

The World Organisation for Animal Health and the World Health Organization: intergovernmental disease information and reporting systems and their role in early warning

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Summary

Only two international organisations have a global legal framework that allows them to request, collect, and release global animal or human health information: the World Organisation for Animal Health (OIE), which is responsible for transparently assessing the global animal health situation, and the World Health Organization (WHO), which is responsible for transparently assessing the global human health situation. Legal instruments bind OIE Member Countries and WHO States Parties (OIE's Standards and WHO's International Health Regulations [IHR]) to report certain disease outbreaks and public health events to their respective organisations. OIE Member Countries must report exceptional epidemiological events involving any OIE-listed diseases, including zoonoses. Moreover, they must notify the OIE of any emerging animal diseases. The IHR require WHO Member States to provide notification of events that may constitute a public health emergency of international concern. These include, but are not restricted to, outbreaks of communicable diseases of international concern. In both organisations, in addition to reporting outbreaks and exceptional events, Members also monitor diseases on an ongoing basis and provide regular reports. To complement these passive surveillance mechanisms, the OIE, WHO and the Food and Agriculture Organization of the United Nations track signals from informal sources of outbreaks of animal and zoonotic infectious diseases, thereby increasing the sensitivity of worldwide disease reporting. The formal information collected is disseminated to Members and the general public through various communication channels, so that countries can apply science-based measures to prevent further disease spread. Both the OIE and WHO reporting systems are supported by a range of coordinating activities to ensure the proper flow of information between national and international levels.

Keywords

Disease notification – Early warning – Information dissemination – International Health Regulations – Sensitivity – Transparency – World Animal Health Information System – World Health Organization – World Organisation for Animal Health.

Introduction

Surveillance can be defined as the collection, collation, and analysis of data and their dissemination to those who

need this information, so that action can result (1). In terms of the approach to data collection, there are active and passive surveillance systems. At the national level, passive surveillance systems are based on the spontaneous reporting of disease occurrences by veterinarians, healthcare providers,

laboratories, farmers and other stakeholders. Extrapolating this concept to the international level, intergovernmental reporting systems are based on the spontaneous reporting of the presence of diseases by the countries affected.

Only two international organisations have a global legal framework that allows them to request, collect, and release global animal or human health information: the World Organisation for Animal Health (OIE) and the World Health Organization (WHO). This article briefly summarises the origin of these two organisations and then compares their legally binding mechanisms and systems for disease reporting, concentrating on the following aspects:

- alert systems
- monitoring
- informal signal tracking
- information dissemination.

Origins of the World Organisation for Animal Health and the World Health Organization

World Organisation for Animal Health

The dissemination of rinderpest across Europe in 1920, resulting from a shipment of infected zebu transiting through the Belgium port of Antwerp en route from India to Brazil, alerted a group of countries to the need to organise themselves to report the health status of their animals and animal products at the international level. The resurgence of rinderpest in Europe, where it had previously been eradicated, highlighted the need for international collaboration to control major infectious animal diseases. Concern over the resulting international spread of rinderpest led to an international conference of Chief Veterinary Officers in Paris in May 1921. This eventually led to the creation of the *Office International des Epizooties* (OIE) in 1924. The organisation was founded by 28 Member Countries, under the terms of an International Agreement signed on 25 January 1924. By the beginning of 1927, the Agreement had already been ratified by 24 Member Countries and the International Committee of the Office held its first General Session on 8 March of that year. The International Committee decided to begin producing a publication (the *Bulletin*) to disseminate the animal health information that it received from its Member Countries. The information received included data on animal diseases and statistics on the global animal health situation (2, 3). The exchange of information on animal

diseases between countries was one of the main reasons for creating the OIE, with the ultimate aim of ensuring the transparency of the animal health situation worldwide.

In May 2003, the Office became the World Organisation for Animal Health, but kept its original acronym 'OIE'. The OIE is the intergovernmental organisation responsible for improving animal health worldwide. It is recognised as a reference organisation by the World Trade Organization and currently has 180 Member Countries.

