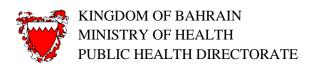


IHR Public Health Events of International Concern (PHEIC)

Reporting Form

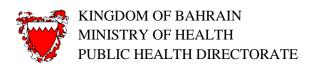
| Reporting Place: | | | | | | |
|--------------------|---------|-------|--------------|--|--|--|
| Reporting o | late: | | | | | |
| Event date: | | | | | | |
| Event time: | | | | | | |
| Event type: | ; | | | | | |
| Food rela | ted | | | | | |
| Biologica | ıl | | | | | |
| Chemical | | | | | | |
| Radiologi | ical | | | | | |
| Zoonotic | | | | | | |
| Event locat | ion (Aı | rea): | | | | |
| Region 1 | | | | | | |
| Region 2 | | | | | | |
| Region 3 | | | | | | |
| Region 4 | | | | | | |
| Region 5 | П | | | | | |

International Health Regulations Monitoring System National IHR Focal point (NFP)
IHR events should be reported immediately by telephone 17288888 ext. 2234,2224-17279234-17279224
or fax 17279290 or Email hhannan@health.gov.bh or online www.moh.gov.bh/IHR

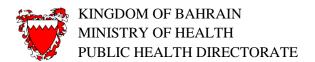


| Source of Report |
|---|
| Step1: |
| Indicate why this event may be a potential Public Health Emergency of |
| International Concern (PHEIC) |
| \square A Disease is one of the following: |
| SARS |
| Polio |
| Smallpox |
| Human influenza caused by a new subtype (e.g., H5N1) |
| Skip to Step 2 if A is checked. |
| For each of the four major PHEIC criteria listed below, tick next to any sub-item that |
| applies. If any is ticked, check the corresponding criterion checkbox. |
| \square B. Event (biological, chemical or radiological) meets the following criteria: |
| 1. Serious Impact on Public Health |
| ☐ There is high or potentially high morbidity and/ or mortality. |
| ☐ The geographic scope is large or spreading over a large area or in area of high |
| population density. |
| ☐ The agent is highly transmissible/ pathogenic. |
| ☐ The event has compromised containment or control efforts. |

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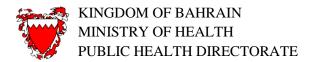


| ☐ Therapeutic prophylactic agents are unavailable, absent, or ineffective (e.g. XDR- |
|---|
| TB). |
| ☐ Case occurring among health care staff. |
| ☐ Other: |
| 2. Unusual or Unexpected Event |
| ☐ The disease causing agent (s) is yet unknown or a new (emergent) pathogen |
| ☐ The population affected is highly susceptible |
| ☐ The event is unusual for the season, locality or host |
| ☐ There is a suspicion that this may have been an international act |
| □ Other |
| 3. Significant risk for international spread |
| ☐ Epidemiologic link to a similar event outside Bahrain. |
| ☐ Potential cross-border movement of pathogen/agent/host |
| ☐ Conducive transmission vehicles: air, water, food or environmental. |
| □ Other |
| 4. Risk for trade or travel restrictions |
| ☐ There is a history of similar events in the past that have resulted in restrictions |
| \square The event is associated with an international gathering or a tourist area |
| \square The event is or has gained significant government or media attention |
| ☐There is a zoonotic disease of the potential for an epizootic event |
| □ Other |



Continue with Step 2 if at least two checkboxes (1-4) are checked; else, this event does

| not meet the requirements of a potential PHEIC. |
|--|
| Step 2: |
| Are there human cases of illness associated with the event? |
| Yes □ No □ |
| If yes, fill out BOX 1, paying particular attention to report the items listed in BOX 1. |
| If no, fill out BOX 2, paying particular attention to report the items listed for BOX2. |
| Complete the appropriate boxes as best as possible, and include any other event-related information. |

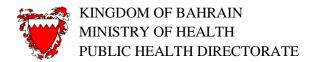


Box 1. HUMAN DISEASE/ SYNDROME

PROVIDE AVAILABLE INFORMATION FOR THE FOLLOWING:

- 1. Name of pathogen/agent (etiology), if known;
- 2. clinical signs and symptoms
- 3. new or emerging pathogen/agent
- 4. case definition
- 5. vector or reservoir
- 6. Deaths
- 7. population at risk
- 8. laboratory test result and location (name of lab performing analyses)
- 9. scale local widespread •
- 10. control measures implemented
- 11. association with international travel
- 12. Therapy or containment compromise
- 13. Infrastructure strain
- 14. intentional or unintentional •
- 15. Unusual/atypical conditions.

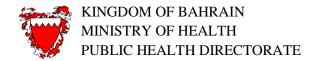
Any other event related information



BOX 2. ENVIROMENTAL/ FOOD CONTAMINATION OR ANIMAL INFECTIONS

| PROVIDE AVAILABLE INFORMATION FOR THE FOLLOWING: | | | | | | | |
|---|---|--|--|--|--|--|--|
| 1. | Agent/ pathogen | | | | | | |
| 2. | Source | | | | | | |
| 3. vehicle/mode of dispersion | | | | | | | |
| 4. | 4. population at risk | | | | | | |
| 5. | 5. laboratory test results and location/ name of lab performing | | | | | | |
| | analyses | | | | | | |
| 6. | distribution of agent product □ Animals □ | | | | | | |
| 7. control measures implemented | | | | | | | |
| 8. | scale local □ widespread □ | | | | | | |
| 9. | 9. intentional □ unintentional □ | | | | | | |
| 10. potential for human exposure to toxic or infectious agent | | | | | | | |
| Any other event related information: | | | | | | | |

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PHEIC Assessment and Reporting Protocol

