The premises were fully inspected by the local council and Environmental Health officers and the water supply was found to have extremely high levels of bacterial contamination. This was despite the fact that the water supply to the premises came from the local mains water supply and not from a private well. The premises in question did have a private well but water from this was only used for watering plants and washing outdoor equipment according to the business operator. Of the stool samples tested from affected patrons, five were positive for Norovirus, and none had evidence of bacterial infection.

Discussion

This outbreak presented a particular challenge to the Health Protection team as due to the scale of the outbreak it was impossible to interview and test all of those affected. In addition, despite only isolating Norovirus from the stool samples, it seems improbable that the levels of bacterial contamination seen in the water samples would not have been responsible for much of the illness caused.

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High consequence infectious diseases in Europe - the need for an expert clinical support service

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Background and objective: During the 2014 Ebola virus disease outbreak in West Africa, the Centers for Disease Control and Prevention and the World Health Organization hosted telephone conferences for an ad hoc network of clinicians involved in the care of medically evacuated patients to Europe and the US. This informal network has also proved valuable during subsequent outbreaks and has revealed the need for a digital communication platform for clinical consultation and information sharing. Work package (WP) 10 of the EU Joint Action SHARP addresses case management and infection prevention and control in response to high consequence infectious diseases (HCIDs). Among the WP activities, a feasibility study of an expert consultation platform for HCIDs is ongoing. Here we report our preliminary results.

Methods: We searched literature for references to existing digital platforms and consulted colleagues and authorities in Europe about their experiences. We solicited legal and technical advice, and drew on experiences from the COVID-19 pandemic.

Results: The use of a digital expert clinical support service remains challenging with respect to availability of technical solutions, legislation, and funding. A digital platform should feature facilities for clinical consultations and information sharing among experts, but may also provide a channel for other requests, e.g. international referral, and deployment of equipment, staff, and therapeutics. The European Reference Network (ERN) operates a digital platform that has many of the required features. Some legal challenges remain, but these may be resolved by further development of European Health Union legislation, e.g. the European Health Data Space.

Conclusion: There is a need for a formal network of European clinicians with expertise in HCIDs, a need for a digital platform meeting defined technical and legal criteria, and a need for long-term funding. One solution could be to establish a new clinical network for HCIDs within the ERN.

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Multi-country Viral Hepatitis COMmunity Screening, Vaccination, and Care (VH-COMSAVAC): Project outline

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Chronic viral hepatitis infection caused by hepatitis B and C viruses (HBV and HCV) is a major public health challenge. In high-income countries, HBV and HCV infections are more prevalent among marginalized communities, such as migrants and refugees. The EU4Health program has funded Multi-country Viral Hepatitis COMmunity Screening, Vaccination, and Care (VH-COMSAVAC) to reduce the liver cancer burden caused by HBV and HCV infections in the European Union (EU). In line with "Europes Beating Cancer" plan, the project seeks to leverage established partner networks offering community-based HBV and HCV screening and appropriately link people to specialist care and vaccination. An economic assessment of the impact and value of these interventions on the liver cancer burden will be performed to inform future policies and guidelines. VH-COMSAVAC activities will take place in three EU member countries: Greece, Italy and Spain. The project employs effective and established community-based care models for hard-to-reach, marginalized populations, specifically migrants and refugees, to adapt and scale up early HBV and HCV screening using simple and innovative diagnostic tools, decentralized vaccination against HBV and linkage-to-care with hospitals specializing in the treatment of viral hepatitis. It is expected that migrant and marginalised populations included in the project will benefit by knowing their HBV and HCV status, being offered the first dose of the HBV vaccine in situ if appropriate, and being provided with an expedited referral to specialist care for treatment initiation and management if needed. Process, outcome, and cost indicators will be collected. The results of the community-based screening program will provide evidence to inform guidelines for tailored, person-centred models of viral hepatitis care. The results obtained from the interventions will provide clinical and economic effectiveness data to contribute to developing a roadmap to reducing the liver cancer burden associated with HBV and HCV infections in the EU.

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The implementation of the international health regulations on vector-borne diseases - a scoping review of the qualitative evidence performed worldwide

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Background and objective: The International Health Regulations were created by the World Health Organization with the purpose of preventing the international spread of diseases. The 196 signatory countries are bound by this international agreement. In this article we performed a review of the literature on the implementation and operationalization of measures at a continental and national level to prevent the spread of vector-borne diseases. The purpose was to understand the main strategies and policies adopted and how they have been operating.

Methods: Out of an initial search on PubMed™, SCOPUS™ and Web of Science™ using combinations of "International Health Regulations" and "vector-borne diseases", 75 references were obtained, of which 27 were included after careful qualitative analysis.

Results: Included articles ranged from 1996 to 2022. Four major categories of measures were found: a) Surveillance and Epidemic intelligence; b) Declaration of Public Health Emergency of International Concern; c) Measures in Points of Entry; and d) Vaccination status. Implemented measures were found in all continents: Africa, Oceania (Australia), Asia (China, India, Taiwan), Europe (Ireland, Netherlands and Mediterranean countries) and North (USA) and South America (Brazil). Yellow fever, Zika, Dengue and Chikungunya were the most cited vector-borne diseases but Crimean Congo haemorrhagic fever, Japanese encephalitis, Lyme disease, Malaria, Leishmania, Tick-borne encephalitis and West Nile fever were also mentioned.

Conclusion: There are severe asymmetries across countries on the implementation of international regulations with regards to vector-borne diseases, particularly on the issue of surveillance systems. State Parties should consider the lessons learned from the pandemic and perfect their core capacities to prevent future outbreaks of infectious diseases.

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Monkeypox outbreak: observational analysis of confirmed human monkeypox virus cases in the province of padua

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