Kingdom Of Bahrain
Ministry Of Health
Public Health Directorate

International Health Regulations

Annual Report

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Done by
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Introduction

The International Health Regulations 2005 (IHR) are an international agreement legally binding on 194 States Parties, including all WHO Member States. They entered into force on 15 June 2007. States Parties are obligated by the Regulations to develop, strengthen and maintain national minimum core public health capacities. The national core capacities are described in functional terms in Annex 1 of the Regulations and include surveillance and response capacities to public health events including capacities at designated points of entry.

The Regulations are intended to rapidly identify and stop the emergence and spread of public health risks including emergency events. These risks are not restricted to communicable diseases with epidemic and pandemic potential but apply across all relevant hazards of zoonotic, food safety, chemical, radiological.

The IHR set out a time frame within which States Parties are to develop, strengthen and maintain national core capacities. According to the provisions of Articles 5 and 13 and Annex 1 of the IHR, State Parties should have assessed their core capacities for surveillance and response, including at designated points of entry, by 15 June 2009.

The vision of the Bahrain IHR is to “minimize the health, economic and social impact of any public health emergencies of international concern.”

The Bahrain IHR mission is to “improve health protection in Bahrain, to be prepared and to respond to a public health emergency of international concern”.

In 2013, Bahrain met the IHR core capacity obligations for 2014 by fulfilling all the requirements for IHR implementation through building the capacities before the global deadline by June 2014 by strengthening of existing structures, systems and institutional capacities for implementation of the International Health Regulations.

initiation of IHR activities among the various administrative levels and other concerned ministries and institutions in Bahrain which lead to advanced achievement whereby

knowledge, findings, lessons learnt and experience gained from the outputs and outcomes.

Progress in building capacities for surveillance and response was achieved in Bahrain as per annex 1 of the regulations that facilitate implementation in a more efficient, effective or beneficial manner.

Strengthening the IHR communication Program was done in Bahrain by establishing Bahrain IHR website which facilitates coordination among the different entities involved in implementation of the IHR.

National Capacity Monitoring

Capacity, Component, and Indicator scores are shown as percentages below.

1 Capacity: National legislation 100

1.1 Component: National legislation and policy **100**
1.1.1 Indicator: Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR **100.**

2 Capacity: Coordination and NFP Communications 100

2.1 Component: IHR coordination, communication and advocacy **100**
2.1.1 Indicator: A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR **100**
2.1.2 Indicator: A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR **100.**

3 Capacity: Surveillance 100.

3.1 Component: Indicator based surveillance **100**
3.1.1 Indicator: Indicator-based surveillance includes an early warning function for the early detection of a public health event **100**
3.2 Component: Event-Based Surveillance **100**
3.2.1 Indicator: Event-Based Surveillance is established and functioning **100.**

4 Capacity: Response 94.

4.1 Component: Rapid Response Capacity **100**
4.1.1 Indicator: Public health emergency response mechanisms are established and Functioning **100**
4.2 Component: Infection Control **88**
4.2.1 Indicator: Infection Prevention and Control (IPC) is established and functioning at national and hospital levels **88**.

5 Capacity: Preparedness 61.

5.1 Component: Public Health Emergency Preparedness and Response **83**

5.1.1 Indicator: Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented **83**
5.2 Component: Risk and resource management for IHR preparedness **40**
5.2.1 Indicator: Priority public health risks and resources are mapped and utilized **40.**

6 Capacity: Risk Communication 71
6.1 Component: Policy and procedures for public communications **71**
6.1.1 Indicator: Mechanisms for effective risk communication during a public health emergency are established and functioning **71**.

7 Capacity: Human Resource Capacity 40.

7.1 Component: Human Resource Capacity **40**
7.1.1 Indicator: Human resources available to implement IHR Core Capacity Requirements **40.**

8 Capacity: Laboratory 100.

8.1 Component: Laboratory diagnostic and confirmation capacity **100**
8.1.1 Indicator: Laboratory services available to test for priority health threats **100**
8.2 Component: Laboratory biosafety and biosecurity **100**
8.2.1 Indicator: Laboratory biosafety and laboratory biosecurity (Bio risk management) practices in place and implemented **100.**

9 Capacity: Points of Entry (PoE) 100.

9.1 Component: General obligations required at Points of Entry (PoE) **100**
9.1.1 Indicator: General obligations at PoE are fulfilled (including for coordination and communication **100**
9.2 Component: Core Capacities required at all times **100**
9.2.1 Indicator: Routine capacities and effective surveillance are established at PoE **100**
9.3 Component: Core Capacities for Response Responding to public health emergencies at PoE **100**
9.3.1 Indicator: Effective response at PoE is established **100.**

10 Capacity: Zoonotic Events 89.

10.1 Component: Capacity to detect and respond to zoonotic events of national or international concern **89**

International Health Regulations
National Capacity Monitoring in Bahrain 2013

Core Capacity: 1. National legislation

Component: 1.1 National legislation and policy **Bahrain**
Indicator: 1.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR

1.1.1.1 Has an assessment [4] of relevant legislation, regulations, administrative requirements and other government instruments for IHR implementation been carried out?
Yes
1.1.1.2 Have recommendations following assessment of relevant legislation, regulations, administrative requirements and other government instruments been implemented?
Yes
1.1.1.3 Has a review of national policies to facilitate IHR NFP functions and IHR technical core capacities [5] been carried out?
Yes
1.1.1.4 Have policies to facilitate IHR NFP core and expanded [6] functions and to strengthen core capacities been implemented?
Yes
1.1.1.5 Are key elements of national/domestic IHR-related legislation published [7]?
Yes
- Public Health law was reviewed and the article related to IHR was added.
- 1.1.1.2 In the Process.
- 1.1.1.3 For communicable diseases done.
- 1.1.1.5 Health law, was reviewed and the article related to IHR was added.

Core Capacity: 2. Coordination and NFP Communications

Component: 2.1 IHR coordination, communication and advocacy **Bahrain**
Indicator: 2.1.1 A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR

2.1.1.1 Is there coordination within relevant ministries on events that may constitute a public health event or risk of national or international concern?

Yes

2.1.1.2 Are Standard Operating Procedures (SOP)[12] or equivalent available for coordination between IHR NFP and relevant sectors?

Yes

2.1.1.3 Is a multi-sectoral, multidisciplinary body, committee or taskforce [13] in place addressing IHR requirements on surveillance and response for public health emergencies of national and international concern?

Yes

2.1.1.4a Have multisectoral and multidisciplinary coordination and communication mechanisms been updated regularly?

Yes

2.1.1.4b Have multisectoral and multidisciplinary coordination and communication mechanisms been tested through exercises or through the occurrence of an actual event?

Yes

2.1.1.5 Have action plans been developed to incorporate lessons learnt of multisectoral and multidisciplinary coordination and communication mechanisms?

Yes

2.1.1.6 Are annual updates conducted on the status of IHR implementation to stakeholders across all relevant sectors?

Yes

2.1.2.1 Has the IHR NFP [14] been established?

Yes

2.1.2.2 Does the IHR NFP provide WHO with updated contact information and annual confirmation of the IHR NFP?

Yes

2.1.2.3 Have any additional roles [15] and responsibilities for the IHR NFP functions been implemented?

Yes

2.1.2.4 Have functions of the IHR-NFP been evaluated for effectiveness (e.g. empowerment, timeliness, transparency, appropriateness of communication)?

Yes

2.1.2.5 Have national stakeholders [16] responsible for the implementation of IHR been identified?

Yes

2.1.2.6 Has information on obligations [17] of the IHR NFP under the IHR been disseminated to relevant national authorities and stakeholders?

Yes

2.1.2.7a Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been defined?

Yes

2.1.2.7b Have the roles and responsibilities of relevant authorities and stakeholders in regard to IHR implementation been disseminated?

Yes

2.1.2.8 Have plans to sensitize stakeholders to their roles and responsibilities been implemented [18]?

Yes

2.1.2.9 Is the IHR Event Information Site used as an integral part of the IHR NFP information resource [19]? [19] i.e. used at least monthly

Yes

2.1.2.10 has an active [20] IHR website or webpage been established? [20] Active means that the website is regularly reviewed and updated, with timely information.

Yes

- 2.1.2.3 And 2.1.2.4 partially implemented.

