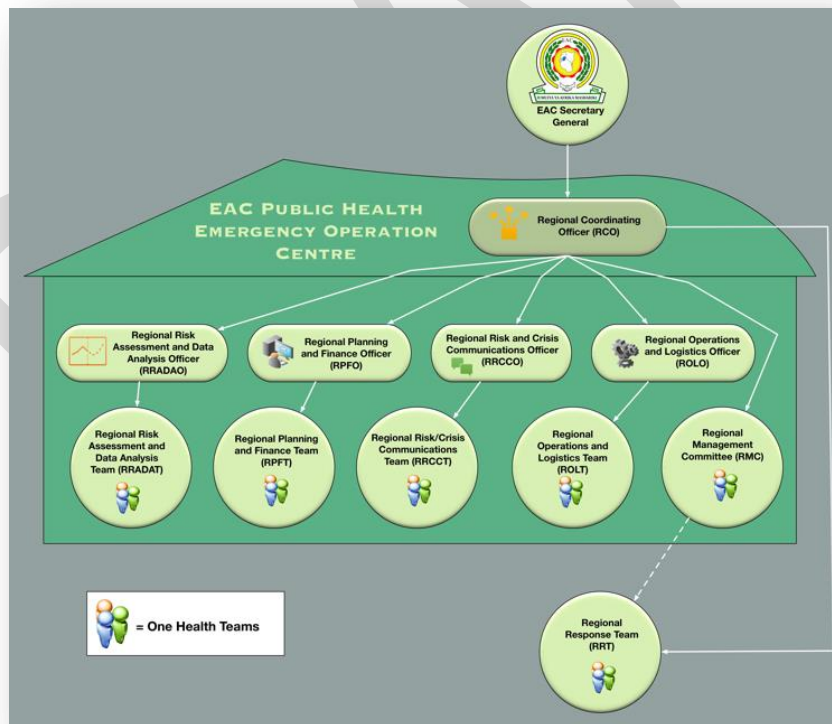**Annex 4:**

EAST AFRICAN COMMUNITY

Standard Operating Procedure

Reporting Emergencies and Activating EAC Regional Emergency Response

One Region - One Vision - One Health

	EAST AFRICAN COMMUNITY	**EAC/HEALTH/OH/...**	
		Depart:	**Section**
	DEPARTMENT OF HEALTH	**Issue**	
		Revision	

Version	1. (as of 30.09.2018)
Ratified	TBD
Authors	Christian Janke, MD MPH, DTM et al.
Responsible Committees	EAC Technical Working Group on Communicable and Non-Communicable Diseases
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Impact Assessment Date	TBD (Evaluation)

Version History	**Reviewing Committee**	**Date**
1.0	EAC experts working group on SOPs aimed at implementing the regional contingency plan	30.09.2018

This SOP is a joint venture of an EAC expert group that met first in July 2018 in Arusha, Tanzania:

'A systems approach begins when first you see the world through the eyes of another.'

<div align="right">C. West Churchman (1968)</div>

Background:

This SOP was developed within the scope of the implementation of the EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and Other Events of Public Health Concern.

Purpose of the SOP:

The purpose of this SOP is to describe processes, triggers and necessary steps for reporting outbreak emergencies and activating adequate response operations.

The **Scope of this SOP** is to**:**
- define epidemiological thresholds, timeframes and institutions relevant for the notification of epidemic-prone diseases according to both the International Health Regulations (IHR 2005) and EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and Other Events of Public Health Concern.
- define the Activation Cascade of the EAC Outbreak Emergency Response,
- enable the EAC One Health Clearance process for all informational and operational steps involved.

Target audience:

This document is relevant for professionals of all EAC levels involved in the EAC Outbreak Early Warning and Emergency Response Processes.

Figure 1 at the front page: *The activation of the EAC Public Health Emergency Operation Centre during a complex outbreak emergency in the EAC region.*

Table of Contents

List of Abbreviations

EAC	East African Community
EAIDSNet	East African Integrated Disease Surveillance Network
ECSA-HC	East, Central and Southern Africa Health Community
FAO	Food and Agriculture Organisation of the United Nation
GIS	Geographic Information System
ICT	Information and Communication Technology
NFP	National Focal Point (here NFP for the Implementation of the Contingency Plan)
OIE	World Organisation for Animal Health
PHEOC	Public Health Emergency Operation Centre
RCO	Regional Coordinating Officer
RMC	Regional Managing Committee
ROLO	Regional Operations and Logistics Officer
ROLT	Regional Operations and Logistics Team
RPFO	Regional Planning and Finance Officer
RPFT	Regional Planning and Finance Team
RRADAO	Regional Risk Assessment and Data Analysis Officer
RRADAT	Regional Risk Assessment and Data Analysis Team
RRCCO	Regional Risk and Crisis Communications Officer
RRCCT	Regional Risk/Crisis Communications Team
RRT	Regional Response Team
SOP	Standard Operating Procedure
WHO	World Health Organisation
XDR-TB	Extensively Drug-resistant Tuberculosis

Introduction

Not many of the big supra-national outbreak management tasks can be handled in such a standardized way that the implementation of a Standard Operating Procedure makes real sense. Every trans-border outbreak emergency is different and, per definition, complex. Beyond the many very useful field-level technical and safety procedures, it is adaptability, learning and 'reflection in action' that are at least as important for a successful outbreak response as their antithesis: A strict compliance with sequences of rules and instructions which in turn are based on best practices and so-called lessons learned derived, in the best case, from the last incident.