In accordance with the OIE's founding mission ('ensuring transparency in the global animal disease situation'), each Member Country undertakes to report the animal diseases, including those transmissible to humans, that it detects on its territory. This applies both to naturally occurring and deliberately caused disease events. The OIE disseminates this information to other countries, which can then take any necessary preventive action. Information is sent out immediately or periodically depending on the seriousness of the disease. Immediate communication is reserved for exceptional events, as defined by Article 1.1.3 of the *Terrestrial Animal Health Code (Terrestrial Code)* (4) and the *Aquatic Animal Health Code (Aquatic Code)* (5), while periodic communication takes place for diseases with a more stable situation.

World Health Organization

Before the creation of WHO in 1948, international health cooperation was achieved through the organisation of International Sanitary Conferences, the first of which took place in Paris in 1851. On 9 December 1907, the delegates of 12 States signed the Rome Agreement, which created the International Office of Public Health (*Office International d'Hygiene Publique*: OIHP), also situated in Paris (6).

After the First World War, the Covenant of the newly formed League of Nations included an article (Article XXIII) requiring members of that organisation to 'endeavour to take steps in matters of international concern for the prevention and control of disease'. This led to the creation of the League of Nations Health Organisation, which limited the further development of the OIHP. It was decided, however, that the OIHP should continue to operate. Thus, in the years between the two World Wars, two autonomous international health organisations co-existed in Europe, the OIHP and the Health Organisation of the League of Nations, which consulted and cooperated with each another and with the Pan American Sanitary Organization (now the Pan-American Health Organization), founded on 2 December 1902.

In April 1945, during the conference to set up the United Nations (UN) held in San Francisco, it was proposed that a single international health organisation be established.

A Technical Preparatory Committee drew up proposals for the Constitution of the new organisation, which was presented in 1946 to the International Health Conference in New York City. On the basis of these proposals, the Conference drafted and adopted the Constitution of WHO, which was subsequently signed on 22 July 1946 by the representatives of 61 States. Article 80 of the Constitution provided that it would not come into effect until 26 members of the UN had become parties to it (7), which meant that it did not come into force until 7 April 1948, the date which is now celebrated each year as World Health Day. To bridge the gap, an Interim Commission continued the work previously undertaken by the Health Organisation of the League of Nations and the OIHP. The First World Health Assembly opened in Geneva on 24 June 1948, with delegations from 53 of the 55 Member States (6).

Legal basis

Since its creation, one of the OIE's principal missions has been to ensure transparency in the global animal health situation and improve knowledge of animal diseases, including zoonoses. WHO, which is responsible for directing and coordinating international health activities within the United Nations' system, ensures transparency in the global human health situation. Since they were established, the OIE and WHO have had a duty to disclose all relevant information on diseases in their respective fields, namely animal health and human health.

In the case of the OIE, these obligations are set out in its Organic Statutes, Article 4 of which states that, 'The main objects of the Office are: [...] To collect and bring to the attention of the Governments or their sanitary services, all facts and documents of general interest concerning the spread of epizootic diseases and the means used to control them [...]' (8). In addition, Chapter 1.1 in both the *Terrestrial Code* and the *Aquatic Code* defines the notification procedures and the mechanism for reporting a disease event to the OIE: '[...] Member Countries shall recognise the right of the Headquarters to communicate directly with the Veterinary Authority of its territory or territories. All notifications and all information sent by the OIE to the Veterinary Authority shall be regarded as having been sent to the country concerned and all notifications and all information sent to the OIE by the Veterinary Authority shall be regarded as having been sent by the country concerned' (4, 5).

In the case of WHO, the importance of communicating the situation regarding diseases to its Member States is highlighted in its Constitution: Chapter II, Article 2, states that two of the functions of the WHO shall be 'to provide information, counsel and assistance in the field of health'

and 'to assist in developing an informed public opinion among all peoples on matters of health' (7). Moreover, in 1951, the International Sanitary Regulations (subsequently renamed the International Health Regulations [IHR] in 1969) were adopted to provide a global legal framework for efforts to prevent and control the cross-border spread of communicable diseases. New IHR were adopted in 2005, when an improved system for notification was established. A technical note which accompanied the new regulations stated that, with the IHR (2005): 'The global community has a new legal framework to better manage its collective defences to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies' (9).

Reporting requirements

Disease reporting requirements differ between the two organisations: Member Countries of the OIE are required to report cases of disease (OIE-listed diseases and emerging diseases), whereas Member States of WHO must report any health event that could constitute a 'public health emergency of international concern' (PHEIC). These events must meet certain criteria (see below) and the final decision on whether or not an event should be considered a PHEIC rests with the WHO Director-General.

