

**BASIC PROCEDURES FOR THE REPORTING
OF COMMUNICABLE DISEASES**



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This report contains the recommendations of the participants of the Seminar on Reporting of Communicable Diseases and does not necessarily represent the decision or the stated policy of the Pan American Sanitary Bureau.

BASIC PROCEDURES FOR THE REPORTING OF COMMUNICABLE DISEASES

**Developed and Recommended
by the
SEMINAR ON REPORTING OF
COMMUNICABLE DISEASES**

**PAN AMERICAN SANITARY BUREAU
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INTRODUCTION

Purpose:

The purpose of the Seminar was to bring together epidemiologists and statisticians of the National Health Services of the countries of South America to develop procedures and to prepare recommendations for local, national, and international reporting of communicable diseases. Local, national, and international agencies require current information regarding cases of communicable diseases for their control programs. At this time, with increasing emphasis being placed on the extension of health work throughout the world, the systems of notification of communicable diseases deserve careful consideration. Reporting systems over the world have evolved according to the needs of the distinct health agencies and have varied widely in different areas. Many of the systems need modernization in order to keep pace with the expansion of health programs.

As a basis for the improvement of reporting systems for control programs in the Americas, it was felt advisable to have the responsible officials of the South American countries develop together basic reporting procedures. Although certain recommendations for reporting are available in the reports of the Expert Committee on Health Statistics, in the International Sanitary Regulations, and in the Pan American Sanitary Code, there is no known document which establishes the basic procedures for a good system of local and national reporting. Therefore this report, *Basic Procedures*, recommended by the Seminar can fill this need and be used as a reference document by health officials desiring to improve their systems. Also this report will serve health workers and students concerned with the methods of collection of data for use in the definition of problems and development and evaluation of local and national health programs.

An international mechanism is in operation for the exchange of data by countries of the world. This mechanism for the Americas is given in the *Guide for the Reporting of Quarantinable and other Communicable Diseases in the Americas* which was published by the Pan American Sanitary Bureau. Changes in the collection and the exchange of data will be made in accordance with the basic procedures approved by this group of specialists. Since the foundation of a satisfactory reporting system is in the national services and especially in the local services, it is entirely reasonable to hope that their improvement will provide more satisfactory data for international health planning.

Organization:

The Seminar on Reporting of Communicable Diseases was sponsored by the Pan American Sanitary Bureau and the Government of Chile. Repre-

representatives of the three cooperating agencies, the National Health Service, the School of Public Health and the Inter-American Center of Biostatistics served on a local committee which collaborated with the Pan American Sanitary Bureau in the development of the Seminar.

The Seminar took place from 30 of November through 11 of December in the School of Public Health of the University of Chile, whose facilities were made available for the Seminar. Space was provided for the round-table discussions of the entire group and for the three working groups. The official program for the Seminar is given as Appendix 1.

Each one of the ten South American countries was invited to send two participants: an epidemiologist and a statistician to the Seminar, who were responsible for the national system of reporting and control of communicable diseases. The names of the twenty-nine participants of the Seminar are given in Appendix 2.

The Representative of Zone VI of the Pan American Sanitary Bureau had administrative responsibility for the Seminar and was a part of the Secretariat. Two other members of the staff of the Pan American Sanitary Bureau and one of the World Health Organization (Geneva) made up the Secretariat. Several documents of the World Health Organization and the Pan American Sanitary Bureau published in Spanish and working papers distributed to the participants are listed in Appendices 3 and 4.

The Seminar devoted the major part of the time to Working Groups and to discussions of their recommendations by the entire group. The procedures of reporting at local, national and international levels and also the analysis, use and publication of the data and methods for improving reporting were studied by three Working Groups. A few general sessions of orientation were developed for the interchange of information and for creating a common basis of understanding. Also several visits were made to institutions in connection with the subjects under discussion.

In the first week, registration took place on Monday morning, November 30, which was followed by the inauguration presided over by the Dean of the Faculty of Medicine, Dr. Alejandro Garretón S. and the Director of the School of Public Health, Dr. Eduardo Dussert. Dr. Abraham Horwitz, representing the Government of Chile, officially opened the Seminar and then Dr. Gustavo Molina of the Secretariat led an active discussion on the objectives, organization, and methods of work of the Seminar.

During Monday afternoon and Tuesday there were three general sessions presided over by Dr. Hugo Barrera, of Ecuador; Dr. Nemesio Torres Muñoz, of Bolivia; and Dr. Carlos Quiroz, of Peru. To emphasize the importance of reporting as a basis of local and national health programs, Dr. Abraham Horwitz discussed the administrative principles in planning, developing, and appraising a health program. He described the minimum

information necessary for formulating such a program and the various methods of obtaining such data with special mention of surveys and reporting systems. The use of this information in the various types of programs for eradication or control of communicable diseases and for establishing definite objectives and measuring results were discussed in detail.

In order to bring to the groups information regarding the actual problems, the national systems of reporting of communicable diseases were presented for four countries, Venezuela, Chile, United States and Uruguay. The descriptions made respectively by Dr. Aníbal Osuna, Dr. José M. Borgoño, Dr. Carl C. Dauer (read by Dr. Pereda) and Dr. Adolfo Morales, and the exchange of ideas and experiences which followed, brought out the common characteristics and the differences existing between the systems in the several countries.

