

Consultation paper

Stakeholder consultation on health security in the European Union

- The European Commission is developing an initiative on health security in the European Union to protect citizens' health more effectively against serious cross-border threats. Such threats arise from public health events affecting more than one Member State. In most cases, cross-border events occur within the EU but they can also originate outside the EU and affect one or more Member States.
- This initiative was requested by the EU Council, in the conclusions it adopted on 13 September 2010 on Lessons learned from the A/H1N1 pandemic - Health security in the European Union. The principles for the initiative were set out in the Commission Staff Working Document of 18 November 2010 on lessons learnt from the H1N1 influenza pandemic and on health security in the European Union (http://ec.europa.eu/health/preparedness_response/docs/commission_staff_lesso_nsh1n1_en.pdf).
- The initiative is included in the Commission's Work Programme for 2011.
- The Treaty on the Functioning of the European Union gives the EU the competence to carry out action to support, coordinate or supplement the action of Member States in the area of protection and improvement of human health. The EU has been empowered among other things to engage in "monitoring, early warning of and combating serious cross-border threats to health".
- Prevention and control of threats from infectious diseases at EU level are already addressed under the legislation adopted in 1998, which provides a basis for epidemiological surveillance and coordination of the response. This system has proved its worth for more than a decade now (e.g. in response to the outbreaks of Severe Acute Respiratory Syndrome - SARS and the H1N1 influenza pandemic).
- However, no such legislation exists on health threats from chemical agents, biological agents other than infectious diseases, radiological and nuclear agents, and environmental events. The aim of this initiative is, therefore, to ensure that *all* types of public health threats are addressed in a way similar to infectious diseases.
- New developments also need to be taken into account, such as adoption of the International Health Regulations IHR (2005), establishment of the European Centre for Disease Prevention and Control (ECDC - www.ecdc.europa.eu) and the new provisions of the Treaty on the Functioning of the European Union.
- This initiative includes preparedness planning in Member States, public health risk assessment, risk management and risk communication. The Commission coordinates health security measures in the EU through its Health Security Committee (HSC). This is an informal cooperation and coordination body concentrating on health-related threats from terrorism or any deliberate release of biological or other agents, as well as raising levels of preparedness for cross-border threats, in particular an influenza pandemic. The initiative will also put on a more formal footing the work done within the HSC (http://ec.europa.eu/health/preparedness_response/hsc/index_en.htm).

Aim of the consultation

The aim is to consult stakeholders on action the European Commission should take to protect EU citizens more effectively against serious cross-border health threats, given the competence conferred by the Treaties.

The Commission is therefore seeking the views of stakeholders on how health security can be strengthened at EU level, taking into account the public health consequences of serious cross-border threats.

The consultation is undertaken by means of an online questionnaire, which is divided into sections covering preparedness (including laboratory capacity, personal data for contact tracing purposes), assessment, management (including the Health Security Committee) and communication.

Please note that the time allowed for replying to the questionnaire is limited to 90 minutes. We therefore recommend that you first consult a PDF version on the website of the Directorate-General for Health and Consumers (DG SANCO): http://ec.europa.eu/health/preparedness_response/consultations/preparedness_cons_02_en.htm.

A glossary is at disposal for clarification of certain words used in the questionnaire.

National, regional and local authorities, health institutions, NGOs, enterprises, interest groups and individual stakeholders are invited to reply to the questionnaire.

Consultation questionnaire

Personal details

In what capacity are you replying?

- as an individual
- on behalf of an organisation/company
- on behalf of a national, regional or local authority

Last name

First name

E-mail

Organisation (optional)

Register* identification number (optional)

*Register of Interest Representatives. Through this voluntary register, in the context of the European Transparency Initiative, the European Commission wishes to let citizens know what general or specific interests are influencing the EU decision-making process. For more information, see:

<https://webgate.ec.europa.eu/transparency/regrin/welcome.do>.

