INTEGRATIVE REVIEW ARTICLE

PREVENTION AND MANAGEMENT OF HEALTH RISKS IN HEALTH SURVEILLANCE IN LATIN AMERICA AND THE CARIBBEAN: INTEGRATIVE REVIEW

PREVENCIÓN E GERENCIAMENTO DE RISCOS À SAÚDE NA VIGILÂNCIA SANITÁRIA NA AMÉRICA LATINA E CARIBE: REVISÃO INTEGRATIVA

RESUMO


ABSTRACT

Objective: to perform an integrative review about the public policies of prevention and health risk management within the context of Health Surveillance in Latin America and the Caribbean. Method: integrative review carried out to respond the guiding questions << What are the public policies of prevention and health risk management present in the context of the Health Surveillance in Latin America and the Caribbean? How such policies are implemented in health practice? >>. Scientific literature was searched between 2005-2014 in the LILACS database and SCIELO virtual library. For analysis, core meanings were searched in the scientific works included in the study. Each article was characterized and publications were compared and grouped into thematic categories. Results: thirteen articles were selected and included, according to inclusion and exclusion criteria. Regarding the level of evidence, it was found that 61.54% of the articles corresponded to level IV. Conclusion: works in this theme were identified in various contexts. There is a clear need for studies with higher level of evidence to support the formulation of consistent policies. Descriptors: Public policies; Disease Prevention; Safety Management; Health Surveillance.

Descriptors: Políticas Públicas; Prevenção de Doenças; Gestão da Segurança; Vigilância Sanitária.

RESUMEN

Objetivo: realizar una revisión integradora acerca de las políticas públicas de prevención y gerenciamiento de riesgos a la salud en el ámbito de la Vigilancia Sanitaria en América Latina y en el Caribe. Método: revisión integradora, para responder a las preguntas guiaradoras <<. ¿Cuáles son las políticas públicas de prevención y gerenciamiento de riesgos a la salud en el contexto de la Vigilancia Sanitaria en América Latina y en el Caribe? ¿Cómo tales políticas públicas son implementadas en la práctica sanitaria? >>. Fue hecha una búsqueda de la producción científica entre 2005 y 2014, en la base de datos LILACS y en la biblioteca virtual SCIELO. Para análisis, se buscaron los núcleos de sentido de las producciones científicas incluidas. Cada artículo fue caracterizado y las publicaciones fueron comparadas y agrupadas en categorías temáticas. Resultados: fueron seleccionados e incluidos 13 artículos, según los criterios de inclusión y exclusión. Conclusión: se observó que 61,54% de los artículos responden al nivel IV. Conclusion: fueron identificados trabajos en esta temática, en los más diversos contextos. Se destaca la necesidad de la realización de estudios con mayor nivel de evidencia para subsidiar la formulación de consistentes políticas. Descriptores: Políticas Públicas; Prevenção de Doenças; Gestão da Segurança; Vigilância Sanitária.

ABSTRACT

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INTRODUCTION

In Brazil, health is guaranteed by the Federal Constitution of 1988 which established a number of achievements in this and other sectors never seen in the country. The creation of the Unified Health System (SUS) was the way through which the rights provided in the Constitution relating to health were assured, including the reduction of risk of disease and other health problems, through health surveillance, a responsibility of the SUS.¹

Market relations in which the population is increasingly induced to risky practices of consumption, whether through advertising or by disfiguring the potential risk of goods through capitalist strategies, are very common. Health Surveillance (Vigilância Sanitária-VISA) plays a role in this scenario, in order to fulfill the regulatory function of the state, protecting people's health and preventing health risks.²

The work of the VISA has certain specific features such as the object, the means of work and the elements of their processes that differentiate it from the health work in general. It has non-delegable duties of sanitary control of processes, production and consumption of goods, environment and services that serve the health interests.²

The VISA is inserted in the area of public health and has the aim to develop actions to eliminate, reduce or prevent health risks, counting with the support of the three spheres of the government for the accomplishment of these responsibilities. In order to be able to achieve these goals, the VISA has to rely on the principles of decentralization and integrity, working in an intersectoral and multidisciplinary manner.³

