139 - DIAGNOSIS OF STRUCTURE AND ACTIONS DECELOPED BY MUNICIPAL NUCLEI EPIDEMIOLOGICAL MONITORING OF REGION OF TRAIRÍ / RN, BRAZIL.

ADRIANA ÁLIDA GUILHERME DE MACÊDO; JOANA D'ARC DO NASCIMENTO;
GILSON DE VASCONCELOS TORRES.
Post-Graduate in Nursing Program/UFRN - Natal/RN/Brazil.
adrianaalida@rn.gov.br

INTRODUCTION

With the progress of decentralization of the health sector in the decade to 1990, the municipal sphere, gradually, it is responsible for managing the network of health services, including the provision of direct actions and basic programs in accordance with the growing supply of such provision services. This assumed responsibility with the decentralization combined with a wide variety of social inequalities, regional and local, as a scenario fragmented and deficit in relation to the organizational structure for institutional performance.

We agree with Pedersoli et al. (1998), to realize that many are the shortcomings in the process of working on this prospect of reorganizing municipal structures of health, seeking assistance consolidation in the new model, compared to the process of decentralization of the shares of health.

This deficiency is present even when the reality shows us the low impacts, whether in the structural organization of local systems, or in the assessment of indicators that make up a process of analysis needed for planning and intervention, which, in practice ensures a positive result in action executed.

The process of decentralization of the shares of Epidemiology and Control of Diseases, as the Ordinance No 1.399/GM of December 15, 1999, published in DOU No. 240-E, Section I, page 21, of December 16, 1999 , and considering the need to regulate and to comply with the provisions of Law 8.080/90 as they relate to the organization's Single Health System - SUS, and the responsibilities and requirements of epidemiology and control of diseases, thus requiring the training a minimum municipal structure for the fulfillment of these guidelines (BRAZIL, 1990).

The Epidemiological Monitoring (VE), is a set of activities that brings to obtain information critical to understanding, the detection or prevention of any change that might occur in the factors that determine and influence the health-disease, in an individual or collective in order to recommend and take timely measures in the prevention and control of worsening. For the VE is operable there is a cycle of specific functions and inter-additional to be developed on a continuous basis, providing that, every time there know the epidemiological behavior of the disease or worsening under surveillance, with the purpose to draw the intervention measures timely and effective (BRAZIL, 1998).

This cycle of functions under the Ministry of Health (BRAZIL, 1998, p. 212), includes: collecting data (epidemiological); Processing of the data collected; Analysis and interpretation of data collected; Recommendation of the measures of control appropriate; Promotion of shares of control indicated; evaluation of the efficiency and effectiveness of the measures adopted and dissemination of relevant information.

Compliance with these practices, according to Waldman, Mello and Jorge (1998), strengthem the work of the team, improving the quality of services by ensuring a greater impact planning and management of health care. These apply, in general, communicable diseases, but also can be extended to non-communicable diseases (congenital anomalies, malnutrition, chronic-degenerative diseases, etc.). And the other worsening (accidents and violence).

Since then, the state of Rio Grande do Norte (RN), through the State Secretariat of Health (SES) operates, implants and / or implements its shares views with the organization of the proposed model of care, establishing the Commission on Decentralization comprising SES and representatives of the National Health Foundation (FUNASA).

This organizational structure, the SES is subdivided into 06 (six) Regional Public Health Units (URSAP), and among these the V URSAP located in the micro-region of the Borborema Potiguar, with 21 counties under its jurisdiction, distributed in the regions of Potengi and Trairí.

In view of helping with municipalities in their function of advice and execution when needed, as members of the team of V URSAP believe is extremely important to the structuring minimum that the municipalities should have to play its role manager of the local system of health, as concerns the action of epidemiology.

In our daily technical support and advice to municipalities along the region's Trairí of V URSAP, found shortcomings in the routine in some nuclei of epidemiological surveillance, such as punctuality, regularity, completeness and consistency in the transmission of data, timely closure of worsening of compulsory notification, feedback of information to sources notifier, vaccine coverage, schedule, waste of immuno-biological, capture data, maternal and neonatal mortality, active search for cases of leprosy and tuberculosis, among others.