Your function in the organisation (optional)

6. In you answered yes, in which of the following areas?

- | | | | |
|--------------------|------------------------------|-----------------------------|-------------------------------------|
| Preparedness | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Risk assessment | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Risk management | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Risk communication | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |

7. How should the coordination of public health consequences of serious cross-border health threats be handled at EU level in comparison with infectious diseases?

- | | |
|------------------|--------------------------|
| Less stringently | <input type="checkbox"/> |
| In a similar way | <input type="checkbox"/> |
| More stringently | <input type="checkbox"/> |
| No opinion | <input type="checkbox"/> |

8. Do you have any additional comment or suggestion?

-----maximum 100 words-----

B. Preparedness planning

Preparedness planning is about developing and strengthening capacities to respond rapidly to any kind of emergency affecting or likely to affect public health.

For infectious diseases the ECDC provides scientific and technical expertise in the development, regular review and updating of preparedness plans. There is, however, no robust EU mechanism to ensure that Member States develop a coherent approach to preparedness planning.

For chemical, radiological, nuclear, environmental or biological threats arrangements are in place to monitor, assess and coordinate the management of these threats, but public health aspects are not sufficiently covered.

The International Health Regulations (2005) require EU Member States individually to build core capacities for surveillance and response to all public health emergencies of international concern. Building on this, a common approach to preparedness planning for all serious cross-border health threats in the EU could be developed.

9. Do you see the need for the EU to encourage better national preparedness planning?

yes no no opinion

10. Should this preparedness planning address any kind of emergency affecting public health (i.e. including chemical, biological, radiological and nuclear threats)?

yes no no opinion

11. Is there a need for coordination of national preparedness plans at EU level, e.g. by providing a framework to improve interoperability of national preparedness plans?

yes no no opinion

12. Is there a need for EU preparedness plans to deal with serious cross-border threats other than an influenza pandemic?

yes no no opinion

13. Is there a need to set up a minimum core capacity standard on:

Preparedness planning? yes no no opinion

Business continuity planning? yes no no opinion

Critical infrastructures contingency planning? yes no no opinion

14. Do you consider that Member States' health systems are sufficiently connected at EU level to allow efficient coordination for the following types of incidents, whether natural, accidental or intentional?

Infectious diseases and diseases caused by biological agents (e.g. toxins) yes no no opinion

Chemical agents yes no no opinion

Radiological and nuclear agents yes no no opinion

Environmental events yes no no opinion

If you answered no to one or more points, what should be improved/changed?

15. Do you consider that public health consequences resulting from serious cross-border health threats of a chemical, biological, radiological and nuclear, or environmental nature are sufficiently taken into account in other sectors at EU level (e.g. transport, telecommunications, energy)?

yes no no opinion

16. Does the business continuity plan/critical infrastructure contingency plan of your company/organisation consider the public health consequences of serious cross-border health threats?

yes no no opinion

*** International Health Regulations - IHR (2005)**

(Questions 17 to 19 only addressed to national, regional and local authorities)

The International Health Regulations - IHR (2005), which are mandatory for the Member States, may require national legislation to be adopted to comply with their provisions, covering measures also in sectors other than public health (e.g. environment, transport, customs, food safety, agriculture, animal health, radiation safety, chemical safety, security, protection of personal data, trade - including dangerous goods).

17. * How and when do you intend to transpose or have transposed the IHR (2005) into your national law?

-----maximum 100 words-----

18. * Will the transposition of IHR (2005) cover sectors other than public health?

yes no no opinion

* Question only addressed to national, regional and local authorities.

If you answered yes, which sectors?

19. * The Treaty gives power to the EU to coordinate the response to health threats of cross-border relevance, in a manner very close to what is provided for by the IHR (2005). Do you agree that the EU initiative should reflect the same provisions as the IHR (2005)?

yes no no opinion

If you answered no, what do you propose?

-----maximum 100 words-----

Laboratory capacity

Laboratory networks at EU level ensure the availability of competent national laboratory services to analyse specific agents or pathogens in order to provide rapid and coordinated laboratory response to public health threats.

Such technical support built on laboratory capacity to deliver accurate and timely results is an integral part of the surveillance and detection systems set up through preparedness planning.

