

existing capacity to respond. Operational capability scores ranged from 33% (death care industry) to 77% (offices of emergency management). Resource sharing capability analysis indicated that only 42% of possible reciprocal relationships between resource-sharing partners were present. The overall cross-sector composite score was 51%; that is, half of the key capabilities for preparedness were in place.

Conclusion: Results indicate that the US mass fatality infrastructure is sub-optimally prepared for MFI that exceeds 25 or fewer additional deaths in a 48-hr period. National leadership is needed to ensure sector-specific and infrastructure-wide preparedness, with a special focus on training, drills, and planning activities for large-scale or complex MFI.

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Preparedness of US Health Care Volunteers Who Deployed to the West Africa Ebola Epidemic

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Study/Objective: To identify the preparedness of US health care volunteers for hot zone (West Africa Ebola) deployment.

Background: Each year, an estimated 200,000 US health care workers voluntarily deploy to provide care and expertise to disaster events worldwide. Many of these involve bioevents (outbreaks, epidemics, and pandemics), and sometimes these bioevents involve extremely dangerous and novel pathogens. The preparedness of these volunteers to work in high risk “hot zones,” had not, to our knowledge, been previously assessed.

Methods: In 2015, a sample of 16 US health care volunteers who had recently returned from West Africa were recruited for qualitative interviews. Data on preparedness for each phase of deployment (pre, peri, and post) was collected and analyzed using thematic analysis and constant comparison methodology.

Results: Prior to deployment, most participants reported very limited preparation for the deployment. Training, especially in the early days of the epidemic, was highly variable, and in some cases consisted of simply reading a manual on lethal viruses. During the deployment, extreme resource limitations and poor management of the mission was a serious source of frustration and concern. The necessity for altered standards of care delivery was also very troubling. Upon return home, participants were unprepared for the negative reactions and resentment of their friends and family members. The isolation they felt during the quarantine period was reported as one of the most stressful aspects of the entire experience. Depression, stigmatization, and interpersonal difficulties were also common upon return to the US.

Conclusion: Preparedness of healthcare volunteers was sub-optimal at each stage of deployment. All stakeholders, including volunteers, sponsoring organizations, government agencies, and professional organizations have a shared responsibility in ensuring that volunteers to medical missions are adequately prepared.

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Health Emergency Operation Center to Face Public Health Events in Africa: Senegalese Experience

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Study/Objective: To share the experience of a low-income country on setting up a Health Emergency Operation Center (HEOC) to face health threats.

Background: The last Ebola outbreak in West Africa was a great alert for our countries on the importance of preparedness, and to face public health events with international concern. For Senegal, after managing our imported case, our big lesson learned was to establish a national structure, which can involve an all-emergency management cycle. It's why we set up a HEOC; the HEOC is in charge of all health events, beyond epidemics.

Methods: The HEOC was established in December 2014. A participative approach was developed during the process of setting up, with the ministry of health, other ministries and partners, which was part of the process.

Results: The HEOC brought some added value:

- Coordination: the incident management system is now adopted for the management of emergencies and disasters.
- Plans and procedures have been developed, for the HEOC and for some risk
- Exercises and drills were conducted to test SOPs and the response efficiency
- One health approach was adopted.

Conclusion: Shared experiences of a low-income country, on setting up a Health Emergency Operation Center (HEOC) to face health threats.

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Hazard Vulnerability Analysis: Practices in Boston Hospitals

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Study/Objective: To determine what instruments and methods Boston hospitals and hospital systems use to perform Hazard Vulnerability Analysis (HVA).