To complete these preliminary sessions of orientation, Dr. Mario Pizzi and Dr. Ruth R. Puffer of the Secretariat discussed the international procedures for the exchange of information relative to communicable diseases.

Beginning on Wednesday, all the participants were distributed, in accordance with their interests, in the three Working Groups and the discussions of the first part of the assignment of the groups were started. Appendix 5 contains the composition of the Groups whose subjects were the following:

- A. Part 1. Laws and Regulations
Part 2. List of Notifiable Diseases
- B. Part 1. Local System of Reporting
Part 2. National System of Reporting
- C. Part 1. Analysis and Publication of Data
Part 2. Methods for Improving Reporting

Each group had a chairman and a reporter in addition to a secretary whose role was to orient and organize the open discussion. The small number of participants and the variety of countries and professional experience represented permitted each one to take an active part continually in the discussions and to approve sound recommendations for the different conditions and levels of work in the various countries. On Friday morning, under the chairmanship of Dr. Achilles Scorzelli, of Brazil, the Seminar in full session discussed the propositions presented by the three Working Groups and approved the procedures, which are given later, of local reporting and for analysis, use and publication of data and at the same time made several recommendations regarding legislation.

The program of visits during the first week included four activities: the health unit of Quinta Normal, where an opportunity was offered to observe

and discuss the application of a well developed local system for obtaining and using various statistical and epidemiological information in the development and evaluation of a comprehensive health program; the Inter-American Center of Biostatistics, where the staff described the objectives and the different work in process, and distributed important bibliographical material; the attendance of a joint session of the Chilean Societies of Health and Pediatrics; and a visit, on Saturday, to the health unit, Cerro Barón, in Valparaíso and to the hospital of Viña del Mar.

Two general sessions were included in the program of the second week. On Monday, November 7, under the chairmanship of Dr. Ulpiano Blanco, of Argentina, the session was devoted to discussions of problems involved in reporting of certain communicable diseases of particular importance from the epidemiological point of view. Dr. Nemesio Torres Muñoz considered yellow fever on the basis of the extensive experience of Bolivia, enriched by the discussions of many participants of other countries especially regarding the reporting of suspected cases. Dr. Conrado Ristori examined the problems promoted by the reporting of enteric diseases and gave a critical evaluation of the methods of improving knowledge of the three infections of great importance, the typhoid-paratyphoid group, shigellosis, and amebiasis. The report by Dr. Enrique Pereda on tuberculosis raised an especially active discussion of the administrative criteria which ought to be considered for the decision of whether or not to make tuberculosis a notifiable disease. Finally, Dr. Julio C. Blaksley, of Argentina, discussed the difficulties which reporting of poliomyelitis presented and the way to overcome them.

On Thursday, the morning session presided over by Dr. Aníbal Osuna, of Venezuela, was devoted to two discussions which served adequately to broaden the thinking from one aspect of communicable disease reporting to the larger field of all illness and to epidemiological method. Dr. Nelson Moraes presented various methods of obtaining morbidity data, which prompted a discussion of survey methods. Dr. Benjamín Viel analyzed recent trends in the field of epidemiology.

A visit was made to the health unit of Puente Alto, on Wednesday, Dec. 9, at 4 p.m. On Thursday afternoon, Dr. Abraham Horwitz discussed the organization of the new National Health Service of Chile, after which the Seminar visited the Minister of Health, Dr. Eugenio Suárez.

The rest of the week was devoted to Working Groups. The second part of the subjects assigned to each group were discussed with the same practical spirit, and with the full understanding of the participants which stimulated the planning of administrative procedures. On Thursday afternoon, Dec. 10, and Friday morning, Dec. 11, under the chairmanship of Dr. Bichat de Almeida Rodrigues, of Brazil, the Seminar considered the recommenda-

tions of the Working Groups and approved the list of communicable diseases, the basic procedures of national reporting systems and methods for improving them.

The six reports of the Groups were combined by the Secretariat in one document entitled "Recommendations" whose final text (mimeographed) was submitted for the approval of the Seminar at the last session presided over by Dr. Enrique Pereda. These recommendations constituted the main product of the Seminar and are reproduced as parts I to V of this publication.

A Coordinating Committee, composed of the chairman and secretary of each group and all the Secretariat met to produce the necessary coordination of the groups and to study the changes which the recommendations approved by the Seminar had on the *Guide for the Reporting of Quarantinable Diseases and Other Communicable Diseases in the Americas*. These changes were discussed by the entire group and are given later.

The Seminar completed its session at 1 p.m. on Friday, Dec. 11, 1953. On closing, the chairman of the session described very adequately the great value of these two weeks of work in terms of the procedures approved for improving information regarding communicable diseases in the participating countries and the opportunities which the Seminar offered for discussing administrative principles and practice.

I. LOCAL SYSTEM OF REPORTING

In order to carry on the discussion of local reporting system, this topic was divided into seven subjects; A) Methods of Reporting; B) Sources of Reports; C) List of Notifiable Diseases; D) Data to be Reported; E) Distribution of Forms; F) Processing of Reporting in the Local Health Service; and G) Transmittal of Information to National Service.

The four subjects (Methods of Reporting, Sources of Reports, Data to be Reported, and Distribution of Forms) were studied with the understanding that the recommendations of the Seminar would be sufficiently simple and general so that they could be applied in all the countries represented, and even in regions or areas of those countries that have poor communication facilities, that are underdeveloped socially and culturally, or that lack organized public health services.

