

**MEETING OF THE STATES PARTIES TO  
THE CONVENTION ON THE PROHIBITION  
OF THE DEVELOPMENT, PRODUCTION  
AND STOCKPILING OF BACTERIOLOGICAL  
(BIOLOGICAL) AND TOXIN WEAPONS AND  
ON THEIR DESTRUCTION**

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Meeting of Experts  
Geneva, 19 – 30 July 2004  
Item 5 of the provisional agenda  
Consideration of strengthening and broadening  
national and international institutional efforts and  
existing mechanisms for the surveillance, detection,  
diagnosis and combating of infectious diseases  
affecting humans, animals, and plants

**Mechanisms being implemented for Disease Surveillance by Intergovernmental  
Organizations (World Health Organization (WHO), Food and Agricultural  
Organization (FAO), World Organization for Animal Health / Office  
International des Epizooties (OIE)) and Significant Mechanisms being  
Implemented for Disease Surveillance by Non-Governmental Organizations**

Background paper prepared by the Secretariat

## EXECUTIVE SUMMARY

1. The background paper (BWC/MSP.2004/MX/INF.1) addresses current mechanisms being implemented for disease surveillance by the World Health Organization (WHO), Food and Agriculture Organization (FAO) and the World Organization for Animal Health / Office International des Epizooties (OIE) as well as by the NGO Program for Monitoring Emerging Diseases (ProMED Mail).

### **OVERVIEW**

2. Disease surveillance is an ongoing activity performed at the international level by the WHO, FAO and OIE to detect or monitor the occurrence of disease for control purposes within human, animal and plant populations. Surveillance is the routine collection, collation, analysis and distribution of information relevant to the control of disease and its prevention. This incorporates the WHO concept of 'Epidemic Disease Intelligence'.

3. The routine and ongoing nature of infectious disease surveillance provides local baseline data against which the incidence of new, emerging or re-emerging endemic, or non-endemic, epidemic-prone diseases can be detected. A common perspective of all three intergovernmental organizations is that strengthened national surveillance infrastructure, including human and technical resources, will directly contribute to more rapid control and response to disease outbreaks, irrespective of their origin. As such, high-consequence low frequency incidents such as those arising from deliberate biological agent releases suggest that there is mutual benefit for WHO, OIE, FAO and BTWC Member States in bolstering disease surveillance systems for the detection of natural and deliberate disease outbreaks.

4. Surveillance is vital for rapid containment, response and control of outbreaks of human, animal and plant diseases that have the potential to adversely impact public health and/or disrupt trade, travel and even food security. All three intergovernmental organizations deem it essential to develop, or bolster surveillance systems.

### **THE BTWC AND WHO, OIE AND FAO**

5. The decision taken by the Second Review Conference of the BTWC (1986) to institute Confidence Building Measures (CBMs) (amended at the Third Review Conference in 1991) calls on States Parties to provide "Exchange of information on outbreaks of infectious diseases and similar occurrences caused by toxins, and on all such events that seem to deviate from the normal pattern as regards type, development, place, or time of occurrence. The information provided on events that deviate from the norm will include, as soon as it is available, data on the type of disease, approximate area affected, and number of cases."

6. The decision further states, "Since no universal standards exist for what might constitute a deviation from the normal pattern, States Parties agreed to utilize fully existing national reporting systems on human diseases as well as animal and plant diseases, where possible, and systems within the WHO to provide annual update of background information on diseases caused by organisms which meet the criteria for risk groups II, III and IV according to the

classification in the 1983 WHO Laboratory Biosafety Manual (LBM), the occurrence of which, in their respective areas, does not necessarily constitute a deviation from normal patterns.”

7. It is important to note that this WHO classification is based on the risk posed by the various biological agents to people occupationally or accidentally exposed to such agents. Therefore, this classification of risk cannot be applied to those animal or plant biological agents, which are not considered hazardous to man.

8. Since the Third Review Conference the WHO, OIE and FAO have been working on standardized disease reporting and notification procedures. Whilst CBM Form B (Annex I) mentions reporting on risk groups II-IV as indicated by the LBM, it does not specifically mention animal and plant pathogenic micro-organisms and toxins within the same risk groups. Moreover, CBM Form B does not indicate a requirement to report or notify the incidence of specific lists of pathogens/diseases.

9. Only WHO has included preparedness and response to the deliberate release of disease within its mandate; however, WHO lacks an operational strategy for its implementation. Staff from the OIE and FAO secretariat informally recognize the potential for disruption and disaster resulting from a deliberate release of pathogenic micro-organisms and toxins, however, these Organizations have not yet dedicated financial and human resources towards this end. However OIE, FAO and WHO agreed to work together in the Global Early Warning System (GLEWS) to be implemented jointly soon.

### **ProMED MAIL**

10. The non-governmental organization, ProMED Mail (<http://www.promedmail.org>) reports that it has over 32,000 subscribers in over 150 countries. ProMED Mail disseminates information pertaining to outbreaks of infectious disease and toxin-mediated events which affect human health, including those in animals and plants grown for food or animal feed. It does not address issues related to tuberculosis, HIV, or diseases which can be prevented through the application of vaccines. ProMED Mail is available in English, Spanish and Portuguese (regionally).

11. ProMED Mail uses a three stage process for handling the flow of information:

- Receipt of information – this covers information forwarded to the organization from interested individuals and also that gathered by its permanent staff;
  - Review and verification – the information is passed through a series of moderators and editors to ensure its relevance and accuracy; and
  - Dissemination of information – the data generated is then disseminated through two mechanisms. The first is via e-mail lists serviced by the organization. The second is via ProMED Mail’s website, which incorporates a searchable archive of all disease reports made by the organization.
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