



Johor Bahru
Health Office



Public Health Management and Preparedness in Wildlife Zoonotic Disease Outbreak



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Outline of Presentation

- Wildlife as Source of Zoonotic Infection
- Definitions
- Global Health Milestones
- Zoonoses of Wildlife
- Ebola Viral Disease (EVD)
- Influenza A(H1N1)
- Surveillance & Response
- Risk Management Cycle
- Rapid Containment
- Public Health Emergency of International Concern (PHEIC)
- Event Management Process

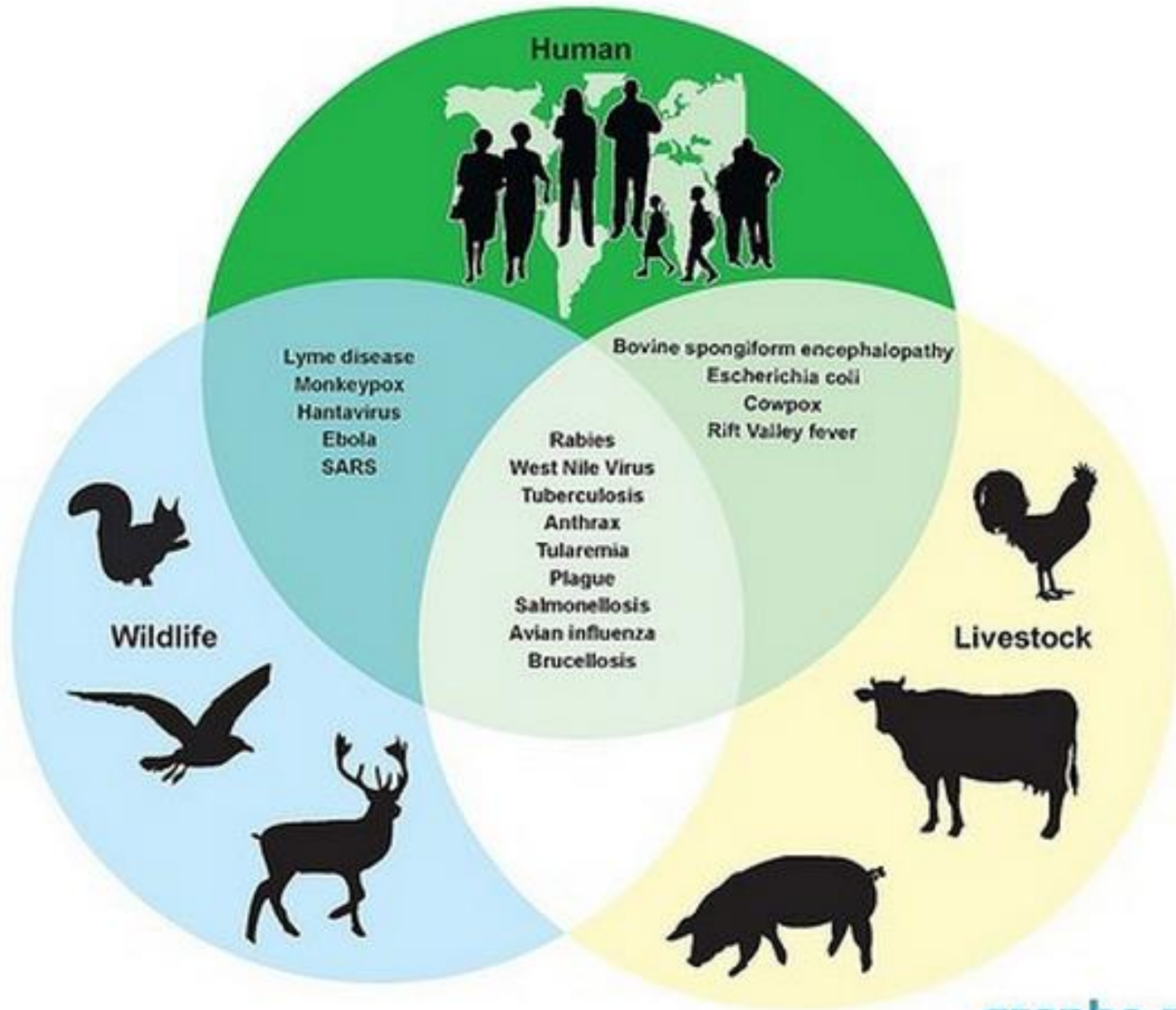
Wildlife as Source of Zoonotic Infections

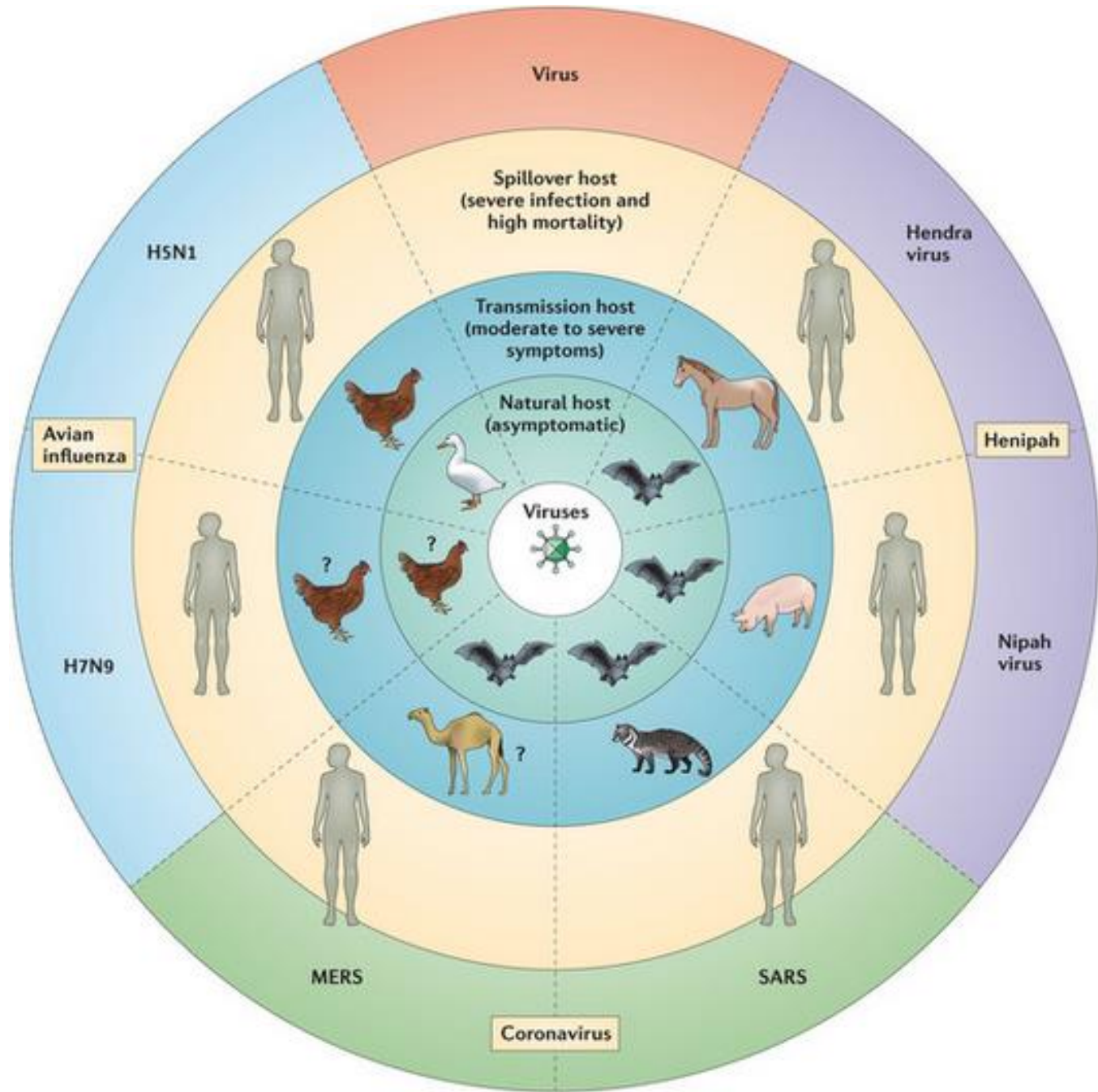
Hilde Kruse,* Anne-Mette Kirkemo,* and Kjell Handeland*

Zoonoses with a wildlife reservoir represent a major public health problem, affecting all continents. Hundreds of pathogens and many different transmission modes are involved, and many factors influence the epidemiology of the various zoonoses. The importance and recognition of wildlife as a reservoir of zoonoses are increasing. Cost-effective prevention and control of these zoonoses necessitate an interdisciplinary and holistic approach and international cooperation. Surveillance, laboratory capability, research, training and education, and communication are key elements.

