

Guidelines for US-Mexico Coordination on Epidemiologic Events of Mutual Interest

Core Group on Epidemiologic Surveillance and Information Sharing
Health Working Group, US-Mexico Binational Commission

1. Introduction

In 2002, within the framework of the Health Working Group of the US-Mexico Binational Commission, representatives from the U.S. Department of Health and Human Services and Mexico's *Secretaria de Salud* established a binational group on Epidemiologic Surveillance and Information Exchange to address issues of interest to both countries. With the objective of better defining how the two countries should collaborate on epidemiologic events of mutual interest, this binational group has elaborated the present document to provide a set of common guidelines.

The United States and Mexico have a rich tradition of collaboration on epidemiologic events involving the two countries, including infectious disease outbreaks, diseases associated with products from the other country, and the continuity of care for patients with tuberculosis traveling between the two countries. A joint Border Infectious Disease Surveillance project has been in place for several years, and an Early Warning Infectious Disease Project was initiated in 2004. The Binational TB Card Project facilitates healthcare provider access to information on TB patients traveling between the two countries to ensure continuity of therapy. Closely linked to these collaborations, public health professionals from the two countries have regularly sought to keep their counterparts apprised of relevant epidemiologic events.

However, clear standards have not yet been established for what information should be shared and how the sharing should take place. The Core Group on Epidemiologic Surveillance and Information Sharing of the US-Mexico Binational Commission Public Health Working Group has chosen to formulate such a set of guidelines with the objectives of better institutionalizing the exchange of information on epidemiologic events of mutual interest, and promoting collaborative responses when appropriate. Recognizing that productive collaboration already occurs between many 'Sister Cities' along the US-Mexico border and between neighboring states, it should be emphasized that the present *Guidelines for US-Mexico Coordination on Epidemiologic Events of Mutual Interest* (Guidelines) should facilitate continued existing binational cooperation, while at the same time fostering more systematic and comprehensive sharing of information at all levels of government. These Guidelines focus primarily on coordination between the public health agencies/units which have primary responsibility for epidemiologic surveillance. They do not seek to define coordination between agencies/units with major regulatory functions, for which agreements have already been established.

These guidelines are emerging shortly following the adoption by the World Health Assembly on May 23, 2005 of the International Health Regulations (IHR), designed to "better respond to the increasing interaction between countries of the world, and to the changing nature of public health threats". The Guidelines directly address IHR Article 44

- Collaboration and Assistance – which affirms that “State Parties shall undertake to collaborate with each other” for identifying, investigating and responding to events, for providing technical and logistic support, and in other ways. However, the present document extends beyond the scope of the IHR – which targets public health emergencies of international concern - by presenting guidelines for the sharing of epidemiologic information between the two countries regarding all epidemiologic events of mutual interest. It is not limited to public health emergencies of international concern, but seeks to maximize the capacity of each country to respond to all epidemiologic events of mutual interest.

To identify those cases of infectious diseases which are of interest to both countries, this document uses the term “binational case” to refer to an individual with a confirmed or probable case of a notifiable infectious disease, and:

- who has recently traveled or lived in the neighboring country, or had recent contact with persons who lived or traveled in the neighboring country; or
- who is thought to have acquired the infection in the neighboring country or have been in the neighboring country during the incubation period of the infection and was possibly contagious during this period; or
- who is thought to have acquired the infection from a product from the other country; or
- whose case requires the collaboration of both countries for the purposes of disease investigation and control.

This document includes sections addressing the following:

- General Principles which orient the Specific Guidelines
- The Legal Framework for such binational coordination
- The Scope of Epidemiologic Events to which these guidelines are meant to apply
- Specific Guidelines for different classes of epidemiologic events

These Guidelines are meant to serve as a standard of conduct for public health agencies and their staff in responding to epidemiologic events of shared interest to both countries. While the Guidelines are not binding, it is planned they will lead to the development of shared protocols to facilitate their full implementation.

2. General Principles

The guidelines of this document are based on the following principles:

2.1. The Need to Share Information

The primary mission of public health agencies of the US and Mexico is to protect and promote the health of their citizens. However, epidemiologic events involving both countries – by geographic proximity, by cross-boundary movement of their citizens,

or by exchange of their products – require the sharing of information between counterpart institutions. Such sharing has the objectives of providing information about potential risks and facilitating an appropriate response for the protection of the health of the public, in whichever country they reside. Adequate preparation for the risks of bioterrorism or other public health emergencies further requires that well-functioning channels of communication be established prior to the occurrence of such an event, to facilitate effective sharing of crucial information, and articulation of coordinated responses, to ensure the greatest protection possible of the public's health.

In addition to sharing information to directly protect the public's health, counterpart agencies are also expected to share information on other public health matters affecting both countries, such as revised policies on travel or imported products from the other country. Such alterations in one country's positions will create important demands on the public health agency of the other country, for which they should be as well prepared as possible to respond.

2.2. Timely Sharing of Information

The value of epidemiologic information is closely linked to its timeliness. When needed, the sharing of such information between the US and Mexico should occur in a time frame which allows the other country to respond to the specific health need in as timely a manner as possible, maximizing the potential for effective public health action to prevent avoidable disease, disability and mortality. As such, information shared may be preliminary in nature and subject to change as events evolve. Preliminary information should be clearly communicated as such, and should not be disseminated outside the purview of relevant public health authorities unless by mutual agreement.

2.3. Quality of Information

The value of the epidemiologic information being shared depends on its accuracy and completeness. The national and state public health authorities of both countries need to commit to providing the most comprehensive and current epidemiologic information available.

2.4. Communication Pathways

Clearly defined pathways between public health agencies of the US and Mexico for communication of such epidemiologic information are needed to ensure rapid delivery to the appropriate agency and a high potential for action based on the information. When a specific need for binational information exchange arises, public health agencies at the local, state or federal levels of one country should communicate with their counterpart agency of the same level in the other country (i.e., local-local, state-state, or federal-federal). This should be conducted in parallel with communication to national partners, as defined by national policies. Communication to other levels of government (local-state, state-federal) is the responsibility of the agencies of each country, not of agencies in the neighboring country. Thus, once an agency in the second country is notified of an epidemiologic event, the responsibility lies with that same agency to notify partner public health agencies of the same country, unless specific guidelines dictate otherwise. While communications

transmitted in the language of the other country are encouraged, those receiving communications should be sufficiently fluent in the language of the other country to understand messages composed in that language.

