

Workshop nazionale ISDE Italia

OLTRE I MEDICI SENTINELLA

Dall'azione di sorveglianza e monitoraggio a
quella di *advocacy*



Medici sentinella: sorveglianza e monitoraggio

Paolo Lauriola

Centro tematico regionale “Ambiente e Salute”

Arezzo, 11 Ottobre 2014

Ambiente e Salute: binomio inscindibile



anche se...

COMMENTARY

False-Positive Results in Cancer Epidemiology: A Plea for Epistemological Modesty

Paolo Boffetta, Joseph K. McLauhlin, Carlo La Vecchia, Robert E. Tarone, Loren Lipworth, William J. Blot

False-positive results
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epidemiological stud
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J Natl Cancer Inst 20

Commentary

Epidemiology, Public Health, and the Rhetoric of False Positives

Aaron Blair,¹ Rodolfo Saracci,² Paolo Vineis,^{3,4} Pierluigi Cocco,⁵ Francesco Forastiere,⁶ Philippe Grandjean,^{7,8} Manolis Kogevinas,^{9,10,11} David Kriebel,¹² Anthony McMichael,¹³ Neil Pearce,¹⁴ Miquel Porta,¹⁵ Jonathan Samet,¹⁶ Dale P. Sandler,¹⁷ Adele Seniori Costantini,¹⁸ and Harri Vainio¹⁹

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Must Epidemiology Establish Strong Evidence of Risk for Every Potential Hazard?



What is Surveillance?

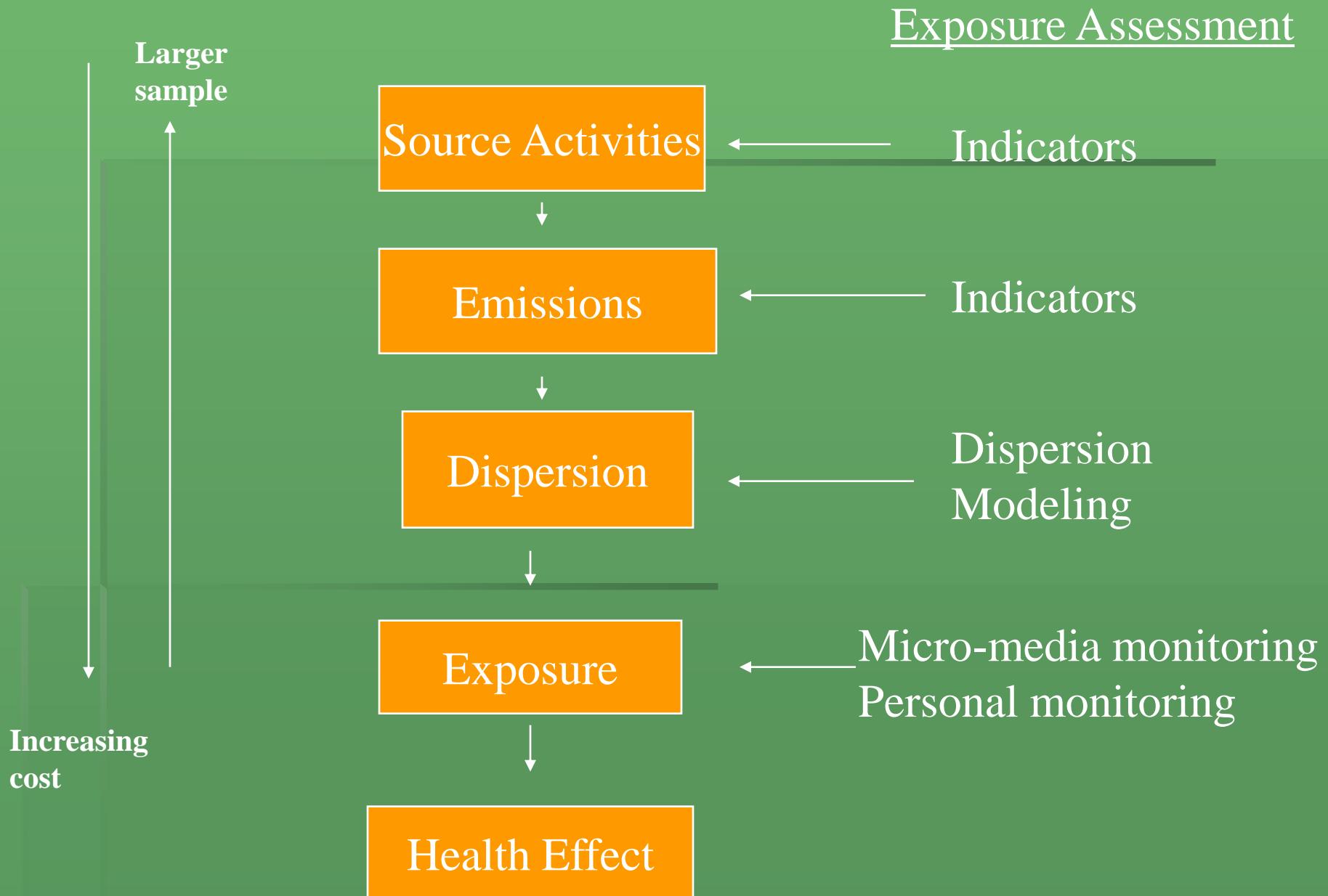
Could you drive without looking at the traffic?



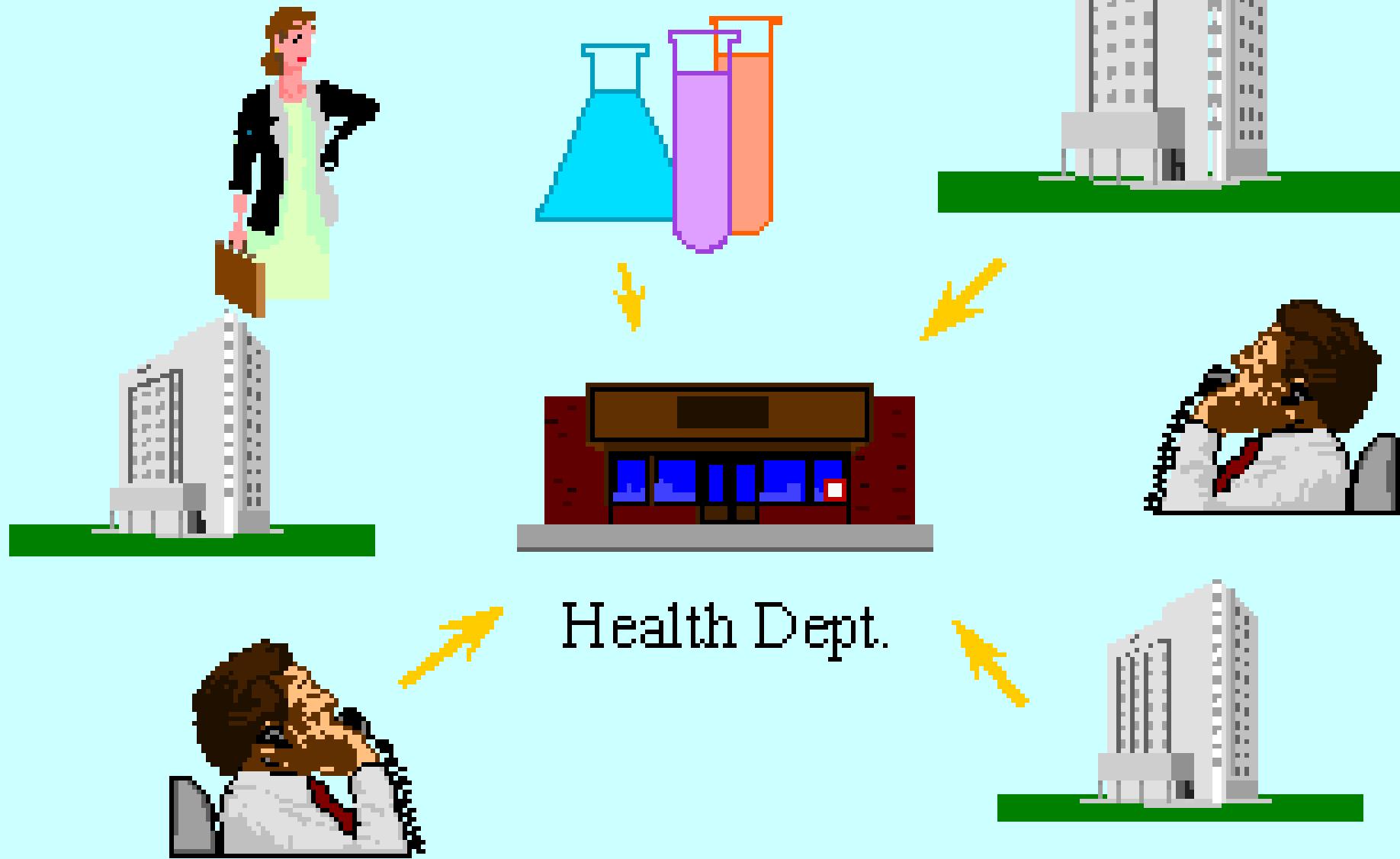
Can you make public health decisions in the absence of data?

