

Report of the Eleventh (11th) Meeting of Caribbean National Epidemiologists and Laboratory Directors – section on NCDs

Introduction

The 11th Meeting of National Epidemiologists and Laboratory Directors was held at the Hyatt Regency Trinidad Hotel, Port of Spain, Trinidad and Tobago, May 9-14, 2011.

Participants were national epidemiologists and laboratory directors from the 23 Caribbean Epidemiology Centre (CAREC) Member countries (CMCs) as well as representatives from Cuba and the Dominican Republic. The Focal Points for Non-Communicable Diseases also participated in the entire meeting for the first time. Participants and presenters were also from Pan American Health Organization (PAHO) headquarters, Caribbean Programme Coordination, Barbados and the Dengue Centre, Costa Rica and the Centers of Disease Control. Representatives from public health organizations and institutions were also invited and attended the Meeting as observers. This included the University of the West Indies, St. George's University, University of Trinidad and Tobago.

The meeting opened with welcome and remarks from Dr. Bernadette Theodore-Ghandi, PWR, Trinidad and Tobago. Dr Ghandi brought greetings to the meeting from the Director of PAHO, Dr. Mirta Roses and from the PAHO Trinidad and Tobago Office. She welcomed meeting participants especially those from the non-Caribbean countries and stressed the importance of the meeting for strengthening the team approach to disease surveillance and optimizing the use of expertise and resources available in the sub-region. She wished the participants a positive and successful meeting.

Greetings were also brought to the meeting from the Ministry of Health of Trinidad and Tobago. Representing the Chief Medical Officer, Dr. Melville, Specialist Medical Officer, apologized for his absence. Dr. Melville stated that the timing of the meeting was opportune when considering the recent dengue outbreaks in Trinidad and Tobago which stresses the need for surveillance. He indicated that the Ministry of Health was looking forward to proposals and decisions of the meeting to advance the public health agenda.

Dr, Rudolph Melville of the CARICOM Secretariat, brought greetings to the meeting from the Secretary General of CARICOM, Ambassador Lolita Applewhaite and his Director Mrs Myrna Bernard. He made the observation that the meeting agenda satisfied the request from the last COHSOD Meeting to include the International Health Regulation (IHR) and Dengue as priorities for the region. Dr. Cummings in making reference to CARPHA, also indicated that CAREC represented the fundamentals around which CARPHA will be built. He thanked PAHO for maintaining CAREC as the premier Public Health Institution in the sub-region and the pledge of commitment of support for CARPHA in its stages of development. Dr Cummings expressed the hope that the meeting will assist in fostering functional cooperation among countries.

The CAREC's Director in her welcoming of all stakeholders to the meeting led the meeting in observing a moment of silence for Ms. Joan Terry former laboratory Director of the Cayman Islands who died last year. Dr. Irons reminded the audience that we are living in the era of epidemiologic transition and exciting times since the sub region has been the initiator of several health initiatives such as the elimination of measles, rubella and congenital rubella syndrome (CRS), the Port of Spain Declaration for Non-communicable diseases – the forerunner of the United Nations Summit for Non-communicable diseases, elimination of congenital syphilis and mother to child transmission of HIV-AIDS. She exhorted us to ensure that we achieve the objectives of the meeting ensuring we are receptive to new ideas, share our experiences and lessons learned and be willing to translate knowledge into action. The participants were wished a fruitful and successful meeting.

Objectives

The following are the objectives of the meeting:

1. To update on sub-regional technical cooperation.
2. To discuss current public health events and emergencies and
3. To provide a forum to share experiences.

Meeting Sessions

The major emphases of the Caribbean Epidemiology Centre (CAREC) have been non-communicable and communicable diseases with laboratory underpinning. Therefore the major areas for presentation mirror these main sections. Topics presented during the meeting included surveillance of communicable and non-communicable diseases as well as cholera preparedness and implementation of International Health Regulations (See Meeting Agenda Appendix 1).

PROGRESS OF THE PROGRAMMES

DAY 3

The Non-Communicable Diseases surveillance was presented and discussed on the 3rd day of the meeting.