Our concern with the performance of VE activities related to the structure and organization of the nuclei of surveillance, due to the assumption that for these activities of VE can be performed in a satisfactory manner is essential structuring a minimum of service. Given the foregoing, we had as objectives in this study to identify the structure (space, equipment, transportation and multi professional team) Nuclei of municipal VE in the Region of Trairí and identify which shares of VE are hampered by the structure of nuclei.

METHODOLOGY

Study conducted in the V Regional Public Health Unit (URSAP), in the Region of Trairí / RN, Northeast / Brazil, with 10 (ten) coordinators of the core municipal epidemiological surveillance, based on the criteria for inclusion: a) signing of the Term the Free and Informed Consent; b) accept as part of the research volunteers. The research was approved (Opinion No. 71/2007) by the Committee on Ethics in Research - CEP-UFRN.

The collection of data was carried out by researchers through interviews with a structured form applied with the municipal coordinators of NVE in September 2007 in the days and hours prior to the scheduled participants in the study.

To make the diagnosis of the structure of NVE, we present (P) / (A) lack of structure Min: Room for operation of NVE, necessary equipment (fax, phone, computer and printer), transportation (car or motorcycle) and multi professional team . Classified as appropriate the NVE submit the presence of minimum 4 items in the basic structure, and inadequate with more than 2 items missing.

As to the diagnosis of the shares of surveillance, categorized as appropriate the NVE who was present (P) at least 5 of 7 shares of epidemiological surveillance (collection of data; Processing of the data collected; Analysis and interpretation of data processed; Recommendation of the measures of control appropriate; promotion of the shares of listed control; evaluation of the

efficiency and effectiveness of the measures adopted; disclosure of relevant information), and inadequate the NVE with absence (A) of 3 or more shares.

The sorting of data for analysis was done through the preparation of the spreadsheet program Epi-Info in version 3.4 Windows, which have been processed and presented in graphs expressed in frequency on and analyzed as goals proposed in the study.

RESULTS

They were searched 10 coordinators of NVE, with predominance of females (90%), with age ranging from 22 to 55 years, average 37.7 years, 90% of professionals are top-level and 10% of average. Among the top-level professionals, 70% are nurses, 10% and 10% educationalist theologian. 80% have training in the actions of epidemiology, with emphasis on courses Epidemiological Surveillance Communicable Diseases for Food-VEDTA (70%), Stock and routines of VE (60%), Information Systems in Health (40%) and Basic Course Epidemiological Monitoring of-CBVE (30%), while 20% reported not having training in the field of epidemiology.

As for the evaluation of the structure (room, equipment, transportation and multi professional team) of 10 NVE, the majority of municipalities, 90% is with its core inappropriate for the minimum recommended structure, highlighting is the lack of room for development of shares of epidemiological surveillance (100%), multi professional team complete (70%), transport (30%) and equipment (20%). We emphasize that only a NVE (10%) was seen with a minimum appropriate structure (Chart 1).

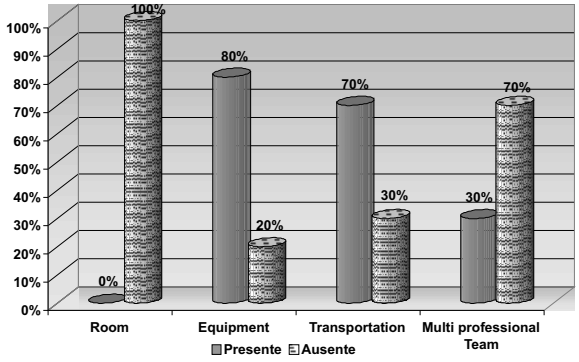

Chart 1. Structure of Municipal Nuclei for the Epidemiological Monitoring of V URSAP the Region of Trairí / RN, 2007.

In reviewing the actions taken by NVE city, which identified the activities of epidemiological surveillance related to the collection and processing of data is performed by 100% the cores, while the analysis and interpretation of data and recommendations for measures of control were present in 80% the nuclei. However, activities to promote the control of the shares listed (80%), evaluation of the efficiency and effectiveness of the measures taken (90%) and dissemination of relevant information (90%) were absent in most nuclei, as we can see in Chart 2.