Surveillance is the systematic process of collection, transmission, analysis and feedback of public health data for decision making

Environment-Health Chain (D. Briggs)



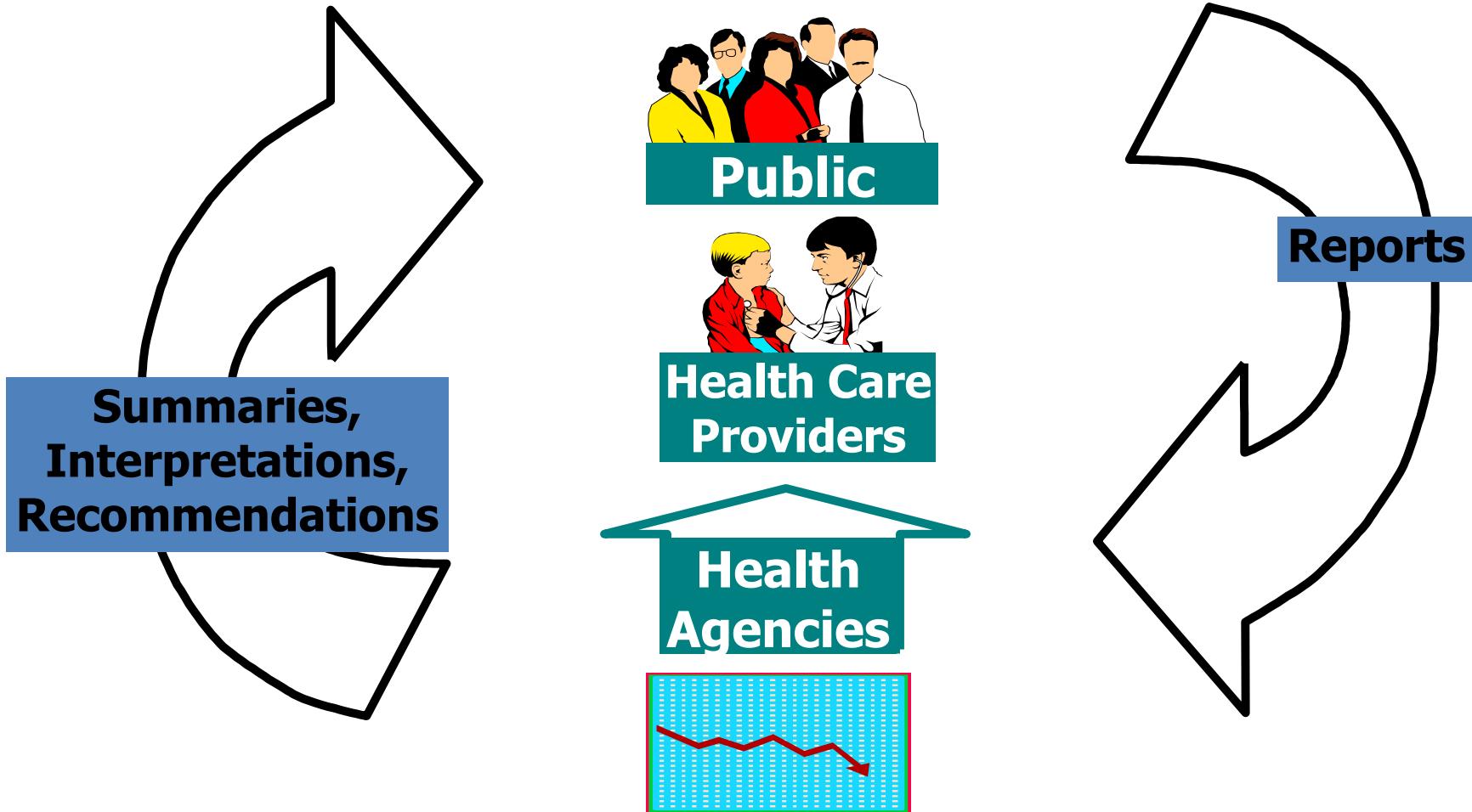
Surveillance



Sorveglianza per l'Azione

La caratteristica fondamentale di un sistema della Sorveglianza è il legame tra la produzione di conoscenza dei pericoli, delle esposizioni e dei rischi e l'azione pratica

Information Loop of Public Health Surveillance



Organizzazione: *tools*

- Registri
- Surveys
- Sistemi informativi
- Eventi sentinella
- *Record-likages*

Temi	Sorveglianza	Studi epidemiologici
Scopo della raccolta dati	Individuazione di problemi	Verifica di ipotesi
Frequenza nella raccolta dati	Continuativa	Limitata nel tempo
Metodo di raccolta dati	Procedure definite e routinarie Molte persone coinvolte	Procedure speciali Poche persone coinvolte
Ammontare dei dati	Solitamente minimo	Considerabile e dettagliato
Completezza dei dati raccolti	Spesso incompleti	Solitamente completi
Analisi dei dati	Tradizionalmente semplice Routinaria	Può essere complessa Prevede analisi ad hoc

Temi	Sorveglianza	Studi epidemiologici
Diffusione dei dati	Periodica Regolare	Non periodica Sporadica
Uso dei dati	Identificazione di un problema Suggerisce interventi Propone ipotesi	Esplora un problema Fornisce informazioni eziologiche Testa ipotesi

Tipi di indicatori ambientali sanitari EPHI:

- **Indicatori di rischio:** Una condizione o un'attività che identifica il potenziale per esposizione a un agente inquinante o stato pericoloso
- **Indicatore di esposizione:** Un indicatore biologico in un tessuto o liquido che identifica la presenza di una sostanza o combinazione di sostanze che potrebbero nuocere a un individuo.
- **Indicatore di effetto sulla salute:** Una malattia o una condizione che identifica un effetto avverso da esposizione ad un rischio ambientale conosciuto o ritenuto sospetto.
- **Indicatore di intervento:** Un programma o una politica ufficiale che minimizza o previene un rischio ambientale, un'esposizione, o un effetto sulla salute.

La scelta degli indicatori deve comunque fare riferimento ai criteri sintetizzati con l'acronimo SMART

COMPONENT		EXPLANATION
S	Specific	Must reflect only those changes that are to be assessed, without ambiguity and avoiding measurement of variations associated with other factors
M	Measurable	Must provide certainty that the necessary information can be measured, analysed and compared with existing means.
A	Achievable	Must be available within an acceptable period, with the best possible cost-benefit relationship in respect of other similar indicators.
R	Relevant	Must be pertinent in respect of the precise objective that it is linked to, so that the effort to obtain the information is not in vain.
T	Time-framed	Must be limited in time, assessing in a precise manner the changes observed within the time period analysed.

Can the Concept of Environmental Health Surveillance Work in a Real Life Setting?

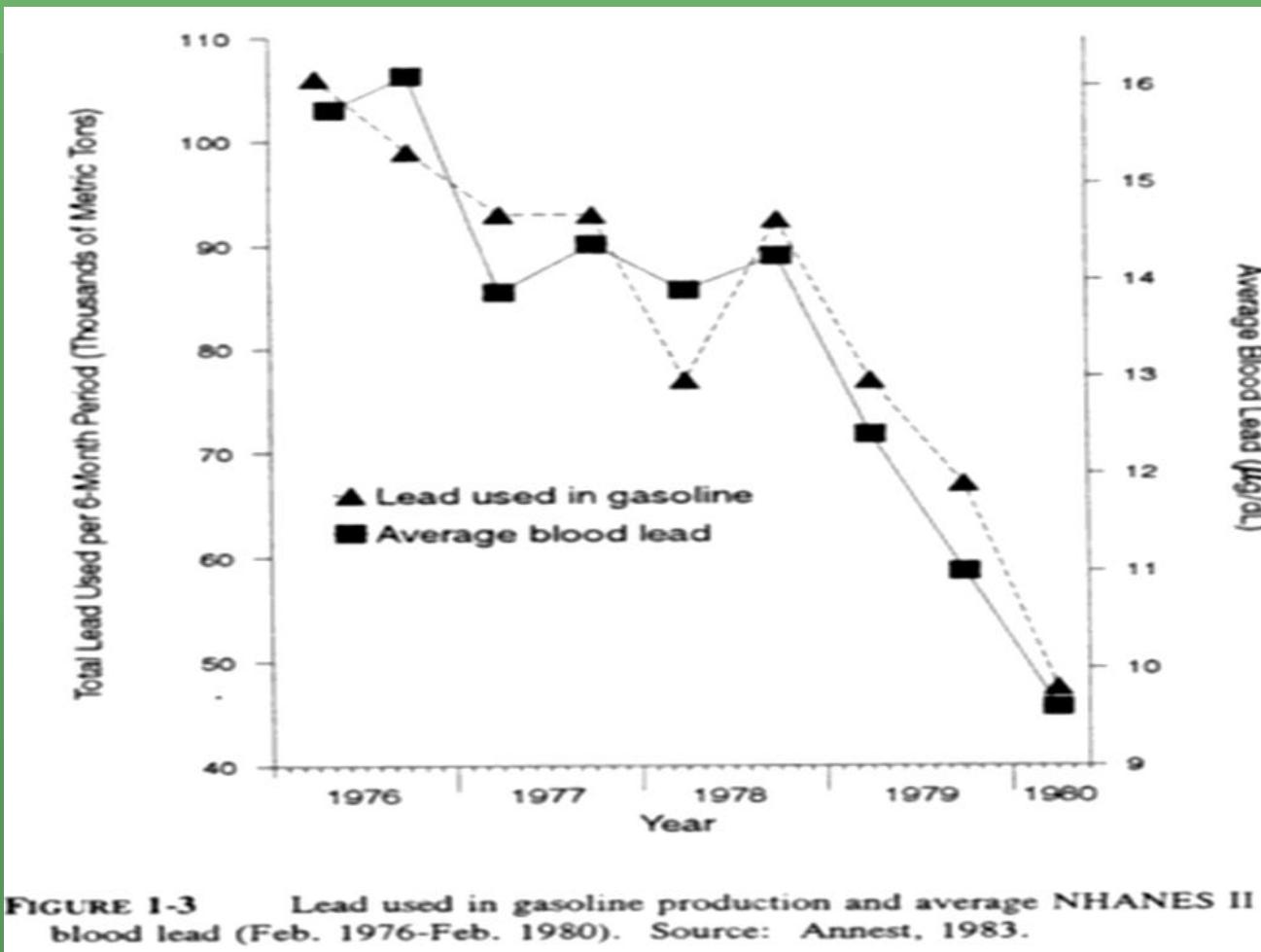
The question remains, at the end of this major effort, will the Environmental Health Surveillance be able to track and link hazards, exposures and outcomes in a way that will have real life effects and impact on the public health of our communities?

Examples of Public Health Tracking in a Real Life Setting

- One example is the famous decrement in blood lead levels in the late 1970's as a result of the removal of lead from gasoline.
- The EPA ruling in 1975 resulted in the removal of lead in gasoline for all noncommercial vehicles
- The result of this removal was 37% decrease in average blood levels in the U.S. from February 1976 through February 1980.