Progress made with the implementation of the NCD Minimum Dataset in CMCs, risk factor surveillance and other initiatives (stroke and cancer registration) being implemented by CAREC with the support of PAHO/WHO) to support NCD surveillance in the sub-region was presented by Dr. Glennis Andall-Brereton. In her presentation Dr. Andall-Brereton indicated that the surveillance of NCDs was implemented by CAREC as a result of the epidemiological transition in our sub-region. After piloting of the NCD Minimum Data Set, and training of the country, in country implementation began in 2010. More than half (14) of the countries have begun reporting. Most countries have reported on the Mortality Indicators (Age-standardized and Potential Years of life Lost). A sample of data received from the countries on the indicators included in the Minimum

Data Set (Mortality, Prevalence/Incidence, Risk Factors for Adult and Youth and Health Performance Indicators). Data so far shows high numbers of premature deaths in the countries due to cancers, ischaemic heart disease, diabetes, strokes and high levels of overweight and obesity, but low levels of physical activity, intake of fruit and vegetables. Thought smoking levels seems low in adults, tobacco use seems a big problem among adolescents. Excessive use of alcohol is a problem in adults and alcohol use is also a problem among youth. Progress with implementation of risk factor surveys in countries was highlighted. Initiatives being encouraged to support NCD surveillance are stroke and cancer, training workshops are being done by CAREC and PAHO to support countries with interest in establishing same. All data collected on NCD surveillance from the countries will be entered into an Integrated System at CAREC which will facilitate the provision of feedback to countries on CD and NCDs to encourage countries to use their information for planning and programming.

The work being done by countries in the areas highlighted in Dr. Andall-Brereton's presentation were also showcased during the meeting.

Dominica and Bermuda presented their experiences in implementing the NCD Minimum Data Set.

PRESENTATION FROM DOMINICA

Dominica initiated the implementation of the NCD minimum Dataset in March 2010 after participating in the pilot project in 2008. Main causes of death were: Malignant neoplasms (AMR 72.0,) Cerebrovascular Disease (30.1), External Causes (28.4), Diabetes (17.3), Ischemic Heart Disease (16.1) and accidents due to vehicular accidents (11.3). Risk factors to NCD development elsincluding overweight, alcohol consumption low physical activity levels and low consumption of fruits and vegetables exists among adults and youth. Socioeconomic factors such as exportation of fruits and vegetables were highlighted. Dominica's experience in the use of th *minimum dataset shows that it is easy to use and is a reliable and useful tool to generate information on prevalence, incidence, trends of NCDs within the population and socioeconomic factors which*

influences their development. This information is important to inform the implementation of policies and programs for the prevention and management of these diseases. However success of the database is highly dependent on medical practitioners to fill in the necessary certificates and population surveys which can be expensive and time consuming.

PRESENTATION FROM BERMUDA

Bermuda was one of the pilot countries for the implementation of the NCD minimum data set. This presentation shows the initial data obtained in the pilot year, including its completeness. Following from this another document was produced looking at Bermuda health system indicators (Health in Review) which built on the NCD minimum data set. Related/overlapping indicators are also presented in this presentation. As data needs to be used for action, the presentation also speaks to the implementation of health system reform, the diabetes task force and the Move More Bermuda Initiative, the latter two being part of the WellBermuda Health Promotion Strategy. For more information visit www.health.gov.bm.

Cayman Islands and Trinidad and Tobago presented on Cancer Registries.

PRESENTATION FROM CAYMAN ISLANDS

The Cayman Islands Cancer Registry (CICR) was officially established in April 2010, a collaborative effort between the Health Services Authority (HSA) and the Cayman Islands Cancer Society (CICS) with additional funding from Non Governmental Organizations (NGOs). A registrar was hired by the HSA in May 2010, and currently serves in that capacity. Previous to this data was obtained from reports obtained from the CI Laboratory Services and Chemotherapy Registry as well as from the Cayman Islands Cancer Society. The necessity for a National Registry was evident in order to obtain accurate realistic information about the prevalence and incidence of malignancies in the islands. Data currently available then was mostly hospital based, and

predominantly from the Public Sector through the H S A. This information was not representative as health care was accessed elsewhere both on island and abroad. The registry now aims to be population based and self reporting. Inherent in this kind of registration are challenges with respect to obtaining information, as question of confidentiality and stigma poses a problem regarding the free flow of information. This therefore calls for a drive to enhance public education, in order to make the Registry's information robust.

PRESENTATION BY TRINIDAD & TOBAGO

Barbados and Curacao presented on their stroke registries.