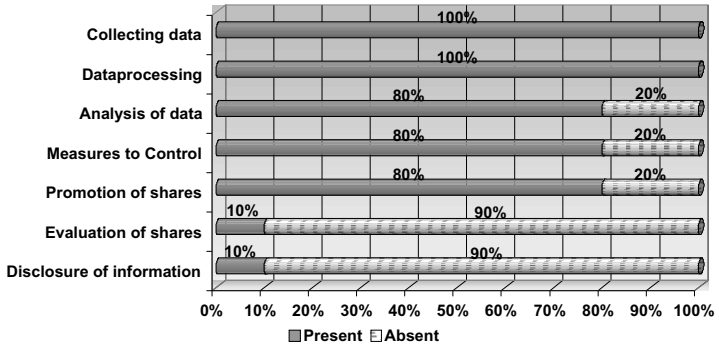

Chart 2. Shares of Epidemiological Surveillance developed in Municipal Nuclei for the Epidemiological Monitoring of V URSAP the Region of Trairí / RN, 2007

In reviewing the NVE, isolation, identified in only one core (10%), the structure was appropriate minimum, with only lack of room for the development of activities, and other nuclei were considered inappropriate (90%). As for the actions carried out in only two NVE (20%) were adequate, while 80% of nuclei were inadequate. To compare the inadequacy of the structure and actions of vigilance, we find that 80% of NVE that were unsuitable had also inadequacy of shares, that the 20% NVE that appropriate actions had only one (10%) was inadequacy of the structure.

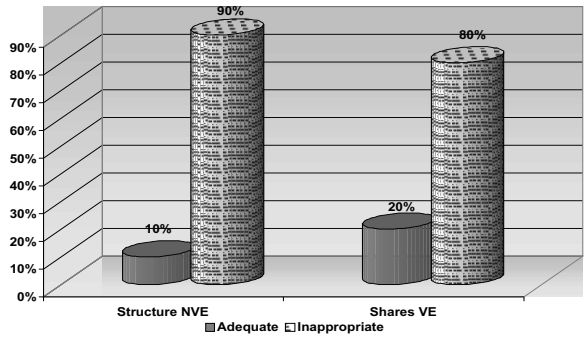

Chart 3. Diagnosis of the structure and the actions of epidemiological surveillance of the Municipal Nuclei for the Epidemiological Monitoring of V URSAP the Region of Trairí / RN, 2007

DISCUSSIONS

The current guideline for the development of the VE sets as a priority the strengthening of municipal systems, with autonomy Technical- Management to focus on health problems in its area of coverage. From that larger design, the VE will incorporate actions of observation, epidemiological studies, assessment and planning, related to combat communicable diseases and non-transferable; Beyond the activities related to the actions of control, collection of updated information, processing, analysis , interpretation, recommendations and dissemination of information (CARVALHO et al, 2005).

Steps (2003) states that it is necessary demystify the actions of VE in basic units, seen as filling the roles to send to the central level, without even knowing of the importance of such information for their actions. Moreover, it is necessary that the units appreciate the information that re-pass to the central level, and also a fundamental return of part of the analysis of such data.

Thus, we pointing to the need of local levels conduct the analysis of a significant portion of the data obtained in this instance, in the logic of decentralization of planning, management and evaluation of health.

The concern with the performance of epidemiological activities related to its structure and organization of the service, reports are, well before the decentralization of these activities to the local level of health, as shown Carvalho and Marzocchi (1990), stating that the industries responsible for epidemiological surveillance in units of health, limited to compulsory notification will have, in general, tasks that are not discussed or even understood by other professionals.

To extend this practice is necessary to form teams specializing in public health in order to recover the operational capacity of the area to make diagnoses and plan the performance of SUS, in order to intervene in chains of determination in order most important to produce health (PEDERSOLI; ANTONIALLI; VILA, 1998).