Although the infrastructure for these laboratories is in place, existing laboratory capacities and capabilities are not always sufficient. The question is how laboratory structures could be organised to serve best the needs at EU level.

20. Would it be useful to have a network at EU level of National Reference Laboratories to ensure sufficient decentralised capacities to analyse the following?

Highly dangerous pathogens (e.g. viruses, bacteria) yes no no opinion

Biological agents other than infectious diseases (e.g. toxins) yes no no opinion

Chemical agents yes no no opinion

Radiological and nuclear agents yes no no opinion

21. Do you consider that the EU should provide support to these networks?

yes no no opinion

22. If you answered yes, which of the following support measures should be provided?

Establishing a coordination structure (funding) yes no no opinion

Organising transport of samples to ensure sample sharing yes no no opinion

Quality assurance of the laboratory yes no no opinion

Regular meetings with specific reference laboratories in the Member States yes no no opinion

Other measures (20 words)

23. Would it be useful to have formal EU reference laboratories (see glossary) for the following?

Highly dangerous pathogens (e.g. viruses, bacteria) yes no no opinion

Biological agents other than infectious diseases (e.g. toxins) yes no no opinion

Chemical agents yes no no opinion

Radiological and nuclear agents yes no no opinion

Collection, storage and disclosure of personal data with a view to contact tracing to protect the health of citizens in particularly dangerous situations

In epidemiology, **contact tracing** is the identification and diagnosis of persons who may have come into contact with an infected person. Specific personal data are often needed to trace a contaminated person for the purposes of preventive medicine, medical diagnosis and the provision of care or treatment. However, such data are not systematically collected or stored for a sufficient time.

The problem is that the lack of collection and storage of these personal data for contact tracing purposes could endanger the public health response to threats, particularly where non-national carriers are concerned.

24. Would you be in favour of your personal data being collected, temporarily stored and shared with public health authorities in order to contact you if you are in danger of being infected or contaminated?

yes no no opinion

C. Scientific evaluation and assessment of risks from serious cross-border health threats

When preparing their policy and activities relating to public health, decision makers rely on independent expertise with sound scientific advice on emerging risks to public health. This process includes detecting and monitoring threats, alerting on emerging threats, evaluating potential risks to public health coming from those threats, and notifying such risks to concerned entities.

As regards infectious diseases, the creation of the ECDC and its co-existence with the EU network for the surveillance and control of Communicable diseases created by Decision 2119/98/EC has led to some overlaps in risk assessment in particular the epidemiological surveillance structures in place (e.g. dedicated surveillance networks). This duplication creates an administrative burden and is contrary to the basic principles of lawmaking (clarity, simplicity, etc.).

As regards other serious cross-border threats, risk assessment is addressed by different structures at EU level, e.g. in the area of civil protection, law enforcement and environmental protection. However, the public health aspects and consequences are not sufficiently evaluated and addressed.

25. Do you see the need for better evaluation of public health issues resulting from all serious cross-border threats?

yes no no opinion

26. Do you think that sectors other than the health sector take public health aspects of risk assessment sufficiently into consideration as regards the following serious cross-border health threats?

Biological agents other than infectious diseases (e.g. toxins) yes no no opinion

Chemical agents yes no no opinion

Radiological and nuclear agents yes no no opinion

Environmental events yes no no opinion

If you answered no to one or more points, what should be improved/changed?

27. Do you think that existing structures for risk assessment of threats of the following types are sufficient at EU level?

Infectious diseases yes no no opinion

Biological agents other than infectious diseases (e.g. toxins) yes no no opinion

Chemical agents yes no no opinion

Radiological and nuclear agents yes no no opinion

Environmental events yes no no opinion

28. Would it bring added value to have EU capacity to conduct risk assessment from the public health perspective for threats of the following types?