PRESENTATION BY BARBADOS

The Barbados National Registry for chronic non-communicable diseases (BNR) was established in 2007 to collect timely and accurate national data on the occurrence of cancer, stroke and acute myocardial infarction (AMI), in order to contribute to the prevention, control and treatment of these diseases in Barbados. The presentation outlines the operational structure and data collection processes of the BNR. In addition, excerpts of the 2009 report of the BNR Stroke Registry are shared as well as the achievements and lessons learnt during the last year's work.

PRESENTATION BY CURACAO

On may 1st 2010 the Stroke surveillance in Curaçao started up. The system is a hospital/clinician based surveillance system, making use of the fact that all clinical strokes are admitted to one hospital in Curaçao, where all of the neurologists work. This did not just come about. It took 2 years of discussing with the neurologists with a recess period in between whereupon the neurologist called and asked when we could start.

The important lesson here is that of investment of time in order to create ownership by the specialists. After 2 years of debate on a weekly basis, we jointly agreed on the CSQ or Curaçao Stroke Questionnaire which is based on the WHO Steps Stroke methodology. It ensured the cooperation and support of the specialists involved.

The reasons for starting up were complementing public health and clinical objectives: the need to measure the burden of disease (BOD) for common risk factors and using strokes as one indicator, while the clinicians were planning to start a stroke unit, needed data for planning, and wanted to generate info on quality of care (for interventions, protocol formulation, collaboration between health care providers). Over time the system could further serve as a specific needs assessment tool and produce data for trends over time as well as identify specific research questions.

The system yields important data that can be used to formulate policy on different aspects of prevention and care of strokes. After a year it however also yielded some weak points that need to be addressed. It is labor intensive and requires much “upkeep” . Also extra checks and balances were introduced to enhance completeness of the data.

Next steps would be to implement the use of 28-day follow-up measurement after discharge and to include the non clinical strokes (not referred to the hospital) in the system so as to obtain a more comprehensive notion of the BOD of strokes and their outcomes on the short and medium term.

As is the case for the rest of the region, diabetes, hypercholesterolemia and hypertension as risk factors for, among others strokes are highly prevalent.

Based on this experience a similar system for Acute Chest Syndrome could be designed and implemented with the Cardiologists. We are in a very embryonic stage with this. As is the case with stroke surveillance, this will not only yield info on Burden of Disease for epidemiological purposes, but also yield info for planning and improvement of care in the specific area of interest.

A second idea is to involve the labs into NCD surveillance, as we have done for the CD's. How? If all labs at national level could systematically annually report (anonymously) all their data on persons testing their cholesterol, blood glucose, HbA1C,

kidney functions and microalbuminuria for example, by date of birth and sex and if possible by already known diabetics and not, these data could serve as indicators of prevalences of tests indicating poor blood glucose regulation, risk for dialysis and prevalence for dyslipidemia. The methodology needs to further be teased out of course, but Carec could explore this idea to further to enhance the NCD surveillance using lab data that are routinely collected anyway.

Examples for HbA1C and Cholesterol were given.

St. Kitts and the British Virgin Islands presented on their risk factor surveys done as a start to implementation of Risk Factor Surveillance.

PRESENTATION BY ST. KITTS

" The Federation of St. Kitts and Nevis is faced with several development challenges fuelled by new technology, and the burden of managing chronic non-communicable diseases (CNCDS). The key premise for implementing STEPS (Stepwise approach to NCDS) in St Kitts was to develop and strengthen the country's capacity to better monitor chronic non-communicable diseases and risk factors through consistent data collection. Findings of the survey in 2008, confirmed that chronic non-communicable diseases (NCDs) and risk factors are very common in St Kitts. Since then, the findings have been used to strengthen the case for mobilizing partnerships in response to the global epidemic, implement risk reduction initiatives and to strengthen programmes and services for improving health. The Ministry of Health also launched National Dietary Guidelines to support the population in making healthier choices in food and drink. A repeat of the survey is expected in 2012."

PRESENTATION BY BRITISH VIRGIN ISLANDS

The Risk Factors for Chronic Diseases Survey done among adults aged 25-64 living in the British Virgin Islands was conducted in 2009. The risk factors assessed were smoking, consumption of less than 5 fruit and vegetables, low levels of physical activity,

overweight, raised blood pressure, blood glucose and cholesterol. The results revealed that the population is at risk for chronic disease. The findings of the study have been used to draft a policy and strategy framework for NCD among other initiatives.

