



#### NETWORKS FOR EMERGING INFECTIOUS DISEASES (EID) IN THE AMAZON AND SOUTHERN CONE REGION





#### **AMAZON REGION NETWORK**

#### **OBJECTIVE**

To create a functional network of laboratories within the greater Amazon Region able to obtain accurate, high quality laboratory results on new, emerging and reemerging infections found in the Region

#### AMAZON REGION NETWORK

#### Development issues

- Accurate laboratory results
- Prompt information sharing
- Strong linkage to epidemiological studies
- Common protocols to address specific diseases
- Forum for rapid technology transfer

## INTEGRATION OF THE NETWORK TO THE NATIONAL SURVEILLANCE SYSTEM

- Information generated by the network should be available to the local, state and federal health System.
- The network will contribute to the identification and control of risk factors.
- The epidemiological studies conducted by the network must improve knowledge about health problems.

# Network for Surveillance of Emerging/Reemerging Infectious Diseases

The Amazon

Strengthening surveillance for dengue, malaria, and yellow fever

Reagent production and lab training

Sindromic approach to surveillance

#### Southern Cone Network

- Influenza
- Antimicrobial resistance, including M.
   Tuberculosis

- HemorrhagicDiarrhealSyndrome (HUS)
- Hantavirus
   Pulmonary
   Syndrome



#### **FUNDING**

- National Health Systems/ Ministries of Health.
- Medical Branch, University of Texas.
- Naval Medical Research Institute/DOD
- PAHO
- USA/CDC
- Canada/LCDC

#### **EVALUATION**

- 1. Meet annually to discuss progress in implementing common projects and protocols.
- 2. An evaluation model based on the successful example of the Southern Cone Subregional project to eliminate *Triatoma infestans* was chosen.

#### REFERENCE CENTERS

- 1. National Center for tropical Diseases (CENETROP) Bolivia
- 2. National Institute of Health Laboratories (INLASA) Bolivia
- 3. Evandro Chagas Institute Brazil
- 4. Institute of Tropical Medicine of Amazon Brazil
- 5. Oswaldo Cruz Foundation Brazil
- 6. Adolfo Lutz Institute Brazil
- 7. National Institute of Health Colombia
- 8. National Institute of Health Peru
- 9. National Institute of Hygiene "Rafael Rangel" Venezuela
- 10. National Institute of Carlos Malbran Argentina
- 11. Institute of Public Health Chile
- 12. Research Institute in Health Sciences Paraguay
- 13. Public Hygiene Laboratory Uruguay

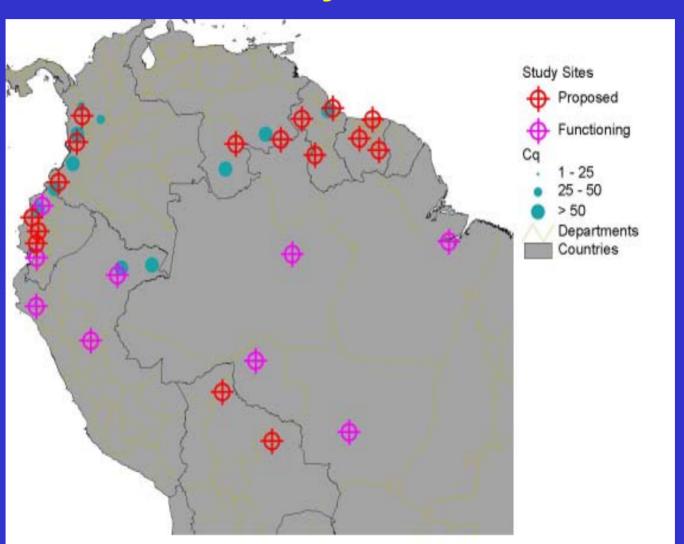
# Network for Surveillance of Emerging/Reemerging Infectious Diseases The Amazon

#### **Activities:**

- i. Training in yellow fever diagnosis and distribution of reagents
- ii. Four countries have in place surveillance of antimicrobial resistance to antibiotics.
  - iii. Sindromic surveillance is being tested/implemented in 5 countries.
  - iv.Malaria. Implementation of malaria drug treatment policy.



#### Resistance to Chloroquine 1998-2000. Functioning and proposed study sites





#### Network for Surveillance of Emerging/Reemerging Infectious Diseases: Amazon and Southern Cone Regions

#### The Southern Cone

#### **Activities:**

- Syndromic surveillance is being tested or implemented in 3 countries.
- Common protocols are being used for surveillance of HPS, HUS, and influenza in all countries.
  - Surveillance of antimicrobial resistance on selected pathogens in community and hospital infections are being made in 5 countries.

### Influenza: Southern Cone Network May 2001

**Expand the number of participating health personnel/sentinel sites** 

Increase the number of samples send to the WHO Collaborating Center (CDC)

Improve communications with *flunet* and among members of the influenza network

Prepare a plan on what to do in case of a pandemia

## Southern Cone: Influenza Surveillance, 2001

| National     | Increased physician   | Laboratory     | Virus    | Samples send            |
|--------------|-----------------------|----------------|----------|-------------------------|
| Reference    | participation         | training       | Charact. | to WHO Coll.            |
| Centers      |                       | _              |          | Center                  |
| Argentina    |                       |                |          |                         |
| Bs.As        |                       |                |          | 3 X 74                  |
| MdP          | Inst. of Ep.          | Inst. of Ep.   | ALL      | 1 X 11                  |
| Cordoba      | _                     |                |          | 1 X 21                  |
| Bolivia (not | INLASA                | * * *          |          |                         |
| officially)  |                       |                | Yes      | None                    |
| Br. Belen    | Belen                 | Belen          |          | ?                       |
| Br. Río      | Río                   |                | ALL      | $13 \rightarrow E ng$ . |
| Br. SP       | SP                    |                |          | 1 X 37                  |
| Chile        | Natl. Inst. of Health | Natl. Inst. of |          | 1 X 21                  |
|              |                       | Health         | ALL      |                         |
| Paraguay     | Central Pub Health    | * * *          |          | 3 X 50                  |
|              | Lab.                  |                | Yes      |                         |
| Uruguay      | Central Pub Health    |                |          | 2 X 9                   |
|              | Lab.                  |                | Yes      |                         |
| Total        |                       |                |          | 223                     |

<sup>\*\*\*</sup> Training of physicians only

- Communication among countries:
- Sporadic
  - Good response by Eml
  - Coordination of activities:
  - -- Sporadic
  - Collaboration among countries:
    - Very good
      - Argentina Paraguay
        - Argentina Perú
          - Chile Bolivia



### HANTAVIRUS PULMONARY SYNDROME CASES

THE AMERICAS 1993 - 2001\*



 $<sup>\</sup>square$  = No. of cases

<sup>\*</sup> Using preliminary data up to 12-31-01

### Hantavirus: Surveillance in the Southern Cone

- Established in March 1998
- Develop testing capacity in all countries
- -capture IgM and
  - IgG ELISA-Andes
- •Tecnology transfer for PCR from reference Laboratory in Argentina to Chile and Brazil

### Hantavirus: Surveillance in the Southern Cone

- Provide training in rodent capture
- •Molecular Epidemiology
- ·Quality Control for reagents