The two twin topics of this Standard Operating Procedure – reporting emergencies and activating adequate response - are exceptions from that rule.

They are both extremely critical steps in the overall outbreak management efforts and, indeed, comprehensively describable by standards. Recently, there is an emphasis on near-real time and syndromic surveillance technologies that aim at an ever earlier detection of outbreak events even in remote communities and before a clinical or laboratory diagnosis is made. However, there is plenty of evidence from past emergencies that even freely available outbreak information is either not reported to the competent authorities or never find its way there through the bureaucracies to the one office responsible for its assessment. And if the report happens to arrive in time at the right place, the next challenge is the highly complex and often highly political translation of information in effective response actions.

Consequently, reporting and activating processes profit from standardized procedures that clarify the location of relevant expertise and ultimate responsibility. This SOP does neither guarantee meaningful reports nor wise decisions; however, it aims to be a guarantor of unambiguous, reproducible and accountable reporting and decision-making processes.

These procedures are not sacrosanct. They can and should be questioned, complemented and amended. They must continuously be adapted to the ongoing institutional development of emergency management structures in the East African Community. In this context, however, it is extremely important that all parties involved are always on the same page.

This Standard Operating Procedure is deliberately brief, concise and widely diagrammatic. It can and should be an easily accessible guide for frontline staff and a continuous point of reference for critical decision-making under epidemiological and political uncertainty.

It is supposed to be an executable document!

I. The Overall Picture – A graphical guide through this SOP

Reporting Outbreak Incidents in the EAC Region and Activating the EAC Response Mechanisms
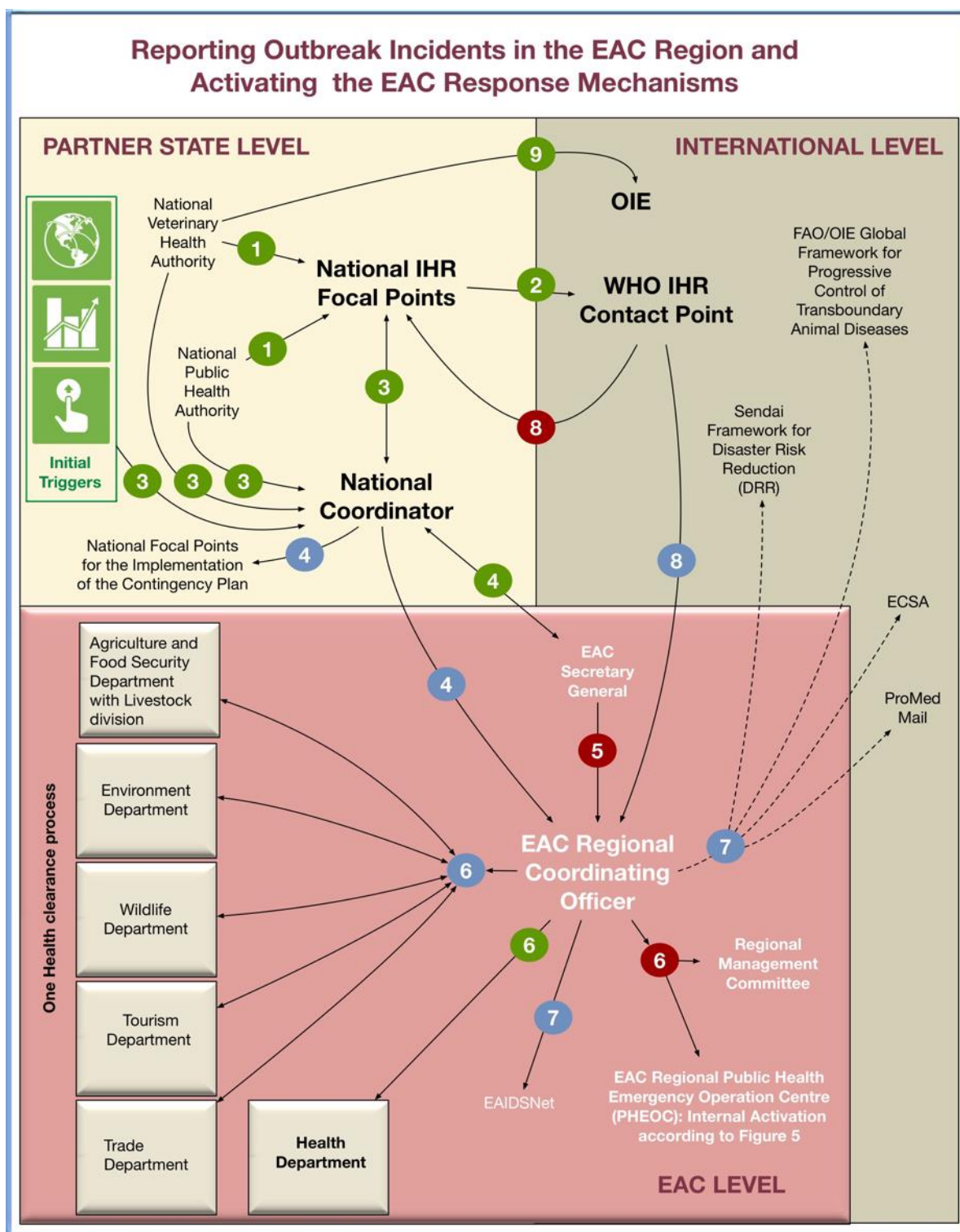
Figure 2: *The Overall Picture of the Reporting and Activating Continuum. The arrows marked with green bullets represent notification steps, whereas red bullets and blue bullets stand for activation and information steps respectively. Dotted lines indicate facultative information steps. For a detailed discussion of the numbered steps see sections III. and IV. of this SOP*