Biological agents other than infectious diseases (e.g. toxins) yes no no opinion

Chemical agents yes no no opinion

Radiological and nuclear agents yes no no opinion

Environmental events yes no no opinion

29. If you answered yes, how should such EU capacity be created?

Link up national assessment bodies at EU level yes no no opinion

Set up EU networks of national experts yes no no opinion

Link existing EU assessment bodies yes no no opinion

Extend the current mandate of existing EU agencies yes no no opinion

30. Do you think that a single alert tool for all health threats at EU level would be more efficient?

yes no no opinion

31. Do you think that the existing detection and notification systems for health aspects at EU and national level should be better interconnected across the sectors in order to link the different disciplines (food safety, energy, transport)?

yes no no opinion

(Question 32 only addressed to national, regional and local authorities)

32. * Do you consider that the current International Health Regulations (2005) decision instrument for notifying public health emergencies of international concern to the WHO (see IHR 2005 Annex 2) is sufficient for notifying at EU level serious cross-border threats?

yes no no opinion

* Question only addressed to national, regional and local authorities.

D. Management of public health consequences of serious cross-border health threats

The response to a health-related crisis includes a set of decisions and measures taken by the authorities concerned during and after the event, including immediate relief, rehabilitation and reconstruction. In principle, this range of measures to manage public health risks is provided in a comprehensive and coordinated way and deals with the whole spectrum of emergency needs including prevention, response and recovery.

For infectious diseases, a formal channel for coordination of public health measures exists: the Early Warning and Response System (EWRS) Network Committee. The relationship of this structure with the EU Health Security Committee in the field of infectious diseases needs to be clarified. For example, during the H1N1 influenza pandemic, it was necessary to combine the Health Security Committee with the EWRS Network Committee to ensure that all aspects of managing the pandemic could be discussed in a coherent way.

For all other serious cross-border health threats, the coordination of risk management from a public health perspective is not sufficiently addressed at EU level. So far, these other threats have been dealt with in the context of the EU Health Security Committee, an informal body created through Council conclusions which does not have any decision-making powers. This creates an unbalanced situation in comparison with the approach to infectious diseases.

33. Do you see the need for better coordination and management of all serious cross-border health threats?

yes no no opinion

34. Do you consider that real events in the past with public health consequences were efficiently managed at:

Regional level? yes no no opinion

National level? yes no no opinion

EU level? yes no no opinion

35. Do you see the need for improved coordination of national public health measures (prevention, diagnosis, treatment, control) among Member States in the event of a cross-border health threat?

yes no no opinion

36. Do you think that a coherent risk management mechanism for serious cross-border public health threats at EU level would bring added value?

yes no no opinion

37. Would you be in favour of making the following public health measures compulsory in order to prevent the propagation of serious cross-border health threats?

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| Quarantine | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Isolation | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Travel restrictions | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Closing borders | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Medical examination (at point of entry) | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Compulsory vaccination status | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |

(Questions 38 to 39 only addressed to national, regional and local authorities)

38. * Do you find useful the following types of coordination provided so far at EU level for serious cross-border threats other than infectious diseases?

- | | | | |
|--|------------------------------|-----------------------------|-------------------------------------|
| Public health risk assessment provided by the ECDC and EU agencies | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Public health risk management under the auspices of the Health Security Committee | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |
| Public health risk communication under the auspices of the Health Security Committee | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> no opinion |

39. * When several sectors are involved, does the Ministry of Health take the lead in crisis management during a serious cross-border health threat related to:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Biological agents? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Chemical agents? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Radiological and nuclear agents? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Environmental events? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

If you answered no to one or more points, who will take the lead?

* Question only addressed to national, regional and local authorities.

*** Health Security Committee**

(Questions 40 to 42 only addressed to national, regional and local authorities)

The EU Health Security Committee, chaired by the European Commission, brings together all EU Member States to address health security issues.

40. * Do you think that the Health Security Committee, as the platform for coordinating at EU level the response to public health consequences of serious cross-border health threats, brings added value?

yes no no opinion

41. * If you answered yes, do you think it would be better to legally formalise the status of the Health Security Committee?

yes no no opinion

42. * If you answered no, what would you see as a coordinating entity at EU level?

-----maximum 50 words-----

E. Communication

Effective public communication is a crucial component of emergency/crisis response. Timely, accurate information can help people at risk take appropriate protective measures, prevent illness and injury, reduce unnecessary care seeking, and facilitate relief and recovery efforts.

