



ASSET

share and move to face nasty bugs

Pandemic Preparedness and Response Bulletin

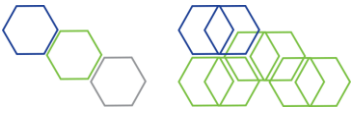
"Share and move"

Issue 2, September 2015



co-funded by the EU. GA: 612236





Action plan on Science in Society related issues in Epidemics and Total pandemics

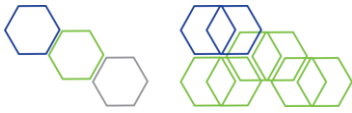




Highlighting strategic priorities and policy-related initiatives on Pandemic Preparedness and Response, the “*Share and Move*” ASSET Bulletin intends to be essential to a wide-ranged target: competent institutional actors and public health authorities, decision-makers, even on social networks.

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Editorial

WELL MET AT THE SECOND ASSET BULLETIN

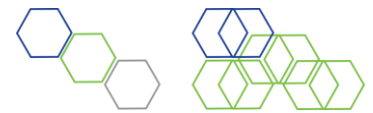
Our selection of pandemic preparedness and response related issues

The [ASSET](#) Pandemic Preparedness and Response Bulletin *“Share and move”* has completed its own second issue. After the [first issue](#), we have now shaped it as a tool that is more specifically tailored according to the peculiarities of this challenging Mobilisation and Mutual Learning Action Plan (MMLAP) project. ASSET is in fact aimed to bridge the gap between the scientific community and society in the field of epidemics and pandemics management. This sort of approach has its roots since 2001 when the European Commission launched the [«Science and Society» Action Plan](#) with the main objective to foster public engagement and a sustained two-way dialogue between science and civil society and to build a framework for Responsible Research and Innovation (RRI). That means the setup of a policy driven by the needs of society and engaging all societal players via inclusive participatory approaches. The RRI framework is made of six key elements: governance, open access, engagement, gender equity, ethics, and science education.

The first sentence in the article *“Ebola: limitations of correcting misinformation”* published on **The Lancet** (Vol 385 April 4, 2015) says: *“Communication and social mobilisation strategies to raise awareness about Ebola virus disease and the risk factors for its transmission are central elements in the response to the current Ebola outbreak in west Africa”*. It is quite relevant that a scientific dissertation on Ebola Virus Disease (EVD) outbreak highlights the role that communication and mobilisation play in such a fight against this lethal epidemic.

In order to better address scientific and societal challenges raised by health emergencies management, exploring and mapping Science in Society (SiS) related policy issues, the next six Bulletin editions will be organized in accordance with the key themes that grounded ASSET within the *“Study and Analysis”* phase. We are talking about: governance of pandemics and epidemics; unsolved scientific questions; crisis participatory governance; ethical, legal and societal implications; gender pattern – vulnerability; intentionally caused outbreaks.

Let’s get started with governance of pandemics and epidemics Similarly to our first Bulletin, the *“What’s new from...”* formula has been repeated and applied to the issue of governance. Beside the main section about pandemic preparedness and response, two other columns include highlights in the field circulated both by important international public health institutions and by the most used social media. Also this second issue shows relevant web tools related to (pandemic) preparedness and response, applicable news from the ASSET project and a “snapshot”, standing for an innovative concept represented by a graphic item.