The reporting and notification sequence shown in figure 2 is the backbone of the entire Outbreak Early Warning and Response Mechanism might it be under national, EAC or WHO

jurisdiction. In the following table, the notification and information steps are described in detail. The numbering used here corresponds with the numbers in the blue and green bullets in figure 2. The Activation Processes (red bullets in fig. 2) are specified in Section III of this SOP.

Green Point #1	The National IHR Focal Points receive reports from the Competent Authorities about an outbreak event. National regulations determine if the assessment whether the event is to be notified according to Article 6 of the IHR (2005) is done either at sender or receiver level of this reporting step. Each State Party shall assess events occurring within its territory by using the scheme in figure 4 or, alternatively, the official WHO decision instrument in Annex B.
Green Point #2	The Notification of the WHO IHR Contact Point at the WHO Regional Office for Africa shall be done by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information.
Green Points #3	An incident that is notifiable according to Article 6 of the IHR is automatically notifiable to the EAC according to its Contingency Plan. The National IHR Focal Point therefore transmits such notifications to the National Coordinator. The three other Green Points 3 in fig. 2 indicate that the National Coordinator might get reports about EAC notifiable incidents also from other sources.
Green Point #4	The EAC notification shall be transmitted via the National Coordinator (to be defined at national level!) of the affected Partner State to the EAC Secretary General within 24 hours after one of the trigger events was identified.
Blue Point #4	These mere informative steps ensure that the National Focal Point for the Implementation of the Contingency Plan and the RCO are simultaneously informed about EAC notifications.
Green Point #6	After activation through the EAC Secretary General (Red Point 5 in fig. 2), the RCO reports continuously to the EAC Health Department about the activation of the Regional Outbreak Response Mechanism and the measures taken or suggested by the different teams of the Crisis Management Structure.
Blue Point #6	All these RCO reports are shared and coordinated with the EAC departments defined by the EAC One Health Clearance Process according to the CP[1].
Blue Points #7	Although important stakeholders are not explicitly part of the reporting chain, they should nevertheless be informed about the activation in near real-time. EAIDSNet and ECSA stand exemplarily for an abundance of possible partners that should be informed dependent on the situation at hand.
Green Point #9	This step represents direct reporting from Veterinary Health Authorities to the OIE according to its list of notifiable terrestrial and aquatic animal diseases.

The overall picture in figure 2 consists of five different categories that can be used as a guide through this SOP and a reference for answering the five SOP Tasks:

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[1] The East African Community Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions, and other Events of Public Health Concern (2018 – 2023)

1. <u>Entities or institutions</u> at different levels (Partner States, EAC, international level) that regulate or channel the EAC emergency reporting and activation processes. These entities must be perceived with some caution since functions may change or merge. As far as functions, terms of reference and composition of the One Health response teams are concerned, reference is made to the annexes of the CP[2]. The broad term 'institutions' covers not only organisations but also legal frameworks like the IHR (2005).

   SOP Task #1: Reconsider the institutions (organisations and frameworks) involved in reporting public health emergencies and those responsible for the response activation sequence identified in figure 2. **What or who is missing?**

2. <u>Trigger events</u> that are determined by local or international frameworks, namely by the International Health Regulations (IHR) and the EAC list of animal and human priority diseases as defined by the EAC Technical Working Group on Communicable and Non-Communicable Diseases. A mere representation of these trigger events is shown in the left upper corner of figure 2. However, they are thoroughly defined in the next section under II. and in figure 3 and 4.

   SOP Task #2: Decide if the current incident fulfils the criteria to trigger a notification or reporting process. Take figure 3 and 4 as points of reference.

