Fifth Regional Integrated Food Borne Disease Surveillance Workshop, November 2009, Barbados

CAREC in collaboration with the WHO Global Food borne Infections Network (WHO-GFN) convened the Fifth Regional Integrated Food Borne Disease (FBD) Surveillance Workshop in November 2009, in Barbados. The participants were National Epidemiologists, Laboratory Directors and Chief Environmental Health Officers from 11 CAREC member countries namely, Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Lucia, Suriname and Turks and Caicos Islands. The goal of the workshop was to strengthen countries' capacities to develop sustainable integrated FBD surveillance systems. The specific objectives were to: strengthen country-specific integrated FBD surveillance protocols; enhance integrated laboratory-based surveillance; and foster inter-sectoral collaboration between epidemiology, laboratory and environmental health, as well as between human health, veterinary and food disciplines.

In 2004, 10 of the 11 countries had developed protocols for integrated FBD surveillance and for improving coordination and multidisciplinary response to FBD outbreaks. However, countries were at various stages of implementation and faced several challenges. By the end of the workshop, each country produced a document that identified key problems with achieving integrated FBD surveillance, possible solutions, a plan of action, resource needs and timelines.

Major achievements reported were: the inclusion of, and improved communication between, laboratory, environmental health and veterinary sectors in surveillance and outbreak teams in six countries; the designation of a food safety focal point in three countries; improved response to FBD outbreaks in four countries; improved data sharing between laboratories in four countries; improved stool collection and laboratory testing for FBD pathogens in eight countries; and strengthened capacity for food analyses in four countries. The major challenges with the implementation of integrated FBD surveillance were: insufficient intersectoral communication and coordination between human, veterinary and food related disciplines; lack of funding, human resources and laboratory supplies; poor infrastructure; insufficient political commitment; low prioritization of FBD and food safety; delayed and/or lack of a coordinated response to FBD outbreaks; outdated food laws, regulations and policies; limited data sharing between laboratories, infrequent trace back to food source in outbreak investigation; and no food testing.

Following the workshop, participants were expected to share country plans with the rest of their surveillance and response teams and chief medical officers for approval and implementation. It was also suggested that a regional strategy be prepared for addressing common areas of concern identified in the workshop. The main action items reported for improving integrated FBD surveillance were: implementation of refined country plan of actions, meeting with and improving communication and collaboration among stakeholders key stakeholders, establishment of integrated database, review/revise legislation/protocols, improving laboratory testing for FBD and improving timely reporting and data sharing between laboratories.