Public health emergencies of international concernin the 21st century

To The Editor

Since 2007, the International Health Regulations (IHR) formulated the framework of global health security [1]. It is one of the World Health Organization’s (WHO) priorities, primarily promoting health and well-being. One of the main roles of the IHR is to declare certain diseases as public health emergencies of international concern (PHEIC) [2]. This declaration is publicized by the IHR Emergency Committee (EC) of international experts which was developed following the SARS outbreak in 2004 [3]. A PHEIC is defined as an extraordinary event which is determined to constitute a public health risk to other states through the international spread of disease and potentially requiring an international coordinated response [4]. This is mainly seen as an alarm system or a call for action for a preceding pandemic. With the declaration, the WHO states have 24 hours within which to report any potential PHEIC events to the WHO. It can also be received by non-governmental sources.

With escalating globalization and a sudden increase in the emergence of infectious diseases, pathogens of concern are increasingly mobile worldwide. Such pathogens are causing severe outbreaks and loss of life. A disease is said to be PHEIC if it has a serious public health impact, is unexpected in nature and is likely to affect travel and trade worldwide. PHEIC are not only confined to infectious diseases but also include events caused by chemical agents or radioactive materials. The IHR decision algorithm assists the WHO member states to decide whether a potential PHEIC exists and if it is required to notify the WHO. The PHEIC list already includes a list of diseases that are always notifiable and do not require any IHR decision to declare them as such. This list includes SARS, smallpox, wild type poliomyelitis and any new subset of human influenza [5].

To date, all PHEIC declarations have been done for viral emerging infectious diseases and none of bacterial illnesses. Most of these viral diseases are zoonotic in nature. This declaration by the WHO is made to prepare the world to deal with the causative agents in every aspect with holidays [11, 12]. The main aim of the declaration of PHEIC to the USA. At the time of declaration, a total of 42 cases had already been identified to be the cause of a febrile respiratory infection in Mexico and myelitis was the longest PHIEC and continues to be one.

The first PHIEC was declared on April 25, 2009, when H1N1 was declared a PHIEC twice, once in 2014 and then again in 2016. Polio in 2004 [3]. A PHEIC is defined as an extraordinary event which is determined to constitute a public health risk to other states through the international spread of disease and potentially requiring an international coordinated response [4]. This is mainly seen as an alarm system or a call for action for a preceding pandemic. With the declaration, the WHO states have 24 hours within which to report any potential PHEIC events to the WHO. It can also be received by non-governmental sources.

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Overall, it has been observed that the WHO is robust and effective in responding to these international health emergencies but some studies have postulated that the responses were quicker and more prompt when American citizens were infected and these emergencies did not coincide with holidays [11, 12]. The main aim of the declaration of PHEIC to the WHO. If the failure to reach a consensus on whether the outbreak was a PHEIC, the decision was made to raise awareness to the highest level possible with strong political commitment and to reduce discrimination.
possible by all countries of the world irrespective of their economic status. It should be noted that most PHEIC owe to zoonotic infections from low-to-middle income countries. The IHR declaration covers all zoonotic aspects of these diseases and also how to limit animal-human interaction. The one health strategy can be covered in order to mitigate, prevent and control these diseases. For this, resources should be allocated for research and infrastructure development for testing/diagnostic, prevention and treatment of the causative agents in every country of the world. Although high-income countries seem to be well-equipped to face such pandemics, the past ones (like COVID-19) have proven that serious efforts should still be conducted to reduce the burdens of these emergencies. We think paying more attention to countries where outbreaks of infectious diseases are reported should be prioritized. Equipping these countries should be sought by the global community to control the local outbreaks and prevent their global spread. Global healthcare authorities should also seek to provide adequate efficacious prevention and treatment approaches. Another recommendation would be not to stigmatize and isolate countries where an outbreak was first reported, similar to what occurred with the so-called Spanish influenza before it was realized that the infection did not originate from Spain.

Ethical approval

Not applicable.

Sources of funding

No funding received.

Author contribution

RS design and draw the original draft, AR, BIL, AM, AA, and AJRM review the literature, critically edit the manuscript. All authors read and approve for the final manuscript.

Trial registry number

1. Name of the registry: N/A
2. Unique Identifying number or registration ID: N/A
3. Hyperlink to your specific registration (must be publicly accessible and will be checked): N/A

Guarantor

The Guarantor is the one or more people who accept full responsibility for the work and/or the conduct of the study, had access to the data, and controlled the decision to publish. Please note that providing a guarantor is compulsory.

Conflicts of interest

No conflicts of interest.

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