3. <u>Emergency reporting processes</u> represented in figure 2 by the arrows marked with green bullets. Obviously, they take three main directions, i.e. to the WHO IHR Contact Point within the WHO Regional Office for Africa and to the EAC Secretary General and – in the case of notifiable animal diseases – to the OIE.

   SOP Task #3: Make sure that all reporting steps up to your level are taken. Is the information transmitted complete? Is it at sufficient for a decision-making under uncertainty? If not, check back with the sender or initiate a formal inquiry.

4. <u>Activation of emergency response</u> represented in figure 2 by the arrows marked with red bullets

   SOP Task #4: This is the most difficult one. The decision has to be made! No regrets, an activation that turns out to be unnecessary is still a perfect exercise for the operational readiness of the EAC Emergency Response Structures.

5. <u>Information processes</u> represented in fig. 2 by arrows marked with green bullets.

   SOP Task #5: Reconsider the stakeholders of the emerging outbreak situation. **Who else should be informed?** Mind the EAC One Health Clearance Process specified in the CP[2]. Check the SOP that covers the Risk and Crisis Communication for a coordinated public message.

II.   Initial Triggers for Reporting and Activating Response

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[2] The East African Community Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions, and other Events of Public Health Concern (2018 – 2023)

Three Roots with Six Conditions to Initiate the Reporting and Activating Process

A. The IHR Track

A1 All events which may constitute a public health emergency of international concern within a State Party's territory in accordance with Article 6 of the IHR.

A2 Any information of or consultation with the WHO IHR Contact Point concerning an epidemic prone condition that might affect other EAC Partner States.

B. The Priority Disease List Track

B1 Any infectious human case suffering from conditions specified in the EAC list of priority, epidemic prone diseases or XDR-Tb (see Annex A) if there is evidence of an epidemiological link to another EAC Partner State.

B2 Any increase in the number of infectious human cases suffering from conditions specified at the EAC list of priority epidemic prone diseases reaching or exceeding the disease-specific thresholds.

B3 Any outbreak of an animal disease declared as an EAC Priority Animal Disease (see Annex A) if there is an imminent risk of cross-border spread or an epidemiological link to an EAC Partner State.

C. The Safeguard Track

C1 Anything apart from the incidents specified above that is considered relevant by the National Coordinator of the affected Partner State after consultation with the Competent Authorities.
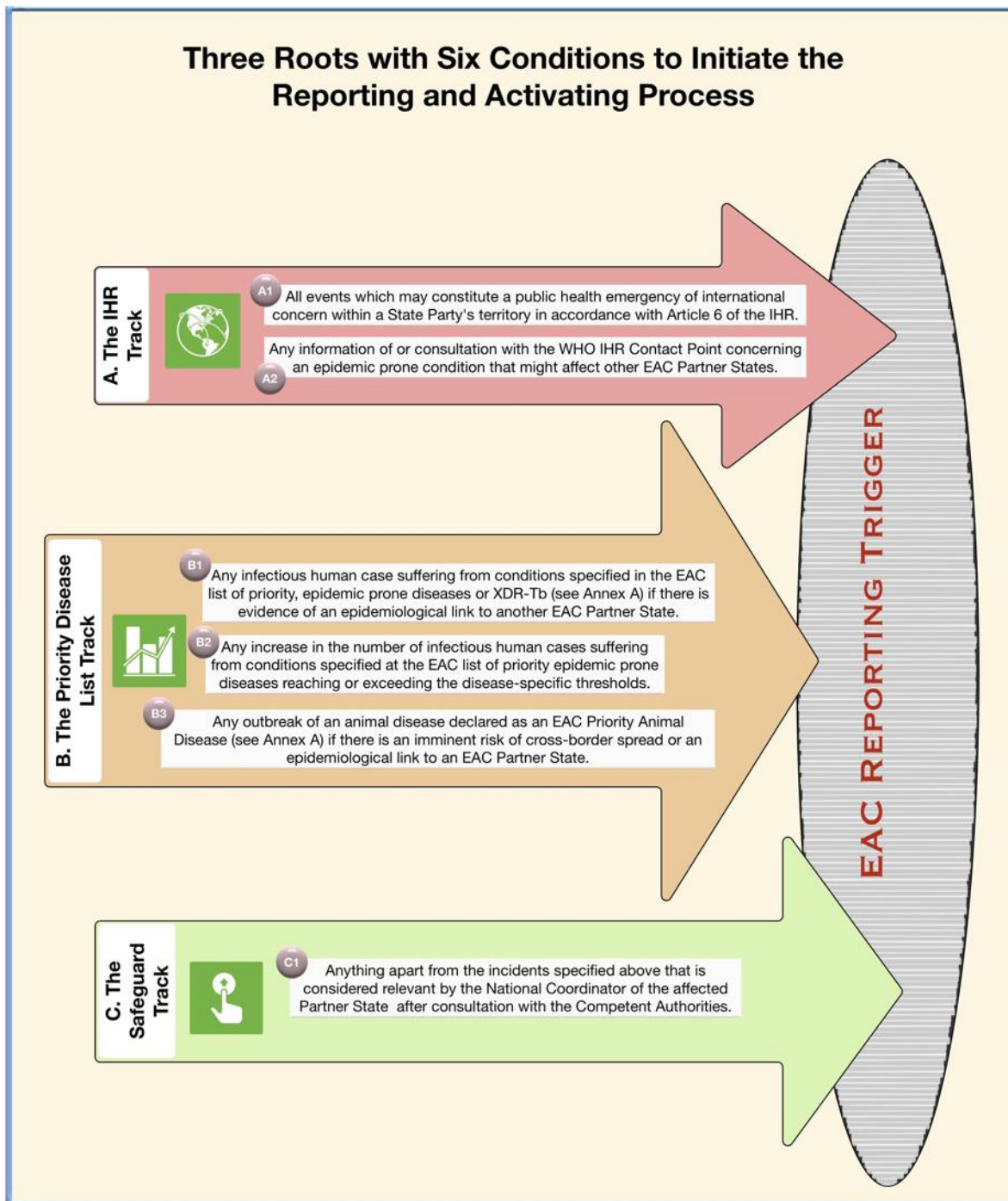
EAC REPORTING TRIGGER

