



Regional Meeting of Officers responsible for
Infectious Diseases in Europe

Copenhagen, 27-30 April 1982

RECEIVED

ICP/ESD 006(S)
6164K
26 May 1982
ORIGINAL: ENGLISH

SUMMARY REPORT

Comm. des chefs de région

S. van Oort

Conclusions

The first meeting of officers responsible for infectious diseases in Europe took place at the WHO Regional Office for Europe in Copenhagen from 27 to 30 April 1982, with the aim of formulating a policy for infectious diseases control in Europe.

Despite the considerable decrease of mortality attributable to infectious diseases and the substantial decrease or apparent disappearance of some these infections in the Region, infectious diseases in general still remain an important cause of morbidity and have a major socioeconomic impact on all countries of the Region.

In recent decades, there have been important changes in the pattern of infectious diseases in the Region, characterized by, for instance, the increase of foodborne infections and intoxications, associated with changes in food production and distribution, as well as in eating patterns. Changes are also occurring in the nature and incidence of nosocomial infections, with the appearance of "new" and newly recognized diseases, changes in lifestyle and the emergence of severe infections in immuno-compromised subjects caused by opportunistic microorganisms.

Imported diseases tend to be of less importance for public health than for the affected individual, but some of them, for example the African viral haemorrhagic fevers, not only pose a threat to individuals, but also to health service personnel and may, in addition, cause considerable anxiety.

The Meeting stressed, therefore, the need for health administrators to strengthen the surveillance and control of infectious diseases.

Surveillance of infectious diseases is essential for the monitoring and measurement of changing patterns of infection, so that early preventive action can be taken when appropriate. An international exchange of surveillance information in the European Region is needed, to inform all countries about problems that may require prompt national action.

Surveillance of long-term trends would also be valuable in the Region, to identify areas requiring research and special attention. Although differences in disease definitions, and in the methods and completeness of information collection systems, will make direct comparison difficult, comparisons of trends are both possible and worthwhile.

The comparative cost-effectiveness of prophylactic and therapeutic measures is especially important for those diseases which involve large numbers of individuals, are not usually too severe, are without sequelae and for which there is more than one method of treatment or prevention.

Cost cannot play a decisive role in the selection of treatment for diseases likely to become chronic or to have disabling sequelae; in these situations, one may be obliged to consider using the available means of combating the disease, irrespective of cost, and to foster efforts to provide economical alternatives.

Immunization, prevention and control of infections form a basic component of the WHO strategy of health for all through primary health care. In order that this be effective a more intensive effort by the infectious disease sector is required. Information on infectious disease incidence and mortality, and on vaccination coverage, may be used as numerical indicators for assessing the development and effectiveness of primary health care activities, in the field of infectious diseases control.

There is little coordinated prevention policy among the countries of the Region owing to wide differences in the legislative and infection control measures used, and to the fact that no attempt has been made so far to assess the importance of the various control measures.

Training in infectious disease epidemiology may be inadequate at undergraduate and postgraduate levels, since few countries have courses available. WHO has only recently been able to fund the first international postgraduate refresher course in the Region.

Surveillance of smaller risk groups for infrequent infectious diseases could be carried out in close collaboration with a few devoted clinicians or a few hospital/laboratory centres not using the routine surveillance system. The same ad hoc system could also be used to monitor new diseases.

Recommendations

1. Infectious diseases are of major public health importance in the Region. Therefore, higher priority should be given to the coordination of activities relating to infectious diseases' surveillance, control, training and research. This requires allocation of adequate resources.
2. Countries should be assisted in the establishment of national centres for the surveillance and control of infectious diseases, and cooperation and exchange of staff between these centres should be encouraged.
3. Health administrations of the Region should:
 - (a) include the WHO Regional Office for Europe (EURO) in the exchange of information, for immediate action, relating to infectious diseases episodes with international implications; such episodes are hard to assess and the decision to report therefore must be left to the responsible national authority;
 - (b) provide EURO with copies of routine periodical reports produced for national use;
 - (c) provide EURO with information on the incidence of, and control measures for, infectious diseases of special national, regional or global interest, such as the target diseases of the Expanded Programme on Immunization, rabies, other infectious diseases against which immunization is used (including untoward reactions and vaccine-associated problems), and foodborne infections and intoxications;
 - (d) transmit to EURO information considered important nationally in the field of infectious diseases and which would be of interest to other countries; this would include official publications relating, for example, to changes in immunization policy, and data relating to changes in disease patterns, to the emergence of resistance to pesticides or drugs and so forth.
4. Periodic reports should be compiled on topics of common interest based on the analysis of national reports on surveillance and control of infectious diseases. These reports should be distributed to the Member States.
5. Information on new events of international interest in the field of infectious diseases should be disseminated to Member States.
6. Research and training in aspects of infectious diseases that are important in the Region should be stimulated and supported. A training scheme should be devised for infectious disease epidemiologists in Europe, based partly in national surveillance units, to sponsor postgraduate teaching and refresher courses.
7. Research and training programmes should be promoted in rapid and specific diagnostic methods as should the production, testing and dissemination of standardized reference agents.
8. The International Classification of Diseases fails to document the importance and the frequency of infectious diseases. Mechanisms should therefore be worked out which would help to give a more realistic picture of infectious diseases in terms of morbidity and mortality.
9. EURO should continue to maintain and circulate a list of officers responsible for the national surveillance and control of infectious diseases. This list should be kept up to date and should contain the officers' names, addresses, telex and telephone numbers and cable addresses.

10. A summary of the infectious diseases situation in the Region should be prepared, based on the reports submitted by the participants and on the papers presented at this Meeting. In particular, this summary should include information on surveillance methods used in the individual countries.

11. The Meeting endorsed the relevant recommendations made by the WHO Working Group on the Economic Aspects of Communicable Diseases (Trier, 19-21 September 1981) which highlighted the overall importance and cost of infections.

12. A working group should be convened to elaborate a programme on infectious diseases based on these recommendations. This would include internationally agreed policies in this field, the definition of areas of research on the variation of pathogenicity of selected bacteria or viruses in relation to the ecology and the fluctuation in incidence of certain infectious diseases, and such aspects as the frequency and orientation of future meetings of officers responsible for infectious diseases in Europe.