Examples of Public Health Tracking in a Real Life Setting



Examples of Public Health Tracking in a Real Life Setting

An additional example is related to aeroallergens and pollen counts in a defined area as related to childhood asthma exacerbations. Such evidence can provide an intervention strategy in a defined neighborhood or municipality.



EAST South West
INTERREG IIIC

Report and
Funded by the
European Union

EUROPA

Città di Forlì

ENHANCE

HEALTH

"Enhance Health: environmental health surveillance system in urban areas near incinerators and industrial premises", op. n.2E0040I, INTERREG III C East Programme

Guidelines - January 2004/March 2007

Project Partners:

- Italy: Municipality of Forlì, Welfare Policies Department and Environment Department
- Italy: ARPA Emilia-Romagna District Branch of Forlì-Cesena Environmental Epidemiologic Structure- Modena
- Italy: Local Health Authority of Forlì, Public Health Department
- Poland: National Institute of Hygiene - Warsaw
- Greece: Computer Technology Institute - Patras
- Hungary: "Fodor József" National Centre of Public Health- Budapest
- Austria: Regional Government of Lower Austria, Department of Environmental Health- St. Polten
- Spain: University of Valladolid-ITAP

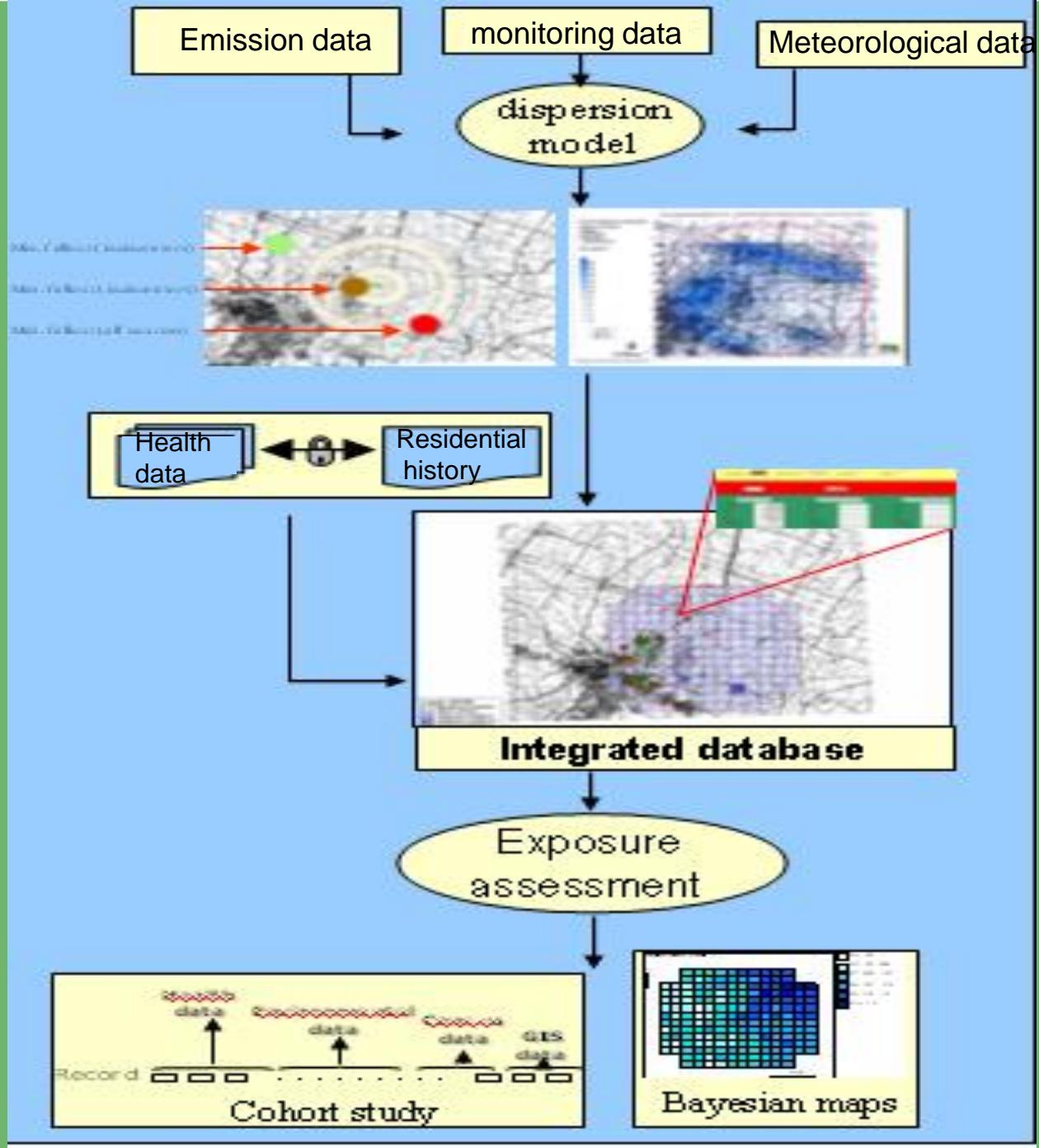
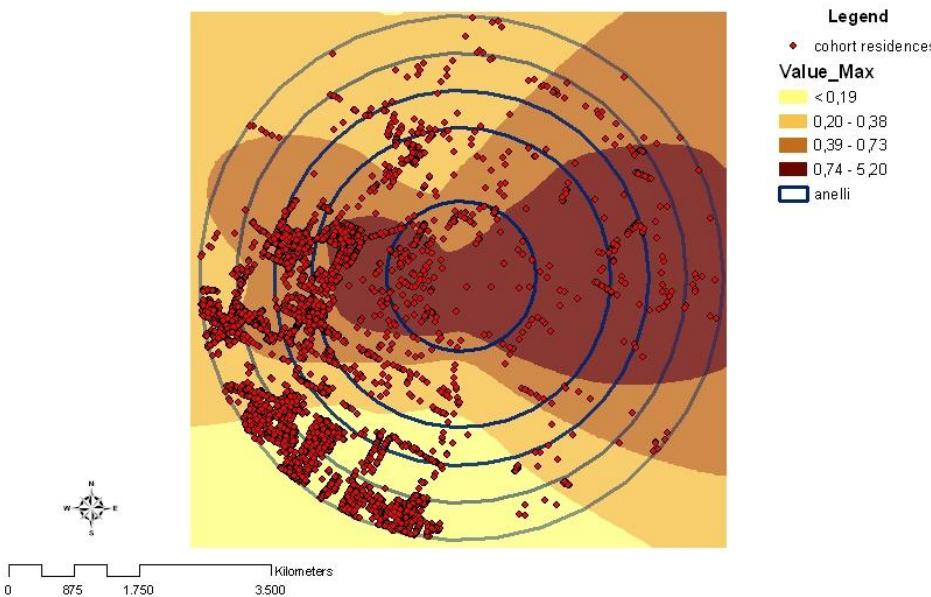


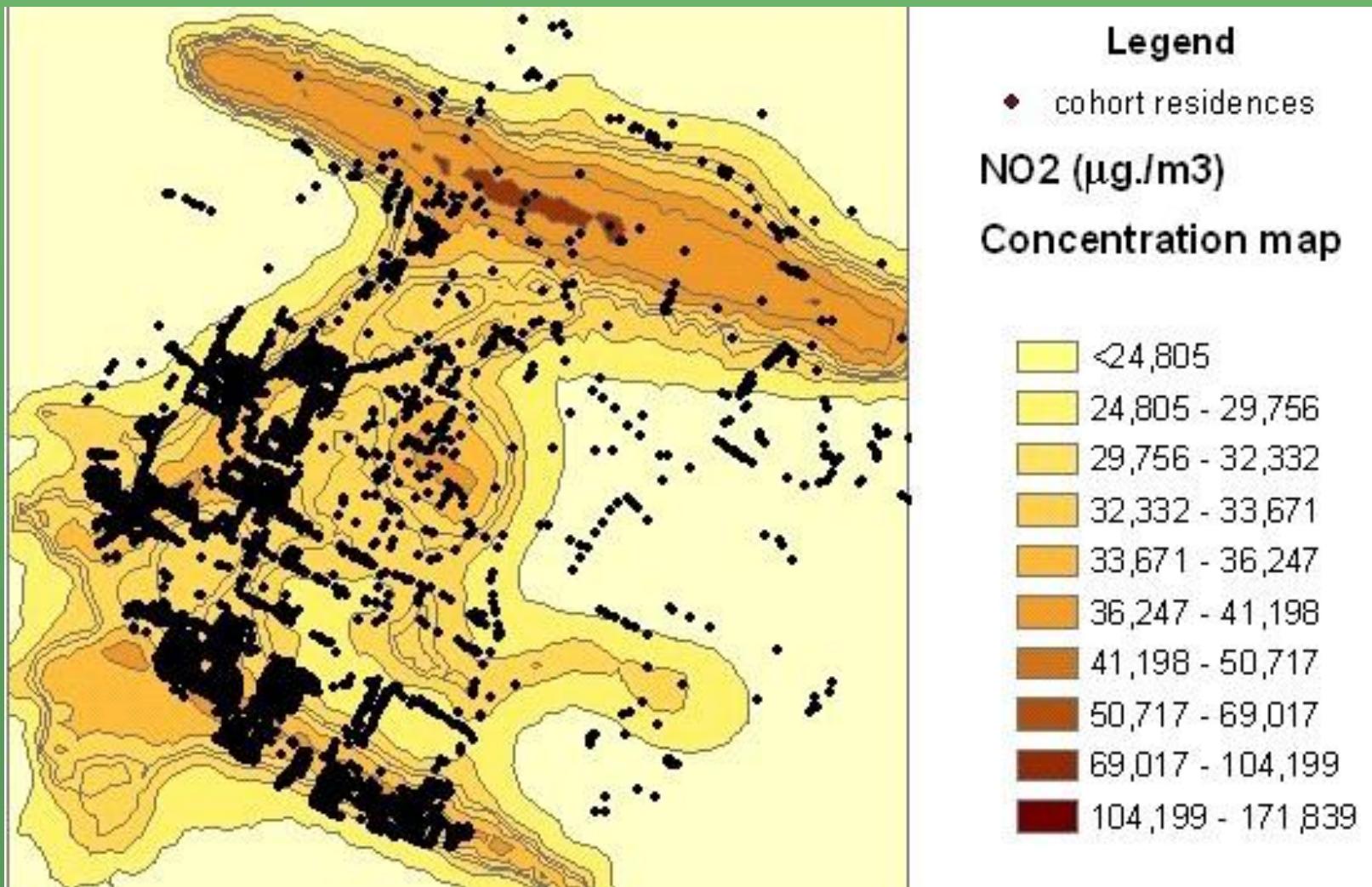
Figure 1: Flowchart of methods adopted

Coorte dei residenti. Metalli pesanti

Coorte dei residenti con i 5 anelli e Hg (quartili)