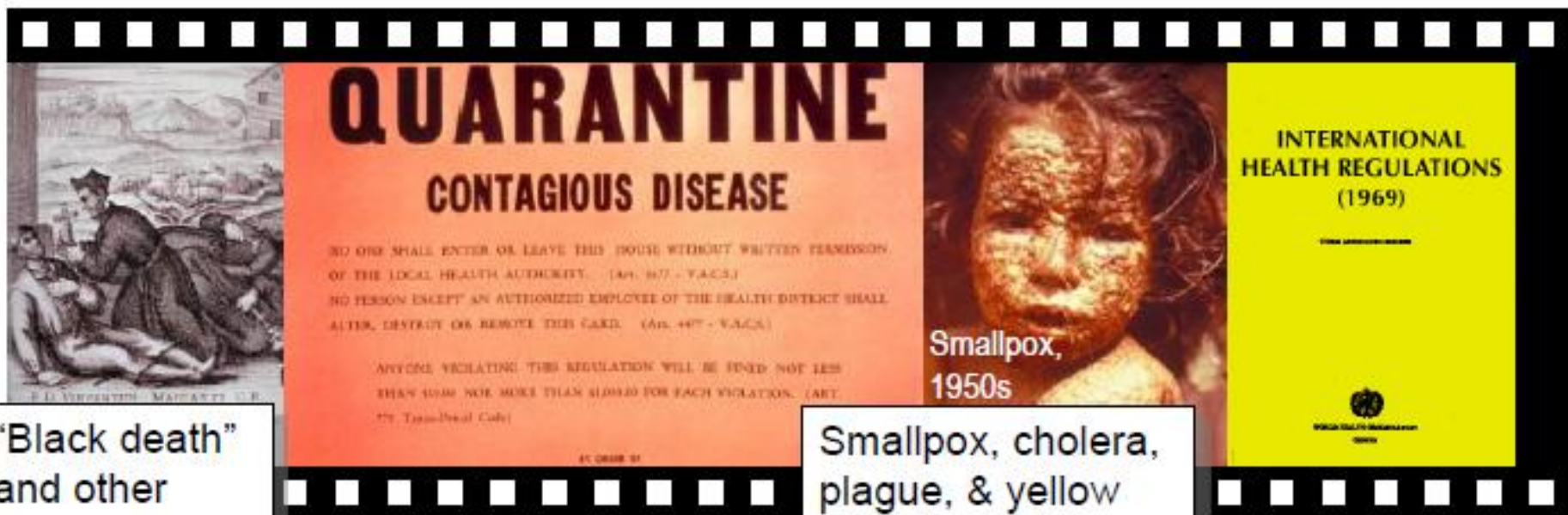
Definitions

Wildlife is normally defined as free-roaming animals (mammals, birds, fish, reptiles, and amphibians), whereas a zoonosis is an infectious disease transmittable between animals and humans





Global Health Milestones...



“Black death” and other plagues spread across the world

The first effective public health intervention

Smallpox, cholera, plague, & yellow fever in International Sanitary Regulations

IHR 1951 revised in 1969

Global Health Milestones...



Emergence of the
AIDS pandemic

Major travel
disruption.
WHO's DG on
site

1st global
response
coordinated by
WHO

Global Health Milestones...



Creation of WHO
Department for
Emerging Diseases

Emergence in
the North.
Major economic
cost.

Emergence in the
South. Major
economic cost



Global Health Milestones...



World Health
Organization

Geneva, 2000



World Health
Organization

Lyon, 2001

New meningitis
strain W135

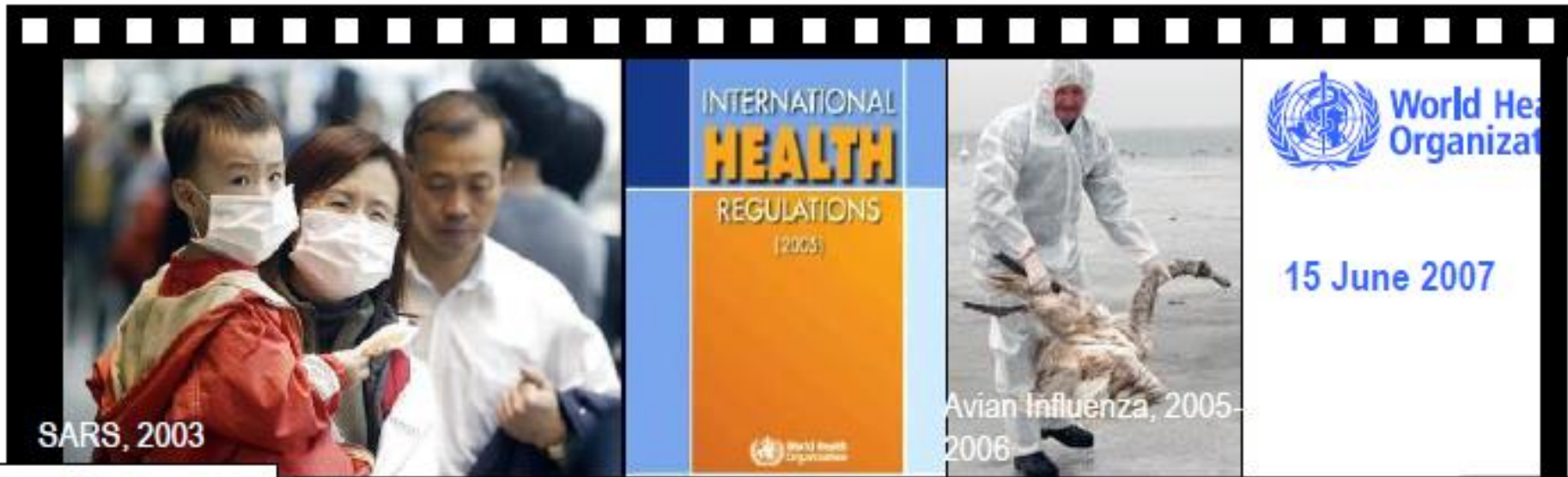
**The Global
Outbreak Alert
& Response
(GOARN)**

Major outbreaks
continue to
strike

**WHO's Office for
National Epidemic
Preparedness and
Response**



Global Health Milestones...



SARS, 2003

INTERNATIONAL
HEALTH

REGULATIONS
(2005)



Avian Influenza, 2005-2006



15 June 2007

First 21st century's global epidemic. Major economic cost

The International Health Regulations (2005)

Influenza pandemic threat

Entry into force of IHR(2005)

Zoonoses of Wildlife

INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Alphaviruses:			
Eastern encephalitis	Small birds, ducks, horses (mosquitoes)	No apparent disease; encephalitis	Encephalomyelitis
Western encephalitis	Birds, squirrels, snakes, horses (mosquitoes)	No apparent disease; horses die	Encephalomyelitis
Venezuelan encephalitis	Rodents, horses (mosquitoes)	No apparent disease; horses die	Encephalitis

INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Flaviviruses:			
St. Louis encephalitis	Birds (mosquitoes)	No apparent disease	Encephalomyelitis
Japanese B encephalitis	Birds, pigs, horses, cattle (mosquitoes)	No apparent disease; domestic animals may die	Encephalitis
Murray Valley encephalitis	Birds (mosquitoes)	No apparent disease	Encephalomyelitis
Tick-born encephalitis	Rodents, birds, goats, cattle (ticks)	No known apparent disease	Encephalitis
Yellow fever virus	Nonhuman primates (mosquitoes)	No apparent disease; death	Yellow fever
Dengue viruses	Nonhuman primates (mosquitoes)	No apparent disease	Dengue fever

INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Bunyavirus: California encephalitis	Rabbits, hares, squirrels, deer, horses, cows (mosquitoes)	No apparent disease	Encephalitis
Arenaviruses	Rodents, nonhuman primates	No apparent disease; death	No clinical disease; malaise, fever, shock, meningitis, encephalitis
Rabies virus	Weasel-skunk, civet-ferret, families with bats, foxes, skunks most important; also dogs, cats, cattle	No apparent disease; death with paralysis	Excitation, paralysis, death
Colorado tick fever virus	Squirrels, chipmunks, mice, porcupines (ticks)	No apparent disease	Fever, malaise, leukopenia, rash
Chlamydia psittaci	Psittacine birds, pigeons, poultry	No apparent disease; death	Fever, cough, pneumonia

INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Rickettsia typhi	Rats (fleas)	No apparent disease	Murine typhus
Rickettsia rickettsii	Rabbits, squirrels, rats, mice, groundhogs, dogs (ticks)	No apparent disease; dogs may die	Rocky Mountain spotted fever
Rickettsia akari	Mice (mites)	No apparent disease	Rickettsialpox
Coxiella burnetii	Wild ungulates	No apparent disease	Q fever
Brucella spp	Wild ungulates, dogs	No apparent disease; abortion	Brucellosis
Francisella tularensis	Rabbits, squirrels, rats, skunks, bears, muskrats, coyotes, cats, dogs, swine, sheep, cattle (ticks, deerflies, mosquitoes)	No apparent disease; lymphadenitis, septicemia	Tularemia

INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Yersinia pestis	Rats, mice, prairie dogs, squirrels, marmots, rabbits, gerbils, chipmunks (fleas)	No apparent disease; death	Bubonic, pneumonic, septicemic plague
Yersinia enterocolitica	Rodents, rabbits, pigs, sheep, cattle, horses	No apparent disease	Enterocolitis, reactive polyarthritis
Campylobacter jejuni	Birds, cattle, sheep, pigs, goats	No apparent disease, death	Gastroenteritis
Pseudomonas pseudomallei	Rats, mice, rabbits, ruminants, dogs, cats, nonhuman primates	No apparent disease; death	Pulmonary abscesses, septicemia
Streptobacillus moniliformis	Rats, squirrels, weasels, turkeys	No apparent disease	Fever, rash
Listeria monocytogenes	Wild mammals, birds	No apparent disease; death	Meningitis, abortion, septicemia
Borrelia burgdorferi	Deer, mice, raccoons (ticks)	No known apparent disease	Lyme disease
Spirillum minor	Rats, mice, cats	No apparent disease	Fever, rash

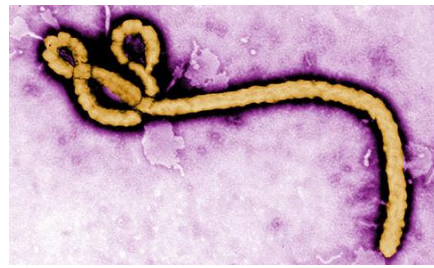
INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Cryptosporidium spp	Rodents, snakes, birds	No apparent disease; enteritis, respiratory disease	Enteritis, dysentery
Blastocystis hominis	Pigs, guinea pigs, fowl, nonhuman primates	No apparent disease; diarrhea	Diarrhea
Leishmania spp	Rodents, canines, rodents, other carnivores (sandflies)	No apparent disease; skin ulcers	Chronic skin ulcerations, mucocutaneous lesions, kalaazar syndrome
Trypanosoma cruzi	Armadillos, bats, rodents, opossums, nonhuman primates, dogs, cats (triatomes)	No known apparent disease; neurologic dysfunctions	Skin rash, myocarditis, conjunctivitis, myositis (Chagas disease)
Trypanosoma brucei var. gambiense and var. rhodesiense	Wild ungulates (tsetse flies)	No apparent disease; death in coma	Meningoencephalitis

INFECTIOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
<i>Pneumocystis carinii</i>	Rodents, foxes, nonhuman primates, sheep, goats, dogs, cats	No known apparent disease	Pneumonitis
<i>Diphyllobothrium latum</i>	Fresh-water fish, bears, dogs, cats	No known apparent disease	Tapeworm infection, megaloblastic anemia
<i>Hymenolepis nana</i> and <i>diminuta</i>	Mice, rats	Tapeworm infection	Tapeworm infection
<i>Trichinella spiralis</i>	Wild carnivores, wild pigs	No known apparent disease	No apparent disease; muscle invasion death
<i>Fasciola hepatica</i>	Snails, fish, cattle, sheep, goats, camel, deer, rabbits	No apparent disease; death	Acute hepatitis, cholecystitis, cirrhosis
<i>Schistosoma</i> spp	Snails, rodents, baboons	No apparent disease; death	Colitis, hepatitis, cystitis
<i>Dracunculus medinensis</i>	Wild carnivores, nonhuman primates (water fleas)	No known apparent disease	Skin ulcers

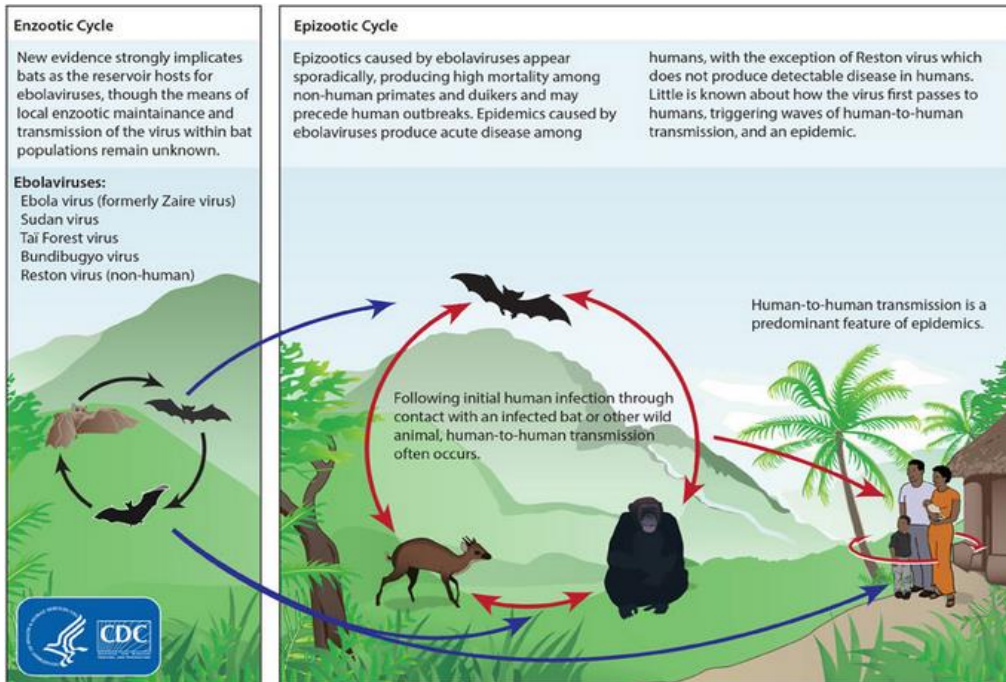
INFECTIONOUS AGENT	PRIMARY HOST(S)	DISEASES IN ANIMALS	DISEASES IN PEOPLE
Brugia spp	Nonhuman primates, wild carnivores, rodents (mosquitoes)	No known apparent disease	Lymphadenopathy, lymphedema

* Table extracted from County of LA - Department of Health Services, Public Health Programs and Services - Disease Control Programs, Veterinary Public Health and Rabies Control "Overview of Zoonoses."
 URL: <http://phps.dhs.co.la.ca.us/vet/guides/vetzooman.htm>.

Ebola Virus Disease (EVD)

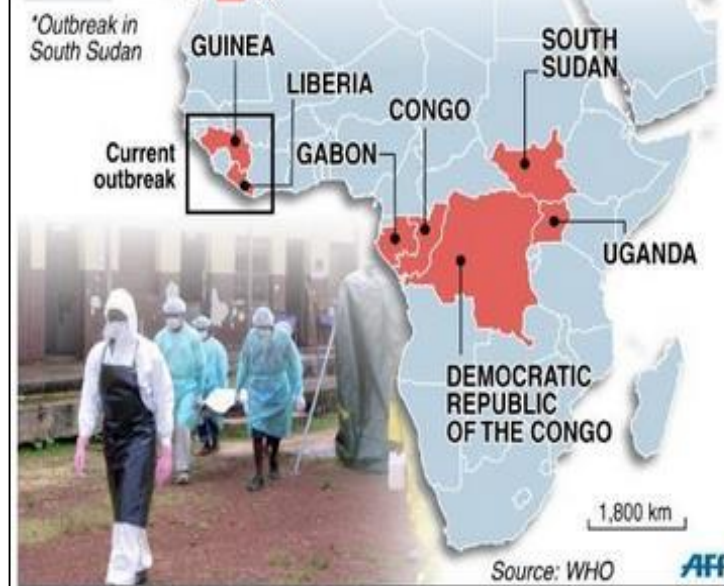
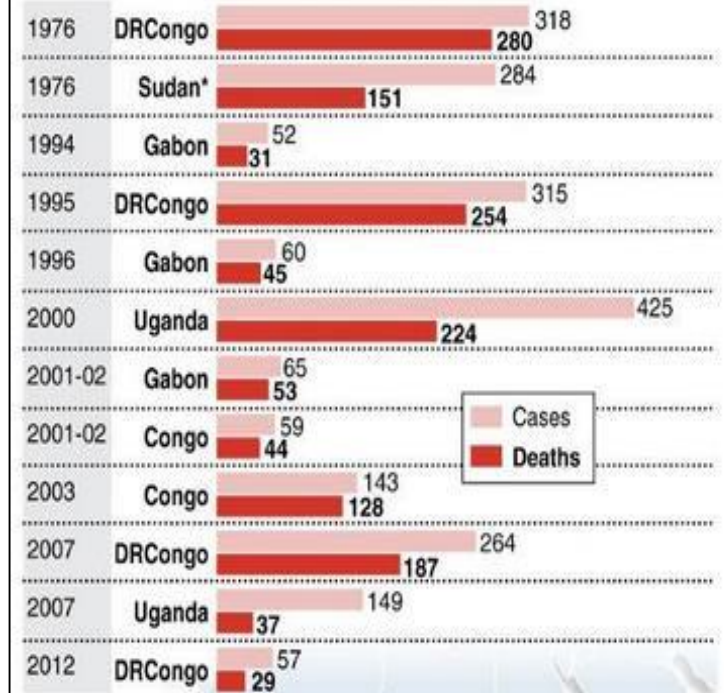


- Ebola Virus Disease (EVD) is a severe illness with high death rate (up to 90%). First appeared in 1976 in the Democratic Republic of Congo and Sudan. It is caused by genus **Ebolavirus**



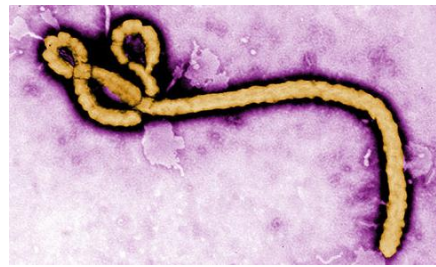
Previous major Ebola outbreaks

The latest cases are the first in West Africa





Ebola Virus Disease (EVD)



How do you get the Ebola virus?



Direct



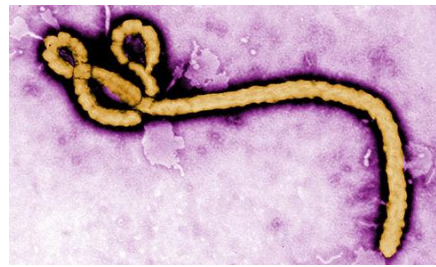
Indirect

CONTACT

Direct contact - with infected patients

Indirect contact – touching contaminated objects or surfaces in the patient's environment

Ebola Virus Disease (EVD)



How do you get the Ebola virus?

Direct contact with:

- 1 Body fluids of a person who is sick with or has died from Ebola.** (blood, vomit, pee, poop, sweat, semen, spit, other fluids)
- 2 Objects contaminated with the virus** (needles, medical equipment)
- 3 Infected animals** (by contact with blood or fluids or infected meat)

SYMPTOMS

Symptoms can appear from 2 to 21 days after exposure:

- Fever
- Headache
- Joint and muscle aches
- Intense weakness
- Vomiting
- Rashes
- Diarrhoea
- Unexplained bleeding



Steps to remove personal protective equipment (PPE)

1 Remove waterproof apron and dispose of safely. If the apron is to be reused, place it in a container with disinfectant.



2 If wearing overshoes, remove them with your gloves still on (if wearing rubber boots, see step 4).



3 Remove gown and gloves and roll inside-out and dispose of safely.



4 If wearing rubber boots, remove them (ideally using the boot remover) without touching them with your hands. Place them in a container with disinfectant.



5 Perform hand hygiene.



6 If wearing a head cover, remove it now (from behind the head).



7 Remove face protection:

7a Remove face shield or goggles (from behind the head). Place eye protection in a separate container for reprocessing.



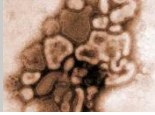
7b Remove mask from behind the head. When removing mask, untie the bottom string first and the top string next.



8 Perform hand hygiene.



Source: Modified from: Clinical Management of Patients with Viral Haemorrhagic Fever: A pocket Guide for the Front-line Health Worker. World Health Organization, 2014.