The final presentation for the day was done by Dr. Branka Legetic, Regional Adviser on NCD Prevention and Control (PAHO (HSD/NC). Through her presentation Dr. Legetic brought the entire day together by highlighting the initiatives being recommended by PAHO/WHO for the prevention and control of chronic diseases in the Region of the Americas. Special mention was made of the high level UN meeting on NCDs which is to be held in September, 2011 and directions for supporting NCD and RF surveillance in the Region.

PRESENTATION BY DR. BRANKA LEGETIC (PAHO/WHO)

Year 2011 can be considered the milestone year for NCDs, partly because of UN High Level meeting as well as because there is so much evidence accumulated on the epidemiology, burden they cause in premature mortality as well as on rising prevalence of main RF among adults and youth. It is important to note that by now there is accumulated evidence of what works in the developing world: small shifts in prevalence of RF result in big shift in mortality. The work should be focused on cost effective interventions so lives are saved and development of society improved. PAHO has been, working in coordination with WHO-HQ in the preparation for the High Level meeting through mobilizing health (Ministerial declaration from Mexico 2011); civil society (Alianza Latinoamericana para vida saludable and Caribbean Healthy Living Coalition)

and international community, and working with other sectors as education, agriculture, industry and finance.

Regional program is preparing several documents to support High level meeting: "White paper on NCDs, as clear position and directions for the future; Basic data on NCDs for the Americas; NCDs in the Americas, visions for a healthy future, the advocacy document showing examples of interventions from the region, as illustration that Region is already addressing the issue.

Regarding NCD surveillance the Progress report of implementation of regional Strategy that was submitted and discussed in the 2010 Directing council, showed advances in the implementation of the Line of Action on Surveillance, so this will continue to guide actions together with objective 6 of the WHO Action plan. Minimum data set is serving for producing first regional publication on Basic data on NCDs. The Mexico Ministerial Declaration as well as Moscow Declaration clearly state political commitment to invest and improve surveillance and its function of monitoring of risks, diseases and development of programs and policies.

In the Americas for the next period, PAHO-WHO will continue to support STEPS studies for adults and GSHS for adolescents, annual reporting through Minimum data set, development of RF data base on a regional level, and focusing on projects to improve morbidity data, and exploring new modalities for RF data collection using land line and cell phones. More attention will be dedicated to analysis and dissemination of results using PAHO Health observatory, section on NCDs as well as Caribbean data portal. Cancer and stroke registers will be also supported with improving quality of data and their analysis and use for national cancer and cardiovascular programs.

SESSION AGREEMENTS AND RECOMMENDATIONS

Session name: NCD Minimum Dataset Implementation

Agreements:

- The content of the NCD minimum dataset should not be changed too often
- Quarterly reporting of NCDs is burdensome and not feasible for some countries, with little added value for analysis

Recommendations for countries:

- As countries collect the NCD minimum data, they should consider setting targets for improving the indicators
- Countries to report annually on NCD minimum dataset. However, those who can report quarterly on the four selected indicators will do so

Recommendations for CAREC:

- Clarify denominators to be used in the measurement of the four indicators requested for quarterly reporting, e.g. should denominator be for all hospitalized cases or those in a specific ward
 - CAREC should include averaging and benchmarking in data analysis for comparison purposes
 - CAREC to send an annual NCD minimum dataset reporting form with the relevant year on it to countries.
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Session name: Cancer and Stroke Registries

Agreements:

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Recommendations for countries:

- Look at data generated in countries and take action on them

Recommendations for CAREC:

- Initiate surveillance for NCDs utilizing laboratory data e.g. lipids, cholesterol, etc
 - Collaborate with PAHO to deliver IARC training for member countries, inc. CUR, STL, CAY, SUR, SKN, JAM, GRE, DOM, SVG and follow-up for other countries previously trained
 - Conduct training in stroke registries to inc JAM, BEL, GUY, SKN, SUR, STL, DOM, GRE, CAY
 - Coordinate exchange/mentorship visits between countries
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Session name: Risk Factor Surveys (RFS)

Agreements:

- CAREC has PDAs that can be loaned to countries to conduct their studies if required

Recommendations for countries:

- Countries planning to do risk factor surveys are Guyana, TCI, Anguilla, Cayman Islands, Nevis, St. Lucia
- Countries need to identify in-country resources to conduct surveys, including considering partnering with other organizations

Recommendations for CAREC:

- Continue to provide technical assistance to countries to conduct risk factor surveys