2.5. Joint Action to Respond to an Epidemiologic Event

When an epidemiologic event occurs involving both countries and both have an interest in investigating the event (such as an outbreak investigation), the two countries should make a determined effort to conduct the investigation together. In this situation, the national public health agency of the country in which the study will take place has jurisdiction and will assume the coordinating role. Each country should be expected to provide the technical and financial support needed for its participation. Sharing of resources, eg. laboratory testing, may be necessary, is highly encouraged, and should be negotiated in a timely fashion. The timeliness of the investigation should be accorded a high priority by both countries. When rapid action is appropriate, the deployment of the team in the country where the outbreak is occurring should not be slowed by the delayed mobilization of the corresponding team from the other country.

2.6. Differences between Health Systems

The roles of public health agencies of the United States and Mexico at the different levels of government are not always the same. In the United States, the public health sector is primarily state-based, while Mexico's health system is more centrally directed by the national *Secretaria de Salud*. Such differences must be taken into consideration in mounting the necessary responses when the two countries face an epidemiologic event requiring collaboration.

2.7. Respect for the Sovereignty and Laws of Each Country

The responsibility for all public health responses to binational epidemiologic events lies with the public health agencies of the country where the respective activities will take place. All parties recognize the need for these same public health agencies to operate within the legal framework established by that country. If legal barriers are identified which limit the capacity of public health agencies to collaborate with counterpart agencies of the other country in the most effective way, such barriers should be addressed by the appropriate authorities with the objective of maximizing the benefit to the public's health in each country.

3. Legal Framework

The following section reviews the legal framework currently in place for implementing these guidelines, from the perspective of the US federal and state governments and the government of Mexico.

Federal and State Governments of the United States

The Public Health Service Act (42 USC § 241 et seq) provides the Department of Health and Human Services (HHS) with a broad authority to conduct activities relating to the prevention and control of diseases and injuries. It also authorizes HHS to participate

with other countries in cooperative endeavors to advance health sciences and improve the health of Americans. Requirements for disease reporting are typically defined in laws at the state and local level. The Centers for Disease Control and Prevention (CDC), however, together with the Council of State and Territorial Epidemiologists (CSTE) have defined a national list of notifiable diseases, and states provide information on these diseases to CDC's National Notifiable Diseases Surveillance System. In addition, ships and airlines are required by federal regulation to report deaths or ill passengers to CDC quarantine stations. CDC also operates various surveillance systems that track particular disease problems of national interest.

The Privacy Act (5 USC § 552a) regulates certain terms of use by federal agencies of "systems of records" which include personal identifying information, as might apply to surveillance databases. While the Act sets controls on the terms by which federal agencies can gather, maintain, disseminate personal information, it also defines circumstances in which disclosure of information is permissible without the subject's consent. This includes disclosure "to a person pursuant to a showing of compelling circumstances affecting the health or safety of an individual" and pursuant to a routine use as defined in the system of records published by the agency. The system of records applicable to most of CDC's surveillance projects, "Epidemiologic Studies and Surveillance of Disease Problems" authorizes, among other things, disclosure to "cooperating medical authorities."

The Freedom of Information Act (FOIA, 5 USC § 552) allows persons to request access to federal agency records. It applies only to federal records, though US states have their own equivalent statutes. The FOIA provides access to all federal agency records except for those records (or portions of records) that are protected from disclosure. While FOIA protects certain classes of information from disclosure, it would not appear to restrict the sharing of public health information with counterparts in Mexico as described in this document.

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulates how "covered entities" – e.g. healthcare providers, health plans, health billing services – use and disclose certain individually identifiable health information. While CDC is not considered a "covered entity," some state and local health departments may be. The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to "protected health information" (PHI) to carry out their public health mission. The Privacy Rule permits covered entities to disclose PHI, without authorization from the subject, to public health authorities (e.g., CDC, State and local health departments) that are legally authorized to receive such reports for purposes of preventing or controlling disease, injury, or disability. This includes, for example, reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. At the direction of a public health authority, covered entities may disclose PHI to a foreign government agency that is acting in collaboration with a public health authority [45 CFR 164.512(b)(1)(i)].

Each state must review its laws relating to these guidelines to determine whether legal authority exists to exchange public health information and to collaborate in other

ways with counterparts in Mexico on epidemiologic issues of mutual interest. Some states have examined their legislation, seeking to identify potential barriers to the sharing of epidemiologic information with Mexico.^{1,2} All states are encouraged to complete an analysis of their laws for this purpose. In those cases where barriers are identified, states are encouraged to consider new legislation that would provide such authority, based on the value of such collaboration for the improvement of public health in our countries.

The US Constitution, Article I, section 10, states in relevant part that "No state shall, without the consent of Congress, enter into any agreement or compact with another state, or with a foreign power..." With the approval of the State Department, however, states have the ability to enter into "non-binding" cooperative arrangements with each other and with their Mexican counterparts. Current plans to share epidemiologic information should be able to proceed under such arrangements.

In summary, US federal legislation permits the sharing of epidemiologic information with a foreign country for the prevention or control of disease, with necessary restrictions based on confidentiality. Each state needs to review its own legislation to determine whether barriers exist to the exchange of such information. If present, this legislation should be reconsidered to ensure that state public health officials have the needed authority to improve the public's health through the sharing of such information. With the requisite authority under state law, states would be constitutionally permitted to enter into cooperative arrangements with each other and with Mexican states for the purpose of sharing epidemiologic information.

Government of Mexico

The legal framework of Mexico for epidemiologic surveillance is defined by an extensive set of determinations which include the Mexican Constitution, laws, regulations, decrees, agreements, norms, and decisions of the National Epidemiologic Surveillance Council (Annex 1). These legal instruments, created by or with the collaboration of the *Secretaria de Salud*, (SSA) indicate the steps to be taken to notify epidemiologic events within the country as well as the procedures to share such information with other countries ruled by the International Health Regulations.

Other US-Mexico Collaborations

HHS and SSA have established Memoranda of Cooperation in health and in epidemiology, respectively. The first defined one of the areas of cooperation as being "Health and human information systems, including telecommunications, statistical methodologies, and information exchange." The second specified the activities to include "Development and implementation of protocols in support of epidemiological

¹ Barriers to Binational Cooperation in Public Health between Texas and Mexico, Office of Border Health, Texas Department of Health, 2001

² Annual Border Health Status Report, 2001: Barriers to California-Mexico Collaboration in Public Health, California Office of Binational Border Health, California Department of Health Services

surveillance which are of mutual interest” and exchange of resources, including “jointly acquired public health information”.

In 2000 the US and Mexico signed an agreement creating the US-Mexico Border Health Commission. Among the functions to be carried out by the Commission is “to conduct or support a binational, public-private effort to establish a comprehensive and coordinated system, which uses advanced technologies to the maximum extent possible, for gathering health-related data and monitoring health problems in the United States -Mexico Border Area.” The agreement contemplates significant state involvement in the Commission's activities, requiring that the health officers from each of the ten border states be appointed as Commission members, together with 12 other representatives from the border states of each country.

