

**Draft Mission Statement  
FAS Working Group on Emerging Infectious Diseases**

Numerous recent episodes of emerging and re-emerging infections, including AIDS, the continuing spread of dengue viruses, multi-drug resistant tuberculosis and other antibiotic resistant bacteria, cholera in Africa and South America, and the resurgence of measles in US cities, attest to our continuing vulnerability to infectious diseases, both in the US and globally. Many experts, both within and outside government, have warned of the need to improve capabilities for dealing with emerging infectious diseases. A recent report from the Institute of Medicine of the National Academy of Sciences declared:

"Disease causing microbes have threatened human health for centuries. ... [The Committee] believes that this threat will continue and may even intensify during the coming years. ...Infectious diseases remain the major cause of death worldwide. ...the next major infectious agent to emerge as a threat to health in the United States, may, like HIV, be a pathogen that has not been previously recognized. ...The key to recognizing new or emerging infectious diseases, and to tracking the prevalence of more established ones, is surveillance."

The need to globally monitor and control the spread of infectious diseases has become critical as formerly obscure or geographically isolated diseases spread rapidly across the globe. These diseases often appear first in tropical countries and areas of civil conflict from which, if not recognized and contained, they may spread globally, aided by large scale population movements or environmental destruction. During the last two decades more than a dozen new viral diseases affecting humans have been identified, yet during this same period of time, money for research, disease surveillance and reporting systems has been cut.

The development of a global infectious disease surveillance system has been the primary recommendation of expert analyses, including the Institute of Medicine report. Therefore, a medical surveillance program to identify and quickly respond to unusual outbreaks of infectious diseases and to prevent their spread would be highly beneficial, not only to the region of origin, but to the rest of the world as well. Unfortunately, existing international structures to monitor and contain infectious disease outbreak are poorly coordinated and understaffed, and there is no worldwide mechanism for rapid response. International structures are also inadequate for the containment and monitoring of animal and plant diseases (some animal viruses may affect as well as regional food supplies).

The value of a cooperative international health project as an incentive for a strengthened Biological Weapons Convention has also been recognized by parties to the Convention, which bans the possession of biological weapons. The Final Declaration adopted by the third Biological Weapons Convention Review Conference in 1991 urged greater cooperation in international public health and disease control, the provision of training programs to developing countries, the coordination of international and regional programs and the pooling of information from national epidemiological surveillance and data reporting systems "with a view to improvements in the identification and timely reporting of significant outbreaks of human and animal diseases." However, no mechanisms were set up for achieving these lofty goals and precedent indicates they will, in all likelihood, be ignored. The consensus declaration also noted that existing international means are inadequate and must be developed further in order to promote international cooperation in medicine, public health and agriculture.

The timely conjunction of public health and arms control needs gives added impetus to such a program, making this an opportune time to mount a coordinated initiative. The goal of the working group is to identify and develop appropriate mechanisms leading to the creation of a global network for infectious disease surveillance and response.