PLANNING MEETING FOR CONSENSUS WORKSHOP ON SURVEILLANCE AND EPIDEMIOLOGY OF INFECTIOUS DISEASES TO BE HELD IN FEBRUARY 2000

Report on a WHO Planning Meeting

Copenhagen
24–25 November 1999
ABSTRACT

Introduction, scope and purpose
The planning meeting for the Infectious Disease Consensus Workshop (proposed to take place in February 2000), was held in Copenhagen from 24–25 November 1999. The purpose was to:

• inform participants of the current global and regional situation of infectious disease surveillance
• agree the structure and process for the consensus workshop planned for February 2000
• draft an agenda for the workshop
• define the information required and the participant profile, for the workshop.

Conclusions
The participants agreed that the proposed workshop was going to have great significance in terms of political commitment and strengthening/enhancing national surveillance systems. The workshop will last four days comprising plenary sessions and working groups addressing surveillance rationale; presentation of the draft WHO/EURO surveillance strategy (including agreement and adoption); identification of key elements for national surveillance frameworks. The draft agenda was agreed. The participants will be the deputy ministers of health and senior epidemiologists from all EUROHEALTH countries and Turkey.

Keywords
COMMUNICABLE DISEASE CONTROL
COMMUNICABLE DISEASES – epidemiology
EPIDEMIOLOGIC SURVEILLANCE
INFORMATION SYSTEMS
CONSSENSUS DEVELOPMENT CONFERENCES
Introduction

The planning meeting for the “Infectious Disease Surveillance Consensus Workshop” proposed to take place during February 2000, was held in Copenhagen from 24 to 25 November 1999. The purpose of the planning meeting was to agree on the objectives and topics to be discussed in the consensus workshop and plan the format for the consensus workshop. The participants comprised country representatives from Armenia, Azerbaijan, Bulgaria, Kazakhstan, Kyrgyzstan, Poland, Republic of Moldova and the Russian Federation. EU projects and the Nordic council project on surveillance and epidemiology were represented by two participants. Also a representative from WHO headquarters was present. Dr Vladimir Davidiants chaired the meeting.

Scope and purpose

- To inform participants of WHO’s current situation with regard to surveillance from the global and regional perspective;
- Agree on the structure and process for the planned surveillance consensus workshop;
- Draft an agenda for the consensus workshop;
- Define the information required for the consensus workshop;
- Identify participant profile for the workshop.

Surveillance at global and regional level

Dr M. Ciotti outlined WHO/EURO’s planned and ongoing activities in the area of surveillance. The key points of the presentation included the methods, elements, use, interpretation and objectives of a surveillance system. It was highlighted that infectious disease surveillance systems should be streamlined and integrated, including only diseases of public health importance which are part of the prevention and control objectives.

Some of the pertinent challenges of developing a surveillance system (regional or national) were identified, which included reporting performance; differing surveillance standards which prevent the sharing of information for early warning; uncoordinated response to outbreaks; and lack of capacity to monitor diseases effectively.

The WHO policy document HEALTH21 outlines the goals for communicable disease control in the 21st century. To achieve these goals, the three main objectives for communicable disease surveillance in the European Region were outlined:

- monitoring progress on disease control/elimination objectives
- capacity-building in Member States
- outbreak detection and response.

Dr Ciotti concluded by stating that the WHO/EURO surveillance unit is keen to work closely with the Member States supporting the strengthening of surveillance systems in country, but also to work at intercountry level to facilitate communication and coordination of activities.

Dr M. Ryan presented the WHO headquarters (CDS/CRS) overview which focused on the philosophy of the partnerships and synergies required for surveillance. It was acknowledged that
infectious disease surveillance forms part of the greater public health system and that systems must therefore allow for integration. It was stated that there are different information needs for the different areas of surveillance, from policy making to resource allocation, control activities and epidemiological response.

The infectious disease surveillance system is a common public resource for a country, therefore common functions and synergies will improve the system. Surveillance systems function on two levels, firstly, the “core” activities of day-to-day collection, analysis and retrieval of information, and the second, the “support” activities of training, communication and resource management.

It was acknowledged that although it may not be possible to integrate “core” functions in surveillance, some “support” functions could be integrated, such as training standards, common norms and communication mechanisms for surveillance.

Dr Ryan informed the group about the Training Programmes in Epidemiology and Public Health Intervention Network (TEPHINET), which has been set up to assist countries implement training networks, facilitated by WHO and the Centers for Disease Control and Prevention (CDC).