Topic F (Processing of Reports in the Local Health Service) was studied with the understanding that the recommendations made by the Seminar would apply to areas with well-organized local health services.

The Seminar believed that application of these recommendations would represent a useful step toward systematizing the procedures for reporting communicable diseases, leading to improved reporting in the near future. However, the Group was aware that such systematization was merely a

first step which should be accompanied by the organization of effective public health services and the development of well-defined educational programs directed toward the medical profession. The medical profession is the group which is able to improve reporting quantitatively and qualitatively.

A. Methods of Reporting

1) *Way in which report is made.* The report should always be in writing, in order to have a permanent record for administrative, legal or other purposes. However, this requirement of written reports does not preclude the use of other more rapid means of reporting of important cases (verbal, telephone, telegraph, radio, etc.)

2) *Time of reports.* Cases should be reported within 24 hours after discovery, since the basic use of the report lies in the prompt application of public health measures to prevent the spread of diseases communicable to man. However, this does not imply that reporting serves only this one purpose. In addition to this use, reporting is one of the methods of collecting statistical data required for understanding the epidemiology of the reportable diseases.

B. Sources of Reports

- 1) The ideal and basic source of reports is the physician in private or group practice.
- 2) Other sources of information are the following:
 - a) public health personnel
 - b) hospitals and other institutions
 - c) other professional workers (veterinarians, midwives, etc.)
 - d) school teachers
 - e) civil, military, church, and other authorities
 - f) registrars (for death certificates)
 - g) others (laboratories, pharmacies, etc.)

C. List of Notifiable Diseases

The criteria that should be adhered to in approving a minimum list of communicable diseases were also considered, and it was agreed to classify the diseases as follows:

Group A—Quarantinable Diseases:

1. cholera
2. plague
3. relapsing fever, louse-borne
4. smallpox

5. typhus fever, louse-borne
6. yellow fever

Group B—Diseases for which reporting is justified because of the severity and/or spread of the disease, the existence of effective control measures, or other technical-administrative reasons:

7. diphtheria
8. encephalitis, virus
9. gonorrhoea
10. influenza
11. malaria
12. meningitis, meningococcal
13. poliomyelitis
 - a) paralytic forms
 - b) non-paralytic forms
14. rabies
 - a) human
 - b) animal
15. scarlet fever
16. syphilis, contagious
17. tuberculosis of the respiratory tract
18. typhoid and paratyphoid fever
19. typhus, murine
20. venereal diseases, other
21. whooping cough

Each country should add to this list any other disease of importance within its territory. Also each country should take steps to obtain information on epidemics of important diseases, especially those that might be confused with quarantinable diseases. Since tuberculosis and venereal diseases continue to represent epidemiological, economic, and social problems in the countries, they are therefore of sufficient importance to merit special attention.

D. Data to be Reported

In order to facilitate and encourage the active participation of the physician in reporting, as a general principle, the local public health service should request from the physician only such data as are absolutely necessary for establishing contact with the patient and persons concerned.

The minimum basic data recommended are: name of the patient, age, sex, residence, diagnosis, place and date of the report, and name of the person reporting.

An individual report card should be prepared for each case. A sample form for reporting of communicable diseases with the basic minimum data

is given. Each country should determine the size and form for sending the report, sealed, by mail.

**FORM FOR REPORTING OF COMMUNICABLE DISEASES WITH
MINIMUM DATA**

REPORT OF COMMUNICABLE DISEASE			
Name _____	Age _____	Sex _____	
Address _____	city or town	street	number
Disease _____			
Reported by _____			
Address _____	city or town	street	number
Date _____	Signature _____		

Decisions regarding the following points were left to the discretion of each local public health authority:

- 1) The advisability of recording other data considered necessary to aid in the identification of the case.
- 2) The advisability of including a question directed to the physician as to whether he wished the assistance of the health department.
- 3) The advisability of using special forms for other institutions such as hospitals or laboratories.

For reports from other sources each health authority should establish the simplest form for reporting, preferably in writing.

E. Distribution of Forms

A study was made of the procedures at present employed in the countries participating in the Seminar for the distribution and receipt of forms. These procedures are outlined as follows:

- 1) Mailing of forms at the request of physicians.
- 2) Mailing of forms as reports are received.
- 3) Use of books with card for requesting new forms when the supply is exhausted.

4) Weekly distribution (by messenger).

In selecting the procedure for distribution and receipt of report forms, the following factors should be kept in mind:

- 1) Cost of forms.
- 2) Administrative work in processing.
- 3) Method of distribution.

The quality of reporting depends fundamentally on the responsibility and collaboration of the physicians and not merely on the procedure for distribution of forms. Consequently, although the distribution of forms on the basis of requests received from each physician is considered ideal, it was agreed to recommend that each country adopt the procedure best suited to local conditions, in accordance with the factors listed above.

F. Processing of Reports in the Local Health Service

The local health service is the agency which has the responsibility for the control of communicable diseases in a given area. It includes health centers, health departments, health districts, and municipal and provincial health services.

1) Immediate health action on quarantinable diseases and epidemics.

The local health service should try to confirm immediately the diagnosis, especially of quarantinable diseases and epidemics and forward reports according to the procedure in G. (Transmittal of Information to the National Service.)

2) Local records.

The records should serve two purposes: a) control measures in each case and b) systematic collection of information for epidemiological purposes.

