

ICCN Poster Presentations

Food, the environment and health, econutrition

Initial assessment on food-borne diseases surveillance system in Daerah Istimewa Yogyakarta, Indonesia

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Similar to other developing countries, data on diarrhea prevalence in Indonesia - as the most common symptom of Food-borne diseases (FBDs) - is only the tip of the iceberg, which may be due to underreporting from the community or inappropriate existing system to capture FBDs cases. WHO has recommended that FBDs surveillance system play a significant role in the early detection FBD outbreaks and their control. Therefore, we undertook the study to identify and review the existing FBD surveillance system and its role in detecting the FBDs. The study was conducted in Daerah Istimewa Yogyakarta province, a tourism destination, representing the lowest prevalence of diarrhea, involving institutions related to surveillance or FBDs-related program from province level to village level in January-March 2002. Design of this study was a descriptive qualitative, which covered in-depth interviews to key persons in target institution, focus group discussion and secondary data. The target institutions at the provincial level, were Provincial Health Office (PHO), Provincial Governmental Office (PGO), Hospitals, Provincial Health Laboratory (PHL) and Regional Drug and Food Control (RDFC). At the district level, the target institutions were Regency Health Office (RHO), Hospitals, Regional Governmental Office (RGO). At the sub-district level, the target institutions were Community Health Centers (CHC)/midwives/volunteers, Sub-District Governmental Office, Hospitals and Private practitioners. The existing FBDs surveillance was a routine-passive surveillance consisting of diarrhea, cholera, hepatitis and typhoid diseases, which were attached with the available Integrated Surveillance System. The CHC is the center of surveillance activities, which mostly focuses on data collection, data compilation and simple data analysis (recapitulation) for recommended action. The compilation of data was sent to RHO. The confirmation of laboratory assessment is being performed by PHL, which then reported the results to RHO. The confirmed diagnosis had never been established by the CHC. Therefore, the data on FBD were reported as diarrhea or food poisoning. Data analysis, feedback and action to prevent diarrhea outbreak was also lacking in RHO. In the era of decentralization, data from RHO were hardly supplied to PHO. RDFC was conducting samples of foods and drink examination and production/distribution of foods and drink facilities inspection. The study concluded that the FBD surveillance in Daerah Istimewa Yogyakarta was non-existent as a specific surveillance, but was attached with the existing disease surveillance system. The CHC was not able to establish the confirmed diagnosis on FBD. RHO had stronger role on surveillance system. It is recommended that the system should be improved to optimal level with concurrent introduction of FBDs surveillance. Capacity building in the field of FBDs surveillance will be mandatory for the RHO. Acknowledgement: This study was funded by WHO-Indonesia, Jakarta

Estimation of young men's nutrition preferences in the period before recruitment.

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The aim of the work was estimation of the nutritional preferences among 147 young men beginning military service in one of the Polish Army military units. The average age of examined was 21.1 ± 1.3 . Most of them came from the country (49.7%). Young men coming from the small towns and big cities made 40.8% and 9.5% respectively. The majority of these examined was secondary (53.1%) and technically educated (43.5%). Only 1.4% was post-secondary educated and 2.0% elementary. The examination was carried out by inquiry method. The following food products were taken into consideration: cereal products, milk and dairy products, meat and meat products, poultry and poultry products, fish and fish products, fruit and vegetables, confectionery as well as "fast food". To estimate nutritional preferences, the five-degree gradation was used. Among all examined products and meals the most favoured (average preference value 4.5) were: white bread, flavoured yoghurt, flavoured homogenized cottage cheese, meat meals, fruit and fruit juices, pizza and dish cooked "au gratin" and Coca Cola. These foods/meals were willingly eaten by 87.7-96.6% of subjects. The following products and meals were included into the group of low preference value (average preference value 3.0-3.5): cereal products (groats, noodles, and rice), melted cheese, cottage cheese, poultry products, fishes products and cooked vegetables. These products/meals were willingly eaten by 44.9-61.2% of those examined. Dark bread and bread with additions (soy or sunflower seeds) were included into the group of the lowest preferences (average preference value 3.0). This kind of bread was willingly eaten by 21.8-28.6% of subjects; 41.5-42.2% of subjects unwillingly consumed this bread. Our results may be a foundation for rational alimentation planning during the military service and show necessity to undertake an action having in view propagation of rational alimentation rules among examined young men in the population.