Figure 3: Triggers for the EAC Notification Process: Three tracks (A, B, C) with six trigger (A1, A2, B1, B2, B3, C1)

II. 1. Thresholds for the EAC Notification Process

1.	Any condition that is notifiable according to Article 6 of the International Health Regulations (IHR, 2005) specified in figure 4.
2.	Any information of or consultation with the WHO IHR Contact Point (according to the IHR, Article 7 and 8) concerning an epidemic prone condition that might affect other EAC Partner States.
3.	Any infectious human case suffering from epidemic prone infections specified at the EAC list of priority diseases (plus XDR-Tb)[3] if there is evidence of a formerly unknown or uncommon epidemiological link to one or more of the other EAC Partner States. These epidemic prone diseases are specified in Annex A.
4.	Any increase in the number of infectious human cases (suspected or confirmed) suffering from epidemic prone infections specified at the EAC list of priority diseases (see point 3.) reaching or exceeding the disease-specific thresholds as follows: • Ebola, Marburg, Lassa, Crimean Congo — • 1 case • All other epidemic prone diseases from the list of priority diseases (Annex A) — • A local cluster fulfilling the national outbreak criteria or • A national or localized weekly incidence exceeding the upper threshold of two standard deviations from the seasonal mean.
5.	Any animal disease outbreak (according to national thresholds) of one of the EAC Priority Animal Diseases according to Annex A if there is an imminent risk of cross-border spread or a formerly unknown, i.e. uncommon epidemiological link to one or more of the EAC Partner States.
6.	Anything apart from the incidents specified above that is considered relevant by the **National Coordinator** of the affected Partner State after consultation with the **Competent Authorities**.

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[3] See Annex A

II.2. Triggers for the IHR (2005) Notification with its Links to the EAC Level

Small pox
SARS
Any event involving one or more cases of

Human Influenza caused by a new subtype
Poliomyelitis due to wildtype poliovirus

Always notify!

EAC
JUMUIYA YA AFRIKA MASHARIKI

IHR

Mind that there are additional trigger events defined for EAC notification which are specified in II.1!

Is the public health impact of the event serious? (yes/no)

Is the event unusual or unexpected? (yes/no)

Is there any significant risk of international spread? (yes/no)

Is there any significant risk of international travel or trade restrictions? (yes/no)

Notify if two or more of the four questions above are to be answered affirmatively!

Any event of potential international public health concern, including those of unknown causes or sources