Altre fonti



ENHance-Health/Coriano



Rapporti ISTISAN

07/41



Ambiente e salute

Sorveglianza ambientale e sanitaria
in aree prossime ad inceneritori:
indicazioni emerse dal Progetto europeo
ENHance Health



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A cura di
L. Ersamer, A. Ranzi, P. Lauriola,
S. Trinca e P. Comba

www.iss.it



**“Organizzazione e realizzazione di un sistema di sorveglianza ambientale e
valutazione epidemiologica nelle aree circostanti gli impianti di
incenerimento in Emilia-Romagna”**

Studio pilota di biomonitoraggio umano sulla popolazione residente nell'area intorno all'inceneritore di Modena:

Obiettivo generale

- Testare un set di biomarcatori di esposizione utili a monitorare l'esposizione agli inquinanti potenzialmente emessi dall'inceneritore nella popolazione residente nelle aree di ricaduta delle emissioni.
- Verificare una serie di condizioni quali la potenza dello studio, la compliance della popolazione target, i fattori confondenti le scelte organizzative e logistiche e i laboratori che effettuano le analisi.





Biomonitoring of the general population living near a modern solid waste incinerator: A pilot study in Modena, Italy



Andrea Ranzi ^a, Silvia Fustinoni ^{b,*}, Laura Ersamer ^a, Laura Campo ^b, Maria Giulia Gatti ^c, Petra Bechtold ^c, Stefano Bonassi ^d, Tommaso Trenti ^e, Carlo Alberto Goldoni ^c, Pier Alberto Bertazzi ^b, Paolo Lauriola ^a

^a Environmental Health Reference Centre, Regional Agency for Environmental Prevention of Emilia-Romagna, Modena, Italy

^b Department of Clinical Sciences and Community Health, University of Milan and Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy

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ABSTRACT

Background and goals: As part of the authorization process for the solid waste incinerator (SWI) in Modena, Italy, a human biomonitoring cross-sectional pilot study was conducted to investigate the degree to which people living and working in the proximity of the plant were exposed to SWI emissions.

Methods: Between May and June 2010, 65 subjects living and working within 4 km of the incinerator (exposed) and 103 subjects living and working outside this area (unexposed) were enrolled in the study. Blood, serum and urinary metals (Pb, Cd, Cu, Zn, Hg, Mn, Ni), urinary benzene, toluene, xylene (BTEX), S-phenylmercapturic acid (SPMA), and urinary polycyclic aromatic hydrocarbons (PAHs) were analysed. Information about lifestyle, anthropometric characteristics, residence, and health status was collected by a self-administered questionnaire. Exposure to particulate matter (PM) emitted from the SWI was estimated using fall-out maps from a quasi-Gaussian dispersion model. A multiple linear regression analysis investigated the relationship between biomarkers and the distance of a subject's place of residence from the SWI plant or the exposure to PM.

Results: Urinary BTEX and SPMA and blood, serum and urinary metals showed no differences between exposed and unexposed subjects. PAHs were higher in exposed than in unexposed subjects for phenanthrene, anthracene, and pyrene (median levels: 9.5 vs. 7.2 ng/L, 0.8 vs. <0.5 ng/L and 1.6 vs. 1.3 ng/L, respectively, $p < 0.05$). Multiple linear regression analysis showed that blood Cd and Hg and urinary Mn, fluorene, phenanthrene, anthracene and pyrene were inversely correlated to the distance of a subject's residence from the SWI. Urinary Mn, fluorene and phenanthrene were directly correlated to PM exposure.

Conclusions: This study, although not representative of the general population, suggests that specific biomarkers may provide information about the degree of exposure the subjects working and living in the proximity of the SWI plant may have to emissions from that facility.

PROGETTO DI SORVEGLIANZA DEGLI EFFETTI SANITARI DIRETTI E INDIRETTI DELL'IMPIANTO DI TRATTAMENTO RIFIUTI DI PARMA

- Nel 2008 la Provincia di Parma ha autorizzato la costruzione di un inceneritore di rifiuti nel Comune di Parma. L'impianto è stato ultimato ed è entrato in funzione nel 2013.
- Il piano di sorveglianza ha previsto due principali filoni di indagine:
 - Un piano di controllo sulla filiera agro-alimentare, finalizzato a verificare l'eventuale accumulo di contaminanti persistenti nei prodotti agricoli e zootecnici di interesse alimentare
 - Un piano di sorveglianza epidemiologica sulla popolazione potenzialmente esposta alle emissioni dell'impianto
- Collaborazione tra AUSL, ARPA-ER, Università di Parma



Ministero della salute



Centro Nazionale per la Prevenzione ed il Controllo delle Malattie

PROGETTO

Sorveglianza epidemiologica sullo stato di salute della popolazione residente intorno agli impianti di trattamento rifiuti

N° IDENTIFICATIVO DELLA LINEA PROGETTUALE DEL PROGRAMMA CCM: 2

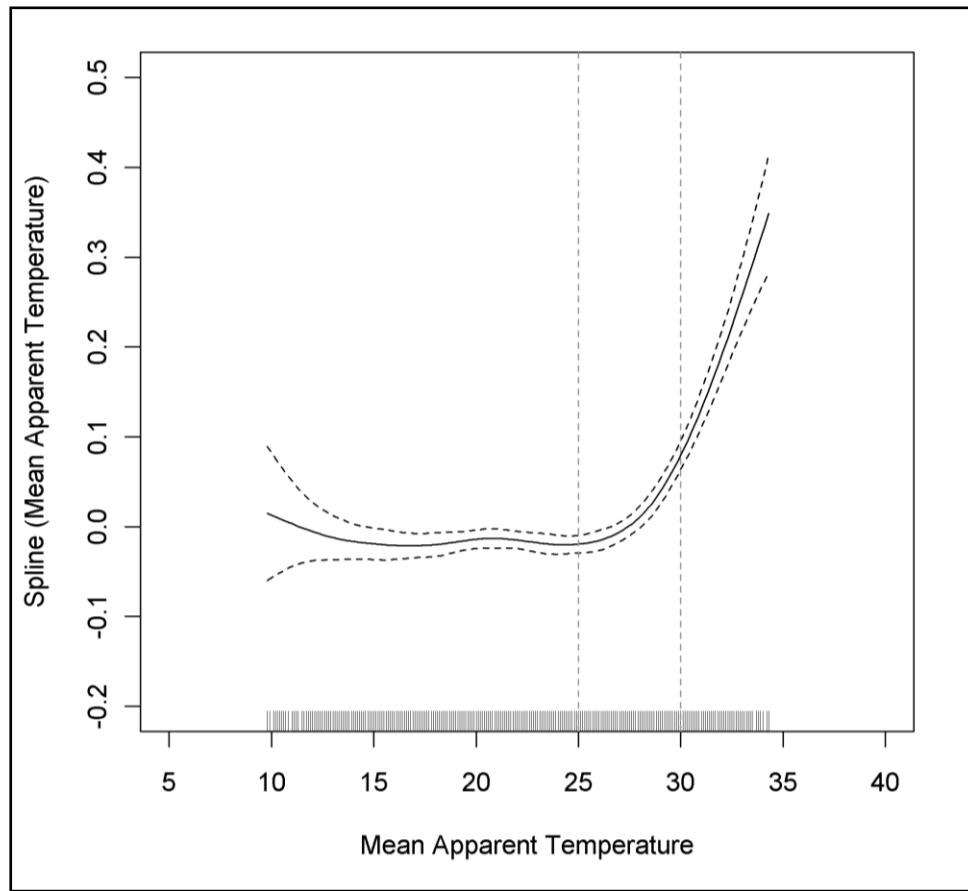
GENERAL OBJECTIVE:

To provide methodologies and operational tools for the implementation of surveillance systems on wastes and health, to assess the impact of the municipal solid waste management on health of exposed population, according to the different regional situation

PARTNER:

Emilia-Romagna, Lazio, Piemonte, Campania, Sicilia, ISS

Bioclimatic discomfort and ambulance dispatches



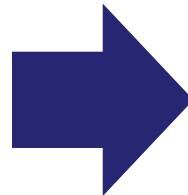
Alessandrini E; Zauli Sajani S et al.
Emergency ambulance dispatches and
apparent temperature: a time-series analysis
in Emilia-Romagna, Italy, Environmental
Research (2011) 111: 1192–1200

Strong relationship between ambulance dispatches
and bioclimatic discomfort

Bioclimatic discomfort and ambulance dispatches

Strengths:

- New morbidity indicator
- Region-wide database
- Uniform criteria
- Real time availability