In this service, activities occur in instances that compose the National System of Health Surveillance (NSHS). These are constituent parts of the SUS, autonomous but interdependent, coordinated and cooperative, and in which mutually complementary technologies may be used in the work organization. This link shows the system decentralization and provides new strategies of planning, management and further evaluation of Health Surveillance policies.³

Several situations of sanitary control crisis in the country led to the extinction of the National Health Surveillance Secretariat and to the establishment of the National Agency of Health Surveillance (Agência Nacional de Vigilância Sanitária-ANVISA) through Law 9782 of January 26, 1999, regulated by Decree 3029/99, constituting what was long desired by professionals and health workers in the area.²

The ANVISA, under the Ministry of Health, is an authority under special regime, that is, a regulatory agency characterized by administrative independence, stability of its leaders and financial autonomy.²,4 In short, the management of ANVISA requires qualified professionals, updated information, infrastructure and resources of political power and all this support seeks to avoid risks to health.²

It is possible to see that, in VISA, the risk takes on the main role. It also deals with the possibility of harmful health events, which may never occur. From that comes the concept of potential risk, which has a preventive character and is very important for health surveillance, as it concerns the possibility of occurrence of an event that may be harmful to the health of the population, and this harm may be direct or indirect.²

Actions developed by the VISA include the regulation of various types of products such as food, medicines, vaccines, blood products, medical supplies, dental supplies, laboratory and hospital hygiene products, sanitizers, disinfectants, cosmetics, sanitary control of ports, airports, borders and services that affect health.³ The VISA plays the role of mediator between health interests and economic interests, assessing risks and implementing a set of actions with the aim to prevent, minimize and eliminate health risks. For this, the VISA uses some means, such as legislation, supervision, inspection, monitoring, laboratory surveillance of adverse events and other diseases, epidemiological research, laboratory research and other modalities and actions for information, communication and health education.²

In order to manage risks, health surveillance uses actions such as integration with other health areas, link various different institutions in order to carry out health promotion, decentralize actions of health surveillance, educate the population, produce knowledge and technologies, use advertising, and act in an intersectoral manner because there may be cases that are not of the exclusive competence of health.³

Given the above, the VISA is recognizably important for prevention and management of health risks for the population, what also justifies the present research.

This study had the objective of carrying out an integrative review on the public policies of prevention and management of...
Integrative review developed in six steps: preparation of the guiding question, search or sampling in the literature, data collection, critical analysis of the included studies, discussion of the results and, finally, the presentation of the integrative review. The first step, the elaboration of guiding question, is considered the most important of whole review, because the guiding question, which must be clear and precise, is the starting point of the research roadmap. Therefore, the guiding questions of this research were: What are the public policies of prevention and health risk management present in the context of the Health Surveillance in Latin America and the Caribbean? How such policies are implemented in health practice?

Then, the search of the literature or sampling was performed. This step of the integrative review is closely linked to the previous phase. Here, inclusion and exclusion criteria of articles should be exposed and clearly discussed, and articles should be in line with the guiding question.

Studies were selected from the database and virtual library. Studies should meet the guiding question and the criteria for inclusion and exclusion of material in the research, due to the possibility of a large number of publications. Thus, among the inclusion criteria was the cutoff period from January 2005 to December 2014; furthermore, articles with complete abstracts and texts in Portuguese, English or Spanish, were selected. In turn, exclusion criteria were publications that did not meet the inclusion criteria, papers which were duplicated in the database or in the virtual library, and studies carried out in other countries but Latin America and the Caribbean.

The search was conducted by two reviewers to ensure the accuracy in the process of selection of scientific articles. To locate articles that would make up the sample, the following descriptors were used in Health Sciences (DECS): Políticas Públicas; Prevenção de Doenças; Gestão da Segurança; Vigilância Sanitária/ Public Policies; Disease Prevention; Safety Management; Health Surveillance/ Políticas Públicas; Prevenção de Enfermedades; Gestión de la Seguridad; Vigilancia Sanitaria. The Boolean operator represented by the term AND and associations between all selected descriptors in Portuguese, English and Spanish, were adopted seeking to meet the inclusion criteria and answer the guiding questions. The search was conducted in the Latin American and Caribbean Health Science Literature Database (LILACS) and in the virtual library Scientific Electronic Library Online (SciELO).