In order to carry out these two objectives, each health service should study the method of maintaining files by diseases and files in alphabetical, geographical, chronological, and other order. An individual epidemiological record should be prepared and used only for those diseases for which the health service conducts case-control activities.

3) Elimination of duplication.

Duplication of case reports should be eliminated on the basis of the alphabetical file of all reports received.

4) Case reporting on the basis of diagnosis of the cause of death.

Only cases for which the cause of death is certified by a physician should be used. It was recommended that all deaths be checked against the general file of cases and that investigations be made for important diseases that have been certified by other persons.

5) Control of laboratory examinations.

Laboratory reports should be used for confirmation of diagnoses and for completion of reporting. Cases suspected from laboratory reports should be confirmed by the attending physician or by the health service.

G. Transmittal of Information to the National Service

The procedures to be followed on receipt of a report in the local health service would vary according to the group in which the disease is classified.

1) Group A diseases: Suspected and confirmed cases should be reported as soon as possible to the national public health service by the most rapid means.

2) Group B diseases: The diagnosis should first be confirmed by laboratory methods when possible, and the cases* should be reported weekly, by mail, to the national health authority in accordance with the accepted practice in each country. Until such time as weekly reporting is established on a regular basis, reporting may be done temporarily for another period (by month or four-week periods).

II. NATIONAL SYSTEM OF REPORTING

A. Objectives

The national system of reporting has the following two objectives:

1) *General*, for collection, analysis, and distribution of data of notifiable diseases to serve for epidemiological information regarding diseases and for action by health authorities in neighboring or other areas.

2) *Specific*, for immediate health action as required for certain diseases or in localities or areas lacking organized public health services.

B. Receipt of Information

1) *Data required*. The minimum data which the local reporting unit should send to the national service are diagnosis, age, sex, and residence.

- a) *Diagnosis*. Suspected and confirmed cases of quarantinable diseases are to be reported in accordance with procedures established in the previous section. For the common communicable diseases, reports are to be made of cases for which the diagnosis has been confirmed either clinically or by laboratory evidence.
- b) *Name of cases*. Due to the difficulties of establishing uniform procedures in countries in which the relationships between local and national services vary widely, the inclusion of the name on the report of a case sent to the national service should be left to the discretion of the health agency in each country.
- c) *Place of origin*. In addition to data on residence the health service should decide whether the epidemiological and public health needs justified the addition of the place of origin of each case.

* It was agreed to designate as "cases" all those confirmed either clinically or by laboratory means.

2) *Control of reports.* The national health service should record routinely the receipt of the weekly reports from the local health services so that reports which are not received may be requested promptly.

C. Processing of Reports

1) *For health measures*

- a) *Immediate Information.* In accordance with the objectives of the national reporting system, the first step is the application of health measures. Immediate reporting of cases of quarantinable diseases and of epidemics of certain common communicable diseases should be made to local, national, and international health agencies concerned.
- b) *Provisional Weekly Tabulation.* A tabulation should be made of the number of cases of notifiable diseases occurring within the reporting week according to residence. The geographical unit for residence would be the largest political division of the country such as state, province, department, territory or federal district. For cases of quarantinable diseases and for epidemics the exact place of residence should be specified. The weekly tabulation should be prepared within seven days after the end of the reporting week with a time limit of 15 days. All data received up to that time would be included in the weekly tabulation.

2) *For studies.* To fulfill the objectives 1) General, for collection, analysis, and distribution of data it was recommended that the national services of each country should establish the following minimum procedures:

a) *Tabulation*

- i. code and card with classifications for manual or mechanical processing
- ii. checking to eliminate duplication and to include reports from death certificate and from other sources
- iii. production of tables

When it is not possible to process individual report cards as provided for in i. and ii., the tabulations would be prepared from the summary tables obtained from the local health services.

- b) *Analysis.* This point is discussed in part III of this report.

D. Use of the Information

The primary purpose for collecting statistical data is for its effective use, which is the best way of promoting and improving the quality of reporting. The data have the following two uses:

- 1) *Administration,* to define problems and to plan, develop, evaluate, and improve programs.
- 2) *Research,* to contribute to the knowledge of the means of spread of communicable diseases.

E. Reports to International Organizations

The national health service should transmit to the corresponding Zone Office of the Pan American Sanitary Bureau the following:

- 1) Telegraphic reports of cases* of quarantinable diseases in accordance with the provisions of the International Sanitary Regulations.
- 2) Weekly reports of cases of all diseases included in the minimum list of notifiable diseases.

III. ANALYSIS AND DISTRIBUTION OF DATA

Reports of notifiable diseases should be analyzed weekly on a local basis and weekly, monthly and annually on a national basis. In accordance with the organization in the particular country, the local health service may also plan to distribute reports annually.

A. Weekly Local Report

1) Data to be reported: The number of cases of diseases reported to the local health service during the week should be given with a brief discussion. The comments should clearly indicate the significance of the figures and, if considered advisable, the steps or measures taken or to be taken.

2) To whom sent: The weekly reports should be distributed as widely as is considered suitable in each country.

3) When sent: As soon as possible. With respect to this point, it should be kept in mind: a) that the local health authority should keep constantly abreast of this type of information, and b) that the greater the timeliness of the report, the greater the possibilities for its effective use and value to others.

4) Form of report: A permanent format should be planned. The number of persons to receive the report would determine the method of reproduction.