Other existing mechanisms for collaboration between governments of the two countries on public health issues include the US-Mexico Binational Commission, the US-Mexico Food Safety Cooperative Agreement, the Border Governor’s Conference, the Pan American Health Organization (PAHO) El Paso Field Office, border state Memoranda of Understanding, and Binational Health Councils of border Sister Cities. Joint public health collaborations are in place between the two countries in the areas of tuberculosis (Ten Against TB, Binational TB Card), infectious disease surveillance (Border Infectious Disease Surveillance – BIDS, Early Warning Infectious Disease Surveillance – EWIDS), and others.

In conclusion, the legal frameworks of the two countries at the national level allow for the exchange of information, as proposed in these guidelines. States will need to determine how their legislation relates to the Guidelines provided here. Numerous interfaces are already in place between health authorities of the US and Mexico, reflecting the need and desire to assist each other in confronting shared public health challenges.

4. Scope of Epidemiologic Events

The purpose of this chapter is to characterize the scope or range of epidemiologic events for which both countries agree that exchange of epidemiologic information is appropriate. It is understood that the information to be shared by one country be such that it leads to or facilitates action in the second country which will be of direct benefit to the health of the population of one or both countries. This would include:

- A. Cases of disease identified in one country for which there is evidence or reason to suspect an epidemiologic link to the other country, including diseases detected in animals, or that such a link may occur in the future due to expected cross-border travel;
- B. Similarly, the identification of risk factors for disease in one country which may lead to disease in the other country.

Types of epidemiologic events which meet these criteria include the following:

- A probable or confirmed case of a severe or otherwise important vector-borne infection occurring in the border region of a border state (eg. dengue or West Nile Virus encephalitis)
- A probable or confirmed case of a severe or otherwise important infectious disease with high potential for spread to the other country
- Infections in animals in the border region with potential for spread of severe disease to humans
- A probable or confirmed case of severe disease suspected of having been intentionally spread
- Disease outbreaks which involve both countries at the time of discovery or which have a significant potential for spread to the other country
- Outbreaks of disease associated with travel or migration to the other country
- Outbreaks of disease or chemical contamination associated with food or other products originating in the other country
- Environmental health emergencies affecting both countries
- Binational cases of notifiable diseases

There is a tremendous interaction between the US and Mexico in the Border region, reflected by the more than 242 million northbound passenger crossings registered in 2004³. While the physical proximity and intense interaction of the two countries in the Border region raises the risk of shared exposure to disease-causing agents by citizens from both countries, binational travel and commerce are capable of carrying such exposures far beyond the border. The potential of an epidemiologic event to be binational must be considered throughout the full reach of both countries.

5. Specific Guidelines

This section presents specific guidelines for different types of events and for different areas of collaboration.

5.1 Binational Cases

As stated earlier, a binational case refers to an individual with a confirmed or probable case of a notifiable infectious disease who may have acquired or may transmit the disease in the other country, or who may require binational collaboration for investigation and/or control. An example of a binational case is a person with tuberculosis under treatment who crosses the border during the course of his or her medical care and public health follow-up. Such a binational TB case is thus at risk for interruptions in treatment with the consequent possibility of transmitting TB to others, as well as of developing drug resistant tuberculosis. Based on the “Need to Share Information” (General Principle 2.1) identification of binational cases by public health authorities warrants the sharing of

³ U.S. Department of Transportation, Transportation Statistics Annual Report (Washington, DC: 2005)

relevant information with counterparts of the neighboring country to assist in finding other cases, to limit the risks of further disease transmission, and to ensure adequate control of the disease among identified cases.

1. **Identification of Binational Cases** - The determination of whether or not a person with a notifiable disease is a binational case requires obtaining information which currently is not routinely gathered. States should encourage health professionals making disease notifications of the need to explore whether cases are binational, especially in settings where this is more probable (locations with considerable travel between the countries, migrant populations, etc.). In the future, public health authorities should consider the value of incorporating information specifically designed to identify binational cases with the other information to be routinely reported. Questions designed to elicit such information should be prepared as part of the implementation phase of these Guidelines.
2. **Notification of Binational Cases** - Recognizing that binational cases, by definition, imply a public health risk to the neighboring country and usually require prompt public health action, binational cases of notifiable infectious diseases should be promptly reported to the appropriate public health official(s) in the neighboring country. Public health authorities of both countries will need to become familiar with the list of conditions which are notifiable in each country.
3. **Information on Binational Cases** -When necessary, the information shared on binational cases should be sufficient to allow appropriate public health follow-up of the case to take place. In some circumstances, this may entail sharing patient identifying information. Following the public health laws and privacy regulations of both countries, information exchange needs to be handled confidentially.
4. **Timely Reporting of Binational Cases** - Time frames need to be agreed upon by both countries for reporting binational case to public health authorities. Urgently notifiable conditions should be reported within 24 hours of first identification.
5. **Procedures for Notification of Binational Cases** - Clear mechanisms of notification should be agreed to by public health officials of both countries, at the different levels of government, which specify:
 - Counterpart agency and corresponding office to notify
 - Channels for communication which minimize delay in receiving the notification
 - Information to be included regarding the binational case(s)
6. **Follow-up Information on Binational Cases** - The two countries should exchange follow-up information on binational cases so that the effectiveness of binational case notification and coordinated case investigations can be determined.

5.2 Binational Outbreaks

The term outbreak is considered to represent a significant increase over the expected

number of cases of a specific notifiable disease or other health problem in a given population over a given time period. The number of cases required to consider a cluster of disease cases an outbreak thus obviously depends on historical epidemiologic data and diagnostic criteria and laboratory resources. A single case of a rare disease, such as rabies or an “eradicated” disease such as smallpox, may constitute an outbreak, while numerous cases of more common diseases such as HIV/AIDS or tuberculosis may be required to be considered an outbreak. Newer diagnostic capabilities such as molecular fingerprinting techniques can identify a cluster of illnesses with indistinguishable molecular fingerprints; epidemiological investigation is then used to find links between these illnesses in the cluster. This combination of molecular fingerprinting and epidemiological investigation has identified numerous outbreaks, including widely dispersed outbreaks that would otherwise have gone undetected. An outbreak is considered binational:

- when disease exposures occur in one country to visitors or migrants of the other country,
- when disease is associated with products from the other country, or
- when cases appear in border settings involving the population from both countries.

