

7. Conclusions

A hallmark of the Brasilia meeting was the attendance of a significant number of epidemiologists and clinicians. In previous meetings of the Amazon and Southern Cone networks the participants were almost exclusively laboratory personnel. The epidemiologists were from the majority of countries of the Southern Cone and the pediatricians were from three countries. PAHO epidemiologists from central and country levels also attended the meeting. As a result of the interaction between epidemiologists and laboratory personnel several activities were identified which should be undertaken jointly by the two groups (see **Annex 3**). The objective of these activities is to strength the national capacity of laboratories and epidemiology services for monitoring emerging infections and early detection of outbreaks. In view of this new integrated approach for the network activities it was recommended to rename it as “Surveillance Network for EID”. The presence of pediatricians was important for the preparation of an integrated plan for the surveillance of HUS. It was noteworthy that a representative from the cluster responsible for EID surveillance in WHO/Geneva attended the meeting whom provided useful information to the participants (see section 5.1).

Another important achievement of the meeting was the preparation and approval of protocols for the surveillance of HUS and Influenza. HUS surveillance has been conducted for several years in Argentina but it is nearly non existent in most other countries of the Southern Cone. The actions proposed for the surveillance of these two EID are presented in **Annexes 1 and 2**. The protocol proposed for Influenza is basically that developed by CDC with adaptations to the needs of the network. Furthermore it was agreed that PAHO’s Technical Paper n. 47 entitled “Hantavirus in the Americas: guidelines for prevention and control” provides useful information for HPS surveillance. The development of unified protocols for HPS surveillance should be based in this document but also consider the protocols prepared by Southern Cone countries for the study and follow up of cases, and should include other areas such as training on serological techniques, quality control and sample collection and shipment, reagent production, standardization of laboratory techniques, algorithms for laboratory diagnosis.

Participants reiterated their endorsement to the seven syndromes and the four health problems for initial surveillance recommended in Buenos Aires. The definitions of disease syndromes approved during the meeting of the Surveillance network for EID in the Amazon Region held in Tarapoto, Peru, April 1999, were endorsed and incorporated in this report. It was recommended to add *Mycoplasma pneumoniae* and *Chlamidia pneumoniae* to the list of etiologic agents of the seven syndromes selected in Buenos Aires and that each country should select the order and number of etiologic agents in their algorithms. The importance of monitoring drug resistance for *Mycobacterium tuberculosis* and other human pathogens was also highlighted and that should be coordinated with studies of antimicrobial resistance presently underway nationally and regionally (eg. WHO/WHONET, PAHO/SIREVA). Space should be dedicated in PAHO’s WEB page to the activities developed by the network utilizing appropriate channels to provide the information.

The need for international cooperation was stressed and that CDC should continue to provide assistance to the network including training, technical advice, technology transfer and provision of diagnostic reagents. The cooperation from INPPAZ was also considered important to provide training in the identification of certain emerging enteric pathogens, cooperation in studies of antimicrobial resistance and in the surveillance of food-borne emerging pathogens. PAHO/WHO support was also considered vital to the establishment of the network.

Finally, the group endorsed a proposal to hold a joint meeting of the two networks in Atlanta, Georgia, just before the International Conference on Emerging Infectious Diseases, July, 2000. Participants from the laboratory, epidemiology and clinical areas should be well represented.