An informal channel for risk and crisis communication is in place under the EU Health Security Committee; however, a more robust setting for strengthening the coordination of such communication channels among Member States is needed to share communication strategies, key messages and guidelines.

43. How well are you informed about the public health consequences of the following serious cross-border health threats?

Infectious diseases and diseases caused by biological agents (e.g. toxins)

Well informed Not very well informed Not at all informed no opinion

Chemical agents

Well informed Not very well informed Not at all informed no opinion

Radiological and nuclear agents

Well informed Not very well informed Not at all informed no opinion

Environmental events

Well informed Not very well informed Not at all informed no opinion

What could be improved/changed?

44. Do you see the need to better coordinate information and communication between Member States at EU level?

yes no no opinion

45. If you answered yes, how?

Make risk and crisis communication an integral part of risk management at EU level yes no no opinion

Provide more guidelines on risk and crisis communication at EU level yes no no opinion

Support the communication efforts of Member States and other bodies dealing with health measures yes no no opinion

Establish networks and improve communication with healthcare professionals yes no no opinion

Improve communication with the media, including messages to the general public yes no no opinion

Improve consistency of communication messages between Member States yes no no opinion

46. What should be done at EU level to improve public confidence in the information provided?

-----maximum 50 words-----

(Question 47 only addressed to national, regional and local authorities)

47. * When several sectors are involved, does the Ministry of Health take the lead for communication with the public on public health consequences regarding:

Infectious diseases and diseases caused by biological agents (e.g. toxins)? yes no

Chemical agents? yes no

Radiological and nuclear agents? yes no

Environmental events? yes no

If you answered no, who will take the lead?

48. When several sectors are involved in a cross-border health threat, would it bring added value to have coordination at EU level for communication with the public and healthcare professionals on public health consequences regarding:

Infectious diseases and diseases caused by biological agents (e.g. toxins)? yes no no opinion

Chemical agents? yes no no opinion

Radiological and nuclear agents? yes no no opinion

Environmental events? yes no no opinion

Thank you for taking the time to answer this questionnaire.

* Question only addressed to national, regional and local authorities.

Consultation paper

Stakeholder consultation on health security in the European Union

Glossary

Business Continuity Planning (BCP)	BCP refers to the management processes and integrated plans that maintain the continuity of an organisation's critical processes - those processes which enable a business to deliver key services or products - in the case of a disruptive event. Business continuity encompasses all aspects of an organisation that play a role in sustaining critical processes, namely: people, premises, suppliers, technologies, data, etc.
Contact tracing	Identification and diagnosis of persons who have been exposed to a source of contagious agents, and who are potentially in danger of developing or have developed a disease with serious public health consequences.
Crisis management	Management of any critical situation that causes a disruption to the balance between the demand for and supply of medical services. Crisis management involves the plans, structures and arrangements established to bring together the normal endeavours of government, voluntary and private agencies in a comprehensive and coordinated way to deal with the whole spectrum of emergency needs including prevention, response and recovery.
Crisis communication	Communicating in a situation that somehow challenges the public's sense of appropriateness, traditional values, safety, health, security or the integrity of the government.
Crisis preparedness plan	<p>A written document or map for public health crisis management published by the responsible authority. The organisation, responsibilities and measures are defined - with details on how, when and whom - both before and after an event with public health consequences occurs. It aims to provide a policy for preparedness and response to both internal and external disaster situations that may affect the population and the community.</p> <p>Preparedness is the knowledge and capacities developed by government, organisations and communities to effectively anticipate, respond to, and recover from, the impacts of a likely, imminent or current crisis.</p>
Critical infrastructures	Critical infrastructures are those physical and information technology facilities, networks, services and assets which, if disrupted or destroyed, would have a serious impact on the health, safety, security or economic well-being of citizens or the effective functioning of governments in EU countries.
Cross-sectoral	Interdisciplinary, collaborative activity that is carried on with the help