At a time when we see the strengthening of the process of municipalization services and more careful of the roles of the state and federal levels under the SUS, and the emergence of objective conditions for the expansion and modernization of surveillance and other practices of epidemiology in our country, it is important to define the areas of application of epidemiology at all levels of the health system and the perfect identification of the different profiles of professionals who will serve on each of them, as well as the infrastructure, facilities and equipment necessary (WALDMAN, 1998).

CONCLUSION

As for the evaluation of the structure identified most of NVE present inadequate, especially in aspects of room and full multi professional team, and a lesser percentage transportation and equipment.

The actions taken by NVE related to the promotion of the shares of listed control, evaluation of the efficacy / effectiveness of the measures adopted and dissemination of relevant information were absent in most nuclei.

The NVE showing inadequacy of the structure, in their vast majority, were also, with shares of inadequate surveillance, revealing a dependency between the structure of the service with the actions taken.

Accordingly, we believe that the NVE analyzed have mostly inadequacy about their structure and development of actions of VE and needs to be urgently reviewed these aspects managers municipal health of NVE studied.

REFERÊNCIAS BIBLIOGRAFICAS

BRASIL. **Lei nº. 8.080/90 de 19 de setembro de 1990**. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da República Federativa do Brasil, Brasília, DF, 19 set de 1990.

BRASIL. Ministério da Saúde. Fundação Nacional de Saúde. Centro Nacional de Epidemiologia. **Guia de Vigilância Epidemiológica**. Brasília: Fundação Nacional de Saúde, 1998.

CARVALHO, E.F. et al. Avaliação da Vigilância Epidemiológica em âmbito municipal. **Rev. Bras. Saude Mater. Infant.**, v.5, supl.1, p.53-62, dez. 2005.

CARVALHO, M.S.; MARZOCCHI, K.B.F. Avaliação da prática de vigilância epidemiológica nos serviços públicos de saúde no Brasil. Rev.Saúde públ., S. Paulo, 26: 66-74, 1992.

PASSOS, L.M.R. **Assistir e vigiar**: as ações de vigilância epidemiológica na unidade básica de saúde: situação atual e perspectivas. Ribeirão Preto, 2003. Tese (doutorado) - Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, 2003.

PEDERSOLI, C.E.; ANTONIALLI, E.; VILA, T.C.S. O enfermeiro na vigilância epidemiológica no município de ribeirão preto 1988-1996. **Rev. Latino-am. enfermagem**, Ribeirão Preto, v. 6, n. 5, p.99-105, 1998.

RIO GRANDE DO NORTE. Secretaria da Saúde. Coordenadoria de Promoção à Saúde. Subcoordenadoria de Vigilância Epidemiológica. **Avaliação do Sistema de vigilância Epidemiológica, da morbidade e mortalidade e dos Sistemas de Informação em Saúde.** Natal, 2001. 27p.

WALDMAN, E. A. Usos da vigilância e da monitorização em saúde pública. **IESUS**, v.2, n.3, p.7-26, jul./set. 1998.

Desembargador João Dantas Sales Street, 186 - Barro Vermelho, Santa Cruz/RN/Brazil
Postcod: 59.200-000 E-mail: adrianaalida@rn.gov.br

DIAGNOSIS OF STRUCTURE AND ACTIONS DECELOPED BY MUNICIPAL NUCLEI EPIDEMIOLOGICAL MONITORING OF REGION OF TRAIRÍ / RN, BRAZIL.