Upon recognition of a binational outbreak, if new cases continue to appear or exposure to causal agents persists, a rapid response is needed to accurately diagnose the illness, to determine the scale of the outbreak, to identify significant risk factors, and/or to implement appropriate control measures. Coordination between public health agencies of the two countries is essential for meeting the needs of all relevant parties and to achieve the most effective use of available resources.

1. **Preparing for Binational Outbreaks** - Pre-event preparations that should be made include:
 - Exchange of lists of binational contacts at the local, state, and federal levels
 - Contact information which provide for round-the-clock availability
 - Mechanisms for communication in both Spanish and English
 - Communications protocols for notification of public health officials and planning of needed responses
 - Mechanisms for the transport of specimens or needed supplies through US and Mexico customs
2. **Communications for Binational Outbreaks** - Once a binational outbreak is identified, the appropriate public health officials should be notified, following a pre-defined communications protocol. The public health authorities from each country should share the available data, and take a decision on the most appropriate response, including an agreement whether to initiate a binational investigation.
3. **Collaborative Investigations of Binational Outbreaks** - Upon binational concurrence to conduct a binational investigation or response effort, a binational oversight team of public health officials from the two countries should meet. Unless defined otherwise, the coordination of the investigation will be the

- responsibility of the lead public health authority where the outbreak is to be investigated. The oversight team will be responsible for or coordinate:
- choosing the members of the binational field investigation team, including a lead from each country
 - field work preparation, including arrangements for any necessary travel, personal protective gear, prophylaxis, and availability of supplies and equipment
 - planning and implementation of the investigation
 - content of health alerts and press releases
 - determination of control measures based on information provided by field staff
4. **Resources for Collaborative Investigations** - Funding needed for the travel of investigation participants will be the responsibility of their home public health agency. Primary resources needed for the investigation itself will be the responsibility of the lead public health agency where the investigation takes place. In the absence of needed supplies or investigative capacity (eg. select laboratory exams), sharing of resources between counterpart agencies is strongly encouraged.
5. **Binational Cooperation in Sharing Epidemiology Resources** – National and state public health agencies are encouraged to share informational and other resources designed to strengthen the epidemiology and response capacity of binational counterparts. Joint participation in multinational agencies (eg. PAHO) and NGOs (eg. TEPHINET) provides additional opportunities to identify such needs and appropriate tools which have been developed.

5.2.1. Foodborne Disease Outbreaks

Foods are responsible for many infections and toxic exposures. Within the United States foodborne diseases are estimated to be responsible annually for 76 million illnesses and 5000 deaths. The growing international trade of agricultural products has correspondingly been associated with outbreaks due to pathogens transmitted by foods imported from another country. The United States and Mexico have collaborated in responding to several such outbreaks.

The organization of governmental roles in food safety often includes multiple agencies in both the health and agricultural sectors, and at the federal, state and local levels. To facilitate needed collaboration, a clear definition of the different roles of such agencies needs to be understood by neighboring countries, including the responsibility of each in responding to outbreaks of foodborne diseases.

At the national level within the United States, the CDC is responsible for surveillance of human illness caused by foodborne disease and for epidemiological and laboratory investigation of outbreaks of foodborne illness. The United States Department of Agriculture (USDA) is responsible for regulating meat, poultry, and processed egg

products. The Food and Drug Administration (FDA) is responsible for regulating all other foods, which includes seafood, dairy fruits, vegetables, and shell eggs, among other products.

At the state level in the US, the foodborne illness surveillance and investigation responsibility rests with the health agency at the state and local level, while the regulatory responsibility may rest with the agriculture department or the health department at the state level or the local health agency at the local level. When states want assistance from the CDC for foodborne outbreak investigations, state officials must make a formal request to CDC since CDC does not have the authority to send investigators without an invitation from state officials. In the event of an inter-state or international foodborne outbreak, the FDA and/or USDA would be contacted in order to cooperate with multiple jurisdictions in coordinating the outbreak investigation, including traceback, trace-forward and potential product recall.

At the local government level in the US, there is wide variation in food safety roles and responsibilities among the 3000 local health agencies. In many localities, sanitarians have the primary responsibility for investigating reports of foodborne illness related to food service establishments, whereas in other localities reports of foodborne illness are investigated by state officials and the local sanitarians serve in a secondary support role.

Within Mexico, as an agency of the *Secretaria de Salud*, the Federal Commission for Protection against Sanitary Risks (COFEPRIS) is legally responsible for conducting tracebacks of food products associated with foodborne disease. When informed by the United States of a foodborne disease outbreak associated with a product from Mexico, COFEPRIS coordinates internally and externally with other government agencies, according to the nature of the event. COFEPRIS has a Memorandum of Understanding signed with the FDA, as well as with Canadian agencies, for coordination of action in outbreaks of binational interest, to share information, to establish communication contacts and to prepare joint press releases. As part of this trilateral framework procedures for quick and efficient response to address all emergencies are in place to provide protection to the citizens within the three countries.

The complexity of institutional organization on food safety in both countries creates an important need for collaboration between federal, state, and local authorities across international borders.

Foodborne disease outbreaks often imply the need for two or more stages of investigation. The first stage is the primary epidemiologic and environmental investigation which ideally will identify the agent, the food vehicle and how the food became contaminated. Traceback of the food vehicle will indicate whether it is a domestic or imported product. In the latter case, and if the food product is suspected to have been contaminated at its point of origin, further traceback investigation of the implicated food product will determine its source. Additional investigation may identify how the food product became contaminated, where the most effective opportunity for future prevention exists and the need for regulatory action. These investigations represent important opportunities for collaboration between the two countries.

1. **Regulatory Responsibilities in Foodborne Disease Outbreaks** - Given that tracebacks and product recalls resulting from foodborne disease outbreaks fall under the legal responsibility of regulatory agencies, sharing of information needs to be conducted in accordance with the duties of those agencies and within the framework of the existing agreements between the food regulatory agencies in Mexico and the United States.
2. **Trade-related Implications** - Recognizing the important trade-related implications of foodborne outbreaks, epidemiologic conclusions need to be based on highly reliable scientific methods providing results which are shared with counterpart agencies in the other country.
3. **Advanced Diagnostic Technologies** - The use of advanced technologies (eg. pulsed field gel electrophoresis) for subtyping of human and food isolates will be encouraged, as well as the sharing of findings from such technologies with counterparts in the two countries.
4. **Confidentiality and Information Sharing** - Public health agencies and food safety regulatory agencies are legally obliged in both countries to maintain the confidentiality of patient identification and trade secret information. However, quickly sharing specific information among relevant agencies in both countries on the number and locations of persons who have become ill, the associated epidemiologic information implicating food vehicles, as well as the point of origin and total distribution of the implicated foods, is important to the rapid, appropriate and effective response to a binational outbreak of foodborne disease. The parameters that define which data must be shared and the conditions under which data sharing can legally occur should be determined in advance of binational food safety emergencies.