Pandemic Preparedness and Response

What's new on the issue in Europe

The activity of boards and structures to better address the issue

A [Health Security Committee \(HSC\)](#), Basing on Decision 1082's dispositions, the composed of Member States representatives, committee took well defined and wide is established as technical body: a former ranged tasks in coordinating and supporting HSC was already existing since December the European Commission. HSC has decided 2001 but revealed to be instrumental in to formalize both one permanent working setting up [Decision 1082](#). It has already been group on preparedness and the HSC described at page 4 of the [previous](#) ASSET communicators' network. In order to "Share and move" Bulletin as a tool for an connect with the work developed by this integrated, coordinated and comprehensive board, the ASSET High Level Policy Forum approach to preparedness, risk assessment ([HLPF](#)) started reasoning about how to and crisis response. Taking on board the interrelate with [it](#). A first introductory provisions on communicable diseases from [meeting](#) was held in Brussels on 12th March the Decision 2119/1998/EC, this new one 2015, and for the second HLPF meeting's includes antimicrobial resistance and arrangement relevant inputs could be healthcare associated infections, also exploited from the workshop held by the [EU](#) covering bio-toxins, chemical and [HSC and the Network Unit of DG Santé](#) environmental threats. (Luxembourg; October 2015, 12–14).

Surveillance systems as tools for preparedness and response

When established structures can be flexibly adapted in pandemic occurrence

In Italy after the A/H1N1 pandemic flu, it was demonstrated that, beside the availability of official surveillance systems, it is greatly important to also have other sorts of structures activated on the territory which can be easily adapted when emergencies occur and enable public health organizations to avoid unstandardized, spot and expensive opinion surveys. **Monitoring population perceptions, behaviours and knowledge during pandemics** is crucial to identify the need for improving communication and to assess the degree of dissemination of recommendations for prevention. **The ongoing Italian Behavioural Risk Factor Surveillance System (PASSI)** offered such an opportunity to investigate [opinions](#) on the A/H1N1 pandemic flu in the general population 18–69 years. In fall 2009 a subsystem was set-up within the PASSI surveillance by adding questions to explore different issues related to the A/N1H1 pandemic flu. First data collection was at the peak of the epidemic (November 2nd, 2009) and was maintained till February 2010. A total of 4,244 subjects were interviewed. A decrease in all the indicators was observed across the four-months period: perception of high risk of being infected (from 46% to 17%); concern about the pandemic (40% to 12%); self-limitation of social contacts (17% to 8%); willingness to be vaccinated (34% to 11%). More than 90% knew the main hygienic measures to control the spread of influenza. The most frequently reported sources of information were GPs and paediatricians (81%). Behavioural changes followed the epidemic curve. Health staff is the main target for timely communication in emergency situations.



Emergency Preparedness and Response

WHO report on Ebola crisis management as a lacking assessment experience

Have the preparedness and response capacities been really improved?

WHO Ebola Report is a Missed Opportunity

The report by the independent panel the World Health Organization (WHO) created to examine its response to the Ebola outbreak fails to establish exactly what went wrong and why.

The WHO commissioned [a report](#) on its response to the Ebola outbreak to an assessment panel. It was meant to review roles and responsibilities at the three levels of the organization (headquarters, regions, countries) and the WHO's actions in the course of the outbreak, but in the end is weak on analysis and flawed in its central recommendation.

The proposal of establishing a WHO Centre for Emergency Preparedness and Response, according to new organizational structures and procedures, as a centralized system for emergencies based on 'command and control' contradicts WHO's decentralized and bureaucratic structure.

A matter of roles and responsibilities There are 21 recommendations in total but many of these are exhortatory rather than concrete and practical, providing no clear idea of what exactly should be the WHO's role in an emergency as compared to the multiple other actors in the UN, NGOs and the private sector. Yet the report leaves many of the questions about the WHO's role, responsibilities and actions, including those raised by the press coverage, unanswered. There are generalized statements such as 'WHO has a technical, normative culture, not one that is accustomed to dealing with such large-scale, long-term

ASSET RESEARCH ON THE TOPIC

Where the issue of [governing](#) epidemics and pandemics has been studied in ASSET, three interrelated perspectives have been approached. Each of them involves specific stakeholder(s) participating in the process with their own role. It is shown that cooperation among international public health actors is essential to mitigate the spread of outbreaks.