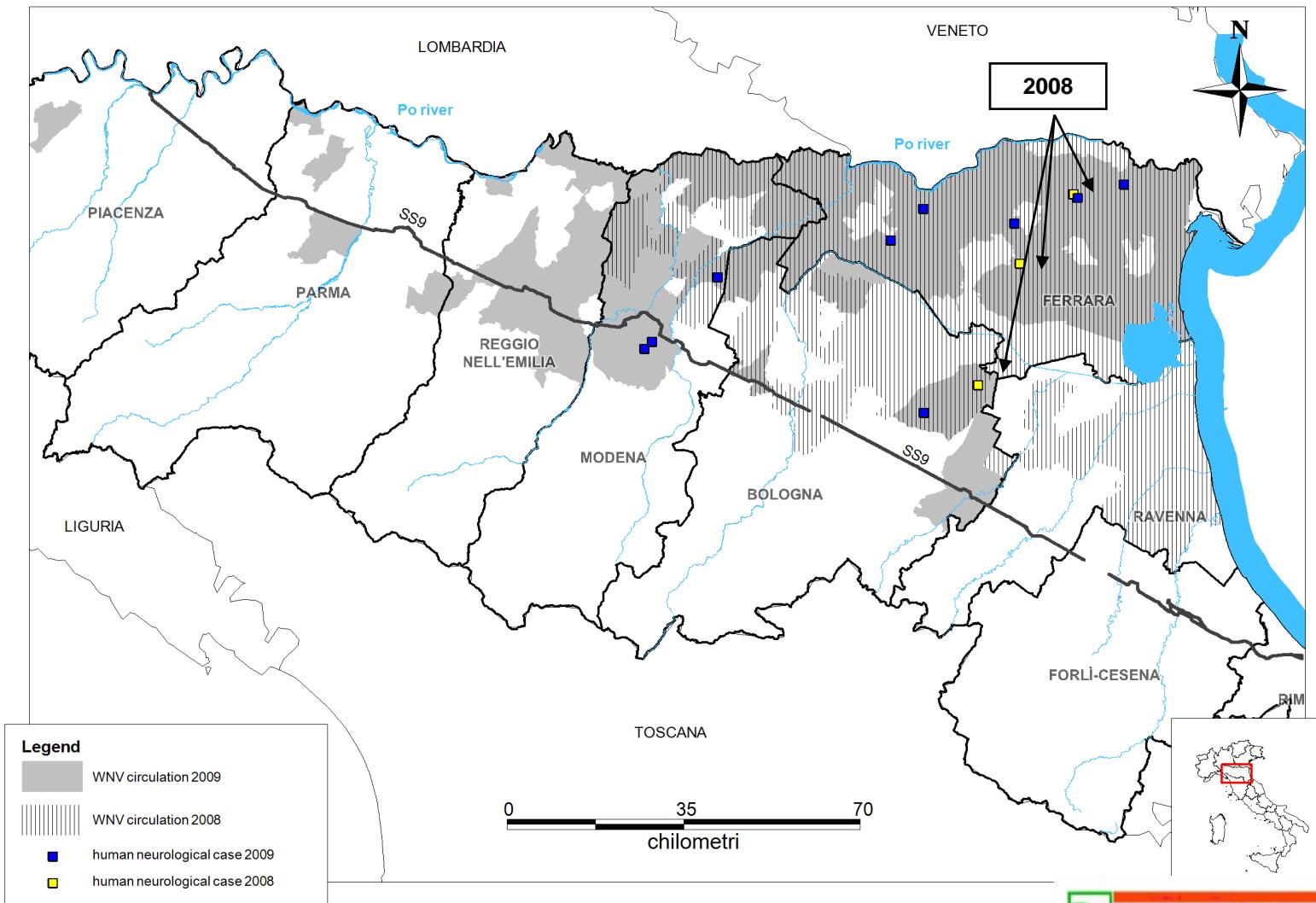


surveillance system ?

Weaknesses:

- Classification of pathologies in 10 groups
- Potential risk of misclassification of pathologies

Map of Municipalities with confirmed WNV circulation and localization of Human WNND cases by probable infection site. Emilia-Romagna 2008-2009.



The integrated surveillance system

- Surveillance of virus circulation in the environment:
 - mosquitoes
 - Birds
- Surveillance of disease in humans and horses



Environmental and Public Health Tracking: practical methods for priority setting and evaluation

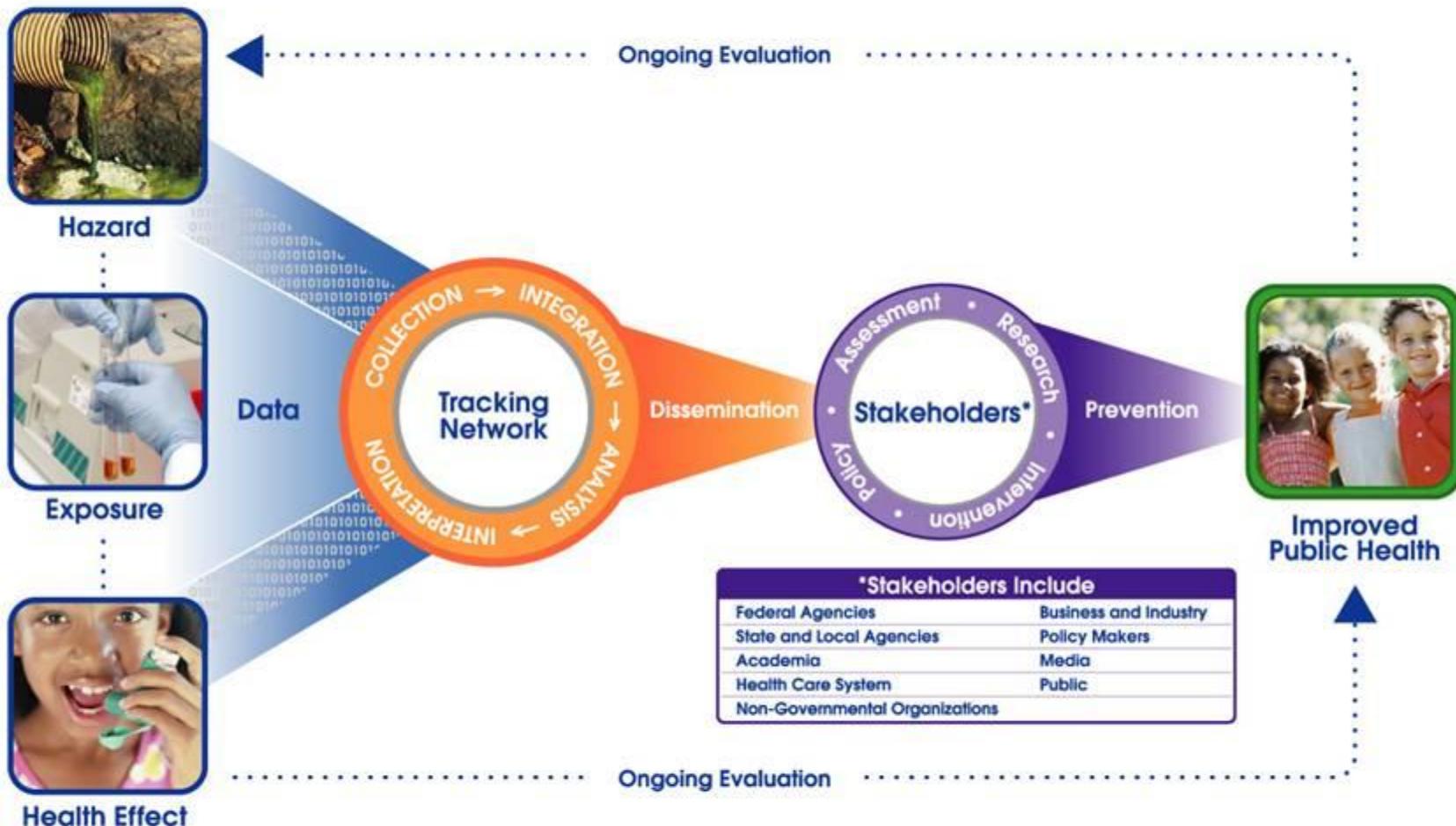
Overall outcome

Delegates from seventeen countries took part, eight European (UK, Italy, France, Belgium, The Netherlands, Sweden, Finland, Latvia as well as the European Commission) and nine from other continents (USA, India, Japan, South Korea, UAE, Mongolia, Nigeria, Australia and New Zealand).

Some features

- A key distinction between EPHT and traditional surveillance, is the emphasis on data integration across health, human exposure, and hazard information systems
- Environmental Public Health Tracking (EPHT) may be seen as an approach to facilitate translation of evidence into routine practice, rather than an approach towards the construction of evidence on environmental public health

ENVIRONMENTAL PUBLIC HEALTH TRACKING



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE



Success stories

- 1. Emergencies:** Deep water Horizon Oil Spill, heat waves
- 2. Policy :** CO detectors are required in all rental and single family homes (Maine).
- 3. Prevention:** Tracking identified increase of heat-related ER visits during heat events City leaders approved cooling centers to open
- 4. Education:** The Health Department used the information to provide extra prenatal care resources and education .
- 5. Health alert and advisories:** linked demolition with childhood blood Pb . Now issue neighborhood alert if demolition is scheduled



Climate Change Communication Tools

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National Environmental Public Health Tracking

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- Climate Change Communication Tools**
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Tracking Success Stories

- [California](#)
- [Minnesota](#)
- [New York City](#)

[Tracking Links](#)[Environments](#)[Health Effects](#)[Popula](#)

Climate Change Communication Tools

Copy and paste the code provided below into your Web page to display the following button:

- [Climate Change Toolkit](#)
- [Online Training- Recognizing, Preventing, and Treating Heat - Related Illness](#)
- [CDC Extreme Heat Media Toolkit](#) [English](#) [Spanish](#)
- [Extreme Heat Toolkit](#)
- [Extreme Heat: A Prevention Guide to Promote Your Personal Health and Safety](#)

[Tracking Climate Ch](#)



Environmental Public Health Tracking in England

Aim:

- Identify populations at risk from exposure to significant environmental hazards
- Review/establish relationships between hazard and disease
- Inform public health policy making
- Optimise intervention and prevention strategies
- Generate hypotheses for further research.



