

PUBLICATIONS FROM INTERNATIONAL ORGANIZATIONS ON PUBLIC HEALTH

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EUROPEAN FOOD SAFETY AUTHORITY (EFSA)

The European Union summary report on trends and sources of zoonoses, zoonotic agents and food-borne outbreaks in 2013. *EFSA Journal* 2015;13(1):3991 (162 p.) doi:10.2903/j.efsa.2015.34991 This report of the European Food Safety Authority and the European Centre for Disease Prevention and Control presents the results of the zoonoses monitoring activities carried out in 2013 in 32 European countries. Campylobacteriosis was the most commonly reported zoonosis. After several years of an increasing European Union (EU) trend, the human campylobacteriosis notification rate has stabilised. The decreasing EU trend in confirmed human salmonellosis cases observed in recent years continued. Human listeriosis increased further, showing an increasing EU trend in 2009-2013. Also during 2009-2013, a decreasing EU trend was observed in confirmed yersiniosis cases. The number of confirmed verocytotoxigenic *Escherichia coli* (VTEC) infections in humans increased. VTEC was reported from food and animals. A total of 5,196 food-borne outbreaks, including water-borne outbreaks, were reported in the EU. Most food-borne outbreaks were caused by *Salmonella*, followed by viruses, bacterial toxins and *Campylobacter*, whereas in 28.9 % of all outbreaks the causative agent was unknown. Important food vehicles in strong-evidence food-borne outbreaks were eggs and egg products, followed by mixed food, and fish and fish products. The report further summarises trends and sources along the food chain of tuberculosis due to *Mycobacterium bovis*, *Brucella*, *Trichinella*, *Echinococcus*, *Toxoplasma*, *rabies*, *Coxiella burnetii* (Q fever), West Nile Virus and tularaemia.

Risk related to household pets in contact with Ebola cases in humans. *EFSA Journal* 2014;12(12):3930 (12 p.) doi:10.2903/j.efsa.2014.3930 This assessment from EFSA and ECDC addresses three questions: the probability of a pet being in contact with a human Ebola virus disease case; the probability of a pet being exposed to Ebola virus; and the probability of a pet infected or contaminated with Ebola virus being capable of transmitting the virus to an uninfected human. This assessment covers dogs and cats as they are the most common pets in Europe. The situation in Europe is different from the one in Western Africa, the area affected by the current Ebola virus (EBOV) epidemic. In Europe, situations where a pet becomes infected through contact with an infected human are likely to be very rare. In the event of contact with an infected human, the probability of a pet becoming infected, or to act as a fomite, can range from very low to high. However, this probability is associated with high uncertainty. In addition, there is high uncertainty about viraemia and virus excretion in pets. The probability of human exposure to

the virus through contact with exposed pets is difficult to assess and may range from very low to high depending on the specific circumstances. It is recommended that risk be assessed jointly by veterinary and public health authorities using a case-by-case approach. In the absence of information about possible EBOV infection in pets and the potential for onward transmission, full precautionary measures should be taken when handling pets of persons infected with EBOV.

An update on the risk of transmission of Ebola virus (EBOV) via the food chain. *EFSA Journal* 2014;12(11):3884 (25 p.) doi:10.2903/j.efsa.2014.3884 Several animal species were found to harbour Zaïre Ebola virus (ZEBOV), mainly non-human primates and fruit bats. The risk for persons in Europe linked to the transmission of ZEBOV via handling and preparation (by consumers or staff handling the food in kitchens immediately prior to consumption), and consumption of bushmeat illegally imported from Africa was assessed. The outcome was the probability for at least a single human case of ZEBOV in Europe due to transmission via bushmeat. This probability results from a combination of several steps: 1) the bushmeat has to be contaminated with ZEBOV; 2) the bushmeat has to be (illegally) introduced into the EU; 3) the imported bushmeat needs to contain viable virus when it reaches the person; 4) the person has to be exposed to the virus; and 5) the person needs to get infected following exposure. Due to lack of data and knowledge, which results in very high uncertainty, it is not possible to estimate this risk. Considering all these elements, and based on: the limited number of outbreaks confirmed to date in Africa in spite of the routine consumption of bushmeat in that continent, the handling of bushmeat in Europe not involving high risk practices such as hunting and butchering, and the assumed low overall consumption of bushmeat in Europe, it can be assumed that the potential for introduction and transmission of ZEBOV via bushmeat in Europe is currently low. Hardly any information on ZEBOV infectivity is available on the effect of salting, smoking or drying of meat. Therefore, a conclusion cannot be reached regarding the effectiveness of these methods for virus inactivation. Thorough cooking (100 °C) will destroy the virus.

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO)

SAFA - Sustainability Assessment of Food and Agriculture Systems. Rome: Food and Agriculture Organization of the United Nations. 2014, 264 p. ISBN 978 92 510 8485 4 The Sustainability Assessment of Food and Agriculture Systems (SAFA) Guidelines were developed for assessing the impact of food and agriculture operations on

the environment and people. The guiding vision of SAFA is that food and agriculture systems worldwide are characterized by all four dimensions of sustainability: good governance, environmental integrity, economic resilience and social well-being.