History shall not repeat....

1918 Spanish Flu (H1N1) : > 40 million deaths

1957 Asian Flu (H2N2) : 1-2 million deaths

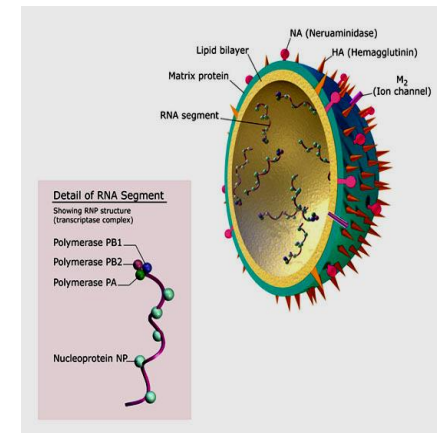
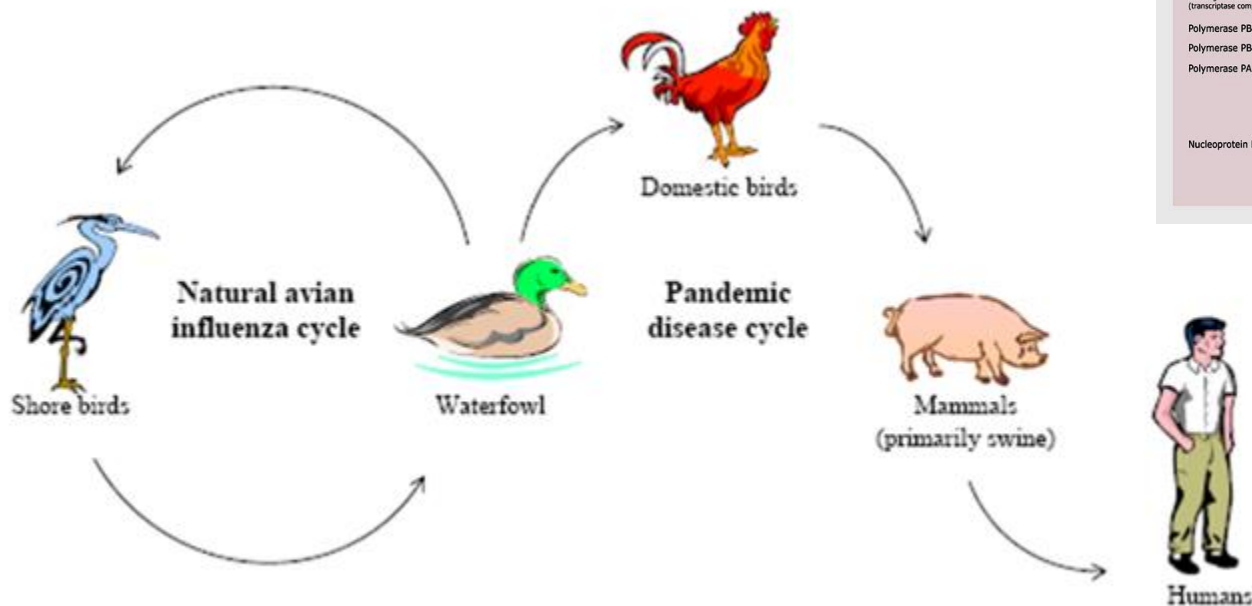
1968 Hong Kong Flu (H3N2) : ~ 1 million deaths



The pandemics of the previous century encircled the globe in 6 to 9 months, **even when most international travel was then by ship.**

Evolution of Pathogen

Microbial pathogen adapts, becomes resistant to antibiotics, evades vaccines and emerges to cause novel disease and epidemic



SURVEILLANCE & RESPONSE OPERATIONS

- ❑ Systematic gathering of epidemic intelligence
- ❑ Rapid verification procedures
- ❑ Real time collaborative risk assessment and communications
- ❑ Coordination of assistance through national/international teams, stockpile release, virtual networking etc
- ❑ Raise global alert if indicated

Intelligence



Verification



Assessment



Response

Risk Management Cycle



Ricin

Transmission
 • Not contagious
 Infection Source
 • Castor bean

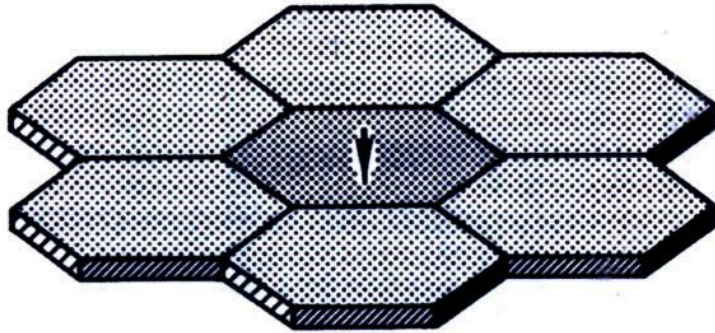


Transmission*

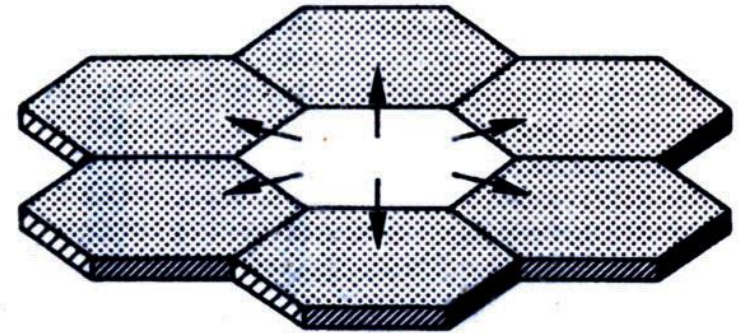
	Known	Unknown	
Hazard	Known	<ul style="list-style-type: none"> Assess risk <ul style="list-style-type: none"> prior studies assist Intervention for control <ul style="list-style-type: none"> prior studies - specific 	<ul style="list-style-type: none"> Assess risk <ul style="list-style-type: none"> prior studies assist Intervention for control <ul style="list-style-type: none"> can be difficult/resource intensive
	Unknown	<ul style="list-style-type: none"> Assess risk <ul style="list-style-type: none"> many uncertainties Intervention for control <ul style="list-style-type: none"> prior studies - specific 	<ul style="list-style-type: none"> Assess risk <ul style="list-style-type: none"> most uncertainties Intervention for control <ul style="list-style-type: none"> most difficult/resource intensive

