

**International Conference on Infectious Diseases**  
**April 24-26, 2008**  
**Moscow, Russian Federation**

**I. Purpose:** To explore the possibility of engaging public health officials from northern regions of the Russian Federation in the International Circumpolar Surveillance of Infectious Diseases network.

**II. Participants:**

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**III.** The goal of International Circumpolar Surveillance (ICS) is to link clinical, reference and public Health laboratories and institutes throughout the circumpolar region for the purpose of monitoring infectious diseases and to assist in prevention and control activities. ICS currently monitors invasive bacterial diseases in the US Arctic (Alaska), northern Canada, Greenland, Iceland, Norway, Finland, and northern Sweden. A long term objective of ICS is to include public health entities of the northern and far eastern regions of the Russian Federation in ICS. At present, Russia is the only country in the circumpolar north which does not participate in the International Circumpolar Surveillance Network (ICS).

The objectives of this meeting were:

1. Understand the infectious disease surveillance systems operating in northern and far eastern regions of the Russian Federation.
2. Understand the infectious disease problems, priorities, and prevention and control strategies used in the Russian Federation (Tuberculosis, Hepatitis, HIV/AIDS, viral respiratory diseases including influenza, and avian influenza).
3. Present the concepts of circumpolar surveillance, and surveillance systems operating in other circumpolar countries.
4. Identify potential collaborators and contacts.
5. Identify a potential project(s) for collaboration (ie sharing standardized data on specific diseases of mutual interest).
6. Plan additional working group meetings, training sessions.

#### **IV. Meeting minutes:**

Melnikova A.A. from the Federal Department of Rospotrebnadzor presented on epidemiological situation in the Russian Federation in 2007. Information was presented regarding main issues and priorities for prevention strategies. Russian healthcare system is centralized. Therefore, all Russian regions work closely with the federal department. Russia has mandatory reporting on infectious diseases. All 85 regions of Russia report monthly and annually. Data is first analyzed in the regions and then sent to the Federal Epidemiology Center, which compiles data and statistics on all infectious disease cases in the country. The Federal Epidemiology Center then sends collected data to the Federal Statistics Office (Rostat). Some data is available on the web site. At the end of the year regions have data on types of infections, treatment and immunizations for various age groups. Regions receive directions from the feds to pay attention to specific diseases and issues. In addition to analytical work, scientific research institutes also participate in developing methodological and practical ways to prevent the spread of infectious diseases.

There is no agreement to send infectious diseases data to International organizations. However, some data is transmitted to World Health Organization, specifically, polio, measles, and bird flu.

Infectious Disease Surveillance systems in the US, Norway, Canada and the Russian Federation were reviewed, and an overview of the International Circumpolar Surveillance system for infectious diseases was presented.

Regional presentations summarized surveillance data flows to and from the Rospotrebnadzor (Federal Service for Consumer Rights and Human Well-being), and Russian Ministry of Health. Regional infectious disease priorities and prevention programs were also presented. Priority diseases include: tuberculosis, meningitis, HIV, intestinal diseases, helminthosis and parasitic diseases, hepatitis B and C.

Russian participants pointed out that Russia does not collect separate data on indigenous people. There was interest in a possible pilot project that would be based on Alaska's and Canada's experience.

Saint Petersburg: It is difficult to identify common problems, there are however two main areas of concern 1) Hep B and 2) HIV. Each region in Russia has its own pathologies; it would be good for regions to organize annual conferences on specific diseases in order to discuss, develop methods, exchange data and research.

Nenets: we could also invite other specialists who can provide in-depth information.

Priscilla: This type of conference could be organized for a group of specialists, not an international conference. The steering committee includes a federal representative, whereas, a separate sub-working group can be formed on both federal and regional levels for specific field. The steering committee would bring together a focused meeting, pull specific specialists and decide if a working group needs to be created.

Melnikova: TB is a priority for all regions, each region monitors and there are laboratories. Russia could potentially join the ICS's TB working group.

Alaska: Each region would send a representative to the working group. The WG on Invasive Bacterial Diseases holds teleconferences several times a year and they also meet once a year in Canada.

Canada: For a potential conference, travel costs will be an issue. However, there may possibly be some support and assistance from Canada. To date, for other initiatives, the working language has been English

and other member countries' participants have been able to work in that language. With future Russian participation, there may be a need to have interpretation services, which would be an additional cost, if Russian participant(s) do not speak English.