OIE requirements

Member Countries of the OIE must report any occurrence of a disease that is included on the OIE List (i.e. the list of infectious animal diseases that pose the greatest threat to animal health, public health and agricultural economies). The reports received by the OIE are disseminated to Member Countries with the objective of providing them with the information they need to be able to take appropriate action to prevent the transboundary spread of important animal diseases, including zoonoses. The OIE List contains nearly 120 animal diseases, infections and infestations. It is regularly reviewed by experts and updates are approved at the annual General Session of the World Assembly of Delegates of the OIE before formal adoption by their governments. Apart from these diseases, OIE Member Countries have a legal obligation to provide notification of events involving 'emerging diseases' (see next section for more details).

World Health Organization requirements

IHR (2005) replaced the list of three reportable diseases (plague, yellow fever and cholera) indicated in the previous version of the IHR (10). Instead, IHR (2005) introduced the concept of a PHEIC and established the obligations of States Parties to assess, report and respond to any type of public health event that may constitute a PHEIC. To be considered

a PHEIC, the event must i) constitute a public health risk to other States through the international spread of disease and ii) potentially require a coordinated international response (11). To help Member States decide whether or not an event meets these criteria, Annex 2 of the IHR provides a 'Decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern' (11) (see below for more details). The notifiable events are therefore non-disease specific and are not restricted to infectious hazards. In addition, this directive now also takes into account assessment and response to such events.

Alert systems

As mentioned above, one of the main missions of both organisations is the collection, exchange and dissemination of health information via their respective Members. Through these mechanisms, each organisation can alert their Members to newly occurring disease events and keep them informed of the global health situation.

In the case of the OIE, whenever an important epidemiological event involving animals occurs, the Member Country concerned is required to notify OIE Headquarters of the event if it meets the criteria outlined in the *Terrestrial* and *Aquatic Codes*. The *Codes* list the various circumstances in which a Member Country is required to send an immediate notification if the event involves an OIE-listed disease:

- the first occurrence of the disease in the country, zone or compartment
- the reoccurrence after a period of absence, in the country, zone or compartment
- the first occurrence of a new strain
- a sudden and unexpected change in the distribution of the disease or an increase in incidence or virulence or morbidity or mortality
- an occurrence in an unusual host species.

This notification should be made within 24 hours of the event. Moreover, Member Countries must provide notification of emerging animal diseases. An emerging disease is defined as the occurrence of a disease, other than a listed disease, which has a significant impact on animal or public health resulting from:

- a change of a known pathogenic agent or its spread to a new geographic area or species; or
- a previously unrecognised pathogenic agent or disease diagnosed for the first time (in the *Terrestrial Code*) or a newly recognised or suspected pathogenic agent (in the *Aquatic Code*).

After the immediate notification, the OIE asks Member Countries to send weekly follow-up reports to provide further information on the evolution of the event, until such time as the disease has been eradicated, the situation has become sufficiently stable or, in the case of emerging diseases, sufficient scientific information is available to determine whether or not it meets the criteria for listing (4, 5).

Since 2005, Member Countries have sent the OIE around 2,300 immediate notifications relating to OIE-listed or emerging diseases. The number of immediate notifications sent to the OIE has significantly increased in the last 12 years and in 2016 a total of 245 immediate notifications were submitted. This is thanks to the efforts that have been made to clarify reporting requirements and raise awareness amongst Member Countries of their obligation to notify the OIE in the event of a worsening of the epidemiological situation of a disease. By far the most frequently reported disease is the highly pathogenic avian influenza A; for example, it accounted for 25% of all notifications received in 2015. This is due, in part, to the global spread of the disease after the 2006 crisis, but it is also due to the epidemiology of the disease and to its impact on public health and on trade relationships among countries.

The WHO disease reporting requirements differ from those of the OIE in that, as mentioned above, there is no reference list of communicable diseases. Whenever a State Party detects an event within its territory that may constitute a PHEIC, or when it is aware of such an event in another territory, this State must notify WHO within 24 hours following the assessment of public health information regarding the event and it must also report any related health measure that has been implemented. An event is considered a potential PHEIC if the answer is 'Yes' to at least two of the following four questions (contained in Annex 2 to the IHR):

- Is it having a serious public health impact?
- Is it unusual or unexpected?
- Is there a risk of international spread?
- Is there a risk of travel restrictions or trade restrictions?