To successfully extract data from the selected articles, respecting the inclusion and exclusion criteria, we used a validated instrument adapted to meet the objectives of the study, with the following variables: the article code, objective, type of study, study subjects, main results, study limitations and conclusions. The use of instrument for data collection has the purpose of standardizing data collection, ensuring that all the records are extracted, minimizing possible errors in the transcriptions, ensuring accurate checking of information and providing a written record.

Studies were hierarchically classified after methodological analysis according to the level of evidence: Level 1 - meta-analysis of randomized controlled clinical trials; Level 2 - experimental study design; Level 3 - quasi-experimental study design; Level 4 - non-experimental, descriptive or qualitative approach or case study; Level 5 - case reports or data obtained in a systematic manner, with verifiable quality or data from evaluation of programs; Level 6 - opinion of specialists, based on clinical experience of experts or an expert committee, including interpretations not based on research, regular opinions or legal opinions.

We used Content Analysis of the studies which was developed in three phases: pre-analysis, exploration of material and processing and interpretation of results. The first step consists in the organization of the material through a careful reading of scientific publications, followed by coding data from the reporting units and, finally, there was the classification and aggregation of data, choosing the themes which were subject to interpretation, based on the literature.

In the phase of analysis, we proceeded to read the 13 selected articles, and afterwards, we sought to find the units of meaning from the record of their frequency and then they were coded and submitted to a new analysis which resulted in six thematic categories: Precautionary measures; Hand hygiene; Cleaning routines and disinfecting surfaces; Good practices in food handling; Blood donation; and Other relevant policies.
In the discussion, results were interpreted and summarized. Once the selection and inclusion of articles was completed, possible interpretations of the data and subsequently synthesis of knowledge took place and it was possible to compare studies found with the theoretical framework. This step allowed the identification of possible biases and knowledge gaps, as stressed by the researchers in their conclusions and inferences.

The sixth stage corresponded to the presentation of the actual review, which should be clear and complete to enable the reader to critically evaluate the results and view the findings in subgroups, in the form of tables and charts. Thus, Table 1 shows the distribution of articles found, selected and included in the study.

Table 1. Distribution of articles found and selected according to the database or virtual library, 2005-2014.

<table>
<thead>
<tr>
<th>Database or virtual library</th>
<th>Articles found</th>
<th>Articles available in full-length</th>
<th>Articles excluded (do not meet the inclusion criteria)</th>
<th>Duplicated articles</th>
<th>Articles selected and included in the study</th>
</tr>
</thead>
<tbody>
<tr>
<td>LILACS</td>
<td>3400</td>
<td>2043</td>
<td>2026</td>
<td>04</td>
<td>13</td>
</tr>
<tr>
<td>SCIELO</td>
<td>483</td>
<td>478</td>
<td>476</td>
<td>02</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3883</td>
<td>2521</td>
<td>2502</td>
<td>06</td>
<td>13</td>
</tr>
</tbody>
</table>


Thirteen articles were selected and included according to the inclusion and exclusion criteria. With regard to the country where studies were conducted, six articles (46.16%) were conducted in Brazil and two (15.39%), in Chile. In turn, Colombia, Peru, Argentina, Cuba and Haiti had one publication each, corresponding to 7.69% for each country.

As for the periodicals, it was found that the Pan American Journal of Public Health, the Journal of the Tropical Medicine Brazilian Society and the Chilean Journal of Infectious Diseases had two articles each (15.39%). In turn, the periodicals Memories of the Oswaldo Cruz Institute, Medwave Journal, Cuban Journal of Tropical Medicine, Journal of Peruvian Epidemiology, Brazilian Journal of Infectious Disease, Journal of Bioethics and the Brazilian Journal of Medical and Biological Research had just one article each (7.69%).

As for the years of publication, it was noted that the years that most produced knowledge on the subject were 2005, 2010 and 2012, with three articles each year (23.08%). In 2009 and 2013, two articles per year were produced, corresponding to 15.38% of the sample each year cited.

Table 2 shows the distribution of the articles included, according to the levels of evidence.

