

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

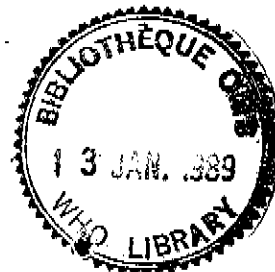
WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

INDEXED



EURO ADVISORY GROUP ON COMMUNICABLE DISEASES

REPORT ON INFORMAL CONSULTATION

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The meeting was opened by Dr B. Velimirovic who explained the scope and purpose¹⁾ of the consultation. The participants²⁾ proceeded with the agenda³⁾ and reviewed the submitted background documents related to the EURO programme⁴⁾ for communicable diseases.

The Group reached by consensus the following conclusions and made respective recommendations on the items discussed.

CONCLUSIONS

The situation analysis relating to infectious diseases given in the Programme Budget document is entirely valid. The conclusions and recommendations of the officers responsible for infectious diseases in Europe (ICP/ESD 006(S)) are endorsed.

Although the mortality due to "classical" infectious diseases has declined (e.g. diseases of early childhood controlled by immunization) and some of the diseases have virtually disappeared (diphtheria, poliomyelitis and tetanus), infectious diseases still remain an important cause of morbidity and have a major health and socio-economic impact in all countries of the Region. There have been important changes in recent years in the patterns of infections, e.g. in sexually transmitted diseases associated with urbanization and changes of life styles, and in foodborne diseases following changes in dietary patterns and in the production and distribution of food. Imported infections, including new and exotic diseases, have gained importance both for the individual and for the community because of the greater increase in travel and movement of population. Hospital-acquired infections have also increased in importance due to the appearance of new and newly recognized diseases and to the emergence of severe infections often caused by facultative pathogens; those changes have been associated with the introduction of new diagnostic and therapeutic measures and the increase in the number of immuno-compromised patients in hospitals.

Infectious diseases comprise one of the major health problems encountered in primary health care and the standard of health and of quality of life achieved by the year 2000 will depend on how effectively they are controlled. The control of infectious diseases should, therefore, be an integral part of every country's programme of HFA 2000.

There is a need for continuing vigilance in the surveillance of infectious diseases so that changing patterns are quickly detected and appropriate preventive action taken. These changing patterns may be caused by variations in human ecology, such as population structure and life styles,

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- 1) ICP/ESD 006/ Scope and purpose (attached) see Annex I
 - 2) ICP/ESD 006/ List of Participants (attached) see Annex II
 - 3) ICP/ESD 006/3 Provisional Agenda (attached) see Annex III
 - 4) ICP/ESD 006 List of Background Material (attached) . see Annex IV

or by genetic alterations in micro-organisms due to the selective pressure of antibiotics and to other factors, not all of which are understood. Infectious disease does not respect regional and national boundaries and, therefore, surveillance is necessary both regionally and nationally and requires international coordination and constant review.

TARGETS

The group considered the targets of the WHO/EURO programme concerning infectious diseases. These targets were characterized and defined as follows:

CHARACTERISTICS OF TARGETS

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|-----|-------------------------------------|---|
| I | <u>Structural targets</u> | relate to establishment of infrastructure needed for dealing with current and future problems. |
| II | <u>General substantive targets</u> | relate to development or achievement of conditions reducing the general risks of infections |
| III | <u>Specific substantive targets</u> | relate to development or achievement of conditions reducing the risks of specific infections. |
| IV | <u>Operational targets</u> | relate to implementation of preventive and control measures for the reduction or possible elimination of infections and their consequences. |

Whilst structural (I), general substantive (II) and specific targets (III) were considered in broad categories related to the main priority areas, operational targets (IV) were dealt with in more detail because these are most directly related to the WHO/EURO Programme Budget for 1984-85 and for the following years. The Group noted that there were large differences in the incidence and epidemiology of infectious diseases between different countries of the European Region which made detailed targets unrealistic for the Region as a whole except when these targets related entirely to the work of the WHO Regional Office. Even if the Region could be artificially divided into climatic zones and areas with similar infectious disease problems, the setting of uniform targets for them would still be inappropriate; the Group felt that only on a country basis could realistic detailed targets be set. However, it was appreciated that the global targets set by WHO for 1990 and the year 2000 respectively, e.g. the Expanded Programme of Immunization and the programmes for acute respiratory diseases and the control of diarrhoeal diseases, could be achieved by all countries of the Region; indeed these targets could all be reached by 1990.