5.3 Potential Terrorist Events

Recent events have forced the United States to recognize that intentional use of biologic, chemical or radiologic/nuclear agents to harm people of this country is a risk which it must be prepared to face. The possibility of introduction of such agents by way of the US-Mexico border or the release of an agent in one country with transmission to the other makes this an issue of interest to both countries. Such a scenario could foresee the appearance of cases in the border region which would require close binational coordination.

The suspicion or identification of such an event as being intentional would lead to the involvement of law enforcement and potentially other agencies outside the health sector, with which national public health agencies would need to cooperate, as defined in national emergency response plans.

Since disease arising by intentional spread may well appear without previous notice, health officials need to be aware of suggestive features of such an incident, including the following:

- An outbreak of an unusual syndrome or disease, compatible with agents associated with bioterrorism, especially when occurring in a discrete population.
 - Many cases of unexplained diseases or deaths.
 - More severe disease than is usually expected for a specific pathogen or failure to respond to standard therapy.
 - A disease that is unusual for a given geographic area or transmission season.
 - Multiple simultaneous or serial epidemics of different diseases in the same population.
 - Unusual strains or variants of organisms or antimicrobial resistance patterns different from those circulating.
 - Similar genetic typing of agents isolated from distinct sources at different times or locations.
 - Intelligence of a potential attack, claims by a terrorist or aggressor of a release, and other evidence suggesting terrorist intent.
 - Other unusual situations^{4,5}
1. **Emergency Communications Channel** - The program units for public health emergencies in the two countries, including their directors, should be known to each other. Both program units should have a mechanism permitting direct contact on a continuous basis (ie. 24 hours/day, 7 days/week, 365 days/year).
 2. **Communication of Suspected Incident** - Suspicion of any intentional health incident which presents a risk to citizens of the other country is to be urgently communicated to the counterpart agency responsible for such emergencies.
 3. **Ongoing Information Exchange** - As such an incident evolves, information should be regularly exchanged at commonly decided intervals between corresponding public health emergency program units of both countries.
 4. **Resource Sharing in Emergencies** - In preparation for such potential events, agreements should be established between the public health authorities of the two countries – including local, state and federal levels – regarding the sharing of health resources during public health emergencies, together with expedited clearance procedures for cross-border transfer of such resources by immigration and custom officials, when such a public health emergency is formally declared.
 5. **Adherence to Outbreak Guidelines** - Cooperation in the investigation of such incidents is strongly encouraged and should follow the same guidelines as for naturally occurring outbreaks.
 6. **Quarantine of Foreign Citizens** - In the event that a quarantine is considered necessary by the public health agency of a country that will include citizens of the

⁴ Recognition of Illness Associated with the Intentional Release of a Biologic Agent, MMWR 2001 Oct 19;50(41):893-897.

⁵ [Recognition of Illness Associated With Exposure to Chemical Agents — United States, 2003](#), MMWR 2003 Oct 3;52(3):938-940.

other country, this decision will be communicated urgently to the counterpart public health agency of the other country. The public health agency enacting the quarantine needs to recognize the special needs of citizens of the other country who are caught outside their place of residence, while still ensuring the effectiveness of the quarantine measure.

5.4 Laboratory Issues

Laboratories serve a unique role in both surveillance and investigation of health problems. The purpose of this section is to establish guidelines for laboratories when significant health events of binational interest occur mandating a collaborative response by both nations.

The availability of laboratories and the complexity of testing which those laboratories are capable of performing vary along the length of the border in the two countries. This may lead to periodic use of laboratories by border clinicians or patients in the neighboring country. In addition, disease outbreaks or emergency preparedness plans may lead to decisions to share laboratory resources. In such cases, minimizing the time required for laboratory diagnosis and confirmatory testing is critical to timely identification of health problems and disease outbreaks so that appropriate and timely control measures can be implemented. This is particularly important when considering bioterrorism events and outbreaks of highly communicable diseases such as pandemic influenza or Severe Acute Respiratory Syndrome (SARS) which have the potential to cause substantial health, social, and economic problems.

Each of the specific items detailed below must be addressed in establishing an efficient, highly functional, binational framework for laboratories to develop the needed capabilities for responding capably to disease outbreaks and other health challenges impacting both countries.

1. **Binational Reporting of Notifiable Diseases** - When a laboratory in one country analyzes or examines specimens from a person residing in the other country, and obtains a positive result for a reportable condition, this information needs to be routinely communicated to the appropriate public health officials where the tested individual resides. The mechanism for making this communication needs to be determined by state public health agencies working in coordination with public and private laboratories within its jurisdiction and with its counterparts in the neighboring country.
2. **Transport of Laboratory Samples through Customs** - In cases where specimens of public health interest need to be carried across the border for testing in a laboratory of the other country, mechanisms need to be established to assure expedited passage through customs, since excessive delay may compromise the quality of the specimen and the ability to obtain an accurate diagnosis. This is likely to require an advance agreement among the involved agencies, including the customs authority, specifying a clearly defined protocol to be followed for the rapid, cross-border transport of a set of specimens.

3. **Standards for Sample Transport** - Specimens being sent for testing in the neighboring country need to follow national and international standards for the labeling, packaging and transport of such material. In laboratories which may participate in such collaborative testing, specific training on implementation of these standards should be provided to responsible personnel in these areas, together with written instructions.
4. **Authorized Request for Laboratory Testing** - Submission of samples for diagnostic testing by a laboratory of the neighboring country should be preceded by communication between authorized public health officials of the two countries, with approval of the receiving laboratory. Upon arrival of the specimen, confirmation should be sent to the agency submitting the specimens for testing. In situations where there is potential for the laboratory to be sent a large number of specimens, the receiving laboratory should establish a triaging policy which defines the priority of received samples for urgent testing, and inform referring agencies of this policy.
5. **Reporting of Laboratory Results** - Laboratory results are to be communicated promptly to the requesting public health agency on a confidential basis. Only the agency submitting specimens for testing is authorized to publicly communicate the findings. When appropriate, specific protocols may be agreed upon which dictate alternate procedures.
6. **Binational Laboratory Collaboration** - Collaborative activities between cross-border laboratories is encouraged to enhance the scope of diagnostic capabilities available and the quality of the services provided. This may include training, provision of equipment, supplies and/or reagents, and participation in quality assurance programs. As with cross-border transport of specimens, agreements between public health agencies and customs authorities should be established to define protocols which facilitate the passage of such material. Roles of national and state public health agencies for coordination of such activities need to be defined by each country.