*transmission outcomes dependent on source of exposure and vulnerabilities

SPATIAL STRATEGIES FOR DISEASE CONTROL

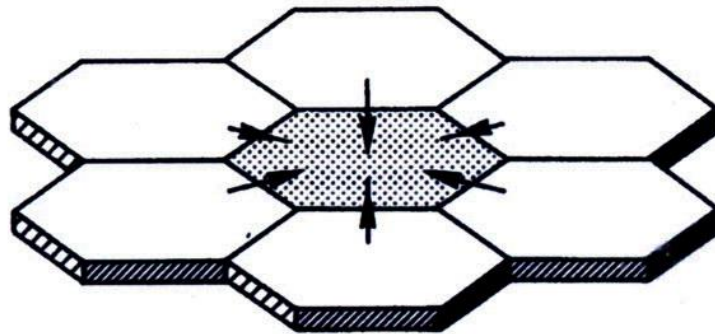


(a) Local elimination

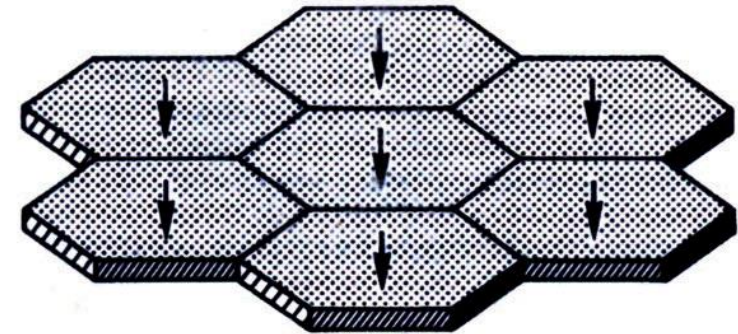


(b) Defensive isolation

→ Spatial
→ Non-spatial



(c) Offensive containment



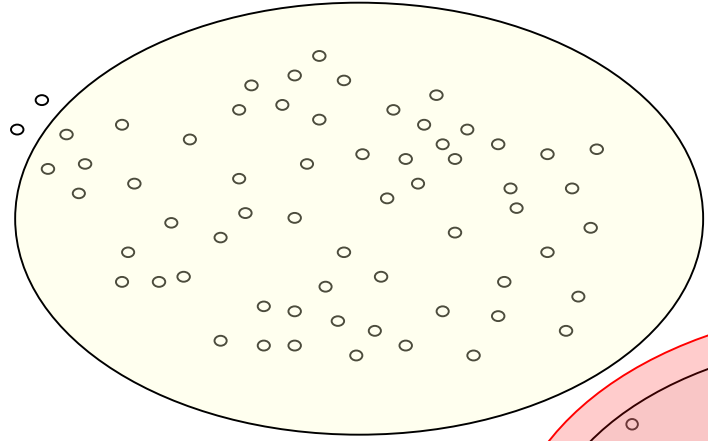
(d) Global eradication

Rapid Containment for H2H Influenza Pandemic

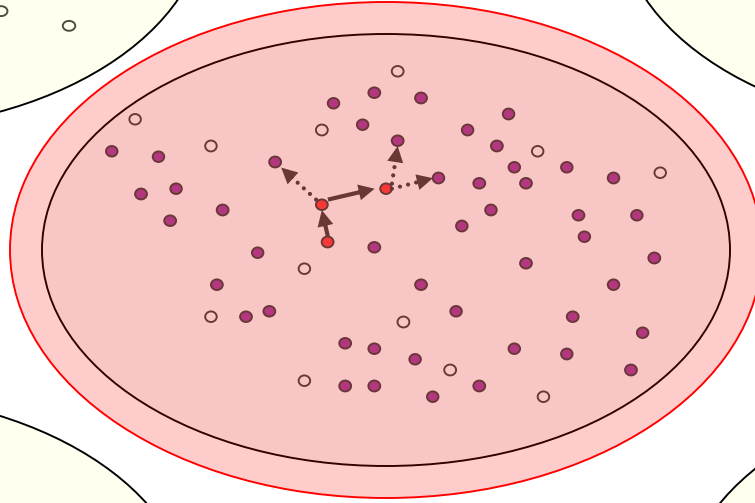
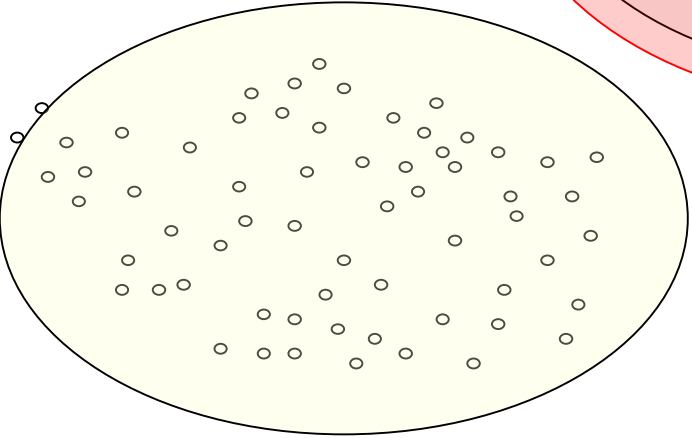
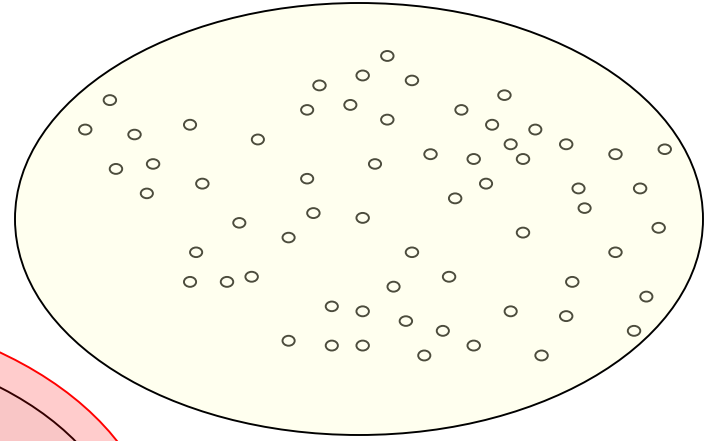
Basic Concept of Rapid Response and Containment

Stop or at least delay international spread

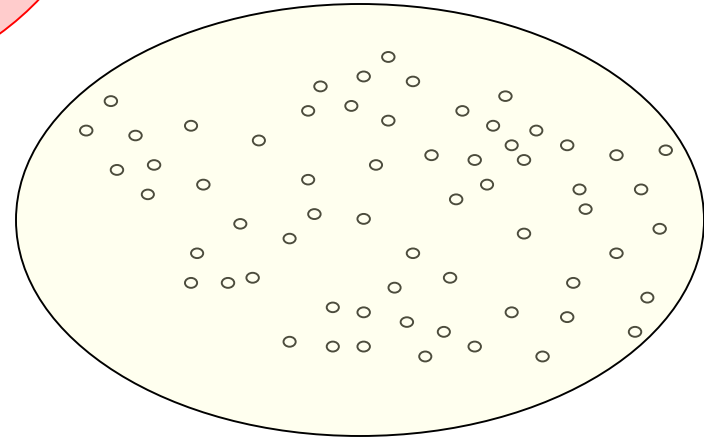
- **Identify area of local spread and establish quarantine**
- **Use antiviral drugs**
 - Treatment of infected persons
 - Prophylaxis of non-ill persons
- **Implement other public health measures**
 - Infection control measures to reduce exposure
 - Social distancing measures to reduce "mixing" of people
 - Support population within quarantine
- **Monitor situation & reassess**