Cameron A, Njeumi F, Chibeu D, *et al.* **Risk-based disease surveillance – A manual for veterinarians on the design and analysis of surveillance for demonstration of freedom from disease.** Rome: Food and Agriculture Organization of the United Nations. 2014, 214 p. (*FAO Animal Production and Health Manual*;17) ISBN 978 92 510 8637 7 FAO number: I4205/E Managing disease threats poses enormous challenges and requires good quality information: what diseases exist; where they are found; what impact they are having; which populations are at risk; how we can prevent, control or eradicate these diseases. Animal disease surveillance plays a central role in providing this information. Risk-based surveillance is not a particular technique; rather, it describes a general approach to undertaking disease surveillance. The principle is simple and self-evident: the most efficient way to find disease is to survey the animal populations that are most likely to be affected. This is in contrast to the more traditional statistically-based approach of taking representative samples from a population. While the idea of risk-based surveillance is simple, the implications are complex. The approach can be much more cost-effective for some purposes, but if misused, it can lead to serious errors or it can be more expensive than traditional approaches.

Mitigation of food wastage. Societal costs and benefits. Rome: Food and Agriculture Organization of the United Nations. 2014, 60 p. ISBN 978 92 510 8510 3 FAO number: I3989/E In recent years, progress has been made globally in establishing sustainable food production systems aimed at improving food and nutrition security and the judicious use of natural resources. Yet, all of those efforts are in vain when the food produced in those systems is lost or wasted and never consumed. This paper presents a portfolio of potential food wastage mitigation measures, illustrating the gross and net economic, environmental and societal benefits of each. Adopting appropriate food wastage mitigation measures can offer corresponding huge environmental benefits, leading to associated net gains for societies in terms of reduced economic losses and external costs. The performance of measures aiming at avoiding food wastage tends to be higher than for reusing, recycling of food products and certainly higher than landfilling.

INTERNATIONAL LABOUR ORGANIZATION (ILO)

Safety and health and the use of machinery. An ILO code of practice. Geneva: ILO October 2013; 137 p. ISBN 978 92 212 7725 5 Machinery is used in virtually all work activities, and thus presents certain safety and health risks in a large number of workplaces all over the world. Worker safety should be addressed at all stages of the lifespan of machinery, from design to decommissioning. This code of practice includes recommendations and requirements regarding the obligations, responsibilities, and rights of competent authorities, designers, manufacturers, suppliers, employers and workers. It also sets out technical requirements and information on the protection of workers against hazards, risk assess-

ments, characteristics of guards and protective devices, as well as safety requirements for different types of machinery.

UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

Fast-Track: Ending the AIDS epidemic by 2030. Geneva: UNAIDS 2014; 40 p. Publication no. JC2686 The report lays out a set of bold, new Fast-Track targets to be reached over the next five years to ensure that the world will end the AIDS epidemic by 2030. The report also outlines that by taking the Fast-Track approach nearly 28 million new HIV infections and 21 million AIDS-related deaths would be averted by 2030. The new set of targets that would need to be reached by 2020 include achieving 90-90-90: 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads. UNAIDS estimates that by June 2014, some 13.6 million people had access to antiretroviral therapy, a huge step towards ensuring that 15 million people have access by 2015, but still a long way off the 90-90-90 targets. Particular efforts are needed to close the treatment gap for children. The targets are firmly based on an approach to leaving no one behind that is grounded in human rights and, if achieved, would significantly improve global health outcomes. The report also highlights just how critical investment is to achieving these targets. International funding support will be needed to supplement domestic investments, particularly in low-income countries, which are currently only funding around 10% of their responses to HIV through domestic sources. The UNAIDS Fast-Track approach emphasizes the need to focus on the counties, cities and communities most affected by HIV and recommends that resources be concentrated on the areas with the greatest impact.

The Cities Report. Geneva: UNAIDS 2014; 84 p. ISBN 978 92 9253 066 2 Publication no. JC2687 According to the report, more than half the world's population lives in cities, with the proportion set to expand to 60% by 2050. The vast majority of megacities, defined as having populations of more than 10 million people, will be in low- and middle-income countries. The report shows how cities and urban areas are particularly affected by HIV, with the 200 cities most affected by the epidemic estimated to account for more than a quarter of the 35 million people living with HIV around the world. In many countries, cities are home to more than half of all people living with HIV across the country. In sub-Saharan Africa, 45% of people living with HIV reside in cities. The report outlines the important role that urban areas will play in ending the AIDS epidemic by 2030. Fast-tracking HIV responses in cities - without neglecting efforts in rural and other areas - will therefore be crucial to ending the AIDS epidemic. It also features testimonies from community activists, health workers and public officials who have been at the forefront of the AIDS response in the world's cities. Their stories show how the same urban centres that have been most affected by HIV from the beginning of the epidemic are now uniquely positioned to end the AIDS epidemic. It also highlights the importance of ensuring that people who are marginalized and often stigmatized - including sex workers, people who inject drugs and men who have sex with men - have access to HIV prevention and treatment services.