Table 2. Distribution of studies according to levels of evidence of the included publications, 2005-2014.

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>II</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>III</td>
<td>4</td>
<td>30.8</td>
</tr>
<tr>
<td>IV</td>
<td>8</td>
<td>61.5</td>
</tr>
<tr>
<td>V</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VI</td>
<td>0a</td>
<td>0</td>
</tr>
</tbody>
</table>


Regarding the levels of evidence, it was observed in the methodological analysis that most publications correspond to the level IV (evidence emerging from non-experimental or descriptive studies or studies with qualitative approach or case reports), with eight articles (61.54%) in this classification, which shows a reasonable level of evidence.

Each article selected for the sample received a code composed of the letter A, referring to the article, followed by the corresponding numeral in ascending order from 1 to 13, according to the order of publications. This encoding sought to facilitate the identification of articles and data record as shown in Figure 1.
<table>
<thead>
<tr>
<th>Article code</th>
<th>Objectives</th>
<th>Study type</th>
<th>Study subjects</th>
<th>Main results</th>
<th>Limitations of the study</th>
<th>Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A111</td>
<td>Evaluate the effectiveness of alcohol-based gel in the reduction of acute diarrheal diseases and acute respiratory infections.</td>
<td>Randomized clinical trial.</td>
<td>Children aged at 1-5 years, in day care centers, with no history of chronic disease predisposing to infectious diseases.</td>
<td>There was a significant reduction in the risk of acute diarrheal diseases and acute respiratory infections.</td>
<td>Lack of notification. The awareness of being observed could affect the practice of handwashing.</td>
<td>Alcohol-based gel is safe and effectively prevents acute diarrheal diseases and acute respiratory infections.</td>
</tr>
<tr>
<td>A212</td>
<td>Report the accumulated experience with a program for handling biohazardous accidents with agents that are transmissible through blood in a University in Chile.</td>
<td>Experience report.</td>
<td>Students of the health area of university in Chile.</td>
<td>About 98% of accidents had a localized source. Accidents without exposure to pathogens were 96.8%. In no one of the exposed students occurred any kind of contagion. Postexposure prophylaxis was performed.</td>
<td>The study is based on reported events. The number of students who decided not to seek medical attention following an exposure is unknown.</td>
<td>It was possible to achieve a rational management of exposure to agents that are transmissible by blood and draw up a protocol.</td>
</tr>
<tr>
<td>A313</td>
<td>To determine the prevalence of intestinal parasites, the major epidemiological aspects involved and evaluate an educational intervention on intestinal parasites.</td>
<td>Intervention study.</td>
<td>School students aged at 0-7 years assisted by the Municipal Secretariat of Education of Estiva Gerbi-SP.</td>
<td>The sample consisted of 930 students and 96.7% of them accepted the request to collect material for examination of feces. The dynamics of Washing Vegetables and Hands was also performed.</td>
<td>Not presented.</td>
<td>School students of Estiva Gerbi-SP had percentages and diversity of parasitism comparable to other regions of the state of São Paulo. It was indicated that educational practices are quite valid.</td>
</tr>
<tr>
<td>A414</td>
<td>To analyze the impact of the dialysis machine disinfection and environmental surface cleaning on the control of infection by Hepatitis C Virus (HCV) in hemodialysis units in Central Brazil.</td>
<td>Intervention study.</td>
<td>Dialysis patients.</td>
<td>Hemodialysis machines were disinfected at the end of the day, and environmental surfaces were cleaned after each session.</td>
<td>Not presented.</td>
<td>There was a significant reduction among the infection by hepatitis C and infection in terminal renal patients in Central Brazil.</td>
</tr>
<tr>
<td>A515</td>
<td>To describe the experiences of workers in the control of vectors in the cholera epidemic in Haiti.</td>
<td>Experience report.</td>
<td>Workers of actions of control of vectors of the cholera epidemic in Haiti.</td>
<td>There were many activities including environmental cleaning and washing of hands and feet.</td>
<td>Not presented.</td>
<td>Control of vectors resulted in a reduction of cholera cases.</td>
</tr>
<tr>
<td>A616</td>
<td>To describe the</td>
<td>Experience</td>
<td>Health</td>
<td>Establishment</td>
<td>Not presented.</td>
<td>There was a...</td>
</tr>
</tbody>
</table>
To do an ethical analysis of the restriction of blood donation in the case of Men who have Sex with Men (MSM) established by the Resolution RDC 153 of June 14, 2004, ANVISA, by the use of the framework of human rights, for the evaluation of policies and programs of public health.

