

# CDC in Guatemala



**The Center for Global Health and Prevention (CDC)** formally established the Central America Regional Office (CDC-CAR) in Guatemala City in October 2005. It grew out of a field station created by CDC's Division of Parasitic Diseases in El Salvador in the 1960s that was transferred to Guatemala in 1978. This evolution required a shift from functioning in a single country with a focus on medical entomology and parasitology to a much broader mandate as a regional office working in eight countries. The regional office aims to strengthen the capacity to detect, prevent, and control disease and respond to public health threats in Central America.

## Staff

CDC office (physical presence)  
**10** U.S. Assignees  
**17** Locally Employed

## At a Glance

Population: 14,740,000  
Per capita income: \$4,570  
Life expectancy at birth  
women/men: 74/67 yrs  
Infant mortality rate:  
30/1000 live births

Source: Population Reference Bureau Fact Sheet, 2011

## Top 10 Causes of Death

1. Lower Respiratory Infections 14%
2. Interpersonal Violence 11%
3. Cancer 11%
4. Ischemic Heart Disease 8%
5. Diabetes 5%
6. Stroke 4%
7. Cirrhosis 4%
8. Chronic Kidney Disease 2%
9. HIV 2%
10. Chronic Obstructive Pulmonary Disease 2%

Source: GBD Compare (<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

## HIV/AIDS

Since 2003, CDC-CAR has worked to help strengthen surveillance and prevention strategies to respond to the HIV/AIDS epidemic in Central America as part of the President's Emergency Plan for AIDS Relief (PEPFAR). CDC works with the region's Ministries of Health (MoHs) to build in-country capacity for surveillance systems and broader national health information systems that collect and analyze high-quality data essential to the development of effective HIV prevention, care, and treatment programs. One model program, VICITS (the name comes from a Spanish-derived acronym), is a comprehensive HIV and sexually transmitted infections (STI) prevention program linked to the analysis of surveillance data. VICITS uses an HIV prevention strategy that combines STI diagnosis and treatment among those populations most at-risk for HIV and sexually-transmitted infections, condom promotion, behavioral change promotion, and an information system to monitor the project's impact. Health personnel receive training on management of STIs, counseling for risk reduction and condom promotion, and laboratory STI and HIV diagnostic practice. A strategy for provider-initiated testing will be piloted in Guatemala, aiming to increase coverage on HIV testing for tuberculosis patients, STI patients, sex workers, and men who have sex with men (MSM). Activities to influence changing the risky behaviors of MSM will be implemented in various communities, based on previous studies of MSM, which have shown that it is possible to reach and get information from these hard-to-reach populations by relying on social networks to recruit participants.

## Global Disease Detection (GDD)

The CDC-CAR GDD Regional Center was established in 2006. GDD's goal is to develop and strengthen systems that enable countries to identify and respond to emerging infections. This center is one of seven located around the world that coordinate with local, regional, and global public health entities to rapidly detect, accurately identify, and promptly contain emerging infectious disease threats. In Guatemala GDD includes the three programs described below (IEIP, Influenza, and FETP).



## International Emerging Infections Program (IEIP)

The mission of IEIP in the region is to assure rapid and effective response to emerging infectious disease threats by strengthening the capacity of the governments, MoHs, and academic institutions. In Guatemala this collaboration created VICO, an active surveillance system that collects data on respiratory, diarrheal, and febrile diseases in two hospitals. The establishment of RECETA, a Central American network of epidemiologists and microbiologists, is enhancing the region's ability to control food borne disease outbreaks, by training local staff and sponsoring national studies. IEIP also developed a hospital acquired infections surveillance system and provided economic analysis of the cost associated with these infections. In addition, water, sanitation, and hygiene studies are shedding light on methods to decrease diarrheal and respiratory disease and the impact of such investments.

## Influenza

CDC trained health care personnel to collect, analyze, and store data from surveillance of influenza and other respiratory viruses. They developed two software applications, one of which was designed to facilitate the capture, storage, and analysis of laboratory results used to monitor influenza and other respiratory viruses. The influenza program also provided expertise to improve the Early Warning System during emergencies, including modifying and improving the forms used by the system. These improvements were implemented in all health regions. For Guatemala's National Notifiable Disease Surveillance system, CDC automated ten forms used for collecting data on the diseases under surveillance.

## Field Epidemiology Training Program (FETP)

The Central America FETP is located at the University del Valle de Guatemala, which has accredited the intermediate and advanced level trainings. The country has implemented the 3-tiered FETP strategy of training at the basic, intermediate, and advanced levels. In 2010, ten veterinarians from the Ministry of Agriculture and Livestock received the basic level course and 31 epidemiologists graduated from the basic level curriculum. To date, Guatemala has the most FETP graduates in the intermediate and basic levels with 172 and 1,070 graduates, respectively.

## Sustainable Management Development Program (SMDP)

SMDP collaborates with FETP and the MoH to prepare a "workforce map" of Guatemala's epidemiology, laboratory, surveillance, and response system at all levels. This data will help officials better respond to workforce recruitment and training needs and strengthen the country's ability to respond to outbreaks. SMDP also facilitates leadership and management training for FETP directors and coordinators from across Central America.

## Impact in Guatemala

- Improved capacity to accurately diagnose parasitic diseases.
- 71 field epidemiologists have graduated from GDD 2-year training program since 2006.
- Official accreditation of Masters Degree in Field Epidemiology granted by Universidad del Valle de Guatemala.
- Started Central American network for foodborne disease surveillance.

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