Dr Ryan gave an example of a rumoured “unknown causality” high mortality epidemic in February 1999, which highlighted the need for “rapid response” multisectoral collaboration to detect, contain and verify suspected outbreak situations. The potential negative economic impact of poor surveillance systems and outbreak response, fuelled by rumour rather than fact, was clearly highlighted.

Dr Ryan concluded that the consensus workshop would be crucial to the development of global surveillance networks and response objectives.

Dr Litvinov, Director, Infectious Diseases Department, WHO/EURO, thanked the two presenters and acknowledged the important influence of the participants in ensuring the success of the consensus workshop. He reiterated that their help and support in the planning process would be crucial to the ultimate strengthening of surveillance systems in the Member States.

A general discussion followed covering a wide variety of issues including:

- norms and standards for surveillance
- the economic impact of surveillance
- laboratory systems
- networks
- case definitions
- notification
- information flow, including the importance of feedback
- organizational responsibility
- differing systems (public, private)
- epidemiological similarities between groups of countries
- the difference between national, regional and international surveillance priorities
- the importance of training, consensus issues, resources and needs
- the importance of feedback in any surveillance system.
A short demonstration of the Computerized Information System for Infectious Diseases (CISID) was given to show participants the information that is currently available for a variety of infectious diseases.

Conclusions – day one

It was agreed that there is no “golden standard” surveillance system. It was acknowledged that the key issue is to ensure political commitment to the importance of surveillance to ensure sustainable systems, which should be the key theme of the consensus workshop. It was agreed that the national processes may be long but change has to come from within and should include all parties involved in surveillance, particularly clinicians as well as epidemiologists. Countries need to build on and strengthen current systems. It was felt that a list of priority diseases under surveillance is needed, as well as clear case definitions. It was agreed that regional consensus would aid national planning. The participants felt that WHO/EURO should provide some kind of “regional document” on the key elements and “vision” for the future of surveillance, with the proposed working title of “Surveillance in the 21st Century”. Also, the participants expressed a need for good economical arguments for surveillance to convince decision-makers of the importance and cost-effectiveness of good surveillance systems.

Key themes for consensus workshop

Many themes were proposed including methodologies, structural and organizational issues, information technology, training and assistance, networks, financial and technical support, epidemiological intelligence and response.

Participant profile

It was agreed that a high level representative (decision-maker) from each of the 27–28 ministries of health should be present, accompanied by a leading technical representative from the national epidemiological units. This would ensure political commitment to the process of strengthening national surveillance and should assure that changes/improvements will be implemented. The participants felt strongly that invitations should be sent to the minister of health.

Facilitator profile

Facilitators for the consensus workshop need to be identified. It should be people with good communication and listening skills with a knowledge of the Region. However, it was agreed that the facilitators are pivotal to the success of the consensus workshop and it may be useful to bring them together one day before the workshop for a briefing session.

Proposed agenda for consensus workshop (copy attached)

The proposed workshop will be of four days’ duration.

Day one: It was agreed that day one should focus primarily on plenary sessions, with presentations similar to that of Drs Ciotti and Ryan, for “setting the scene” and identifying the rationale for effective surveillance systems. The proposed draft Regional Strategy for Surveillance in the 21st Century would be presented. A preliminary overview of the country data
from the surveillance inventory that is currently being carried out by WHO/EURO could be presented. It was agreed that there might be one or two country presentations on the experience of good national surveillance systems. In addition, there could be a short presentation on existing EU projects and activities as well as other surveillance projects.

**Day two:** The main objective of the proposed working groups will be to further develop parts of the draft Regional Strategy for Surveillance in the 21st Century particularly on developing the framework for national plans of actions for surveillance. Each group would focus on different topics of the strategy. It was proposed that day two would be devoted to working group sessions on some of the key areas identified, which might be methodology, training and assistance, epidemiological intelligence and networks. It was suggested that working groups be mixed, not grouped by country or epidemiological situation. This would enable the participants to share information from a variety of national surveillance backgrounds and in addition, facilitate potential national networks.

**Day three:** It was suggested that day three would also be in working groups (this time it may be more appropriate to group the Member States with similar experiences) to agree on a framework for the implementation of improved national surveillance systems, based on the topics discussed during the day two workshops. This developed framework would be part of the Regional Strategy for surveillance.