WHO role and performance during the 2009 H1N1 pandemic Given the revision of the International Health Regulations (IHR, 2005) and the strengthened position of WHO as a central global force with authority and accountability in the field of international health, the eight core capacities defined by the IHR were investigated. Through the work in ASSET, some gaps were identified in the conceptual framework for monitoring these capacities. Two case studies were also analyzed for compliance with the revised IHR in Israel and Ukraine.

Pharmaceutical industry performance Conflict of interest, arising from connections between health authorities and pharmaceutical companies was a main issue targeted in ASSET's research on pandemic governance. The potential impact of those companies on the decision making process held by health authorities was analyzed. Their influence ranges from providing finance to "the revolving door" phenomenon, that is a free movement of key employees between regulators and drug companies.

Role played by media: who was supposed



and multi-country emergency responses' and 'WHO does not have an organizational structure that supports open and critical dialogue between senior leaders and staff'.

There is therefore plenty of work in front of the [three other panels](#) established to examine the lessons to be learnt from the global Ebola response in a longer time frame, but these will not have the same access to WHO documents. In that sense, an opportunity to establish exactly what went wrong has been missed.

[Ebola Report Misses Mark on International Health Regulations](#)

The report on how WHO responded to Ebola fails to adequately address the problems in global health governance it exposed. The Ebola outbreak was a disaster for the International Health Regulations (IHR)—the main international legal rules supporting global health security. The outbreak highlighted dismal compliance with IHR obligations on building national core public health capacities. During the outbreak, WHO failed to exercise the authority it has under the IHR. Many WHO member states violated the IHR by implementing travel measures more restrictive than WHO recommended under the IHR and that lacked scientific and public health rationales as the IHR requires. The final report of the Ebola Interim Assessment Panel asserted that 'the global community does not take seriously' its IHR obligations. The panel's IHR recommendations largely recycled old, ineffective ideas and reflected weak analysis of the outbreak, difficulties the IHR experienced before Ebola, and challenges confronting IHR reform after this crisis.

IHR surveillance and response capacity building deserves priority The lack of public health capabilities in Guinea, Liberia and Sierra Leone contributed to the outbreak's

to monitor governance performance during the 2009 H1N1 pandemic?

Communication between the media and two central health authorities, WHO and Centers for Disease Control and Prevention (CDC), was analysed. Both authorities held virtual press conferences during the pandemic, and a study was carried out by ASSET partners on what journalists focused on and asked about (declaration of the H1N1 influenza, decision to hasten vaccines' production, transparency of stakeholders' conduct in the decision making process and possible conflicts of interests).

severity, which re-focused attention on a long-standing problem—the failure of many WHO members, especially low-income countries, to comply with IHR obligations to build core surveillance and response capacities.

Lack of enforceable sanctions The panel noted that many WHO member states, in violation of the IHR, adopted travel and trade measures during the outbreak. Most international agreements, including the IHR, do not contain enforcement sanctions. The panel referenced the World Trade Organization (WTO) as a precedent for IHR sanctions but WTO rules do not apply to restrictions on the movement of people. The IHR obligations on travel and trade measures include duties on states and the WHO before and during outbreaks and are part of a political bargain, that broke down in the affected West African countries and the WHO incentivized states to ignore the rules on those measures.

The panel criticized the WHO DG for not declaring the outbreak a public health emergency of international concern (PHEIC) under the IHR until August 2014, but the reason why an earlier awareness was not raised is not explored in sufficient



detail. The panel argued the IHR only gives the DG a 'binary decision' power of declaring or not declaring a PHEIC and at the same time empowers her to draw attention to outbreaks without declaring a PHEIC. Although for the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Emergency Committee convened nine times without declaring a PHEIC, the DG did not convene the Emergency Committee before August 2014 when information about Ebola in West Africa warranted this step.