As stated in the IHR, following the notification, '[...] A State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available [...] and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern' (11).

The WHO Director-General, assisted by the IHR Emergency Committee, is responsible for deciding whether or not events reported by Member States actually constitute a PHEIC. Since 2000, over 5,360 public health events have been closely monitored, 85% of which were infectious and

zoonotic events. Since 15 June 2007, when the IHR (2005) entered into force, 475 events have been the subject of an official communication through the IHR dedicated tool (Event Information System). Only five of them have been declared a PHEIC.

Monitoring

In the case of the OIE, in addition to the early warning alert system for OIE-listed diseases and emerging diseases, Member Countries must report information on the status of all OIE-listed diseases on a regular, six-monthly basis, as stipulated in Chapter 1.1 of both the OIE *Terrestrial Code* and the *Aquatic Code* (4, 5). This continuous and systematic collection of animal health information is important for evaluating the trends in global diseases. The dual notification and monitoring system is essential to better identify which events are exceptional and which are not. As of 2016, 180 OIE Member Countries were providing the OIE with information, as required by their membership. In addition, some countries have overseas territories that provide their own separate reports and some non-members submit information to the OIE on a voluntary basis, taking the total number of reporting countries and territories to over 200.

Similarly, in the case of WHO, in addition to the early warning system for emergency situations, States Parties should report relevant information collected from the routine monitoring of diseases. The precision and frequency of information can vary according to disease programmes and among countries. Following IHR (2005), WHO and its Regional Offices have established central hubs to exchange information on emergent events with States Parties. The IHR provides that 'Each State Party shall develop, strengthen and maintain, [...] the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex I' (11). In contrast with the OIE process, the WHO monitoring system for public health emergencies is based on an 'all-hazards' approach, which is not restricted solely to infectious diseases: it covers health events of any nature, as well as syndromes.

Informal signal tracking

High sensitivity is one of the main objectives of any surveillance system. Clearly, it is crucial to detect disease events as early as possible, so that countries can apply preventive measures when they are most likely to be effective. The sensitivity of surveillance systems should be regularly evaluated to make sure these systems meet their objective of early detection of disease occurrence (12, 13).

Since 2002, the OIE has been operating its own system of active search for non-official information and rumours

related to animal health and public health. Information found through this activity is compared with the data collected in the OIE World Animal Health Information System (WAHIS) and, where necessary, verification is sought from the Member Country concerned for the purposes of official confirmation and potential publication. The OIE currently monitors over 100 different sources of information on a daily basis. During a 12-month period (August 2015 to July 2016) some 4,500 signals were tracked out of a total of 20,000 items of information assessed.

