REPORT OF THE INTERNATIONAL CONSULTATION 29-30 OCTOBER 2008 LYON, FRANCE

CITIES AND PUBLIC HEALTH CRISES





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CITIES AND PUBLIC HEALTH CRISES

EXECUTIVE SUMMARY

The International Health Regulations require countries to strengthen their capacity for surveillance of and response to disease outbreaks and other public health emergencies both at national level and at state or city level too. That is why the World Health Organization (WHO), with the support of Lyonbiopôle, jointly organized an international technical consultation on "Cities and Public Health Crises" in Lyon, France, on 29-30 October 2008. Some 70 health specialists and others experienced in responding to disease outbreaks in cities took part.

In 1900, just 13% of the world's population lived in urban areas. By 2008, half of the world's population was living in urban settings. By 2025, 70% of the world's population will be urban.

Cities have a number of vulnerabilities such as unhealthy slums, crime and violence, and can even be targets for terrorist attacks. Further, since a city contains so many people, infectious diseases will be communicated faster and to more people there than in rural areas. Many cities have large international airports and sea-ports, making them prone to the import of diseases, while unsanitary areas within a city may be breeding grounds for epidemic-prone diseases such as cholera and other diarrhoeal diseases. People living on the street may become reservoirs of infections such as drug-resistant tuberculosis, while flocks of poultry and pigeons provide convenient hosts for emerging infections such as avian influenza viruses.

Coordinating the response

Crisis management in a city must be coordinated outside between the municipal and national or state authorities and inside between the services that provide health care and those that provide emergency response, as well as with public amenities such as transport services, airport and port authorities, tourism, industry, education, commerce, and the media.

A framework for collaboration between national and local authorities in times of crisis must be developed in advance to avoid confusion.

Maintaining water supply, sanitation and waste management is crucial to keep people in good health so if the usual services cannot be maintained alternatives must rapidly be provided. Many city-dwellers rely on public transport to get to work and buy food. Also, to avoid major financial losses, city authorities and company owners will need to keep businesses running during an emergency. Solutions must be found in advance to enable, for instance, employees to work from home. Plans should also be ready to mobilize medical staff from other places to provide health care in designated facilities at a time of crisis. Last but not least, legal issues – such as quarantining infected persons or sharing a patient's data with outbreak investigators – are best resolved before a crisis occurs.

Managing the response

If a person is diagnosed as having a dangerous disease transmitted from person to person, one of the first steps is to trace the people with whom the patient has had contact. In a large city with mass transit systems, crowded sidewalks and busy entertainment venues, this is hardly possible. If it is to be attempted it will require specially designed databases, reliable maps (even of slum areas), and three-dimensional projections of highrise areas where people live at different levels.

For most diseases, there are standard treatment protocols, but medical staff may be dealing with the disease on a large scale for the first time. If the disease



is unknown, there must be rapid and effective diagnostic services at hand. It should also be remembered that recent outbreaks of emerging diseases have, in proportion, predominantly affected health care workers because they had the closest contact with infected persons. In addition, hospital supplies may rapidly be exhausted and plans for accessing extra stocks of medical equipment must be at hand.

A major outbreak in a city can lead to mass exodus but also cause a "surge" of patients seeking medical care at the same time. Addressing the possibility of panic and uncontrolled evacuation will always be a challenge while temporary locations will need to be found where refuge can be offered and treatment units can be set up. Apart from those needing hospitalization, many with mild symptoms may be asked to quarantine themselves at home in case they infect others. Self-quarantined persons will need to rely on friends and neighbours to bring them food or whatever else they need since social welfare agencies will be overwhelmed.

In planning for emergencies in cities, the presence of diverse populations, various ethnic groups, and large numbers of non-residents must be taken into account.

Past experience shows that if a person who can be identified as belonging to a particular social group is thought to be the first to be infected, that social group may be blamed for "causing" the disease. The crisis management team should take a lead in supporting citizens' rights and in countering negative attitudes to specific social groups.

Communicating during a crisis

Common failures in outbreak management are often linked to poor crisis communication, including withholding information about risk, not coordinating with partners, and not listening to those affected by the emergency.

Crisis communication must build and maintain trust between the public and the crisis management team. People should be told the truth. If the news is good, there is no reason to withhold it; if it is bad, it will seem much worse if people find out later that it has been hidden from them. Information should be timely and should tell people about real or potential risks and what is being done about them. As new developments occur, they should be communicated proactively without waiting for people to ask. Communicating with people is easier if you understand their fears and hopes. During a public health crisis it is important to find out people's views and concerns.

Information provided to the media should be science-based and accurate. It should also be coordinated to avoid mixed messages. Many migrant communities have their own media services, often in other languages, and these can help ensure that immigrants receive the same messages as the rest of the population.

Conclusion

Participants in the Lyon consultation concluded that, in today's largely urban and interconnected world, infectious disease outbreaks and other public health emergencies pose a real threat to large cities but that with a good understanding of the specific issues posed by urban settings, and appropriate preparation from municipal and national stakeholders, that threat can be mitigated.



CITIES AND PUBLIC HEALTH CRISES



1 - INTRODUCTION

This report outlines the issues discussed at an international technical consultation on "Cities and Public Health Crises" held in Lyon, France, on 29-30 October 2008. The consultation, jointly organized by the World Health Organization (WHO) and Lyonbiopôle, brought together some 70 public health specialists and others experienced in dealing with disease outbreaks in cities in order to share experiences and make proposals for managing public health crises in cities.

The main focus of the consultation was public health crises caused by infections and, because many of the concerns are similar, by chemical and nuclear accidents. The participants made it clear that managing an epidemic outbreak in a city is as much a task of coordinating multiple stakeholders – from sectors such as transport, air travel, tourism, education, media, business, and security – as it is of planning and directing medical services. And they concluded that communication – founded on openness and credibility – is the backbone of any crisis response. Whatever the scientific basis of the actions taken in the response, it is the way they are communicated that most influences people's cooperation. In 2007, the newly revised International Health Regulations came into force. The Regulations apply to all countries, and WHO provides technical guidance for the implementation of the Regulations worldwide. A critical requirement of the new Regulations is that each country shall develop and maintain "core public health capacities for surveillance and response" to public health emergencies such as epidemics and pandemics. City authorities have a key role to play in this because cities gather a lot of people in one geographical location – an ideal situation not only for increased employment and leisure activities but also for random contacts with multiple people and for the rapid spread of disease.

Large cities are prone to the import of infectious diseases. As centres of economic, political and social life, cities attract huge numbers of travellers and migrants, as well as bringing in many animals and animal products – all of which are potential carriers of exotic infectious agents. Cities (and specifically city hospitals) are also the places to which persons with new and unusual illnesses are brought – because the unknown disease is beyond the scope of the rural clinic. Furthermore, large cities not only host major

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