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Letter to the Editor

Public data in epidemiological surveillance systems Datos públicos en los sistemas de vigilancia epidemiológica



Dear Editor,

The annual reports from national organisations on some health indicators are usually limited to basic descriptive analyses and, in most cases, presentations stratified by some variable, generally sex. This implies an under-use of systematically collected data¹. The Colombian National Department of Statistics (Departamento Nacional de Estadística) and the National Institute of Legal Medicine and Forensic Sciences (Instituto Nacional de Medicina Legal y Ciencias Forenses) have been collecting information on death by suicide in Colombia for several decades. More recently, the National Institute of Health (Instituto Nacional de Salud) included the mandatory notification of suicide attempts treated in the National Health System (Sistema Nacional de Salud) in the Epidemiological Surveillance System (Sistema de Vigilancia Epidemiológica; Sivigila). In public mental health, the number of cases or the annual number of suicide attempts and deaths by suicide are frequently used as indicators of the psychological well-being of the population².

It is necessary to carry out more advanced analyses of public health information regularly collected by district, municipal, departmental or national public institutions. Castro Moreno et al.³—affiliated with the National Institute of Health—presented a very interesting survival analysis based on the suicide attempt surveillance system and the unique registry of deaths during 2016 and 2017. It is very relevant to observe that half of those who died by suicide made a suicide attempt in approximately the previous two years. Likewise, death by suicide was three times more likely for men and twice as likely for adults older than 29 years, residents of rural areas, those with chronic illness or a history of depressive disorder. However, a number of ethical issues related to the research need to be considered. On the one hand, is the privileged use of public information. And on the other is the publication of a complementary analysis outside the Colombian National Institute of Health's media.

Similar or more advanced analyses than the one commented on would be possible with better management of the different records of relevant health information. However, the privileged use of public information is clearer if the following situation is analysed. Recently, the database of suicide attempts registered in Colombia in 2018 was downloaded from Sivigila, the only one available until 5 June 2021. This report form for suicide attempts has two pages; the first for basic data and the second for identification of the case, triggering factors, risk factors, mechanism and if there was referral to mental health. For 2018, 26,815 cases of attempted suicide were reported in Colombia; with ages from five to 100 (mean, 25.0 ± 12.4) years. On the date of consultation of the web page of the National Institute of Health, it was only possible to consult the information on the first page of the report form, that is, the entire second page, which includes information that may have clinical and epidemiological relevance, is omitted. The database was downloaded to explore some variables associated with hospitalisation for attempted suicide. Fifty-six point two percent ($n = 16,088$) of those who attempted suicide were hospitalised. However, the first page of the file does not specify whether the hospitalisation was to treat the physical problems resulting from the attempt or any associated or underlying mental disorder.

More analysis like that presented by Castro Moreno et al.³ would be possible if public mental health information was available to national researchers in a timely and complete manner, with the necessary ethical considerations such as the omission of data that allows the identification of citizens^{4,5}, and not just available in a privileged manner to employees of public institutions⁶. It is important to bear in mind the public nature of this information, given that the agencies in charge of managing these systems are financed with taxes from citizens⁷.

Greater accessibility of public data would make it possible to complement the descriptive reports that are usually presented by national and international health organisations. These investigations resulting from secondary analyses should be a required input for administrative and legislative decision-making in Colombian public health⁸⁻¹⁰. In addition,

these analyses would help with the greater construction, dissemination and social adoption of knowledge^{11,12}.

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Conflicts of interest

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