Core Capacity: 3. Surveillance 2013

Component: 3.1 Indicator based surveillance **Bahrain**

Indicator: 3.1.1 Indicator-based surveillance includes an early warning function
For the early detection of a public health event.

3.1.1.1 Is there a list of priority diseases [25], conditions and case definitions for surveillance?

Yes

3.1.1.2 Is there a specific unit(s) designated for surveillance of public health risks?

Yes

3.1.1.3 Are surveillance data on epidemic prone and priority diseases Analyzed at least weekly at national and sub-national levels?

Yes

3.1.1.4 Have baseline estimates, trends, and thresholds for alert and action been defined for the community /primary response level for priority diseases/events?

Yes

3.1.1.5 Is there timely [26] reporting from at least 80% of all reporting units? [26] As defined by country standards

Yes

3.1.1.6 Are deviations or values exceeding thresholds detected and used for action at the primary public health response level [27]?

Yes

3.1.1.7 Has regular [28] feedback [29] of surveillance results been disseminated to all levels and other relevant stakeholders?

Yes

3.1.1.8a Have evaluations of the early warning function of the indicator based surveillance been carried out?

Yes

3.1.1.8b Have country experiences, findings, lessons learnt on indicator based surveillance been shared with the global community?

Yes

3.2.1.1 Has a unit(s) responsible for event-based surveillance [31] been identified? [31] This may be part of the existing routine surveillance system

Yes

3.2.1.2 Are country SOPs and/or guidelines for event based surveillance [32] available?

Yes

3.2.1.3 Have SOPs and guidelines for event capture, reporting, confirmation, verification, assessment and notification been implemented?

Yes

3.2.1.4 Have information sources [33] for public health events [34] and risks been identified?

Yes

3.2.1.5 Is there a system or mechanism in place at national and/or subnational levels for capturing public health events from a variety of sources [35]?

Yes

3.2.1.6 Is there active engagement and sensitization of community leaders, networks, health volunteers, and other community members on the detection and reporting of unusual health events?

Yes

3.2.1.7 Has the community/primary response level reporting been evaluated and updated as needed?

Yes

3.2.1.8a Are country experiences and findings on implementation of event based surveillance, and the integration with indicator based surveillance documented?

Yes

3.2.1.8b Are country experiences and findings on implementation of event based surveillance, and the integration with indicator based surveillance, shared with the global community?

Yes

3.2.1.9 Are there arrangements with neighboring countries to share data on surveillance and the control of public health events that may be of international concern?

Yes

3.2.1.10 Is the decision instrument in Annex 2 of the IHR used to notify WHO?

Yes

3.2.1.11 Have all of events that meet the criteria for notification under

Yes

3.2.1.11b If No, what % of events that meet the criteria for notification under Annex 2 of IHR has been notified by the IHR NFP to WHO within 24 hours of conducting risk assessments

yes

3.2.1.12 Have all events identified as urgent[38] within the last 12 months been assessed[39] within 48 hours of reporting?

Yes

3.2.1.12b If No, what % of events identified as urgent within the last 12 months have been assessed within 48 hours of reporting?

yes

3.2.1.13 has the IHR NFP responded to all verification requests from WHO within 24 hours in the last 12 months?

Yes

3.2.1.13b If No, what % of verification requests from WHO has the IHR NFP responded to within 24 hours in the last 12 months?

yes

3.2.1.14a has the use of the decision instrument been reviewed?

Yes

3.2.1.14b Have the procedures for decision making been updated on the basis of lessons learnt?

Yes

3.2.1.15a Are country experiences and findings in notification and use of Annex 2 of the IHR documented?

Yes

3.2.1.15b Are country experiences and findings in notification and use of Annex 2 of the IHR shared globally?

Yes

- **3.1.1.8b Partially implemented.**
- **3.2.1.1 Partially implemented.**
- **3.2.1.3 Partially implemented.**
- **3.2.1.5 Partially implemented.**

- 3.2.1.6 Partially implemented.
- 3.2.1.7 Partially implemented.
- 3.2.1.8 a Partially implemented.
- 3.2.1.8 b Partially implemented

Core Capacity: 4. Response

Component: 4.1 Rapid Response Capacity
Indicator: 4.1.1 Public health emergency response mechanisms are established and functioning
4.1.1.1 Are resources for rapid response during public health emergencies of national or international concern accessible?
Yes
4.1.1.2 Have public health emergency response management procedures been established for command, communications and control during public health emergency response operations?
Yes
4.1.1.3 Is there a functional, dedicated command and control operations centre in place?
Yes
4.1.1.4 Have emergency response management procedures (including mechanism to activate response plan) been implemented for a real or simulated public health response in the last 12 months?
Yes
4.1.1.5a Have emergency response management procedures (including mechanism to activate response plan) been evaluated after a real or simulated public health response?
Yes
4.1.1.5b Have emergency response management procedures been updated after a real or simulated public health response?
Yes
4.1.1.6 Are there Rapid Response Teams [41] (RRTs) to respond to events that may constitute a public health emergency?
Yes
4.1.1.7 Are there SOPs and/or guidelines available for the deployment of RRT members?
Yes
4.1.1.8 Have staff been trained (including RRT members) been trained in specimen collection and transport?

Yes

4.1.1.9 Are there case management guidelines for priority conditions?

Yes

4.1.1.10 Are evaluations of response (including the timeliness [42] and quality of response) systematically carried out?

Yes

4.1.1.11 Can multidisciplinary RRT be deployed within 48 hrs [43] from the first report of an urgent [44] event?

Yes

4.1.1.12 has the country offered assistance to other States Parties for developing their response capacities or implementing control measures?

No

4.2.1.1 Has responsibility been assigned for surveillance of health-care associated infections within the country?

Yes

4.2.1.2 Has responsibility been assigned for surveillance of anti-microbial resistance within the country?

Yes

4.2.1.3 Is a national infection prevention and control policy or operational plan available?

No

4.2.1.4 Are SOP's, guidelines and protocols for IPC available to hospitals?

Yes

4.2.1.5 Do all tertiary hospitals have designated area(s) and defined procedures for the care of patients requiring specific isolation[46] precautions according to national or international guidelines?

Yes

4.2.1.6 Are there qualified IPC professionals in place in all tertiary hospitals?

Yes

4.2.1.7 Are defined norms or guidelines developed for protecting healthcare workers ?

Yes

4.2.1.8 Have infection control plans been implemented nationwide?

No

4.2.1.9 Is there surveillance within high risk groups [48] to promptly detect and investigate clusters of infectious disease patients, as well as unexplained illnesses in health workers?

Yes

4.2.1.10 Are infection control measures and the effectiveness regularly evaluated and published?

Yes

4.2.1.11 has a monitoring system for antimicrobial resistance been established?
Yes
4.2.1.12a has a functional monitoring system for antimicrobial resistance been implemented?
Yes
4.2.1.12b Are data available on the magnitude and trends of antimicrobial resistance?
Yes
4.2.1.13 Has a national program[49] for protecting health care workers been implemented?
Yes
4.1.1.3 - 4.1.1.4 - 4.1.1.5a - 4.1.1.5b -4.1.1.7 - 4.1.1.10 all Partially implemented
4.1.1.8 for communicable diseases staff. An electronic Health Care workers screening for communicable diseases and vaccination program implemented in Bahrain.
4.1.1.12 through GCC Committee.
4.1.1.4-4.1.1.5 Simulation exercise for oil spill.

Core Capacity: 5. Preparedness

Component Response
Indicator: 5.1.1 Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented
5.1.1.1 Has an assessment [51]of the capacity of existing national structures and resources to meet IHR core capacity requirements been conducted?
Yes
5.1.1.2 Has a national plan [52] to meet the IHR core capacity requirements been developed?
Yes
5.1.1.3 Does the national public health emergency response plan incorporate IHR related hazards and PoE?
Yes
5.1.1.4a Have national public health emergency response plan(s) been implemented/tested in an actual emergency or simulation exercises?
Yes
5.1.1.4b Have national public health emergency response plan(s) been updated as needed?
Yes

5.1.1.5 Are procedures, plans or strategies in place to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?

No

5.1.1.6 Have procedures, plans or strategy been implemented to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level?