ABSTRACT

With the progress of decentralization of the health sector in Brazil in the decade of 1990, the municipal sphere, gradually, became responsible for managing the network of health services, among them the Epidemiological Monitoring. In our daily life of advice along to municipalities in the region of Trairí of V Regional Public Health Unit (V URSAP) of the State of Rio Grande do Norte, found shortcomings in the routine in some Nuclei for the Epidemiological Monitoring (NVE). This study aimed to identify the structure of nuclei and the actions of municipal epidemiological surveillance developed in the V URSAP. This is a descriptive study conducted with 10 coordinators of NVE's V URSAP in the region of Trairí / RN. The data were obtained through a form of structured interview, in September 2007, following approval of the Committee on Ethics in Research / UFRN and analyzed Epi-Info 3.4. In all the 10 NVE did not exist own room, 70% were without complete multi professional team. Items transport (70%) and equipment (80%) were adequate in most cores analyzed. However, we find that 90% of NVE were with inadequate structure for the development of the shares of VE. As the actions of VE, which identified the activities relating to the collection and processing of data is performed by 100% of NVE, while the analysis, interpretation of data and recommendations for measures of control were present in 80% of nuclei. However, the activities of promotion of the shares of control (80%), evaluation of the efficiency and effectiveness of the measures taken (90%) and dissemination of relevant information (90%) were absent in most nuclei. Accordingly, we believe that the NVE analyzed have mostly inadequacy about their structure and development of actions

of VE and needs to be urgently reviewed these aspects managers municipal health of NVE studied.

KEYWORDS: Diagnosis, Structure, Epidemiological Monitoring.

DIAGNOSTIC DE LA STRUCTURE ET DES ACTIONS DEVELOPPEES PAR LES SERVICES MUNICIPAUX DE NOYAUX DE SURVEILLANCE EPIDEMIOLOGIQUE DE LA REGION DE TRAIRÍ / RN, BRÉSIL.

RÉSUMÉ

Avec les progrès de la décentralisation du secteur de la santé au Brésil dans les années 1990, la sphère municipale, progressivement, est devenue responsable de la gestion du réseau des services de santé, notamment la surveillance épidémiologique. Dans la vie quotidienne le long des conseils aux municipalités de la région de Trairí de V Regional Public Health Unit (V URSAP) de l'État de Rio Grande do Norte, a trouvé des lacunes dans la routine, dans certains noyaux pour la surveillance épidémiologique (NVE). L'étude vise à déterminer la structure des noyaux et les actions de surveillance épidémiologique municipaux développés dans le V URSAP. Il s'agit d'une étude descriptive menée avec 10 coordonnateurs de la NVE V URSAP dans la région de Trairí / RN. Les données ont été obtenues grâce à une forme d'entretien structuré, en septembre 2007, après approbation de la Commission d'éthique de la recherche / UFRN et analysés Epi Info 3.4. Dans tous n´lest 10 NVE il propre chambre, 70% étaient sans équipe professionnelle multidisciplinaire complet. Objets de transport (70%) et d'équipement (80%) étaient adéquates dans la plupart des carottes analysées. Toutefois, nous constatons que 90% des cas d'insuffisance NVE étaient structure pour le développement des actions de VE. Comme les actions de VE, qui a identifié les activités relatives à la collecte et le traitement des données est effectué par 100% de NVE, alors que l'analyse, l'interprétation des données et des recommandations pour des mesures de contrôle étaient présents dans 80% des noyaux. Cependant, les activités de promotion des actions de contrôle (80%), l'évaluation de l'efficience et l'efficacité des mesures prises (90%) et la diffusion d'informations (90%) ont été absentes dans la plupart des noyaux. En conséquence, nous pensons que le NVE analysés ont pour la plupart sur l'insuffisance de leur structure et le développement des actions de VE et a besoin d'être revu ces aspects gestionnaires municipaux de la santé de NVE étudiés.

MOTS CLÉS: Diagnostic, Structure, surveillance épidémiologique.

DIAGNOSTICO DE ESTRUCTURA Y ACCIONES DESARROLLADA POR LOS NÚCLEOS MUNICIPALES DE VIGILANCIA EPIDEMIOLÓGICA DE LA REGIÓN DEL TRAIRÍ/RN, BRASIL.