5.5 Public Health Communications

As expressed throughout this document, successful binational exchange of epidemiologic information for public health depends on timely and clear communication of accurate information between appropriate public health authorities of the U.S. and Mexico. Failure to do so can result not only in an inadequate public health response to prevent and control disease among binational populations, but also to misunderstandings between officials and the populations of both countries. Such misunderstandings can undermine mutual trust and confidence and can create distorted and unequal perceptions of the epidemiologic situation affecting the two countries. For these reasons, establishing clear mechanisms and protocols for public health communications between the two countries is paramount.

Communications between Public Health Agencies

1. **Existing Information Sources** - To facilitate the exchange of information recommended in this document, public health agencies should consult and subscribe to those information outlets provided by the other country (eg. publications, press releases, Boletín Epidemiología, Health Alert Network, Epi-X).
2. **Inter-Agency Communications** - Direct communications between corresponding programs and staff of counterpart agencies is encouraged (eg. to contact a known staff member in the measles unit to report a case of binational interest). However for cases when program staff are not known or cannot be reached, or for emergencies and other broader issues of common interest, counterpart agencies of the two countries should each have a telephone contact number and email address which is staffed at all times for such communications. In the case of binational events requiring continued collaboration, the communications offices of counterpart agencies should be in regular contact, exchanging relevant information and coordinating the release of information to the public.

Release of Information to the Public

3. **Harmonization of Public Information** - In cases of binational epidemiologic events, information released to the public by the two countries regarding the event, risk factors and preventive measures, should be consistent, based on the best available scientific evidence of the event itself, and the pathogens or substances involved. Ideally, the population of each country should receive such information from their public health authorities in the same time period, to avoid creation of unexpected demands on public health authorities from one-sided releases, and to reinforce their credibility to the public.
4. **Sharing of Information for the Public** - In the case of a binational public health emergency or outbreak affecting the population of both countries, copies of information made available to the public by the respective public health agency should be shared with the counterpart agency of the other country. In non-emergency circumstances, such information should be made available on request.
5. **Travel Notices** - Travel notices are posted by public health authorities to provide information to travelers, the public, healthcare providers and public health authorities regarding outbreaks of disease of public health significance. The character of the notification is based on four criteria relating to disease transmission, containment measures, quality of surveillance, and quality and accessibility of medical care. In the case of such travel notices or other communications to the public which could have negative impact on trade, the counterpart agency should be given prior notice of the action to be taken and the evidence supporting that decision for their review and, if appropriate, their response.

6. Next Steps

The intent of the Core Group on Epidemiologic Surveillance and Information Sharing is that the completion of the Guidelines be followed by the elaboration of a set of protocols to guide the implementation of these recommendations by the public health agencies of the two countries. This process should be undertaken with broad binational participation of the major public health agencies at the state and federal levels.

Finally, the Core Group considers it likely that the present set of Guidelines will evolve over time, based on the experience accumulated in their implementation, and the identification of new or revised needs. In anticipation of this, the Core Group will review this document annually, to assess its continued validity, and to update the Guidelines as needed.

Acknowledgments

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Annex: Mexico's Legal Framework for Epidemiologic Surveillance

1. Constitution of Mexico

Article 4. Fourth paragraph.

2. Laws

General Health Law.

Articles: 17B, 133, part II, Chapter II of "Infectious Diseases" 134 to 157, 181, 353, 358, 359, 360 and 408 and others relating to epidemiologic issues.

Federal Law for the control of Chemical Precursors, Essential Chemical Products and Machinery for Producing Capsules, Tablets and Pills
Official Journal of the Federation 26 Dec 1997.

Biosafety Law on Genetically Modified Organisms
Official Journal of the Federation 18 Mar 2005.

3. Regulations

Regulation of the General Health Law regarding International Sanitary Issues.
Official Journal of the Federation 18 Feb 1985.
Errata Official Journal of the Federation 10 Jul 1985.

Regulation of the General Health Law regarding Sanitary Control for the Disposition of Organs, Tissues, and Human Cadavers.
Official Journal of the Federation 20 Feb 1985.
Errata Official Journal of the Federation 09 Jul 1985.
Alterations Official Journal of the Federation 26 Nov 1987.

Regulation of the General Health Law regarding Delivery of Medical Care Services.
Official Journal of the Federation 14 May 1986.

Regulation of the General Health Law regarding Health Research.
Official Journal of the Federation 06 Jan 1987.

Regulation of the General Health Law regarding Public Health Control of Activities, Establishments, Products and Services.
Official Journal of the Federation 18 Jan 1988.

Regulation on Health Supplies
Official Journal of the Federation 04 Feb 1998.
Corrections Official Journal of the Federation 19 Sep 2003.

Regulation on Public Health Control of Products and Services.
Official Journal of the Federation 09 Aug 1999.

Regulation on Registrations, Authorizations of Importation and Exportation and Export Certificates of Insecticides, Plant Nutrients and Substances and Toxic or Dangerous Materials.

Official Journal of the Federation 28 Dec 2004.

4. Plans and Programs

National Development Plan 2001-2006.

Official Journal of the Federation 30 May 2001.

National Health Programa 2001-2006

Official Journal of the Federation 21 Sep 2001.

5. Decrees

Decree which establishes the basis of coordination for the Secretaries of Commerce and Industry, of Agriculture and Water Resources, of Urban Development and Ecology and of Health, that should be observed in regard to Insecticides, Fertilizers, and Toxic Substances.

Official Journal of the Federation 15 Oct 1987.

Decree by which is created an administrative organ under the Secretaría de Salud denominated the National Blood Transfusion Center

Official Journal of the Federation 21 Jan 1988.

Decree by which is created the National Vaccination Council

Official Journal of the Federation 24 Jan 1991.

Corrections Official Journal of the Federation 05 Jul 2001.

Decree by which is changed the National Council for AIDS Prevention and Control.

Official Journal of the Federation 05 Jul 2001.

Decree by which is created the National Bioethics Council.

Official Journal of the Federation 07 Sep 2005.

6. Executive Agreements

Agreement by which is created the Inter-Institutional Commission on Health Research.

Official Journal of the Federation 19 Oct 1983

Agreement by which is created the Inter-Secretarial Commission on Biosafety and Genetically Modified Organisms Genéticamente Modificados.

Official Journal of the Federation 05 Nov 1999.

7. Secretarial Agreements

Agreement Number 43. By which is created the Health Research Committee.
Official Journal of the Federation 11 Jan 1985.

