Monitoring and Surveillance of Infectious Diseases
Claude Pirmez, FIOCRUZ
Epidemiological transition in Brasil
Proportion of deaths between 1930 and 2009


Modified from Otaliba de Morais Neto – SVS/MS, 29/11/2010
Control and elimination of infectious diseases are factible through

- Availability of new tools for early detection
- Improvement of health assistance
- Political commitment

THE EPIDEMIOLOGICAL SURVEILLANCE IN BRAZIL: stories of sucess

- Polio eradication since 1989
- No authoctonous measles transmission under control since 2000
- *T. cruzi* vector transmission under control
- German measles, newborn tetanus, human rabies with good chances to be eliminated
- Reduction of cases (100-fold) and deaths (40-fold) of diseases that can be prevented by vaccination
THE EPIDEMIOLOGICAL SURVEILLANCE IN BRAZIL

HEALTH IN COUNTRY BORDERS

NATIONAL PROGRAMS
Dengue Control (PNCD)
Malaria Control (PNCM)
Leprosy Control (PNCH)
Tuberculosis Control (PNCT)
Viral Hepatitis (PNHV)
Immunization Program - PNI

PUBLIC HEALTH LABORATORIES
Reference Labs Network

EMERGENCY IN PUBLIC HEALTH
THE CIEVS NETWORK

NOTIFIQUE AQUI
Center of Strategic Information in Health Surveillance  
Centro de Informações Estratégicas em Vigilância em Saúde – CIEVS  
CIEVS/FIOCRUZ  
cievs@fiocruz. Br

CIEVS/MS is part of the GOARN - Global Outbreak Alert and Response Network as Strategic Health Operation Center (Shoc)

Number of events of national significance notified to CIEVS

n = 663
### Health Agenda in the Beginning of the XX Century

<table>
<thead>
<tr>
<th>In urban areas</th>
<th>Potentially reductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Plague</td>
<td>• Diseases prevented by vaccination</td>
</tr>
<tr>
<td>• Yellow fever</td>
<td>• Schistosomiasis</td>
</tr>
<tr>
<td>• Smallpox</td>
<td>• Human rabies</td>
</tr>
<tr>
<td>• Malaria</td>
<td>• Tuberculosis and Leprosy</td>
</tr>
<tr>
<td>• Tuberculosis</td>
<td>• Chagas disease (vectorial)</td>
</tr>
<tr>
<td>• Flu</td>
<td>• Onchocerciasi</td>
</tr>
<tr>
<td>• cholera</td>
<td>• Congenital syphilis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In rural areas</th>
<th>Potential outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leishmaniasis</td>
<td>• Dengue and Yellow fever</td>
</tr>
<tr>
<td>• Chagas disease</td>
<td>• Leptospirosis</td>
</tr>
<tr>
<td>• Helminthiasis</td>
<td>• DST and hepatitis</td>
</tr>
<tr>
<td></td>
<td>• Hantavirosis</td>
</tr>
<tr>
<td></td>
<td>• Malaria</td>
</tr>
<tr>
<td></td>
<td>• Leishmaniasis</td>
</tr>
<tr>
<td></td>
<td>• Acute chagas disease (oral)</td>
</tr>
</tbody>
</table>

### Emerging/re-emerging diseases

- H5N1
- Arboviruses

Adapted from Otaliba de Morais Neto – SVS/MS
The unfinished XX century agenda and the challenges of the XXI century

Violence costs billions each year
PLAN BRAZIL FREE OF MISERY

Brazil has grown because poverty has diminished

Do you realize what Brazil will be when we end up misery?
Health as an opportunity to overcome poverty

→ Impact on the learning performance at school
→ Impact on the performance at work
→ Health economy: services

Some initiatives already in action

*Health in the School*
*Smiling Brazil*
*See Brazil*
*‘Stork’ Network (Healthy Parturition)*
*Distribution of medicines for diabetes and hypertension*
*My Home, My Live*
Thank you
Obrigada
Merci
Gracias
Kiitos