RESUMEN

Con los avances de la descentralización del sector salud en el Brasil en el decenio de 1990, el ámbito municipal, poco a poco, se convirtió en responsable de la gestión de la red de servicios de salud, entre ellos la Vigilancia Epidemiológica. En nuestra vida diaria a lo largo de asesoramiento a los municipios en la región de Trairí de V Unidad Regional de Salud Pública (V URSAP) del Estado de Rio Grande do Norte, detectó deficiencias en la rutina, en algunos Núcleos para la Vigilancia Epidemiológica (NVE). Este estudio objetivó identificar la estructura de los núcleos municipales y a las acciones de vigilancia epidemiológica desarrollado en la V URSAP. Se trata de un estudio descriptivo llevado a cabo con 10 coordinadores de la NVE V URSAP en la región de Trairí / RN. Los datos fueron conseguidos con un formulario en forma de entrevista, en septiembre de 2007, después de la aprobación del Comité de Ética en Pesquisa/UFRN y analizados en el Epi-Info 3.4. En todos los 10 NVE no existe propia habitación, 70% estaban sin completar múltiples equipo profesional. Temas de transporte (70%) y equipo (80%) fueron adecuadas en la mayoría de los núcleos analizados. Sin embargo, detectamos que 90% del NVE estaban con la estructura inadecuada para el desarrollo de las acciones de VE. Cuánto las acciones de VE, identificamos que las actividades que se relacionaron con la coleta y el proceso de datos son realizados por 100% de los NVE, mientras que el análisis, la interpretación de datos y las recomendaciones para las medidas de control estaban en 80% de los núcleos. Sin embargo, las actividades de promoción de las acciones de control (80%), evaluación de la eficacia y efectividad de las medidas adoptadas (90%) y divulgación de informaciones pertinentes (90%) estaban ausentes en la mayoría de los núcleos. En esta dirección, consideramos que los NVE analizados presentan en su mayoría inadecuación cuanto su estructura y desarrollo de acciones de VE, necesitando urgentemente que estos aspectos sean revistos por los encargados municipales de salud de los NVE estudiados.

PALABRAS CLAVE: Diagnóstico, Estructura, Vigilancia Epidemiológica.

DIAGNÓSTICO DA ESTRUTURA E AÇÕES DESENVOLVIDAS PELOS NÚCLEOS MUNICIPAIS DE VIGILÂNCIA EPIDEMIOLÓGICA DA REGIÃO DO TRAIRÍ/RN, BRASIL.

RESUMO

Com o avanço da descentralização do setor saúde no Brasil na década de 1990, a esfera municipal, gradualmente, tornou-se responsável pela gestão da rede de serviços de saúde, dentre eles a Vigilância Epidemiológica. Em nosso cotidiano de assessoria junto aos municípios da região do Trairí da V Unidade Regional de Saúde Pública (V URSAP) do Estado do Rio Grande do Norte, constatamos deficiências na rotina em alguns Núcleos de Vigilância Epidemiológica (NVE). Este estudo teve como objetivo identificar a estrutura dos núcleos municipais e as ações de vigilância epidemiológica desenvolvidas na V URSAP. Trata-se de um estudo descritivo realizado com 10 coordenadores dos NVE da V URSAP na região do Trairí/RN. Os dados foram obtidos através de um formulário estruturado de entrevista, em setembro de 2007, após aprovação do Comitê de Ética em Pesquisa/UFRN e analisados Epi-Info 3.4. Em todos os 10 NVE não existia sala própria, 70% estavam sem equipe multiprofissional completa. Os itens transporte (70%) e equipamentos (80%) estavam adequados na maioria dos núcleos analisados. Todavia, detectamos que 90% dos NVE estavam com estrutura inadequada para o desenvolvimento das ações de VE. Quanto as ações de VE, identificamos que as atividades relacionadas à coleta e processamento dos dados são realizados por 100% dos NVE, enquanto a análise, interpretação de dados e recomendações para medidas de controle estavam presentes em 80% dos núcleos. Todavia, as atividades de promoção das ações de controle (80%), avaliação da eficácia e efetividade das medidas adotadas (90%) e divulgação de informações pertinentes (90%) estavam ausentes na maioria dos núcleos. Neste sentido, consideramos que os NVE analisados apresentam em sua maioria inadequação quanto a sua estrutura e desenvolvimento de ações de VE, necessitando urgentemente que sejam revistos esses aspectos pelos gestores municipais de saúde dos NVE estudados.

PALAVRAS-CHAVE: Diagnóstico, Estrutura, Vigilância Epidemiológica.