Cholera, Plague, Yellow fever, Viral haemorrhagic fevers (Ebola, Lassa, Marburg, Crimean Congo), West Nile fever, Dengue haemorrhagic fever, Rift Valley fever, Bacillary dysentery, Typhoid fever, Hepatitis E, Measles, Epidemic typhus and Meningococcal meningitis.
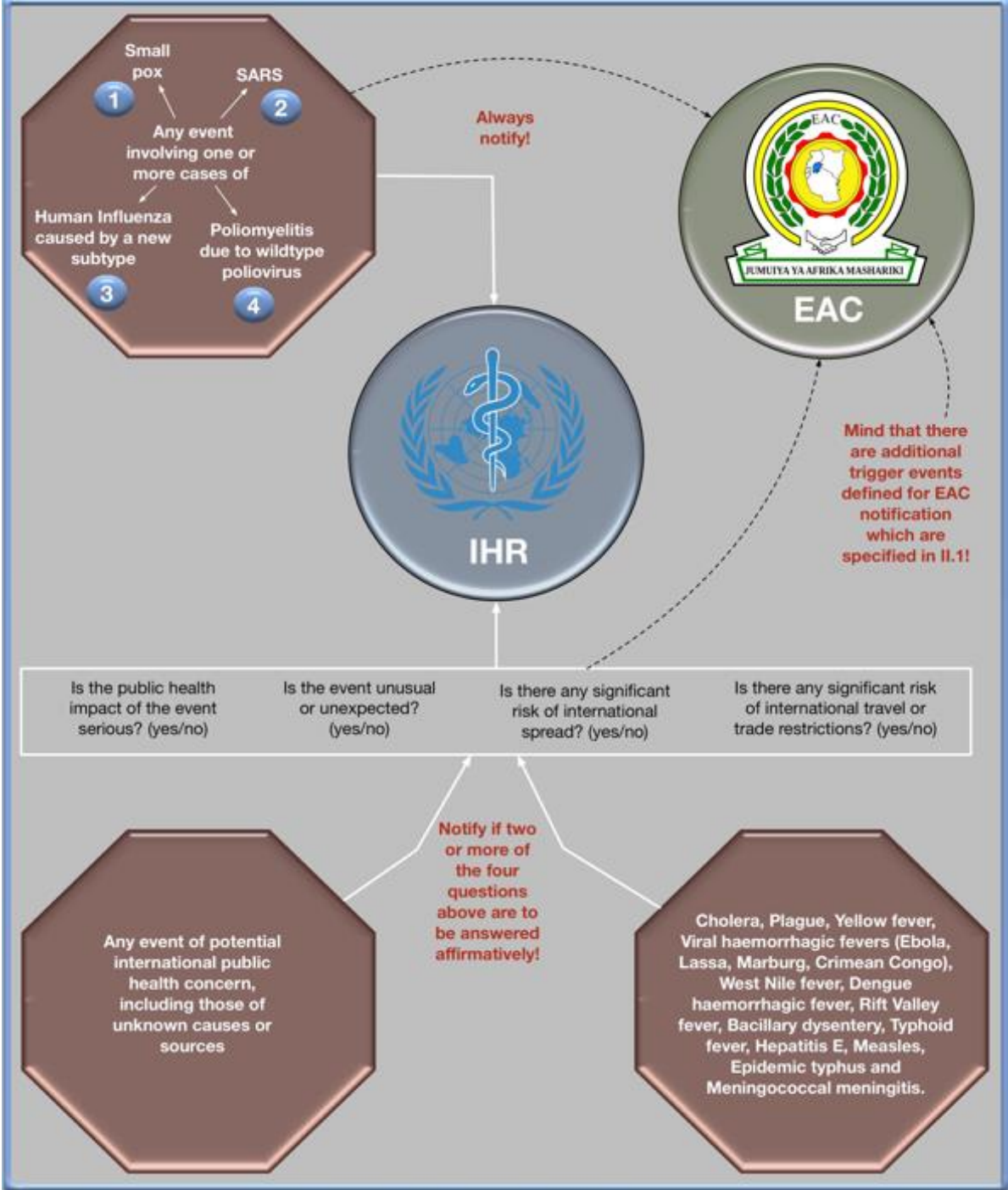
Figure 4: The Notification Triggers according to the IHR (2005)