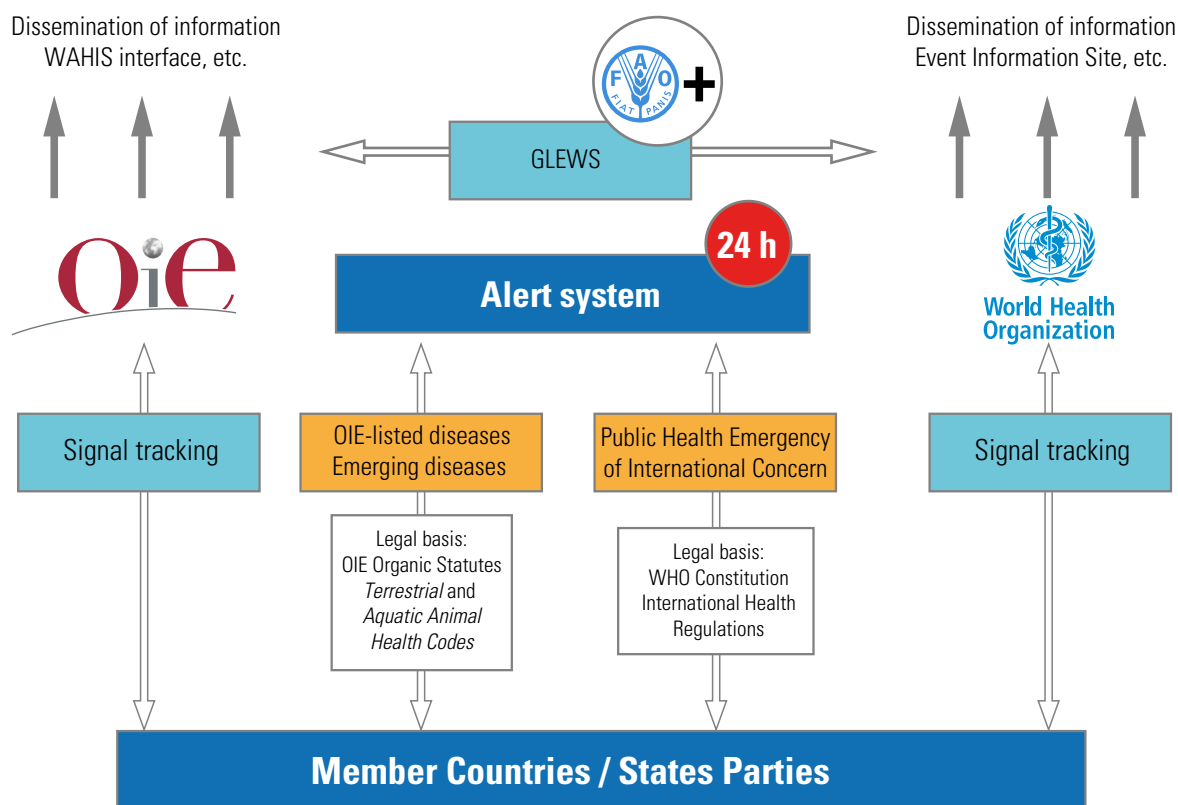
Along similar lines, and in accordance with Articles 9 and 10 of the IHR, WHO also assesses unofficial information, which should be confirmed by the State Parties concerned before any measures are taken. The information is gathered from a variety of informal sources, including newswires and websites, and thus ensures a comprehensive picture of the epidemic threat to global health security. The process started in 1997 with the Global Public Health Intelligence Network (GPHIN), which was developed by Health Canada in collaboration with WHO. The network is a secure Internet-based multilingual early-warning tool that continuously searches global media sources to identify information about disease outbreaks and other events of potential international public health concern. Since the inception of GPHIN, WHO has continued to collaborate with partners to further develop multilingual information technology tools that allow for the screening of official and unofficial reports from tens of thousands of sources in approximately 60 languages.

The OIE and WHO share the information that they receive with each other and with the Food and Agriculture Organization of the United Nations, which also tracks signals regarding outbreaks of animal and zoonotic infectious diseases. This increases the sensitivity of disease reporting. Together, the three organisations have established a common data-sharing platform known as the Global Early Warning System (GLEWS) (Fig. 1). Its ultimate objective is to improve the capacity of the three sister organisations to provide early warning of animal and zoonotic disease threats, for the benefit of the international community.

Systems' coordination

The aforementioned intergovernmental information and reporting systems are mainly based on passive surveillance mechanisms. However, as seen above, the informal signal tracking activity adds a certain level of active surveillance. Additionally, in order to keep the systems proactive, activities are implemented to coordinate the networks.

First of all, national Focal Points receive training on the practical use of the reporting systems and on critical areas of



FAO: Food and Agriculture Organization of the United Nations
 GLEWS: Global Early Warning System
 WAHIS: World Animal Health Information System

OIE: World Organisation for Animal Health
 WHO: World Health Organization

Fig. 1

Legal and practical mechanisms implemented by the World Organisation for Animal Health and the World Health Organization to ensure transparency in early warning

disease notification. Between January 2005 and December 2016, 42 training workshops were organised on WAHIS, with national Focal Points from nearly all OIE Member Countries receiving training. In addition, OIE staff members are available to support national Focal Points in the use of the reporting systems. Whenever possible, this support is provided in the country's own language.

Regional and sub-regional offices also provide crucial support in using the reporting systems and ensuring proper communication between national Focal Points and OIE and WHO Headquarters. In 2016, the OIE had a total of 12 regional and sub-regional offices around the world.

