

PAHO/WHO INTERNATIONAL MEETING ON THE EVALUATION OF
THE ENDEMIC TREPONEMATOSES SITUATION IN THE AMERICAS

Caracas, 20-22 July 1993

FINAL REPORT

CONCLUSIONS

1. On the basis of the results of the surveys presented in this meeting and other available information, it is deemed necessary to obtain more information about the epidemiological situation of the Endemic Treponematoses in the Americas.
2. Depending on the endemic level and varying local conditions, three possible approaches have been proposed with a view to improving our knowledge of the situation:
 - 2.1 a seroepidemiological survey based on the cases;
 - 2.2 an active search for cases using the control programmes of other diseases;
 - 2.3 seroepidemiological surveys included in the research of other public health problems.
3. The general health service network, and particularly the primary health care services, should be responsible for launching and monitoring the control/elimination programmes for the endemic treponematoses.
4. The endemic treponematoses control/elimination programmes should be included in one of the various public health programmes of similar nature, whether specialized programmes such as leprosy, leishmaniasis or public health dermatology, global skin health programmes, or endemic disease control programmes, such as malaria, trypanosomiasis, ..., and others.
5. The main strategy to be adopted for the control/elimination of the endemic treponematoses should be the active search for cases, treatment of cases and contacts, and epidemiological surveillance, to be carried out through the Local Health Systems.

6. Standardized procedures should be adopted for the clinical and serological diagnosis, and treatment and follow up of cases and contacts, according to the norms established by PAHO/WHO.
7. The training of permanent staff should be a priority in order to ensure the integration of endemic-treponematoses control/elimination activities into the primary health care network.
8. Specific instructional material should be prepared for training health personnel, together with appropriate information material for the affected communities.
9. Fostering the participation of the community and meeting its overall health needs are essential to achieve the control/elimination of the endemic treponematoses.
10. The social and cultural traditions of Indigenous peoples and the legislation in effect should be considered and respected in developing control/elimination activities for the endemic treponematoses.
11. The control/elimination of the endemic treponematoses should be included in the integrated development plans designed for endemic regions, with the participation of governmental and non-governmental institutions (universities, foundations, grassroots organizations, etc.).

RECOMMENDATIONS

1. The surveillance of the endemic treponematoses th investigation of cases/contacts in the countries w studies, such as Brazil, Ecuador and Venezuela, shc
2. Epidemiological surveys should be carried out in cou treponematoses problems, without recent informatio Guyana, Haiti, Mexico, Panama, Peru, and Surinan
3. Treponema tests should be included in all seroepiden (1-14 years) and young adults (15-29 years), in orde the transmission of the endemic treponematoses in tl
4. The control of the endemic treponematoses (sear treatment, surveillance) should be included in the F and/or the activities of other control programmes, suc public health dermatology, and skin health promotio other endemic diseases.
5. Collaboration between countries in the control/e treponematoses should be fostered, particularly am affected by Pinta in the Amazon region.
6. The control of the endemic treponematoses should l improve the health care provided to isolated com populations with inadequate health care services whic minorities.



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