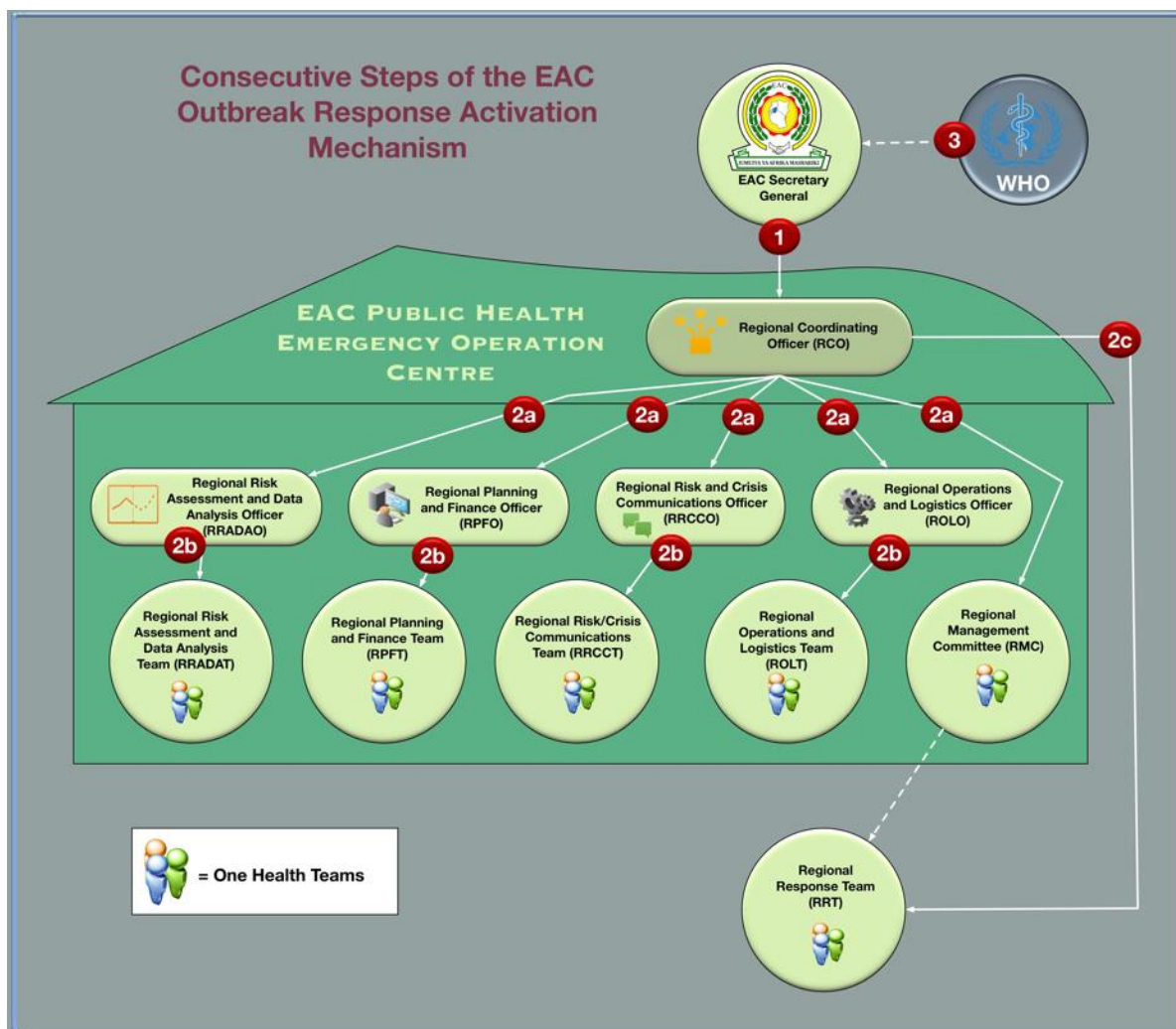# III. The EAC Outbreak Response Activation Process (ORAM)

Figure 5: The EAC Outbreak Response Activation Mechanism with activation of multi-disciplinary One Health teams

The **EAC Outbreak Response Activation Mechanism (ORAM)** will be represented in this SOP by six steps, ORAM 1, 2a, 2b,2c and 3 respectively. This numbering corresponds with the naming of the red bullets in image 2 and 5.

ORAM Step 1	The EAC Secretary General formally activates the response process by issuing an Initial Directive to the Regional Coordinating Officer (RCO) to convene the Regional Management Committee and gives additional instructions if necessary. The activation shall be done immediately after the notification of the EAC Secretary General through the National Coordinator of the affected Partner State without prior technical assessment of the incident. If the RCO function is not explicitly assigned or the RCO is not available, the acting Principal Officer of the EAC Health Department takes over all RCO duties.
ORAM Step 2	The technical activation of the EAC Regional Outbreak Response shall take

place in three consecutive steps:

	Step 2a	The RCO activates the Public Health Emergency Operation Center (PHEOC) to full technical and operational capability. The four other EAC Contingency Plan Officers (see figure 5) shall be alerted: ■ the Regional Risk Assessment and Data Analysis Officer (RRADAO), ■ the Regional Risk and Crisis Communications Officer (RRCCO), ■ the Regional Operations and Logistics Officer (ROLO), ■ the Regional Planning and Finance Officer (RPFO), If one or more are unavailable, Stand-in Officers are suggested by the RCO and named by the respective Heads of Department. All officers and technical staff shall convene not later than 12 hours after the Initial Directive issued by the EAC Secretary General. Simultaneously, the RCO activates the Regional Managing Committee (RMC). The RMC shall assess and confirm an event grading. This grading shall be guided by the SOP for Coordination of Regional Preparedness & Response to outbreaks of infectious diseases of Public Health concern in East Africa as outlined in Annex C.
	Step 2b	The following other specified teams within the crisis management structure are activated by the corresponding Contingency Plan Officer as shown in figure 5: ■ the Regional Risk/Crisis Communications Team (RRCCT), ■ the Regional Operations and Logistics Team (ROLT), ■ the Regional Planning and Finance Team (RPFT) and ■ the Regional Risk Assessment and Data Analysis Team (RRADAT) The teams shall first convene not later than 24 hours after their activation.
	Step 2c	The Regional Response Team (RRT) shall be arranged and activated by the RCO after thorough coordination with the affected country National Public or Veterinary Health Response Teams (NaRT) and deliberations by the RMC to set the necessary fit-for-purpose ToR for the RRT based on the Public Health Emergency Needs Grading (see Annex C). Afterwards, the RRT shall first convene not later than 24 hours.
ORAM Step 3		The WHO Secretary General declares the outbreak in one or more EAC Partner States a Public Health Emergency of International Concern. In principle, this step is not part of the internal EAC Outbreak Response Activation Process; however, it will significantly affect the EAC outbreak response operations as well as other areas. In the EAC Public Health Emergency Event Needs Grading, such an outbreak shall automatically become a Grade-3 event. Further, the EAC One Health Approach shall be flanked by a Health in All Policy Approach with thorough political level reconsiderations and, if appropriate, a restructuring of the EAC Outbreak Response Structures.