Agreement by which instructions are made known for the uniform and comprehensive procedure to which is subjected the Secretaries of Commerce and Industry, of Agriculture and Water Resources, of Urban Development and Ecology, in the resolution of requests for authorizations for licenses, permissions, and registries of insecticides, fertilizers, and toxic substances.
Official Journal of the Federation 07 Dec 1988.

Agreement Number 130. By which is created the National Committee for Epidemiologic Surveillance.
Official Journal of the Federation 06 Sep 1995.

Agreement that establishes the classification and coding of merchandise whose importation is subject to regulation by those agencies which make up the the Inter-Secretarial Commission for the Control of the Process and Use of Insecticides, Fertilizers, and Toxic Substances.
Official Journal of the Federation 29 Mar 2002.
Modification Official Journal of the Federation 01 Apr 2005.

Agreement by which is established certification of the geographic areas that have achieved elimination of transmission of canine rabies.
Official Journal of the Federation 16 Mar 2004.

Agreement by which is established certification of the geographic areas which have achieved elimination of transmission of malaria.
Official Journal of the Federation 16 Mar 2004.

Agreement by which is created the National Committee of the Tuberculosis Action Program.
Official Journal of the Federation 16 Mar 2004.

Agreement by which is made known the instructions and forms for the authorization of importation and exportation of insecticides, plant nutrients and dangerous substances and materials..
Official Journal of the Federation 15 Sep 2005.

8. Decisions of the General Public Health Council

Agreement by which is established that public institutions of the national health system should purchase interchangeable generic medications.
Official Journal of the Federation 07 Jun 2002.

Basic List and Catalog of Medications 1996.
Official Journal of the Federation 15 Nov 1996.
Clarification Official Journal of the Federation 13 Feb 1997.
First update Official Journal of the Federation 16 May 1997.
Second update Official Journal of the Federation 21 Jun 1997.
Third update Official Journal of the Federation 27 Oct 1997.
Fourth update Official Journal of the Federation 09 Jul 1998.
Fifth update Official Journal of the Federation 02 Jun 1999.
Sixth update Official Journal of the Federation 08 Dec 1999.
Seventh update Official Journal of the Federation 25 Apr 2000.
Eighth update Official Journal of the Federation 07 Feb 2001.
Ninth update Official Journal of the Federation 11 Feb 2002.
Tenth update Official Journal of the Federation 12 Apr 2002.
Eleventh update Official Journal of the Federation 01 Aug 2002.
Twelfth update Official Journal of the Federation 03 Oct 2003.
Fourteenth update Official Journal of the Federation 16 Jan 2004.
Fifteenth update Official Journal of the Federation 25 Feb 2004.
Sixteenth update Official Journal of the Federation 19 Jul 2004.
Seventeenth update Official Journal of the Federation 31 Aug 2004.
Eighteenth update Official Journal of the Federation 27 Oct 2004.
Nineteenth update Official Journal of the Federation 13 Oct 2004.
Twentieth update Official Journal of the Federation 17 Mar 2005.
Twenty-first update Official Journal of the Federation 19 May 2005.
Twenty-second update Official Journal of the Federation 11 Jul 2005.
Twenty-third update Official Journal of the Federation 06 Sep 2005.
Twenty-fourth update Official Journal of the Federation 11 Nov 2005.
Twenty-fifth update Official Journal of the Federation 26 Dec 2005.

Basic List and Catalog of Biological Products and Reagents of the Health Sector 1997.
Official Journal of the Federation 29 Sep 1997.
First update Official Journal of the Federation 16 Mar 1998.
Second update Official Journal of the Federation 20 Jul 1998.
Third update Official Journal of the Federation 06 May 1999.
Fourth update Official Journal of the Federation 22 Dec 1999.
Fifth update Official Journal of the Federation 03 Nov 2000.
Sixth update Official Journal of the Federation 13 Mar 2002.
Seventh update Official Journal of the Federation 12 Apr 2002.
Eighth update Official Journal of the Federation 06 Aug 2002.

Catalog of Interchangeable Generic Medications
Official Journal of the Federation 17 Aug 1998.
First update Official Journal of the Federation 12 Oct 1998.
Second update Official Journal of the Federation 26 Nov 1998.
Third update Official Journal of the Federation 10 Mar 1999.
Fourth update Official Journal of the Federation 20 Sep 1999.
Fifth update Official Journal of the Federation 20 Dec 1999.
Sixth update Official Journal of the Federation 05 Apr 2000.
Seventh update Official Journal of the Federation 19 Feb 2001.

Eighth update Official Journal of the Federation 29 Jul 2002.
Ninth update Official Journal of the Federation 30 Jul 2002.
Tenth update Official Journal of the Federation 08 Apr 2003.
Eleventh update Official Journal of the Federation 23 Apr 2003.
Twelfth update Official Journal of the Federation 14 Oct 2003.
Thirteenth update Official Journal of the Federation 16 Oct 2003.
Fourteenth update Official Journal of the Federation 10 Nov 2003.
Fifteenth update Official Journal of the Federation 28 Nov 2003.
Sixteenth update Official Journal of the Federation 16 Dec 2003
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Twenty-fourth update Official Journal of the Federation 17 Nov 2004.
Twentieth-fifth update Official Journal of the Federation 13 Apr 2005.
Twenty-sixth update Official Journal of the Federation 22 Jul 2005.
Twenty-seventh update Official Journal of the Federation 23 Sep 2005.
Twenty-eighth update Official Journal of the Federation 12 Oct 2005.
Twenty-ninth update Official Journal of the Federation 26 Oct 2005.
Thirtieth update Official Journal of the Federation 11 Nov 2005.
Thirty-first update Official Journal of the Federation 22 Dec 2005.
Thirty-second update Official Journal of the Federation 03 Jan 2006.

Agreement by which is established the Prevention and Health Promotion Strategy during the Stages of Life.

Official Journal of the Federation 23 Oct 2003.

Basic List and Catalog of Diagnostic Materials.

Official Journal of the Federation 30 Jan 2004.

First update Official Journal of the Federation 04 Jun 2004.

Second update Official Journal of the Federation 30 Sep 2004.

Third update Official Journal of the Federation 11 Feb 2005.

Fourth update Official Journal of the Federation 13 Jun 2005.

Fifth update Official Journal of the Federation 26 Dec 2005.

2005 Edition of the Basic List and Catalog of Diagnostic Materials.

Official Journal of the Federation 16 Jan 2006.

Agreement by which is established the Commission for Definition of Treatments and Medications Associated with Diseases that Result in Catastrophic Costs.

Official Journal of the Federation 28 Apr 2004.

