

Technical & Scientific Matters: Surveillance, Monitoring & Evaluation



Surveillance and Management of Imported Cases,
Residual Morbidity, and Border Areas: Toward Further Lines
of Cooperation between Guyana, Suriname, Trinidad &
Tobago, & Jamaica

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MIGRATION

As some of the program managers of those countries most affected (Guyana, Suriname, and Trinidad & Tobago) are not present at this meeting, due to travel constraints caused by hurricanes in the region, it is difficult to discuss the topic of migration. There is a lot of movement, especially between Guyana and Suriname and Guyana and Trinidad, and some of these countries have received recognition for their apparent elimination of microfilaria (mf). But what has happened over the last couple of years is that when they have identified an mf- or immunochromatographic test (ICT)-positive case, it is usually attributed to a visit by a Surinamese or Trinidadian to Guyana. So Guyana is considered to be the main source of infections in the region. Generally, the boundaries are not necessarily political, as most people travel freely between Guyana and Suriname, without any passport. As we can't really say that transmission stops at the border, a cross-border surveillance system needs to be put in place.

At last year's meeting in Suriname, it was suggested that a protocol be set up for cross-border surveillance and that two sites be selected, one in Guyana and one in Suriname, and that Trinidad set up two corresponding surveillance sites to monitor where most migration takes place. There are border commissions that monitor health issues for Guyana and Suriname, and for Guyana and Brazil. These commissions address several health issues, including communicable diseases, as well as information-sharing, technology, etc. This type of work should be expanded.

The border commission for Guyana and Brazil is meeting in November and the commission for Suriname and Guyana should meet before the end of 2005. A proposal is needed for these border commissions regarding the setting up of the monitoring sites. One of the program's sentinel sites is located in Borbesse, a county bordering Suriname, so surveillance across the border could be easily enhanced based on the modalities of the existing commission.

DISCUSSION

Comment. There are about a million Haitians in Dominican Republic (DOR) territory. Normally, they cannot be considered as a fixed population, but they do cross the border. In addition, there is a lot of commercial traffic across the DOR border, which creates the ongoing possibility of filariasis being transferred from one side to another, as well as malaria and other diseases. For the past 10 years a commission has tried to establish concrete actions in relation to border health on the part of both countries. None of those initiatives seem to be in operation, so it appears that they have failed. Until now, at the primary health care (PHC) units in the Southwest focal points, everyone in the territory is treated regardless of nationality, place of residence, or length of stay at the site. During rounds of mass drug administration (MDA), most of which occur in December, in the Southwest focal point, many Dominicans living in foreign countries are visiting their relatives, so they are also provided with medication. So some action is attempted regarding the issue of migration, but it is not

yet clear which measures should be adopted. There are many ideas, but some things are not yet understood, such as the fact that informal (illegal) migration is more abundant than formal migration, which passes through normal channels. And it is difficult to take action regarding illegal immigrants, because upon entry they disperse throughout the country. Previously, immigration was associated with the sugar cane industry and other agricultural sectors. Now the main industry is construction, which occurs throughout the country, especially in tourist areas where hotels and other facilities are being built.

Comment. As mentioned yesterday, attention should be focused on PHC programs, and all bordering countries should have agreements with neighboring countries. Most cross-border activity is restricted to one region—the North, the South, or the West (except Brazil, which has borders on all sides), following the routes of migrants arriving for work or displaced by some natural phenomenon, political persecution, or abuses of authority. So monitoring is important and must be integrated into the program. In Nicaragua and Panama, for example, the Pan American Health Organization (PAHO) has supported inter-border agreements for technical cooperation to help identify problems and solutions. The same can be done for monitoring, which will become increasingly important regarding public health issues (e.g., bird influenza, Severe Acute Respiratory Syndrome [SARS], AIDS, malaria, etc.).

Comment. Advantage should be taken of existing, established channels, such as the inter-country commissions for Guyana and Suriname, Guyana and Brazil, and Haiti and the DOR, which provide the possibility for monitoring cases of infection. In Haiti and the DOR, this is feasible, and practical. Agreements should be sought for cooperative treatment interventions to improve performance on both sides, treating the island as a whole.

Comment. Within these countries, people live in similar situations. So one country's program can be a model for another's. There is also the possibility of creating one monitoring system, based on the standards of the illness transmission, not restricted to one focal point, but for the whole country. For example, there should be one manual for lymphatic filariasis (LF) monitoring and elimination, including minimum standard procedures. This could be extended within and across countries. With six countries in the process of elimination on the same continent, it seems practical that PAHO, as a coordinating agency, could devise a monitoring process to be used in all of these countries, because the issues faced in these countries regarding mass treatment, migration, etc. seem to be similar. So perhaps a model for epidemiological monitoring of LF could be devised, at least for the critical areas and areas where there is migration.

Comment. Everyone agrees that there are limits regarding the globalization of borders, particularly in terms of deciding which instrument should be used for monitoring.

Comment. In terms of LF, Hispaniola should be considered as a unique problem that should be resolved in a definitive manner.