The WHO is composed of 196 States Parties and, under IHR, each State Party must designate a national IHR Focal Point who communicates both with WHO and with other national bodies engaged in IHR implementation. The WHO has six regional offices and 150 country offices, all of which are essential elements of the overall WHO structure and reporting system.

Dissemination of information

For both organisations, the dissemination of information is an essential complement to data collection. A public health surveillance system should operate in a manner that allows for the effective dissemination of health data so that decision-makers at all levels can readily understand the implications of the information (14). However, the dissemination process differs between the two organisations.

The OIE has an obligation to communicate information on the global animal disease situation to all Member Countries. The launch of WAHIS in 2005 has enabled the OIE to carry out this task more effectively. This secure computer system, which is accessible via the Internet, enables Member Countries to enter, store and view data on animal diseases, including zoonoses, in the OIE's three official languages (English, French and Spanish). Access to this secure system is only available to authorised users, namely the Delegates of the national Veterinary Services of OIE Member Countries

and their authorised representatives. All information collected through WAHIS is checked and validated prior to its dissemination to Member Countries and to the public.

WHO disseminates public health information from its Member States utilising a variety of different methods. For public health emergencies, the most important means is through the Event Information Site (EIS), which has been developed by WHO to facilitate communication with national IHR Focal Points in a confidential manner, as specified in Article 11.1 of the IHR: 'WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received'. The establishment of national IHR Focal Points was an important addition to IHR 2005, as these individuals, who are appointed by WHO Member States, serve as unique hubs for collecting and exchanging public health information to and from WHO, and across sectors within each country. Other information is publicly disseminated online through WHO websites such as the Global Health Observatory, the Weekly Epidemiological Record, and Disease Outbreak News.

Conclusion

Controlling and monitoring disease spread has been one of the main objectives of the OIE and WHO since their creation. To achieve this, the two organisations have put in place legal and practical mechanisms designed to ensure transparency, improve knowledge of the global human and animal disease situation, and inform their respective Members accordingly. Disease reporting on an international scale relies on a surveillance chain comprised of a number of actors who must be trained and kept fully aware of their roles and responsibilities. Veterinary Services, Public Health Authorities, IHR Focal Points and laboratories play a major role in ensuring early detection and in confirming

the presence of disease in their countries. These Authorities interact with the relevant international organisations for the purposes of notification, verification of information and informal signal tracking. The international organisations then disseminate and communicate this verified information. Health professionals, research centres, the general public and other countries receive this information, thereby allowing the necessary preventive measures against disease spread to be applied. Any weakness in this chain would result in a delay in reporting, which could in turn lead to the disease having a more severe impact.

The legally binding mechanisms that require OIE Member Countries and WHO States Parties to report disease events enable these two organisations to play an essential role in early warning.

Since they were first established, the reporting systems of the OIE and WHO have undergone significant changes to adapt to new technologies and the needs of their Members. They have become increasingly sophisticated over time. This constant evolution is essential to strengthen early detection and rapid response, and to protect against biological threats.

OIE Member Countries and WHO States Parties are required to notify their respective organisation of any significant animal and public health events, irrespective of whether the events are naturally occurring or the result of accidental or deliberate release. It is essential for the international community to help all countries to develop, maintain and strengthen their capacities to monitor, detect and report unusual health events. Furthermore, full compliance with these international disease reporting frameworks is the only way to ensure effective protection against all biothreats.



L'Organisation mondiale de la santé animale et l'Organisation mondiale de la santé : les systèmes intergouvernementaux d'information et de notification sanitaires et leur rôle dans l'alerte précoce