5) Uses of the report: This report could be used by at least the following groups:

- a) Public health authorities who would be informed of health conditions in the area and would take the necessary measures.
- b) Physicians in general who would also be informed of specific diseases and health conditions in the area. The information would serve to improve reporting.
- c) Politico-administrative authorities who would be informed of health conditions in the area. In many instances this would improve collaboration with public health authorities (teams or voluntary groups, administrative services, etc.).

* It was agreed to designate as "cases" all those confirmed either clinically or by laboratory means.

- d) The public in general who would be informed of health conditions in the area and would be aware of the preventive measures required in the particular instance (immunization, special precaution with certain foods or articles for personal use or consumption, etc.).

B. Weekly National Report

1) **Data to be reported:** Data on quarantinable diseases and notifiable diseases which occur in epidemics and those which each country considers to be of public health importance. This information will refer to the smallest area possible, as considered suitable in each country, taking into account the recommendations on this subject given in the International Sanitary Regulations. The report will contain also brief comments on both the significance of the figures and the steps or recommendations useful for the country.

2) **To whom sent:** To the public health authorities and technicians, to the international agencies concerned and to others requesting the reports. The weekly reports should be distributed as widely as is considered suitable in each country.

3) **When sent:** As soon as possible. It should be kept in mind that the greater the timeliness of the report, the greater the possibilities for effective use.

4) **Form of report:** A permanent format should be planned. The number of persons to receive the report would determine the method of reproduction.

5) **Uses of the report:** This report could be used by at least the following groups:

- a) Public health authorities who would be informed of health conditions in the area and would take the necessary measures.
- b) Physicians in general who would be informed of specific diseases and health conditions in the area. The information could serve to encourage better reporting.
- c) Politico-administrative authorities who would be informed of health conditions in the area; in many cases this would permit better collaboration with the health authorities (teams or voluntary groups, administrative services, etc.).
- d) The public in general who by being informed of health conditions in the area would be aware of the preventive measures required in the particular instance (immunization, special precautions with certain foods or articles for personal use or consumption, etc.).

C. Monthly National Report

1) **Data to be reported:** The number of cases according to administrative subdivision of each country. In the event of epidemics, the most complete epidemiological studies possible should be made in accordance with the

medico-social importance of the disease. The results of such studies should be included in these monthly reports.

2) To whom sent: The distribution would be the same as for the weekly national report.

3) When sent: As soon as possible after the close of the reporting month, and, if possible, within the following month. The areas for which no information was included, because none had been received at the time of publication of the report, should be specified clearly. It was further recommended that, when data from an area for a given month are received after publication of the report for that month, such data be added as supplementary information in a later report, stating the period covered.

4) Form of report: This would be the same as for weekly national report.

5) Use of the report: The uses would be the same as for local and national weekly reports.

D. Annual National Report

1) Data to be reported. The notifiable diseases by usual residence in accordance with:

- a) geographic distribution (administrative subdivision);
- b) distribution by sex and age, according to the usual age-groups used for the disease;
- c) distribution by months;
- d) trends.

It was agreed that at least the above tables for the entire country should be published, with brief statistical and epidemiological comments explaining the value of the figures and including, if possible, the corresponding rates.

2) To whom sent:

- a) to the public health authorities and technicians concerned;
- b) to the international agencies concerned, and to those requesting the reports;
- c) to libraries, scientific agencies and institutions.

It was agreed to encourage the exchange of this type of information at the national and international levels.

3) When sent: Without delay, and, if possible, within the year following that of the report.

4) Form of report: The form would be the same as for weekly national report.

5) Uses of the report: The uses would be the same as those of the previously described reports, with the added advantage that this report is the official national report.

E. Special Reports

Complete epidemiological studies should be issued for inclusion as additional sections in the annual reports or in separate publications. In the latter case, it was recommended that distribution be the same as for the annual report.

IV. METHODS FOR IMPROVING REPORTING

A. Legal Measures

Each country should establish laws and regulations as needed with respect to the reporting of notifiable diseases taking into account the possibility of:

- 1) Omitting diseases or adding them to the existing list in each country, according to the minimum list recommended by the Seminar.
- 2) Modifying the reporting procedures.

B. Educational Methods

Efforts should be made to publicize as widely as possible the usefulness of reporting since educational activities directed to persons in all levels and classes are essential. To this end, it was recommended that the following groups be included, using the methods described for each.

1) Health Officials and Organizations, with their staffs (physicians, public health nurses, health inspectors, statisticians, etc.) through:

- a) periodic distribution of legislation and regulations;
- b) frequent distribution of statistical data, publications and instructions;
- c) seminars and meetings;
- d) specialized courses;
- e) other means of providing information.

2) Medical Profession. The physician has primary responsibility for reporting. His instruction in this work should extend from the time he is a medical student through varied grades of specialization. Accordingly, the profession should be divided into two groups:

- a) students in schools of medicine and of public health
 - i. through related courses (hygiene, legal medicine, infectious diseases, epidemiology, etc.) and by supplementing the study of each clinical case with mention of reporting requirements, when relevant, and the method of reporting;
 - ii. through publications, instruction, and practical work (preparing, filling out, and analyzing report forms)
- b) physicians
 - i. through publications such as weekly and monthly reports, local and eventually national reports;

- ii. through instructions by letters, circulars, and other material;
- iii. by seminars, meetings, special courses, and discussions of the subject in congresses, meetings, scientific societies, etc.;
- iv. by collaboration of organized medical groups such as societies, colleges, associations, etc.