Area with interventions

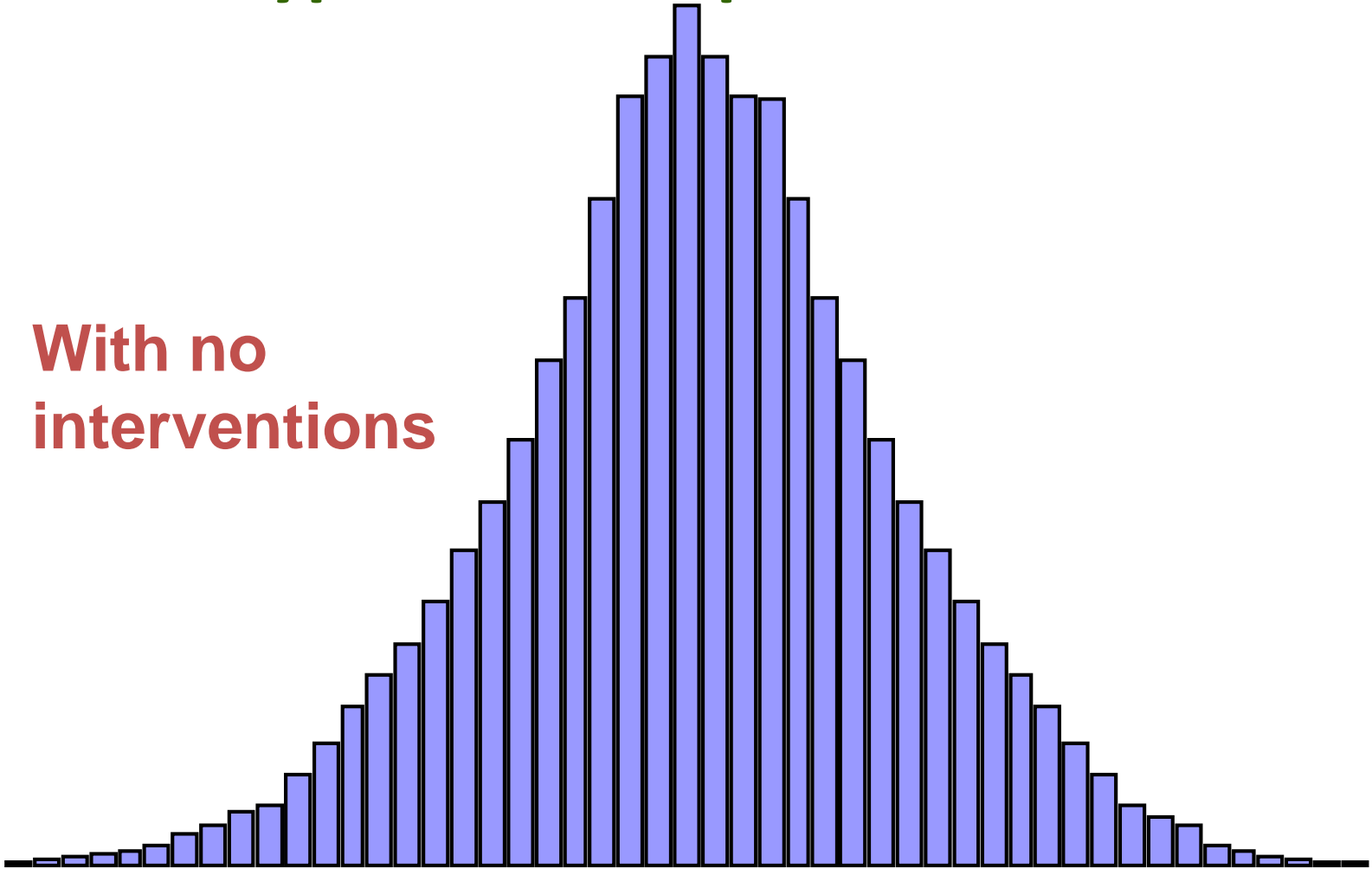


**Quarantine area:
restriction of
movement in and out**

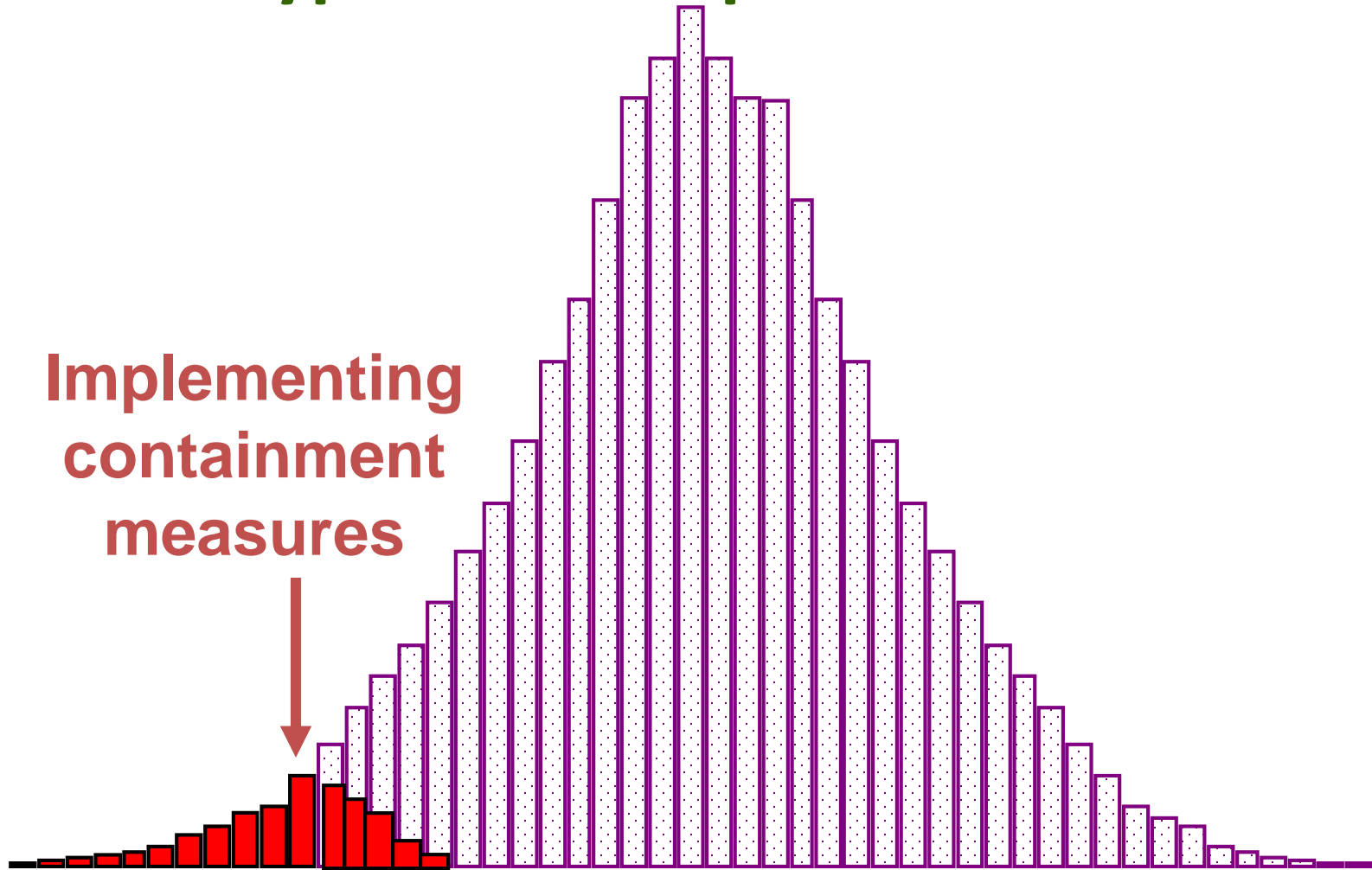


Hypothetical epidemic curve

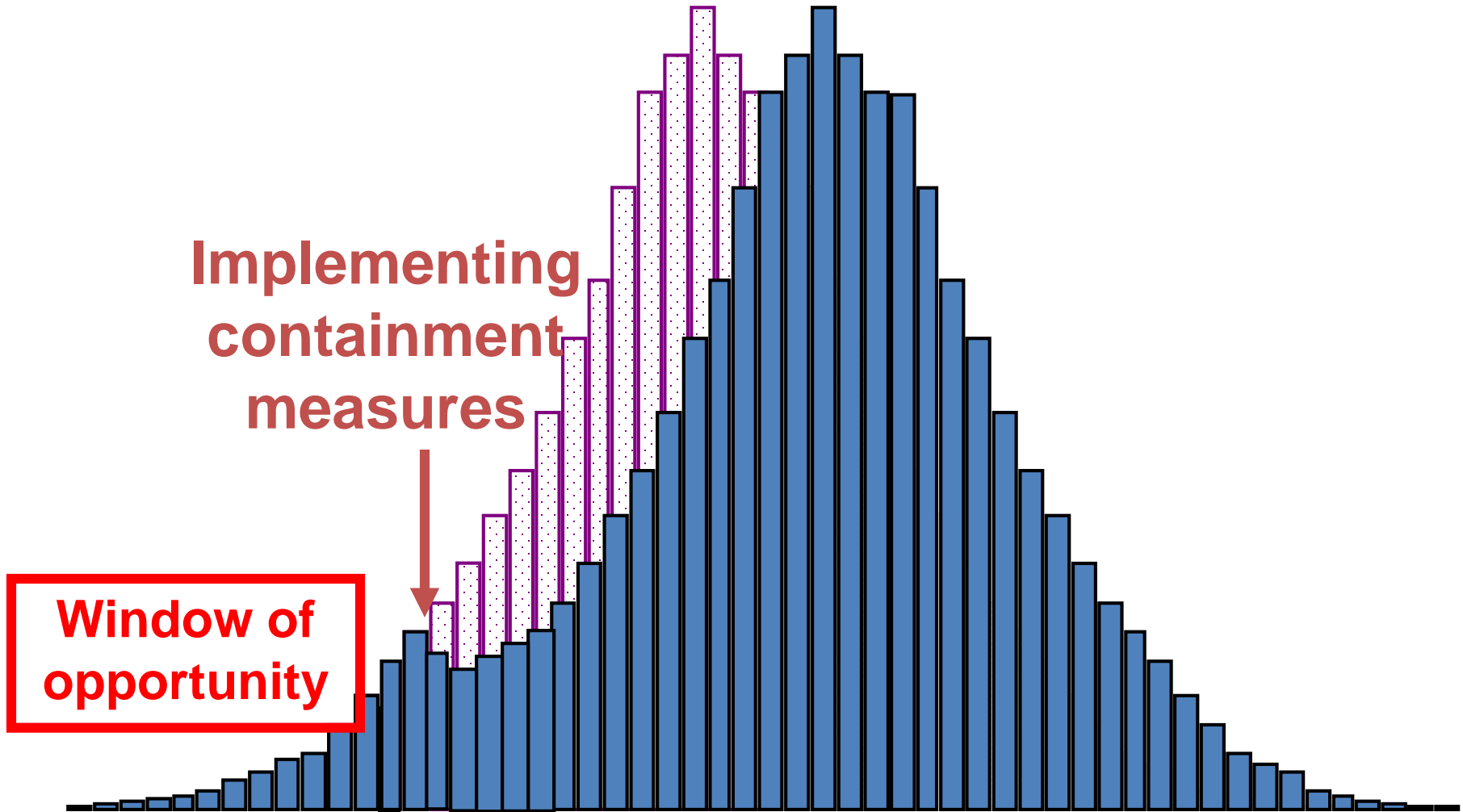
With no
interventions