Assuming that by the year 2000 all countries of the Region will have full coverage of primary health care services, including adequate immunization, it would be possible to reduce to negligible levels morbidity and mortality of some childhood infections. The feasibility of the elimination of some of these diseases should, therefore, be examined.

The following targets were identified and defined:

(I) STRUCTURAL TARGETS

1. Development and strengthening of epidemiological and microbiological services.
2. Development of national surveillance and informations systems for infectious diseases. The provision of advice, assistance and coordination of national surveillance, as required.
3. Development of European reporting and feed-back systems.
4. Development of procedures for setting priorities and allocation of resources.
5. Planning, implementation and evaluation of preventive and control programmes.
6. Manpower development and training.
7. Public information and education.

(II) GENERAL SUBSTANTIVE TARGETS

1. Strengthening the national capacity to formulate and implement internationally compatible programmes of surveillance and control of infectious diseases in priority areas.
2. Assessment of trends in infectious disease and the needs and existing facilities for their control.
3. Planning for intersectorial cooperation and integration with primary health care wherever appropriate.
4. Expansion and support of research in priority areas.

(III) SPECIFIC SUBSTANTIVE TARGETS

1. Establishment of effective infectious disease surveillance, prevention and control programmes at national and international level.
2. Development of specific approaches and activities for the most appropriate and cost-effective protection of high risk groups.
3. Development of technology and guides for planning diagnosis, treatment, surveillance and control of infectious diseases and for evaluation of results.
4. Development and evaluation of new vaccines, improved vaccines, specific sanitary measures, antimicrobials and other tools for infectious disease control. To keep under review the policies of immunization and of the uses of antimicrobials.

5. Development and adoption of agreed procedures for emergencies, especially for the prevention of spread of infectious diseases internationally.
6. Development and adoption of a classification of infectious diseases more suitable for surveillance and reporting purposes than the present practices.

(IV) OPERATIONAL TARGETS

1. Establishment of national centre(s) for the surveillance and control of infectious diseases in all countries, linked to laboratory services. The centre's (s') functions would include collection, analysis, interpretation of national data and the rapid distribution of derived information to all those who require it. The centre(s) must be staffed by epidemiologists who can be deployed when required to assist in the investigation and control of infectious disease.
2. Development of a scheme whereby the ICD classification numbers could be retained but their present group distribution, which is organ and not etiologically based, could be changed.
3. In order to develop national capabilities to deal effectively with infectious diseases, an extension of training of manpower (epidemiologists, microbiologists and others) on a collective or individual basis is necessary. This should include training in advanced techniques used in surveillance and control of infectious diseases, methods for the analysis of data such as microcomputers, planning and evaluation of control measures, and the application of new diagnostic and related laboratory techniques. Training should also include the planning and allocation of resources for surveillance and prevention in the most cost-effective way.
4. Development of specific mechanisms for the exchange of experience in field practices and advances in research, including visits and exchange of staff.
5. Control of specific diseases through immunization programmes by ensuring their acceptance, the attainment of epidemiologically effective coverage and by the more precise determination of the population to be vaccinated, including the high risk groups. Development of specific continuous sero-surveys and surveillance of side effects.
6. Continuous review of immunization programmes and periodic analysis of specific problems (such as diseases under EPI) in order to improve policies and practices.
7. Develop studies to assess the health impact of infectious diseases, including their chronic and degenerative consequences, and to investigate ways and means of decreasing the risk of illness, chronic incapacity and death.
8. Strengthening the ability to combat hospital infections due to "classical" and "new" (facultative) pathogens by field and laboratory studies and the development of more effective control programmes. These

programmes should be based on the epidemiological analysis of changes in the incidence of the pathogens, their drug sensitivity, the mechanism of acquisition of resistance and usage.

