

# Council of State and Territorial Epidemiologists Position Statement

**02-ID-09**

**Committee:** Infectious Disease

**Title:** U.S. - Mexico Surveillance and Epidemiology Agreement

**Statement of the Problem:**

In 1998 CSTE passed a resolution supporting the establishment of a U.S. - Mexico border infectious disease surveillance (BIDS) system. A high rate of vaccine preventable, food- and waterborne diseases, and enteric diseases has been documented in the region. An estimated 400 million persons cross the U.S. - Mexico border northward legally each year, more than all other legal entries to other ports of entry combined. The purpose of BIDS is to obtain better, more standardized information on infectious disease incidence among the high volume of border crossers between the U.S. and Mexico, to improve infrastructure in the border region, and to use this information for better disease control. A modest active sentinel surveillance system has been developed as a collaboration between U.S. border states and counties, CDC and Mexico. This system was made possible by a general memorandum of collaboration in epidemiology between CDC and Mexico Secretariat of Health. The network has triggered epidemiologic investigations of dengue and measles in the border region, and laboratory-based surveillance data has been gathered on febrile exanthem and hepatitis syndromes over the last couple years.

During this time, the U.S. and Mexico have encountered obstacles to full implementation of the border surveillance system. For example, sharing resources including dollars and equipment across national lines has proved difficult, as has routine travel by federal employees across the border to meet with Mexico counterparts. In addition, exchange of surveillance reports on border-crossing patients with notifiable diseases has been hampered by lack of clear binational accord specifying when and how such communications should occur. Further, several binational infectious disease outbreaks have occurred with varying degrees of binational collaboration. Examples are an outbreak of histoplasmosis of U.S. college students from multiple states vacationing in Acapulco in 2001, coccidioidomycosis among church workers from Pennsylvania visiting Sonora state in 2000, and brucellosis among Mexican migrants in Arkansas in 2001. Issues have arisen about media releases and protocols for conducting binational investigations.

The necessity of close collaboration between the U.S. and Mexico has become even more apparent with concerns of bioterrorism (BT) in the aftermath of the East Coast anthrax attacks. Disturbing border BT attack scenarios include attacks in border sister cities in which detection and information sharing across the border is delayed and binational control measures are uncoordinated or absent. In order to overcome the barriers to more seamless collaboration between the U.S. and Mexico in disease surveillance and epidemiologic investigations and control measures, specific agreements between the U.S. and Mexico should be developed. Such agreements should facilitate bilateral information sharing and establish guidelines and norms for joint disease control efforts.

**Statement of the desired action(s) to be taken:**

CSTE encourages CDC and appropriate agencies of the U.S. government to negotiate an agreement between the U.S. and Mexico to establish mutually acceptable specific norms for bilateral disease surveillance information sharing and joint epidemiologic investigations and control efforts in epidemiologic situations and events affecting both countries in the border region and beyond to the interior of both countries. This agreement could follow the model of new international disease reporting regulation being developed by the World Health Organization.

CSTE encourages CDC and appropriate federal agencies to find mechanisms to overcome obstacles to the sharing of resources and routine cross border travel in order to facilitate collaboration on disease surveillance and epidemiologic activities.

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## **Public Health Impact:**

This resolution will improve the control of infectious diseases in the U.S. - Mexico border region and in the interior of both countries, and help to achieve Healthy People 2010 and Healthy Border 2010 objectives for reduced incidence of infectious diseases. Infectious disease surveillance information will be shared more rapidly and thoroughly and binational disease investigations will be more comprehensive and fruitful in identifying public health interventions. The capacity to detect a bioterrorism attack in a timely manner and to respond effectively to such an attack will be enhanced.

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