We also analyzed the characteristics of super-spreaders, factors associated with mortality, and hospital response to infection.

Results: The first mortality by MERS-CoV in Korea was infected by the first super-spreader in Korea. The lessons after the outbreak were as follows: - A higher index of alerting system to find the source-patient earlier. - Appropriate numbers of Airborne Infection Isolation Rooms (AIIRs) should be constructed and maintained. - Proper training on putting on and take off of Personal Protective Equipment. - Well-trained health care workers to care for patients infected with highly contagious pathogens must be fostered. - Crowded and narrow hospital rooms should be converted to visitor controlled, larger-spaced hospital rooms.

Conclusion: Multiple potential factors were associated with the super-spread ing events: misdiagnosis, delayed hospital admission, inter-hospital transfers without accurate information, and also behaviors such as ignoring instructions regarding infection control, and poor environmental conditions. Institutional and health care systems' preparedness is required to prevent such outbreaks.

Training and Preparedness for CBRN Emergencies in a Conflict Zone, Lebanon
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Study/Objective: Providing training and preparedness for Chemical, Biological, Radiological and Nuclear (CBRN) emergencies to local actors, will increase knowledge and skills of the disaster response community and health care providers, and prepare them for undertaking future responses, while providing training to both local and international actors, will increase the response capacity of humanitarian relief workers who have a large presence in border areas of and among Syrian refugee populations.

Background: Following the chemical attack in Syria, with the resulting mass casualties, Lebanese Ministry of Health, with the support of the World Health Organization and in cooperation with the Lebanese Syndicate of Hospitals, worked on increasing the preparedness and response capabilities of healthcare providers, especially those situated near Syrian borders. Concerned parties and responsible stakeholders became more interested and aware of the importance of training field workers on CBRN emergencies.

Methods: Eleven workshops were offered throughout Lebanon (North, Beirut, Bekaa, South); 8 of which were dedicated to non clinical staff (total of 207) and 3 to clinical ones (total of 105). It was facilitated using multiple methods to engage participants and reinforce messages. It was delivered in English and/or Arabic. Tools included videos, PowerPoint presentations, case studies and group exercises.

Results: The pre/post tests allowed for evaluating trainees; the evolution percentage for the Non clinical staff ranged from a minimum of 19% (Beirut) to a maximum of 49% (Tyr). As for clinical staff, it ranged from 8% (Tripoli 3) to 45% (Beirut 3).

Conclusion: Following the international community and the Non-Governmental Organizations (NGOs) effort and urgent need, the CBRN National Team in Lebanon was founded. It is headed by the Secretary General of the Higher Council of Defense and composed of representatives from all relevant parties. CBRN incidents present various challenges at all levels, including decision makers and first responders. Continuous training and preparations with strong cooperation and coordination between all parties, may decrease the impact of such event. A lot remains to be done in this regard where further research is needed.