Public Health
England

Environmental Public Health Tracking

Health outcome tracking

Disease —————→ Cause

e.g Carbon monoxide poisoning in private dwelling houses

Hazard tracking

Cause —————→ Disease

e.g Arsenic in private drinking water supplies



Public Health
England

Syndromic surveillance systems



NHS Direct
(England and Wales)



QSurveillance
(UK)



Royal College of General Practitioners
(England and Wales)



NHS 24
(Scotland)



Surveillance systems

NHS Direct

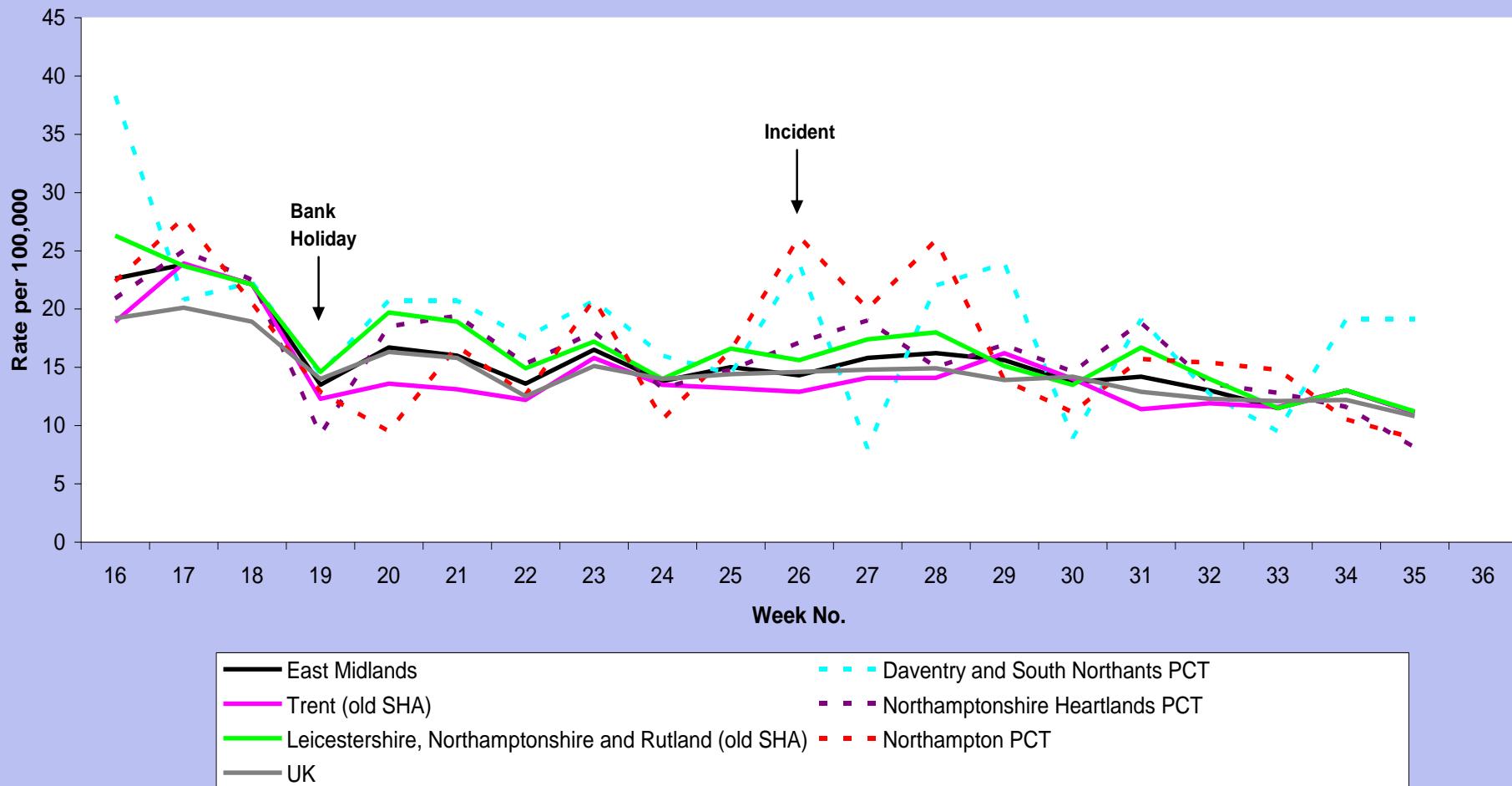
- 24 hour nurse-led telephone helpline
- Provides health information and advice
- Calls assigned to symptom based clinical algorithm
- Patient's symptoms determine questions asked and the action to be taken (eg attend A&E, refer to GP or self care)
- No formal diagnosis made
- Operates in England and Wales
- Daily data



QSurveillance®

Vomiting

Vomiting - East Midlands SHAs and PCTs affected by cryptosporidium incident in week 26, 2008



The association between impetigo, insect bites and air temperature: a retrospective 5-year study (1999–2003) using morbidity data collected from a sentinel general practice network database

Alex J Elliot^{a,b}, Kenneth W Cross^a, Gillian E Smith^b,
Ian F Burgess^c and Douglas M Fleming^a

Elliot AJ, Cross KW, Smith GE, Burgess IF and Fleming DM. The association between impetigo, insect bites and air temperature: a retrospective 5-year study (1999–2003) using morbidity data collected from a sentinel general practice network database. *Family Practice* 2006; 23: 490–496.

Background. Impetigo is one of the commonest childhood skin infections. Insect bites are commonly implicated in the development of impetigo. There are, however, very few data available to describe the seasonal incidences and association between the two conditions.

Objectives. To describe the seasonal incidence of impetigo in England and Wales and to investigate the reported association with insect bites.

Methods. Clinical diagnoses of impetigo and insect bites were recorded from a sentinel GP network over the years 1999–2003.

Results. The highest mean weekly rates of impetigo were in children aged 0–4 years (84 per 100 000) and in those aged 5–14 years (54 per 100 000). In contrast, the incidence of insect bite only varied between 3 and 5 per 100 000 for males and between 5 and 9 per 100 000 for females. The relative risk (RR) for females consulting over males with impetigo was similar in children [RR 0.99 (95% CI 0.96–1.02)] and adults [RR 1.20 (1.16–1.25)]; the RR of insect bite was similar in children [RR 1.21 (1.09–1.34)] but almost twice as likely in adults [RR 2.13 (2.02–2.25)]. Insect bite peaked almost coincidentally with temperature whereas there was a lag of one-to-two 4-week periods between impetigo and temperature.

Conclusion. There is suggestion of some degree of association between impetigo and insect bites. The improved management of patients consulting with insect bites and better use of antiseptic treatments might provide the basis for reducing the incidence of impetigo in the community.

Heat waves

A Heat Health Watch Warning System was developed in France starting in 2003

The epidemiological surveillance of heat waves is a component of France's national heat wave plan, and is closely associated with the surveillance of meteorological forecasts.

Its objectives are to evaluate the health situation, to alert, and to recommend preventive measures. It focuses on a small number of near-real time health indicators based on data from networks of emergency hospital services (OSCOUR®) and emergency medical visits at home (SOS doctors), as well as on registered fatalities.

Additional epidemiological and sociological studies are needed to identify new kinds of vulnerabilities, and the adaptation measures needed to ensure the continued efficiency of preventive actions in the future.

| SNS — ALPES-MARITIMES (06) |

Principaux indicateurs suivis (données du 18/06/2010 au 25/06/2010)

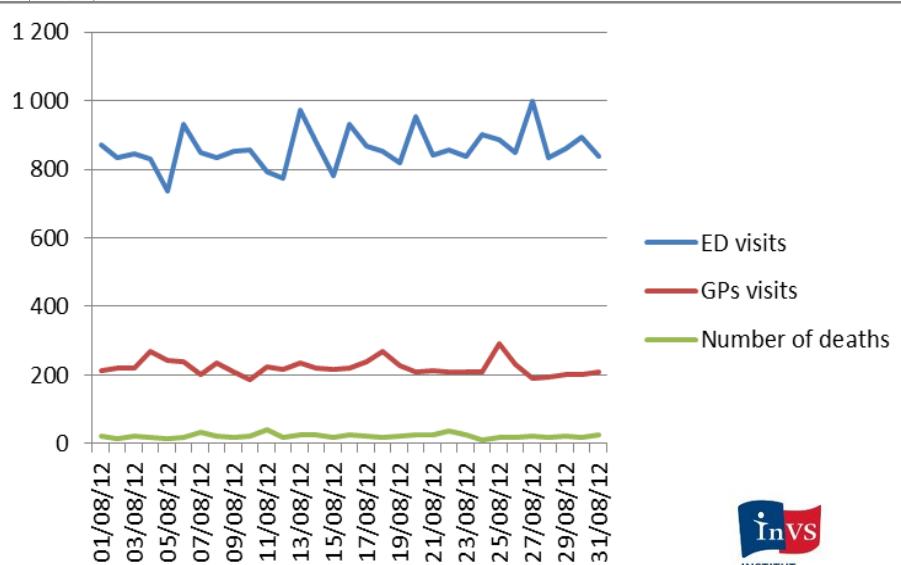
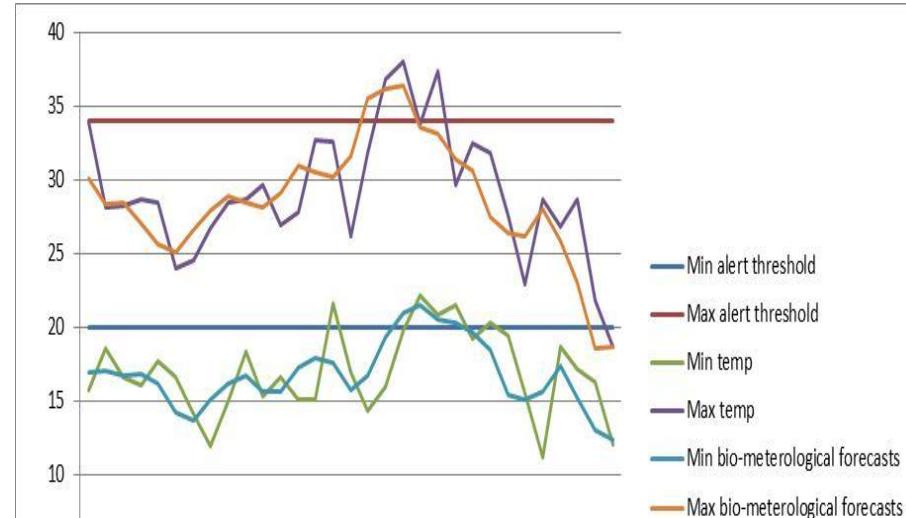
SAMU	nombre total d'affaires	nombre de transports médicalisés	nombre de transports non médicalisés
SERVICES DES URGENCES DU DÉPARTEMENT*	↗	↗	↗
	total passages	passages d'enfants de moins de 1 an	passages de personnes de 75 ans et plus
	↗	↗	↗
SERVICES DES URGENCES DU CHU DE NICE	total passages	passages d'enfants de moins de 1 an	passages de personnes de 75 ans et plus
	↗	↗	↗
SOS MÉDECINS CANNES	total consultations	consultations d'enfants de moins de 2 ans	consultations d'enfants de moins de 15 ans
	↗	↗	↗
SOS MÉDECINS NICE	total consultations	consultations d'enfants de moins de 2 ans	consultations d'enfants de moins de 15 ans
	↗	↗	↗