Narrative review. MSM blood donors. Not presented.

To evaluate the impact of interventions to control the Klebsiella pneumoniae outbreak in adults in a cancer unit of a private general hospital and find out which causes predispose the occurrence of this outbreak.

Experience report. Twenty adult patients hospitalized in a cancer unit of a general hospital.

Interventions performed: identification of cases of bacteremia; of colonized patients; isolation of infected and colonized patients; use of alcohol gel in individual containers for hand antisepsis; special care in vascular access; handwashing. After interventions, no other case of infection or colonization was detected.

It is generally not possible to use well-designed research protocols and often a research using different sources of information can vary dramatically in accuracy. In investigations of outbreaks, the number of cases is usually small and this makes the analysis of a number of issues difficult.

Although the type of Central Venous Catheter (CVC) Port- A-Cath may have been a predisposing factor for bloodstream infection, the determining factor of the outbreak appears to have been carelessness in handling during service procedures, since after the review of the intervention measurement techniques and recycling of hand hygiene, the outbreak was decreasing trend in the cases of cholera in the Americas during the period 1991-2006.
<table>
<thead>
<tr>
<th>A919</th>
<th>To inform the scientific community on the epidemiological situation that took place in July 2012 in the province of Granma, Cuba, and the measures of prevention and health promotion that were introduced in the first level of attention to the cases of diarrhea caused by Vibrio cholerae.</th>
<th>Experience report.</th>
<th>Community in the province of Granma, Cuba.</th>
<th>Intervention measures: care with the water and health education program for the population.</th>
<th>Not presented.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1020</td>
<td>To design, implement and evaluate a complex plan of actions aimed at reducing parasitosis in a rural area of Buenos Aires province, Argentina, with community participation.</td>
<td>Experience report.</td>
<td>Community of General Mansilla, Argentina.</td>
<td>Measures: pharmacological treatment of parasitized people and health education of the population with the active participation of local promoters. It was found that, before the intervention, 58.2% of the sample had some type of parasitic disease, and after the educational intervention, this number was for 47.9%, and after pharmacological intervention, it was 15.1%.</td>
<td>The distances between the points of intervention in rural areas and the characteristics of the terrain limited operative possibilities to control the team.</td>
</tr>
<tr>
<td>A1121</td>
<td>To describe the actions developed by the Ministry of Health of Peru to avoid the presence of secondary cases of measles after notification to the epidemiological surveillance.</td>
<td>Case Study.</td>
<td>Patient suspected of having measles and his close contacts and family.</td>
<td>Laboratory tests confirmed that it was an imported case of measles. There were several actions, as a precaution for patient aerosols and vaccination of.</td>
<td>During the identification and isolation of the case, thorough investigation of their contacts and high immunization coverage in the country against controlled.</td>
</tr>
</tbody>
</table>
To describe the epidemiological investigation of an outbreak of Vancomycin Resistant Enterococci (VRE), the interventions and the impact on the outbreak control at a public university hospital.

**Patients with positive culture for VRE at a public university hospital.**

The interventions were divided into 4 groups: educational activities, review of workflow processes, engineering measures, and administrative proceedings.

Descriptive, retrospective and non-comparative design through review of medical charts in which interventions were applied altogether, without the possibility of assessing what the role of each one isolatedly.

A set of interventions such as educational program, greater adherence to contact precautions and enhanced environmental cleaning had an impact on the control of the hospital spread of the VRE.

A set of interventions aimed at the strict control of the use of vancomycin and full compliance with the guidelines of the Advisory Committee of Hospital Infection Control Practices (HICPAC) along with contact precautions and promotion of hand hygiene may be effective in reducing the use of vancomycin and the emergence and spread of VRE.