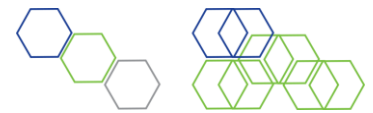
Should building national IHR core capacities be prioritized over developing the WHO's emergency response capabilities? The panel dealt with reforms beyond the IHR, but its recommendations provided no priorities among the proposals made. The panel's claim that its 'recommendations are interdependent' does not obscure its failure to grapple with the hard choices Ebola forces on global health governance.

About Preparedness and Response in the world

Spain encounters a fatal case of diphtheria after being diphtheria free for 29 years

Vaccine-preventable diseases (VPD) represent one of the main health challenges worldwide. Where immunization coverage has not reached optimal levels, VPD sporadic cases or outbreaks still occur. One example is represented by diphtheria, a toxin-mediated acute disease caused by the aerobic Gram-positive lysogenized bacillus *Corynebacterium diphtheriae*. The most frequent form of the disease is represented by pharyngeal and tonsillar diphtheria, which can become fatal (membranous obstruction of the respiratory tract). Absorption and dissemination of diphtheria toxin can lead to systemic toxemia, causing damage to the heart, nervous system and kidneys, in addition to respiratory symptoms. Before the introduction of routine childhood vaccination, diphtheria was a major cause of morbidity and mortality in the world. Immunity acquired by natural infection or from immunization does not prevent carriage. As a consequence, in endemic areas, healthy individuals with positive pharyngeal cultures represent a route of transmission. This fact supports the need of continuous vaccination, even in diphtheria-free areas for several years. Children and adults, who did not complete their immunization schedule, are the main groups

involved in the resurgence of diphtheria. During the last 29 years, this country has not dealt with any case of this disease. According to the European Centre for Disease Prevention and Control (ECDC), diphtheria symptoms in a 6-year-old boy appeared on May 2015, 23th and 25th. A major problem with the treatment of the boy was the difficulty in acquiring diphtheria antitoxin, which is central to the successful treatment of the disease. Shortage of equine diphtheria antitoxin (DAT) was identified as an important problem by ECDC in the analysis of the case. An additional problem was that nowadays the clinical recognition of diphtheria encounters problems and delays, due to the lack of experience regarding this disease. Far in the past, in 1613, an epidemic of diphtheria in Spain was so powerful that the year remained in the history as "The Year of Strangulations" ("El Año de los Garrotillos"). On 28th May 2015, a child presented at the local hospital in the Catalan city of Olot (Girona) with fever, general malaise, pseudo-membranous inflammation of the upper air-passages. The next day, a throat swab was sent to the National Center for Microbiology and the PCR tested positive for the previously suspected toxigenic diphtheria. Also, the same sample was used



to confirm the diagnosis with Elek's toxigenicity test. On 31st May, the child was transferred to a tertiary care hospital in Barcelona and Spain reported the first case of diphtheria since 1986, through the Early Warning and Response System (EWRS). The next two days, the child received antibiotics and DAT, provided by France and Russia. Sadly, he developed respiratory, heart and kidney complications and had been kept alive on machines until his death, on the 27th of June. His parents have previously refused vaccination for him and his sibling.

Mass media was invaded by articles on this subject, all over the world, translated in all languages.

Using the Google search engine for the words "boy dies of diphtheria in Spain", about 217,000 results can be found.

The same search with French words displays about 76,500 results; there is a similar number for Spanish and Italian words search. This case brought once again to the public attention the importance of dealing with the incomplete coverage of vaccination. Besides this, protocols regarding the diagnosis and treatment of diphtheria in case of outbreaks must be updated to prevent potentially fatal delays. Several European countries do not produce stocks of DAT for themselves, in order to be able to react at a national level, if necessary. Vaccination policies should address a better knowledge in parents that vaccines represent a right for their children and that refusing vaccination might have dramatic outcomes. The "terrible guilt" they might feel for their decision cannot save anymore the child, a VPD victim.