Annexes

Annex A – EAC Priority Diseases[4]

East Africa Community Priority human diseases, conditions and events		
Epidemic prone diseases	**Diseases targeted for eradication or elimination**	**Other major diseases, events or conditions of public health importance**
1. Acute haemorrhagic fever syndrome* 2. Cholera 3. Bacillary dysentery 4. Measles 5. Meningococcal meningitis 6. Plague 7. Typhoid fever 8. Yellow fever 9. Hepatitis E 10. Epidemic typhus *Ebola, Marburg, Rift Valley, Lassa, Crimean Congo, West Nile Fever, Dengue haemorrhagic fever	1. Dracunculiasis 2. Neonatal tetanus 3. (AFP) Poliomyelitis[1] 4. Trypanosomiasis 5. Oncocerciasis 6. Trachoma[1]	1. **Diarrhoea** in <5 years 2. **HIV/AIDS** (new cases) 3. **STIs** 4. **Malaria** 5. **Rabies** (animal bites) 6. **Pneumonia** <5 years 7. **A Tuberculosis** b. MDR/XDR-TB 8. Selected NCDs
	Diseases or events of international concern	
	1. Human influenza due to a new subtype[1] 2. SARS[1] 3. Smallpox[1] 4. Any public health event of international or national concern (infectious, zoonotic, food borne, chemical, radio nuclear, or due to unknown condition [1]Disease specified by IHR (2005) for immediate notification	

East Africa Community trans-boundary priority animal diseases:

- Highly pathogenic Avian Influenza
- Rift valley fever
- Trypanosomiasis
- Rabies
- African Swine Fever (ASF)
- Anthrax

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[4] defined by the EAC Technical Working Group on Communicable and Non-Communicable Diseases (Reference: EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and Other Events of Public Health Concern) and the Institutional Framework for Cross-Border Integrated Disease Surveillance and Response in the East Africa Region

Annex B – WHO IHR (2005) Decision Instrument[5]

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

Events detected by national surveillance system (see Annex 1)

A case of the following diseases is unusual or unexpected and may have serious public health impact, and thus shall be notified[1,2]:
- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS).

OR

Any event of potential international public health concern, including those of unknown causes or sources and those involving other events or diseases than those listed in the box on the left and the box on the right shall lead to utilization of the algorithm.

OR

An event involving the following diseases shall always lead to utilization of the algorithm, because they have demonstrated the ability to cause serious public health impact and to spread rapidly internationally[2]:
- Cholera
- Pneumonic plague
- Yellow fever
- Viral haemorrhagic fevers (Ebola, Lassa, Marburg)
- West Nile fever
- Other diseases that are of special national or regional concern, e.g. dengue fever, Rift Valley fever, and meningococcal disease.

Is the public health impact of the event serious?

Yes → No

Is the event unusual or unexpected?

Yes → No

Is the event unusual or unexpected?

Yes → No

Is there a significant risk of international spread?

Yes → No

Is there a significant risk of international spread?

Yes → No

Is there a significant risk of international travel or trade restrictions?

Yes → No

Not notified at this stage. Reassess when more information becomes available.

EVENT SHALL BE NOTIFIED TO WHO UNDER THE INTERNATIONAL HEALTH REGULATIONS

[1] As per WHO case definitions.
[2] The disease list shall be used only for the purposes of these Regulations.

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[5] WHO IHR (2005), Annex 2

Annex C – Outbreak Emergency Grading[6]

PUBLIC HEALTH EMERGENCY EVENT NEEDS GRADING			
Basis needs	Grade		
	Grade 1	**Grade 2**	**Grade 3**
Technical	Remote technical assistance from international level	Time-limited missions; remote input to strategic plans; technical advice	In-country on-going technical assistance through a surge; issuance of hazard- specific and country- specific guidance
Financial	Minimal to none (handled with financial resources available at country level)	Access to regional WHO financial resources; international resource mobilization on request	Access to global Emergency fund and to regional WHO financial resources; international resource mobilization and donor outreach
Human Resources	Minimal to none (handled with human resources available	Surge of emergency experts, as required	Surge team deployed on a no- regrets basis

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[6] Reference: EAC Regional Contingency Plan for Epidemics due to Communicable Diseases, Conditions and Other Events of Public Health Concern

RECORD OF CHANGES

S.NO	Change Description	Date	Authorized by

	Approved by	Authorized by
Designation		
Name		
Signature		
Date		