

## Scientific Advisory Committee of the Caribbean Epidemiology Center

The XX meeting of the Scientific Advisory Committee (SAC) of the Caribbean Epidemiology Center (CAREC) took place during 16-18 March at CAREC Headquarters in Port-of-Spain, Trinidad. The first technical item on the agenda was an analysis of the health situation presented by the Head, Epidemiology Division. Since a presentation on this subject was made at the 1993 SAC meeting, and changes occurring during one year would be relatively small, this year's presentation focused on the linkages between health and the economic situation and the need for information for priority setting, cost-benefit analyses, and decision making. This pointed to the need for CAREC to focus on the core priorities of disease surveillance and information development, including improvement of data quality and computer systems.

Other technical presentations were made on subjects such as surveillance development; new approaches and trends in sexually transmitted diseases including HIV/AIDS, as well as STD behavioral interventions; immunology research and development; tuberculosis status report; dengue review; and injury surveillance.

The CAREC Director made a short presentation on milestones, challenges and issues facing CAREC, as well as plans for 1994. Financial matters are of critical importance in this regard, and he reported that a record level of participation in quota payments was achieved in 1993 (18 countries by mid-November). Nonetheless, the Center continues to experience serious financial difficulties and 1993 ended with CAREC's first year-end deficit since 1987.

A number of working group sessions were held, on: communications, behavioral interventions, health economics; quality assurance; surveillance development and disease control; health situation analysis; vector control; and AIDS/STD control.

SAC commended CAREC staff and their Director for the amount and quality of work undertaken during 1993. Dr. Harold White was elected as the new Chair, and SAC thanked the outgoing Chair, Dr. David Picou, for his dedication and leadership and for the invaluable service he has provided to CAREC. Recognizing that financial constraints are likely to continue, SAC recommended that it meet biennially instead of yearly, beginning in 1996, with more limited internal reviews in intervening years.

Many of the SAC recommendations are of general interest, and are summarized below:

- CAREC should devise processes (with multi-sectoral input) that will facilitate the development of

national and local capacity to collect and analyze surveillance data; it should also identify mechanisms to influence policy and decision makers to support commitments to surveillance.

- CAREC should continue to collect, adapt, and develop materials suitable for teaching required epidemiological and statistical skills at national, district, and local levels.
- Annual, joint meetings of laboratory directors and national epidemiologists should be hosted by CAREC, as financial resources permit.
- CAREC should review injury mortality profiles with its member countries, developing methodologies for handling data for countries with small populations, where rates are subject to wide fluctuations; it should also extend its activities to areas other than motor vehicle-related injuries, as indicated by the profiles; and it should assess the quality of injury mortality statistics, promoting the use of standard ICD-based classifications to ensure comparability.
- CAREC should assist member countries to undertake analysis of current health situations and promote application of uniform methodologies which will facilitate comparison over time and among localities. It should also assist member countries in the identification and acquisition of information needed to inform decision makers and undertake planning.
- In recognition of established goals and targets of the Caribbean Cooperation in Health initiative (CCH), and in connection with the subject of health situation analysis, SAC recommended that CAREC support its member countries in identification of options leading to achievement of priority objectives.
- CAREC should facilitate development of a laboratory testing quality assurance program for CAREC and its member countries, with the objective of putting effective quality assurance programs in place in public and private laboratories by the year 2000.
- CAREC should take an active role in facilitating implementation of the *PAHO Guidelines for the Prevention and Control of Dengue and DHF in the Region of the Americas*; it should develop mechanisms to continue insecticide sensitivity testing in CAREC member countries; and it should

use its communications expertise in support of community-based vector-control program development.

- A cost recovery policy for immunological services should be established for the Center, including a formula for computing total costs and charges for such services. A two-year pilot cost-recovery program for selected activities should be established, to test the feasibility of this strategy.

The CAREC Council met during 21-22 March, immediately following the SAC meeting. Their deliberations included consideration of SAC

recommendations; all were accepted, with relatively minor modifications. Among other things, Council noted that surveillance and health situation analysis are closely linked and should be integrated in CAREC member countries, and that skills in health economics should support and be incorporated into health situation analysis. The Council encouraged CAREC to seek ways of enabling Aruba and the Netherlands Antilles to access technical cooperation prior to their official entry as members (anticipated for January 1996).

## ***EpiInfo and EpiMap***

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**EpiInfo** and **EpiMap** are public-domain software systems for IBM-PC-compatible micro-computers, produced by the U.S. Centers for Disease Control and Prevention, Atlanta, Georgia, with the support of the World Health Organization. The coordinator of the production of both packages is Dr. Andrew Dean. **EpiInfo** is a complete database and statistics system for making questionnaires and entering, processing and analyzing epidemiological data. **EpiMap** produces shaded or dot density maps to represent cases or other numeric values, using maps supplied with the system, or drawn by the user. Both packages are very user friendly and **EpiInfo** is possibly the best known and most disseminated package used by epidemiologists in the Latin American and Caribbean countries.

**EpiInfo** version 5 and **EpiMap** version 1 have been translated into Spanish, both the programs and the manuals, by Dr. Juan Carlos Fernandez-Merino of the Andalucian Department of Health, in Spain. The Spanish translation of **EpiMap** is now being field tested and will be available for distribution by the end of this year. Many Representatives of the Pan American Health Organization in Latin America and the Caribbean have been active in the distribution of **EpiInfo** both in English and in Spanish and in promoting training courses for Epidemiologists to use the package. **EpiInfo** in Spanish is also available from a distributor: USD, Inc. - 2075A West Park Place - Stone Mountain, GA 30087 U.S.A. - Telephone (404) 469-4098 - FAX (404) 469-0681.

A Portuguese Version of the manual of **EpiInfo** Version 5, is available from: Dr. José Cassio De Moraes, Professor, Department of Social Medicine, School of Medicine of Santa Casa de São Paulo, R. Cesario Motta 112, São Paulo Brasil.

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