3) Related professions. (Nurses, pharmacists, odontologists, laboratory workers, midwives, veterinarians, etc.)

The close ties of this group of professional workers with medical practice makes these persons valuable aides in reporting, both in their own professional capacity and as collaborators. The educational activities planned for this group would be similar, insofar as pertinent, to those recommended for the medical profession with similar stress laid on the need for instruction starting in the student period.

4) Other selected groups. (School teachers, armed forces, professionals engaged in social and religious work, etc.)

Since persons in these groups come in contact with and exert influence in various segments of the population, they should be considered as occupying a special place. Also in this group attention should be given to instruction of both student and professional worker.

The activities would be developed as follows:

- a) to the students, through courses and studies, publications, instructions, and publicity;
 - b) to professional workers, through publications, instruction, and publicity.
- 5) Administrative authorities, agencies, etc., through publications, instructions, and publicity.
- 6) The public in general. In school-age children, mainly through the teacher, and in adults, by means of posters, movies, press and radio, discussions, etc.

Full advantage should be taken of environmental and psychological opportunities for carrying out educational and informational work, especially at public gatherings and places of contact with the health and medical-care functions, both public and private.

C. Administrative Measures

Under this heading are included measures that are designed to facilitate and promote prompt reporting. These consist principally of the following:

- 1) Distribution of printed report forms.
- 2) Facilities for reporting:
 - a) postal and telegraphic franking privilege, etc., for the person reporting;
 - b) priority for the transmittal of reports;
 - c) collection of reports directly by the local health authority.

3) Participation of local authorities other than those of the health services, in order to improve reporting.

Consideration was given to the possibility that certain authorities not specifically concerned with curative or preventive medicine (military, police, politico-administrative, judicial, etc.) might assist in the improvement of reporting.

4) Establishment of facilities in the health services such as:

- a) diagnosis, clinical and laboratory facilities;
- b) isolation;
- c) treatment;
- d) prophylaxis.

5) Coordination among the different public or private institutions and agencies interested in the control or treatment of notifiable diseases to promote in every possible way the fullest compliance with the reporting requirements and the integration in a national system. Included in this group are pharmacies, clinical laboratories, etc., in addition to medical-care establishments. There must be an exchange of information between the various sections of the same institution, as well as among the different institutions of the country.

V. PROCEDURES FOR THE INTERNATIONAL EXCHANGE OF DATA

The effect of the recommendations of the Seminar on the *Guide for the Reporting of Quarantinable and Other Communicable Diseases in the Americas* were considered. Certain recommended procedures as the sending of telegraphic and other reports to the Zone Offices of the Pan American Sanitary Bureau are to be started at once. The Zone Offices will be responsible for forwarding reports to the Central Office in Washington which in turn will be responsible for transmittal of reports to the Headquarters of the World Health Organization in Geneva.

Major changes in the *Guide* will be made due to the recommendations of weekly reports by countries and the establishment of a minimum list of reportable diseases. The development of weekly reports by the countries of the Americas will eliminate the need for monthly reports to be sent to the Pan American Sanitary Bureau and forwarded to the World Health Organization. During 1954 the *Guide* will be revised with recommendations of weekly reports of the diseases included in the minimum list. The Seminar recommended that the Pan American Sanitary Bureau distribute weekly report forms although the forms used in the countries will be accepted.

With the provision of weekly reports and elimination of monthly reports of cases and deaths, annual reports with the final revised figures will be valuable for studies of diseases by the Pan American Sanitary Bureau and

the World Health Organization. The Seminar recommended the inclusion of such annual reports in the revised *Guide*.

During the period of change from monthly to weekly and annual reports, the Seminar recommended that all reports, weekly, monthly, and annual, which are prepared be transmitted routinely to the Zone Offices for transmittal to the Pan American Sanitary Bureau and to the World Health Organization.

The international provisions and recommendations pertaining to reporting of communicable diseases which are included in the *International Sanitary Regulations*, World Health Organization Regulations No. 2, WHO Regulations No. 1* and the *Report of the Expert Committee on Health Statistics* were examined and the Seminar approved the recommendations which are summarized below:

International Sanitary Regulations, World Health Organization Regulations No. 2

For the fullest application of these Regulations the following recommendations were approved:

- a) that the telegraphic report referred to in Article 9 be made to the proper Zone Office of the Pan American Sanitary Bureau;
- b) that the national health authorities increase the promptness and improve the system of reporting as the most effective means of preventing duplication in complying with Article 10;
- c) that the reports referred to in Article 13 be prepared as rapidly as possible;
- d) that international agreements concluded between countries be reported to the Organization and to the national authorities without delay (Article 104, paragraph 3).

World Health Organization Regulations No. 1

The provisions relating to communicable diseases were studied and it was agreed to urge the national authorities to comply with Articles 3, 6, 7, 14, 15, and 18.

Publications of the World Health Organization

Regarding the publications of the World Health Organization it was agreed to stress:

- a) the epidemiological and statistical importance of the weekly report from the practical point of view. It was emphasized that the value of the report depends largely on the completeness and timeliness of the data sent by each country to the Organization;

* See "Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death," Vol. I, p. 371.

- b) the importance attached by the majority of Latin American countries to the Spanish translation of Reports of Expert Committees and other technical publications.

