

Operationalizing Public Health Skills to Resource Poor Settings

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We would like to comment on the recent publication “Operationalizing Public Health Skills to Resource Poor Settings.”¹ Burkle noted that “adjusting and adapting specific operational public health skill sets to resource poor environments”¹ is a main point to consider during the 2014 Ebola virus outbreak. In fact, as noted by Burkle, the modification of operationalizing public health skills for each specific setting is an important factor determining the success of the public health manipulation. Nevertheless, for the control of epidemics, including the present 2014 Ebola crisis, consideration of international collaboration is not any less important.² International collaboration, based on cross-cultural agreement, to screen and control the disease is a vital process in the present-day crisis. In some situations, a local public health agency might have to deal with possible importation from other countries. This can be problematic if there is not adequate knowledge of the virus. For example, it is a potential problem in pilgrimage activities such as the Hajj.^{3,4}

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