Middle East respiratory syndrome coronavirus infection, Mers-CoV

Between 13 and 16 June 2015, the National IHR Focal Point of the Republic of Korea notified [WHO](#) of 28 additional confirmed cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) alongside 8 additional deaths. By mid June, a total of 154 MERS-CoV cases, including 19 deaths, are reported. One of the 154 cases is the one confirmed in China and also notified by the National IHR Focal Point of China. As of 16 June, 5,586 contacts were identified (5,238 under home monitoring and 348 under facility monitoring). The WHO Committee defined the outbreak in the Republic of Korea as a "wake-up call".

The [ECDC](#) provides an up-date within its Rapid risk Assessment that prompted by the recent increase in the was number of confirmed MERS-CoV cases in South Korea. The South Korean disease cluster was generated by a primary case imported from the Middle East and is the largest cluster observed outside of the Arabian Peninsula so far. The occurrence of a person returning from the Middle East infected with MERS-CoV to Germany showed the continuous risk of importation to Europe. However, ECDC's latest rapid [risk assessment](#) on the topic concluded the risk of sustained human-to-human transmission in Europe remains very low.

More cues about Mers-CoV. Eurosurveillance, Volume 20, Issue 25, 25 June 2015

Epidemiological [investigation](#) of MERS-CoV spread in a single hospital in South Korea, May to June 2015

Preliminary epidemiological [assessment](#) of MERS-CoV outbreak in South Korea, May to June 2015

The role of [superspreading](#) in MERS-CoV transmission



Public Health Institutions

Pandemic preparedness and response issue at the latest WHO General Assembly

[Recent update on the issue](#)

The [68th World Health Assembly](#) was held in Geneva, Switzerland from 18 to 26 May 2015. The [Ebola outbreak](#) was widely discussed. Another session of interest: “Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits ([resolution WHA64.5](#))”.



**World Health
Organization**

**SIXTY-EIGHTH WORLD HEALTH ASSEMBLY
Geneva, Switzerland
18–26 May 2015**

[More cues about Pandemic Influenza Preparedness](#)

[Critical Path Analysis](#) in the new report from Pandemic Influenza Preparedness (PIP) Framework, eNewsletter, March 2015/Issue 2; context and rationale for the [interventions](#) chosen by WHO in 2013–2016

Risk Communications Capacity–Building in the new report from PIP Framework, eNewsletter, March 2015/Issue 3 and [need to invest in capacity building](#) on the field

The last pandemic plan from WHO: [Pandemic Influenza Risk Management WHO Interim Guidance, 2013](#). An overview of the novelties in this plan is retrievable in the related [“Frequently Asked Questions”](#)

Food for thought

[From *Legal preparedness and Ebola vaccines* by J. Monahan, S. Halabi on *The Lancet*](#)

All [social actors] have a shared interest in recognising, understanding, and managing potential liability as effectively as possible within the framework of a global public health response.

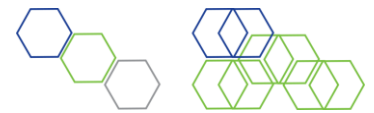
Legal immunities for innovators and manufacturers of vaccines, such as the [Public Readiness and Emergency Preparedness declaration made by Secretary Burwell](#), can

be part of the solution. [...] Unlike many contingencies associated with future pandemics or similar global public health crises that are difficult — if not impossible — to predict, **creating an improved framework for management of legal liabilities is a preparation that all interested stakeholders can make before the next global health emergency occurs.**

Relevant events on preparedness and response

[About response and planning the recovery against Ebola epidemic in March 2015](#)

A EU high level [conference](#) on “Ebola: From Emergency to Recovery” for a long term support to the resilience of the affected countries, including the development of their health systems.



Two key WHO regional meetings in April 2015

The First formal SEA Regional Workshop on PIP Implementation [Jakarta, Indonesia; April 2015, 27–29]: global health security, potential regional impact and challenges, and recommendations.