9. Improvement of surveillance and control of a broad group of diseases highly relevant to health and of social and economic importance, such as:

acute respiratory infections;
foodborne and water-borne infections;
diarrhoeal diseases;
zoonoses;
viral hepatitis;
sexually transmitted diseases;
imported and exotic diseases;
hospital infections;
infectious diseases related to occupation.

Development of the capability to deal with problems caused by new pathogens or by re-emerging diseases.

Monitoring of the social and economic consequences of infectious diseases, and the development of intervention strategies to decrease their economic burden and social ill-effects.

10. Intensification of research and research training in the epidemiology and microbiology of infectious diseases. To develop new tools, such as vaccines, and to find their optimal uses in public health practice.
11. Expansion of the activities which encourage public cooperation and participation in the control of infectious diseases by systematic health education, particularly of school children. This should include education on the methods of prevention of infections through personal hygiene, environmental sanitation and healthy behavioural practices, as well as the development of appropriate model educational material for these purposes.

RECOMMENDATIONS

On the grounds of set targets and after examining Programme Budget proposals for 1984-85 and 1986-89, the Group decided to make the following recommendations:

- A. Proposed programme budget for 1983-85 and preliminary targets for 1986-87*

*The Group refers exclusively to the text submitted under the above heading and not to Document No. 6438B which represents revision of the above text found incomplete owing to deletions, typing errors and mislabellings.

Targets general

The proposed programme budget and targets are generally in line with the targets suggested by the Group and presented above.

It is recommended that they be accepted with the following modifications.

- The target dates, especially those which refer to the activities to be carried out by the Member States, should be deleted. It is recommended that adequate time be envisaged for appropriate preparations and for carrying out work to achieve set targets.

- For the activities listed under "Approaches", and entirely budgeted by WHO, the proposed target dates may be maintained. It is recommended that these activities be carried out as proposed.

- The proposed activities to achieve set targets are under-budgeted in view of present allocations. For most activities, additional budgetary provisions and/or extrabudgetary resources are needed. This relates particularly to the use of hepatitis B vaccine (ICP/EPI 001 - Objective 2.1). It is recommended that additional resources be considered in order to carry out these activities.

- It is noted that many set targets are unlikely to be achieved without more investment in the training of staff and applied research.

It is therefore recommended that training and research components of most of the activities be strengthened.

2. SPECIFIC TARGETS

- (re.1.1 - CD monitoring and surveillance systems). It is recommended that the topics be defined more precisely and include: (a) antiviral drugs and interferon, (b) rapid diagnostic techniques, and (c) new developments in molecular biology.

- (re. 3.1.2 - viral infections). It is recommended that the budget for this activity be expanded to meet the target.

- (re. 4.1.1 - bacterial respiratory infections). It is recommended that the targets comprise viral as well as bacterial respiratory infections.

- (re.4.1.2 - model health care programme for respiratory infections). It is recommended that this target refer to examples of development of suitable health care programmes in pilot area(s) instead of immediately embarking on the establishment of a "model" and that besides influenza and tuberculosis, it also contain acute respiratory infections.

- (re. 6.1.3 - regional training facility in diarrhoeal disease control). Diarrhoeal diseases are of much more importance in some countries than in others. Accordingly, it is recommended that at the regional conference more participants be invited from countries where these diseases are of particular relevance.

- (re. 7.1 - reduce incidence of hospital infections). While targets of this extremely relevant activity are well set, it is noted that no budgetary provisions are made for them. It is recommended that appropriate budgetary provisions be made for this activity and that the

control of hospital infections now be considered primarily as epidemiological problems to be dealt with by epidemiologists.

