1999, issue 36 - Abstracts

AEEMA Meeting, 1999, May 7th

Scientific experts and scientific expertise
Roqueplo (P)
From different affairs which happened during the past 20 years (acid rains, greenhouse effect, ozone hole, mad cow, genetically modified organisms), the author establishes the distinction between the role of scientists as citizens in the genesis of an affair and the scientifically expertise, contradictory approach of a collective work which later becomes public.

Knowledge and risk evaluation: collective expertise, the least bad method?
Goldberg (M)
The author uses the example of INSERM collective expertise on asbestos to show characteristics of collective expertise, its modes and results.

Public health expertise example: B hepatitis vaccine
Levy-Bruhl (D), Rebiere (I), Desenclos (JC) & Drucker (J)
This paper is taken from an article published in the "*Bulletin épidémiologique hebdomadaire* 09/99" (The Weekly Epidemiological Bulletin, September 1999) with the details of the analysis performed by the "*Réseau National de Santé publique*" (Public Health National Network) in the last days of September 1998 for the Health State Secretary with the aim of decision helping. Actually, the result of both case/control studies on the association between vaccination against B hepatise and the occurrence of a first central acute "demyelinisation", presented on September 21, 1998 at the Agency, could include a higher risk even if no statistical significant relationship had been found The way this work had been performed led to look at the mere of the following question: in the hypothesis of such a relationship, are available data supporting the idea that the balance between benefits and vaccination hazard could still be in favour of vaccination or should they lead to reconsider, totally or partly, this strategy? This analysis was limited to a benefit risk approach on the epidemiological level only, which represents a single parameter of the decision. The decision announced by the State Secretary for Health on October I0th 1998, taking into account the results of the analysis, the full target populations (new born, young teenagers, a risk groups), and considered other factors (organisation, sociology, even political ones). This example shows the better understanding of responsibilities allowed by the nation of Health Agencies, technicians providing at the end of an independent work, the expertise asked for by Public Health Authorities for their decision' making process.

Quality in expertise
Tuffery (G)
Expertise is a way to elaborate advices and recommendations which become essential in our societies, in the field of predicting, preventing, creating, building, explaining the origin of events or of catastrophes, establishing responsibilities, evaluating damages. An advice is an opinion built on hard data, and on the judgment of one or more persons, skilled, experienced,

from real facts. The quality of the advice, its rightness, depend as much on expert individual skilfulness as on the rigor of the expertise process. In France, standardisation work have been started on quality in expertise, to, as for as possible, increase the control of critical points of advices production, to progress and to allow the recognition of the capacity to lead expertise following an agreed quality exigencies standards.

EPIDEMIOLOGY PAPERS

Aujeszky's disease in France during 1998

Bastian (S), Buffereau (JP), Caquineau (L), Lacourt (A), Helmer (JP) & Toma (B)

This paper presents the epidemiological situation for Aujeszky's disease in France in 1998, using tables and figures. The tracers used show that the situation continues to evolve positively. Like in 1997, cases of Aujeszky's disease in dogs were linked to infection of wild boar, in regions where no case of porcine Aujeszky's disease with viral isolation was reported this year.

A quantitative evaluation method for Veterinary Services in the frame of livestock importation risk analysis

Bonjour (P), Angot (J-L), Dufour (B), Sanaa (M) & Toma (B)

Livestock importation always represents a risk for the sanitary situation of the importing country. However, it is less and less possible to live outside international trade. To be able to handle this hazard, the first step is to appreciate its importance, which is usually linked, for a disease, to the prudence of this disease in the exporting country. This prevalence is usually given by the exporting country veterinary services, following their possibilities in terms of epidemiological surveillance, but also internal organisation and the way it work. The announced prevalence must be balanced with the quality of epidemio1ogical surveillance system, as well as the quality of veterinary services themselves. The difficulty is in the evaluation of this quality, which must be quantified if you want to obtain a balanced factor. A method had been developed with this aim, working on a questionnaire whose answers are exploited with an exploitation guideline, leading to the attribution of a value between 0 and 100 (top ranking). The use of a classical model statistical abacus gives then the possibility to obtain the balance factor.

History of humane diseases' epidemiology

Masse (L)

This paper describes early examples of the three types of epidemiological studies of transmissible diseases in man: For descriptive epidemiology, progress made in nosology and first attempts of case counting; - For analytical epidemiology, the concept and later the demonstration of the existence of infectious agents, and analytical statistics; - For operational epidemiology, surveillance, isolation and quarantine practices, sanitation and political epidemiology.

History of transmissible animal diseases' epidemiology

Blancou (J)

Using some chosen examples, this text retraces the different stages in the epidemiology of transmissible animal diseases, from Antiquity to the beginning of the twentieth century. The text first deals with the descriptive epidemiology of these diseases (the concepts of epizootic and enzootic using rinderpest and foot and mouth disease as examples), followed by analytical epidemiology (diseases transmitted directly or indirectly by intermediate hosts or by vectors), and finally operational epidemiology (sanity prophylaxis based on isolation, slaughter, destruction of virulent material or the fight against arthropods, and medical prophylaxis based on preventative inoculation followed by vaccination).