Yes

5.1.1.7 Have procedures, plans or strategy to reallocate or mobilize resources from national and sub-national levels to support action at community /primary response level been reviewed and updated as needed?

No

5.1.1.8 Is surge capacity to respond to public health emergencies of national and international concern available?

Yes

5.1.1.9 Has the adequacy of surge capacity to respond to public health emergencies of national and international concern been tested through an exercise or actual event (e.g. as part of the response plans)?

Yes

5.1.1.10a Have country experiences and findings on emergency response and in mobilizing surge capacity, been documented?

Yes

5.1.1.10b Have country experiences and findings on emergency response and in mobilizing surge capacity, been shared with the global community?

Not Known

5.2.1.1 Is a directory or list of experts in health and other sectors to support a response to IHR-related hazards available?

Yes

5.2.1.2 Has a national risk assessment t[53] to identify potential urgent public health event [54], and the most likely sources of these events been conducted?

No

5.2.1.3 Have national resources been mapped [55] for IHR relevant hazards and priority risks?

No

5.2.1.4 Have national profiles on risks and resources been developed? No

5.2.1.5 Is the national risk profile assessed regularly to accommodate emerging threats?

No

5.2.1.6 Are the national resources for priority risks assessed regularly to accommodate emerging threats?

No

5.2.1.7 Is a plan for management and distribution of national stockpiles available [56]?

Yes

5.2.1.8 Are stockpiles (critical stock levels) accessible for responding to priority biological, chemical, radiological events and other emergencies?

Yes

5.2.1.9 Does the country contribute to international stockpiles [57]?

No

5.2.1.1 Algorithm

5.1.1.4a -5.1.1.6 partially implemented in some areas.

Core Capacity: 6. Risk Communication

Component: 6.1 Policy and procedures for public communications

Indicator: 6.1.1 Mechanisms for effective risk communication during a public Health emergency are established and functioning.

6.1.1.1 Have risk communication partners and stakeholders been identified?

Yes

6.1.1.2 Has a risk communication plan [58] been developed?

No

6.1.1.3 Has the risk communication plan been implemented or tested through actual emergency or simulation exercise and updated in the last 12 months?

Yes

6.1.1.4 Are policies, SOPs or guidelines developed on the clearance [59] and release of information during a public health emergency?

Yes

6.1.1.5 Are regularly updated information sources accessible to media and the public for information dissemination [60]?

Yes

6.1.1.6 Are there accessible and relevant IEC (Information, Education and Communications) materials tailored to the needs of the population [61]?

Yes

6.1.1.7 In the last three national or international PH emergencies, have populations and partners been informed of a real or potential risk within 24 hours following confirmation?

Yes

6.1.1.8 Has an evaluation of the public health communication been conducted after emergencies, for timeliness, transparency [62] and appropriateness of communications?
No
6.1.1.9 Have the results of evaluations been used to update risk communication plan?
Yes
6.1.1.10 Have results of evaluations of risk communications efforts during a public health emergency been shared with the global community?
No
- 6.1.1.2 - 6.1.1.3 - 6.1.1.4 - 6.1.1.8 -6.1.1.9 All Partially implemented.

Core Capacity: 7. Human Resource Capacity

Component: 7.1 Human Resource Capacity
Indicator: 7.1.1 Human resources available to implement IHR Core Capacity Requirements.

7.1.1.1 Has a unit that is responsible for the development of human resource capacities including for the IHR been identified?
Yes
7.1.1.2 Has a needs assessment been conducted to identify gaps in human resources and training [63] to meet IHR requirements?
Yes
7.1.1.3 Does a workforce development or training plan that includes human resource requirements for IHR exist?
Yes
7.1.1.4 Is progress for meeting workforce numbers and skills consistent with milestones set in the training plan?
No
7.1.1.5 Has a plan or strategy been developed to access field epidemiology training (one year or more) in-country, regionally or internationally?
No
7.1.1.6 Has the plan or strategy to access field epidemiology training (one year or more) in-country, regionally or internationally been implemented?
No
7.1.1.7 Are there specific programs, with allocated budgets, to train workforces for IHR-relevant hazards?
No
- 7.1.1.2 For communicable diseases.

Core Capacity: 8. Laboratory

Component: 8.1 Laboratory diagnostic and confirmation capacity
Indicator: 8.1.1 Laboratory services available to test for priority health threats

8.1.1.1 Is there a policy to ensure the quality of laboratory diagnostic capacities (e.g. licensing, accreditation, etc.)?
Yes
8.1.1.2 Are national laboratory quality standards/guidelines available?
Yes
8.1.1.3 Does your country have access to networks of international laboratories to meet diagnostic and confirmatory laboratory requirements, and support outbreak investigations for events specified in Annex 2 of IHR?
Yes
8.1.1.4 Is there national laboratory capacity to meet diagnostic and confirmatory laboratory requirements for priority diseases?
Yes
8.1.1.5a is an up to date inventory of public and private laboratories [65] with relevant diagnostic capacity available?
Yes
8.1.1.5b is the inventory of public and private laboratories accessible?
Yes
8.1.1.6 Do national reference laboratories participate successfully [66] in
External Quality Assessment schemes for major public health disciplines [67] for diagnostic laboratories?
Yes
8.1.1.7 Are more than 10 non-AFP (Acute Flaccid Paralysis) hazardous specimens per year referred to national reference laboratories for examination?
Yes
8.1.1.8 Are all national reference laboratories accredited to international standards [68] or to national standards adapted from international standards?
No
8.1.1.9 Are national regulations compatible with international guidelines implemented, for the packaging and transport of clinical specimens?
Yes
8.1.1.10 Is there a functional [69] system for collection, packaging and transport of clinical specimens?
Yes

8.1.1.11 Have sample collection and transportation kits been pre-positioned at appropriate levels for immediate mobilization during a PH event?
Not Known
8.1.1.12 has staff at national or relevant levels been trained for the safe shipment of infectious substances according to international standards (ICAO/IATA)?
Yes
8.1.1.13 Do the processes for shipment of infectious substances when investigating an urgent public health event consistently meet ICAO/IATA standards?
Yes
8.1.1.14 Can clinical specimens from investigation of urgent public health events are delivered for testing to appropriate national or international reference laboratories within the appropriate timeframe [70] of collection?
Yes
8.1.1.15 Have at least 10 hazardous specimen per year been shipped internationally to a collaborating laboratory as part of an investigation or exercise?
Yes

Core Capacity: 8. Laboratory

Component: 8.2 Laboratory biosafety and biosecurity
Indicator: 8.2.1 Laboratory biosafety and laboratory biosecurity (Biorisk management) practices in place and implemented

8.2.1.1 Are biosafety guidelines accessible to laboratories? Yes
8.2.1.2 Are regulations, policies or strategies [72] for laboratory biosafety available?
Yes
8.2.1.3 Has a responsible entity [73] been designated for laboratory biosafety and laboratory biosecurity?
Yes
8.2.1.4 Are relevant staff trained in laboratory biosafety and laboratory biosecurity guidelines?
Yes
8.2.1.5 Has an institution or person [74] responsible for inspection, (could include certification of biosafety equipment) of laboratories for compliance with biosafety requirements been identified?
Yes
8.2.1.6 Has a bio risk [75] assessment been conducted in laboratories to guide and update biosafety regulations, procedures and practice, including for decontamination and management of infectious waste?

