
Western equine encephalitis (062.1)

Eastern equine encephalitis (062.2)

St. Louis encephalitis (062.3)

Venezuelan equine fever (066.2)

Other encephalitides (specify)

Other Diseases of Sub-regional or National Interest

+ Complete information on reverse. ... Data not available. - Quantity zero.

* Disease not notifiable.

Return one Pan American Sanitary Bureau
copy to: 525 Twenty-third St., N.W.
Washington, D.C. 20037
U.S.A.

and one Caribbean Epidemiology
copy to: Center
P.O. Box 164
Port-of-Spain, Trinidad

Date: _____

Signature: _____

Title: _____

or unless the control program is organized. At the other extreme, a few countries still maintain a surveillance list of nearly one hundred diseases. The Pan American Health Organization's Caribbean Epidemiology Center, CAREC, uses a modified form in that region.

Promulgating official reporting forms and diagnostic guidelines, and complying with international reporting requirements does not per se constitute an effective system for the surveillance and control of disease. In a surveillance system in operation, close ties to the reporting units are maintained, data analysis is prompt, and regular reports about disease conditions and recommendations for locally appropriate action are circulated to the field. In active programs, assistance is often provided in investigating epidemics, with laboratory diagnosis, in organizing intensified control measures, and with inservice training of local health workers, from epidemiologists at the intermediate to the national level.

In practice, in a country where communications and laboratory services are good, the communicable disease control officer rarely



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If none existed beforehand, a surveillance system should be established immediately after disaster strikes. The data gathered are critical for determining the order of health relief activities. Paramedical personnel, such as the one above, who are responsible for health programs in the community, should be included in the reporting system.

learns of a serious or urgent problem through the weekly forms sent from the field. Telephone notification, consultation or notification through the public health laboratory usually precede official reporting. Moreover, epidemiologists are increasingly using interested clinics and physicians as “sentinel” reporting units (30). Regular telephone or mail surveys of a sample of physicians can also yield a good appreciation of actual levels of disease in the population (31). Indirect measures, such as school or industrial absenteeism, may be useful in such special situations as the surveillance of influenza (32). The effective communicable disease epidemiologist also monitors unofficial sources of information—such as television news programs, newspaper clippings, enquiries from the public, and even casual conversations—for early information about unconfirmed or potential communicable disease problems.

Descriptive material and operational research concerning the effectiveness of surveillance systems is not only surprisingly scanty, but that which does exist is usually devoted to only a single disease. While
