

Wednesday 26th August 2009

## The Second Day: Disease surveillance arrangements

The second day of the 2009 BWC Meeting of Experts (MX) started on Tuesday morning with Ambassador Marius Grinius of Canada in the Chair. The working sessions followed two themes during the day – disease surveillance on national and international levels. It is worth noting that in the day-to-day work of the Meeting, the term ‘disease surveillance’ has been used as a shorthand way of referring to the full description in this year’s topic which reads: ‘disease surveillance, detection, diagnosis, and containment of infectious diseases’. A third theme, which had been orally agreed at the opening of the Meeting on Monday to be added to the draft Programme of Work for Tuesday – ‘Opportunities for international cooperation’ – was deferred through lack of time to Wednesday.

Where copies of statements or presentations have been provided by those who delivered them, the BWC Implementation Support Unit (ISU) will place these on its website <<http://www.unog.ch/bwc>> in due course.

### National arrangements

The morning’s working session started on the theme of ‘National disease surveillance arrangements’. Presentations were made in the following order: Bulgaria, India, Senegal, Chile, China, the United States, Pakistan, Italy, Algeria, Kenya, Australia, Russia, Nigeria, France and the UK. Some of these presentations related to specific Working Papers submitted by States Parties.

Many of the presentations had common threads, such as organizational architecture of surveillance arrangements, the defining of groups of diseases to deal with in a similar manner and the benefits that can exist through integration of surveillance of infectious diseases (or analogous outbreaks caused by releases of toxins) in humans, animals and plants. However, some States Parties indicated such integration needed further efforts [integration will have a themed session of its own later in the week]. A number of Some States Parties illustrated how their disease surveillance arrangements have handled the influenza A (H1N1) pandemic.

The presentations, taken as a whole, indicated that the nature of any particular national surveillance arrangement depends significantly on the context, including which diseases exist naturally in the local environment, and which diseases are considered to have the greatest potential impact. Early identification of a disease is critical in being able to limit any spread. A well defined disease arrangement will also consider what treatment and containment capabilities exist. Resource allocation issues play a considerable role in defining the scope of national disease surveillance arrangements. [In a corridor discussion, one delegate described this limitation of scope in blunt terms – minimal resources to allocate to the task means no coordinated surveillance arrangements in that country.] Some States Parties noted particular challenges they face where external assistance would lead to significant enhancements in national arrangements.

It was noted that a surveillance system can be undermined if there is no surveillance system (or an incompatible system) in a neighbouring jurisdiction. For example, Chile indicated that there was a recognition in its region that the disease surveillance arrangements should be made through UNASUR – the Union of South American Nations – to avoid such an situation. This has also led to common use of terminology and disease classifications in the region.

The United States illustrated possible uses of satellite data that can indicate climate conditions that might be conducive to the spread of diseases. Italy provided a case study of anthrax in that country. Australia highlighted that their delegation had a reduced attendance of experts as they had important roles to fulfil at home owing to the influenza A (H1N1) pandemic. Anecdotal evidence around the conference room suggests that a number of other delegations have been affected in a similar way – especially in relation to their public health experts and virologists. France described its system for disease surveillance in deployed military forces. The UK focused on disease reporting under the BWC system of Confidence-Building Measures (CBMs).

### **International arrangements**

The second theme of Tuesday's working sessions was 'International disease surveillance arrangements'. Three presentations were delivered by the World Health Organization: 'Biological Weapons Convention Supporting Health: Reducing Biological Risk by Building Capacity in Health Security' which focused on the International Health Regulations (IHR); 'From global to local - WHO Global Alert and Response Mechanisms'; and the 'Laboratory Twinning Initiative' which aims to promote laboratory capacity building under the IHR. A two-part presentation was delivered by the World Organisation for Animal Health (OIE) on 'Good Governance for Early Detection and Rapid Response' and 'Laboratory Twinning'. The Food and Agriculture Organization concluded this theme with a presentation on 'International disease surveillance arrangements: plant health'.

### **Side events**

There were two side events on Tuesday. The first, held in the morning before the formal sessions (with breakfast included) was the official launch of the EU's Joint Action in support of the World Health Organization – the second Joint Action launch of the MX. The Joint Action (officially referred to as 2008/307/CFSP) consists of two projects: 'Promotion of bio-risk reduction management through regional and national outreach'; and 'Strengthening the security and laboratory management practices against biological risks (a demonstration model for countries)'. Presentations were given by Dr Andreas Strub, (EU Council General Secretariat); Dr May Chu (WHO); and Ambassador Marius Grinius (Canada). The launch was chaired by Ambassador Magnus Hellgren (Sweden). Delegates from countries wishing to be considered for involvement in the Joint Action projects were encouraged from the platform to approach the WHO or the EU.

The second side event was a seminar held at lunchtime. Tim Trevan of the International Council for the Life Sciences (ICLS) <<http://www.iclscharter.org>> spoke on 'Confronting Biosafety and Biosecurity Challenges Nationally and Regionally' and Brooke Courtney of the Center for Biosecurity of the University of Pittsburgh Medical Center (UPMC) <<http://www.upmc-biosecurity.org>> spoke on public health preparedness issues in the USA.

*This is the third report from the Meeting of Experts for the Biological and Toxin Weapons Convention which is being held from 24 to 28 August 2009 in Geneva. The reports are designed to help people who are not in Geneva to follow the proceedings.*

*The reports are prepared by Richard Guthrie on behalf of the BioWeapons Prevention Project (BWPP) in co-operation with the Verification Research, Training and Information Centre (VERTIC). Copies are available via <<http://www.bwpp.org/reports.html>>.*

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