**Figure 1. Article code, objectives, study type, study subjects, main results, limitations and conclusions.**

Figure 2 shows the percentage distribution of scientific articles included, according to the themes that emerged from the thematic analysis.
DISCUSSION

Publications were compared and grouped by similarity of content in the form of thematic categories. Hand hygiene was the theme category with the highest percentage, followed by Precautionary measures (Figure 2).

Each thematic category that makes up this study is presented below.

‡ Precautionary measures

Precautionary measures consist of several actions taken in order to prevent the spread of disease. There are two types of precautions: standard precautions and the precautions based on the transmission.\(^2,4\)

Standard precautions are those that health professionals should use with all patients regardless suspicion if they are infected or not, in order to create barriers to prevent diseases. In this case, the use of gloves is recommended when there is risk of contact with blood, secretions or mucus membranes, discarding them right after use; glasses, mask and/or apron when there is risk of contact with blood or secretions to protect the mucous membrane of the eyes, mouth, nose, clothes and body surfaces; disposal of syringes and needles in appropriate containers and washing hands before and after contact with patients. Importantly also to note that the standard precaution is a subject that must be widely discussed in universities in order to make students aware and minimize the risk of the practice in health.\(^2,4\)

The precautions based on the transmission are indicated for patients who are proven to be infected or under suspicion of being contaminated with highly transmissible pathogens where only contact precautions cannot prevent the transmission. These precautions are divided into contact precautions, precautions for droplets and aerosols.\(^2,4\)

In contact precautions, gloves and aprons should be used during the handling of the patient, preferably in a private room (if such privacy is not available, one should keep a minimum distance of one meter between the beds), the equipment used, such as thermometer, must be for the exclusive use on the patient. Contact precautions were an effective intervention to control outbreaks of *Klebsiella pneumoniae*, cholera and ERV, all with satisfactory results.\(^1,6,18,22-3\)

Precautions with droplets are used to prevent the risk of transmission of infectious agents carried through airways, through contact with droplets larger than 5 mm. As individual protection, the use of common (surgical) masks is indicated and, when there is contact with secretions, aprons and gloves too. The room should preferably be private, when this is not possible, the patient should be hospitalized with others who are infected with the same micro-organism, keeping a minimum distance of 1 meter between beds.\(^2\)

The latter type of precaution, called precaution with aerosols, consists in measures to reduce the risk of transmission of airborne infectious agents, residual particles smaller than 5 mm. The bedroom door, which should preferably be private, should always be closed. The professional should use the PFF2 mask (N95) during all the time he stays in the patient’s room, and when there is possibility of contact with secretions, aprons, masks and glasses should be used. This type of care has demonstrated to be efficient in the case of measles, among other diseases.\(^21,24\)

‡ Hand hygiene

The hands are the major route of transmission of microorganisms, because the skin is a possible reservoir of several of them. They can be transferred from one surface to another through direct contact, that is, skin on skin, or indirectly through contact with contaminated objects and surfaces.\(^2\)

In 2004, the World Health Organization (WHO) launched the World Alliance for Patient Safety. This aimed to organize concepts and definitions of patient safety and measures to reduce risks and mitigate adverse events, and it had hand hygiene as one of its structural axes.\(^2\)
Hand hygiene through washing with soap and water is the most simple, economic and important individual method to prevent and control diseases. For this reason, this was the theme category with the largest number of studies. It is important to emphasize that, besides being a primary measure carried out by health care professionals, it should be also a habit of the entire population. This is because, despite the hospital is an environment with a much greater chance of hosting multiple pathogens, many diseases can be prevented and minimized with that habit, especially in places with high turnover of people, such as schools and in the community.

Health education can be, therefore, a form to raise awareness among health professionals and the population.

Antiseptics with alcoholic preparations should also be considered a way to sanitize hands. They reduce the microbial load of hands without removal of dirt. The use of gel or 70% alcoholic solution with friction can replace the cleaning with water when hands have no visible dirt. Its effectiveness against many pathogens and diseases such as diarrhea, respiratory infections, ERV and Klebsiella pneumoniae has been demonstrated.

† Routines of cleaning and disinfecting surfaces

Cleaning and disinfecting surfaces have as one of the main functions the prevention and control of diseases through the reduction of microorganisms in the environment. Cleanliness within the community is also important.