Yes

Core Capacity: 9. Points of Entry (PoE)

Indicator: 9.1.1 General obligations at PoE are fulfilled (including for Coordination and communication

9.1.1.1 Have priority conditions [77] for surveillance at designated PoE been identified?
[77] As defined by countries.
Yes
9.1.1.2 Has surveillance information at designated PoE been shared with the surveillance department/unit?
Yes
9.1.1.3 Has a review meeting (or other appropriate method) to designate PoE been held?
Yes
9.1.1.4 Have ports/airports/ground crossings been designated for development of capacities as specified in Annex 1 of the IHR?
Yes
9.1.1.5 Please indicate the number of Designated PoE.
1 Airports
1 port
0 Ground crossing
9.1.1.6 Please indicate the number of designated PoE that ;Competent authority[78], been identified
1 Airports and I seaport
9.1.1.7 Has a list of ports [80] authorized to offer ship sanitation certificates been sent to WHO (as specified in Article 20, No.3) if applicable?
Yes
9.1.1.8 Have relevant legislation, regulations, administrative acts, protocols, procedures and/or other government instruments to facilitate IHR implementation at designated PoE been updated as needed?
Yes
9.1.1.9 Have updated IHR health documents [81] been implemented at designated PoE(s)?
Yes
9.1.1.10 Have designated PoE been assessed [82]?
Yes
9.1.1.11 please indicate the number of designated PoE that have been assessed

(Please refer to Question 9.1.1.5 above for the number of designated PoEs in your country. The number of PoEs assessed should not be greater than the number of designated PoEs)

1 Airports

1 port

0 Ground Crossings

9.1.1.12 please indicate the number of designated PoE with joint designation between countries for core capacity development

1 Port

1 airport

0 Ground Crossings

9.1.1.13 Please indicate the number of designated PoE (by type), that have communications procedures established as required by the IHR in Annex 1[83]

1 Airports

1 port

0 Ground Crossings

9.1.1.14 Are mechanisms for the exchange of information between designated PoE and medical facilities in place?

Yes

9.1.1.15a Are procedures in place for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels?

Yes

9.1.11.15b Have procedures for coordination and communication between the IHR NFP and the PoE competent authority and with relevant sectors and levels been tested?

Yes

9.1.1.16a Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been tested?

Yes

9.1.1.16b Have procedures for communication internationally between the PoE competent authority and other countries' PoE competent authorities been updated as needed?

Yes

9.1.1.17 Have bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at designated PoE been established?

Yes

9.2.1.1 Please indicate the number of designated PoE (by type) that have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of ill travelers and with adequate staff, equipment and premises (Annex 1b, 1a)

1 Airports
1 Port
0 Ground Crossing

9.2.1.2 Please indicate the number of designated PoE (by type) that can provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility

1 Airports
1 Ports
0 Ground Crossing

9.2.1.3 Please indicate the number of designated PoE (by type) that have an inspection program to ensure safe environment at facilities [86] is functioning

1 Airports
1 Port
0 Ground Crossing

9.2.1.4 Please indicate the number of designated PoE (by type) that have a functioning program for the surveillance and control of vectors and reservoirs in and near Points of Entry

1 Airports
1 Port
0 Ground Crossing

9.2.1.5 Please indicate the number of designated PoE (by type) that have trained personnel for the inspection of conveyances

1 Airports
1 port
0 Ground Crossing

9.2.1.6a has a review of surveillance of health threats at designated PoE been carried out in the last 12 months?

Yes

9.2.1.6b Have results from review of surveillance of health threats at designated PoE been published [87]?

No

9.3.1.1 Are SOPs for response at designated PoE available?

Yes

9.3.1.2 Please indicate the number of designated PoE (by type) that has an established and maintained public health emergency contingency plan to provide public health emergency response including a coordinator and contact points for relevant points of entry, public health and other agencies and services

1 Airports
1 Ports
0 Ground Crossings

9.3.1.3 Please indicate the number of designated PoE (by type) that has public health emergency contingency plans tested and updated as needed

1 Airports
1 Ports
0 Ground Crossings

9.3.1.4 Please indicate the number of designated PoE (by type) that have appropriate space, separate from other travelers, to interview suspect or affected persons (Annex 1B, 2c)

1 Airports
1 Ports
0 Ground Crossings

9.3.1.5 Please indicate the number of designated PoE (by type) that can provide medical assessment or quarantine of suspect travelers, and care for affected travelers or animals [88] (Annex 1B, 2b and 2d)

1 Airports
1 Ports
0 Ground Crossings

9.3.1.6 Please indicate the number of designated PoE (by type) that can apply entry or exit controls for arriving and departing travelers and other recommended public health measures [89]

1 Airports
1 Port
0 Ground Crossings

9.3.1.7 Please indicate the number of designated PoE (by type) that have access to specially designated equipment, and to trained personnel (with appropriate personal protection), for the transfer of travelers who may carry infection or contamination available at designated PoE

1 Airports

1 Port
0 Ground Crossings
9.3.1.8a has the effectiveness of response to PH events at PoE been evaluated?
Yes
9.3.1.8b Are results of the evaluation of effectiveness of response to PH events at PoE published?
Yes
9.1.1.8 for airport unknown.
9.1.1.10 partially
9.1.1.17 for airport unknown.

Core Capacity: 10. Zoonotic Events

Component: 10.1 Capacity to detect and respond to zoonotic events of national or
Indicator: 10.1.1 Mechanisms for detecting and responding to zoonoses and potential zoonoses are established and functional.

10.1.1.1 Does coordination exist within the responsible government?
Authority (ies) for the detection of and response [90] to zoonotic events?
Yes
10.1.1.2 Is there a national policy, strategy or plan in place for the surveillance and response to zoonotic events?
Yes
10.1.1.3 Have focal points responsible for animal health (including wildlife) been designated for coordination [91] with the MoH and/or IHR NFP [92]?
Yes
10.1.1.4 Have functional mechanisms [93] for intersectoral collaborations that include animal and human health surveillance units and laboratories been established?
No
10.1.1.5 Is a list of priority zoonotic diseases with case definitions available?
Yes
10.1.1.6 Is there systematic and timely collection and collation of zoonotic disease data?
Yes
10.1.1.7 Is there timely [94] and systematic information exchange between animal surveillance units, laboratories, human health surveillance units and other relevant sectors regarding potential zoonotic risks and urgent zoonotic events?
Yes

10.1.1.8 Does the country have access to laboratory capacity, nationally or internationally (through established procedures) to confirm priority zoonotic events?
Yes
10.1.1.9 Is zoonotic disease surveillance implemented that includes a community component?
Yes
10.1.1.10 is there a regularly updated roster (list) of experts that can respond to zoonotic events?
No
10.1.1.11 has a mechanism been established for response to outbreaks of zoonotic diseases by human and animal health sectors?
Yes
10.1.1.12 Is there timely [95] (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern?
Yes
10.1.1.13 In the last 12 months, have country experiences [96] and findings related to zoonotic risks and events of potential national and international concern been shared with the global community?
No
- 10.1.1.3 without the wildlife.

Core Capacity: 11. Food Safety 2013

Component: 11.1 Capacity to detect and respond to food safety events that may
Indicator: 11.1.1 Mechanisms are established and functioning for detecting and Responding to foodborne disease and food contamination
11.1.1.1 Are national or international food safety standards available [97]?
Yes
11.1.1.2 Are there national food laws, regulations or policies in place [98] to facilitate food safety control?
Yes
11.1.1.3a Are national food laws, regulations or policies up to date [99]?
Yes
11.1.1.3b Are national food laws, regulations or policies implemented?
Yes
11.1.1.4 Has a coordination mechanism been established between the food safety authorities, e.g. the INFOSAN Emergency Contact Point (if member) and the IHR NFP?
Yes

11.1.1.5 Are there functional mechanisms [100] in place for multisectoral collaborations for food safety events?

Yes

11.1.1.6 Is your country an active [101] member of the INFOSAN[102] network?

Yes

11.1.1.7 Is a list of priority food safety risks available?

No

11.1.1.8 Are guidelines or manuals on the surveillance, assessment and management of priority food safety events available?

No

11.1.1.9 Have the guidelines or manuals on the surveillance, assessment and management of priority food safety events been implemented?

No

11.1.1.10 Have surveillance, assessment and management of priority food safety events been evaluated and relevant procedures updated as needed?

No

11.1.1.11 is epidemiological data related to food contamination systematically collected and analyzed?

Yes

11.1.1.12 Are there risk-based food inspection services in place?

Yes

11.1.1.13 Does the country have access to laboratory capacity (through established procedures) to confirm priority food safety events of national or international concern including molecular techniques?

Yes

11.1.1.14 is there timely [103] and systematic information exchange between food safety authorities, surveillance units and other relevant sectors regarding food safety events?

Yes

11.1.1.15 is there a roster of food safety experts for the assessment and response to food safety events?

Yes

11.1.1.16 Have operational plan(s) for responding [104] to food safety events been implemented?

Yes

11.1.1.17a Have operational plan(s) for responding to food safety events been tested in an actual emergency or simulation exercise?

No

11.1.1.17b Have operational plan(s) for responding to food safety events been updated as needed?

