



PARALLEL SESSION 1.1

LESSONS LEARNED IN MANAGING EMERGING INFECTIOUS DISEASES (EID)



| BACKGROUND

Several outbreaks since 2000 have shaped the way in which we prepare for and respond to infectious diseases outbreaks. The emergence of SARS CoV in the first years of this century was a wakeup call to the global health community followed by H5N1 avian influenza outbreaks and the first influenza pandemic in the 21st century. The renewed IHR (2005) marked a major change in the approach to global health security, going beyond specific diseases to apply to all health risks, irrespective of their origin or source.

| OBJECTIVES

To present and discuss the management of a selection of recent crisis in different settings and draw lessons for the future. The session will tackle what works, what doesn't work from the political, public health, social and economic perspectives.

The following events will be discussed:

- **Ebola**: management of local and extended outbreaks: comparison of local outbreaks (DRC Uganda) and the epidemic in West Africa (2014-2015) with a particular emphasis on:
 - Community engagement and the socio-cultural aspects of outbreak response;
 - Cross-border collaboration between neighboring countries (surveillance, contact tracing, case management);
 - The role of international assistance;
 - o Clinical management and vaccine.
- **MERS**: limiting spread example of Kingdome of Saudi Arabia, Republic of Korea and Thailand, managing the regional and global aspects of MERS-CoV, with a particular emphasis on:
 - Monitoring the health of international travelers and migrant workers;
 - Hospital preparedness
- **Zika and yellow fever**: managing vector borne outbreaks and emerging infectious diseases in Brazil / Angola (Yellow fever) and mitigating the risk of international spread (example of Portugal), with a particular emphasis on:
 - Controlling vectors and other environmental factors;
 - Vaccination and other preventive measures;
 - o Effective communication to address public fear and potential panic.
- Also potentially discussed: From SARS to influenza A(H7N9); lessons learned in China, with a particular emphasis
 on:
 - Addressing the human-animal interface and cross-sectoral collaboration;
 - \circ $\,$ Resolving conflicting interests between the commercial and public health sectors
 - Strengthening preparedness based on experience of past outbreaks

Keywords: Ebola, Zika, MERS, Influenza, contact tracing, clinical management, migrations.









Panelist

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Daniel Lucey MD, MPH is an Infectious Disease and Public Health physician who teaches at Georgetown University and travels every year since 2003 to respond to outbreaks and "pan-epidemics", e.g., SARS (Hong Kong, Toronto, Guangzhou), H5N1 (Thailand, Vietnam, Indonesia, Egypt), pdmH1N1 (Egypt) MERS (Middle East, South Korea), H7N9 (China), Ebola (Sierra Leone, Liberia), Zika Neurologic Syndromes ("ZNS"), Brazil), Yellow Fever (Kinshasa, Beijing), Chikungunya (Karachi), and Urban Pneumonic Plague (("UPP"), Madagascar). His career as a physician began 35 years ago in San Francisco (UCSF) 1982-1985 at the beginning of the recognition of AIDS, and in Boston (Harvard, MPH 1988) as a Fellow in Infectious Diseases. In August, 2014 before going to West Africa to provide clinical care for patients with Ebola, he first proposed an Exhibit at the Smithsonian National Museum of Natural History in Washington, DC on epidemics (e.g., SARS, MERS, avian and pandemic influenza, Ebola, HIV, and "What's Next?"). He gave a presentation on the planned Exhibit, focusing on "One Health" zoonotic viral epidemics, at the 2016 International Meeting on Emerging Diseases conference in Austria, when serving as the Exhibit curator for content. Dr. Sabrina Sholts, Ph.D. in the Department of Anthropology at the Museum, is the lead curator of the Exhibit and recently announced its opening for May, 2018. As a research associate in Anthropology at the Smithsonian National Museum of Natural History, Dr. Lucey also proposed and co-organized with Dr. Sholts a seminar series on Planetary Health that began in Feb. 2017 at the Museum. Dr. Lucey has also worked with Ministries of Health in Africa, Asia, and the Middle East, consults for ProMED, and has represented Georgetown University School of Medicine on the One Health Commission, and with the Global Health Security Agenda. Working with West African and international colleagues to provide hands-on care (especially life-saving oral rehydration solution (ORS) by asking "stronger patients to help weaker patients" drink ORS e.g., in Monrovia's MSF ELWA-3 Ebola treatment tents Oct. 2014) for many patients with Ebola crystallized into three words career lessons from the past 35 years. These three words are verbs: "Anticipate, Recognize, Act" e.g., improved anticipation of outbreaks/pan-epidemics/pandemics, earlier recognition of the significance of initial outbreak events, and faster effective actions to provide better patient care and public health interventions.