action	and/or involvement of several sectors at the same time.
EU	European Union
Health measure ^{*1}	Procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures.
Health security	Activities required, both proactive and reactive, to minimise vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries.
IHR (2005)	International Health Regulations - IHR (2005): the WHO international regime providing global rules to enhance national, regional and global public health security. This legally-binding agreement significantly contributes to global public health security by providing a new framework for coordinating the management of events that may constitute a public health emergency of international concern, and improves the capacity of all countries to detect, assess, notify and respond to public health threats (www.who.int/ihr/en/).
IHR (2005) Annex 2	The annex 2 of the IHR (2005) is a decision instrument for the assessment and notification of events that may constitute a public health emergency of international concern. It is available under: http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf .
Interoperability	Property referring to the ability of diverse sectors, disciplines or organisations to work together.
Isolation ^{*1}	Separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination.
Minimum standard	A level of quality that all health plans and providers are required to meet in order to offer services to clients/customers.
Point of entry ^{*1}	A passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit.
Quarantine ^{†1}	Restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.
Real events in the past	Some examples: Influenza A(H1N1) pandemic in 2009, Severe Acute Respiratory Syndrome (SARS), milk contaminated with melamine, food contaminated with dioxin, Alexander Litvinenko poisoned with polonium-210, stainless steel contaminated with cobalt-60.

^{*1} WHO definition according to the International Health Regulations (2005).

^{†1} WHO definition according to the International Health Regulations (2005).

<p>Reference laboratory (RL)</p> <p>1. National Reference Laboratories (NRL)</p>	<p>Nationally-funded institutes/organisations designated by the competent authorities to offer technical and scientific support in specific fields. Their designation and the organisation of their missions may vary from one country to another in the EU (certain countries have permanently designated one or more NRLs, other competent authorities have chosen to select NRLs from their currently operating 'contractors'). As a common denominator their role and tasks include: (1) being directly involved in research programmes and (2) providing technical support to public bodies as regards the implementation of national and EU legislation by:</p> <ul style="list-style-type: none"> ○ implementing a quality system in the laboratory; ○ improving measurement systems (instruments, laboratories, networks); ○ ensuring the traceability of the measurements at national level, by providing reference materials to networks or certifying them, organising proficiency testing schemes, etc.; ○ participating in EU quality assurance/quality control programmes; ○ exchanging information by holding training sessions, workshops and conferences.
<p>2. EU-Reference Laboratories (EU-RLs)</p>	<p>EU-RLs guarantee that analytical methods are performed in the state of the art and that the quality of the results is answering to standards agreed at EU level. Therefore, particular responsibilities of the EU-RLs are to train National Reference Laboratories staff on analytical reference methods, and to organise proficiency testing (quality assurance).</p> <p>EU Reference Laboratories with scientific and technical expertise in the areas of animal health, public health and zootechnics designated in different EU Decisions, Directives and Regulations. Within the framework of Council Decision No 90/424/EEC of 26 June 1990 on expenditure in the veterinary field, these laboratories may receive EU financial aid for fulfilling tasks and functions specified in legislation.</p>
<p>Response</p>	<p>Sum of public health decisions and measures taken during and after a disaster, including immediate relief, rehabilitation and reconstruction.</p>
<p>Risk assessment</p>	<p>A scientifically based process consisting of the following steps: (i) threat detection and identification, (ii) threat characterisation, (iii) exposure assessment, and (iv) risk characterisation.</p>
<p>Risk communication</p>	<p>The exchange and dissemination of appropriate information about risks to enable decision makers, stakeholders and the public to make appropriate decisions.</p>
<p>Risk management</p>	<p>A process, distinct from risk assessment, of weighing policy alternatives, in consultation with interested parties, considering risk assessment and other factors relevant for health protection of consumers, and if needed selecting appropriate prevention and control options.</p>

Serious cross-border public health threat	An event of biological, chemical, radiological and nuclear or environmental origin with potentially severe consequences for public health which affects or could affect more than one Member State in such a way that the morbidity or mortality in humans is acute and rapidly growing in scale or is unusual for the given place and/or time.
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