provision under the IHR (2005) is that WHO may collect intelligence from unofficial sources, such as media reports, and request verification of a reported event from the Member State concerned. **Results:** Under the IHR (2005), Member States are required to develop the necessary capacities to detect, assess, notify and respond to public health emergencies of international concern. These capacities are laid out in Annex 1 of the Regulations. Member States have two years to assess their national capacities and to draw up a national plan. They then have another three years (till 2012) to implement the plan, with the possibility of two further extensions, in agreement with WHO, until 2016. While very few chemical events will be likely to constitute public health emergencies of international concern requiring the full application of IHR control measures, there are a greater number of events that require notification, verification and assessment. A recent example of a relevant chemical event, though it predated the coming into force of the Regulations, was the event in Panama involving diethylene glycol in liquid medicines. Thus countries must have the means for the detection, assessment and management of chemical events and outbreaks, as well as those caused by pathogens, and this is where poison centres can play their part. There are many instances where poison centres have demonstrated their utility in the early detection of chemical-related outbreaks, moreover, poison centres have the expertise to advise on the risk assessment and management of chemical releases and chemical-related outbreaks. In recognition of this some countries have already integrated poison centres into their public health surveillance and response systems². WHO is now starting work with Member States to help them assess their core capacities for IHR implementation, and poison centres are identified as sources of surveillance information. **Conclusions:** The IHR (2005) provide an opportunity for poison centres to be recognized as an important component of

an integrated public health system. Poisons centres should be proactive in highlighting to their public health authorities the contribution that they can make to national implementation of the IHR (2005). **References:** 1. Resolution WHA58.3. Revision of the International Health Regulations. In: Fifty-eighth World Health Assembly. Geneva: World Health Organization, 2005. http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_3-en.pdf 2. Wolkin AF, Patel M, Watson W et al. Early detection of illness associated with poisonings of public health significance. *Ann Emerg Med* 2006; 47:170-176.