No

11.1.1.18 Have mechanisms been established to trace, recall and dispose of contaminated products [105]?

Yes

11.1.1.19 Are there communication mechanisms and materials in place to deliver information, education and advice to stakeholders across the farm-tofork continuum?

Yes

11.1.1.20 Have food safety control management systems (including for imported food) been implemented?

Yes

11.1.1.21 has information from foodborne outbreaks and food contamination been used to strengthen food management systems, safety standards and regulations?

Yes

11.1.1.22 has an analysis been published [106] of food safety events,
foodborne illness trends and outbreaks which integrate data from across the food chain?

No

Core Capacity: 12. Chemical Events

Component: 12.1 Capacity to detect and respond to chemical events of national
Indicator: 12.1.1 Mechanisms are established and functioning for detection, alert and response to chemical emergencies that may constitute a public health event of international concern

12.1.1.1 Have experts [107] been identified for public health assessment and response to chemical incidents?

Yes

12.1.1.2 Are national policies or plans in place for chemical event surveillance, alert [108] and response?

Yes

12.1.1.3 Do national authorities responsible for chemical events have a designated focal point for coordination [109] and communication with the ministry of health and/or the IHR National Focal Point?

Yes

12.1.1.4 Do coordination [110] mechanisms with relevant sectors exist for surveillance and timely response to chemical events?

Yes

12.1.1.5 Have functional coordination mechanisms with relevant sectors been implemented for surveillance and timely response to chemical events?

Yes

12.1.1.6 Is surveillance in place for chemical events, intoxication or poisonings?

Yes

12.1.1.7 Has a list of priority chemical events/syndromes that may constitute a potential public health event of national and international concern been identified?

No

12.1.1.8 Is there an inventory of major hazard sites and facilities that could be a source of chemical public health emergencies (e.g. chemical installation and toxic waste sites)?

Yes

12.1.1.9 Has a national chemical profile [111] been developed?

Yes

12.1.1.10a Are there manuals and SOPs for rapid assessment, case management and control of chemical events?

Yes

12.1.1.10b Have manuals and SOPs for rapid assessment, case management and control of chemical events been disseminated?

Yes

12.1.1.11 is there timely and systematic information exchange between appropriate chemical units [112], surveillance units and other relevant sectors about urgent chemical events and potential chemical risks?

Yes

12.1.1.12 is there an emergency response plan that defines the roles and responsibilities of relevant agencies in place for chemical emergencies?

Yes

12.1.1.13 has laboratory capacity or access to laboratory capacity been established to confirm priority chemical events?

Yes

12.1.1.14a has a chemical event response plan been tested through occurrence of real event or through a simulation exercise?

Yes

12.1.1.14b has a chemical event response plan been updated as needed?

Yes

12.1.1.15 is there (are there) an adequately resourced Poison Centre(s) in Place [113]?

Yes

12.1.1.16 Have country experiences and findings regarding chemical events and risks of national and international concern been shared with the global community?

Yes

-12.1.1.10 only for oil spills SoPs and manuals available and for the others underdevelopment.

- 12.1.1.2 updated and raised to the cabinet for final decision in September 2013.

- 12.1.1.6 only for oil spills.

- 12.1.1.11 NFP and MEMAC.

- 12.1.1.16 with MEMAC only.

Core Capacity: 13. Radiation Emergencies

Component: 13.1 Capacity to detect and respond to radiological and nuclear

Indicator: 13.1.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies that may constitute a public health event of international concern.

13.1.1.1 Have experts been identified for public health assessment and response to radiological and nuclear events?

Yes

13.1.1.2 Have national policies, strategies or plans been established for the detection, assessment and response to radiation emergencies?

Yes

13.1.1.3 Have national policies, strategies or plans been implemented for the detection, assessment and response to radiation emergencies?

Yes

13.1.1.4 Have national policies, strategies or plans been established for national and international transport of radioactive material, samples and waste management, including those from hospitals and medical services?

Yes

13.1.1.5 Is there a functional coordination [114] and communication mechanism [115] between relevant national competent authorities responsible for nuclear regulatory control/safety, and relevant sectors [116]?

Yes

13.1.1.6 Have national authorities responsible for radiological and nuclear events designated a focal point for coordination and communication with the ministry of health and/or IHR NFP?

Yes

13.1.1.7 Does radiation monitoring exist for radiation emergencies that may constitute a public health event of international concern?

Yes

13.1.1.8 Is there systematic information exchange between radiological competent authorities and human health surveillance units about urgent radiological events and potential risks that may constitute a public health emergency of international concern?
Yes
13.1.1.9a Have technical guidelines or SOPs been developed for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation)?
No
13.1.1.9b Have technical guidelines or SOPs for the management of radiation emergencies (including risk assessment, reporting, event confirmation and notification, and investigation) been evaluated and updated?
Yes
13.1.1.10 Is there a radiation emergency response plan[117]?
Yes
13.1.1.11 Have radiation emergency response drills been carried out regularly, including the requesting of international assistance (as needed) and international notification?
No
13.1.1.12 is there a mechanism in place to access [118] health facilities (inside or outside the country) with capacity to manage patients of radiation emergencies?
No
13.1.1.13 Does the country has access (nationally or internationally) to laboratory capacity to detect and confirm the presence of radiation and identify its type (alpha, beta, or gamma) for potential radiation hazards?
Yes
13.1.1.14 Are there collaborative mechanisms in place for access [119] to specialized laboratories that are able to perform bioassays [120], biological dosimetry by cytogenetic analysis and ESR[121]?
No
13.1.1.15 Have collaborative mechanisms for access to specialized laboratories that are able to perform bioassays, biological dosimetry by cytogenetic analysis and ESR been evaluated?
Not Known
13.1.1.16 Have country experiences [122] with the detection and response to radiological risks and events been documented and shared with the global community?
No
- 13.1.1.9 B in 2013
- 13.1.1.12 partially implemented
- 13.1.1.14 Strengthening plan in progress

World Health Organization

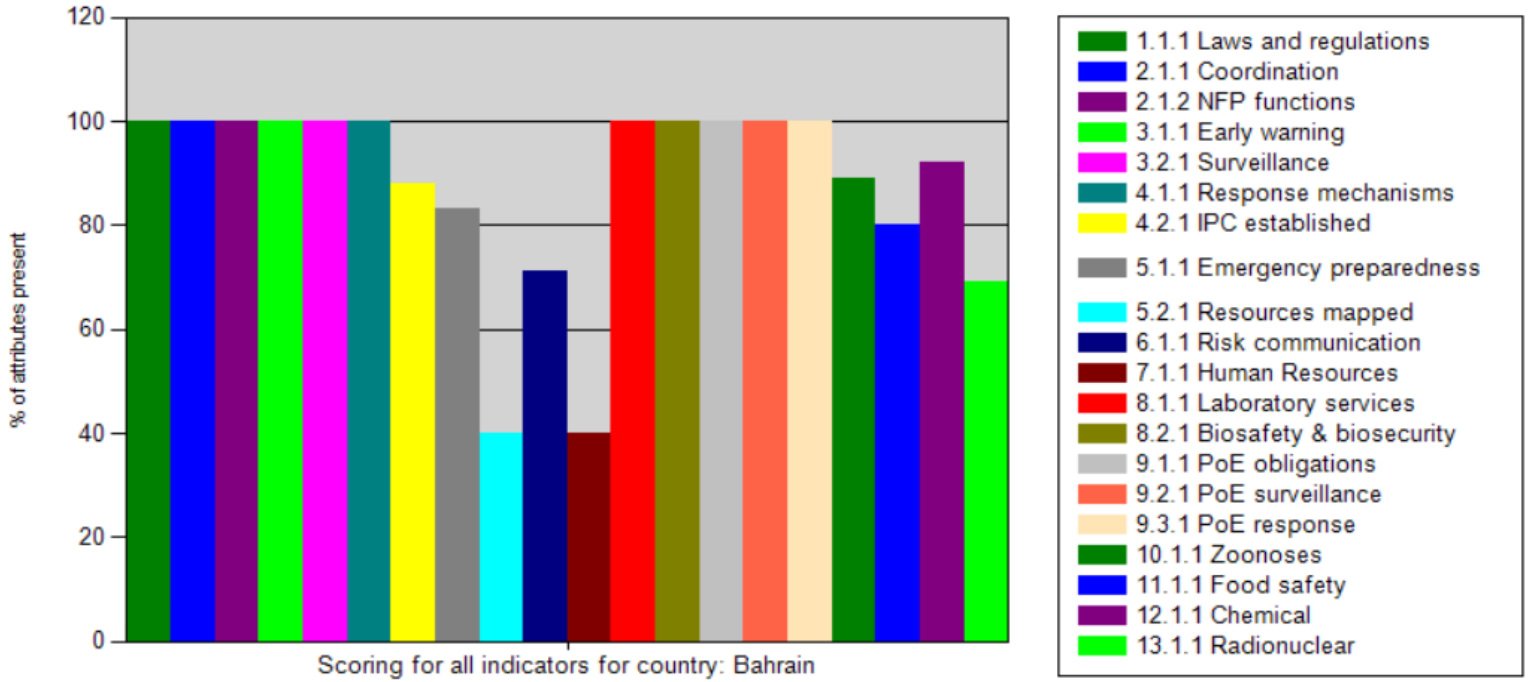
National Capacity Monitoring International Health Regulations