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Résumé

Deux organisations internationales seulement disposent d'un cadre juridique mondial permettant de demander, collecter et diffuser des informations sur la santé animale ou humaine dans le monde : il s'agit de l'Organisation mondiale de la santé animale (OIE), qui est chargée d'évaluer de manière transparente la situation zoonositaire mondiale, et de l'Organisation mondiale de la santé (OMS), qui est chargée d'évaluer de manière transparente la situation de la santé humaine dans le monde. Ces deux organisations ont mis en place des instruments juridiques (les normes sanitaires de l'OIE et le Règlement sanitaire international [RSI] de l'OMS) qui imposent aux Pays membres de l'OIE et aux États parties au RSI de notifier tout événement sanitaire important à leurs organisations respectives. Les Pays Membres de l'OIE doivent notifier tout événement épidémiologique exceptionnel concernant les maladies de la liste de l'OIE, y compris les zoonoses. En outre, ils doivent notifier à l'OIE toute maladie animale émergente. Le RSI impose aux États membres de l'OMS de notifier tout événement pouvant constituer une urgence de santé publique de portée internationale. Cela couvre notamment les foyers de maladies transmissibles importantes au plan international. Outre le signalement des foyers et des événements exceptionnels, les Membres des deux organisations exercent également une surveillance de routine des maladies et communiquent des rapports réguliers. En complément de ces mécanismes de surveillance passive, l'OIE, l'OMS et l'Organisation des Nations Unies pour l'alimentation et l'agriculture (FAO) assurent le suivi de tout signalement provenant de sources non officielles concernant d'éventuels foyers de maladies animales infectieuses et zoonotiques, ce qui accroît la sensibilité du système de notification des maladies à l'échelle mondiale. Les informations recueillies par la voie officielle sont diffusées aux Pays membres et au grand public par divers canaux de communication afin que les pays puissent appliquer des mesures fondées sur la science et empêcher ainsi toute nouvelle propagation. Les systèmes de notification de l'OIE et de l'OMS s'appuient tous deux sur une série d'activités de coordination afin d'assurer la bonne circulation de l'information entre les niveaux national et international.

Mots-clés

Alerte précoce – Diffusion de l'information – Notification de maladie – Organisation mondiale de la santé – Organisation mondiale de la santé animale – Règlement sanitaire international – Sensibilité – Système mondial d'information sanitaire – Transparence.



La Organización Mundial de Sanidad Animal y la Organización Mundial de la Salud: función en la alerta rápida de los sistemas intergubernamentales de información sanitaria y notificación de enfermedades

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Resumen

Solo dos organizaciones internacionales disponen de un mecanismo jurídico de alcance planetario que les permita solicitar, reunir y hacer pública información sanitaria o zoonosaria de dimensión mundial: la Organización Mundial de Sanidad Animal (OIE), responsable de evaluar con transparencia la situación zoonosaria del mundo; y la Organización Mundial de la Salud (OMS), que se encarga de evaluar con transparencia la situación mundial en materia de salud humana. Hay instrumentos jurídicos que obligan a los Países Miembros de la OIE y los Estados Miembros de la OMS a notificar a la organización correspondiente todo caso importante de enfermedad (las normas de la OIE, por un lado, y el Reglamento Sanitario Internacional de la OMS [RSI]), por el otro). Los Países Miembros de la OIE deben comunicar episodios epidemiológicos excepcionales en los que intervenga cualquiera de las enfermedades que figuran en la lista de la OIE, zoonosis inclusive. Además, deben notificar a la OIE la aparición de toda enfermedad animal emergente. El RSI obliga a los Estados Miembros de la OMS a notificar todo episodio que pueda constituir una emergencia de salud pública de importancia internacional, como pueden ser, por ejemplo, los brotes de enfermedades transmisibles de importancia internacional. Los Miembros de ambas organizaciones, además de comunicar brotes y episodios excepcionales, deben vigilar continuamente la presencia de enfermedades y presentar informes periódicos. Para complementar estos mecanismos de vigilancia pasiva, la OIE, la OMS y la Organización de las Naciones Unidas para la Alimentación y la Agricultura (FAO) siguen de cerca las señales procedentes de fuentes oficiosas que puedan indicar la presencia de brotes infecciosos de enfermedades animales o zoonóticas, con lo que acrecientan la sensibilidad del dispositivo mundial de notificación. La información oficial así obtenida transita por diversos canales de comunicación para llegar a los Países Miembros y el gran público, de forma que los países puedan adoptar medidas científicamente fundamentadas para evitar la ulterior propagación de los brotes. Los sistemas de notificación de la OIE y la OMS están respaldados por una serie de actividades de coordinación que aseguran la adecuada circulación de información entre los niveles nacional e internacional.

Palabras clave

Alerta rápida – Difusión de información – Notificación de enfermedades – Organización Mundial de la Salud – Organización Mundial de Sanidad Animal – Reglamento Sanitario Internacional – Sensibilidad – Sistema Mundial de Información Zoonosaria – Transparencia.



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