



PUBLICACIONES DE INVESTIGADORES DEL INS EN REVISTAS INDIZADAS

Enero

REVISTAS INTERNACIONALES

1. NCD Risk Factor Collaboration: Sanchez-Abanto J¹, Tarqui-Mamani CB¹. Trends in cardiometabolic risk factors in the Americas between 1980 and 2014: a pooled analysis of population-based surveys. LANCET GLOBAL HEALTH 2020; 8(1):E123-E133. Available from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30484-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30484-X/fulltext)

ABSTRACT



Background. Describing the prevalence and trends of cardiometabolic risk factors that are associated with non-communicable diseases (NCDs) is crucial for monitoring progress, planning prevention, and providing evidence to support policy efforts. We aimed to analyse the transition in body-mass index (BMI), obesity, blood pressure, raised blood pressure, and diabetes in the Americas, between 1980 and 2014. **Methods.** We did a pooled analysis of population-based studies with data on anthropometric measurements, biomarkers for diabetes, and blood pressure from adults aged 18 years or older. A Bayesian model was used to estimate trends in BMI, raised blood pressure (systolic blood pressure ≥ 140 mm Hg or diastolic blood pressure ≥ 90 mm Hg), and diabetes (fasting plasma glucose ≥ 7.0 mmol/L, history of diabetes, or diabetes treatment)

from 1980 to 2014, in 37 countries and six subregions of the Americas. **Findings.** 389 population-based surveys from the Americas were available. Comparing prevalence estimates from 2014 with those of 1980, in the non-English speaking Caribbean subregion, the prevalence of obesity increased from 3.9% (95% CI 2.2–6.3) in 1980, to 18.6% (14.3–23.3) in 2014, in men; and from 12.2% (8.2–17.0) in 1980, to 30.5% (25.7–35.5) in 2014, in women. The English-speaking Caribbean subregion had the largest increase in the prevalence of diabetes, from 5.2% (2.1–10.4) in men and 6.4% (2.6–10.4) in women in 1980, to 11.1% (6.4–17.3) in men and 13.6% (8.2–21.0) in women in 2014). Conversely, the prevalence of raised blood pressure has decreased in all subregions; the largest decrease was found in North America from 27.6% (22.3–33.2) in men and 19.9% (15.8–24.4) in women in 1980, to 15.5% (11.1–20.9) in men and 10.7% (7.7–14.5) in women in 2014. **Interpretation.** Despite the generally high prevalence of cardiometabolic risk factors across the Americas, estimates also showed a high level of heterogeneity in the transition between countries. The increasing prevalence of obesity and diabetes observed over time requires appropriate measures to deal with these public health challenges. Our results support a diversification of health interventions across subregions and countries.

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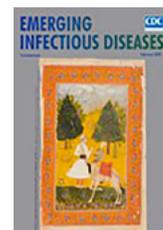
Febrero

REVISTAS INTERNACIONALES

1. Abanto M, Gavilan Ronnie G², Baker-Austin C, Gonzalez-Escalona N, Martinez-Urtaza J. Global expansion of pacific northwest vibrio parahaemolyticus sequence type 36. *Emerging Infectious Diseases* Open Access 2020;26(2):323-326. 10.3201/eid2602.190362. Available from: https://wwwnc.cdc.gov/eid/article/26/2/19-0362_article

ABSTRACT

We report transcontinental expansion of *Vibrio parahaemolyticus* sequence type 36 into Lima, Peru. From national collections, we identified 7 isolates from 2 different Pacific Northwest complex lineages that surfaced during 2011–2016. Sequence type 36 is likely established in environmental reservoirs. Systematic surveillance enabled detection of these epidemic isolates.



2. Abascal E, Herranz M, Acosta F Agapito J, Cabibbe AM, Monteserin J, Ruiz Serrano MJ, Gijón P, Fernández-González F, Lozano N, Chiner-Oms Á, Cáceres T, Pintado PG, Acín E, Valencia Eddy², Muñoz P, Comas I, Cirillo DM, Ritacco V, Gotuzzo E, García de Viedma D. Screening of inmates transferred to Spain reveals a Peruvian prison as a reservoir of persistent *Mycobacterium tuberculosis* MDR strains and mixed infections. *Sci Rep.* 2020 Feb 17;10(1):2704. doi: 10.1038/s41598-020-59373-w. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7026066/>

ABSTRACT



It is relevant to evaluate MDR-tuberculosis in prisons and its impact on the global epidemiology of this disease. However, systematic molecular epidemiology programs in prisons are lacking. A health-screening program performed on arrival for inmates transferred from Peruvian prisons to Spain led to the diagnosis of five MDR-TB cases from one of the biggest prisons in Latin America. They grouped into two MIRU-VNTR-clusters (Callao-1 and Callao-2), suggesting a reservoir of two prevalent MDR strains. A high-rate of overexposure was deduced because one of the five cases was coinfecting by a pansusceptible strain. Callao-1 strain was also identified in 2018 in a community case in Spain who had been in the same Peruvian prison in 2002–5. A strain-specific-PCR tailored from WGS data was implemented in Peru, allowing the confirmation that these strains were currently responsible for the majority of the MDR cases in that prison, including a new mixed infection.

Keywords: Clinical microbiology, Epidemiology

3. Augustovski F, Gibbons L, Reyes Nora², Stolk E, Craig BM, Tejada RA. Peruvian Valuation of the EQ-5D-5L: A Direct Comparison of cTTO and DCE. *PATIENT-PATIENT CENTERED OUTCOMES RESEARCH* (13)1:140-141. Disponible en: <http://apps.who.int/iris/handle/10665/331111>
4. Quispe Neyda³, Asencios Luis³, Obregon C³, Velásquez GE, Mitnick CD, Lindeborg M, Jave H, Solari Lely². The fourth national anti-tuberculosis drug resistance survey in Peru. *Int J Tuberc Lung Dis.* 2020 Feb 1;24(2):207-213. doi: 10.5588/ijtld.19.0186. Disponible en: <https://www.ingentaconnect.com/content/ijtld/ijtld/2020/00000024/00000002/art00010>



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ABSTRACT

Background. Peru has one of the highest burdens of multidrug-resistant tuberculosis (MDR-TB), but universal drug susceptibility testing (DST) has not yet been achieved.

OBJECTIVE. To estimate the proportion of drug resistance among smear-positive TB patients in Peru. Design. From September 2014 to March 2015, we performed a national drug resistance survey of patients aged ≥ 15 years; TB was diagnosed based on sputum smear positivity. We performed DST at the National Reference Laboratory of the Peruvian National Institute of Health, Lima, Peru, using the proportion method in Middlebrook 7H10 agar for four first-line drugs and six second-line drugs, and the Wayne method for pyrazinamide. RESULTS. Of the 1908 new and 272 previously treated patients included in the analysis, 638 (29.3%) patients had resistance to at least one first-line drug. MDR-TB was diagnosed in 7.3% of new and 16.2% of previously treated patients ($P < 0.001$). There were five (0.2%) patients with extensively drug-resistant TB. Conclusion. MDR-TB has increased to 7.3% in new patients from 5.3% in the previous survey, indicating that resistance to anti-tuberculosis drugs is increasing in Peru. Ongoing community transmission of resistant strains highlights an urgent need for early diagnosis, optimised treatment and effective contact tracing of MDR-TB patients.



Keywords: *Mycobacterium tuberculosis*, Peru, multidrug-resistant tuberculosis, surveillance.