↗ Pas de tendance particulière
ND Donnée non disponible

↗ Tendance à la hausse (+2σ)
↑ Forte hausse (+3σ)

↙ Tendance à la baisse (-2σ)
↓ Forte baisse (-3σ)

Rhônes-Alpes (August 2012)



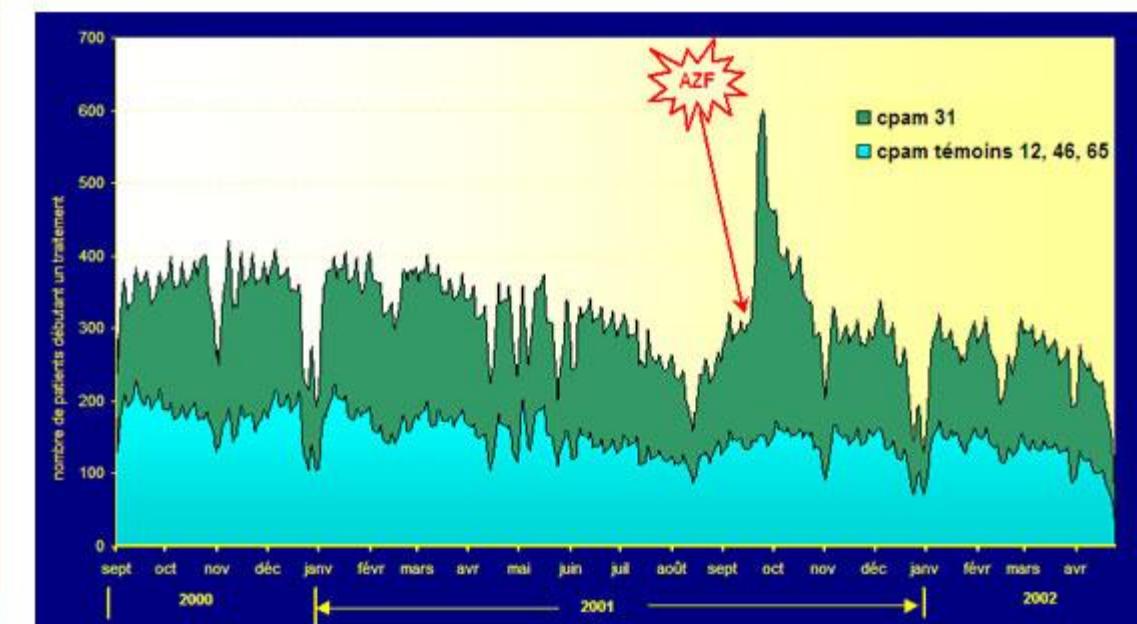
Assessing the consequences of the explosion of a chemical plant (AZF) in Toulouse (2001)

- Ad hoc collection of data from a GP's sentinel network on symptoms related to **acute stress**. This led to an estimate of **5600 consultations** from 1/10 to 23/11/01

- The analysis of the drug consumption estimated an excess of about **5000 treatments by psychotropic drugs** during this time

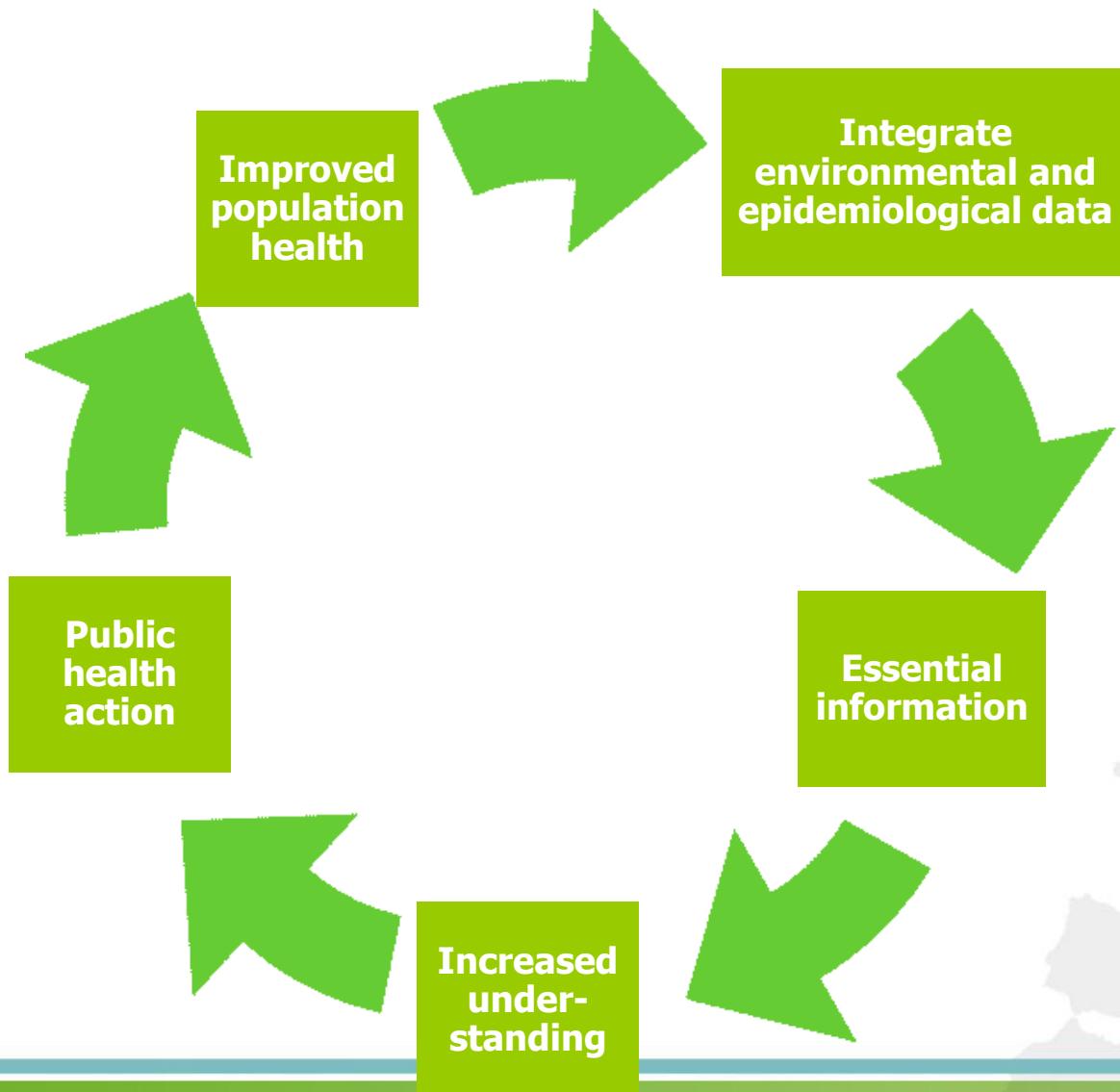
- After a few months, **three surveys** were conducted among key affected populations: students, workers and rescuers and the people of Toulouse to confirm the impact on mental health (symptoms related to post-traumatic stress or depressive symptoms)

Daily number of incident psychotropic treatment in Haute-Garonne compared to three neighboring departments, France, 2001,