Third Report of Expert Committee on Health Statistics

The applicability of the Expert Committee's conclusions to the countries represented at the Seminar were studied and compliance with the following paragraphs, which are summarized in part, was especially recommended:

I.3.3 Notifiable communicable diseases. . . .

I. The Expert Committee on Health Statistics . . . recommends that all countries be invited to give thought to improving the methods whereby statistics of notifiable communicable diseases are collected. In particular: 1) . . . by seeking the fullest co-operation from the medical profession and health institutions . . . , 2) for each notifiable disease, it should be made clear whether it is intended that notification be based on a) clinical findings alone or, b) laboratory or other evidence, or c) both a) and b); 3) procedures for avoiding duplication of notification and for ensuring correction of final diagnosis should be adopted.

II. The Expert Committee on Health Statistics . . . recommends that the national committee on vital and health statistics, or their equivalent, in . . . [certain countries] be asked to make special studies of the main statistical problems connected with notifications of communicable diseases. . . .

III. The Expert Committee on Health Statistics . . . recommends that notifications of infectious diseases be published weekly when possible.

IV. The Expert Committee on Health Statistics . . . recommends that yearly data on notification should be detailed by sex and age for those diseases for which medical or social importance, large number of cases, and adequate completeness of reporting warrant such publication.

V. The Expert Committee on Health Statistics . . . notes with satisfaction that the Fourth World Health Assembly requested the Executive Board: 1) to examine and report on the present arrangements, and their possible improvement for the collection and analysis of epidemiological information in respect of epidemic diseases other than the six quarantinable diseases . . . , and 2) to study the ways and means for co-ordinating the activities of the World Health Organization with regard to such epidemic diseases and, for this purpose, the modification of the terms of reference of the present Expert Committee on International Epidemiology and Quarantine.

The Committee made a concrete recommendation with respect to the following:

I.4.6. Presentation of morbidity statistics by sex and age.

II. 5. Preparation of handbooks of health statistics.

Appendix 1**OFFICIAL PROGRAM***Monday, November 30*

- 9:00 Registration, Inauguration
 10:00 Discussion of the Plan and Organization of the Seminar
 2:00 Reporting as the Basis of Local and National Programs for the Control of Communicable Diseases
 Dr. Abraham Horwitz
 Reporting of Communicable Diseases in Venezuela
 Dr. Anfbal Osuna and Mr. Pedro Francisco Guzmán

Tuesday, December 1

- 9:00 Epidemiological Information for International Programs for the Control of Communicable Diseases
 Dr. Mario Pizzi
 National System of Reporting of Communicable Diseases in Chile
 Dr. Conrado Ristori, Dr. José M. Borgeño,
 Mr. Francisco Vio and Mr. Jerjes Vildósola
 2:00 Procedures for the Exchange of Information in the Americas
 Dr. Ruth R. Puffer
 National System of Reporting in the United States
 Dr. Carl C. Dauer

Wednesday, December 2

- 9:00 *Working Groups*
 A. Laws and Regulations
 B. Local Systems of Reporting
 C. Analysis and Distribution of Data

Thursday, December 3

- 9:00 *Working Groups (continued)*

Friday, December 4

- 9:00 *Reports of the Working Groups*
 A. Laws and Regulations
 B. Local Systems of Reporting
 C. Analysis and Distribution of Data

Monday, December 7

- 9:00 Reporting of Certain Communicable Diseases
 a. Yellow Fever—Dr. Nemesio Torres Muñoz
 b. Tuberculosis—Dr. Enrique Pereda
 c. Enteric Diseases—Dr. Conrado Ristori
 d. Poliomyelitis—Dr. Julio C. Blaksley

- 2:00 *Working Groups*
 A. List of Notifiable Diseases
 B. National System of Reporting
 C. Methods for Improving Reporting

Tuesday, December 8

- 9:00 *Working Groups* (continued)

Wednesday, December 9

- 9:00 *Working Groups* (continued)

Thursday, December 10

- 9:00 Various Methods of Obtaining Morbidity Data
 Dr. Nelson L. de A. Moraes
 Recent Trends in Epidemiology
 Dr. Benjamín Viel

- 2:00 *Reports of the Working Groups*
 A. List of Notifiable Diseases
 B. National System of Reporting
 C. Methods for Improving Reporting

Friday, December 11

- 9:00 *Reports of the Working Groups* (continued)
 2:00 Report of the Co-ordinating Committee

Appendix 2

PARTICIPANTS

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 Assistant Director Normative
 Dr. Marcos Charnes
 Inspector in charge of International Relations
 Dr. Conrado Ristori
 Chief of Department of Epidemiology
 Mr. Jerjes Vildósola
 Chief of Department of Statistics of Former National Department of Public Health

SCHOOL OF PUBLIC HEALTH

Dr. José Ugarte
 Chief of Practical Work in Biostatistics
 Dr. Teodoro Zenteno
 Professor of Biostatistics

INTER-AMERICAN CENTER OF BIOSTATISTICS

Mr. Octavio Cabello
 Co-ordinator
 Dr. Hernán Romero
 Executive Secretary of Directive Committee