3. ADDITIONAL ACTIVITIES

3.2 Training

Although training has been considered of fundamental importance for the development of the proposed programmes, it was not included in the budget and no provisions are made for it.

Yearly refresher and advanced training courses and workshops for epidemiologists and other personnel working in the field of infectious diseases are recommended in support of the proposed activities.

Provision of resources for the exchange of responsible infectious diseases officers, research workers and others working in the field of infectious diseases, is recommended.

3.3 Research

EURO has a moral obligation to assist (in view of the available capabilities in the Region) not only the countries of the Region but also other countries all over the world.

It is therefore recommended that the following activities be considered for inclusion in the Programme Budget for the years to come:

- investigations (service oriented) into the present epidemiological surveillance practices to improve their validity and cost-effectiveness;
- research (applied and fundamental) relevant to problems of infectious diseases in the European Region;
- training (individual and collective) in advanced epidemiological methods and in new tools such as microcomputers and a range of existing software programmes for the evaluation of data and for relevant purposes in the field of infectious diseases;
- research in three main areas of infectious diseases to improve their control: (i) human ecology and behavioural changes of life styles related to the incidence of bacterial diseases; (ii) the ecology of micro-organisms, genetic changes and resistance to antibiotics; (iii) changing epidemiological patterns.

B. GENERAL RECOMMENDATIONS

It is recommended that in view of changing patterns of infectious diseases, and in order to keep abreast with the new developments, the WHO/EURO programme for communicable diseases be strengthened and kept under constant review in order to afford an opportunity for timely adaption to new situations and newly emerging risks.

SCOPE AND PURPOSE

This informal consultative group has been called to:

- a) review the (proposal for) Medium-Term Programme for the 7th General Programme of Work (for 1984-1989)
- b) revise the Programme Budget (for 1984-1985), and
- c) to set Preliminary Targets (for 1986-1989) for Infectious Diseases Control in the European Region of the World Health Organization.

The Group is expected to advise the Regional Director on structural, general, specific and operational targets for the reduction of risks of outbreaks of infectious diseases and to recommend regional approaches related to the specific activities aimed at the control of infectious diseases preventable by immunization, diarrhoeal, respiratory, sexually transmitted and other communicable diseases.

The Group should prepare a brief report on its deliberations containing conclusions and recommendations for future work.

ANNEX II

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ANNEX III

ICP/ESD 006

PROVISIONAL AGENDA

1. Revision of medium term programme for 1984-85
 - Expanded Programme of Immunization (future projections)
 - Diarrhoeal Diseases (future projections)
 - Respiratory diseases (planned to be a global programme)
 - Sexually Transmitted Diseases (Chlamydia, Mycoplasma, Herpes)
 - other

2. Target setting
 - structural targets
 - general substantive targets
 - specific targets in communicable diseases
 - operational targets - reduction of risks

3. Seventh general programme of work

LIST OF BACKGROUND MATERIAL

- EUR/RC/32/8 Implementation of the regional strategy for attaining HFA 2000
Progress report 21 July 1982 -
- ICP/ESD 005 Report on an ad hoc consultation on proposals for possible activities in
the field of communicable diseases in the WHO European region
(26-27 June 1979)
- ICP/ESD 006(S) Regional meeting of officers responsible for infectious diseases in
Europe (27-30 April 1982) Summary report
- Document No. 6438 B Expanded programme of immunization and bacterial, viral and mycotic
diseases and zoonoses (BVM)
European medium-term programme for the 7th general programme of work
1984-1989, November 1981, rev. 2
- Proposed programme budget 1984-1985 and preliminary targets for 1986-1989
4.13.0 Disease prevention and control
4.13.13 EPI Bacterial, viral and mycotic diseases and zoonoses
- Document 0066G Recommendations pour un groupe de travail en vue d'examiner la
situation actuelle des maladies streptocoques en Europe