2013 Indicator Scoring

Click here to view Indicator Numbers and their full descriptions

All Country Specific Data is CONFIDENTIAL and must not be shared.

Indicator Scores are defined as the proportion of attributes present expressed as a percentage



Click on an Indicator Number below to see questions and answers for the selected Indicator.

Indicator: Score as %	1.1.1	2.1.1	2.1.2	3.1.1	3.2.1	4.1.1	4.2.1	5.1.1	5.2.1	6.1.1	7.1.1	8.1.1	8.2.1	9.1.1	9.2.1	9.3.1	10.1.1	11.1.1	12.1.1	13.1.1
Bahrain	100	100	100	100	100	100	88	83	40	71	40	100	100	100	100	100	89	80	92	69

World Health Organization

National Capacity Monitoring
International Health Regulations

2013 Capacity Scoring

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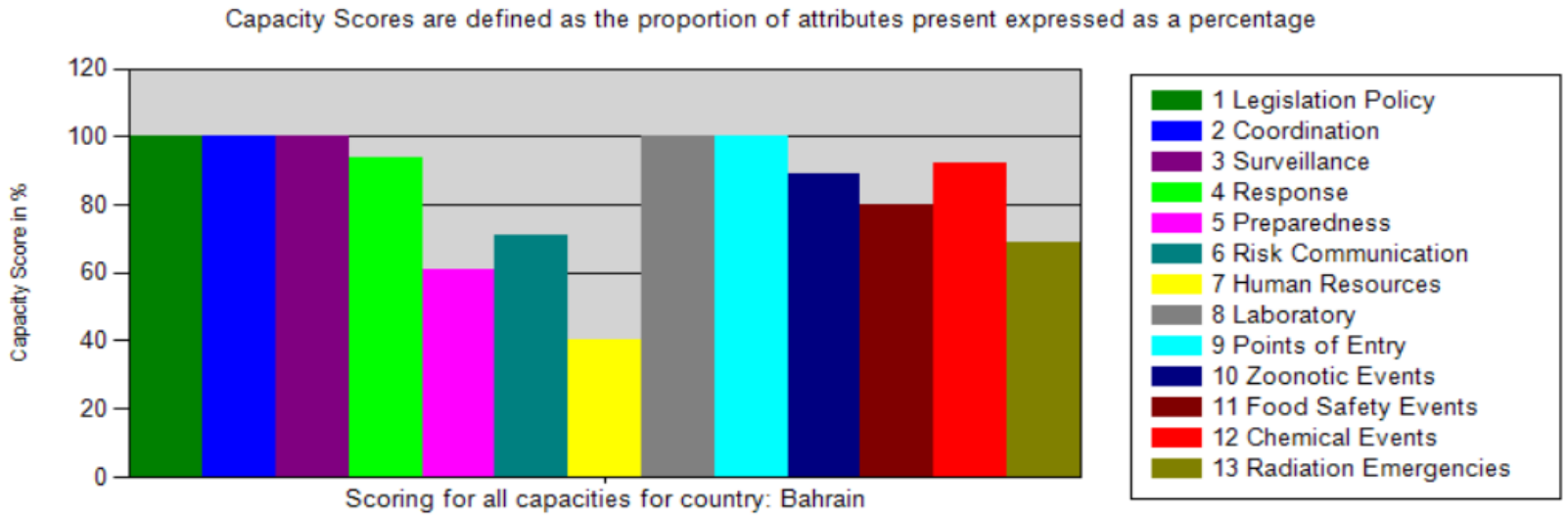


Click on a country name to display its Indicator Score Report

Reporting Year	Region	Capacity: Score as %	1	2	3	4	5	6	7	8	9	10	11	12	13
2013	Eastern Mediterranean	Bahrain	100	100	100	94	61	71	40	100	100	89	80	92	69

Scoring Capacity Number Legend:

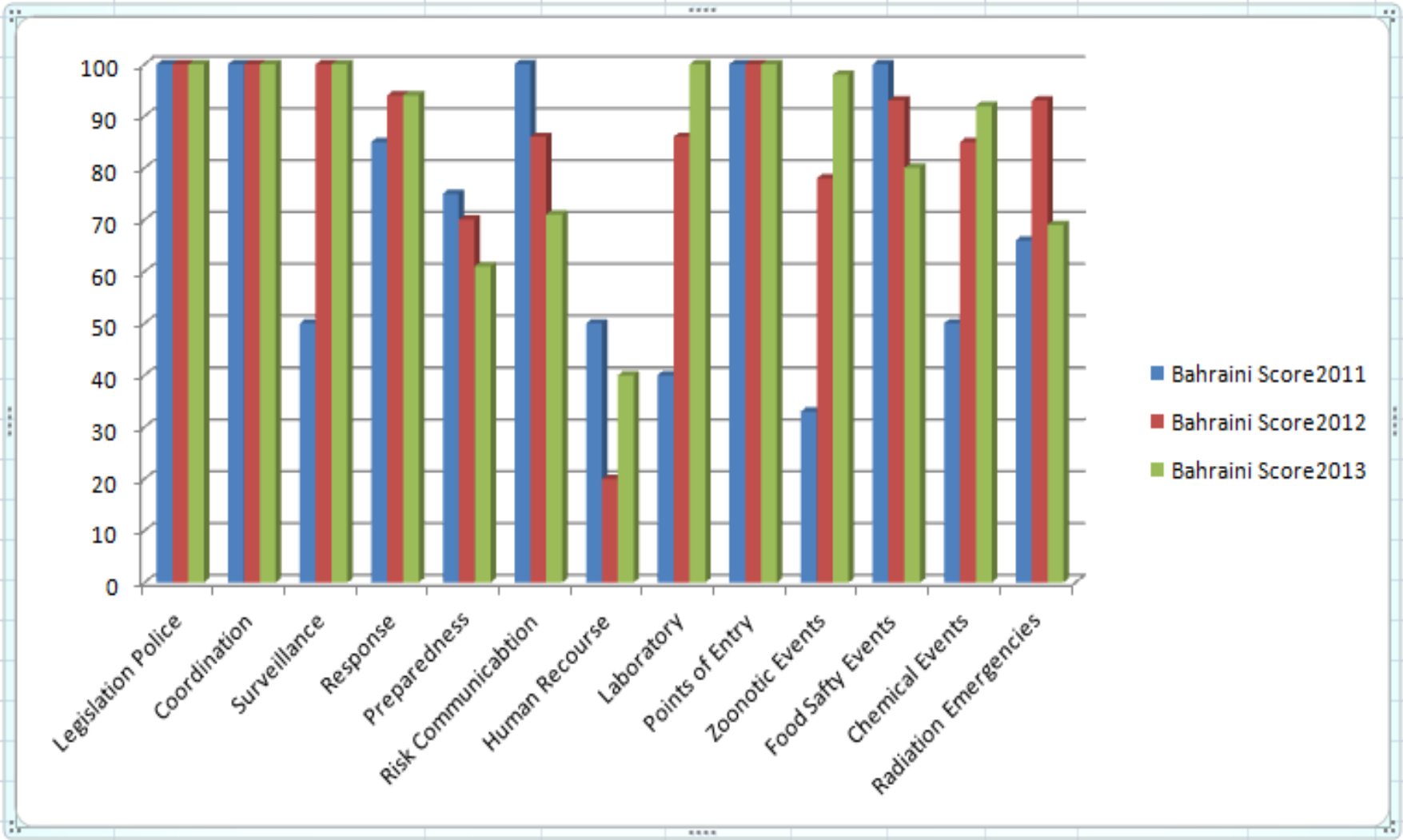
1 Legislation Policy 2 Coordination 3 Surveillance 4 Response 5 Preparedness 6 Risk Communication 7 HR Capacity

