

- A. Case report to local health authority by telephone, telegraph, or other rapid means. These are forwarded to next superior jurisdiction weekly by mail, except that the first recognized case in an area or the first case outside the limits of a known affected local area is reported by telegraph; examples—typhoid fever, diphtheria.
- B. Case report by most practicable means; forwarded to next superior jurisdiction as a collective report, weekly by mail; examples—brucellosis, leprosy.

**Class 3: Selectively Recognized Endemic Areas**

In many states and countries, diseases of this class are not reportable. Reporting may be prescribed in particular regions, states or countries by reason of undue frequency or severity. Three subclasses are recognized; A and B (below) are primarily useful under conditions of established endemicity as a means leading toward prompt control measures and to judge the effectiveness of control programs. The main purpose of C (below) is to stimulate control measures or to acquire essential epidemiological data.

- A. Case report by telephone, telegraph, or other rapid means in specified areas where the disease ranks in importance with Class 2A; not reportable in many countries; examples—tularemia, scrub typhus.
- B. Case report by most practicable means; forwarded to next superior jurisdiction as a collective report by mail weekly or monthly; not reportable in many countries; example—bartonellosis, coccidioidomycosis.
- C. Collective report weekly by mail to local health authorities; forwarded to next superior jurisdiction by mail weekly, monthly, quarterly, or sometimes annually; examples—clonorchiasis, sandfly fever.

**Class 4: Obligatory Report of Epidemics—No Case Report Required**

Prompt report of outbreaks of particular public health importance by telephone, telegraph, or other rapid means; forwarded to next superior jurisdiction by telephone or telegraph. Pertinent data include number of cases, within what time, approximate population involved, and apparent mode of spread; examples—food poisoning, infectious keratoconjunctivitis.

**Class 5: Official Report Not Ordinarily Justifiable**

Diseases of this class are of two general kinds: those typically sporadic and uncommon, often not directly transmissible from man to man (chromoblastomycosis); or of such epidemiological nature as to offer no practical measures for control (common cold).

Diseases are often made reportable but the information gathered is put to no practical use. This frequently leads to deterioration in the general level of reporting, even for diseases of much importance. Better case reporting usually results when official reporting is restricted to those diseases for which control services are provided or potential control procedures are under evaluation, or epidemiological information is needed for a definite purpose.

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quired. The unit should arrange throat washings and the obtaining of acute and convalescent sera from a small sample of acutely ill patients.

Clinicians and epidemiologists from developed countries may feel that the guidelines in Table 3 are restrictive, but most public health officers in Latin America and the Caribbean would consider them excessive, in light of the inadequate or deteriorating state of public health diagnostic facilities throughout most of Latin America and the Caribbean. There are two reasons why such a view, even if true, is not an acceptable reason for failing to secure essential laboratory support during a period of emergency relief. First of all, the debilitated status of national public health laboratories does not necessarily provide indication of the diagnostic capability of hospital microbiology laboratories or of those in the private sector. In a major disaster, the opportunity is present to overcome normal institutional and bureaucratic barriers to the use of such facilities. The second reason for the inexcusability of failing to obtain laboratory support is that there is an international system of collaborating and reference laboratories for most diseases of public health importance that has been developed at the Pan American Health Organization and the World Health Organization. These laboratories can be called upon through national public health laboratories and PAHO/WHO to provide emergency diagnostic support. Furthermore, international relief transported by air permits the prompt shipment of specimens to reference laboratories in neighboring or industrialized countries. Annex 5 contains a list of centers and laboratories which collaborate in regard to the diseases covered in Table 3.

### **Presenting Epidemiologic Information to Decision Makers**

The institution of control measures must be the result of the epidemic investigation with appropriate laboratory diagnostic support. There are reasons why the instituting of control should not, however, be taken for granted during an emergency. Even under normal conditions, a country may not have the internal capacity for emergency control. Whether or not this is true, decision makers may assign higher priority to undertaking relief activities or providing medical services than to putting prevention or control measures into effect. The staff needed to carry out control measures may be diverted elsewhere during the emergency. Finally, control measures may not be taken because the responsibility for these may be divided between the relief coordinator

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