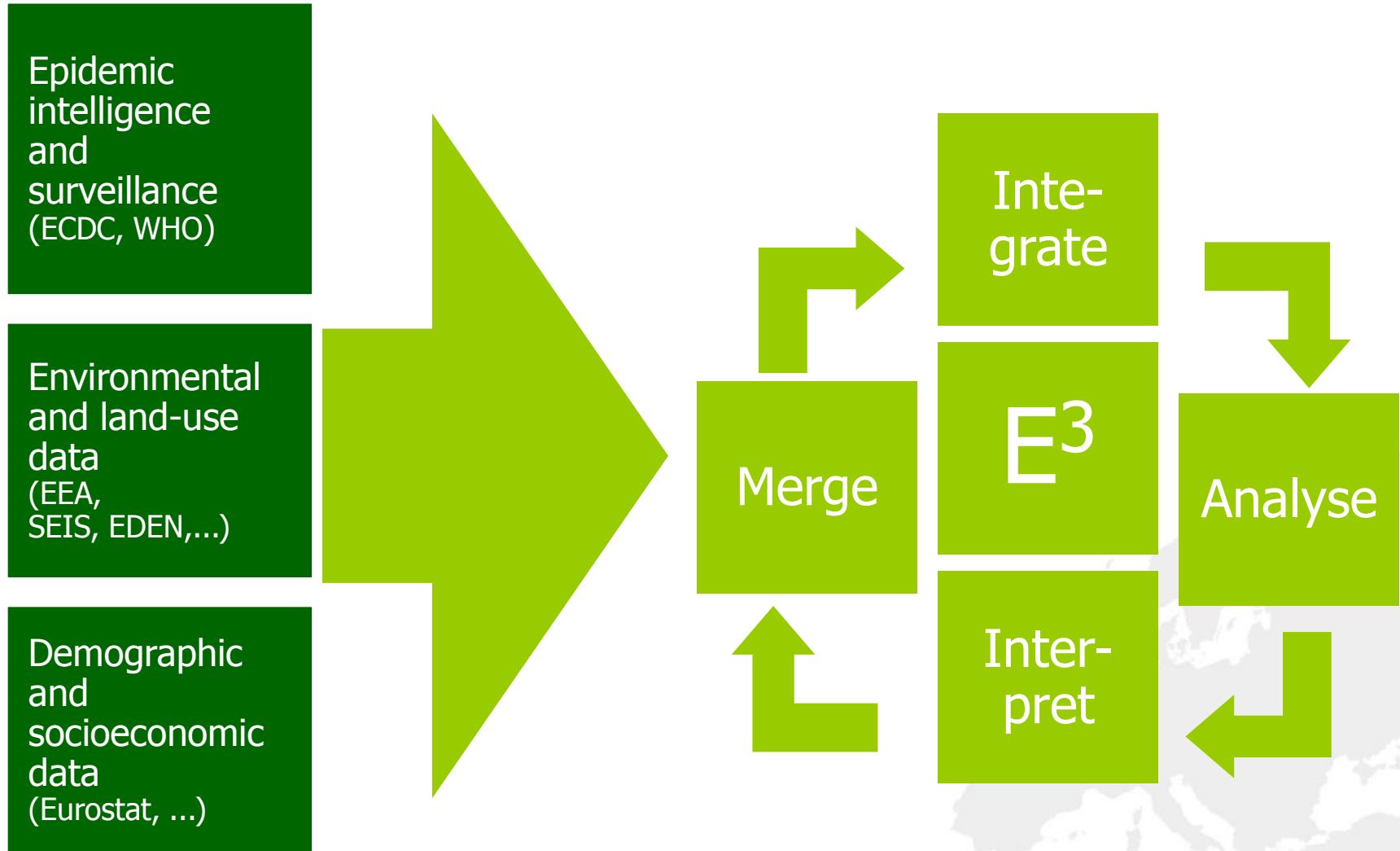


At that time, routine information from specific and syndromic surveillance systems was missing on psychiatric symptoms from emergency calls, hospital stays, outpatient consultations, general medicine, psychiatry and psychologists

European Environment and Epidemiology E³ network



European Environment and Epidemiology : E³ network



Features and challenges of the E³ network



- To provide rapid / easy access to **environmental and epidemiological data**
 - Increase use of available data sets (long term view)
- To analyze data across geographical and political boundaries and recognize disease **trends**
 - Link exposure-disease data : **quantify** magnitude of risk
- To promote European standards for environmental / epi data
 - Provide quality control



Public Health
England



In collaboration with:

Regione Emilia-Romagna, Comune di Modena, AUSL Modena, Rete Città Sane-OMS



Workshop
“Environmental Public Health Tracking to Advance Environmental Health”
Modena, Italy, 14th - 15th May, 2014
Sala del Consiglio Comunale
Municipality of Modena

www.epiprev.it/INPHET/home

INPHET - International Network on Public-Health & Environment Tracking | Epidemiologia & Prevenzione - Mozilla Firefox

File Modifica Visualizza Cronologia Segnalibri Strumenti Aiuto

INPHET - International Network on Publi... +

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INPHET

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ON PUBLIC HEALTH
& ENVIRONMENT TRACKING

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Modena, Rete Città Sane-OMS

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"Environmental Public Health
Tracking to Advance
Environmental Health"

Modena, Italy - 14th-15th May 2014
Sala del Consiglio Comunale
Municipality of Modena
via Scudari, 20

Promoter:
University of Modena and Reggio Emilia

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Position Paper-Modena 2014

We are pleased to inform our readers
that the INPHET Modena Workshop
REPORT has been uploaded on this

Why Environmental and Public Health
Tracking: The Modena Position Paper
for the Italian Presidency of the EU

INPHET

INTERNATIONAL NETWORK
ON PUBLIC HEALTH
& ENVIRONMENT TRACKING

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INPHET WORKSHOP:

"Environmental and Public Health Tracking to Advance Environmental Health"
Modena May 14th-15th 2014

Perché una sorveglianza Ambientale e Sanitaria?

**Il Position Paper di Modena per la Presidenza Italiana del Consiglio Europeo
"per un migliore ambiente e per una migliore salute"¹**

INTRODUZIONE

L'ambiente in cui viviamo e lavoriamo ha importanti effetti sulla nostra salute, oltre che altri e significativi impatti, quali quello sulla economia. In un momento come quello attuale, in cui questi effetti vengono riconosciuti con sempre maggiore chiarezza, ma soprattutto proprio quando la crisi economica e finanziaria in un contesto globale richiede una sempre maggiore competitività, siamo convinti che un migliore controllo dell'ambiente e dei suoi effetti sulla salute possano aiutare a raggiungere l'obiettivo di una *migliore salute delle popolazioni in un'economia più sana*.

WHAT'S IN THE FUTURE AND HOW : THE INPHET PLEDGE

- The need to use epidemiology as an evidence base is supported by tracking type studies as they are surely advisable to help answer economic questions.
- EPHT could be a useful tool in the adoption of a real and effective **resilient society**

EPHT could be marketed to:

- **The public:** EPHT information should support individual attitudes and collective actions.
- **Professionals and stakeholders:** in particular, for instance;
 - territory planning
 - Research which should aim at gaining a greater understanding of the complexities of the environmental health mechanisms
 - Interdisciplinary applied research to help policy makers to gather intelligence and to monitor and evaluate the efficacy of their approaches.
- **Policy makers:** Policy makers should create opportunities to reduce impacts associated with rapid urbanization, globalization and climate/social/economical changes.

In altre parole:

La conoscenza e la difesa dell'ambiente e la conseguente tutela della salute non devono essere considerate un costo, ma al contrario, costituiscono un contributo alla riduzione dei costi e quindi rappresentano non solo un fattore di maggiore giustizia sociale e di riconoscimento dei diritti di cittadinanza, ma anche uno strumento al servizio di una società più competitiva.



How doctors can close the gap

Tackling the social determinants of health through culture change, advocacy and education



Royal College of General Practitioners



.....I SARCOMI DI MANTOVA

Il 22-01-1998 la rivista Epidemiologia e Prevenzione pubblica in un articolo a firma della dott.ssa Gloria Costani, che aveva riscontrato in poco tempo 5 casi di sarcoma dei tessuti molli tra i suoi assistiti. La causa veniva ipotizzata nell'inceneritore del Petrochimico di Mantova (Enichem ex Montedison), il più grande stabilimento italiano di stirene, derivato base per la fabbricazione di materiali plastici.

Poi vennero gli studi di Pietro Comba (Istituto Superiore di Sanità) e Paolo Ricci che dimostrarono le responsabilità del Petrolchimico e del suo inceneritore

RUOLO DEL MMG E DEL PLS

- il medico come informatore/educatore
- il medico come esempio di comportamento
- i medici come ricercatori
- il medico come promotore di iniziative volte a stimolare i politici e le istituzioni

I MEDICI SENTINELLA

Una “Rete di Medici Sentinella” sono principalmente una Rete di Medici di Medicina Generale .

La loro funzione è quella di monitorare incidenza, prevalenza e progressione di una malattia o di una serie di patologie nel tempo in gruppi di popolazione o in zone geografiche prestabilite.

Le esperienze fino ad ora hanno riguardato quasi esclusivamente la rilevazione di diverse patologie tra cui diabete, influenza e AIDS.



FONTI INFORMATIVE SULLA SALUTE

A CURA DEI MMG

È essenziale, quando possibile, utilizzare dati dei MMG in quanto:

- ✓ disponibili in maniera tempestiva
- ✓ capaci di monitorare in maniera esaustiva (anche di gravità limitata) la popolazione oggetto di sorveglianza
- ✓ capaci di garantire confrontabilità territoriale e temporale

.....PRIMA FASE ...

DEFINIRE

- le patologie oggetto di segnalazione
- la copertura geografica e temporale
- le procedure di stima del denominatore
- La stima del campione di medici necessario
- le procedure operative di rilevamento e segnalazione dei casi
- l'attività di analisi del centro/centri di coordinamento
- le modalità di restituzione e diffusione dei dati

QUINDI

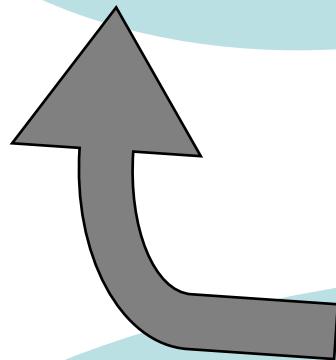
stesura finale del progetto operativo con relativi protocolli

Fase 2:

- descrivere in termini geografici e temporali i casi di patologie riconducibili a esposizioni ambientali osservati in un campione di medici sentinella operanti nell'ambito del servizio sanitario nazionale;
- descrivere le possibili fonti di esposizione secondo una scala di probabilità
- valutare la presenza di gradienti geografici di diffusione, da utilizzare in modelli previsionali ;
- produrre periodicamente rapporti sull'andamento delle patologie e diffonderli nella Rete e all'esterno

FLUSSO DI INFORMAZIONI:

I medici segnalieranno
in tempo reale eventuali
noxae patogene dimostrate
(secondo protocolli condivisi) o sospette
a livello della loro realtà periferica



ARPA,
Universita',
ARS,
IRCCS...

Diffusione di dati, informazioni, pubblicazioni
scientifiche relative a cause ambientali di
malattie che possano in qualche modo aumentare
il rischio di eventuali patologie nella zona di
competenza del medico/terminale periferico sia
di base che ospedaliero



Un primo passo...



***La formazione
come momento di
sensibilizzazione e
integrazione tra i vari
soggetti partendo dai
dati epidemiologici
per la
programmazione, le
azioni, la modifica dei
comportamenti e delle
normative***