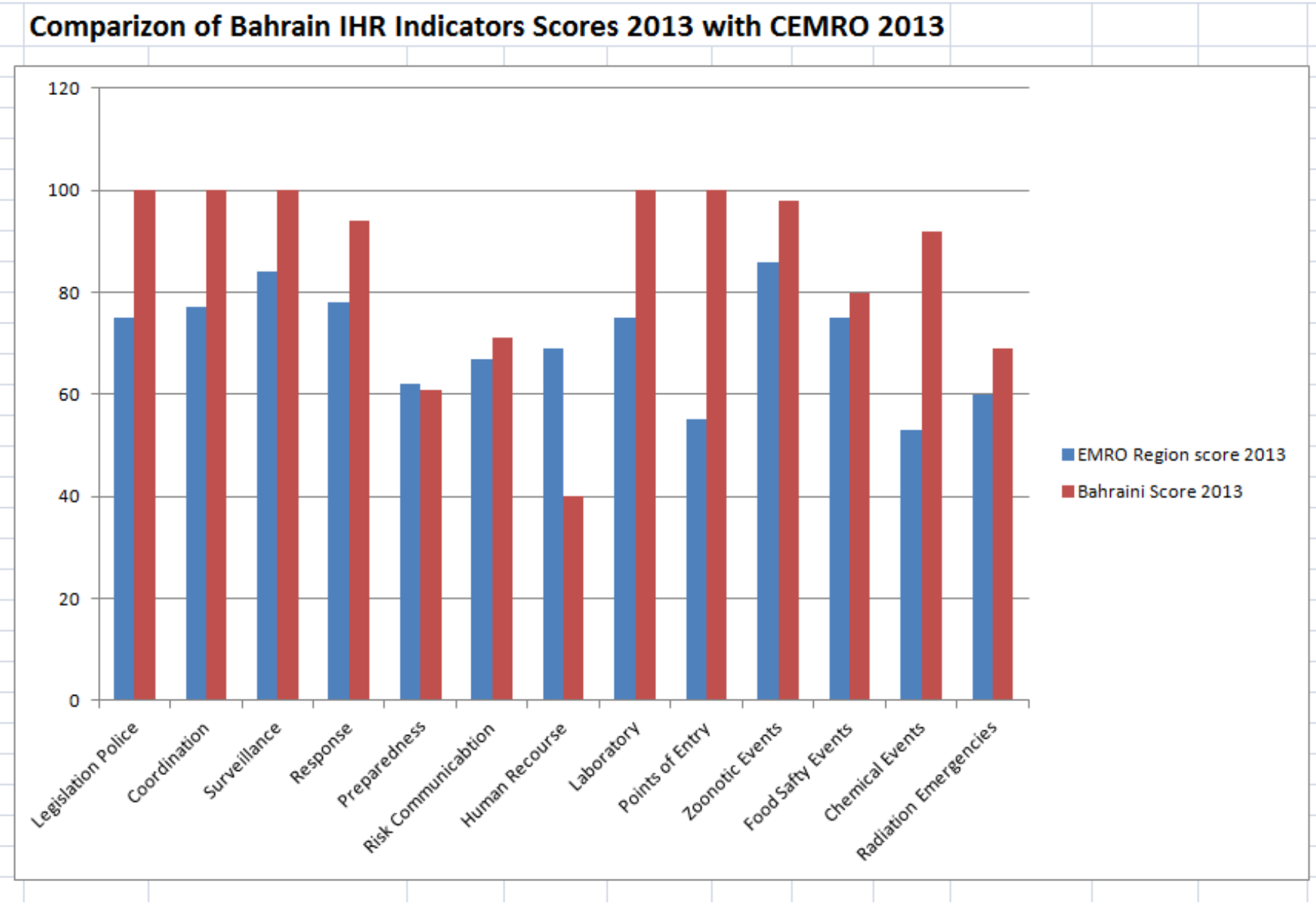
8 Laboratory 9 Points of Entry 10 Zoonotic Events 11 Food Safety Events 12 Chemical Events 13 Radiation Emergencies

Comparizon of Bahrain IHR Indicators Scores with the EMRO and global Scores for 2011 & 2012& 2013

No	IHR Indicators	EMRO Region score			Bahraini Score			Bahrain Standard Level		
		2011	2012	2013	2011	2012	2013	2011	2012	2013
1	Legislation Police	78	64	75	100	100	100	above	above	above
2	Coordination	79	74	77	100	100	100	above	above	above
3	Surveillance	80	80	84	50	100	100	below	above	above
4	Response	74	74	78	85	94	94	above	above	above
5	Preparedness	61	54	62	75	70	61	above	above	below
6	Risk Communicabtion	67	62	67	100	86	71	above	above	above
7	Human Recourse	56	56	69	50	20	40	below	below	below
8	Laboratory	72	64	75	40	86	100	below	above	above
9	Points of Entry	59	58	55	100	100	100	above	above	above
10	Zoonotic Events	75	82	86	33	78	98	below	below	above
11	Food Safty Events	68	69	75	100	93	80	above	above	above
12	Chemical Events	45	39	53	50	85	92	above	above	above
13	Radiation Emergencies	57	55	60	66	93	69	above	above	above
Avarage		66	64	70	73	85	77	above	above	above
Avarage for all Regions		63	68	69	73	68	77	above	above	above

Comparizon of Bahrain IHR Indicators Scores 2011 &2012 &2013




Comparizon of Bahrain IHR Indicators Scores 2013 with CEMRO 2013
120
100
80
60
40
20
0
Legislation Police
Coordination
Surveillance
Response
Preparedness
Risk Communicabtion
Human Recourse
Laboratory
Points of Entry
Zoonotic Events
Food Safty Events
Chemical Events
Radiation Emergencies
EMRO Region score 2013
Bahraini Score 2013

Annual Timeliness and Completeness monitoring table for the Monthly reporting System of IHR events 2013 .

Place	% Reporting Completeness	% Reporting Timeliness
Ministry of Municipalities Affairs and Urban Planning, Animal Wealth Directorate	100% Satisfactory	100% Satisfactory
G D of Environment and Welfare Protection.	100% Satisfactory	0% Unsatisfactory
MOH (Occupational Unit).	100% Satisfactory	0% Unsatisfactory
National Health Regulatory Authority (NHRA).	100% Satisfactory	0% Unsatisfactory
MOH (Communicable Diseases Unit).	100% Satisfactory	100% Satisfactory
Ministry of Industry and Commerce (Protection Directorate)	100% Satisfactory	0% Unsatisfactory
MOH (PHD Laboratory).	100% Satisfactory	0% Unsatisfactory
Ministry of Foreign Affairs.	100% Satisfactory	100% Satisfactory
MOH (Food Control Section).	100% Satisfactory	8.3% Unsatisfactory
Ministry of Interior, Custom Affair (King Fahad Causway).	100% Satisfactory	0% Unsatisfactory
Primary Health Care Directorate.	100% Satisfactory	0% Unsatisfactory
MOH (Environment Control Section).	100% Satisfactory	25% Unsatisfactory
General Organization of Seaport (Khalifa Bin Salman Port).	100% Satisfactory	0% Unsatisfactory
Civil Aviation Affairs (Bahrain Airport Company).	100% Satisfactory	50% Unsatisfactory
Gulf Air Clinic	100% Satisfactory	25% Unsatisfactory

Monthly Scoring for Timeliness and Completeness of reporting IHR events 2013

Report-ing	Monthly Completeness												Monthly Timeliness											
	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec
1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Y	N	N	N
4	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
5	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
6	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
7	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
8	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
9	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	Y	N	N	N	N
10	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
11	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
12	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	Y	Y
13	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
14	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	N	Y	Y	Y	Y	Y	N
15	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	N	Y	N	N	N	N

1=Ministry of Municipalities Affairs and Urban Planning, Animal Wealth Directorate.
2= G D of Environment and Welfare Protection.
3= MOH (Occupational Unit) (Radiation Protection).
4= National Health Regulatory Authority (NHRA).
5= MOH (Communicable Diseases Unit).
6= Ministry of Industry and Commerce (Protection Directorate).
7= MOH (PHD Laboratory).
8= Ministry of Foreign Affairs.
9= MOH (Food Control Section).
10=Ministry of Interior, Custom Affair (King Fahad Causway).
11= Primary Health Care Directorate.
12= MOH (Environment Control Section).
13= General Organization of Seaport (Khalifa Bin Salman Port).
14=Civil Aviation Affairs (Bahrain Airport Company).
15=Gulf Air Clinic.