The Second annual SARINET (Severe Acute Respiratory Infections Surveillance in the Americas) meeting [Cancun, Mexico; April 2015, 28–30]: SARI surveillance, burden of disease, seasonality of influenza, and laboratory strengthening.

A shortcoming one-day meeting in September 2015

The Science Policy Flu Summit [EU Quarter in Brussels; 30 September 2015, 30] by the European Scientific Working group on Influenza (ESWI) and the European Public Health Alliance (EPHA) to develop a European influenza action plan aimed at reducing the burden of epidemic and pandemic influenza.

Social Networks

Looking at a discussion on Ebola vaccine trials developed on LinkedIn

Local politicians joined in a 2.0 talk on trials for vaccines to fight Ebola in Ghana

Among Global Public Health group members on LinkedIn, a [discussion](#) about Ebola vaccine trials was started in the mid-June 2015. The opening question sounded like: *What is your opinion on Ghanaian politicians kicking against Ebola vaccine trials as a whole show, and what went wrong there?*

Such a talk has been reported as one of the current trending discussion on the professional social network, since about 150 comments and 250 “Like” have been posted in the month from June 15th to July 15th. The problem and topic of this discourse is vaccine trials to be run in a country – Ghana, actually – which has not recorded any not even a single case of Ebola. Beside this main comprehensive subject including so many issues (Ebola Virus Disease, vaccines and vaccination, clinical trials, population health in African countries), contributions posted refer also to the different items singularly. Or it is common that, instead

answering the starting question, “emotional” opinions are given. It is quite interesting to see how people from USA, Europe, Africa joined in the discussion, too. The debate involved several professional profiles ranging from health care workers to politicians. Indeed, the kind of opinions given within this social talk depends on the profile of each issuer. A most respondent can be observed with one third of comments posted. The great contribution from this group influencer is also in terms of links indicated (nearly 70, signaling scientific and divulgative articles). In the end, many aspects are addressed, but the real occurrence emerging with Ebola vaccine trials in Ghana is recognized in a lacking involvement of populace and civil society organisations. That is the reason why even these social actors are kicking against.



A communicative storytelling about Ebola is viral on the web

New animation cartoons for communities at risk

[The Story of Ebola, English](#) is a public health animation produced by Global Health Media Project in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF, and Yoni Goodma. It brings to life key messages that help ongoing educational and awareness efforts in West Africa. Voice-overs in local languages are underway. This animated film features a young girl whose grandfather dies from Ebola and puts the rest of her family and their village at risk.

Woven through the story are critical messages to help people better understand Ebola, see themselves within the context of an outbreak, and see how to act in ways that can keep themselves safe from the disease and protect their communities. The re-emergence of cases in what were thought to be cleared locations in Sierra Leone and Guinea, as well as the new case in Liberia, remind us that the epidemic is far from over and could easily spread to other countries.

Dealing with Ebola epidemic on social media

Epidemic outbreaks pose socio-cultural issues to be governed

[WHO | Ebola – a test too far for one little girl](#)

who.int - Feature story from Guinea: The Ebola outbreak



continues and resources are needed to end the epidemic. When testing and treatment options are too far away

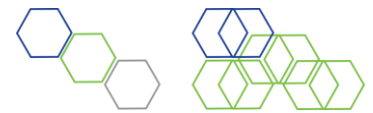
In Guinea, resources are needed against the Ebola epidemic. When testing and treatment options are too far away, people are less willing to cooperate. Mariam's case illustrates this problem. As a WHO team discussed her symptoms, she listened and showed no signs of distress. When she was told she must go to Conakry, over 3 hours away, she began to sob and her family refused to send her.

On the web

Tools from USA for developing a better preparedness and response capacity

✓ A website

The [Federal Emergency Management Agency](#) They range from contents to information and portal is reported because of the great variety of issues which are covered. A plurality of tools is also provided such as social network accounts.