**Day four:** The proposal for day four was that the Regional Strategy for Surveillance in the 21st Century would be agreed upon and adopted. Reports from working groups on the process for implementation of improvements to national surveillance systems would be received.

**Documentation required before the consensus workshop**

1. Members States should provide WHO/EURO with a list of their priority diseases for surveillance.

2. Comments/recommendations on the draft Regional Strategy for Surveillance in the 21st Century should be sent in advance of the consensus workshop.

3. A short country profile should be completed by each Member State. This should contain:
   - name of country;
   - existing structure of surveillance system (diagram of institutions involved and information flow);
   - outbreak detection and preparedness;
   - diseases currently covered by surveillance;
   - legislative basis;
   - laboratory network;
   - structure for training on epidemiology.
Documentation required at the consensus workshop

- WHO/EURO draft Regional Strategy for Surveillance in the 21st Century
- HEALTH21 policy document
- Relevant declarations/legislative excerpts.

Overall conclusions

It was agreed that the consensus workshop was going to be highly significant, not only in terms of political commitment to the ideals of strengthening and enhancing national surveillance systems, but also to provide the momentum for continued and sustainable national development.

The Chairperson highlighted the complex task that had already been undertaken during this planning meeting and thanked all the participants for their active, honest and open participation. He acknowledged that an extremely important process had begun as a result and looked forward to continued collaboration on the enhancement of regional and national surveillance systems.
Annex 1

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Annex 2

PROPOSED AGENDA FOR CONSENSUS WORKSHOP ON “SURVEILLANCE FOR THE 21ST CENTURY”
ROME, FEBRUARY 2000 (date and venue to be confirmed)

Day one
Plenary
- Presentation: Reason for surveillance, regional and global perspective
- Presentation of draft Regional Strategy for Surveillance in the 21st Century
- Presentation: Status/overview of National Surveillance Systems (results of survey)
- Country presentations (1 or 2) on national surveillance systems (problems and solutions)
- Existing surveillance networks/projects (EU?).

Day two
Working groups on priority issues for national surveillance systems, including country support requirements from WHO.

Day three
Working groups on implementation framework for enhancing national surveillance systems.

Day four
Plenary
- Presentations from working groups on implementation frameworks, including country needs for WHO support;
Annex 3

PROVISIONAL PROGRAMME

Wednesday 24 November

10.30–10.40  Introduction
Meeting objectives
By the end of this meeting we expect to have:
1. a draft agenda for the Rome workshop addressing relevant priority areas; and
2. a list of materials/documents that the countries need to prepare to bring to the workshop

10.40–10.45  Introduction of participants

10.45–10.55  WHO/EURO activities on surveillance

10.55–11.10  WHO/headquarters activities on surveillance

11.10–12.00  Discussions

12.00–13.00  LUNCH

13.00–15.00  Discussions on norms and standards for surveillance
Questions that will be discussed include the following:

- Norms and standards
  - what are the common standards and norms of an effective national/regional surveillance system?
  - what are common objectives of an effective national/regional surveillance system?
  - how do we achieve consensus on these (by geographical area, by technical areas, other)?

13.00 – 15.00  Discussions on norms and standards for surveillance (continued)
What kind of information do countries need to bring to the workshop in Rome on common standards in the following areas:

- statutory reported diseases
- non-statutory reported diseases of public health importance
- laboratory systems
- outbreak response
- networks; national and international

What is needed for the development of national plans of actions for surveillance? What would be the ideal structure of surveillance activities including new tools and cost-effective approaches? Would the main emphasis be on policy/strategy/tools support?

15.00–15.15  COFFEE BREAK

15.15–17.00  Discussion (continued)
Thursday 25 November

09.00–09.15 Summing up of discussion on norms and standards
09.15–12.30 How can WHO support this through training activities?
   Discussions on training needs in epidemiology, surveillance and outbreak response with the objective of improving the overall capacity of country communicable disease programmes including:
10.30–11.00 COFFEE BREAK
   (a) assistance in developing national policies on surveillance and control of communicable diseases;
   (b) capacity building at national level including training in the field of epidemiology and surveillance; and
   (c) ensuring partnerships and coordination from the Regional Office including strengthening of links with existing national and international networks.
12.30–13.30 LUNCH
13.30–15.30 Continued discussions on practical planning of workshop in Rome:
   – profile of participants
   – identification of working groups
   – agenda development
15.30–15.45 COFFEE BREAK
15.45–16.15 Summing up of meeting