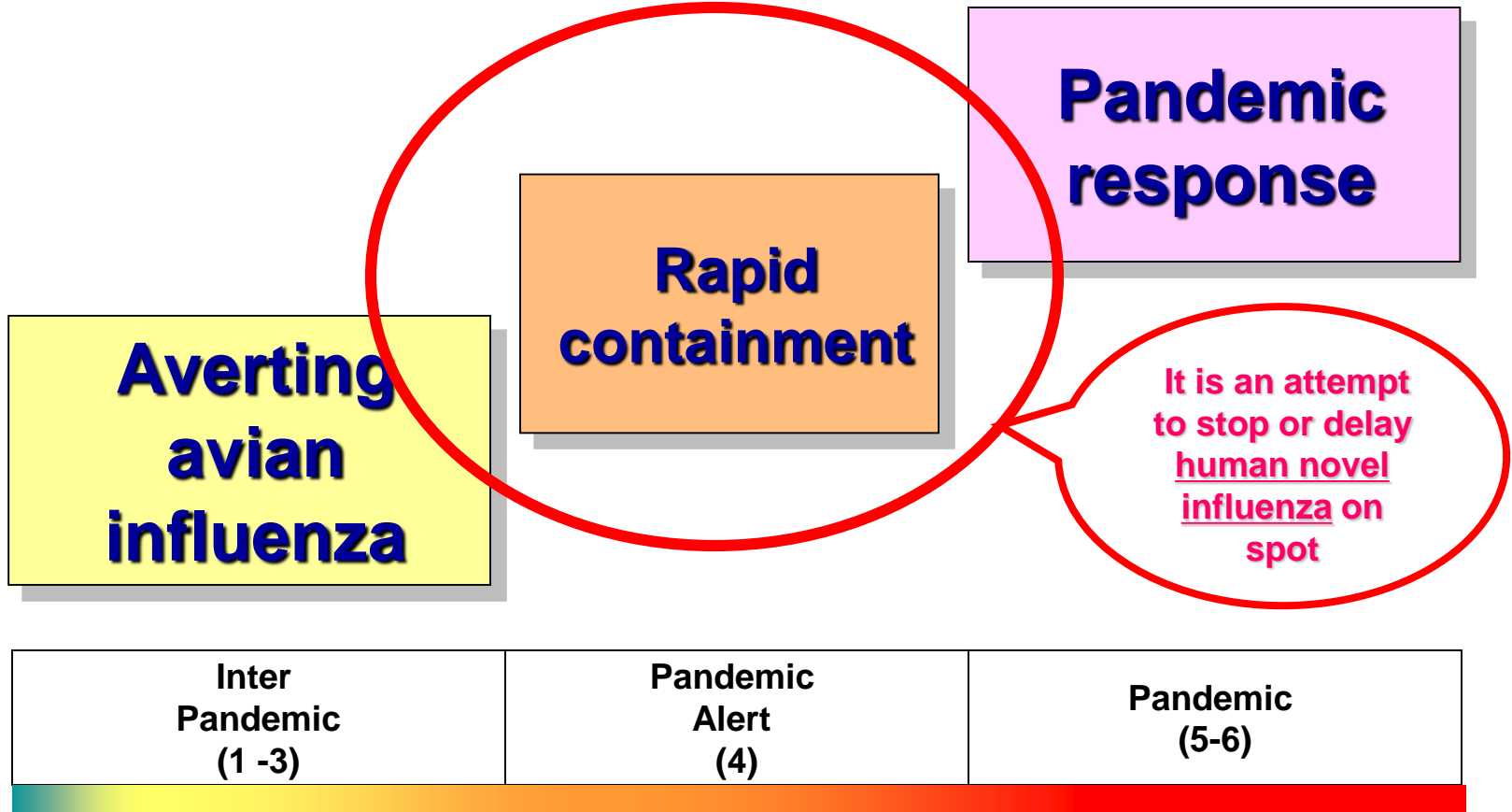
Hypothetical epidemic curve

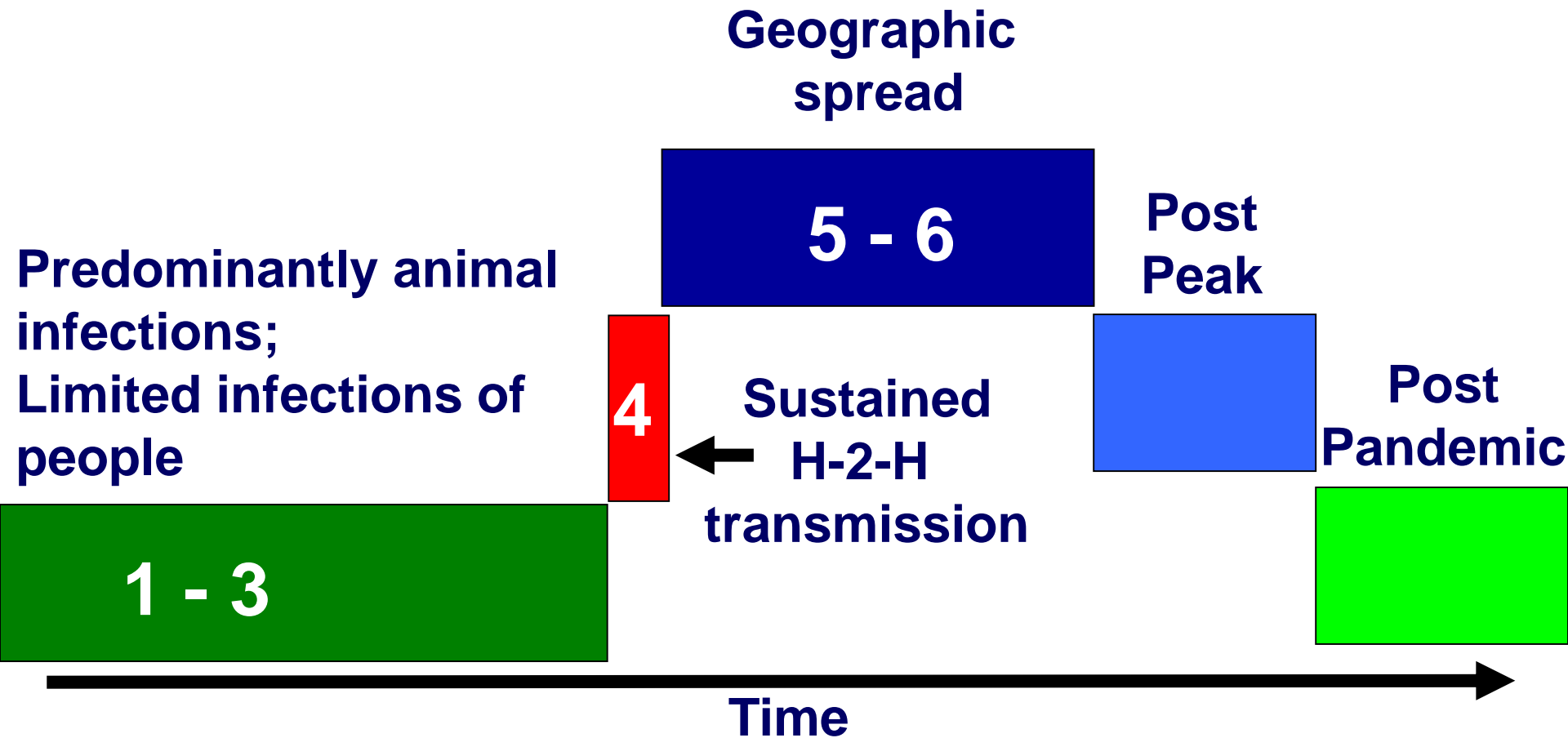


Hypothetical epidemic curve

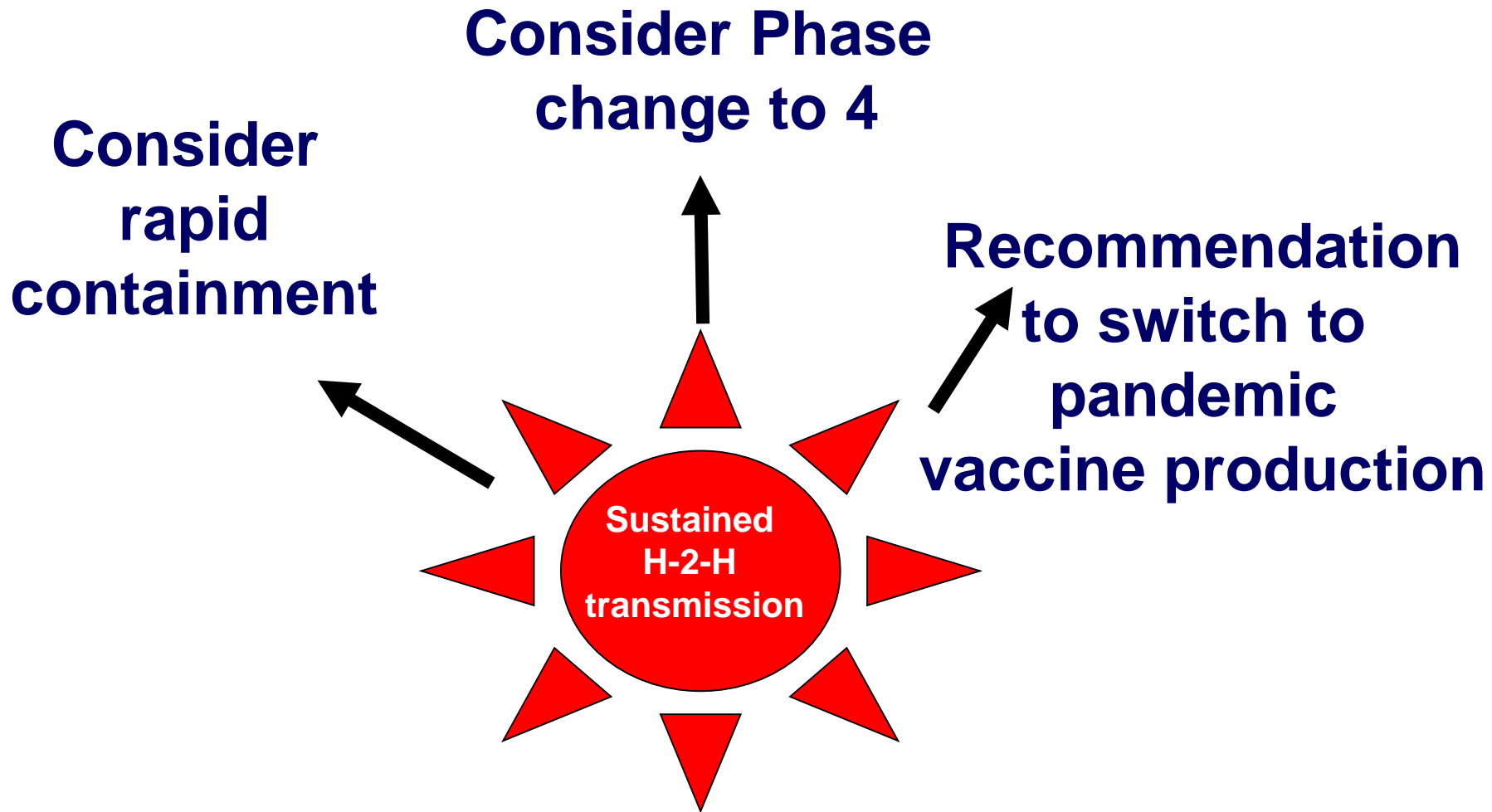


Stage-wise Intervention





First Detection of Community Level Outbreaks Will Require Several Urgent WHO Decisions



