

Earthquake in L'Aquila: The Lombardy 1-1-8 System Response

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Introduction: On 06 March 2009, at 03:32 hours (h), an earthquake partially destroyed one of the most beautiful and historical regions in the center of Italy.

Methods: The Italian Civil Protection Command Centre activated a national-level response to manage the disaster and AREU Lombardy (the prehospital care system agency) was involved to support the local 1-1-8 and to deploy a field camp under the supervision of the Civil Protection Command and Control Center. Physicians, nurses, and technicians specifically trained for mass-casualty incident (MCI) and disaster management within the 1-1-8 System were recruited. Among the criteria for the selection of personnel, individual motivation and recent MCI and disaster management courses in Israel were included. The first level Advanced Medical Post (AMP) of AREU Lombardy was placed at the railway station of L'Aquila: from 08 April to 17 April, this structure supported 980 evacuees. The goals of the mission were to: (1) give medical and psychological support to the displaced people; (2) cooperate with the local emergency system; and (3) reinforce local general practitioners for the progressive restoration of family services.

Results: During the above-mentioned period, 211 patients were observed in the AMP: post-traumatic stress syndrome (33), minimal surgery and medications (46), were the most frequent causes of admission. The lessons learned from the operation of the camp included the effectiveness and benefit of a small, rapidly activated and flexible camp unit sent to a disaster-affected area. Personnel should be allocated from the prehospital 1-1-8 system, as they are accustomed to everyday emergencies and are regularly trained on disaster preparedness and response.

Conclusions: Following the first medical emergency response to the disaster, the first-level AMP demonstrated its usefulness in restoring and sustaining basic medical services.

Keywords: 1-1-8; disaster; earthquake; emergency; Italy; response
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Cyclone Nargis: A Wake Up Call

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In early May 2008, Cyclone Nargis tore across the southern coastal regions of Myanmar, pushing a tidal surge through villages and rice paddies. The almost 12 foot wall of water and wind speeds of more than 200 km/hr killed tens of thousands of people and left hundreds of thousands homeless and vulnerable to injury and disease.

More than 50 townships were affected by this most devastating cyclone in Asia since 1991. Of the 7.35 million living in the townships of Labutta, Bogale, Pyinsalu, Yangon and many other nearby areas, approximately 2.4 million were affected. The Delta Region, Myanmar's Rice Bowl, was damaged severely. The low-lying villages were submerged. There was widespread destruction of homes, critical infrastructure of the villages, roads, ferries, and water, fuel, and electricity supplies.

A team from Singapore (called Team Singapore) reached out to at least 10 different villages during the recovery effort. The team ran mobile clinics daily at several locations. The clinics operated from warehouses, temples, schools, or any makeshift buildings that were available. The team also ran mobile clinics at the township hospital, the rural healthcare centers and an orphanage.

Keywords: Cyclone Nargis; disasters due to natural hazards; mobile clinics; Myanmar; recovery teams

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Rendering of Medical Aid to Inhabitants of Ethnic Enclaves of Abkhazia and South Ossetia after the End of Military Conflicts

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Introduction: After the end of military conflicts in 2008 in territories of Abkhazia and South Ossetia, there were areas with a mainly Georgian population. Destroyed hospitals, the emigration of the qualified medical staff, lack of finance, and inadequate roads have resulted in the destruction of public health services.

Methods: In 2009, The Ministry of Health of Russia and Management of Boundary Armies Russia carried out humanitarian medical actions in two boundary areas with Georgia. The field hospital of the All-Russia Center for Disaster Medicine was delivered to the town of Gal (population 45,000). In the Leningory area (population 8,000), the local hospital practically could not function. The structure of the All-Russian Center for Disaster Medicine consists of 30 doctors and nurses. The hospital carried out fluorographic inspection, and a mobile satellite telemedical complex was delivered for carrying out of telemedical consultations.

Results: In Gal, the hospital performed 5,500 consultations, 3,000 fluorographic inspections, 110 surgical operations, and 30 telemedical consultations. In Leningory, it performed 5,000 consultations, 818 fluorographic inspections, 48 operations, and 55 teleconsultations. A large number of both chronic and infectious diseases (tuberculosis) and oncological diseases were revealed, a pathology that demanded surgical treatment.

Conclusions: In ethnic enclaves in frontier territories, public health services were almost destroyed. As a result of work of a field hospital, the partial inspection of the population revealed a high level of cardiovascular, neurological, and oncological diseases. Patients with the pathology were directed to profile hospitals in the capital centers.

Keywords: Abkhazia; ethnic enclaves; field hospitals; public health services; South Ossetia

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