Priscilla: WHO and UN could be approached for funding.

Canada: The health of populations in the northern region of Canada is an important issue. It is a federal government's priority to address health issues of our indigenous populations. Perhaps, it is possible to approach UN for funding aimed at improving the health of all indigenous peoples in the circumpolar countries.

Melnikova: My presentation outlined some of the priority health issues in Russia. I also said that we can discuss possibilities to work with ICS. However, today we can only identify possible directions and the final decision on participation will be made by the Federal Department of Rospotrebnadzor. I will write a report summarizing this meeting and present it to the head of our department who will make the final determination.

Preliminary interest from the regions:

Sakha: Sakha is ready to participate on several diseases after final approval by the federal department. Sakha would also send a representative to WG meetings. Our priority interests are: 1) TB 2) Acute intestinal diseases 3) Parasitic diseases

Nenets: Yes, we are also interested. Our priorities would be: 1) Acute intestinal diseases 2) TB 3) Rotavirus

Sakhalin: 1) TB 2) HIV

Chukotka: 1) TB 2) Hep B 3) Acute intestinal diseases 4) Parasitic diseases

Arkhangelsk: 1) TB 2) Acute intestinal diseases 3) Hep B 4) HIV

Saint Petersburg: Ready to participate 1) TB 2) Acute intestinal diseases 3) Parasitic diseases

Saint Petersburg Pastern Institute: we are also ready to participate in research, specifically in HPV and other areas.

Murmansk: 1) Meningitis 2) all others that were mentioned, but also echinococcus  
TB is not a priority for our regions, because there is already on going work with Finland.

Krasnoyarsk: 1) TB 2) HIV 3) Parasitic diseases

Komi: 1) Fish tapeworms

Magadan: 1) TB 2) Chronic Hep B

KHMAO: 1) TB 2) Acute intestinal diseases

Alaska: We don't want to duplicate existing programs.

Priscilla: What other local, bilateral or international cooperation programs exist in your regions?

Murmansk: We have cooperation programs with Finland. I think that the first step should be the exchange of information and then we can narrow it down.

KHMAO: We established a fund for HIV. There are 3 pilot projects, which involve training and assistance to HIV patients. In addition, we work with TACIS – social medical help and UNDP.

Priscilla: One of Ford Foundation's interests is HIV.

Alaska: Northern Canada and Alaska collect separate data for indigenous and non-indigenous people. Europe doesn't.

KHMAO: Our region collects separate data on TB among indigenous and non-indigenous populations.

Komi: Why should data be separated? We live in similar conditions, eat the same food, etc.

Alaska: We prefer to look at both Urban / Rural and the same for Indig / Non-indig.

Canada: One of the reasons for separating data is that certain factors related to poor socioeconomic status (e.g. inadequate housing) are known to increase the risk of exposure to and subsequent development of active TB. In Canada, Aboriginal Peoples have an increased risk for active TB and it is important to separate and identify such individuals so that targeted efforts can be undertaken and evaluated.

KHMAO: Saint Petersburg Institute worked on TB in KHMAO, our region has areas with indigenous populations and we agree that there are differences between indigenous and non-indigenous peoples diseases prevalence.

Canada: In Canada ethnicity is not a determining factor for diseases, but may be indicative of potential exposure based on their "geographical exposure" in an endemic area of TB. We also collect data on indigenous populations as they are at increased risk for TB.

TB WG. Epidemiological work needs to be defined. Russia has a federal law on TB prevention, which identifies prevention and treatment strategies. Lab work on TB is also under treatment centers. Theoretical base should be identified. Demographics is very important, age, sex, country of birth, setting in which the disease occurred: prison or somewhere else. Treatment information, essentially information should be collected from beginning to end, this would be ideal. The next step should also be about how TB data is collected among regions.

## **V. Outcome:**

Conference presentations will be translated into both English and Russian and circulated to all participants on a CD. A summary of the meeting will be prepared together with a proposal to begin cooperation and information exchange on tuberculosis, because this was a priority disease for both the Russian Federation and the International Circumpolar Surveillance system. The summary and proposal for cooperation would be presented to the Head of the Federal Department of Rospotrebnadzor for approval by Melnikova Albina. It was recommended that the Federal Department of Rospotrebnadzor appoint a representative to the International Circumpolar Surveillance Steering Committee and that a follow-up meeting should be held in 6-9 months.