Rapid Containment Steps

STEP 0

Early detection, reporting & response



STEP 1

Assessment and decision making



STEP 2

Implementation

**Rapid
Containment**



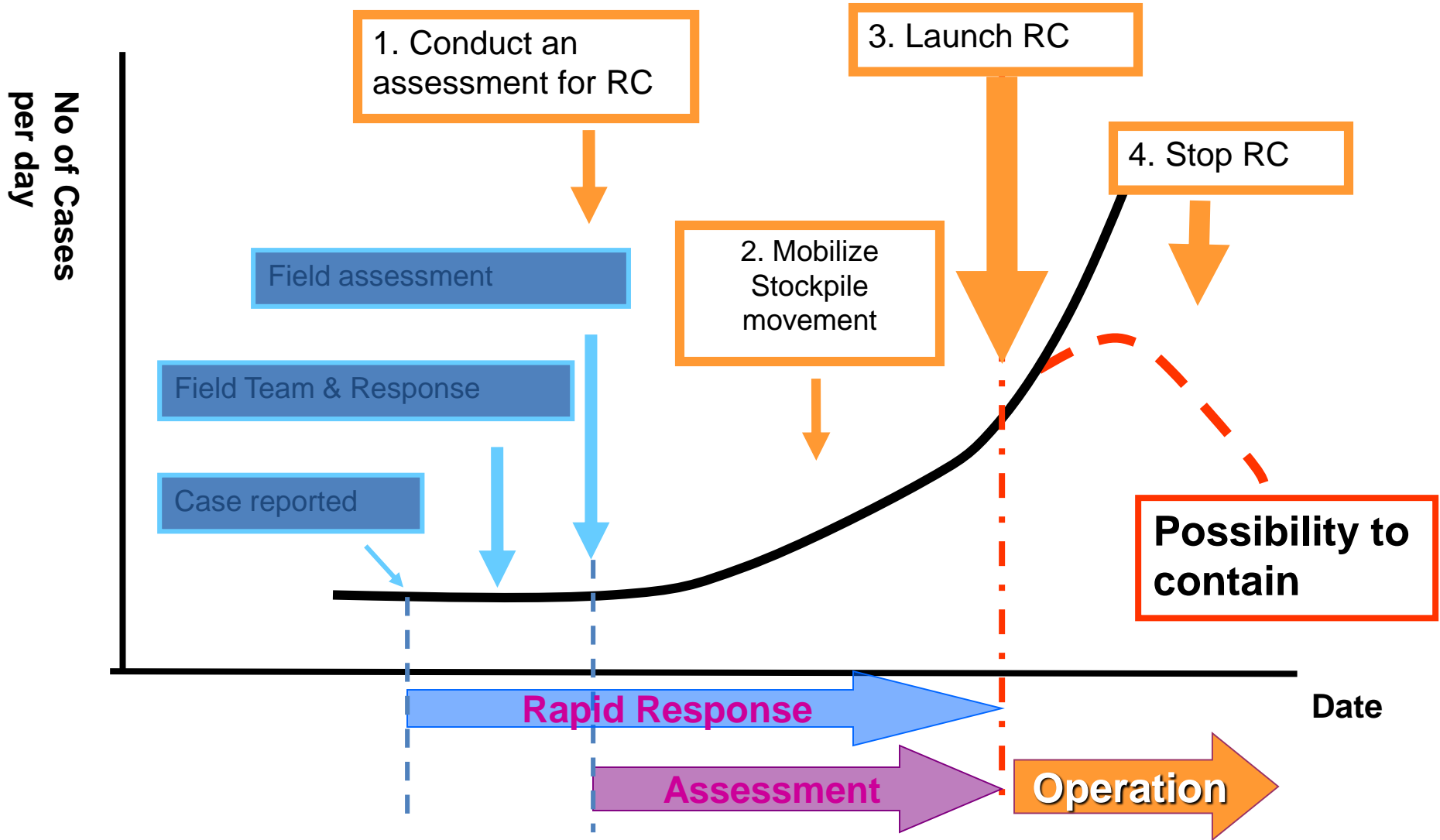
STEP 3

Monitoring and evaluation

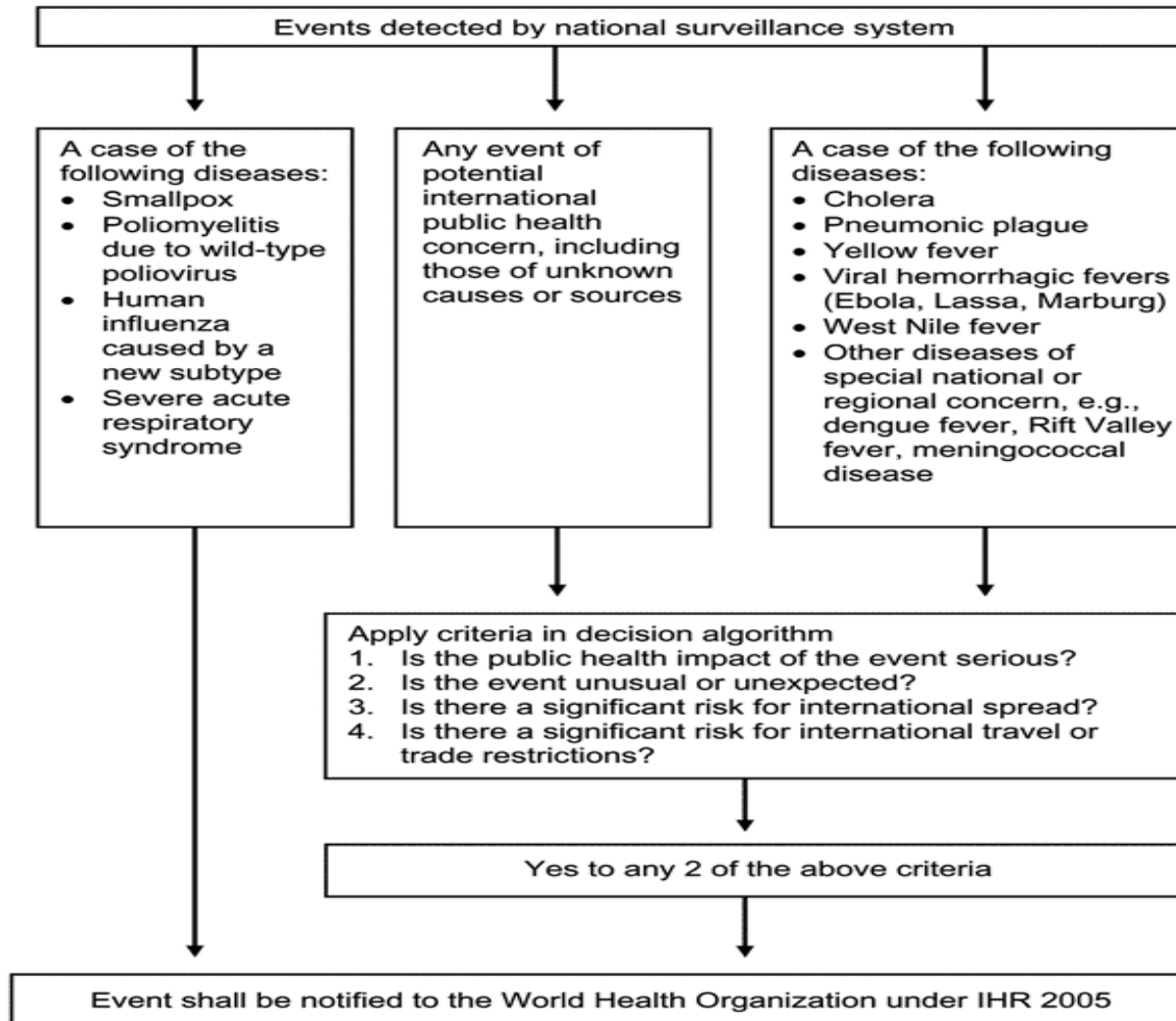
Rapid response vs Rapid containment

- **Rapid response = ROUTINE**
 - Early detection of human cases
 - Initial field investigation
 - Standard control measures
 - Notification of National authority and WHO
- **Rapid containment = EXTRAORDINARY**
 - Joint risk assessment by country and WHO
 - Additional field assessment if needed
 - Decision made by national authorities in consultation with WHO
 - Large scale use of antivirals and non-pharmaceutical interventions

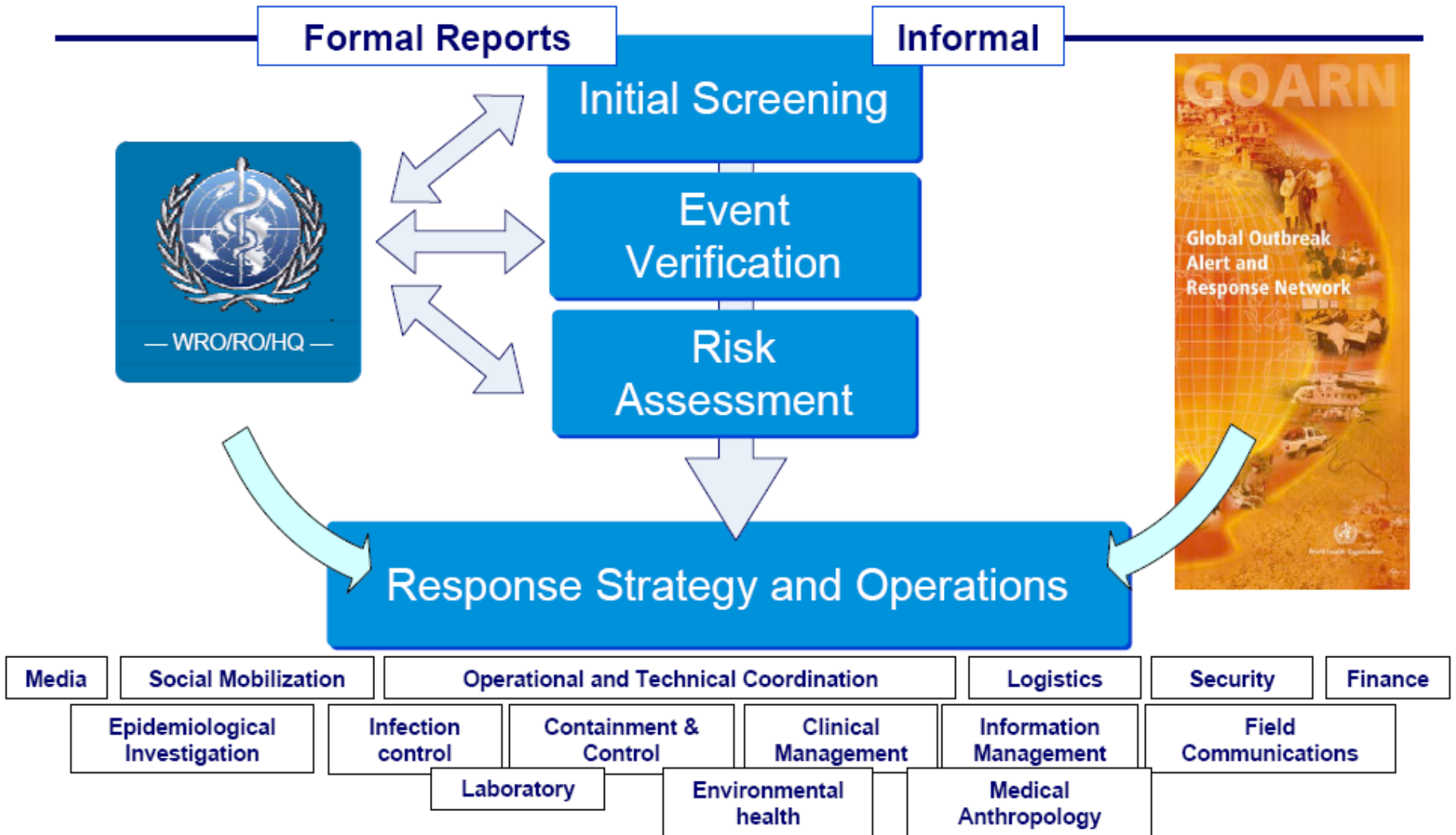
RC Time line and 4 Decision making points



PHEIC Decision Instrument



Event Management Process





THANK YOU