The recommendation of safe methods for decontamination of such surfaces consists in cleaning the site and disinfecting in the sequence with a microbialidal agent such as 70% alcohol.

The concurrent cleaning consists in cleaning carried out daily or whenever necessary, with the purpose of cleaning and organizing the environment. The cleaning of all horizontal surfaces, furniture, equipment, doors, handles, floor, and all facilities is included in this group.

Currently, due to the knowledge of the environment's role in the maintenance and spread of microorganisms, cleaning and disinfection of surfaces in shift changes have been intensified, as for example, in the areas of contact precaution, concurrent cleaning should be performed in every switch of shifts, or twice a day. The toilet used by the patient must be washed with sodium hypochlorite three times a day.

In turn, terminal cleaning consists in a more thorough cleaning, including all horizontal and vertical, inner and outer surfaces, and it is performed after discharge, transfer, death or long-term hospitalization. In cases of outbreaks, the use of disinfectants on all extensions of the surface where the outbreak is occurring in the unit of the patient is recommended.

† Good practices in food handling

Food handling consists in actions performed on the raw material for the production and delivery, up to the consumption of the food prepared. Besides the preparation, when the product is not for personal consumption or a service that serves food, it involves the packaging, storage, transport, distribution and exhibition for sale.

Improper food handling can cause the Foodborne Diseases (FBD). These include, for example, intestinal parasitism and cholera, which are caused by the consumption of foods with harmful microbes, parasites or toxic substances present in the food.

In order to ensure the good health of the community in their own homes and, especially, in places where food is prepared for a large number of people, such as kindergartens, schools and businesses, the best practices in food handling should be used. These are procedures that must be followed by food services in order to ensure sanitary conditions and compliance with health legislation.

† Blood donation

There are several criteria that aim to protect the receiver in case of donation of blood and blood components. For example, donors who in the last 12 months have been exposed to at least one of the following conditions must be excluded for one year: men who have sex with men and/or their female sexual partners, people who have been submitted to non-sterile exposure to blood or other biohazardous material, sexual partners of hemodialysis patients and patients with history blood transfusion, people who have had an accident with biological material and consequently had contact of mucosa or skin with such biological material.

Although authors show that some donors and even professionals consider these rules discriminatory, it can be seen that if the rules are less strict, the problem may increase, since this could lead to the increase of all...
infectious diseases. Thus, it is important to maintain the policy as it currently is.\textsuperscript{17}

\textbf{Other relevant policies}

In ports, airports and borders, Health Surveillance has the responsibility to ensure the protection of the health of travelers, of means of transportation and of services subject to sanitary surveillance. The compliance with health standards and the adoption of preventive measures and control of outbreaks, epidemics and public health threats is monitored.\textsuperscript{16,29}

Another important policy to be considered is the management of the Waste from Health Services, consisting of a set of management procedures to minimize the production of waste and give the generated waste a safe end. We must also think of the waste generated within households that when erroneously discarded can promote various diseases, such as cholera and biological accidents.\textsuperscript{12, 15-6, 19, 30}

\textbf{CONCLUSION}

In short, it can be seen that several works developed on the theme of public policies for prevention and health risk management in the context of health surveillance, in various scenarios and contexts, were identified in Latin America and the Caribbean. We highlight in this paper the precautions, hand hygiene, routines of cleaning and disinfecting surfaces, good practices in food handling, some criteria for blood donation, health security of ports, airports and borders and management of waste from health services.

It is also important to note that the Health Surveillance service is only possible thanks to partnerships among various services, such as Epidemiological Surveillance and Environmental Surveillance. In cases, for example, of notifiable diseases, each service has its role. The role of the Health Surveillance is to eliminate, reduce or prevent health risks, several times using health education policy and counting on the support of health professionals and of the population, which is often unaware of the true role of this service.

Importantly, there is a need for studies with higher level of evidence, such as intervention (quasi-experimental) studies or randomized controlled trials to support the development of new and consistent prevention policies and risk management and good practice in the context of health surveillance in Latin America and the Caribbean, as well as in other regions of the world.

We hope that this work may contribute to a better understanding of the academic community and users regarding the services and the importance of health surveillance.

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