Agreement by which is established the obligatory application in the public and private institutions of the National Health System, of the substantive and strategic components

and componentes of the Action Program Startout Even in Life and of epidemiologic surveillance of maternal deaths.

Official Journal of the Federation 01 Nov 2004.

Agreement by which are established the general obligatory measures for the prevention, care and control of HIV/AIDS in the public institutions of the National Health System.

Official Journal of the Federation 12 Nov 2004.

9. Official Mexican Norms

Included here are all the Official Mexican Norms emitted to the present, but as per federal law, these are in effect for five years from the date of emission, in which time they need to be revised or will become inactive.

A) **National Advisory Committee on Standardization of Public Health Regulation and Promotion. SSA1.**

Official Mexican Norm NOM-003-SSA2-1993, on the use of human blood and its components for therapeutic ends.

Official Journal of the Federation 18 Jul 1994.

Errata Official Journal of the Federation 23 Feb 1996.

Clarification Official Journal of the Federation 08 Sep 1994.

Official Mexican Norm NOM-012-SSA1-1993, public health requirements that private and public supply systems of water for human use and consumption public should follow. Official Journal of the Federation 12 Aug 1994.

Official Mexican Norm NOM-020-SSA1-1993, Environmental Health. Criteria for evaluating air quality in regard to ozone (O₂). The level of ozone concentration defined as a measure of protection of the population's health.

Official Journal of the Federation 23 Dec 1994.

Project Modification Official Journal of the Federation 31 Jul 2000.

Official Mexican Norm NOM-022-SSA1-1993 Environmental Health. Environmental criteria for evaluating air quality in regard to sulfur dioxide (SO₂). The level of sulfur dioxide (SO₂) in ambiantal air as a measure of protection of the population's health.

Official Journal of the Federation 23 Dec 1994.

Official Mexican Norm NOM-59-SSA1-1993, good production practices for chemical-pharmaceutical establishments engaged in the production of medications.

Official Journal of the Federation 31 Jul 1998.

Clarification Official Journal of the Federation 01 Feb 1999.

Official Mexican Norm NOM-115-SSA1-1994, Goods and Services. Method for determining the presence of staphylococcus aureus in foods.

Official Journal of the Federation 25 Sep 1995.

Official Mexican Norm NOM-199-SSA1-2000, Environmental Health. Levels of lead in blood and actions as criteria to protect the health of populations exposed occupationally. Official Journal of the Federation 18 Oct 2002.

Official Mexican Norm NOM-220-SSA1-2002, Installation and operation of pharmacosurveillance. Official Journal of the Federation 15 Nov 2004.

B) NATIONAL ADVISORY COMMITTEE OF STANDARDS FOR DISEASE PREVENTION AND CONTROL.

Official Mexican Norm NOM-006-SSA2-1993 for the prevention and control of tuberculosis in primary health care. Official Journal of the Federation 26 Jan 1995. Modification Official Journal of the Federation 31 Oct 2000. Modification Project Official Journal of the Federation 02 Sep 2004. Modification Official Journal of the Federation 27 Sep 2005.

Official Mexican Norm NOM-010-SSA2-1993, for the prevention and control of HIV infection. Official Journal of the Federation 17 Jan 1995. Modification Project Official Journal of the Federation 22 Sep 1999. Modification of the Norm Official Journal of the Federation 21 Jun 2000.

Official Mexican Norm NOM-011-SSA2-1993, for the prevention and control of rabies. Official Journal of the Federation 25 Jan 1995. Modification Official Journal of the Federation 24 Jan 2001.

Official Mexican Norm NOM-016-SSA2-1994, for the surveillance, prevention, control and treatment of cholera. Official Journal of the Federation 05 Oct 2000.

Official Mexican Norm NOM-017-SSA2-1994, for epidemiologic surveillance. Official Journal of the Federation 11 Oct 1999.

Official Mexican Norm NOM-021-SSA2-1994, for the surveillance, prevention, and control of the tenia/cysticercosis complex in primary health care. Official Journal of the Federation 21 Aug 1996. Modification Project: Official Journal of the Federation 11 Sep 2000.

Official Mexican Norm NOM-021-SSA2-1994, for the prevention and control of the teniasis/cysticercosis in primary health care. Modification Official Journal of the Federation 21 May 2004.

Official Mexican Norm NOM-022-SSA2-1994, for the prevention and control of brucellosis in man in primary health care. Official Journal of the Federation 30 Nov 95.

Modification Project: D.O.F: 27 Jun 2000.
Modification Official Journal of the Federation 02 Feb 2001.

Official Mexican Norm NOM-026-SSA2-1998, for epidemiologic surveillance, prevention and control of nosocomial infections.
Official Journal of the Federation 26 Jan 2001.
Notice of Cancellation Official Journal of the Federation 26 Nov 2003.

Official Mexican Norm NOM-027-SSA2-1999, for the prevention, control and elimination of leprosy.
Official Journal of the Federation 17 Jan 2001

Official Mexican Norm NOM-029-SSA2, for the epidemiologic surveillance, prevention and control of leptospirosis in man.
Official Journal of the Federation 02 Feb 2001.

Official Mexican Norm NOM-032-SSA2-2002, For the epidemiologic surveillance, prevention and control of vector-borne diseases.
Official Journal of the Federation 21 Jul 2003.

Official Mexican Norm NOM-036-SSA2-2002, Prevention and control of diseases. Application of vaccines, toxoids, sera, antitoxins, and immunoglobulins in man.
Official Journal of the Federation 17 Jul 2003.
Clarification Official Journal of the Federation 20 Jan 2004.

Official Mexican Norm NOM-039-SSA2-2002, For the prevention and control of sexually transmitted infections.
Official Journal of the Federation 19 Sep 2003.

Official Mexican Norm NOM-041-SSA2-2002, For the prevention, diagnosis, treatment, control and epidemiologic surveillance of breast cancer.
Official Journal of the Federation 17 Sep 2003.

10. Other juridic orders

Criteria for the certification of geographic areas that have achieved elimination of canine rabies transmission.
Official Journal of the Federation 19 Aug 2005.

11. International Decisions

Decree by which is approved Prohibition of the Development, Production and Storage of Bacterial Weapons (Biologic) and Toxins and on their Destruction; approved during the XVI normal session during the United Nations General Assembly.

Official Journal of the Federation 04 Apr 1973.

Enactment Decree of the Convention on the Prohibition of the Development, Production, Storage and Use of Chemical Weapons and on their Destruction.
Official Journal of the Federation 05 Oct 1994.

Decree by which is approved the Cartagena Protocol on the Security of Biotechnology of the Convention on Biologic Diversity, adopted in Montreal, on January 21, 2000.
Official Journal of the Federation 01 Jul 2002.

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