YES
No

VETERINARY CLINIC AND DISEASES CONTROL

RETURN FOR WEEK ENDING SATURDAY

2013

Diseases	species	case	Diseases	species	Case
Multiple species diseases			**Cattle diseases**		
Anthrax		**0**	**Bovine anaplasmosis**		**0**
Aujeszky's disease		**0**	**Bovine babesiosis**		**0**
Bluetongue		**0**	**Bovine genital campylobacteriosis**		**0**
Brucellosis (*Brucella abortus*)		**0**	**Bovine spongiform encephalopathy**		**0**
Brucellosis (*Brucella melitensis*)		**0**	**Bovine tuberculosis**	**caw**	**112**
Brucellosis (*Brucella suis*)		**0**	**Bovine viral diarrhoea**		**0**
Crimean Congo haemorrhagic fever		**0**	**Contagious bovine pleuropneumonia**		**0**
Echinococcosis/hydatidosis		**0**	**Enzootic bovine leukosis**		**0**
Epizootic haemorrhagic disease		**0**	**Haemorrhagic septicaemia**		**0**
Equine encephalomyelitis (Eastern)		**0**	**Infectious bovine rhinotracheitis/infectious pustular vulvova ginitis**		**0**
Foot and mouth disease		**0**	**Lumpky skin disease**		**0**

Heartwater		**0**	**Theileriosis**		**0**
Japanese encephalitis		**0**	**Trichomonosis**		**0**
Leptospirosis		**0**	**Trypanosomosis**		**0**
New world screwworm (*Cochliomyia hominivorax*)		**0**	**Equine diseases**		**0**
Old world screwworm (*Chrysomya bezziana*)		**0**	**African horse sickness**		**0**
Paratuberculosis		**0**	**Contagious equine metritis**		**0**

Diseases	spices	case	Diseases	spices	Case
Q fever		**0**	**Dourine**		**0**
Rabies		**0**	**Equine encephalomyelitis (Western)**		**0**
Rift Valley fever		**0**	**Equine infectious anaemia**		**0**
Rinderpest		**0**	**Equine influenza**		**0**
Surra (*Trypanosoma evansi*)		**0**	**Equine piroplasmosis**		**0**
Trichinellosis		**0**	**Equine rhinopneumonitis**		**0**
Tularemia		**0**	**Equine viral arteritis**		**0**
Vesicular stomatitis		**0**	**Glanders**		**0**

West Nile fever)		**0**	**Venezuelan equine encephalo**		**0**
Sheep and goat diseases			**Avian diseases**		
Caprine arthritis/encephalitis		**0**	**Avian chlamydiosis**		**0**
Contagious agalactia		**0**	**Avian infectious bronchitis**		**0**
Contagious caprine pleuropneumonia		**0**	**Avian infectious laryngotracheitis**		**0**
Enzootic abortion of ewes (ovine chlamydiosis)		**0**	**Avian mycoplasmosis (*M. gallisepticum*)**		**0**
Maedi-visna		**0**	**Avian mycoplasmosis (*M. synoviae*)**		**0**
Nairobi sheep disease		**0**	**Duck virus hepatitis**		**0**
Ovine epididymitis (*Brucella ovis*)		**0**	**Fowl cholera**		**0**
Peste des petits ruminants		**0**	**Fowl typhoid**		**0**
Salmonellosis (*S. abortusovis*)	**0**		**Highly pathogenic avian influenza and low pathogenic avian influenza in poultry as per *e*)**		**0**
Scrapie	**0**		**Infectious bursal disease (Gumboro disease)**		

Diseases	spices	case	Diseases	spices	Cases
Sheep pox and goat pox		**0**	**Marek's disease**		**0**
Lagomorph diseases			**Newcastle disease)**		

Myxomatosis		**0**	**Pullorum disease**		**0**
Rabbit haemorrhagic disease		**0**	**Turkey rhinotracheitis**		**0**
Fish diseases			**Mollusc diseases**		
Epizootic haematopoietic necrosis		**0**	**Infection with abalone herpes-like virus**		**0**
Epizootic ulcerative syndrome		**0**	**Infection with *Bonamia exitiosa***		**0**
Gyrodactylosis (*Gyrodactylus salaris*)		**0**	**Infection with *Bonamia ostreae***		**0**
Infectious haematopoietic necrosis		**0**	**Infection with *Marteilia refringens***		**0**
Infectious salmon anaemia		**0**	**Infection with *Perkinsus marinus***		**0**
Koi herpesvirus disease		**0**	**Infection with *Perkinsus olseni***		**0**
Red sea bream iridoviral disease		**0**	**Infection with *Xenohaliotis californiensis***		**0**
Spring viraemia of carp		**0**	**Mollusc diseases**		
Viral haemorrhagic septicaemia		**0**	**Infection with abalone herpes-like virus**		
			Infection with *Bonamia exitiosa*		
			Infection with *Bonamia ostreae*		
			Infection with *Marteilia refringens*		
			Infection with *Perkinsus marinus*		

Diseases	spices	cases	Diseases	spices	Cases
			Infection with *Xenohaliotis californiensis*		**0**
Crustacean diseases			**Amphibians**		
Crayfish plague (*Aphanomyces astaci*)		**0**	**Infection with *Batrachochytrium dendrobatidis***		**0**
Infectious hypodermal and haematopoietic necrosis		**0**	**Infection with ranavirus**		**0**
Infectious myonecrosis		**0**			
Necrotising hepatopancreatitis		**0**			
Taura syndrome		**0**			
White spot disease		**0**			
White tail disease		**0**			
Yellowhead disease		**0**			
Other diseases					
Camelpox		**0**			
Leishmaniosis		**0**			

Movement of international entry of conveyances at Khalifa Port 2013

☐ Airport

☐ Seaport

Period	Passenger Conveyances		Cargo	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1º	22		248	
2º	0		222	
3º	0		241	
4º	7		220	
Total	29		931	

Movement of international departure of conveyances

Period	Passenger Conveyances		Cargo	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1º	22		248	
2º	0		222	
3º	0		241	
4º	7		220	
Total	29		931	

List of public agencies and authorities with activities at the point of entry:

Customs

- ☒ Yes
- ☐ No

Immigration

- ☒ Yes
- ☐ No

Public health/quarantine service, etc

- ☒ Yes
- ☐ No

Agriculture and Animal Health/veterinary

- ☒ Yes
- ☐ No

Other (specify)

- ☐ Yes
- ☐ No

Movement of international entry of conveyances at the Bahrain International Airport 2013

☑ **Airport**
☐Seaport

Movement of international arrival of conveyances

Period	Passenger Conveyances		Cargo	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1º	11,705	1,020,932		
2º	10,937	921,928		
3º	10,810	922,209		
4º	11,709	928,692		
Total	45,161	3,793,761		

Movement of international departure of conveyances

Period	Passenger Conveyances		Cargo	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1º	11,824	981,347		
2º	11,058	930,781		
3º	10,944	890,157		
4º	11,850	942572		
Total	45,676	3,744,857		

List of public agencies and authorities with activities at the point of entry:

Customs

☑ **Yes**
☐ **No**

Immigration

☑ **Yes**
☐ **No**

Public health/quarantine service, etc

☐ **Yes**
☑ **No**

Agriculture and Animal Health/veterinary

☑ **Yes**
☐ **No**

Other (specify)

☐ **Yes**
☐ **No**