WORLD HEALTH ORGANIZATION (WHO)

Core competencies in adolescent health and development for primary care providers including a tool to assess the adolescent health and development component in pre-service education of health-care providers. Geneva: World Health Organization. 2015, 58 p. ISBN 978 92 415 0831 5 At the heart of every health system, the workforce is central to improving health. A wide range of professionals are involved in health care for adolescents at the primary and referral levels, and progress towards universal health coverage for adolescents will require renewed attention to their education. Training programmes need to be re-oriented from an acute and episodic care model to a chronic and preventive care model. This shift highlights the need for designing competency-based educational programmes that emphasize the developmental and contextual aspects of adolescent health, and enhance competencies in consultation, interpersonal communication and interdisciplinary care. This document aims to help countries develop competency-based educational programmes in adolescent health and development in both pre-service and in-service education. In addition, it provides guidance on how to assess and improve the structure, content and quality of the adolescent health component of pre-service curricula. By fostering the capacity of health-care providers in adolescent health care and development, the document supports the implementation in countries of the Global Standards for Quality Health-Care Services for Adolescents.

Global status report on noncommunicable diseases 2014. Geneva: World Health Organization. 2014, 297 p. Sw.fr.40.00/US \$ 48.00 ISBN 978 92 415 6485 4 Order no. 11502815 This global status report is the second in a triennial series tracking worldwide progress in prevention and control of noncommunicable diseases (NCDs). The majority of NCDs are preventable. This report gives encouraging evidence that premature NCD deaths can indeed be significantly reduced worldwide. The primary target audience of this report are Ministers of Health. The report provides information on voluntary global targets and how to scale up national efforts to attain them, in a sustainable manner. The 2010 baseline estimates on NCD mortality and risk factors are provided so that countries may begin reporting to WHO on progress made in attaining targets, starting in 2015. The country case studies on successful prevention and control of NCDs highlighted in the report can be instructive for others facing similar challenges. As discussed in this report, there is an agreed set of very cost-effective - and globally applicable - NCD interventions for attaining all nine targets by 2025. This second global status report comes at a time when only a decade is left to achieve the internationally agreed voluntary global NCD targets. It is also a time when we can be more optimistic about the future prevention and control of NCDs,

than perhaps at any stage in recent history. In order to attain the global NCD targets, governments, international partners and WHO will need to work together, sharing and exchanging evidence and information and taking the necessary steps for reducing gaps in capacity and resources.

Guidelines for the screening, care and treatment of persons with hepatitis C infection. Geneva: World Health Organization. 2014, 122 p.– Sw.fr.30.00/ US \$ 36.00 ISBN 978 92 415 4875 5 Order no. 19300312 These are the first WHO guidelines on the screening, care and treatment of persons with HCV infection. They are intended to complement existing guidance on the primary prevention of HCV and other bloodborne viruses by improving blood and injection safety, and health care for people who inject drugs (PWID) and other vulnerable groups, including those living with HIV. These guidelines are primarily targeted at policy-makers in ministries of health working in low- and middle-income countries who formulate country-specific treatment guidelines and who plan infectious diseases treatment programmes. They are intended to assist officials as they develop national hepatitis C treatment plans and policy, and guideline documents. In addition, it is anticipated that non-governmental agencies and health professionals organizing treatment and screening services for hepatitis C will use the guidelines to define the necessary elements of such services. These guidelines will also be a useful resource for clinicians who manage persons with HCV infection. This guidelines document will be revised in 2016.

Water safety in distribution systems. Geneva: World Health Organization. 2014, 153 p. Sw.fr.40.00/US \$ 48.00 ISBN 978 92 406 9341 8 Order no. 18000405 The guidance provided in this document focuses on applying the framework for safe drinking-water, including Water Safety Plans (WSPs), as described in the fourth edition of the *Guidelines for drinking-water quality* (WHO, 2011). The scope of this document includes small to large piped water systems in both developed and developing countries. It applies from the outlet of primary treatment processes to delivery to consumers, including at standpipes, but does not include pipework within buildings either before or after the point of delivery. This is the subject of the complementary text on water safety in buildings. The main text is divided into 12 sections following the descriptions in the *Guidelines for drinking-water quality* (WHO, 2011) and based on the 11 modules included in the *Water safety plan manual* (Bartram *et al.*, 2009), with an additional section describing the enabling environment (policy and regulations, independent surveillance and disease surveillance). It is important for regulatory and policy frameworks to support the implementation of WSPs to ensure their successful application. A number of case-studies are provided as annexes to illustrate the challenges that can confront drinking-water suppliers and potential solutions to overcome these challenges.