Appendix 3

REFERENCE DOCUMENTS

1. *Guide for the Reporting of Quarantinable and other Communicable Diseases in the Americas*, Miscellaneous Publications, No. 6, 1953, Pan American Sanitary Bureau.
2. *Basic Documents of the Pan American Sanitary Organization*, Official Documents No. 6, Sept., 1953, Pan American Sanitary Bureau.
3. *Expert Committee on Health Statistics, Third Report*, World Health Organization, Technical Report Series No. 53, 1952.
4. *International Sanitary Regulations*, World Health Organization Regulations No. 2, Technical Report Series No. 41, 1951.
5. *International Sanitary Regulations*, WHO Regulations No. 2, (Explanatory Memorandum) Official Records of the World Health Organization, No. 37, 1952.
6. *The Control of Communicable Diseases in Man*, American Public Health Association, Seventh Edition, 1950.
7. *Weekly Epidemiological Report*, Pan American Sanitary Bureau.
8. *Health Statistics* (quarterly publication), Pan American Sanitary Bureau.
9. *Bulletin of the Pan American Sanitary Bureau*, July 1953.
10. *Weekly Epidemiological Record*, World Health Organization.
11. *Monthly Epidemiological and Vital Statistics Report*, World Health Organization.
12. *Morbidity and Mortality*, Weekly Report, National Office of Vital Statistics, October 26, 1953.
13. *News Letter*, World Health Organization.

Appendix 4

WORKING PAPERS

1. *La Notificación de las Enfermedades Trasmisibles en Venezuela*, Dr. Aníbal Osuna y Sr. Pedro F. Guzmán. (Reporting of Communicable Diseases in Venezuela.)
2. *Reporting of Notifiable Diseases in the United States*, Dr. C. C. Dauer
3. *Métodos para Obtenção de Dados de Morbidade*, Dr. Nelson L. de A. Moraes. (Methods of Obtaining Morbidity Data.)
4. *Notificación de las Infecciones Entéricas*, Dr. Conrado Ristori. (Reporting of Enteric Diseases.)
5. *La Información Epidemiológica en los Programas Internacionales de Control de Enfermedades Trasmisibles*, Dr. Mario Pizzi. (Epidemiological Information for International Programs of Control of Communicable Diseases.)
6. *Procedures for Exchange of Morbidity Reports in the Americas*, Dr. Ruth R. Puffer.
7. *Sistema Nacional de Notificación de las Enfermedades Trasmisibles en Chile*, Dr. J. Manuel Borgoño, Sr. Francisco Vio y Sr. Jerjes Vildósola. (National System of Reporting of Communicable Diseases.)

8. *Notificación de la Tuberculosis*, Dr. Enrique Pereda (Reporting of Tuberculosis.)
9. *Recientes Tendencias de la Epidemiología*, Dr. Benjamín Viel. (Recent Trends in Epidemiology.)
10. *La Poliomiélitis en la República Argentina, Su Endemia y Brote Endemo-Epidémico en 1953*, Dr. Julio César Blaksley, Dr. Pedro Bottinelli, Dr. Arístides J. Bianchi, and Dr. Manuel Angel de León. (Poliomyelitis in the Republic of Argentina, Endemic and Endemo-Epidemic Outbreak in 1953.)
11. *La Notificación de la Fiebre Amarilla*, Dr. Nemesio Torres Muñoz. (Reporting of Yellow Fever.)
12. *La Notificación como Base de los Programas Locales y Nacionales de Control de las Enfermedades Trasmisibles*, Dr. Abraham Horwitz. (Reporting as the Basis of Local and National Programs of Control of Communicable Diseases.)

Appendix 5

COMPOSITION OF WORKING GROUPS

GROUP A

Part 1. Laws and Regulations

Part 2. List of Notifiable Diseases

Dr. Alberto Bertolini

Dr. Julio C. Blaksley (*Chairman*) Part 1

Dr. José M. Borgoño (*Rapporteur*) Part 1

Dr. Policarpo González

Dr. Naim Merched

Dr. Anibal Osuna (*Rapporteur*) Part 2

Dr. Emiliano Ruiz Díaz

Dr. Achilles Scorzelli Jr. (*Chairman*) Part 2

Dr. Mario Pizzi (*Secretary*)

GROUP B

Part 1. Local System of Reporting

Part 2. National System of Reporting

Dr. Hugo E. Barrera (*Chairman*) Part 1

Dr. Ulpiano Blanco (*Rapporteur*) Part 2

Mr. Angel Garcete

Mr. Pedro Francisco Guzmán

Dr. José A. Lavecchia

Dr. Carlos F. Malbrán

Mr. Hubert E. Navarro

Dr. Enrique Pereda (*Rapporteur*) Part 1

Dr. Carlos Quiroz (*Rapporteur*) Part 1

Dr. Bichat de Almeida Rodrigues (*Chairman*) Part 2

Dr. Gustavo Molina (*Secretary*)

GROUP C

Part 1. Analysis and Publication of Data

Part 2. Methods for Improving Reporting

Dr. Luis Béjar

Dr. Aristides Bianchi

Dr. Mario Brandão Torres

Dr. Manuel A. de León

Dr. Adolfo Morales (*Rapporteur*) Part 2Dr. Oscar Téllez (*Chairman*) Part 1Dr. Nemesio Torres Muñoz (*Chairman*) Part 2

Mr. Jaime Vergara

Mr. Jerjes Vildósola (*Rapporteur*) Part 1Dr. Nelson L. de A. Moraes (*Secretary*)

CO-ORDINATING COMMITTEE

Chairmen, Secretaries, and Secretariat