✓ A Report

The [fourth National Preparedness Report](#) is the document developed by Presidential Policy Directive 8 “National Preparedness”. This annual report summarizes progress in building, sustaining, and delivering the 31 core capabilities described in the National Preparedness Goal. Each year, it assesses gains that whole community partners — including all government levels, private and nonprofit sectors, faith-based organizations,

communities, and Individuals — have made in preparedness, and to identify open challenges. The 2015 National Preparedness Report focuses primarily on preparedness activities (in terms of Prevention, Protection, Mitigation, Response, Recovery) undertaken or reported during 2014 with the intent of providing practical insights to inform decisions about program priorities, resource allocations, community actions.

✓ A conference

The [TIEMS 2015 USA Conference](#) took place at Portland State University from June 23 to 25 June. The program developed on emergency management discussing today's

relevant issues in the field of disaster response, among others lessons learned from the Nepal earthquake, with a speech by TIEMS Nepal representative, M. Chhetri.

From the ASSET world

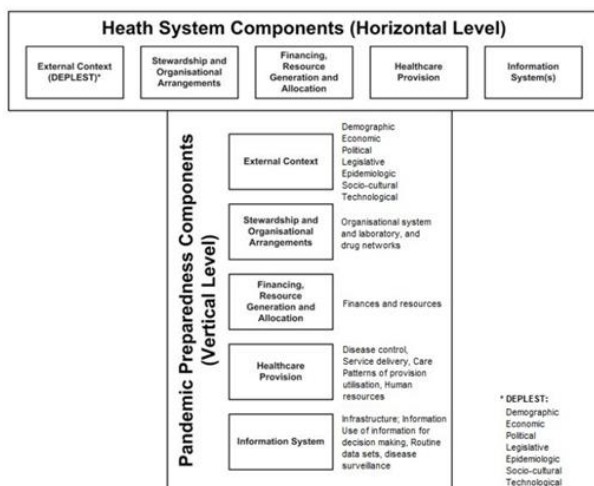
Progress of the project at a glance!

Crucial activities are being developed and nearby finalized

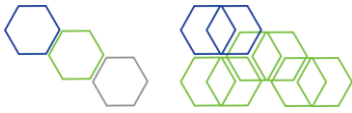
The [Strategic Plan](#) and [Roadmap](#) are on their own way to be published so that the [Handbook](#) and the related [Toolkit](#) will follow. The work on [public consultation](#) activities has been started, too.

The first [Summer School on Science in Society related issues in Pandemics](#) edition was held in Rome from September 2015, 21 to 24. It has been developed on the main six problem issues identified within the ASSET research.

In a SnapShot! The graphic concept at the Second Issue: **SYSRA**



To strengthen the pandemic preparation and mitigation as well as to overcome some of the underlying health system constraints the Systemic Rapid Assessment (SYSRA) toolkit evaluates priority disease programmes by taking into account the programmes, the general health system, and the wider socio-cultural and political context. The components under review were: external context; stewardship and organisational arrangements; financing, resource generation and allocation; healthcare provision; information systems.



Disclaimer

The ASSET project was designed to accomplish a European Commission Call (DG Research and Innovation – HEALTH), for developing a Mobilization and Mutual Learning Action Plan in response to epidemics and pandemics with regard to Science in Society related issues.

The European grant agreement ensures scientific and editorial freedom to the ASSET consortium partners.

The views expressed in the ASSET Pandemic Preparedness and Response Bulletin “Share and move” are those of the authors and may not necessarily comply with European policy.

Statements in the Bulletin are the responsibility of their authors and not authors’ institutions.

In case of conflict of interests, it is declared.

Readers are advised to verify any information they choose to rely on.

Suggestions and/or questions are welcomed at valentina.possenti@iss.it

Acknowledgements

Caterina Rizzo, Antonella Lattanzi (Istituto Superiore di Sanità, Italy); [ASSET consortium partners](#).

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