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Re-emerging Infectious Diseases:
Is ASEAN Prepared?

By Mely Caballero-Anthony and Gianna Gayle Amul

Synopsis

The recent H7N9 outbreak in China combined with the new SARS-related coronavirus in the Middle East has raised the urgency for ASEAN to prepare for a possible pandemic.

Commentary

AGAINST THE trends of increasing global travel, rapid urbanisation and growing population, the threat of re-emerging infectious diseases looms large on the horizon. In Asia, the series of health crises brought on by SARS in 2003 and bird flu in 2005 remains a constant reminder that infectious diseases have grave impacts that extend to the economy and political-security stability.

The outbreak of H7N9 flu in China, first reported on 31 March 2013, has once again heightened global concern over pandemic risks. Compounding that is the novel SARS-related coronavirus that first emerged in the Middle East last year. As new uncertainties unfold, there is no room for complacency nor can ‘pandemic fatigue’ be allowed to set in.

Increasing virulence of re-emerging diseases

The virulence of the SARS-related virus and H7N9 is certainly worrying, given that these new iterations are more often than not resistant to current vaccines. In this regard, the efforts by China to deal with H7N9 have been encouraging.

Despite initial complaints of delays in informing the public once the first cases were diagnosed, the WHO has praised China for its cooperation in sending virus samples to laboratories worldwide for proper identification and the development of new vaccines. China’s National Health and Family Planning Commission has also invited WHO experts to visit areas affected by H7N9 to provide guidance on disease prevention and control.

The Chinese authorities have also moved fast to prevent the virus from spreading. They ordered the mass culling of thousands of birds and livestock, banned live poultry trade and shut down wholesale markets for live poultry. The government also acted promptly to quell speculation about the possible linkage between H7N9 and the death of thousands of swine found floating on China’s rivers by sending their scientists to investigate. It was later on confirmed that the two events were not connected.
Despite these efforts, the spectre of a pandemic still hovers. In the Middle East, the new SARS-related coronavirus has been responsible for 18 deaths out of the 30 cases reported since April 2012. With the recent reports of cases of infection due to close human-to-human contact, the risk of virus spread warrants increased surveillance. While the WHO has yet to issue travel advisories, the virulence of the new viruses has already prompted warnings of a possible pandemic from the US Centers for Disease Control and Prevention.

How ready is ASEAN?

With the region’s experience with SARS and avian flu, ASEAN’s efforts to strengthen the Regional Multi-sectoral Pandemic Preparedness Strategic Framework is thus timely. This initiative follows on from collaborative regional arrangements that were put in place by the ASEAN Highly Pathogenic Avian Influenza Taskforce (2004–2010). These measures included: information sharing, situation updates and national disease control activities. The taskforce brought together animal and health authorities in the region, providing them with a platform to develop a multi-sectoral and multi-agency approach to pandemic preparedness.

This is particularly important given that the new flu strains are known to be transmitted from animals to humans. Another similar framework is the WHO-European Community Project on Highly Pathogenic Emerging Diseases focused on cross-border collaboration among ASEAN member states.

The framework developed by ASEAN adopts a distinctive approach: it combines collaborative pandemic preparedness with multilevel disaster management. Compulsory reporting of disease outbreaks is integrated with a virtual, centralised regional health emergency infrastructure. This approach allows ASEAN to leverage the disaster and emergency management role of the ASEAN Coordinating Centre for Humanitarian Assistance. Further international support and funding, however, are still needed to fully operationalise the ASEAN pandemic preparedness and response framework.

Transparency and timely information can go a long way in dealing with uncertainties brought on by disease outbreaks, and the region should take advantage of the established channels available through the ASEAN Risk Communication Resource Centre to strengthen capacity in this area. ASEAN could also tap on existing disease surveillance and information sharing arrangements under the ASEAN Plus Three Emerging Infectious Diseases Programme to address the threats that could arise should a new flu strain become capable of human-to-human transmission. The region could also draw on the expertise of the ASEAN Plus Three Field Epidemiology Training Network in joint disease surveillance and clinical management.

Regional vaccine stockpile

In 2006, ASEAN with the help of Japan established a regional stockpile of vaccines aimed at improving access to vaccines in times of pandemic outbreak. A question that remains is whether the stockpile can be utilised to respond to a possible new pandemic in the region. Because vaccines take time to develop, the utility of the current stockpile may need to be re-assessed in light of the emergence of new variants of the influenza virus. At the same time, the ASEAN Minimum Standards on Joint Multi-sectoral Outbreak Investigation and Response needs to be operationalised soon to enable the sharing of treatment protocols that can adequately respond to global public health emergencies.

International institutions and governments must also step up research efforts and funding for the development of new vaccines and to enhance cooperation in disease surveillance. The International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC), which has a regional hub in China, should be utilised to facilitate access and sharing of clinical research protocols to rapidly respond to a pandemic in the making. At the same time, countries need to also think beyond pandemic-specific plans and responses, and focus on strengthening health systems to support pandemic efforts.

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